Background and aims: Technical quality (TQ) in health care refers to clinical or disease-specific aspects of care and largely reflecting issues related to health care providers. In relation to TQ Global Initiative of National Asthma (GINA) introduce guidelines for the Management of Asthma and define a minimal standard of care that can be used to assess health care quality for patients with asthma. This study aimed to assess technical quality for people with asthma from the patients’ perspective.

Methods: A cross-sectional study was conducted with 180 people with asthma who were received care from specialist clinics of Tabriz University of medical sciences in 2013. Technical Quality was measured using questionnaire. The questionnaire set based on issued guidelines internationally which considered as proxy measure of technical quality. Validity of the study questionnaire was reviewed by 11 experts and its reliability was confirmed according to Cronbach’s alpha index (α=0.86), based on a pilot study by participate of 30 patients. Data analyzed using the SPSS-17 statistical package.

Results: Technical Quality score for people with asthma from the patient perspective had the range between 0% and 77%. The lowest scores were for the items: Asthma Control Test, written asthma action plan, measuring peak expiratory flow and assessing patient’s self-care program. The highest scores belonged to visit by specialist and education about quit smoking. Asthma control status had significant relationship with continuity of care (patients who receives continuous care, expressed better asthma status) (P=0.012) and patients with complications reported higher TQ score than who haven’t complications (P<0.001).

Conclusion: According to study findings, overall technical quality for people with asthma from the patient perspective was relatively low. The largest gap in medical care, related to self-care program and management standards, suggests that new systems and new ways of improving such aspects of care need to be considered. The importance of multidisciplinary care for asthma and active engagement of the patient in their asthma management have been repeatedly emphasized. Potential changes include wider measurement of asthma Control and peak expiratory flow, having specific written asthma action plan, clinician and patient incentives to increase the relevant activities and a patient reminder system.