



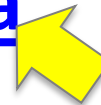
EmPhAsIS

Empowering Pharmacists in Asthma management through Interactive SMS

Follow-up Procedures:

Intervention Pharmacy, Monthly Follow-up
and WelTel Platform

emphasis.core.ubc.ca



Click for more information



EmPhAsIS

Empowering Pharmacists in Asthma management through Interactive SMS

To review how to recruit and screen a potential study participant,
please see the previous mini-webinar on:

“Baseline Procedures: Recruiting and Screening Patients”

To review how to consent and enroll a potential study participant,
please see the previous mini-webinar on:

“Baseline Procedures: Consenting and Enrolling Patients”

To review how to register patients into the WelTel platform and initiate text
messages, please see previous mini-webinar on:

“Baseline Procedures: Intervention Pharmacy, Next Steps”



Monthly Follow-up Procedures

1. Check monthly SMS (“checkins”)

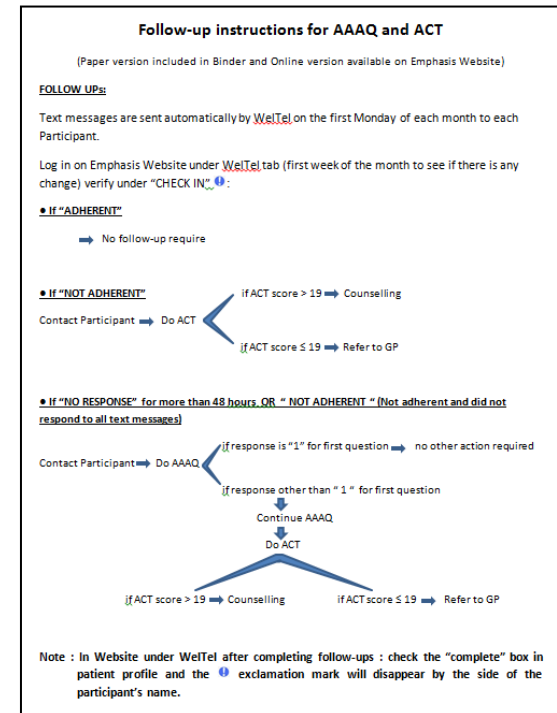
- Patient responses to monthly SMS in WelTel platform)

2. Follow-up non-adherent patients by telephone (if needed)

In your binder



– Follow-up Instructions for AAAQ and ACT (laminated)





