National Standards for Asthma Self-Management Education

Conflict of Interest:

- Speaker Bureau for AAE: Ben Francisco, Wendy Brown
- No conflicts to declare: Sarah McBane

Objective:

- ***This session will detail the newly published National Standards for Asthma Self-Management Education (SAS-ME) and describe how standards can be implemented in a pediatric and adult asthma practice.***

What is your current practice setting:

- Clinic
- Hospital
- Pharmacy
- College
- School
- Home Health
- Other

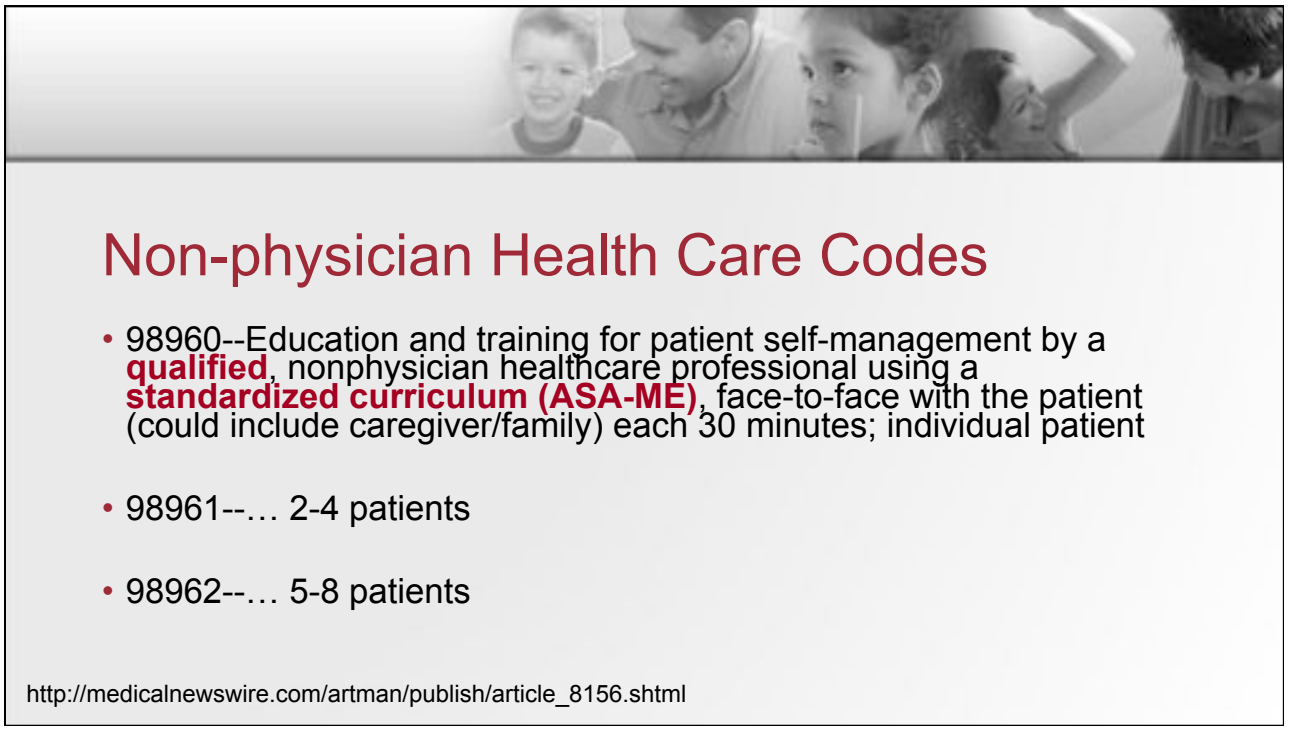
What is your primary profession:

- Physician
- Nurse
- Physician assistant
- Nurse practitioner
- Pharmacist
- Respiratory therapist
- Health educator
- Other

Do you have a standardized process for delivering asthma education?

