

# TEP UPDATE

## August 13, 2008

### **GLIDES PROJECT**

#### **GuideLines Into DEcision Support**

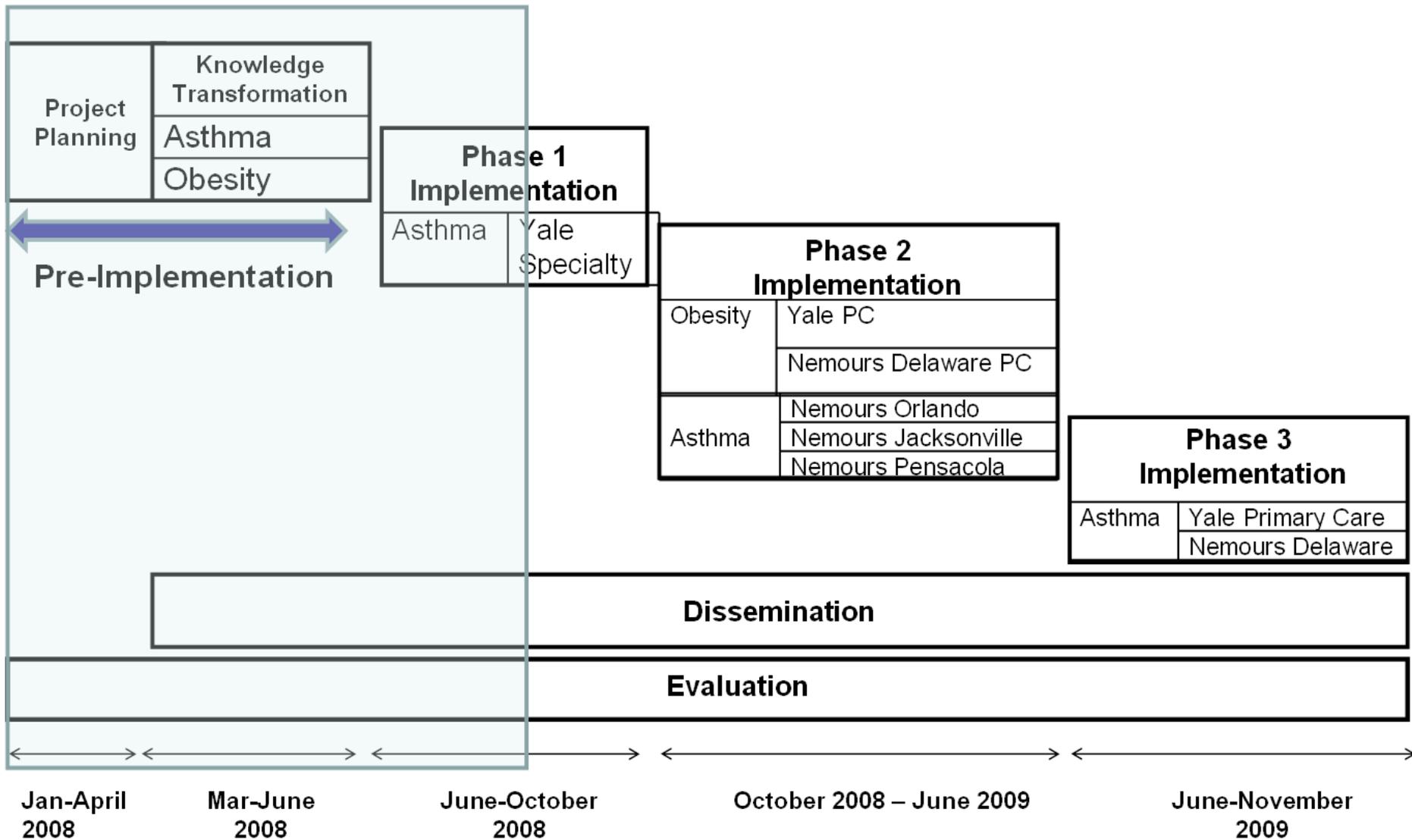
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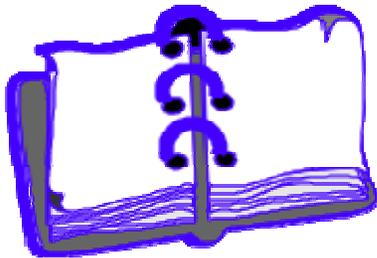
# Project Timeline



