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ARIA Phase 4 (2018): Change management in allergic rhinitis and asthma multimorbidity using mobile technology

3

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2

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918	Abstract
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Allergic Rhinitis and its Impact on Asthma (ARIA) has evolved from a guideline using the best approach to integrated care pathways (ICPs) using mobile technology in AR and asthma multimorbidity. The proposed next phase of ARIA is Change Management (CM) with the aim of providing an active and healthy life to rhinitis sufferers and to those with asthma multimorbidity across the life cycle whatever their gender or socio-economic status in order to reduce health and social inequities incurred by the disease. ARIA has followed the 8-step model of Kotter to assess and implement the impact of rhinitis on asthma multimorbidity and to propose multimorbid guidelines. A second change management strategy is proposed by ARIA Phase 4 to increase self-medication and shared decision making in rhinitis and asthma multimorbidity. An innovation of ARIA has been the development and validation of IT evidence-based tools (MASK: Mobile Airways Sentinel Network) that can inform patient decisions on the basis of a self-care plan proposed by the health care professional.

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940	Abbreviations
941	AHA: Active and Healthy Ageing
942	AIRWAYS ICPs: Integrated care pathways for airway diseases
943	AIT: Allergen immunotherapy
944	AR: Allergic rhinitis
945	ARIA: Allergic Rhinitis and its Impact on Asthma
946	BAMSE: Barn Allergi Milj. Stockholm Epidemiologi Projektet
947	CDSS: Clinical decision support system
948	CM: Change management
949	CM2: Second phase of change management
950	DG CONNECT: Directorate General for Communications Networks, Content & Technology
951	DG Santé: Directorate General for Health and Food Safety
952	DG: Directorate General
953	EAACI: European Academy of Allergy and Clinical Immunology
954	EFA: European Federation of Allergy and Airways Diseases Patients' Associations
955	EGEA: Epidemiological study on the Genetics and Environment of Asthma, bronchial hyperresponsiveness and atopy
956	EIP on AHA: European Innovation Partnership on Active and Healthy Ageing
957	EIP: European Innovation Partnership
958	ELF: European Lung Foundation
959	EQ-5D: Euroquol
960	ERS: European Respiratory Society
961	EUFOREA: European Forum for Research and Education in Allergy
962	GARD: WHO Global Alliance against Chronic Respiratory Diseases
963	HCP: Health care professional
964	ICP: Integrated care pathway
965	ICT: Information and communication technology
966	IT: Information technology
967	JA-CHRODIS: Joint Action on Chronic Diseases and Promoting Healthy Ageing across the Life Cycle
968	MACVIA-LR: contre les MAladies Chroniques pour un VIeillissement Actif (Fighting chronic diseases for AHA)
969	MASK: Mobile Airways Sentinel network
970	MAS: German Multicenter Allergy Study
971	MeDALL: Mechanisms of the Development of Allergy
972	mHealth: mobile health
973	OTC: Over the counter
974	POLLAR: Impact of air POLLution on Asthma and Rhinitis
975	QOL: Quality of life
976	SCUAD: Severe chronic upper airway disease
977	SDM: Shared decision making
978	TRL: Technology Readiness level
979	VAS: Visual analogue scale
980	WHO: World Health Organization
981	WPAI-AS: Work Productivity and Activity questionnaire

982	Introduction	
983	Allergic Rhinitis and its Impact on Asthma (ARIA) has evolved from a guideline using the best	
984	approach 1,5 to integrated care pathways (ICPs) using mobile technology in AR and asthma	
985	multimorbidity ⁶ . The term co-morbidity is commonly used for allergic diseases, but multimorbidity	
986	might be more appropriate. Comorbidity is the presence of one or more additional diseases co-	
987	occurring with a primary disease or the effect of such additional disorders or diseases. Multimorbidity	
988	is a term which means co-occurring diseases in the same patient ^{7,8} .	
989	ARIA provides an evidence-based approach for managing the patient's needs but real-life data have	
990	shown that few patients use guidelines and that they often self-medicate (Menditto, in preparation).	
991	Moreover, patients largely use OTC medications dispensed in pharmacies ^{9,11} . Self-care and shared	
992	decision making (SDM) centered around the patient should be used more frequently.	
993	Change is inevitable in health care. ARIA has followed a change management (CM) strategy in the	
994	past, but a new revised plan should be considered in order to fill the gaps of knowledge translation into	
995	practice and to increase the benefits of self-care in care pathways (ICPs) using the currently-available	
996	ICT tools 12. These changes should prepare and support individuals, teams and organizations in	
997	making organizational change centered around the patient for more efficient care.	
998	1- Background	
999	1-1- The four ARIA phases	
1000	ARIA was initiated during a World Health Organization (WHO) workshop in 1999 ² and has evolved	
1001	in four phases:	
1002	Phase 1: Development of an evidence-based document to provide a guide for the diagnosis and	
1003	management of AR and asthma multimorbidity 1, 2. In 2008, ARIA was updated using the same	
1004	recommendation system 1, 13. ARIA has been disseminated and is implemented in over 70 countries	
1005	around the world ¹⁴ .	
1006	Phase 2: In its 2010 Revision, ARIA was the first chronic respiratory disease guideline to adopt the	
1007	GRADE (Grading of Recommendation, Assessment, Development and Evaluation) approach, an	
1008	advanced evidence evaluation and recommendation methodology for guidelines 3,5. When guidelines	
1009	are made using the same methodology, the recommendations are similar ^{5, 15} .	

