

Oregon Asthma Network Meeting Notes

The Oregon Asthma Program and the American Lung Association of Oregon hosted the 2nd Annual Oregon Asthma Network meeting on June 7, 2001.

The Asthma Network meeting was designed to provide opportunities for practitioners, community organizations, and other interested parties to:

- Learn about understanding, preventing and controlling asthma;
- Share asthma information and resources;
- Identify ways to overcome barriers to asthma management;
- Participate in breakout sessions about important asthma issues.

The meetings were open to anyone interested in asthma in Oregon. People attending the meetings included school nurses, nurses, local health department staff, respiratory therapists, pharmaceutical representatives, physicians, tobacco coalition members, and health plan employees.

Welcome and introductions:

Warden Minor, the President and CEO of the American Lung Association of Oregon, and Dr. Mel Kohn, the State Epidemiologist of the Oregon Health Division provided welcomes and introductory remarks. Both thanked the audience for participating in such an important event and reiterated the need for partnerships to address asthma throughout Oregon.

Asthma in Oregon:

- Approximately 8.8% of adults in Oregon's general population have asthma
- Approximately 7.5% of children in the United States have asthma
- Approximately 7.2% of children within the Multnomah Education Service District have asthma
- Approximately 24.4% of adults in Oregon with asthma are current cigarette smokers
- 96 people died from asthma in Oregon in 1998.
- Less than 45% of adults surveyed in Oregon believed that asthma is a very serious health condition.

Breakout Sessions:

The opportunity to network among the participants was high on everyone's list of priorities. Two breakout sessions of 50 minutes each were held. There were four areas of interest, each with three or four presentations. Following the presentations, each group discussed recommendations for action. The four breakout sessions were: 1) Provider Resources and Education; 2) Public Awareness/Education and Self-Management of Asthma; 3) Air Quality and Asthma; and 4) Schools and Asthma. Evaluations of the meeting indicated that people felt very positive about the chance to discuss these issues in greater depth with the members of their community.

Keynote Speaker:

Dr. Mark O'Hollaren, Director of the Allergy Clinic in Portland, provided the keynote address to the Asthma Network meeting. Dr. O'Hollaren provided an overview of asthma and discussed emerging information on the disease. Dr. O'Hollaren stressed the importance of a partnership

among the patient, family, specialist, primary care provider, school, etc. in asthma care. Dr. O'Hollaren addressed the need for consistency among asthma guidelines and the need for professional organizations to endorse collaborative works to avoid variation in care.

Next Steps:

The recommendations developed in the breakout sessions will provide a framework for four working groups to be developed in the same topic areas. If you are interested in participating in one of these workgroups, please contact Karen Burrell, (503) 731-8394.

Breakout Sessions:

Breakout Session #1 - Provider Resources and Education

Presenters:

- a) Inner-City Asthma Intervention
Denise James, MSW - CareOregon
- b) Oregon Population-Based Guidelines for Asthma
Mel Kohn, MD, MPH – Oregon Health Division
- c) Provider feedback
Susan Boardman, RN – Regence BlueCross BlueShield of Oregon

Recommendations:

- Quality Improvement
 - What gets assessed gets done – so do more assessment (plans).
 - Use the immunization model for going into practices with a fast assessment and teaching.
 - Help patients be advocates for their own care (“where’s my action plan?”).
 - “Best practice” home visits to clinics (e.g. Michigan program).
 - Standardize protocols for visits with preplanning for what’s needed. Automate with system supports.
 - Identify the highest need patients and bring additional resources into education and support.
 - Involve pharmacist more in identifying patients using medications not in accordance with guidelines and taking action.
 - Collaboration among plans to provide pharmacy feedback to physicians. Key: quick turnaround.
 - Physician quality bonus for action plans.
- Education
 - Better/more patient support opportunities.
 - More work on making asthma medications understandable to patients.
 - Provider education – especially appropriate pharmacy: “steroid fear”.
 - a) As cases are transferred/referred
 - b) What’s working
 - c) Newsletters, mailings
 - d) CMEs for asthma specific education – sessions and case studies
 - e) Web-based CME response?
 - Payment by insurance for more ancillary education providers.

- Seminars at large clinics.
- Collaborative social marketing (between all plans and pharmaceutical companies).
- Pay physicians to attend asthma education (or subsidize something they want).
- Clearinghouse of materials, speakers, and other resources.
- Inventory of asthma education resources, including content and cost. Make it available and reimbursable.
- Communication
 - Improve communication between ER doctors and the regular provider.
 - Implement the Emergency Information form for children with special health care needs.
 - Better communication between emergency departments and regular provider. Systemize the data for high-risk kids.
 - Training for effective communication in a 15-minute visit.