- Yes
- No
- I'm working on it…


History
1991 EPR-1
1997 EPR-2
2000 NAECB
2002 AE-C Certification & EPR-2 Update Select Topics
2006 Self Management Education CPT Codes
2007 EPR-3
2015 SAS-ME


Non-physician Health Care Codes
• 98960--Education and training for patient self-management by a qualified, nonphysician healthcare professional using a standardized curriculum (ASA-ME), face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient
• 98961--… 2-4 patients
• 98962--… 5-8 patients
http://medicalnewswire.com/artman/publish/article_8156.shtml

Reason for the Standards:

- "Establishes the minimum standard of asthma self-management education when teaching patients or caregivers how to effectively manage asthma in conjunction with the professional health care team."
- Ann Allergy Asthma Immunol. 2015;114:178-186.
- http://www.annallergy.org/article/S1081-1206(14)00895-3/pdf

Standard	Standard Met	If no, plan
Standard 1. The Asthma Self-Management Education (ASME) entity, whether a healthcare provider or other agency, shall have a *written policy*: **1) that emphasizes education as an integral component of asthma care, and** **2) that accepts responsibility for ensuring integration of the two – clinical care and education**	□ Yes □ No	

Standard	Standard Met	If no, plan
Standard 2. *The ASME entity should have written policies, approved by an advisory committee, concerning the operation of the program. The program shall be conveniently and regularly available and shall be responsive to requests for information and referrals from consumers, health care professionals, health care agencies and other potential referral sources.*	□ Yes □ No	

Standard	Standard Met	If no, plan
Standard 3. *The service area shall be assessed in order to define the target population(s) (including its access to medical care providers) and determine appropriate allocation of personnel and resources to serve the educational needs of the target population(s).*	□ Yes □ No	

Standard	Standard Met	If no, plan
Standard 4. *An established system (i.e., committee, advisory group) consisting, minimally, of a nurse, clinician (experienced in asthma care), health educator, respiratory therapist, pharmacist, an individual with behavioral science expertise, an individual with asthma or a caretaker, (representation needs to include both an adult with asthma and a caregiver of a child with asthma), and a community representative, will participate annually in a planning and review process that includes data analysis and outcome measures, and addresses community concerns.*	□ Yes □ No	

Standard	Standard Met	If no, plan
Standard 5. *A coordinator shall be designated who is a certified asthma educator, certified by the National Asthma Educator Certification Board (NAECB). The coordinator is responsible for program planning, implementation, and evaluation.*	□ Yes □ No	

Standard	Standard Met	If no, plan
Standard 6. *The Asthma Self-Management Education (ASME) instructors for the entity will obtain regular continuing education in the areas of asthma management, behavioral intervention, teaching and learning skills, evaluation and follow-up and counseling skills.*	□ Yes □ No	

Standard	Standard Met	If no, plan
Standard 7. *A written curriculum, with criteria for successful learning outcomes, shall be available.*	□ Yes □ No	

Standard	Standard Met	If no, plan
Standard 8. *The program shall provide appropriate mechanisms to link patients to ongoing medical care, including medical management.*	□ Yes □ No	

Standard	Standard Met	If no, plan
Standard 9. *Comprehensive asthma education recognizes the need for continuing self-management education. The program shall reassess patient self-management behavior and provide continuing education based on that reassessment.*	□ Yes □ No	

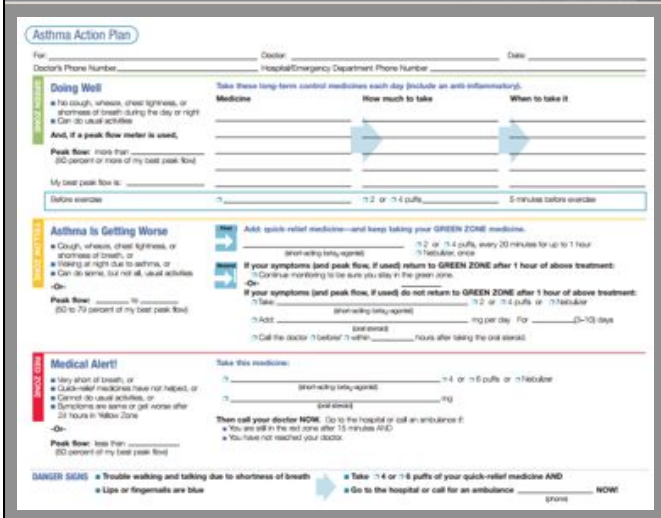
Standard	Standard Met	If no, plan
Standard 10. *Every patient requires a comprehensive assessment that includes a baseline assessment of the need for education, readiness to engage in self-management and an educational assessment of the level of asthma knowledge and skills. This assessment shall include relevant health and environmental history, present health status, health service or resource utilization, risk factors, asthma knowledge and skills, cultural influences, health beliefs and attitudes, health behaviors and goals, support systems, barriers, and socioeconomic factors. From this assessment, an evaluation of the readiness to learn is made.*	□ Yes □ No	