- Phase 3: ARIA focused on the implementation of emerging technologies for individualized and predictive medicine to develop ICPs for the management of AR and asthma by a multi-disciplinary group centered around the patients ^{16,19,20,23} (MASK: Mobile Airways Sentinel Network).
- The proposed ARIA phase 4 is CM to provide an active and healthy life to rhinitis and asthma sufferers across the life cycle whatever their gender or socio-economic status with the aim to reduce health and social inequities globally.

1-2- Shared decision making and patient empowerment

In SDM, both the patient and the physician contribute to the medical decision-making process, placing the patient at the centre of the decision-making paradigm ²⁴. Physicians explain treatments and alternatives to patients who then choose the treatment option that best aligns with their beliefs, lifestyles and goals along with the benefits and risks ²⁵. In contrast to SDM, the traditional medical care system places physicians in a position of authority, with patients playing a passive role in care. Patients want greater involvement in SDM ²⁶. An innovation of SDM in ARIA is the use of IT evidence-based tools that can inform patient decisions on the basis of a guided self-management plan proposed by their health care professionals ²⁷. In asthma, the effectiveness of four SDM studies shows improvement of control and some other parameters but more studies are needed to confirm the data ²⁸.

1-3- Change management

- 1027 Change is inevitable in health care. However, many change projects fail due to varied belief and cultural circumstances, poor planning, unmotivated staff, deficient communication, or excessively 1029 frequent changes ²⁹.
- 1030 CM aims to prepare and support individuals, teams and organizations in making organizational change. It proposes methods redirecting or redefining resources, business processes, budget allocation and/or modes of operation. When properly applied, CM significantly changes healthcare and its organization. However, health systems differ largely between countries or even regions and a combination of CM with ICPs may be more relevant allowing each organization to use the CM principles according to their needs and regulations. CM deals with different disciplines from healthcare behavioral and social sciences to IT and business solutions.
- healthcare, behavioral and social sciences to IT and business solutions.
- Although theories may seem abstract and impractical for healthcare practice, they can help in planning solutions to common healthcare problems ²⁹. The Lewin's 3-Step model is widely used ^{30,31}:
- unfreezing, moving, and refreezing 31 . Lippitt 32 and Kotter 12 have added intermediate steps (Table 1)

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1041	Several models of organizational and personal change have been reviewed for respiratory diseases 33.	
1042	Kotter's theory has been applied to different fields of medicine ^{34,36} and pharmacies ³⁷ .	
1043	2- ARIA Phases 1 and 2 followed the Kotter's 8-step change model	
1044	2-1- Goals	
1045	Guidelines such as GINA (Global INitiative for Asthma) 38,39, GOLD (Global initiative for Lung	
1046	Diseases) 40,41, EPOS 42 and ARIA 2, 3, 13 developed a CM strategy that was very effective and produced	
1047	many updates and revisions while having a positive impact on clinical care and influencing research	
1048	priorities.	
1049	Most guidelines are condition specific but ARIA was unique as it included for the first time the	
1050	multimorbid component of the airway diseases. Although it followed the patient's perspectives,	
1051	epidemiologic evidence 43 and some supporting mechanistic studies 44, this concept was not accepted	
1052	by the leadership of GINA who considered neither the asthma-rhinitis multimorbidity concept nor the	
1053	benefit for the patients.	
1054	2-2- The 8-step model	
1055	2-2-1- Establish a sense of urgency	
1056		
10561057	The sense of urgency should identify and highlight the potential threats and the repercussions that might arise in the future by examining the opportunities which can be tapped through effective	
1057	interventions. In AR and asthma, in the 1990s, the sense of urgency was to provide guidelines that	
1059	could reduce both the burden of the diseases and the deaths (in asthma). Although there were papers	
1060	indicating the links between the upper and lower airways ^{45, 46} , the impact of rhinitis on asthma was not	
1061	fully recognized and ARIA was initiated to better reconize the inter-relationships between the two	
1062	diseases and to propose multimorbid guidelines.	
100_	and the property materials.	
1063	2-2-2- Create a guiding coalition	
1064	The ARIA working group was initiated during a WHO meeting (December 1999) and evolved as a	
1065	powerful group with 400 members in 70 countries ¹⁴ . Members have been working together for years	