Breakout Session #2 – Public Awareness/Education and Self-Management of Asthma

Presenters:

- a) Asthma education in a pediatric clinic
Marge Dettwiler, PNP - Childhood Health Associates
- b) American Lung Association of Oregon activities
Gail Murray - American Lung Association of Oregon
- c) Providence Asthma Program
Tom Cotter – Providence Health Plan
- d) Asthma clinics
Ginny Price, RRT – Central Oregon District Hospital

Recommendations:

- Provider Education
 - Scheduled educational visits rather than “reactive” visits.
 - Include pharmacists in the education/intervention efforts.
 - Provide asthma training for practices serving tribal populations.
 - Provide asthma training for all providers.
 - Develop a residency program to share best practices.
 - Educate primary care providers on the Asthma Guidelines.
 - Educate primary care providers as to how they could be helped with taking care of patients with asthma – Grand Rounds.
 - Work with the Oregon Medical Association to provide education to physicians.
 - Education to physicians to address steroid-phobia.
- Systems Changes
 - Develop a home visit program after a person has been to the emergency department or hospitalized for asthma.
 - Reimbursement for education, devices, and medication.
 - Home visits for children with asthma.
 - Improve spacer design to make them easier to carry and more appealing to children.
- Patient Education
 - Provide asthma education through schools.
 - Include quality of life questions in asthma visits.
- Public Awareness

- o Media opportunities at high school sporting events.
- o Public awareness campaigns (e.g. tobacco campaigns).
- o Public awareness that people with asthma can play sports and keep physically fit.
- o Develop messages addressing people's fear of the "label" of asthma.

Breakout Session #3 – Air Quality and Asthma

Presenters:

- a) Master Home Environmentalist program
Dave Delvallee – American Lung Association of Oregon
- b) Tobacco and Asthma
Sarah Rosenberg, MA, JD – Oregon Health Division
- c) Clean Air Action Days program
Elizabeth Vowels – Oregon Department of Environmental Quality
- d) Neighborhood surveys/Environmental Justice Action Group
Bruce Podobnik, PhD – Lewis & Clark College

Recommendations:

- Education
 - o Target information to:
 - a) Patients with asthma
 - b) Smokers
 - c) Next generation
 - d) New parents
 - e) Diverse populations
 - o Consult with people of the target communities to make message applicable and of interest.
 - o Provide information on identifying triggers and how to reduce exposure to them. Provide information about preventive actions. Make it engaging and fun. Address myths and false information.
 - o Radon.
 - o Information to new homeowners or renters regarding transportation alternatives and household hazardous chemicals.
 - o Education for new parents regarding tobacco and asthma.
 - o At work and schools – educate around asthma triggers (e.g. fragrances, glues, mold).
 - o Link – triggers at home, personal behavior, and asthma.
- Public Awareness
 - o Raise awareness in general population about asthma regarding triggers (personal and community-wide).
 - o Use web links.
 - o Life choices have a significant impact on health.
 - a) Raise awareness around our own roles in lifestyle choices
 - b) Also recognize that economic organization leads to exposures (e.g. traffic on I-5).
 - o Educate the public that 80% of outdoor pollution and toxics exposure is caused by individuals' choices, lifestyles, and economic structure.

- o Population-based media campaign to raise awareness and change community norms. The things we do affect the environment and affects people immediately (e.g. gas mowers, wood stove use).
- Partnerships
 - o Link Department of Environmental Quality Action Days to issue of asthma – make the connection.
 - o Community Action Plans – build and link.
 - o Create capacity to address community concerns around air quality and schools (e.g. Whittaker and field burning).
 - o Increase networking with organizations throughout state to increase awareness and information.
- Policy
 - o Reduce exposure to tobacco smoke (including environmental tobacco smoke).
 - o Develop state program to address indoor air quality. Non-regulatory, legislative priority.
 - o Influence DEQ Air Monitoring Program.
- Provider Resources
 - o Action plans are medication-focused. Include information on reducing exposure to triggers along with medications in plan.
 - o Cost problem for medications – encourage insurers to address this.

Breakout Session #4 – Schools and Asthma

Presenters:

- a) Multnomah Education Service District asthma programs
Shirley Maddox, RN, BSN – Multnomah Education Service District
- b) School-Based Health Centers
Wendy Shelden, NP – Oregon Health Division
- c) Tools for Schools
Ted Haskell – Oregon State Extension Service
- d) Oregon Coordinated School Health Initiative
Karen Southwick, MD, MPH – Oregon Health Division

Recommendations:

- Public Awareness
 - o Strengthen websites with general asthma information targeted to children, public, and teachers.
- Education
 - o Incorporate certified athletic trainers into asthma education efforts for high school students. Consider also including professional organizations for PE and dance teachers.
 - o Educate school personnel (such as coaches, PE teachers) about asthma including triggers, use of medications, and warning signs.
 - o Educate students school-wide about asthma including triggers, use of medications, and warning signs.
 - o Provide information on asthma to private/parochial schools, as well as home-schools, including information on triggers, use of medications, and warning signs.
- Policy

- o Improve documentation of reasons for school absenteeism and number of days missed in school reporting systems.
- o Gather/compile/produce recommendations to help decrease allergic triggers in classrooms.
- o Provide information on asthma to private/parochial schools, as well as home-schools, including information on triggers, use of medications, and warning signs.
- Partnerships
 - o Investigate ways to develop partnerships between pharmaceutical/insurance companies and schools for asthma education and prescription medications.

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