EPiC user guide

He Ako Hiringa
Learning Always

① EPiC Home
Click here to go to the EPiC homepage – you will find an overview of all data themes here.

② Education
Click here to go to the He Ako Hiringa homepage, where you'll find a range of free educational resources to complement the EPiC data stories.

③ Problem of practice
Here we name a problem of practice and give some context around how the data can be used to help resolve it.

④ National data
This tab contains the data stories with national level data populating the charts.

⑤ Data story
These are the individual data stories within the overall theme. They display aspects of data relevant to the overall problem of practice.

⑥ Context-setting content box
This content sets the scene for the data and explains why these data are displayed.

⑦ Your Patients data display
This shows data about your patients. Your patients are anyone who has had a medicine dispensed from a prescription you have provided in any setting.

⑧ Focus points
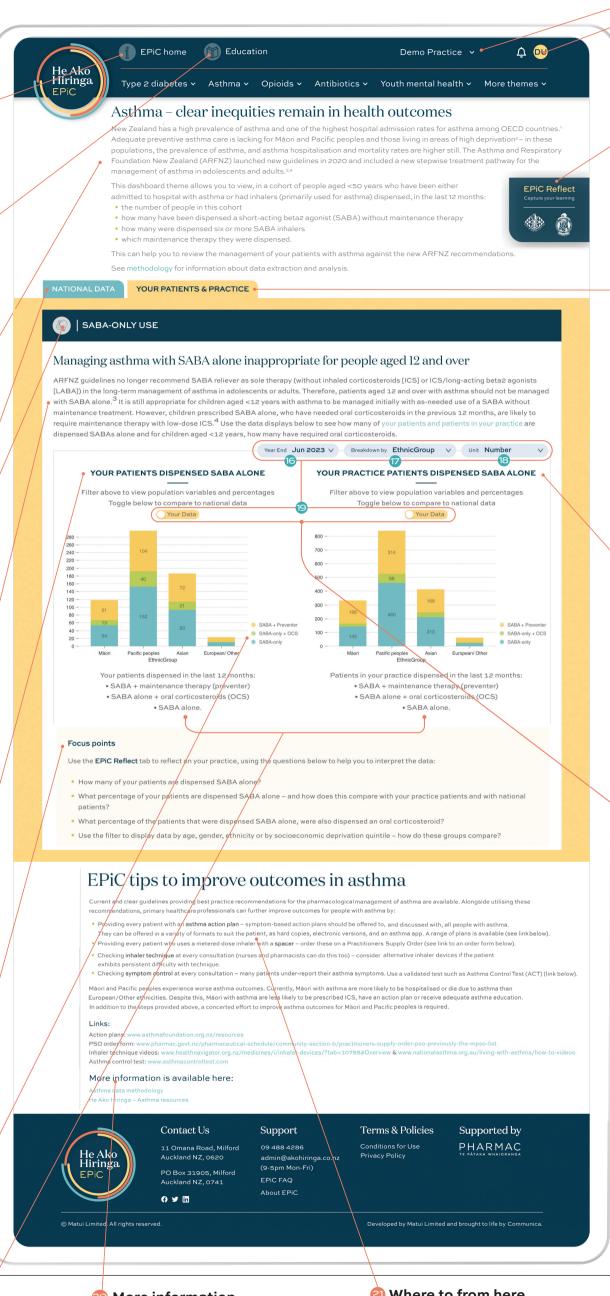These questions can help you to interpret your data and assist you to gain key messages from the data.

⑨ Filter key
This colour-coded key illustrates the different "breakdown by" filters.

⑩ Chart description
This gives a more detailed description of data displayed in the chart above.

⑪ Assigned practice
This is the practice assigned to you, determined by the number of prescriptions you provided. If this is not the practice you expected, please contact us.

⑫ You
Click your initials and select "My Profile" to view your account details. You can also log out from here.

⑬ EPiC Reflect
EPiC Reflect is a reflection and audit template that prompts you to delve into the prescribing data, reflect on your current practice and develop quality improvement initiatives with your team. Each EPiC Reflect activity is populated with examples and endorsed by the RNZCGP for CME. Simply download and save the editable PDF, complete the activity (and repeat it after a specified time to complete an audit), then upload to your CPD record.

⑭ Your data
This tab contains the data stories with your data and your practice data populating the charts.

⑮ Your Practice data display
This shows data about patients enrolled at your practice. The prescriptions can be provided by any prescriber including those not working in that practice (eg, specialists, after-hours healthcare settings).

⑯ ACTION — Date filter
This shows the period ending with the date shown. *Select older time periods to compare trends over time.*

⑰ ACTION — "Breakdown by" filter
This filters data by different demographics. *Select ethnicity, age, gender or socioeconomic deprivation quintiles to compare data within these demographic groups.*

⑱ ACTION — Unit filter
This filters data by absolute number of patients and by percentage of population. *Select percentage in this filter to allow easier comparison between different demographic groups – the percentage within each demographic group is displayed.*

⑲ ACTION — Data Toggle
This allows you to switch between your data or your practice data, and national data on each graph. *Switch one toggle to national to view your data side by side for easy visual comparisons.*

⑳ More information
Links to additional information available on He Ako Hiringa, including methodology and related education resources, are provided here.