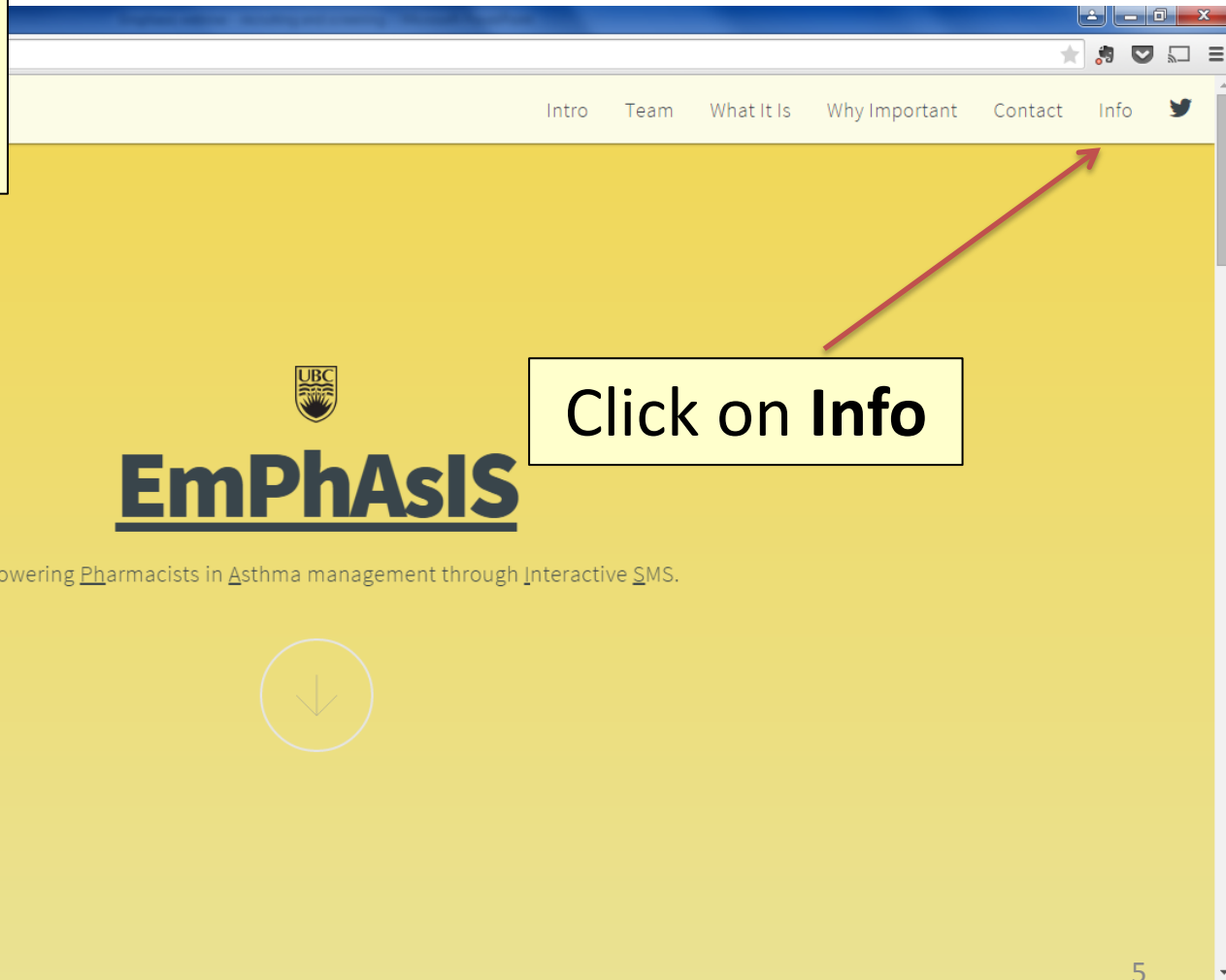
1. Checkins

- Standardized sending of text messages on the **first Monday of every month** via WelTel
 - You will not have to do anything with respect to texting participant yourself
- Tip:
 - Incorporate monthly SMS checks into workflow by doing “checkins” on WelTel on first Tuesday (or first Wednesday) of the month



1. Checkins

Go to the EmPhAsIS
study website:
emphasis.core.ubc.ca



Click on **Info**



1. Checkins

Emphasis

emphasis.core.ubc.ca

EmPhAsIS

Intro Team What It Is Why Important Contact Info

For Pharmacists

Enter

Information

Patients

Pharmacists

Locations

Enter your Username (i.e. phar007)

Click on Pharmacists

6



1. Checkins

Emphasis: Info: Interventio x

emphasis.core.ubc.ca/cinfo/interventions?phar=true

EmPhAsIS

Screening Forms Study Forms WelTel Link Resources Pharmacist Information Information and Training Webinar FAQs

Intervention Pharmacies

Screening Form

Study Forms

- [Enrolment and Recruitment Flow Chart](#)
- [Instructions for Enrolment](#)
- [Contact Information Form](#)
- [Demographics Form](#)
- [Subject Information Consent Form](#)
- [Participant Screening Form](#)
- [Study Log](#)

WelTel Link

[WelTel Login](#)

Resources

- [Pharmacist Guide for Intervention Pharmacies](#)
- [BC Asthma Guideline](#)
- [Asthma Action Plan](#)
- [Pocket Guide for Asthma Management and Prevention by Global Initiative for Asthma](#)

