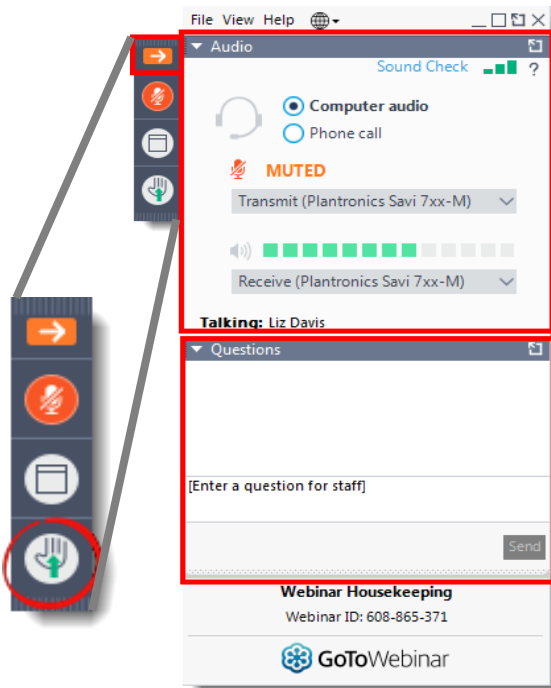


SIM Pediatric Office Hours Practical Pediatric Asthma

JUNE 26, 2019



Housekeeping: *Webinar Toolbar Features*



Your Participation

Open and close your control panel

Join audio:

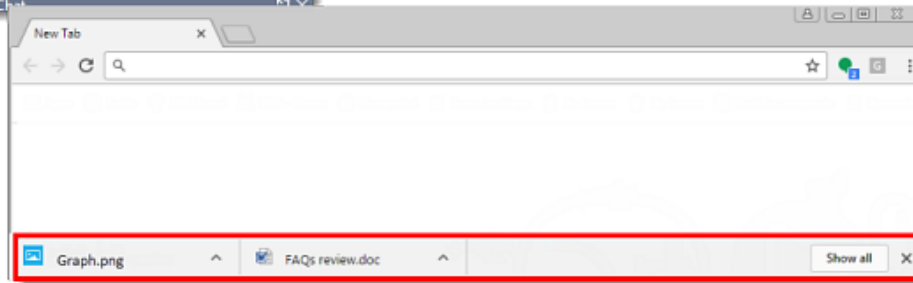
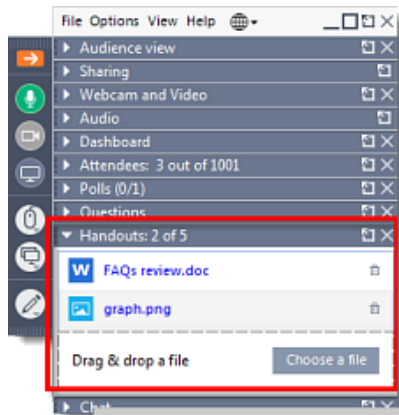
- Choose **Mic & Speakers** to use VoIP
- Choose **Telephone** and dial using the information provided

Submit questions and comments via the Questions panel

Note: If time allows, we will unmute participants to ask questions verbally.

- Please raise your hand to be unmuted for verbal questions.

Housekeeping: *Webinar Resources/Handouts*



Handouts

- Webinar slides & other resources are uploaded to the “Handouts” section of your GoToWebinar Toolbar.
- Note: You may need to check the download bar of your browser to view the resources.



Tisa Vorce RRT, MA

ASTHMA PREVENTION & CONTROL PROGRAM

MI DEPARTMENT OF HEALTH & HUMAN SERVICES



PCMH Initiative Introduction

KATIE COMMEY, MPH
CARE DELIVERY LEAD

LYNDSAY TYLER
PROJECT COORDINATOR

SIM Pediatric Office Hours: Practical Pediatric Asthma

June 26, 2019

Michigan Care Management Resource Center

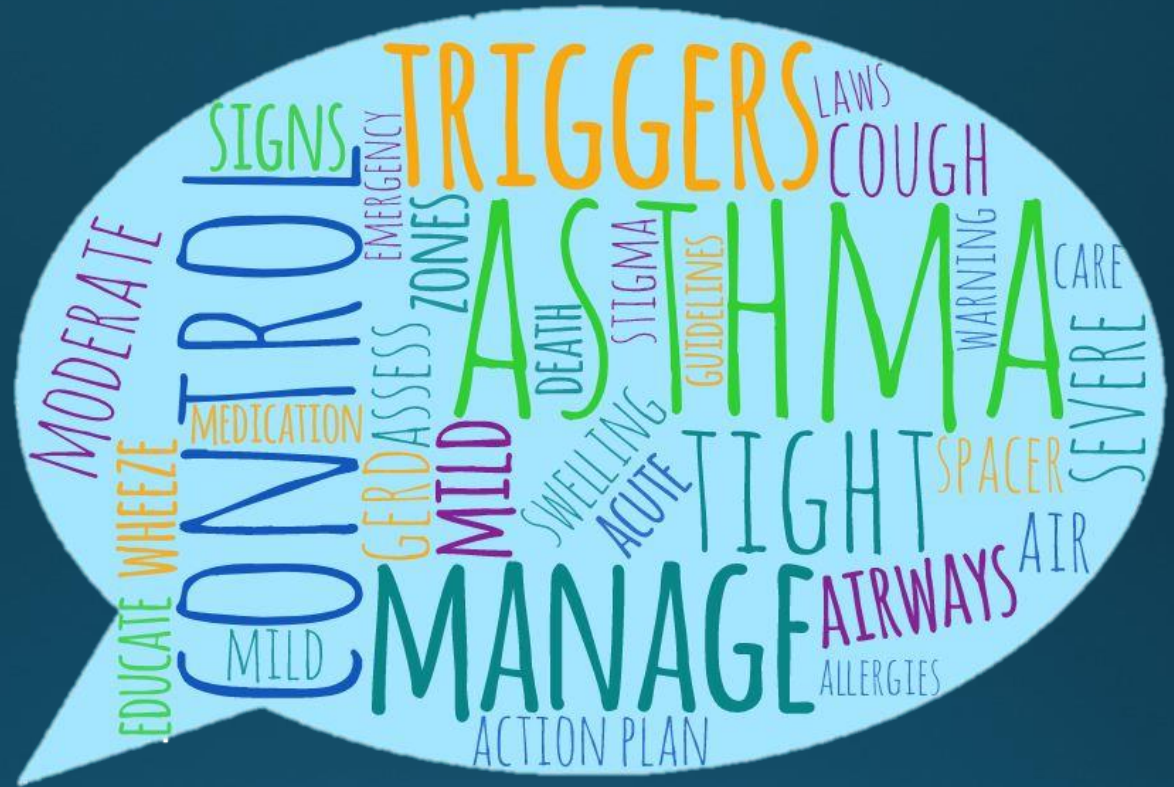


Tisa Vorce RRT, MA

Asthma Prevention & Control Program

MI Department of Health & Human Services

Today



- ▣ Not too clinical ▣ Keeping it real and practical
- ▣ Focusing on elements of self-management
- ▣ Can't possibly cover everything