The ARIA working group was initiated during a WHO meeting (December 1999) and evolved as a powerful group with 400 members in 70 countries ¹⁴. Members have been working together for years and include all stakeholders needed for CM ^{1,6}. The patients' organization EFA (European Federation of Allergy and Airways Diseases Patients' Associations) has always been an active member of ARIA.

2-2-3- Develop a vision and strategy

The ARIA vision has always been to provide a guide for the diagnosis and management of AR and asthma multimorbidity, including developing countries, 1, 2 using the best available evidence 3, 5. ARIA has established two major targets: the recognition and implementation of the asthma-rhinitis multimorbidity as well as a new classification (intermittent-persistent and mild-moderate severe AR) to meet patients' expectations. Moreover, ARIA priorities have always included primary care physicians, pharmacists and patients' organizations.

2-2-4- Communicate the change vision

One of the ARIA strengths has been to communicate its vision effectively worldwide. Over 1,000 papers have been posted on Pubmed from over 50 countries using the ARIA recommendations ¹⁴. The number of training sessions in over 70 countries cannot be counted. ARIA has been endorsed by many governments and international organizations: ARIA recommendations have been used for the labeling of allergen immunotherapy by the European Medicine Agency.

2-2-5- Empower others to act on the vision

- Organizational processes and structures are in place and are aligned with the overall organizational vision. However, a continuous check is needed for barriers and for people who are resisting change. We have implemented proactive actions to remove the obstacles involved in the process of change.
- ARIA has been recognized as the major rhinitis and asthma multimorbidity guideline for years in most countries except for the US and Japan. However, the recent US guidelines are using the evidence-based approach of ARIA (GRADE: Grading of Recommendations, Assessment, Development and Evaluation), and the recommendations are similar ^{15, 47, 48} to those of ARIA ⁵. The recent Japanese guidelines for AR are also making bridges with ARIA ⁴⁹.

2-2-6- Generate short-term wins

- As proposed by Kotter ¹², creating short-term wins early in the change process, instead of having one long-term goal, can give a feeling of victory in the early stages of change, which will reinforce support to the strategy.
- The concept of asthma and rhinitis multimorbidity is now globally accepted in developed and developing countries ⁵⁰. It is now recognized that multimorbidity is independent of IgE-mediated allergy ^{8,51} and new phenotypes of severe airway disease have been identified. The implementation of the multimorbid concept in clinical practice has a direct benefit for the patient whose nasal symptoms are often more bothersome than asthma.

1099	2-2-7- Consolidate gains and produce more change
1100	The goals of step 7 12 are to achieve continuous improvement by analysing the success stories
1101	individually and improving from those individual experiences. These goals are exactly those that have
1102	been followed by ARIA for the past 18 years.
1103	2-2-8- Anchor new approaches in the culture and institutionalize the changes
1104	The goals of step 8 ¹² are met by the ARIA strategy:
1105	1. Discuss widely the successful stories related to change initiatives.
1106	2. Ensure that the change becomes an integral part of the practice and is highly visible.
1107	3. Ensure that the support of the existing as well as the new leaders continues to extend towards the
1108	change.
1109	2-3- Results, drawbacks and solutions
1110	ARIA has fully achieved its goals following the 8-step Kotter's model of (Figure 1). The outcome
1111	assessment can be measured (i) by the numbers of citations of ARIA. ARIA 2001 has been cited 1750
1112	times, ARIA 2008 over 2300 times (only paper in asthma cited >200 times a year) and ARIA 2010
1113	710 times. This initiative is far better cited than GINA. (ii) By the countries that have endorsed ARIA
1114	in their national allergy program: Finland, Malaysia, Philippines, Portugal, Singapore. (iii) By the
1115	approval of treatments by agencies: The European Medicines Agency used the ARIA classification in
1116	the approval of Acarizax® (mite sublingual immunotherapy).
1117	
1117	Some drawbacks have been pointed out in Kotter's change model ¹² . In particular, the model is
1118	essentially top-down and may discourage any scope for participation or co-creation. In ARIA, we
1119	considered that the first CM model was a great success but that it's life cycle had come to an end. It
11201121	was then decided within the coalition to propose a new CM model based on patients' needs and
1121	emerging technologies (CM2 model).
1122	Since the Kotter model cannot be redesigned, we proposed a new maturity CM model based on the
1123	same Kotter's 8-step change model ¹² . We used ARIA Phase 3 (care pathways for rhinitis and asthma
1124	multimorbidity using mobile technology) ⁶ to better plan the second CM model (CM2 model) and
1125	make new assumptions with a patient's centered approach.
1126	3- The Allergy Diary strengthens change management