Pharmacist Information

Click on WelTel Login



1. Checkins

WELTEL

Username

Password

LOGIN

[Forgot your password?](#)

Enter **password**
(created by you)

Enter **Username**
(i.e. phar007)



1. Checkins

- ‘Checkins’ view for **all** patients (**# according to Status**)

WELTEL Checkins Patients Add Patient Tools Logged in as Bob

Checkins for week of ▼

Monday, March 2, 2015

Filter Checkins ▼

- ALL 1
- INCOMPLETE 1
- ADHERENT 0
- NOT ADHERENT 0
- BAD RESPONSE 0
- NO RESPONSE 1
- CUSTOM 1

All (1 checkins) REVIEW 1 CHECKINS

Patient	Patient Phone	Clinic	Classification	History
Sarah	+1 604 193 4918	Pharm001	NO RESPONSE	

Green = # of ADHERENT checkins

Red = # of NOT ADHERENT checkins

Gray = # checkins with NO RESPONSE



1. Checkins

- ‘Checkins’ view for **all** patients (**List**)

WELTEL Checkins Patients Add Patient Tools Logged in as Bob

Checkins for week of ▼

Monday, March 2, 2015

Filter Checkins ▼

- ALL 1
- INCOMPLETE 1
- ADHERENT 0
- NOT ADHERENT 0
- BAD RESPONSE 0
- NO RESPONSE 1
- CUSTOM 1

All (1 checkins) REVIEW 1 CHECKINS

Patient	Patient Phone	Clinic	Classification	History
Sarah 🗨️ ℹ️	+1 604 193 4918	Pharm001	NO RESPONSE	🕒

Click on **patient's name** to view profile and SMS history

Click on **symbol** to check **new message**

Symbol indicates ‘checkins’ needing review



1. Checkins

- Profile view for individual patient

WELTEL | Checkins | Patients | Add Patient | Tools | Logged in as Clinician

Checkins for week of **Monday, April 27, 2015**

Filter Checkins

- ALL (5)
- INCOMPLETE (0)
- ADHERENT (2)
- NOT ADHERENT (1)
- BAD RESPONSE (0)
- NO RESPONSE (2)
- CUSTOM (5)

mary
CURRENT CHECKIN

Checkin Date: Apr 07, 2015

Classification: ADHERENT

EMPHASIS: QUESTIONNAIRE

Complete: ☒

Reference Table

Question	Indicator
1. I follow my asthma medication plan	>1 suggests possible adherence
2. I forget to take at least one dose of my inhaled steroid each day	
3. My asthma is mild and does not require regular preventative treatment	
4. My inhaled steroid causes side effects	
5. I can't afford my inhaled steroid medications	

Contact mary

Message

History

Origin	Type	Details
Unknown Tue Apr 7, 4:06 PM	ADHERENT	
System Tue Apr 7, 12:00 PM	System	Txt 1-6 for: I follow my asthma medication plan AGREE: Completely=1; Mostly=2; Somewhat=3 DISAGREE: Somewhat=4; Mostly=5; Completely=6
System Mon Apr 6, 12:00 PM	System	Txt 1-6 for: I follow my asthma medication plan AGREE: Completely=1; Mostly=2; Somewhat=3 DISAGREE: Somewhat=4; Mostly=5; Completely=6

1. Checkin status

3. Access to AAAQ or ACT

4. Complete box indicates monthly checkin was completed and reviewed by you (Tip: Important to check this for NOT ADHERENT patients)