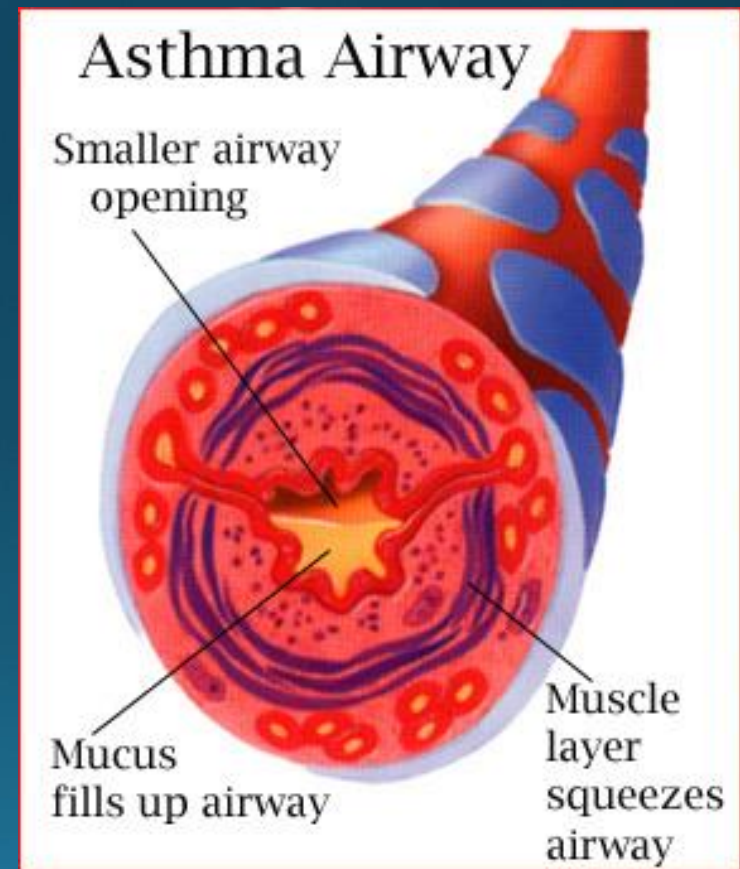
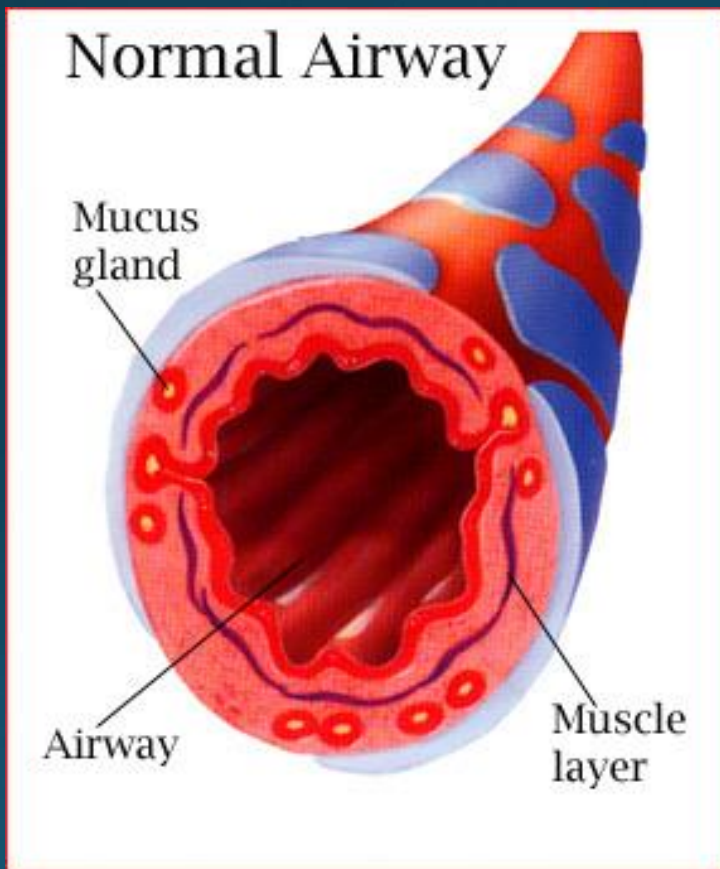
Michigan's Asthma Burden

- ▣ 849,000 adults and 192,000 children with current asthma
- ▣ In children with asthma
 - 15% had asthma symptoms on 9 or more days in the past month
 - 43% missed 1 or more days of school in the past 12 months due to asthma
- ▣ Chippewa, Genesee, Saginaw, and Wayne Counties have hospitalization rates higher than the state average
- ▣ GetAsthmaHelp.org – click on Resources/Data

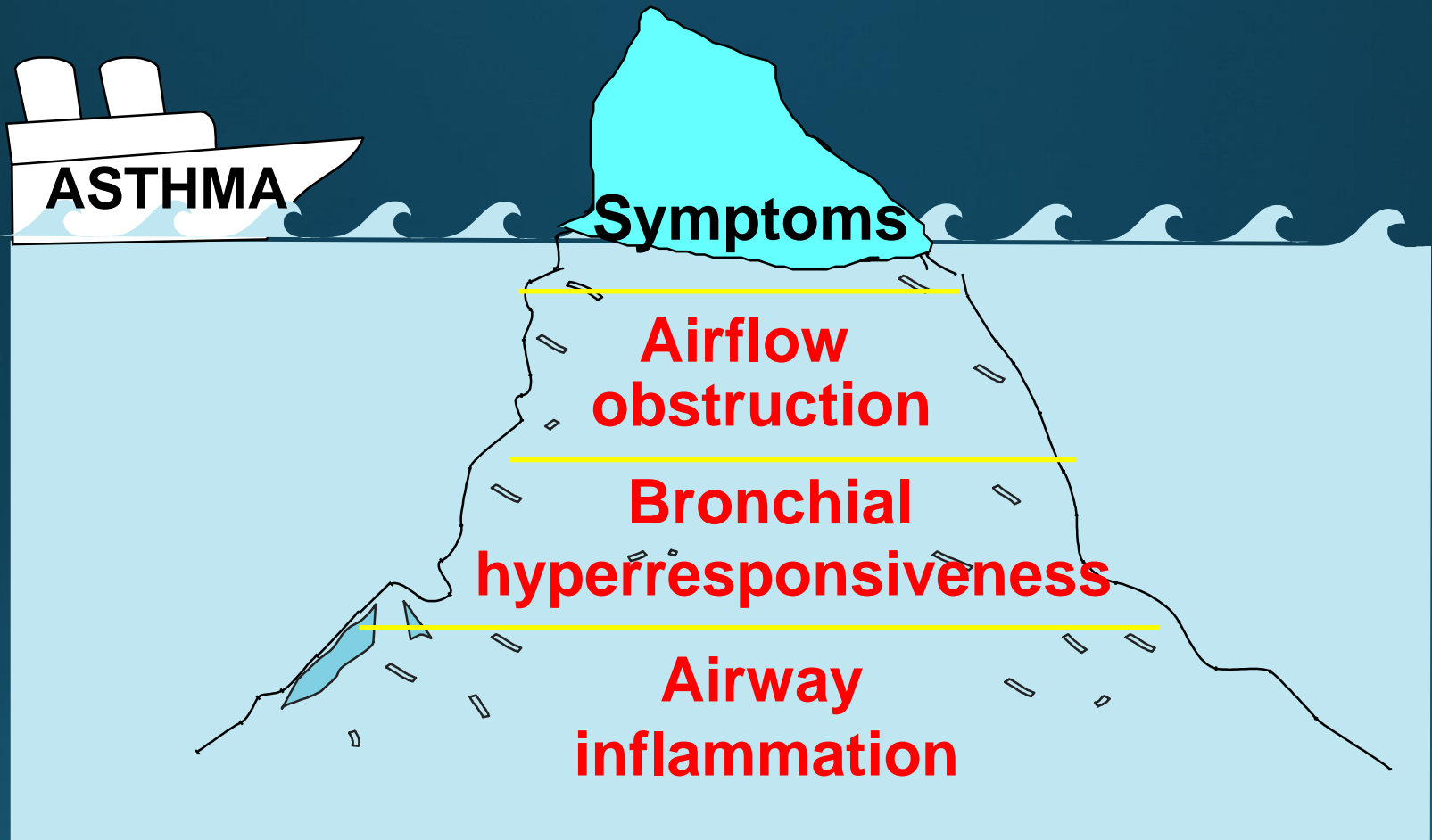


What is Asthma?