㉑ Where to from here
This provides additional information such as practice points, tips to help achieve equity, and ideas for quality improvement.

(Screenshot content)

He Ako Hiringa EPiC

EPiC home · Education · Demo Practice

Type 2 diabetes · Asthma · Opioids · Antibiotics · Youth mental health · More themes

Asthma – clear inequities remain in health outcomes

New Zealand has a high prevalence of asthma and one of the highest hospital admission rates for asthma among OECD countries.[1] Adequate preventive asthma care is lacking for Māori and Pacific peoples and those living in areas of high deprivation[2] – in these populations, the prevalence of asthma, and asthma hospitalisation and mortality rates are higher still. The Asthma and Respiratory Foundation New Zealand (ARFNZ) launched new guidelines in 2020 and included a new stepwise treatment pathway for the management of asthma in adolescents and adults.[3,4]

This dashboard theme allows you to view, in a cohort of people aged <50 years who have been either admitted to hospital with asthma or had inhalers (primarily used for asthma) dispensed, in the last 12 months:
- the number of people in this cohort
- how many have been dispensed a short-acting beta2 agonist (SABA) without maintenance therapy
- how many were dispensed six or more SABA inhalers
- which maintenance therapy they were dispensed.

This can help you to review the management of your patients with asthma against the new ARFNZ recommendations.

See methodology for information about data extraction and analysis.

EPiC Reflect — Capture your learning

NATIONAL DATA | YOUR PATIENTS & PRACTICE

SABA-ONLY USE

Managing asthma with SABA alone inappropriate for people aged 12 and over

ARFNZ guidelines no longer recommend SABA reliever as sole therapy (without inhaled corticosteroids [ICS] or ICS/long-acting beta2 agonists [LABA]) in the long-term management of asthma in adolescents or adults. Therefore, patients aged 12 and over with asthma should not be managed with SABA alone.[3] It is still appropriate for children aged <12 years with asthma to be managed initially with as-needed use of a SABA without maintenance treatment. However, children prescribed SABA alone, who have needed oral corticosteroids in the previous 12 months, are likely to require maintenance therapy with low-dose ICS.[4] Use the data displays below to see how many of your patients and patients in your practice are dispensed SABAs alone and for children aged <12 years, how many have required oral corticosteroids.

Year End: Jun 2023 | Breakdown by: EthnicGroup | Unit: Number

YOUR PATIENTS DISPENSED SABA ALONE
Filter above to view population variables and percentages
Toggle below to compare to national data
Your Data

YOUR PRACTICE PATIENTS DISPENSED SABA ALONE
Filter above to view population variables and percentages
Toggle below to compare to national data
Your Data

Legend: SABA + Preventer · SABA-only + OCS · SABA-only

Your patients dispensed in the last 12 months:
- SABA + maintenance therapy (preventer)
- SABA alone + oral corticosteroids (OCS)
- SABA alone.

Patients in your practice dispensed in the last 12 months:
- SABA + maintenance therapy (preventer)
- SABA alone + oral corticosteroids (OCS)
- SABA alone.

Focus points
Use the EPiC Reflect tab to reflect on your practice, using the questions below to help you to interpret the data:
- How many of your patients are dispensed SABA alone?
- What percentage of your patients are dispensed SABA alone – and how does this compare with your practice patients and with national patients?
- What percentage of the patients that were dispensed SABA alone, were also dispensed an oral corticosteroid?
- Use the filter to display data by age, gender, ethnicity or by socioeconomic deprivation quintile – how do these groups compare?

EPiC tips to improve outcomes in asthma

Current and clear guidelines providing best practice recommendations for the pharmacological management of asthma are available. Alongside utilising these recommendations, primary healthcare professionals can further improve outcomes for people with asthma by:
- Providing every patient with an **asthma action plan** – symptom-based action plans should be offered to, and discussed with, all people with asthma. They can be offered in a variety of formats to suit the patient, as hard copies, electronic versions, and an asthma app. A range of plans is available (see link below).
- Providing every patient who uses a metered dose inhaler with a **spacer** – order these on a Practitioners Supply Order (see link to an order form below).
- Checking **inhaler technique** at every consultation (nurses and pharmacists can do this too) – consider alternative inhaler devices if the patient exhibits persistent difficulty with technique.
- Checking **symptom control** at every consultation – many patients under-report their asthma symptoms. Use a validated test such as Asthma Control Test (ACT) (link below).

Māori and Pacific peoples experience worse asthma outcomes. Currently, Māori with asthma are more likely to be hospitalised or die due to asthma than European/Other ethnicities. Despite this, Māori with asthma are less likely to be prescribed ICS, have an action plan or receive adequate asthma education. In addition to the steps provided above, a concerted effort to improve asthma outcomes for Māori and Pacific peoples is required.

Links:
Action plans: www.asthmafoundation.org.nz/resources
PSO order form: www.pharmac.govt.nz/pharmaceutical-schedule/community-section-b/practitioners-supply-order-pso-previously-the-mpso-list
Inhaler technique videos: www.healthnavigator.org.nz/medicines/i/inhaler-devices/?tab=10758#Overview & www.nationalasthma.org.au/living-with-asthma/how-to-videos
Asthma control test: www.asthmacontroltest.com

More information is available here:
Asthma data methodology
He Ako Hiringa – Asthma resources

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