1127	3-1- MASK	
1128	In 2012, the European Commission launched the European Innovation Partnership on Active and	
1129	Healthy Ageing (DG Santé and DG CONNECT) (52). The B3 Action Plan, devoted to innovative	
1130	integrated care models for chronic diseases, selected integrated care pathways for airway diseases	
1131	(AIRWAYS ICPs) 53, 54 with a life cycle approach 55 as the model of chronic diseases. An AIRWAYS	
1132	ICPs Action Plan was devised 53, implemented 54 and scaled up 56, 57. AIRWAYS ICPs is a GARD	
1133	(WHO Global Alliance for Chronic Respiratory Diseases) 58 research demonstration project (Figure	
1134	2).	
1135	MASK, the ARIA Phase 3, is an AIRWAYS ICPs tool ^{6, 59} . It represents a Good Practice focusing on	
1136	the implementation of multi-sectoral care pathways using emerging technologies with real life data in	
1137	rhinitis and asthma multi-morbidity. MASK follows the JA-CHRODIS (Joint Action on Chronic	
1138	Diseases and Promoting Healthy Ageing across the Life Cycle, 2 nd EU Health Programme 2008-2013	
1139	⁶⁰) recommendations for good practices ¹⁸ .	
1140	MASK was initiated to reduce the global burden of rhinitis and asthma, by giving the patient a simple	
1141	tool to better prevent and manage respiratory allergic diseases. More specifically, MASK should help	
1142	to (i) understand the disease mechanisms and the effects of air pollution in allergic diseases (ii) better	
1143	appraise the burden incurred by medical needs but also indirect costs, (iii) propose novel	
1144	multidisciplinary care pathways integrating pollution and patients' literacy, (iv) improve work	
1145	productivity, (v) propose the basis for a sentinel network at the EU level for pollution and allergy and	
1146	(vi) assess the societal implications of the project to reduce health and social inequalities globally.	
1147	3-2- The <i>Allergy Diary</i>	
1110	The mobile technology of MACV is the Alleney Direct on Ann (Andreid and iOC) freely evallable for	
11481149	The mobile technology of MASK is the <i>Allergy Diary</i> , an App (Android and iOS) freely available for	
1149	AR and asthma sufferers in 23 countries (16 EU countries, Argentina, Australia, Brazil, Canada,	
1150	Mexico, Switzerland and Turkey) and 16 languages (translated and back-translated, culturally adapted and legally compliant) ⁶ (Figure 3). Anonymized users fill in a simple questionnaire on asthma and	
1151	rhinitis upon registration and daily assess the impact of the disease using a visual analogue scale	
1152	(VAS) ⁶¹ for global allergy symptoms, rhinitis, conjunctivitis, asthma and work. Moreover, a	
1154	questionnaire is applied every week to assess disease impact on patients' QOL (EQ-5D) ²¹ .	
1154	questionnance is applied every week to assess disease impact on patients. QOL (EQ-3D).	
1155	Data of pilot studies in up to 17,000 users and over 95,000 days are available. The Allergy Diary has	
1156	been validated ¹⁹ and has shown that (i) totally anonymized geolocation can be used in 23 countries (in	
1157	preparation), (ii) data can be analyzed in 23 countries and 17 languages, (iii) sleep, work productivity	
1158	and daily activities are impaired in AR 16, 17, (iv) daily work productivity is associated with AR	
1159	severity ¹⁶ , (v) the everyday use of medications can be monitored proposing a novel assessment of	

- treatment patterns ²⁰, (vi) novel patterns of multimorbidity have been identified ²² and confirmed in epidemiological studies ^{8,62} and (vii) over 70% of AR patients self-medicate and are non-adherent to medications (Menditto, in preparation).
- The *Allergy Diary* (TRL 9, Technology Readiness level 9) represents a validated mHealth tool for the management of AR. Asthma has also been monitored but data have not yet been analyzed. Economic impact can be monitored using work productivity. The results of the Allergy Diary have made innovative approaches of AR possible and are directly strengthening CM strategies in ARIA.