Asthma is a serious chronic disease of the lungs that is caused by swelling (inflammation) in the airways. There is no cure for asthma, and you can't outgrow it! It can go into "remission"...



The Tip of the Iceberg



ASTHMA DIAGNOSIS TOOL *Consider the diagnosis of asthma if patient states any of the following:*

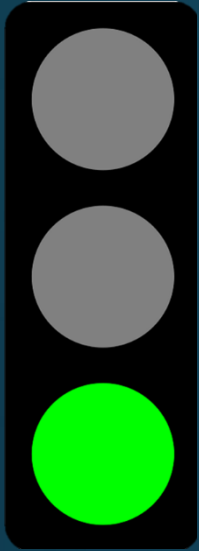
- Family history of asthma, allergies or eczema
- Symptoms occur seasonally
- Symptoms when near chemicals, dusts, fumes at work
- Symptoms worsened by URI lasting longer than ten days, smoke, allergens or exercise

AND SPIROMETRY DEMONSTRATES OBSTRUCTION AND/OR REVERSIBILITY BY AN INCREASE IN FEV₁ OF 12% OR MORE AFTER BRONCHODILATOR.
Rule out co-morbid conditions. If in doubt, consult with an asthma specialist.

HIGHEST LEVEL OF CHECKED BOX = SEVERITY LEVEL / FOLLOW SEVERITY LEVEL DOWN TO FIND TREATMENT STEP → SEE TREATMENT STEPWISE APPROACH

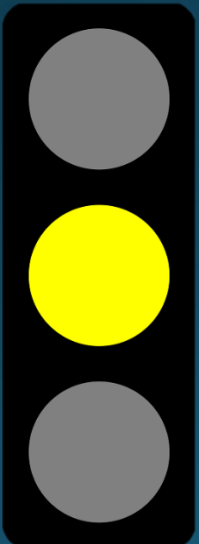
	INTERMITTENT	MILD PERSISTENT	MODERATE PERSISTENT	SEVERE PERSISTENT
IMPAIRMENT	<p>SYMPTOMS:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 2x/week or less <p>NIGHTTIME AWAKENINGS:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 2x/month or less <p>INTERFERENCE W/NORMAL ACTIVITY:</p> <ul style="list-style-type: none"> <input type="checkbox"/> None <p>SHORT-ACTING B₂-AGONIST USE:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 2 days/week or less <p>LUNG FUNCTION:</p> <ul style="list-style-type: none"> <input type="checkbox"/> FEV₁ more than 80% pred. 	<p>SYMPTOMS:</p> <ul style="list-style-type: none"> <input type="checkbox"/> More than 2x/week, not daily <p>NIGHTTIME AWAKENINGS:</p> <ul style="list-style-type: none"> <input type="checkbox"/> More than 2x/month <p>INTERFERENCE W/NORMAL ACTIVITY:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Minor limitation <p>SHORT-ACTING B₂-AGONIST USE:</p> <ul style="list-style-type: none"> <input type="checkbox"/> More than 2 days/week but not daily or more than 1x/day <p>LUNG FUNCTION:</p> <ul style="list-style-type: none"> <input type="checkbox"/> FEV₁ more than 80% pred. 	<p>SYMPTOMS:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Daily <p>NIGHTTIME AWAKENINGS:</p> <ul style="list-style-type: none"> <input type="checkbox"/> About 1x/week, not nightly <p>INTERFERENCE W/NORMAL ACTIVITY:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Some limitation <p>SHORT-ACTING B₂-AGONIST USE:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Daily <p>LUNG FUNCTION:</p> <ul style="list-style-type: none"> <input type="checkbox"/> FEV₁ 60-80% pred. 	<p>SYMPTOMS:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Throughout the day <p>NIGHTTIME AWAKENINGS:</p> <ul style="list-style-type: none"> <input type="checkbox"/> More than 1x/week, often nightly <p>INTERFERENCE W/NORMAL ACTIVITY:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Extremely limited <p>SHORT-ACTING B₂-AGONIST USE:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Several times/day <p>LUNG FUNCTION:</p> <ul style="list-style-type: none"> <input type="checkbox"/> FEV₁ less than 60% pred.
RISK	<p>EXACERBATIONS REQUIRING ORAL STEROIDS:</p> <ul style="list-style-type: none"> <input type="checkbox"/> All ages: 0-1/year 	<p>EXACERBATIONS REQUIRING ORAL STEROIDS: consider severity and interval since last exacerbation</p> <ul style="list-style-type: none"> <input type="checkbox"/> Age 0-4: more than 2 in 6 months or more than 4 wheezing episodes/year lasting more than 1 day <input type="checkbox"/> All ages: more than 2/year <p>• Exacerbations of any severity may occur in patients in any severity category. • Frequency and severity may fluctuate over time.</p>		
TREATMENT STEP	<p>✓ All ages: STEP 1</p>	<p>✓ All ages: STEP 2</p>	<p>✓ All Ages: STEP 3; consider short course oral steroids option</p>	<p>✓ Age 0-4: STEP 3; short course oral steroids option</p> <p>✓ Age 5-11: STEP 3; STEP 4 short course oral steroids option</p> <p>✓ Age 12 & over: STEP 4 or 5; short course oral steroids option</p>
<p>TREATMENT FOR PERSISTENT ASTHMA:</p> <ul style="list-style-type: none"> ✓ Daily inhaled steroids (see treatment stepwise approach) ✓ Assess response within 2-6 weeks 				
<p>FOR ALL PATIENTS WITH ASTHMA:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Rescue medication for all ages, all severity levels: Short-acting B₂-agonist PRN. Treatment intensity depends on symptom severity. <input type="checkbox"/> Provide written Asthma Action Plan <input type="checkbox"/> Identify & avoid triggers <input type="checkbox"/> Flu vaccine recommended annually, pneumococcal vaccine for adults <input type="checkbox"/> Review correct device technique each visit 				

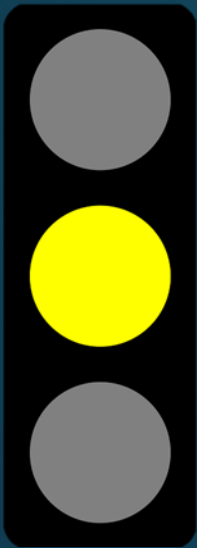
Warning Signs



- ✓ Itchy chin
- ✓ A cough that doesn't go away, especially at night
- ✓ Itchy, scratchy, or sore throat
- ✓ Waking up at night
- ✓ Dark circles under eyes
- ✓ Runny, stuffy or congested nose
- ✓ Increased tiredness
- ✓ Mood change – grouchy or extra quiet
- ✓ Thirst

- ✓ Itchy, glassy or watery eyes
- ✓ Rubbing nose a lot
- ✓ Sneezing
- ✓ Stomach ache
- ✓ Headache
- ✓ Feeling restless
- ✓ Change in face color – pale or flushed
- ✓ Throat clearing
- ✓ Eczema flare-up