AAE Association of Asthma Educators

Asthma Patient Education Flow Sheet

Patient Education Assessment:

Standard	Standard Met	If no, plan
Standard 11. *An individualized education plan, based on the assessment, shall be developed in collaboration with each participant.*	□ Yes □ No	



Asthma Action Plan

For: _____ Doctor: _____ Date: _____

Doctor's Phone Number: _____ Hospital/Emergency Department Phone Number: _____

Doing Well

- No cough, wheeze, chest tightness, or shortness of breath during the day or night
- Can do usual activities

And, if a peak flow meter is used,

Peak flow: more than: _____ (80 percent or more of my best peak flow)

My best peak flow is: _____

Take these long-term control medicines each day (include an anti-inflammatory).

Medicine	How much to take	When to take it

Before exercise: ☐ _____ ☐ 2 or ☐ 4 puffs _____ 5 minutes before exercise

Asthma Is Getting Worse

- Cough, wheeze, chest tightness, or shortness of breath, or
- Waking at night due to asthma, or
- Can do some, but not all, usual activities

-Or-

Peak flow: _____ to _____ (50 to 79 percent of my best peak flow)

Add quick-relief medicine—and keep taking your GREEN ZONE medicine.

☐ _____ (short-acting beta2-agonist) ☐ 2 or ☐ 4 puffs, every 20 minutes for up to 1 hour ☐ Nebulizer, once

If your symptoms (and peak flow, if used) return to GREEN ZONE after 1 hour of above treatment:

☐ Continue monitoring to be sure you stay in the green zone.

-Or-

If your symptoms (and peak flow, if used) do not return to GREEN ZONE after 1 hour of above treatment:

☐ Take _____ (short-acting beta2-agonist) ☐ 2 or ☐ 4 puffs or ☐ Nebulizer

☐ Add _____ (oral steroid) _____ mg per day For _____ (5–10) days

☐ Call the doctor ☐ before/ ☐ within _____ hours after taking the oral steroid.

Medical Alert!

- Very short of breath, or
- Quick-relief medicines have not helped, or
- Cannot do usual activities, or
- Symptoms are same or get worse after 24 hours in Yellow Zone

-Or-

Peak flow: less than: _____ (50 percent of my best peak flow)

Take this medicine:

☐ _____ (short-acting beta2-agonist) ☐ 4 or ☐ 6 puffs or ☐ Nebulizer

☐ _____ (oral steroid) _____ mg

Then call your doctor NOW. Go to the hospital or call an ambulance if:

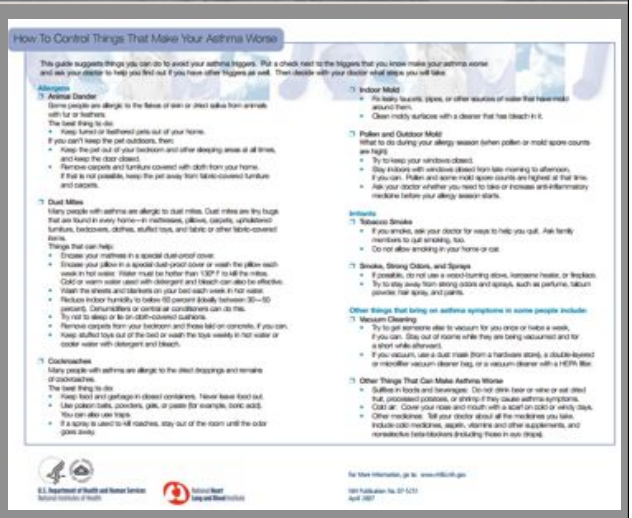
- You are still in the red zone after 15 minutes AND
- You have not reached your doctor.

DANGER SIGNS

- Trouble walking and talking due to shortness of breath
- Lips or fingernails are blue

- Take ☐ 4 or ☐ 6 puffs of your quick-relief medicine AND
- Go to the hospital or call for an ambulance _____ NOW!