3-3- Transfer of Innovation of MASK

A Transfer of Innovation (Twinning) project has been funded by the European Innovation Partnership on Active and Healthy Ageing (EIP on AHA) using MASK in 25 Reference Sites or regions across Europe, Argentina, Australia, Brazil, Columbia and Mexico ⁶³. The number of countries is increasing and MASK should be rapidly operative in the US, China, India (in English only) and Japan. This will improve the understanding, assessment of burden, diagnosis and management of rhinitis in old age by comparison with an adult population. The Twinning has been tested in Germany (Region Kohln-Bonn) in a pilot study that has now been extended to the other German cities and countries of the Twinning project.

3-4- Clinical decision support system

Clinical decision support systems (CDSS) are software algorithms that advise health care providers on the diagnosis and management of patients based on the interaction of patient data and medical information. They should be based on the best evidence to aid patients and health care professionals to jointly determine treatment (SDM). In allergic rhinitis, the MASK CDSS is incorporated into a tablet interoperable with the *Allergy Diary* ⁶⁴ for health care professionals (*ARIA Allergy Diary Companion*) ^{6,59}. This is based on an algorithm to aid clinicians to select pharmacotherapy for AR patients and to stratify their disease severity ⁶⁵. This approach will be adapted for the patient's guided self-care in a context of SDM.

3-5- POLLAR

Interactions between air pollution, sleep and allergic diseases are clear but insufficiently understood. POLLAR (Impact of Air POLLution in Asthma and Rhinitis) is a new Horizon 2020 project of the EIT Health (European Institute of Innovation and Technology for Health) that will embed environmental data into the *Allergy Diary*. POLLAR aims at combining emerging technologies (including the *Allergy Diary*, Technology Readiness level TRL9 meaning that the system is proven in operational environment) with machine learning to (i) understand the effects of air pollution in AR and

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1192	its impact on sleep, work and asthma, (ii) assess societal consequences, shared with citizens, and
1193	professionals (iii) propose preventive strategies including a sentinel network and (iv) develop
1194	participative policies.
1195	4- ARIA Phases 3 and 4 deploy a novel Kotter's 8-step change model
1196	4-1- Goals
1197	Although the first CM model developed by the ARIA Initiative was a great success, there are still
1198	unmet needs in the treatment of asthma and rhinitis multimorbidity. In ARIA Phase 4, we encourage
1199	the participation of all the stakeholders.
1200	4-2- The 8-step model
1201	4-2-1- Establish a sense of urgency
1202	ICPs will include multi-disciplinary structured care plans detailing the key steps of patient care
1203	including self-care as proposed by AIRWAYS ICPs ⁵³ (Integrated care pathways for airway diseases).
1204	GRADE-based guidelines for physicians are available for AR and their recommendations are similar 3,
1205	^{5, 15} . However, they are based on the assumption that patients regularly use their treatment and are not
1206	tested with real-life data. Unfortunately, adherence to treatment is very low and real-life studies do not
1207	necessarily accord with all recommendations 20. New-generation guidelines embedding real life data
1208	are being developed.
1209	4-2-2- Create a guiding coalition
1210	The ARIA working group initiated in 1999 includes over 500 members in 70 countries ¹⁴ . A successful
1211	coalition working on CM2 has been identified within the group.
1212	The AIRWAYS ICPs coalition was established in 2014 and is part of the European Innovation
1213	Partnership on Active and Healthy Ageing (DG Santé and DG CNECT) 53. Moreover, many national
1214	and European scientific societies (European Academy of Allergy and Clinical Immunology (EAACI),
1215	European Respiratory Society (ERS) and International Primary Care Respiratory Group (IPCRG)),
1216	and other patients' organization (European Lung Foundation (ELF), Asthma UK) have joined the
1217	coalition. It is a WHO GARD (WHO Global Alliance against Chronic Respiratory Diseases)
1218	demonstration project. Finally, the transfer of innovation of ARIA has been carried out to the

Reference Sites of the European Innovation Partnership on Active and Healthy Ageing 63 .

- This CM2 guiding coalition is already in place in EUFOREA (European Forum for Research and
- 1221 Education in Allergy and Airways Diseases, http://www.euforea.eu) 66.