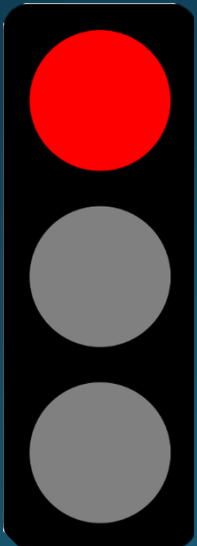




Symptoms

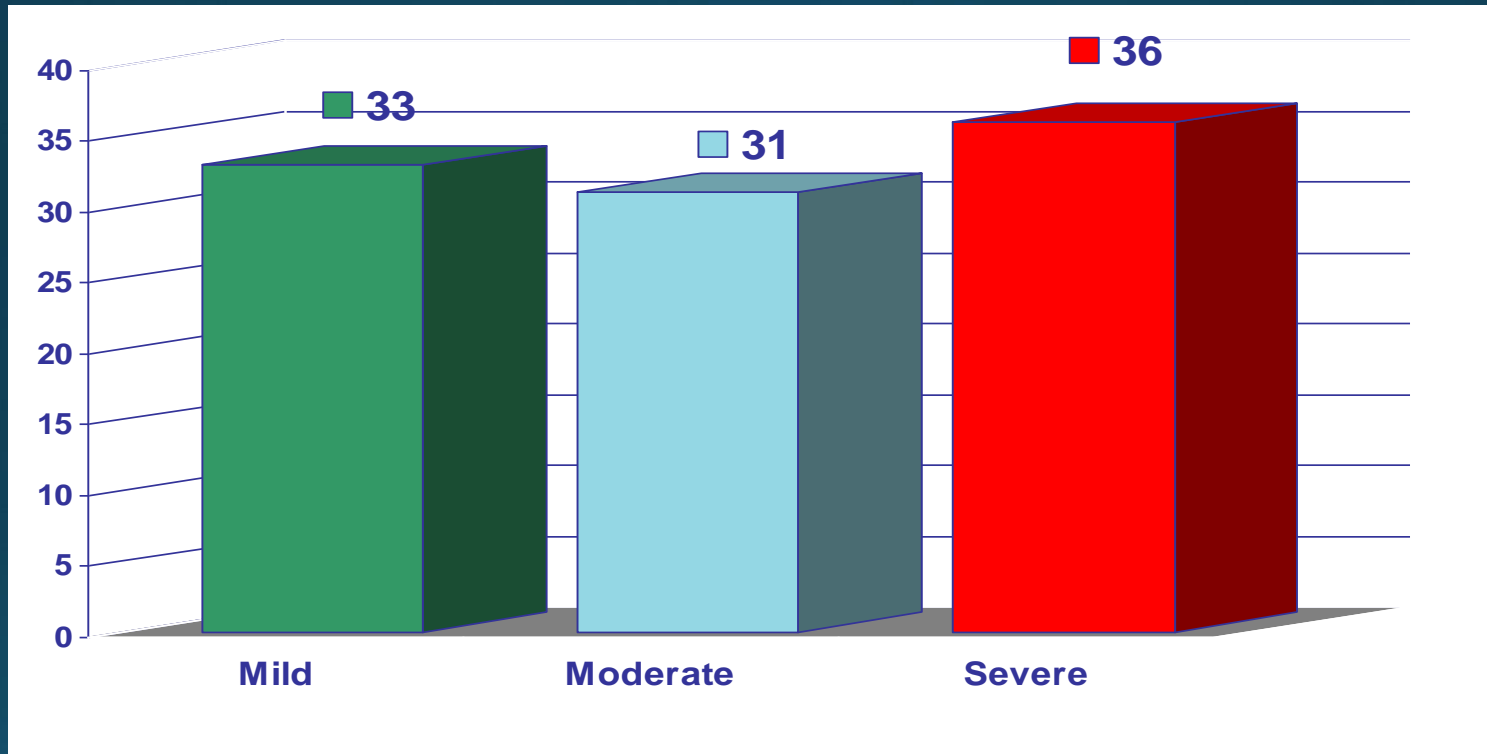
- ✓ Cough
- ✓ Wheeze
- ✓ Hard to breathe out
- ✓ Chest tight, hurts
- ✓ Breathing fast
- ✓ Get out of breath easily

Medical emergency!!



- ✓ Bluish, gray or dusky color to lips and nail beds
- ✓ Trouble walking
- ✓ Trouble talking, can't speak in whole sentences
- ✓ Skin between ribs or above breastbone sucks in when breathing
- ✓ Peak flow reading in the red zone
- ✓ Fast heartbeat
- ✓ Nostrils flare when breathing
- ✓ Quick-relief medications don't work

Pediatric & Adolescent Asthma Deaths: 33% of asthma-related fatalities occurred in patients classified as having **MILD** disease



Physician Assessment of Patient Asthma Severity

Rules of Two™

- ▣ Take your quick-relief inhaler more than two times a week?
- ▣ Awaken at night with asthma more than two times a month?
- ▣ Refill your quick-relief inhaler more than two times a year?

NOT
CONTROLLED!

Other Control Tests

- ▣ Asthma Control Test™ (ACT™)
- ▣ Test for Respiratory and Asthma Control in Kids™ (TRACK™)

ACT™

- Free to download www.asthma.com
- 4-11 and adult versions
- English & Spanish
- Score <19 means asthma isn't well-controlled

Childhood Asthma Control Test for children 4 to 11 years old.

Know the score.

This test will provide a score that may help your doctor determine if your child's asthma treatment plan is working or if it might be time for a change.

How to take the Childhood Asthma Control Test

Step 1 Let your child respond to the first four questions (1 to 4). If your child needs help reading or understanding the question, you may help, but let your child select the response. Complete the remaining three questions (5 to 7) on your own and without letting your child's response influence your answers. There are no right or wrong answers.

Step 2 Write the number of each answer in the score box provided.

Step 3 Add up each score box for the total.

Step 4 Take the test to the doctor to talk about your child's total score.

19
or less

If your child's score is 19 or less, it may be a sign that your child's asthma is not controlled as well as it could be. No matter what the score, bring this test to your doctor to talk about your child's results.

Have your child complete these questions.

1. How is your asthma today?

 0 Very bad	 1 Bad	 2 Good	 3 Very good	SCORE
---	---	--	---	-------

2. How much of a problem is your asthma when you run, exercise or play sports?

 0 It's a big problem, I can't do what I want to do.	 1 It's a problem and I don't like it.	 2 It's a little problem but it's okay.	 3 It's not a problem.	
--	---	--	---	--

3. Do you cough because of your asthma?

 0 Yes, all of the time.	 1 Yes, most of the time.	 2 Yes, some of the time.	 3 No, none of the time.	
--	--	--	---	--

4. Do you wake up during the night because of your asthma?

 0 Yes, all of the time.	 1 Yes, most of the time.	 2 Yes, some of the time.	 3 No, none of the time.	
--	--	--	---	--

Please complete the following questions on your own.

5. During the last 4 weeks, on average, how many days per month did your child have any daytime asthma symptoms?

5 Not at all	4 1-3 days/mo	3 4-10 days/mo	2 11-18 days/mo	1 19-24 days/mo	0 Everyday	
-----------------	------------------	-------------------	--------------------	--------------------	---------------	--

6. During the last 4 weeks, on average, how many days per month did your child wheeze during the day because of asthma?

5 Not at all	4 1-3 days/mo	3 4-10 days/mo	2 11-18 days/mo	1 19-24 days/mo	0 Everyday	
-----------------	------------------	-------------------	--------------------	--------------------	---------------	--

7. During the last 4 weeks, on average, how many days per month did your child wake up during the night because of asthma?

