

Severe Asthma Units Accredited by Spanish Society of Allergology and Clinical Immunology (SEAIC). Experience and Future

Delgado Romero J^{1,6}, Miralles López JC^{2,6}, Álvarez Puebla M^{3,6}, Fernández Ibáñez E^{4,7}, Habernau Mena A^{5,6}

¹Allergy Service, Hospital Universitario Virgen Macarena, Sevilla

²Allergy Service, Hospital Universitario Reina Sofía, Murcia

³Allergy Service, Complejo Hospitalario de Navarra, Pamplona

⁴Allergy Service, Hospital Universitario, Araba

⁵Allergy Service, Complejo Hospitalario de Mérida

⁶Asthma Committee, SEAIC

⁷CME Committee, SEAIC

Corresponding:

Juan Carlos Miralles López

Sección Alergología. Hospital General Universitario Reina Sofía.

Avda. Intendente Jorge Palacios 1, 30003 Murcia

Email: juanc.miralles@carm.es

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The current estimate is that 3 to 10% of adult asthmatics suffer from severe asthma[1,2], and paediatric severe asthma affects up to 2.5% of all children with asthma[3]. However, these patients have an important impact on health care costs and the consumption of resources: previous studies in our country have estimated the cost of severe asthma in €8554/patient/year [4].

Therefore, in patients who present chronic symptoms of severe asthma, a rigorous and systematic study is necessary, although, at the same time, many of these patients present particularities that require an individualized study. These two apparently discordant realities have led to consensus guidelines advising that severe asthma should be identified and controlled in specialized and preferably multidisciplinary consultations[5,6]. This reality has been reinforced in recent years with the development of specific biological drugs for the treatment of these patients with very well-defined indications and follow-up[7].

In 2015, the asthma committee of the Spanish Society of Allergology and Clinical Immunology (SEAIC) addressed the task of establishing the necessary requirements for the accreditation of different levels of care for severe asthma units throughout the national territory.

The objectives of this process were to improve the clinical care of patients with severe asthma by unifying criteria of good practice, to structure and facilitate the clinical management of these patients, and to promote research in severe asthma.

Another fundamental objective is to increase the education of the asthmatic patient: it is known that an adequate training increases the therapeutic compliance and the disease control[8].

Accreditation levels included Basic Severe Asthma Unit (SAU) and Excellence SAU. For its evaluation, essential, recommended (advanced), and excellence criteria were included. According to the fulfillment of the criteria, the SAUs were accredited as Basic (advanced) or Excellent. The criteria required for the accreditation are included in <https://www.seaic.org/profesionales/acreditacion-unidades-de-asma-grave>, and summarized in Table 1.

Briefly, the flow of patients to the Severe Asthma Unit must come from both outside and inside the hospital. It is important to inform those responsible for specialized or primary care about the existence and performance of the SAU, and the flow of asthmatic patients between Primary or Specialized Care and the asthma unit must be bidirectional. The SAU is recommended to work as a multidisciplinary unit, with a close contact with related services: pneumology, ENT, gastroenterology, psychiatry, etc.

The Units must follow the guidelines granted by SEAIC for asthma management, and their service portfolio must be in line with these recommendations.

As specified in the Spanish Guide for Asthma Management (GEMA), the diagnosis of this disease requires a respiratory anamnesis compatible with the disease but, in addition to this, a functional test is required to be positive [9]: a SAU must have the necessary tools to avoid false diagnoses.

When planning a treatment in a severe asthmatic patient, their endo / phenotype needs to be considered, since the therapeutic approach differs in each case, so the UAG must have the necessary tools to be able to discern between these different endo / phenotypes of asthma.

There are several comorbidities that should be considered in patients with severe asthma, and some are relevant because they may result in misattribution of symptoms to asthma.

Identifying and evaluating triggers for asthmatic symptoms (exposure to allergens and workplace chemicals, tobacco use, and frequent infections) is also important. The UAG must have means to identify both comorbidities and aggravating asthma factors.

Furthermore, the UAG must carry out an effective education of the asthmatic patient: the education plan must include the key skills for self-management of asthma: inhalation technique, medication adherence, self-management, a written action plan and knowledge of the disease. In addition to scheduled care, the UAG must have means for the occasional treatment of patients with clinical worsening.

After five years of the program, 31 severe asthma units have been accredited so far: 9 Basic and 22 Excellence. The design of the accreditation program includes the performance of a periodic audit of the accredited SAUs and a 5-year reaccreditation process.

For the next few years, the accreditation program will follow a process of continuous improvement, with a review of the criteria, adapting them to the clinical and therapeutic reality of the asthmatic patient. In addition to that, the network research work of the different accredited SAUs will be promoted. All aimed at improving clinical care and investigation of a complex disease such as severe asthma.

Conflict of interest

The authors declare that they have no conflicts of interest.

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Table 1. Summary (non-exhaustive) of criteria for accreditation of basic and excellent severe asthma units

Accessibility and continuity of care	<ul style="list-style-type: none"> • Defined referral criteria • Priority appointment of uncontrolled patients • Appointment program with adequate consultation time per patient 	<ul style="list-style-type: none"> • Own service portfolio, included in the Allergology service portfolio • Regular meetings with Primary Care and Specialist doctors in which the service portfolio is exposed
Professionals and Equipment	<ul style="list-style-type: none"> • At least one allergist designated as responsible with accredited training in severe asthma • Assigned nurse with experience in complementary tests of asthma • Organization chart with the distribution of functions and responsibilities that is known by the members of the SAU and the Allergology Service • The SAU works as a multidisciplinary unit: there are designated professionals from other specialties • The clinical activity is based on the asthma management recommendations of the guidelines granted by SEAIC • The SAU has the necessary instruments, furniture, and office equipment for the development of its service portfolio. All this material is inventoried and is periodically reviewed • The Unit has the necessary means to treat an asthma attack or a severe allergic reaction 	<ul style="list-style-type: none"> • The SAU holds regular meetings with reference specialists • The Unit uses a database that is completed in each consultation and allows the exploitation of the information • Support of a day hospital to carry out procedures recommended to be performed in a hospital environment
Continuous improvement and research	<ul style="list-style-type: none"> • Carrying out clinical research and publications on asthma • The SAU has annual information on the healthcare activity carried out • The Unit collaborates in teaching and continuous postgraduate training 	<ul style="list-style-type: none"> • The SAU periodically conducts user satisfaction surveys • The Unit has a quality and continuous improvement plan • Collaboration in multicentre studies with other SAU
Service Portfolio and patient evaluation	<ul style="list-style-type: none"> • The SAU has the means for the diagnosis of asthma and its classification • It has the means for an adequate etiological diagnosis • The Unit performs asthma and inhalation techniques education. • Administration of biological drugs and assessment of their efficacy and safety 	<ul style="list-style-type: none"> • The SAU has the equipment to carry out specific bronchial provocation tests • NSAIDs desensitization • Cellularity of sputum • Exercise test • Nasal exploration and functionalism • The Unit conducts research with support staff