(phone)



How To Control Things That Make Your Asthma Worse

This guide suggests things you can do to avoid your asthma triggers. Put a check next to the triggers that you know make your asthma worse and ask your doctor to help you find out if you have other triggers as well. Then decide with your doctor what steps you will take.

Allergens

☐ Animal Dander

Some people are allergic to the flakes of skin or dried saliva from animals with fur or feathers.

The best thing to do:

- Keep furred or feathered pets out of your home.

If you can't keep the pet outdoors, then:

- Keep the pet out of your bedroom and other sleeping areas at all times, and keep the door closed.
- Remove carpets and furniture covered with cloth from your home. If that is not possible, keep the pet away from fabric-covered furniture and carpets.

☐ Dust Mites

Many people with asthma are allergic to dust mites. Dust mites are tiny bugs that are found in every home—in mattresses, pillows, carpets, upholstered furniture, bedcovers, clothes, stuffed toys, and fabric or other fabric-covered items.

Things that can help:

- Encase your mattress in a special dust-proof cover.
- Encase your pillow in a special dust-proof cover or wash the pillow each week in hot water. Water must be hotter than 130° F to kill the mites. Cold or warm water used with detergent and bleach can also be effective.
- Wash the sheets and blankets on your bed each week in hot water.
- Reduce indoor humidity to below 60 percent (ideally between 30—50 percent). Dehumidifiers or central air conditioners can do this.
- Try not to sleep or lie on cloth-covered cushions.
- Remove carpets from your bedroom and those laid on concrete, if you can.
- Keep stuffed toys out of the bed or wash the toys weekly in hot water or cooler water with detergent and bleach.

☐ Cockroaches

Many people with asthma are allergic to the dried droppings and remains of cockroaches.

The best thing to do:

- Keep food and garbage in closed containers. Never leave food out.
- Use poison baits, powders, gels, or pests (for example, boric acid). You can also use traps.
- If a spray is used to kill roaches, stay out of the room until the odor goes away.

☐ Indoor Mold

- Fix leaky faucets, pipes, or other sources of water that have mold around them.
- Clean moldy surfaces with a cleaner that has bleach in it.

☐ Pollen and Outdoor Mold

What to do during your allergy season (when pollen or mold spore counts are high):

- Try to keep your windows closed.
- Stay indoors with windows closed from late morning to afternoon, if you can. Pollen and some mold spore counts are highest at that time.
- Ask your doctor whether you need to take or increase anti-inflammatory medicine before your allergy season starts.

Irritants

☐ Tobacco Smoke

- If you smoke, ask your doctor for ways to help you quit. Ask family members to quit smoking, too.
- Do not allow smoking in your home or car.

☐ Smoke, Strong Odors, and Sprays

- If possible, do not use a wood-burning stove, kerosene heater, or fireplace.
- Try to stay away from strong odors and sprays, such as perfume, talcum powder, hair spray, and paints.

Other things that bring on asthma symptoms in some people include:

☐ Vacuum Cleaning

- Try to get someone else to vacuum for you once or twice a week, if you can. Stay out of rooms while they are being vacuumed and for a short while afterward.
- If you vacuum, use a dust mask (from a hardware store), a double-layered or microfiber vacuum cleaner bag, or a vacuum cleaner with a HEPA filter.

☐ Other Things That Can Make Asthma Worse

- Sulfites in foods and beverages: Do not drink beer or wine or eat dried fruit, processed potatoes, or shrimp if they cause asthma symptoms.
- Cold air: Cover your nose and mouth with a scarf on cold or windy days.
- Other medicines: Tell your doctor about all the medicines you take. Include cold medicines, aspirin, vitamins and other supplements, and nonselective beta-blockers (including those in eye drops).

https://www.nhlbi.nih.gov/files/docs/public/lung/asthma_actplan.pdf

Standard	Standard Met	If no, plan
Standard 12. *The participant's educational experience, including assessment, intervention, and follow-up, shall be documented in the permanent medical record. There shall be documentation of collaboration and coordination among all providers.*	□ Yes □ No	