5 Not at all	4 1-3 days/mo	3 4-10 days/mo	2 11-18 days/mo	1 19-24 days/mo	0 Everyday	
-----------------	------------------	-------------------	--------------------	--------------------	---------------	--

Please turn this page over to see what your child's total score means.

TOTAL

TRACK™

- ▣ Google it – from AAP and AAN
- ▣ For kids
 - <5 years old
 - Hx of ≥2 SOB or wheezing/cough episodes >24 hrs
 - Already diagnosed
 - English only
- ▣ Score <80 means asthma isn't well-controlled

TRACK™ Test for Respiratory and Asthma Control in Kids

Who should use TRACK?

This simple test can help determine if your child's breathing problems are not under control.

The test was designed for children who

- Are under 5 years of age **AND**
- Have a history of 2 or more episodes of wheezing, shortness of breath, or cough lasting more than 24 hours **AND**
- Have been previously prescribed bronchodilator medicines, also known as quick-relief medications (eg, albuterol, Ventolin®, Proventil®, Maxair®, ProAir®, or Xopenex®), for respiratory problems **OR** have been diagnosed with asthma

For kids
under
5 years
of age

How to take TRACK

Step 1: Make a check mark in the box below each of your selected answers.

Step 2: Write the number of your answer in the score box provided to the right of each question.

Step 3: Add up the numbers in the individual score boxes to obtain your child's total score.

Step 4: Take the test to your child's health care provider to talk about your child's total TRACK score.

		Score
1	During the <u>past 4 weeks</u> , how often was your child bothered by breathing problems, such as wheezing, coughing, or shortness of breath? Not at all Once or twice Once every week 2 or 3 times a week 4 or more times a week <input type="checkbox"/> 20 <input type="checkbox"/> 15 <input type="checkbox"/> 10 <input type="checkbox"/> 5 <input type="checkbox"/> 0	<input style="width: 30px; height: 30px;" type="text"/>
2	During the <u>past 4 weeks</u> , how often did your child's breathing problems (wheezing, coughing, shortness of breath) wake him or her up at night? Not at all Once or twice Once every week 2 or 3 times a week 4 or more times a week <input type="checkbox"/> 20 <input type="checkbox"/> 15 <input type="checkbox"/> 10 <input type="checkbox"/> 5 <input type="checkbox"/> 0	<input style="width: 30px; height: 30px;" type="text"/>
3	During the <u>past 4 weeks</u> , to what extent did your child's breathing problems, such as wheezing, coughing, or shortness of breath, interfere with his or her ability to play, go to school, or engage in usual activities that a child should be doing at his or her age? Not at all Slightly Moderately Quite a lot Extremely <input type="checkbox"/> 20 <input type="checkbox"/> 15 <input type="checkbox"/> 10 <input type="checkbox"/> 5 <input type="checkbox"/> 0	<input style="width: 30px; height: 30px;" type="text"/>
4	During the <u>past 3 months</u> , how often did you need to treat your child's breathing problems (wheezing, coughing, shortness of breath) with quick-relief medications (albuterol, Ventolin®, Proventil®, Maxair®, ProAir®, Xopenex®, or Primatene® Mist)? Not at all Once or twice Once every week 2 or 3 times a week 4 or more times a week <input type="checkbox"/> 20 <input type="checkbox"/> 15 <input type="checkbox"/> 10 <input type="checkbox"/> 5 <input type="checkbox"/> 0	<input style="width: 30px; height: 30px;" type="text"/>
5	During the <u>past 12 months</u> , how often did your child need to take oral corticosteroids (prednisone, prednisolone, Orapred®, Prelone®, or Decadron®) for breathing problems not controlled by other medications? Never Once Twice 3 times 4 or more times <input type="checkbox"/> 20 <input type="checkbox"/> 15 <input type="checkbox"/> 10 <input type="checkbox"/> 5 <input type="checkbox"/> 0	<input style="width: 30px; height: 30px;" type="text"/>
The brands mentioned herein are trademarks of their respective owners and are not trademarks of the AstraZeneca group of companies. The makers of these brands are not affiliated with and do not endorse AstraZeneca or its products.		Total
<p>Please see reverse side for an explanation of what your child's total TRACK score means.</p>		<input style="width: 30px; height: 30px;" type="text"/>

Control Medications + Trigger Avoidance



Control – Medications

Medications

▣ Long Term Controllers

- Must be taken every day in order to work. Keeps breathing tubes from swelling, prevents symptoms

▣ Rescue or Quick-relief

- Relaxes the muscles around breathing tubes, should help for about 4 hours. If needed more than 2 times per week, or refilled more than 2 times per year - **asthma is not under control**

▣ Oral steroids

- Many side effects, should be avoided if possible

Control – Trigger Avoidance

Common triggers

Pollen

Dust mites

Animals

Cockroaches

Molds

Tobacco smoke

Strong odors/sprays

Colds/infections

Exercise

Work-related

Stress*

Avoidance strategies

Watch pollen count/AC

Mattress/pillow encasements

Don't sleep with furry pets

Keep food sealed up

Use bathroom/kitchen fans

No smoking in house/car

Use non-toxic cleaners

Flu shot, handwashing

Pre-treat with rescue inhaler

Change work environment/avoid trigger

Get help!

NAEPP – EPR-3

Impairment & Risk

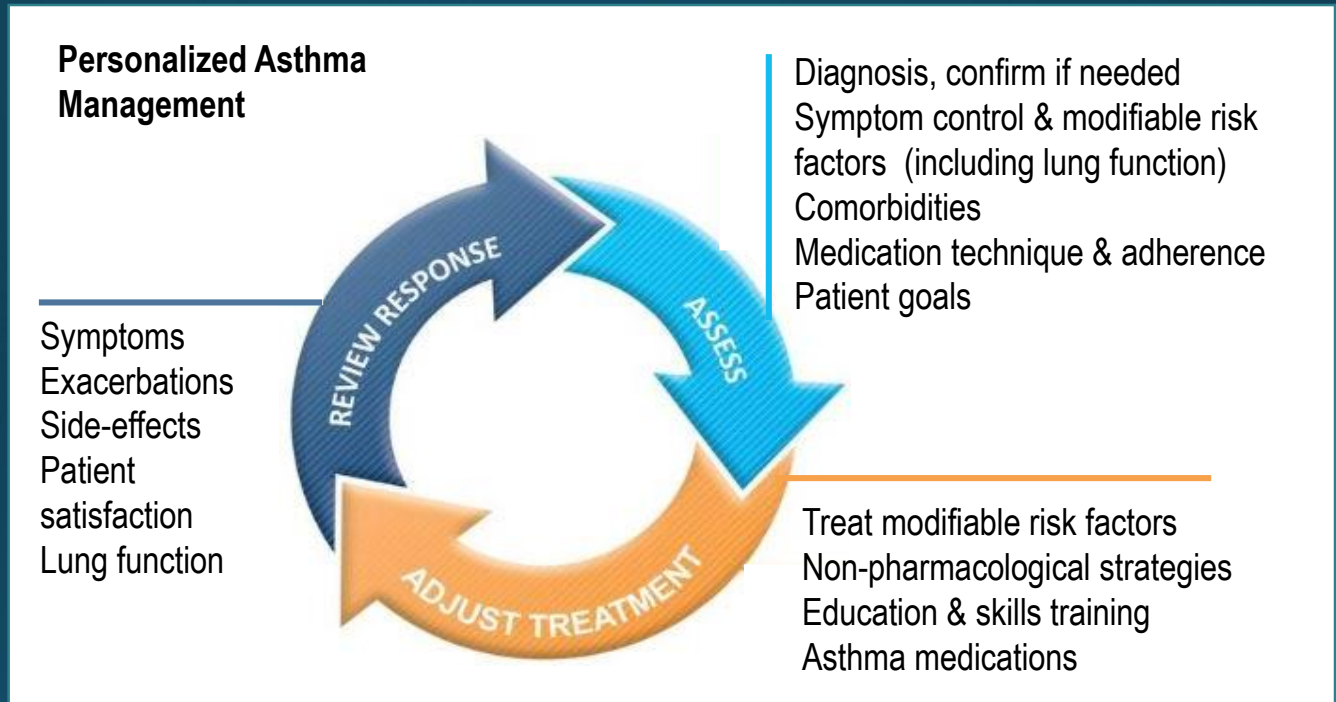
- ▣ Symptoms – nighttime awakenings, SABA use, QoL
- ▣ Exacerbations – OCS, ED/hospitalizations