2. SMS send and response History (Tip: "Read up", oldest text on bottom)



1. Checkins

History			
Origin	Type	Details	
System Wed Mar 4, 2:35 PM	System	Thanks for responding! You will receive the text messages again next month.	
Patient Wed Mar 4, 2:35 PM	Incoming	6	
System Wed Mar 4, 2:34 PM	System	Txt 1-6: I can't afford my inhaled steroid medication AGREE: Completely=1; Mostly=2; Somewhat=3 DISAGREE: Somewhat=4; Mostly=5; Completely=6	
Patient Wed Mar 4, 2:34 PM	Incoming	6	
System Wed Mar 4, 2:34 PM	System	Txt 1-6: My inhaled steroid causes side effects AGREE: Completely=1; Mostly=2; Somewhat=3 DISAGREE: Somewhat=4; Mostly=5; Completely=6	
Patient Wed Mar 4, 2:34 PM	Incoming	1	
System Wed Mar 4, 2:18 PM	System	Txt 1-6 for: My asthma is mild & doesn't require regular preventative treatment AGREE: Completely=1; Mostly=2; Somewhat=3 DISAGREE: Somewhat=4; Mostly=5; Completely=6	
Patient Wed Mar 4, 2:18 PM	Incoming	1	
System Wed Mar 4, 2:06 PM	System	Txt 1-6: I forget to take at least 1 dose of my inhaled steroid each day AGREE: Completely=1; Mostly=2; Somewhat=3 DISAGREE: Somewhat=4; Mostly=5; Completely=6	
System Wed Mar 4, 2:06 PM	NOT OK		
Patient Wed Mar 4, 2:06 PM	Incoming	6	
System Wed Mar 4, 2:02 PM	System	Txt 1-6 for: I follow my asthma medication plan AGREE: Completely=1; Mostly=2; Somewhat=3 DISAGREE: Somewhat=4; Mostly=5; Completely=6	

Patient's response

Message sent by WelTel



1. Checkins

History			
Origin	Type	Details	
System Wed Mar 4, 2:35 PM	System	Thanks for responding! You will receive the text messages again next month.	
Patient Wed Mar 4, 2:34 PM		6	
System Wed Mar 4, 2:34 PM		Txt 1-6: I can't afford my inhaled steroid medication AGREE: Completely=1; Mostly=2; Somewhat=3 DISAGREE: Somewhat=4; Mostly=5; Completely=6	
Patient Wed Mar 4, 2:34 PM		6	
System Wed Mar 4, 2:34 PM		Txt 1-6: My inhaled steroid causes side effects AGREE: Completely=1; Mostly=2; Somewhat=3 DISAGREE: Somewhat=4; Mostly=5; Completely=6	
Patient Wed Mar 4, 2:34 PM		1	
System Wed Mar 4, 2:18 PM	System	Txt 1-6 for: My asthma is mild & doesn't require regular preventative treatment AGREE: Completely=1; Mostly=2; Somewhat=3 DISAGREE: Somewhat=4; Mostly=5; Completely=6	
Patient Wed Mar 4, 2:18 PM	Incoming	1	
System Wed Mar 4, 2:06 PM	System	Txt 1-6: I forget to take at least 1 dose of my inhaled steroid each day AGREE: Completely=1; Mostly=2; Somewhat=3 DISAGREE: Somewhat=4; Mostly=5; Completely=6	
System Wed Mar 4, 2:06 PM	NOT OK		
Patient Wed Mar 4, 2:06 PM	Incoming	6	
System Wed Mar 4, 2:02 PM	System	Txt 1-6 for: I follow my asthma m Somewhat=3 DISAGREE: Somew	Mostly=2;

Follow-up questions after identification of non-adherence. If adherent, patient will not receive these texts

Identification of non-adherence



2. Follow-up Non-Adherent Patients

- Your role in this step is the most important part of the EmPhAsIS study
- Because this is a pragmatic study, please provide counselling according to your practice but we have provided you with some tools to help

Tools

– **AAAQ** Questions 2 to 5 to identify adherence barrier

- Texted to patients OR
- Accessible via WelTel OR

- **AAAQ Form** (in binder)



– Asthma Control Test (**ACT**) to assess asthma control

- Accessible via WelTel OR

- **ACT Form** (in binder)





2. Follow-up Non-Adherent Patients

EmPhAsIS: Empowering Pharmacists in Asthma management through Interactive SMS

Study # -
Site Number Participant Number

Date Completed: / /
Assessment completed by: (Please Print name)