1222 **4-2-3- Develop** a vision and strategy

- 1223 The vision of ARIA phase 4 is to provide CM2 for AR and asthma multimorbidity in order to develop
- 1224 SDM with the ultimate goal of improving AR and asthma control while maintaining quality-of-life
- and reducing costs, using mobile technology and real-time data management to inform decisions.
- 1226 The strategy for realizing the changes is based on the patient-centered implementation of ICPs ⁵³ using
- 1227 IT solutions such as the *Allergy Diary* ⁶.

4-2-4- Communicate the change vision

- The updated vision (CM2) will use the experience of the first CM strategy. It has already been
- discussed among the ARIA CM coalition members and the present paper is the first to be published.
- However, it takes time to address the concerns of all stakeholders, and papers published recently on
- the Allergy Diary may help to convince many. ARIA is involving a maximum number of people to
- deploy the CM vision.

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- The integration of new paths of understanding health and change is a requirement for the strategy. The
- 1235 CM2-model clearly expands and strengthens the potential for actual change to occur and take hold in
- 1236 all kinds of organizations and institutions. Supplementary to the ambition of change in existing
- practices and institutions, it is also important to consider the integration of other modes of
- 1238 communication and dissemination on the basis of healthy behaviour. A central example is the general
- need to raise the level of health literacy in society. The general public should clearly not be perceived
- simply as "patients waiting for something to happen". They should have the ability to navigate and
- understand health messages, an essential tool for self-managing wellbeing, even before any actual
- condition or major challenge actually occurs. But to do so, one must consider how to improve this
- health literacy by integrating it much better into the educational system and cultural settings to which
- 1244 it applies. This is a very long-term investment in self-care and prevention. A later target audience with
- a higher level of health literacy will naturally also ensure an easier adoption of subsequent health
- 1246 messages, possibly using ICT 67 . The basis for understanding is simply enhanced compared to the

previous scenario. In a similar line of thinking, one could also consider a wider community-oriented

later patients would benefit not only from both personal previous experience and knowledge about

- 1248 approach to dissemination. This could also cover social media and self-help groups, as some of the
- these ailments, but also from a supportive environment, that would be better able to support and help
- these citizens/friends/family members regardless of age in their attempt to adapt to new modes of

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1252	behavior. This is a wider application of the CM2-model and should also be considered in our work to
1253	help patients and citizens.
1254	4-2-5- Empower others to act on the vision
1255	Organizational processes and structures are in place and are aligned with the overall organizational
1256	vision. However, we need to continuously check for barriers and for those who are resistant to change
1257	and focus on the education of both physicians and patients on how to achieve the best outcomes of
1258	treatment. We are acting proactively to remove the obstacles involved in the process of change.
1259	4-2-6- Generate short-term wins
1260	We propose to create new short-term (e.g. 12 months) and medium-term (e.g. 24 months) targets. In
1261	2018, a high-level meeting organized by POLLAR will approach the <i>improvement in care pathway</i>
1262	design to enhance patient participation, health literacy and self-care through technology-assisted
1263	'patient activation'. In this meeting, rhinitis and asthma multimorbidity will be used as a model of
1264	non-communicable disease (Figure 4). Three major aspects of ICPs will be considered: self-care,
1265	pharmacy care and next-generation guidelines in which the recommendations of the GRADE-
1266	guidelines on AR ^{5, 15} will be tested in real life using MASK.
1267	4-2-7- Consolidate gains and produce more change
1268	Most of the goals of Kotter's change model step-7 12 have been met by the ARIA CM and will be
1269	further developed in CM2.
1270	
1271	Conclusions
1272	For the past 18 years, ARIA has had the major goal of providing a guide for the diagnosis and
1273	management of AR and asthma multimorbidity applicable to developing countries 1,2 using the best
1274	evidence 3-5. ARIA Phases 1 and 2 were developed in accordance to Kotter's 8 step change model and
1275	can be used as a model of CM in chronic diseases. However, there are still unmet needs for the
1276	management of rhinitis and asthma in real life.
1277	A second CM model has been proposed by ARIA Phases 3 and 4. It was initiated by the development
1278	in 23 countries of an App that showed partly unexpected results. Patients with AR (and possibly with
1279	asthma) do not follow physicians' advice: they self-medicate. There is an urgent need to harness this
1280	information and to update our concept of treatment as well as treatment adherence using mobile

technology and care pathways. This is the goal of ARIA Phase 4 and the second wave of CM.