# Status Summary

- Guideline transformation is complete
- Phase 1 Implementation is in progress
  - Clinical workflow design is complete for Specialty Clinic (asthma), now integrating new guidelines decision support with existing clinic workflow
  - Baseline survey of specialist/PCP attitudes/usage of current asthma systems is complete. Analysis underway.
  - We have identified and addressed several “local factors” in the “zone of localization” (critiquing, Centricity capabilities, primary vs specialty needs)
  - Newsletter summer edition published
- Nemours is commencing some Phase 2 planning work (2-3 months ahead of schedule)

# Challenge of Representing Guideline Knowledge Electronically



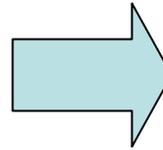
**Published Guideline**

**Black Box**



**Computer-Based  
Guideline Implementation**

**Black Box**

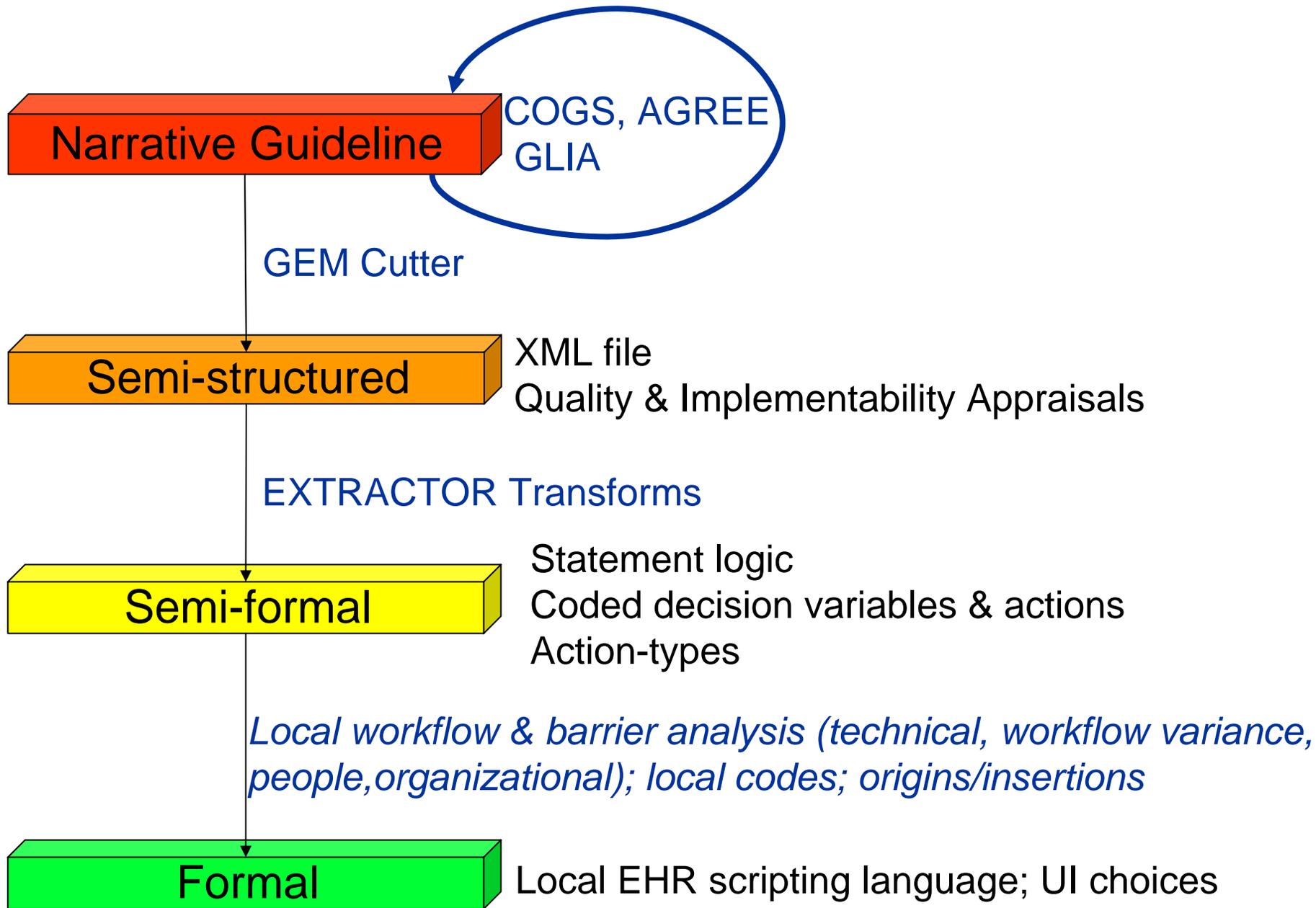


**Narrative Guideline**

**Semi-structured**

**Semi-formal**

**Formal**



# SmartForm Set Design

Asthma Severity and Treatment: RICHA1 [Login](#) [Logout](#)