Patient Education Plan:		
Topic Discussed	Patient Response*	If no, plan:
Visit 1	Date:	
Basic Asthma Facts	□ Yes □No	
Asthma Control Level ACT= ATAQ=	□WC □NWC □VPC	
Medications: Controller vs. Reliever	□ Yes □No	
Correct Inhaler Technique:		
	□ Yes □No	
	□ Yes □No	
	□ Yes □No	
	□ Yes □No	
Signs & Symptoms of Worsening Asthma	□ Yes □No	
Action Plan developed with patient/family	□ Yes □No	

Standard	Standard Met	If no, plan
Standard 13. *An educational strategy appropriate to the individual and the setting (individual or group or combined approach) is documented in the medical record. Minimally, follow-up arrangements for medical care and asthma education will be documented in the medical record.*	□ Yes □ No	

Topic Discussed	Patient Response*	If no, plan:
Follow Up Visit	**Date:**	
Asthma Control Level* ACT= ATAQ=	□WC □NWC □VPC	
Medications: Controller vs. Reliever	□ Yes □No	
Correct Inhaler Technique:		
	□ Yes □No	
	□ Yes □No	
	□ Yes □No	
	□ Yes □No	
Signs & Symptoms of Worsening Asthma	□ Yes □No	
Peak Flow Monitoring	□ Yes □No □N/A	
Environmental Control/Avoidance Strategies:		
	□ Yes □No	
	□ Yes □No	
	□ Yes □No	
	□ Yes □No	
Action Plan Review with patient/family	□ Yes □No	

Standard	Standard Met	If no, plan
Standard 14. *All asthma education will use active learning methods within a partnership based on modern concepts of teaching.*	□ Yes □ No	

Standard	Standard Met	If no, plan
Standard 15. *Periodic reassessments of health status, knowledge, skills, attitudes, goals, and self-care behaviors must be completed by either the clinician or the educator. Frequency of follow-up will be based on asthma severity and level of asthma control. Appropriate and timely educational intervention will be provided based on this reassessment.*	□ Yes □ No	

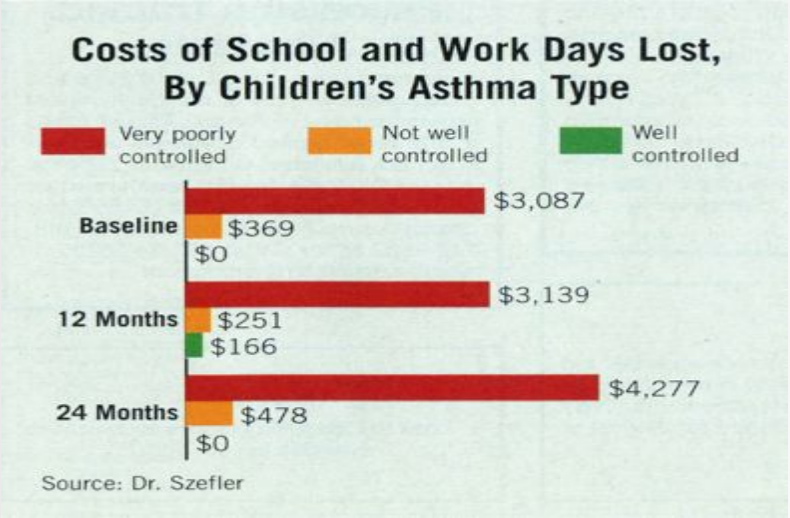
Standard	Standard Met	If no, plan
Standard 16. *The ASME entity shall review program performance annually, including all components of the annual program plan and curriculum, and use the information in subsequent planning and program modification.*	□ Yes □ No	

Pediatric Asthma Practice

Ben Francisco

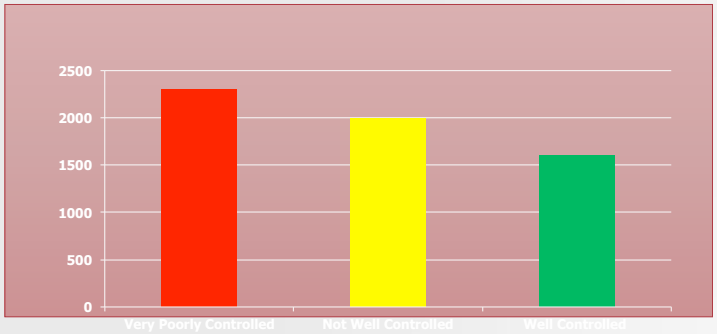
Is there really a need for ASME?

