Practice Improvement Topics

The needs assessment outline represents topics that AAAAI members have identified as opportunities to improve their knowledge and/or their practice of allergy/immunology. These topics were identified from a variety of sources, such as course outcomes data, including the AAAAI Annual Meeting and online courses, and surveys of AAAAI members and RSL society governors. Overall, this outline should be viewed as a needs assessment resource that can promote topics for continuing education.

I. Basic Science:

1. Basic Tests
   A. Laboratory Tests
      I. Newer diagnostic laboratory tests and procedures.

II. Clinical Science:

1. Hypersensitivity Disorders:
   A. Food Allergy (General)
      I. Component resolved diagnosis;
      II. Oral immunotherapy for food allergy
      III. Food allergy and respiratory disease.
      IV. New therapies for Allergic Eosinophilic Esophagitis (AEE)
      V. Handling patients with non-Immunoglobulin E (IgE) mediated food sensitivities
      VI. Approach to patients who have immunocap multiple food testing with no clinical history of Immunoglobulin E (IgE) related food allergy, but positive on blood tests.
      VII. Egg Allergy and Influenza Vaccine
      VIII. Eosinophilic esophagitis and food allergy
      IX. Follow up evaluation of a patient with peanut allergy
      X. Food-dependent, exercise-induced anaphylaxis
      XI. Treatment resistant atopic dermatitis due to food allergy

1A. Food Allergy and Children
      I. Baked milk diet for children with milk allergy
      II. The guidelines and rationale for feeding infants and young toddlers with cow’s milk allergy

2A. Food Allergy and Pregnancy
      I. Maternal diet in pregnancy for prevention of peanut allergy

B. Allergic Skin Disease
   1B. Atopic Dermatitis
      I. Inflammation and barrier defect.
      II. Treatment resistant atopic dermatitis
      III. Identification of exacerbating factors which may lead to flares in eczema
      IV. Recognize diseases that mimic atopic dermatitis
      V. Treatment resistant atopic dermatitis due to food allergy

2B. Urticaria/Angioedema
      I. Standards of care and management.
II. Treatment and (Evaluation) of Chronic Urticaria
III. Acute Angioedema /Hereditary Angioedema (HAE)
IV. Anti-Allergy therapy for chronic urticaria.

3B. Dermatology
I. Office management of common skin conditions.
II. Contact dermatitis.

C. Mast Cell Activation Syndrome and Anaphylaxis
I. Anti-Immunoglobulin E (IgE) for anaphylaxis.
II. Alpha-gal and delayed anaphylaxis.
III. The Tim gene family. Roles in asthma, allergy, and autoimmune diseases.
IV. Mast cell activation syndromes.
V. NF-κB
VI. Examining the link for allergy and autoimmune disease.

D. Asthma
I. Treating the difficult patient (severe/difficult to control asthma).
II. How to step-down therapy.
III. Evaluating/updating asthma guidelines

1D. Exercise-Induced Bronchoconstriction
I. Diagnosis of exercise-induced bronchoconstriction
II. Pathogenesis of Exercise-induced bronchoconstriction vs. Exercise-induced bronchoconstriction with asthma
III. Tachyphylaxis with beta-agonist
IV. Unique aspects of exercise-induced bronchoconstriction

E. Drug Allergy
I. Adverse drug reactions.
II. Aspirin Desensitization- the most up to date protocols (i.e. ketorolac).
III. Other Drug desensitizations.
IV. Infusion reactions from monoclonal antibodies
V. Management of severe cutaneous adverse reactions
VI. Penicillin testing with a negative skin test
VII. Rechallenge with an antimicrobial agent

F. Rhinitis/Sinusitis/Rhinosinusitis/Cough
I. Treatment of Sinusitis-Chronic.
II. Chronic rhinosinusitis- diagnosis and management.

2. Immunological Disorders:
A. Immunologic Renal Diseases
I. Gout
B. Hypereosinophilic Syndromes
I. Eosinophilic GI disorders
C. Primary Immunodeficiency
I. Recognize alternatives to route of administration for patients receiving immune globulin replacement therapy who suffer from infusion related adverse events.
II. Recognize the diagnostic criteria for autosomal dominant Hyperimmunoglobulin E Syndrome (HIES)
III. Recognize, diagnose, and manage possible clinical presentations of Severe Combined Immunodeficiency (SCID)
IV. Know the clinical presentation and diagnostic criteria for common variable immunodeficiency.
V. Recognize that Immunoglobulin E (IgE) deficiency is associated with specific antibody deficiency (SAD)
VI. Recognize the early presenting signs of X-linked Agammaglobulinemia (XLA).
VII. Able to identify patients with primary immunodeficiency disorders and differentiate between humoral, cellular, and phagocytic defects.
VIII. Able to identify patients with primary immunodeficiency disorders.
IX. Diagnosis of Primary immune deficiency and use of Immunoglobulin
X. Updated Review Mechanisms of disease for the clinician related to Systemic Lupus Erythematosus (SLE).

3. Pharmacology/Therapeutics:
   A. Controversial Treatments
      I. Alternative Medicine
      II. Knowledge about probiotics as it relates to complementary and alternative practices in allergy (CAM).

B. Immunotherapy
   I. Best Practices
   II. Subcutaneous immunotherapy vs. Sublingual immunotherapy
   III. Oral Immunotherapy
   IV. Risk factors for asthma patients starting immunotherapy; high vs. low or medium dose Allergen Immunotherapy (AIT).

4. Practice Management:
   A. Administration Management
      I. International Classification of Diseases-10 coding
      II. Selection of Electronic Medical Record
      III. Reimbursement issues
      IV. System changes in health care

III. Education Formats
   I. Forum to discuss difficult cases
   II. More education sessions that focus on hands-on workshops, smaller group sessions, interactive questions/discussion.
   III. Clinically relevant