



## ASTHMA MANAGEMENT IN PRIMARY CARE PRACTICE

Clinical Application of the NAEPP Expert Panel Report-3:  
2007 Guidelines for the Diagnosis and Management of Asthma

### CME ACTIVITY EVALUATION FORM

June 1, 2015 – May 31, 2016

**Directions:** Please complete the general information, the evaluation and post-test below in order to receive CME. Return completed form via mail, fax or email to:

Address: IPRO, Managed Care Dept.  
1979 Marcus Avenue,  
Lake Success, NY 11042

Fax: (516) 326-6177

Email: [Asthma@ipro.org](mailto:Asthma@ipro.org)

Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

Affiliation: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

☐ Physician ☐ Physician Assistant ☐ Nurse ☐ Nurse Practitioner ☐ Other: \_\_\_\_\_

#### EVALUATION

Provide your opinion by circling a response (1= Disagree...5= Agree)

	1	2	3	4	5
1. This CME topic met my professional practice learning needs					
2. Stated learning objectives were met by the program:					
a. To apply clinical changes of the EPR-3 through a problem-based learning activity.	1	2	3	4	5
b. To integrate communication strategies to promote asthma self-management into my daily practice.	1	2	3	4	5
c. To incorporate trigger reduction recommendations into my daily clinical practice.	1	2	3	4	5
d. To adopt high-leverage changes to meet the greatest need and opportunity.	1	2	3	4	5
3. The speaker was knowledgeable about the topic.	1	2	3	4	5
4. The CME fostered active participation in learning.	1	2	3	4	5
5. The CME was presented in a fair and unbiased manner.	1	2	3	4	5

**Answer Bank:** Some of the following choices may be used more than once.

A. Impairment	E. Well Controlled	I. Risk
B. Mild Intermittent	F. Very Poorly Controlled	J. Moderate Persistent
C. Control	G. Mild Persistent	K. Not Well Controlled
D. Severity	H. Intermittent	L. Severe Persistent

Insert the letter from the **Answer Bank** above in the “**Answer Letter**” column.

Answer Letter	Question
____ ____ ____	1. The focus of the NAEPP EPR-2 was on classification of asthma ____; the focus of the NAEPP EPR-3 is on classification of asthma ____.
____ ____ ____	The updated approach for classifying asthma severity and control is based on assessing the two new domains of ____ and ____.
____ ____ ____ ____	2. Asthma severity can be classified as ____, ____, ____, or ____.
____ ____ ____	3. Asthma control can be classified as ____, ____, or ____.
____ ____ ____	4. At the initial visit, pharmacologic therapy is based on asthma ____ classification; at every subsequent visit, therapy is adjusted based on asthma ____ classification.

Please indicate **TRUE** or **FALSE** for each statement by marking “**X**” next to your answer.

___ TRUE ___ FALSE	5. The strongest evidence supports self-management education in the clinic setting.
___ TRUE ___ FALSE	7. Allergy testing to identify specific triggers is more important than providing specific guidance on how to implement simple, inexpensive environmental control measures.
___ TRUE ___ FALSE	8. If a patient received more than 2 courses of systemic steroids in the past 12 months, a provider should consider referral to an asthma specialist (pulmonologist/allergist).

**Additional Comments:**

If you have any questions, please contact IPRO at [Asthma@ipro.org](mailto:Asthma@ipro.org).