- Where should ASME be available?
- Who can deliver effective ASME? AE-C? CHW? RRT? PharmD? RN?
- Will just any program do? Must it be proven to be effective?
- Must it reduce asthma burden AND health care costs?
- Who needs ASME? How much? At what cost? Neutral or **+**ROI?
- Should ASME be matched to risk, cost and population?



Chest Physician, vol. 5:12, p. 21, December 2010

Medication costs at 24 months



- **Very poorly controlled ($2298)**
- **Not well controlled ($1995)**
- **Well controlled ($1606)**

Chest Physician, vol. 5:12, p. 21, December 2010

Assessment-Driven Care & Education

Recognizing Uncontrolled Asthma

Clinic

Ill child, short of breath, wheezing, coughing, fever?

Allergy season?

GERD flare?

(MD, NP, PA)

Lens 1

Recognizing Uncontrolled Asthma

Claims

↑ SOS (systemic oral steroids)

↑ SABA (quick relief inhaler)

↑ Acute care days (ER, hospital stays)

? ICS

(↑ antibiotics)

(Too many doctors)

Lens 2

Recognizing Uncontrolled Asthma

https://www.youtube.com/user/AligningForces

Lens 3

Recognizing Uncontrolled Asthma

3 Lens View

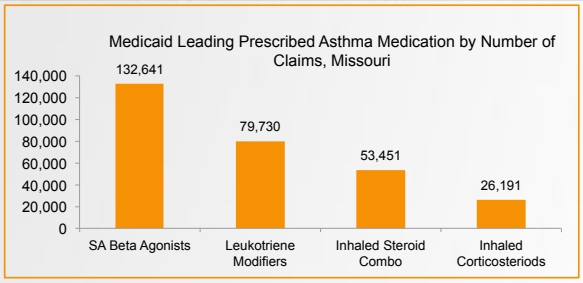
Surveillance in Missouri

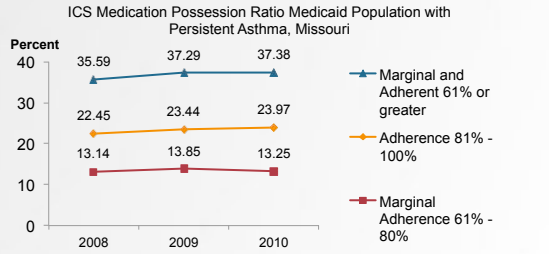
guided by data

Medicaid (MoHealth Net Data Project)
Persistent asthma ages 6-18

- 36.4% Missouri Medicaid recipients received inhaled corticosteroids while national average is 79.8% (Arellano, et al, 2011)
- 24.0% ICS medication possession ratio (MPR) adherence for all ages (SFY 2010)
- Children are seen less than once per year by provider on average and 1.2 per year in FQHCs (Foreman & Francisco, 2012)
- Poor ICS medication delivery and adherence contributes to acute care