Goals of Therapy

- ▣ Reduce impairment and risk
- ▣ Patient and family goals!
 - Play whole game of soccer
 - Miss less school – parents miss less work
 - Play outside with friends
 - Travel to see grandparents
 - Sing without coughing

Gain & Keep Control

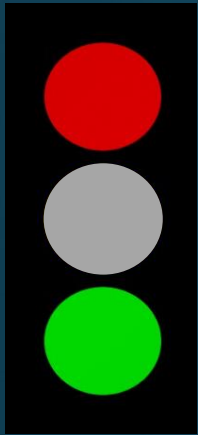
▣ GINA 2019



▣ ACAAI Yardsticks – freely available online!

- Adult Step up Therapy (2017)
- Pediatric Step-up Therapy (2018)
- Step-down Therapy (2019)

Asthma Action Plan



- ▣ Green Zone – treatment working!
 - Controller meds (asthma, allergy, GERD)
 - Exercise pre-treatment if needed
- ▣ Red Zone – treatment really not working!
 - Emergency meds, get help!

Tricky Yellow Zone

- ▣ If impending exacerbation is not recognized and treated, could progress to severe exacerbation, including ED visit, hospitalization, even death
- ▣ If instructed to take OCSs and seek medical attention at first sign of loss of control, over-treatment likely

Yellow Zone- What Are Patients/Caregivers Actually Doing?

- ▣ Freaking out?
- ▣ Dismissing symptoms?
- ▣ May be adjusting medications on their own
 - Trying to match dosing to symptom severity
 - Often without direction and inappropriately

- ▣ Our goal – targeted approach
 - Recognize signs early & treat
 - Minimal side effects & disruption to QOL





Contents lists available at [ScienceDirect](#)



Practice Parameter

Management of acute loss of asthma control in the yellow zone: a practice parameter



Chitra Dinakar, MD; John Oppenheimer, MD; Jay Portnoy, MD; Leonard B. Bacharier, MD; James Li, MD; Carolyn M. Kercksmar, MD; David Bernstein, MD; Joann Blessing-Moore, MD; David Khan, MD; David Lang, MD; Richard Nicklas, MD; Christopher Randolph, MD; Diane Schuller, MD; Sheldon Spector, MD; Stephen A. Tilles, MD; and Dana Wallace, MD

Chief Editors: Chitra Dinakar, MD; John Oppenheimer, MD; Jay Portnoy, MD

Members of the Joint Task Force on Practice Parameters: David Bernstein, MD; Joann Blessing-Moore, MD; David Khan, MD; David Lang, MD; Richard Nicklas, MD; John Oppenheimer, MD; Jay Portnoy, MD; Christopher Randolph, MD; Diane Schuller, MD; Sheldon Spector, MD; Stephen A. Tilles, MD; Dana Wallace, MD

Practice Parameter Workgroup: Chitra Dinakar, MD; John Oppenheimer, MD; Jay Portnoy, MD; Leonard Bacharier, MD; James Li, MD; Carolyn Kercksmar, MD

Tricky Yellow Zone

- ▣ Step 1: Assess for acute loss of asthma control
 - Early warning signs
 - First sign of URI
- ▣ Step 2: Use quick-relief medicine/SABA
 - Usually 2-4 puffs every 4-6 hours as needed
 - Can be every 20 minutes up to 1 hour (3 doses)
 - If use exceeds 12 puffs/day (or 8 puffs/day in young children), contact provider
 - In mild-to-moderate exacerbations, inhaler/spacer as good as nebulizer with appropriate technique and coaching by trained personnel
 - SABA as sole treatment discouraged because it does not consistently prevent progression to **Red Zone** and may increase risk of progression... so

Tricky Yellow Zone

- ▣ Step 3: Add or escalate controller meds
 - If not on ICS, add med-high dose ICS for 1-2 weeks
 - If already on ICS, increase - triple or quadruple dose
- ▣ Step 4: Can proceed to oral steroids if not improving

Isn't that a lot of inhaled steroid??


Inhaled Steroid	Systemic Steroid (oral or IV)
Micrograms	Milligrams
1000 micrograms (mcg)	1 milligram (mg)
Moderate dose ICS baseline ~500 mcg/day	Typical systemic steroids dosed 2 mg/kg/day
500 mcg x 4 (quadruple dose) = 2000 mcg = 2 mg	70 lb = 31 kg x 2mg = max 60 mg

e-Asthma Action Plans

New e-AAPs – 3 versions
 Easy-to-use fillable PDF plans
 feature age-appropriate
 medications and doses in drop
 down menus for asthma,
 GERD and allergy medications

- ▣ Adult (12+ years old)
- ▣ Student (5-18 years old) – options for permission to self-carry and administer inhalers at school, and to share the AAP
- ▣ 0-4 years old – parents can give permission to administer meds at school or daycare

Note: Hovering your mouse over a field will show the instructions for that field.



www.GetAsthmaHelp.org
 This form is free to download and use

Asthma Action Plan
 Infants (0 - 4 years old)

Child's Name _____ Age _____ Birth Date _____ Today's Date _____
 Parent/Guardian _____ Doctor _____ Phone _____
 Phone _____ Phone _____ Specialist _____ Phone _____

GO! (GREEN Zone) Use these controller medicines every day

Child has **ALL** of these: **Asthma, Allergy and GERD/Acid Reflux Medicines** **How much to take & when to take it**

- ✓ Breathing is good
- ✓ No cough or wheeze
- ✓ Sleeps through the night
- ✓ Able to play

WATCH OUT! (YELLOW Zone) Keep using Green Zone medicines and ADD this quick-relief medicine

Child has **ANY** of these: **Asthma Rescue Medicine** **How much to take & when to take it**

- ✓ First sign of a cold First:
- ✓ Trouble playing Next:
- ✓ Exposure to known trigger Next:
- ✓ Cough
- ✓ Wheeze
- ✓ Tight chest
- ✓ Waking at night

Doctor's Name and Phone: _____

DANGER! (RED Zone) Use these emergency medicines AND get medical help NOW!