Adult Asthma Adherence Questionnaire (AAAQ)

Please ask the patients the following questions and record their response:
(if response is "1" to Question 1 ⇒ Stop administering the questionnaire
if response other than "1" to Question 1 ⇒ Continue administering the questionnaire)

Questions						Score
1. I follow my asthma medication plan						
1 I agree completely	2 I agree mostly	3 I agree somewhat	4 I disagree somewhat	5 I disagree mostly	6 I disagree completely	>7 suggests possible adherence problem
2. I forget to take at least one dose of my inhaled steroid each day						
1 I agree completely	2 I agree mostly	3 I agree somewhat	4 I disagree somewhat	5 I disagree mostly	6 I disagree completely	≤3 indicates probable barrier
3. My asthma is mild and does not require regular preventative treatment						
1 I agree completely	2 I agree mostly	3 I agree somewhat	4 I disagree somewhat	5 I disagree mostly	6 I disagree completely	≤4 indicates probable barrier
4. My inhaled steroid causes side effects						
1 I agree completely	2 I agree mostly	3 I agree somewhat	4 I disagree somewhat	5 I disagree mostly	6 I disagree completely	≤3 indicates probable barrier
5. I can't afford my inhaled steroid medications						
1 I agree completely	2 I agree mostly	3 I agree somewhat	4 I disagree somewhat	5 I disagree mostly	6 I disagree completely	≤3 indicates probable barrier

- Why the **AAAQ**?
 - By identifying potential adherence barrier, we hope this tool will facilitate your counselling
 - *Please note: This is provided as a tool and while we encourage its use, you may decide to use/not use*



2. Follow-up Non-Adherent Patients

EmPhAsIS: Empowering Pharmacists in Asthma management through Interactive SMS

Study # [] - []
Site Number Participant Number

Date Completed: / /
dd mm yy

Assessment completed by: (Please Print name)

Adult Asthma Adherence Questionnaire (AAAQ)

Please ask the patients the following questions and record their response

(if response is "1" to Question 1 ⇒ Stop administering the questionnaire)

(if response other than "1" to Question 1 ⇒ Continue administering the questionnaire)

Questions	Score					
1. I follow my asthma medication plan						
1 I agree completely	2 I agree mostly	3 I agree somewhat	4 I disagree somewhat	5 I disagree mostly	6 I disagree completely	>1 suggests possible adherence problem
2. I forget to take at least one dose of my inhaled steroid each day						
1 I agree completely	2 I agree mostly	3 I agree somewhat	4 I disagree somewhat	5 I disagree mostly	6 I disagree completely	≤3 indicates probable barrier
3. My asthma is mild and does not require regular preventative treatment						
1 I agree completely	2 I agree mostly	3 I agree somewhat	4 I disagree somewhat	5 I disagree mostly	6 I disagree completely	≤4 indicates probable barrier
4. My inhaled steroid causes side effects						
1 I agree completely	2 I agree mostly	3 I agree somewhat	4 I disagree somewhat	5 I disagree mostly	6 I disagree completely	≤3 indicates probable barrier
5. I can't afford my inhaled steroid medications						
1 I agree completely	2 I agree mostly	3 I agree somewhat	4 I disagree somewhat	5 I disagree mostly	6 I disagree completely	≤3 indicates probable barrier

If form was used,
please stick the
Patient Study ID
sticker onto the form

Study # 1 3 0 0 5
Site Number Participant #

AAAQ?