*Missouri Department of Social Services, Mo Health Net

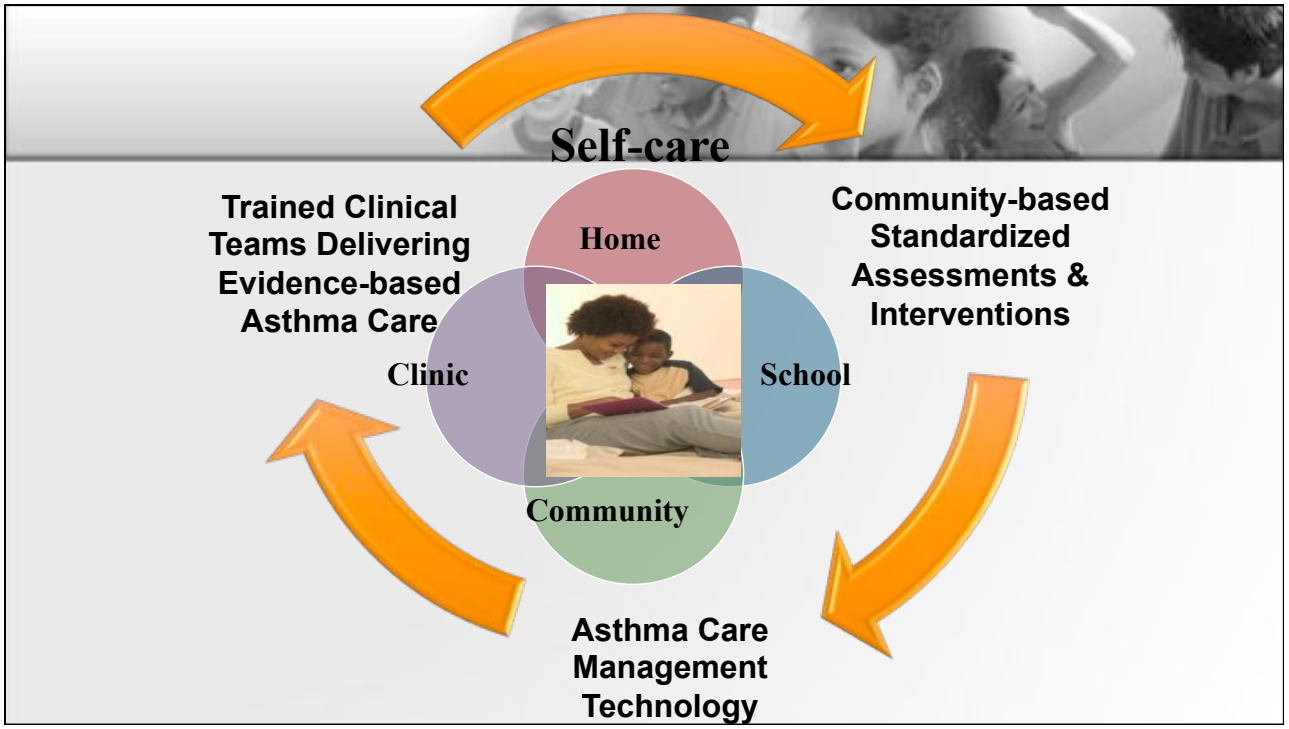


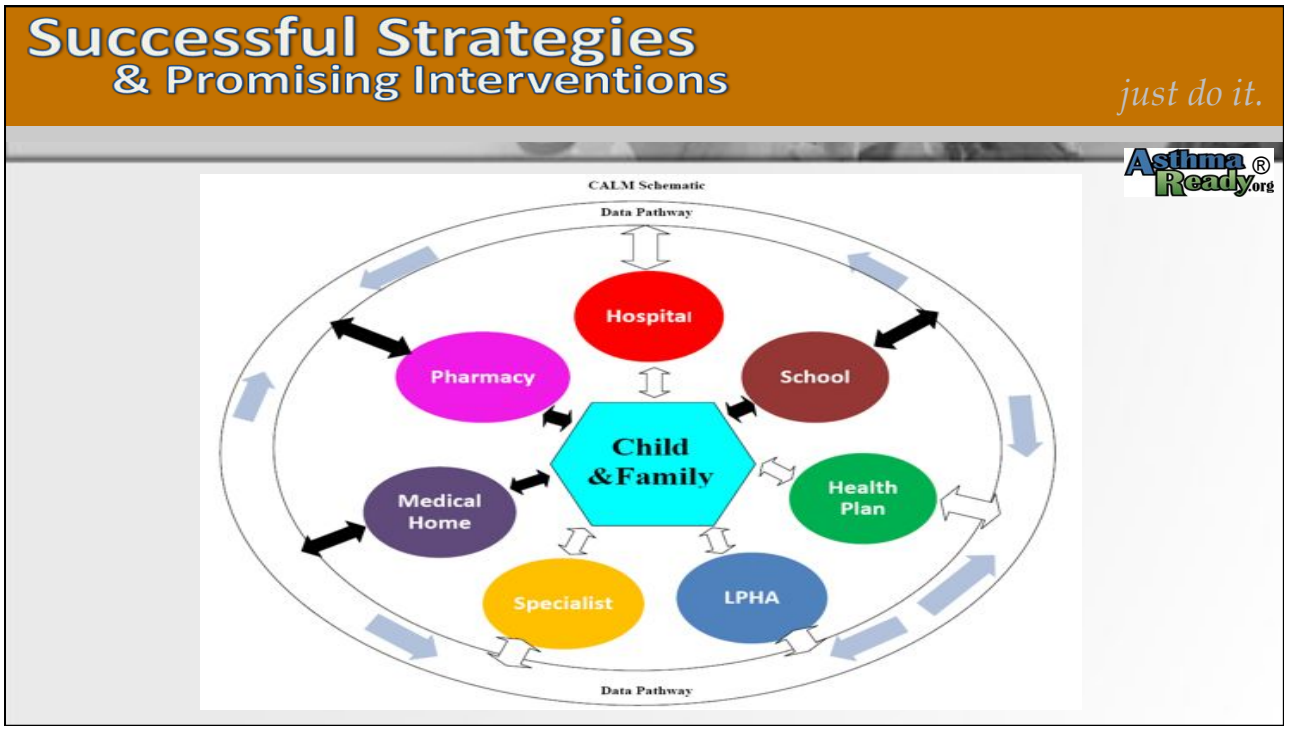


1	Sample FQHC							March 2014 - February 2015	
2		N =	randomized listing number						
3		DCN =	Medicaid number						
4		ACD =	Acute Care Days = ED visits + inpatient days						
5		ED =	# times in emergency room						
6		SOS =	Systemic or Oral Steroid = # times steroids taken						
7		SABA =	# of inhalers obtained Short-acting Beta Agonist						
8		ICS =	# / 12 as a % of expected refills						
9			(all calculations are for the preceding 12 months)						

	White	Yellow	Red
ACD	≤ 1	2 to 3	≥ 4
ED	≤ 1	2 to 3	≥ 4
SOS	≤ 1	2 to 3	≥ 4
SABA	0 to 4	5 to 7	≥ 8
ICS	> 80%	80% to 40%	< 40

11	N	DCN	ACD	Hospital	ED	SOS	SABA	ICS
228	217	####	0	0	0	1	0	8%
229	218	####	6	0	6	2	4	33%
230	219	####	4	0	4	10	9	42%
231	220	####	6	0	6	0	5	25%
232	221	####	0	0	0	0	0	0%
233	222	####	1	0	1	0	1	8%
234	223	####	2	0	2	1	11	58%
235	224	####	2	0	2	0	3	33%
236	225	####	2	0	2	1	1	17%
237	226	####	6	0	6	2	14	17%
238	227	####	0	0	0	0	3	25%
239	228	####	0	0	0	0	3	33%
240	229	####	1	0	1	0	5	58%


Self-care
Trained Clinical Teams Delivering Evidence-based Asthma Care
Community-based Standardized Assessments & Interventions
Home
Clinic
School
Community
Asthma Care Management Technology


Successful Strategies
& Promising Interventions
just do it.
Asthma Ready.org
CALM Schematic
Data Pathway
Hospital