Asthma is **MUCH** worse: **Asthma Rescue Medicine** **How much to take & when to take it**

- ✓ Medicine has not helped First:
- ✓ Ribs suck in Next:
- ✓ Breathing is hard, fast
- ✓ Lips, fingernails are blue
- ✓ Nose opens wide
- ✓ Trouble walking, talking

Check all the items that can trigger child's asthma and/or make it worse:

<input type="checkbox"/> Cigarette smoke	<input type="checkbox"/> Wood smoke	<input type="checkbox"/> Reflux / GERD
<input type="checkbox"/> Colds/flu	<input type="checkbox"/> Dust, dust mites, stuffed animals, carpet	<input type="checkbox"/> Strong odors, perfumes, cleaners
<input type="checkbox"/> Exercise or play	<input type="checkbox"/> Sudden weather, temperature changes	<input type="checkbox"/> Foods: _____
<input type="checkbox"/> Mold (indoors or outdoors)	<input type="checkbox"/> Cockroaches	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Animal dander, rodents	<input type="checkbox"/> Plants, flowers, cut grass, pollen	
<input type="checkbox"/> Ozone alert days	<input type="checkbox"/> Strong emotions	

Seasonal triggers for child: Fall Winter Spring Summer

This Action Plan was developed in partnership with the child's family by _____

Doctor/Provider (sign) _____ (print) _____

This signed form allows trained staff to give the medication(s) named above to my child, per school/daycare policy.

Parent/Guardian (sign) _____ (print) _____

Adapted from the original design by the Pediatric Asthma Coalition of New Jersey rev. 07/2017

Learn more at GetAsthmaHelp.org/actionplans

Education with AAP

- ▣ Review Green, Yellow and Red Zones
 - Trigger section if available
 - Sharing AAP section if available
 - Spend lots of time in Tricky Yellow
 - Teach back
- ▣ Tricky Yellow
 - Ask situational questions: “What would you do if...” or “How will you decide if s/he can go to school?”
 - Teach back
- ▣ When does your office want them to call in?
- ▣ Permission to self-carry MDI in school
 - All schools should participate – it’s the law
 - Need parent, school and provider permission

Medications & Devices

So many!

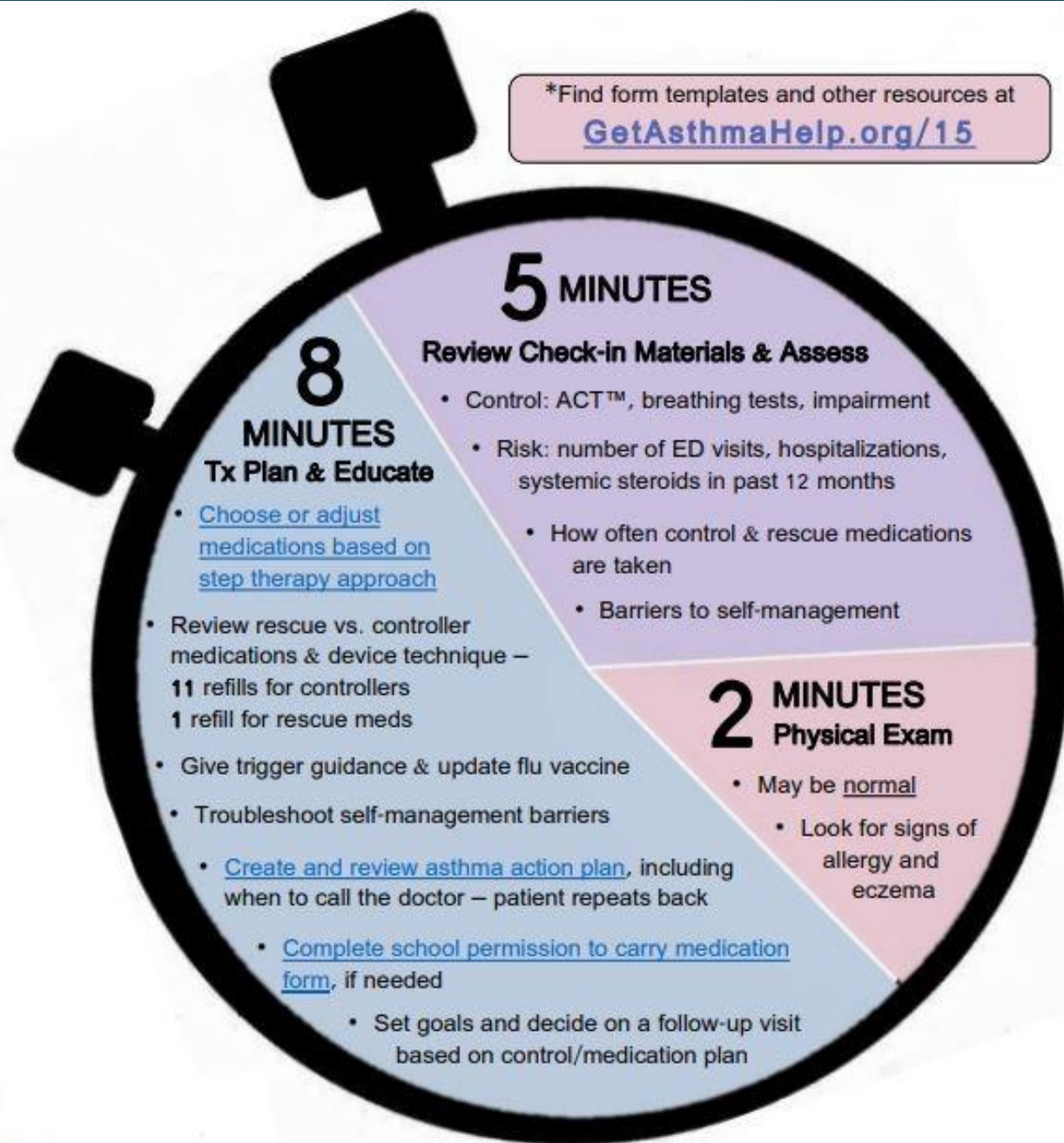
- ▣ Do you know how to use them all and teach them all?
 - COPD Foundation has great videos
- ▣ Best to teach with their own meds & devices
- ▣ Check inspiratory effort with In-Check Dial, and just watch them breathe
- ▣ Few reasons to use nebulizer anymore
- ▣ Teach back!



But I only get 15 min!

At Check-in:

- Asthma Intake Form (SABA use, day/night symptoms, ED visits & admits)
- ACT™
- PFT, FeNo, peak flow



Adherence vs. Compliance

Adherence is an active choice of patients to follow through with the prescribed treatment.

Compliance is a passive behavior in which a patient is following a list of instructions from the doctor.

- ▣ Patients live in the Real World
 - Nobody is perfect
 - Many patients have challenging barriers

- ▣ How can we help overcome barriers to adherence?
 - Listen, listen, listen
 - Motivational Interviewing
 - Know/recommend local resources

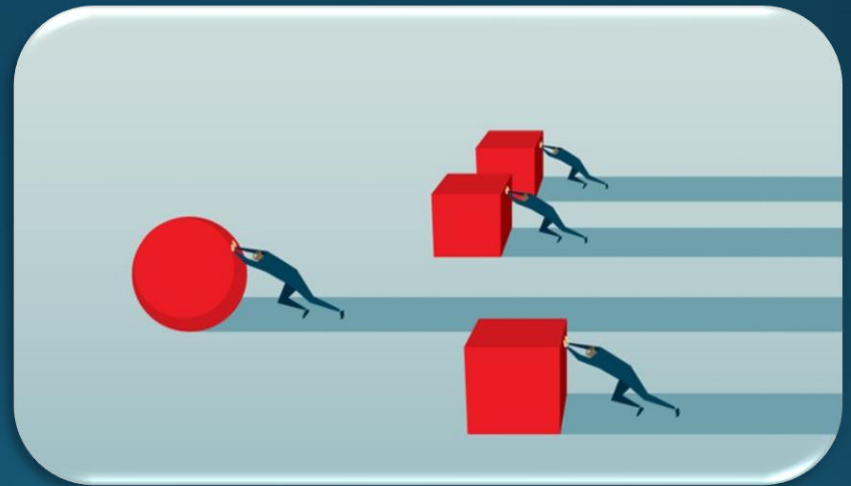
Poll #1

What barriers do you see to medication adherence in your practice?

