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## CONFERENCE ABSTRACT

# **Asthma Right Care Global movement: adopting new strategies to get a large-scale change in asthma management**

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### ***Introduction***

According to the Global Initiative for Asthma (GINA) asthma is a serious global health problem affecting all age groups and its prevalence is increasing in many countries. In spite of diverse efforts, and the availability of effective therapies, international surveys provide ongoing evidence for suboptimal asthma control in many countries. Every effort must be made to encourage health care leaders to assure availability of, and access to, medications, and to develop means to implement and evaluate effective asthma management programs. To this end, we should reflect on strategies that would be both clinically relevant and feasible for implementation.

### ***Aims Objectives Theory or Methods***

In 2017 the International Primary Care Respiratory Group (IPCRG) initiated Asthma Right Care to get the conversation going about the need at policy and clinical levels to relook at asthma management and move from a state of comfort to discomfort with current state. Then, once people were ready to ask "how can we do better" to offer options. The ARC group focused on finding solutions within the real-life context of health systems to improve asthma care adding value to interventions. They decided to apply the evidence from social movements for health, achieving large scale change and "right care" to asthma.

### ***Highlights or Results or Key Findings***

We selected the main message: over-reliance on SABA (short-acting-beta-agonist) to disrupt the status quo and make some noise about the unacceptability of doing nothing. We mapped the asthma pathways and stakeholders to identify where the message starts to go wrong. Then, we kickstarted action with new communication tools, nurtured diverse voices: 12 countries (UK, Spain, Portugal, Canada, Netherlands, France, China, Vietnam, Malaysia, Brazil, Slovenia, Greece), patients, pharmacists GPs, emergency teams, nurses, industry and influenced and interacted with wide array of stakeholders, gaining followers who commit to testing and sharing our tools and messages.

We have already reached over 110,000 frontline health care professionals and global primary care leaders through social media, conference, webinar, journals. We created Asthma SABA slide rule, Novel Reliever Reliance Test, Question and Challenge cards, 6 teaching case studies, Teach the Teacher cascades in Middle East, Australia, Spain and Latin America and E-learning for South African pharmacists.

### ***Conclusions***

Asthma Right Care applies the evidence underlying social movements to achieve a large-scale change in asthma management. The movement has the power to both, get asthma patients engaged from the beginning of the process and make professionals reflect on their current practice and request information and support to do better.

### ***Implications for applicability/transferability sustainability and limitations***

This project can be applied everywhere because it was thought to be adapted to every local context. We created an Implementation Pack “how-to-guide” to enable new local delivery teams to start up. Sustainability, here, relies on followership; so, as long as you get involve more followers, the movement keeps going.