Asthma Severity | Steps

**CLASSIFYING ASTHMA SEVERITY AND INITIATING TREATMENT**

PATIENT AGE  0-4  5-11  >=12

Classification: **Severe Persistent** [Add Dx of Severe Persistent to Prob List](#)

Components of Severity	Classification of Asthma Severity (0-4 years of age)					
	Intermittent		Persistent			
			Mild	Moderate	Severe	
Symptoms	Cough	<input type="checkbox"/> None	<input type="checkbox"/> <=2 days/wk	<input type="checkbox"/> >2 days/wk	<input type="checkbox"/> Daily	<input type="checkbox"/> Throughout
	Wheezing	<input type="checkbox"/> None	<input type="checkbox"/> <=2days/wk	<input type="checkbox"/> >2days/wk	<input type="checkbox"/> Daily	<input type="checkbox"/> Throughout
	Chest Tightness	<input type="checkbox"/> None	<input type="checkbox"/> <=2days/wk	<input type="checkbox"/> >2days/wk	<input type="checkbox"/> Daily	<input type="checkbox"/> Throughout
	Shortness of breath	<input type="checkbox"/> None	<input type="checkbox"/> <=2days/wk	<input type="checkbox"/> >2days/wk	<input type="checkbox"/> Daily	<input type="checkbox"/> Throughout
Nighttime awakenings	<input type="checkbox"/> None	<input type="checkbox"/> 0	<input type="checkbox"/> 1-2x/month	<input type="checkbox"/> 3-4x/month	<input type="checkbox"/> >1x/week	
Impairment	SABA use for symptom control (not prevention of EIB)	<input type="checkbox"/> <=2 days/wk	<input type="checkbox"/> >2 days/wk but not daily	<input type="checkbox"/> Daily	<input checked="" type="checkbox"/> Several times per day	
	Increased use of inhaled, SABA	<input type="checkbox"/> None	<input type="checkbox"/> Minor limitation	<input type="checkbox"/> Some limitation	<input type="checkbox"/> Extremely limited	
	Reduction in school/play/work activities	<input type="checkbox"/> None	<input type="checkbox"/> Minor limitation	<input type="checkbox"/> Some limitation	<input type="checkbox"/> Extremely limited	
Interference with normal activity	Missed school/work days due to asthma	<input type="checkbox"/> None	<input type="checkbox"/> Minor limitation	<input type="checkbox"/> Some limitation	<input type="checkbox"/> Extremely limited	
	Pulmonary function impairment due to asthma	<input type="checkbox"/> None	<input type="checkbox"/> Minor limitation	<input type="checkbox"/> Some limitation	<input type="checkbox"/> Extremely limited	
	Urgent/ER visit(s) due to asthma	<input type="checkbox"/> None	<input type="checkbox"/> Minor limitation	<input checked="" type="checkbox"/> Some limitation	<input type="checkbox"/> Extremely limited	
	Hospitalizations due to asthma	<input type="checkbox"/> None	<input type="checkbox"/> Minor limitation	<input type="checkbox"/> Some limitation	<input type="checkbox"/> Extremely limited	
	Exacerbations requiring oral steroids	<input type="checkbox"/> None	<input type="checkbox"/> Minor limitation	<input type="checkbox"/> Some limitation	<input type="checkbox"/> Extremely limited	
Risk	Exacerbations requiring oral systemic corticosteroids	<input checked="" type="checkbox"/> 0-1/year <input type="checkbox"/> >=2 exacerbation in 6 months requiring oral systemic corticosteroids, or >=4 wheezing episodes/1 year lasting >1 day AND risk factors for persistent asthma Consider severity and interval since last exacerbation. <--- Frequency and severity may fluctuate over time. ---> Exacerbations of any severity may occur in patients in any severity category.				
		<input type="checkbox"/> Thrush <input type="checkbox"/> Palpitations <input type="checkbox"/> Jitteriness <input type="checkbox"/> Sleep Disturbances <input type="checkbox"/> Decreased Growth				

Prev Form (Ctrl+PgUp) | Next Form (Ctrl+PgDn) | Close

# Next Steps For August/September

- Complete integration of asthma DS into existing systems flow, including sign-off from key Yale stakeholders and GLIDES Steering Group
- Complete system test planning and finalize roll-out schedule with YNHH systems team
- Scheduled to draft interim recommendations for CCHIT and guideline developers