Identifying potential
adherence barrier, we
this tool will

your
counselling

– *Please note: This is
provided as a tool and
while we encourage its
use, you may decide to
use/not use*



2. Follow-up Non-Adherent Patients

EmPhAsIS: Empowering Pharmacists in Asthma management through Interactive SMS

Study # -
Site Number Participant Number

Date Completed: / /
dd mm yy

Assessment completed by:
(Please Print name)

ASTHMA CONTROL TEST™*(ACT)

Please ask the patients the following questions and record their response

1. In the past 4 weeks, how much of the time did your asthma keep you from getting as much done at work, school or at home?	SCORE (Enter corresponding number)
All of the time 1	<input type="text"/>
Most of the time 2	
Some of the time 3	
A little of the time 4	
None of the time 5	

2. During the past 4 weeks, how often have you had shortness of breath?	SCORE (Enter corresponding number)
More than once a day 1	<input type="text"/>
Once a day 2	
3 to 6 times a week 3	
Once or twice a week 4	
Not at all 5	

3. During the past 4 weeks, how often did your asthma symptoms (wheezing, coughing, shortness of breath, chest tightness or pain) wake you up at night or earlier than usual in the morning?	SCORE (Enter corresponding number)
4 or more nights a week 1	<input type="text"/>
2 or 3 nights a week 2	
Once a week 3	
Once or twice 4	
Not at all 5	

4. During the past 4 weeks, how often have you used your rescue inhaler or nebulizer medication (such as albuterol)?	SCORE (Enter corresponding number)
4 or more times per day 1	<input type="text"/>
1 or 2 times per day 2	
2 or 3 times per week 3	
Once a week or less 4	
Not at all 5	

5. How would you rate your asthma control during the past 4 weeks?	SCORE (Enter corresponding number)
Not controlled at all 1	<input type="text"/>
Poorly controlled 2	
Somewhat controlled 3	
Well controlled 4	
Completely controlled 5	

If total score is 19 or less then asthma is not well controlled
Please advise to consult physician

PHARMCISTS ONLY:

Based on your assessment, is the patient's non-adherence intentional (voluntary): Yes ☐ No ☐

How much time did you spend on counselling:
☐ ≤ 15 minutes ☐ between 16 - 30 minutes ☐ more than 30 minutes

Notes:

ACT questionnaire Feb 12 2015 page 1 of 1

- Why the **ACT**?
 - This allows assessment of asthma control
 - **If total score is 19 or lower, please advise patient to consult their GP**
 - *Please note: This is provided as a tool and while we encourage its use, you may decide to use/not use*



2. Follow-up Non-Adherent Patients

EmPhAsIS: Empowering Pharmacists in Asthma management through Interactive SMS

Study # -
Site Number Participant Number

Date Completed: / /
dd mm yy

Assessment completed by: (Please Print name)

ASTHMA CONTROL TEST™*(ACT)

Please ask the patients the following questions and record their responses

1. In the past 4 weeks, how much of the time did your asthma keep you from getting as much done at work, school or at home?
All of the time Most of the time Some of the time A little of the time None of the time
1 2 3 4 5

2. During the past 4 weeks, how often have you had shortness of breath?
More than once a day Once a day 3 to 6 times a week Once or twice a week Not at all
1 2 3 4 5

3. During the past 4 weeks, how often did your asthma symptoms (wheezing, coughing, shortness of breath, chest tightness or pain) wake you up at night or earlier than usual in the morning?
4 or more nights a week 2 or 3 nights a week Once a week Once or twice Not at all
1 2 3 4 5

4. During the past 4 weeks, how often have you used your rescue inhaler or nebulizer medication (such as albuterol)?
4 or more times per day 1 or 2 times per day 2 or 3 times per week Once a week or less Not at all
1 2 3 4 5

5. How would you rate your asthma control during the past 4 weeks?
Not controlled at all Poorly controlled Somewhat controlled Well controlled Completely controlled
1 2 3 4 5

If total score is 19 or less then asthma is not well controlled
Please advise to consult physician

PHARMCISTS ONLY:

Based on your assessment, is the patient's non-adherence intentional (voluntary): Yes ☐ No ☐

How much time did you spend on counselling:
☐ ≤ 15 minutes ☐ between 16 - 30 minutes ☐ more than 30 minutes

Notes:

ACT questionnaire Feb 12 2015 page 1 of 1

If form was used,
please stick the
Patient **Study ID**
sticker onto the form

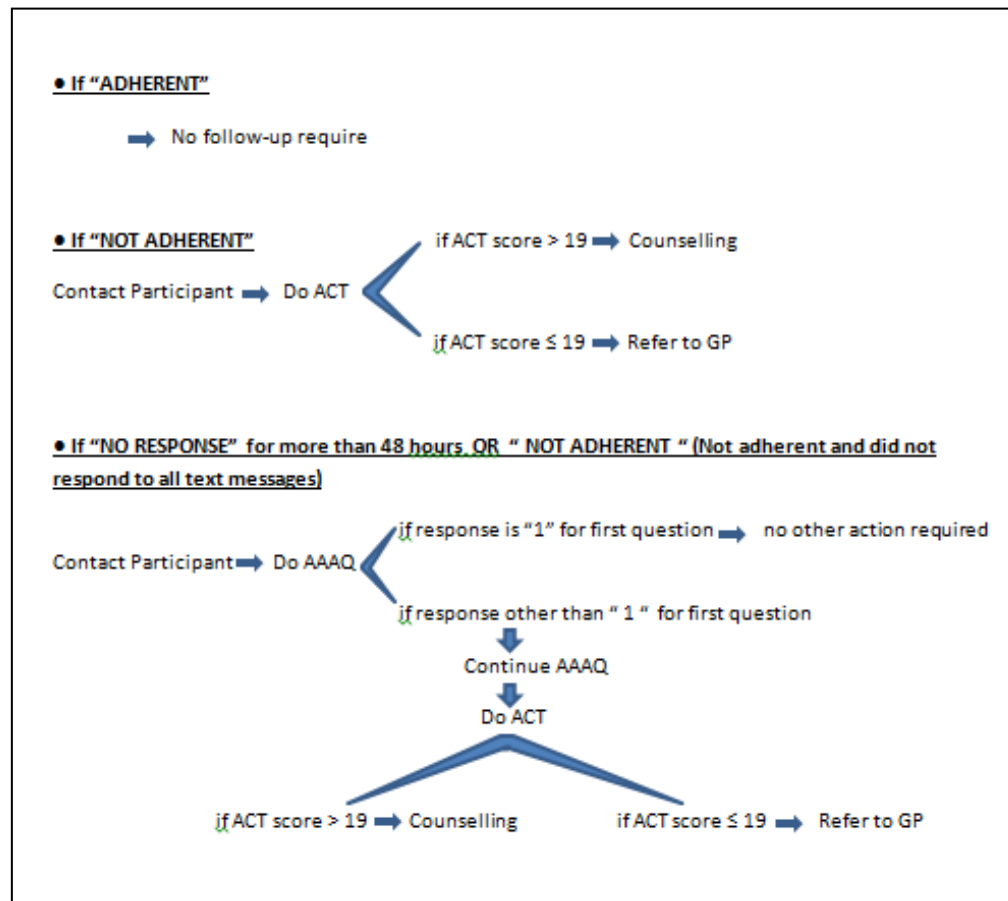
Study #
Site Number Participant #

- What if the ACT?**
- If score is 19 or less then asthma is not well controlled please advise patient to consult their GP
 - Please note: This is provided as a tool and while we encourage its use, you may decide to use/not use



2. Follow-up Non-Adherent Patients

- From **Follow-up Instructions for AAAQ and ACT** (laminated card), possible scenarios:





2. Follow-up Non-Adherent Patients

If you used the **AAAQ Form** or the **ACT Form** to follow-up non-adherent patients

- Stick Patient **Study ID** onto the forms
- File completed forms at the back of the study binder
 - You do not need to fax these forms to UBC

Congratulations!

You have now successfully completed a monthly follow-up with your patients!

If you are unable to follow-up with a non-adherent patient, please notify the study investigators as soon as possible.



EmPhAsIS

Empowering Pharmacists in Asthma management through Interactive SMS

Questions?

Please do not hesitate to contact us

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