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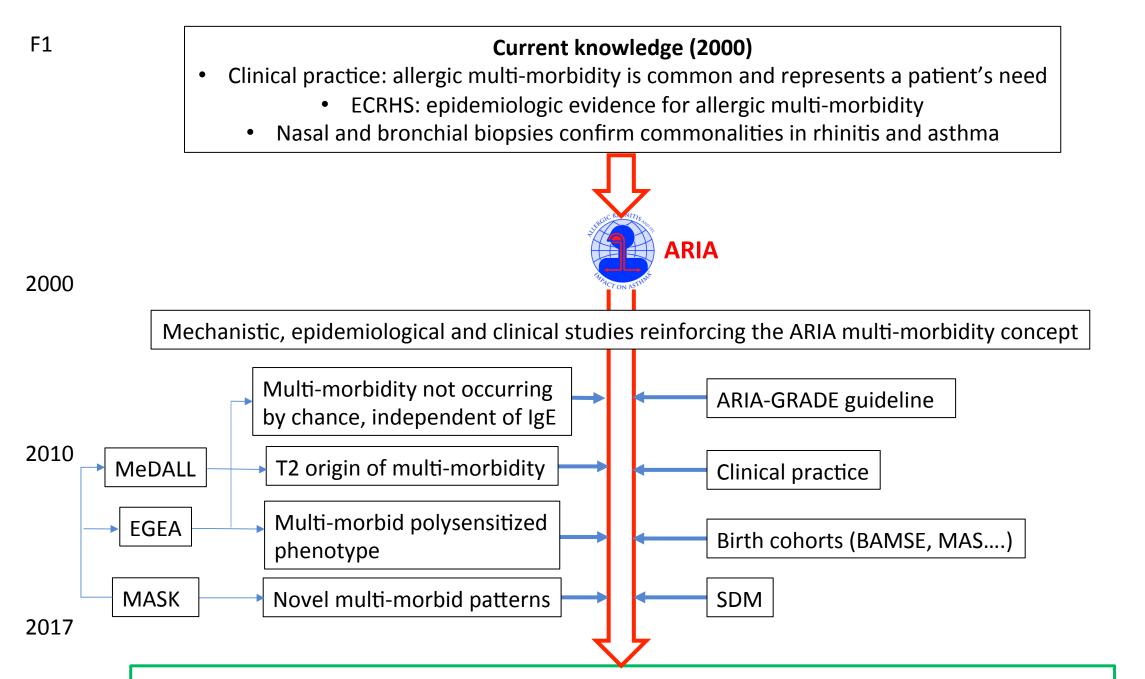
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1467 Table 1: Examples of planned change management models. Adapted from (31)

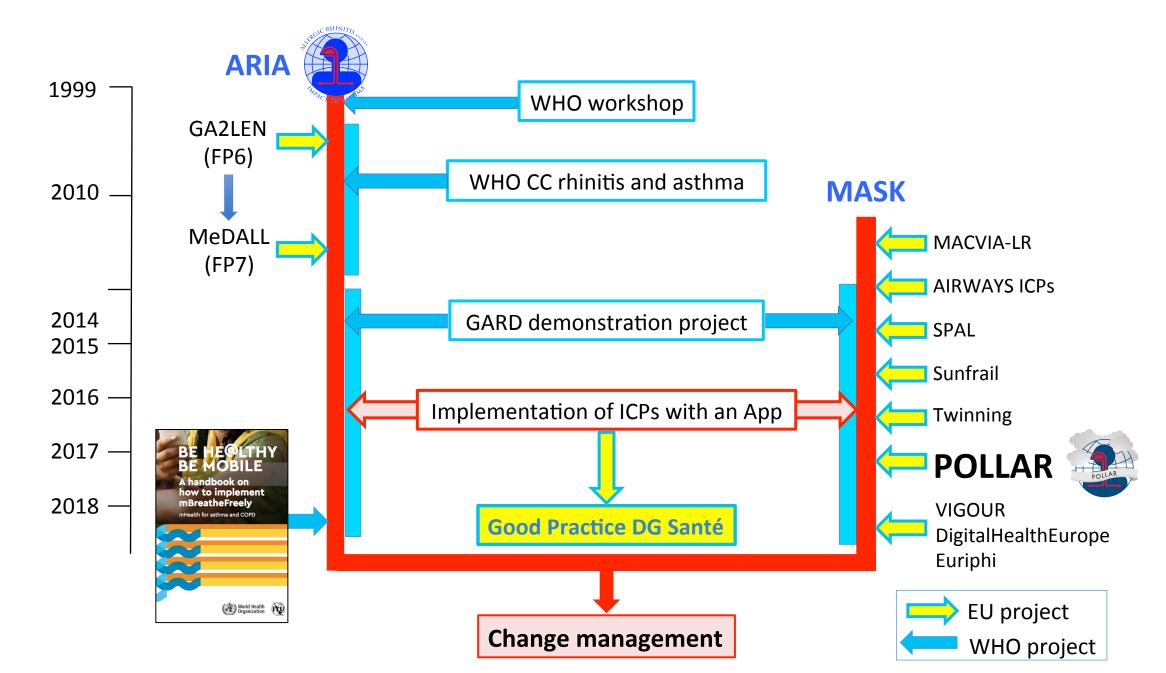
Lewin (68)	Kotter (12)	Lippitt (32)
Unfreezing	Step 1: Establish a sense of urgency Step 2: Create a guiding coalition Step 3: Develop a vision and strategy	Phase 1: Diagnose the problem Phase 2: Assess motivation and capacity for change Phase 3: Assess change agent's motivation and resources
Moving	Step 4: Communicate the change vision Step 5: Empower others to act on the vision Step 6: Generate short-term wins Step 7: Consolidate gains and produce more change	Phase 4: Select a progressive change objective Phase 5: Choose appropriate role of the change agent
Refreezing	Step 8: Anchor new approaches in the culture and institutionalize the changes	Phase 6: Terminate the helping relationship