Pharmacy
School
Child & Family
Medical Home
Health Plan
Specialist
LPHA
Data Pathway

Applying SASME In Missouri

- Medicaid taking action to lower the burden of childhood asthma
  - SPA1 – Childhood Asthma to be a qualifying health home condition
  - SPA2 – Preventive Asthma Services reimbursable (S9441 & T1028)
  - The Asthma Clause – MCO must provide 99401,2,3 and 98960, 61, 62
- Higher education budget funds "IMPACT Asthma ECHO" telehealth to transfer knowledge to community-based providers
- (Search "Project ECHO")

Missouri Medicaid Invites Workgroup

- Credentials for asthma educators, AE-C or "state certificate"
  - CE requirement for asthma educators – 7 hours annually
  - Declare ASME program as a condition of becoming a provider
  - Document assessment findings
- Credentials for environmental assessors
  - CE requirement for asthma educators – 7 hours annually
  - Document assessment findings

Adult Asthma Practice

Sarah McBane

Adult Asthma Patients

- Adults need asthma education too…

Consider the population

- Family Medicine
- Adult/internal medicine
- Geriatric
  - Independent v. assisted living
- Other factors

Comprehensive Assessment

- When?
  - Initial visit
  - Scheduled follow up
- Where?

Asthma Education

- Develop in collaboration
  - Usually the patient
  - Sometimes the caregiver


Adult Education
Need to Know
Foundation
Self Concept
Adult Learning
Readiness
Orientation
Motivation