1474	Figure 1: Change management strategy of ARIA Phases 1 and 2	
1475 1476 1477 1478	ARIA: Allergic Rhinitis and its Impact on Asthma, BAMSE: Barn Allergi Milj. Stockholm Epidemiologi Projektet , EGEA: Epidemiological study on the Genetics and Environment of Asthma, bronchial hyperresponsiveness and atopy, GRADE, MAS: German Multicenter Allergy Study, MASK: Mobile Airways Sentinel network, MeDALL: Mechanisms of the Development of Allergy, SDM: Share decision making, T2: Type 2 immunity	
1479	Figure 2: Links between ARIA and MASK for change management	
1480	AIRWAYS-ICPs: Integrated Care Pathways for airway diseases (European Innovation Partnership on Active and	
1481 1482	Healthy Ageing), WHO CC: World Health Organisation Collaborating Center, DigitalHealthEurope: Digital	
1483	Transformation of Health in Europe (H2020), Euriphi: Better Health and care, economic growth and sustainable health systems (H2020), GA ² LEN: Global Alliergy and Asthma European network (FP6), GARD: Global Alliance against	
1484	Chronic Respiratory Diseases, Good Practice of DG Santé: Good Practice on digitally-enabled, integrated, person-	
1485	centred care of the Directorate-General for Health and Food Safety (European Commission), ICP: Integrated care	
1486	pathway, MACVIA-LR: Contre les Maladies Chroniques pour un Vieillisement Actif (European Innovation Partnership	
1487	on Active and Healthy Ageing), MeDALL: Mechanisms of the Development of ALLergy (FP7), POLLAR: Impact of air	
1488	POLLution in Asthma and Rhinitis (EIT Health), SPAL: EU Development and Structural Funds, Sunfrail, Twinning:	
1489	Vigour: (Evidence-Based Guidance to Scale-up Integrated Care in Europe, 3 rd Health Programme).	
1490		
1491	Figure 3: The Allergy Diary	
1492		
1493 1494	GPDR: General Data Protection Regulation (https://www.eugdpr.org)	
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1496	Figure 4: Change management based on next-generation ICPs	
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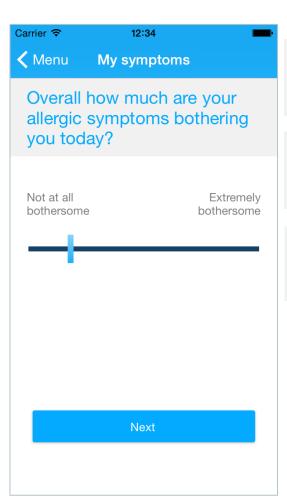


Change management: allergic multi-morbidity is adopted in clinical practice worldwide



The Allergy Diary: MASK-air





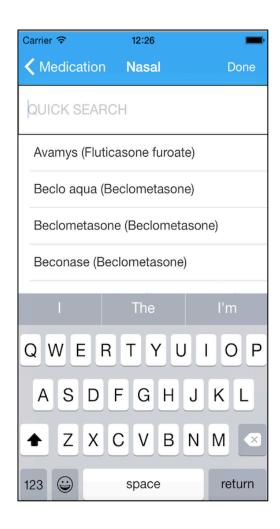
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