- A. Transportation to pharmacy
- B. Only take medications for symptoms
- C. Cost of prescriptions
- D. Hard to remember every day
- E. All of the above!

Common Self-management Barriers

- ▣ Chronic vs. acute
- ▣ Partnership with provider/asthma educator
 - Poor communication between pt and provider/AE
 - Inconsistent messages
- ▣ Competing priorities
 - Behavioral health
 - Legal, housing
 - Food insecurity
 - Other health concerns
- ▣ Medication Issues
 - Beliefs (unsafe, side effects, dependence)
 - Getting it (cost, transportation)
 - Taking it (remembering, deciding not to, devices)



Motivational Interviewing

Case study

You see Jordie, a 7 year old boy with poorly controlled asthma in clinic. He has been to the ED 2 times in the past 6 months for asthma. He was prescribed ICS twice daily a month ago. During a follow-up visit his mom tells you that she stopped the ICS because the symptoms resolved.

Clarify: “What do you remember about the instructions for Jordie’s asthma medicine? Do you have any concerns about it? Tell me what you know about steroids.”

You learn: Mom does remember that she was told to continue the medication even after he was breathing better but she stopped because she “doesn’t like giving them to him.” When asked why: “I just don’t like it!”

Motivational Interviewing (cont'd)

Sensing discord, empathize and summarize: “It sounds like lots of us have been telling you what you should do, and not listening to what you would like to do for Jordie.”

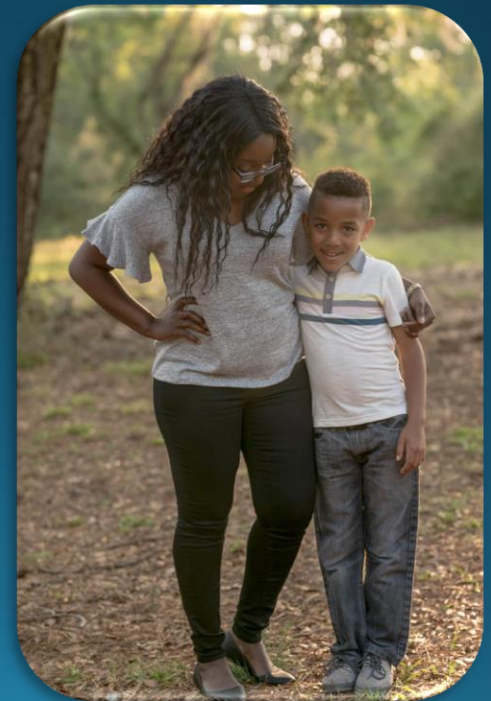
Empower: “Of course you know, it’s up to you what you would like to do with his care- you’re his mom.”

Elicit-Provide-Elicit Mode

Elicit: “Sometimes people have concerns about steroids. If you’re interested...”

Provide: “... some of our patients find this handout about the kind of steroids used for asthma helpful.”

Elicit: “Would you like to learn more?”



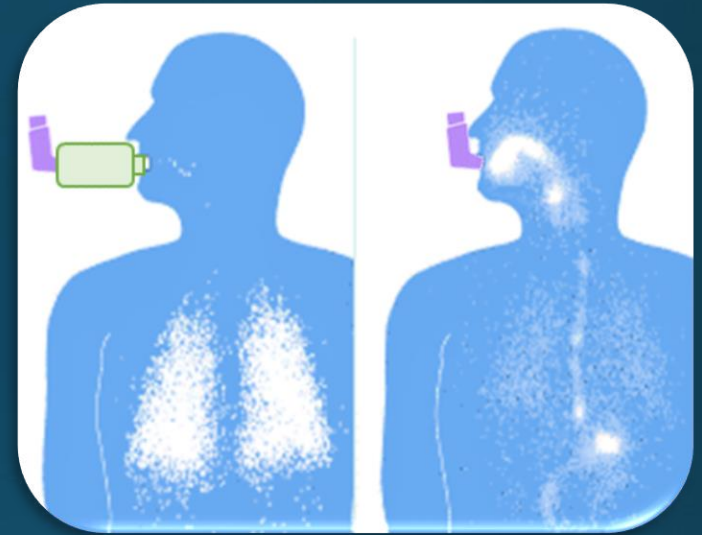
Poll #2

What tools or resources do you need to be a better asthma educator?

- A. Fact sheets for patients
- B. More time with asthma patients
- C. More support from my practice
- D. Education about medications/devices
- E. All of the above!

Spacers/Valved-holding Chambers

- ▣ For everyone with asthma
- ▣ Use with metered dose inhalers
- ▣ Improved medication delivery
- ▣ Life-saving!



Medicaid Managed Plan Members

- ▣ Up to 4 spacers/valved-holding chambers per year at the pharmacy, no prior auth needed
- ▣ Many spacers (and masks) are included on the Medicaid common formulary

Learn more at [GetAsthmaHelp.org/spacers](https://www.getasthmahelp.org/spacers)

Managing Asthma Through Case Management in Homes (MATCH)

- ▣ Intensive case management for adults and children
 - ≥ 3 home visits
 - ≥ 1 social worker home visit/consultation
 - ≥ 1 physician care conferences (joint visit with patient, primary care provider, and case manager)
 - ≥ 1 school/daycare as appropriate, work visit if requested by client, with case-manager
 - Case manager providing service is AE-C, usually RN or RT
- ▣ Many health plans provide this as a benefit to their clients
- ▣ Reduced: ED visits and hospitalizations, need for quick relief meds & oral steroids, missed school/work days
- ▣ **Counties:** Wayne/Macomb/Oakland, Ingham, Kent+, Genesee+
- ▣ www.GetAsthmaHelp.org/MATCH

Certified Asthma Educator (AE-C)

An asthma educator is an expert in counseling individuals with asthma and their families how to manage their asthma and to minimize its impact on their quality of life. www.naecb.org

- ▣ Over 200 AE-Cs in Michigan

- ▣ AE-C Exam

- 1000 hours experience, license/credential needed
- 175 multiple choice questions, 3.5 hours allowed
- \$350 fee for new candidates
- Good for 7 years, 5 if renewing with CE credits
- \$350 scholarships awarded to 8 candidates yearly

- ▣ National pass rate 66%

Resources

- ▣ www.GetAsthmaHelp.org – Guidelines-based patient, clinician and practice information
- ▣ Demo devices – check with manufacturer, MDI inhaler at www.pocketnurse.com
- ▣ How to use (almost all) med/device – COPD Foundation Inhaler Training Videos
- ▣ Medication posters
 - Allergy & Asthma Network (\$)
 - Minnesota Asthma Program (download/print for free)
- ▣ Asthma News listserv – weekly digest of news, research and opportunities ([email Tisa to be added](#))
- ▣ Asthma Educator Sharing Day – Oct. 18, Lansing
 - For anyone who does asthma education, free, CEUs
 - Agenda: Obesity, COPD, Devices, Case Studies, Vit D

Final thoughts...

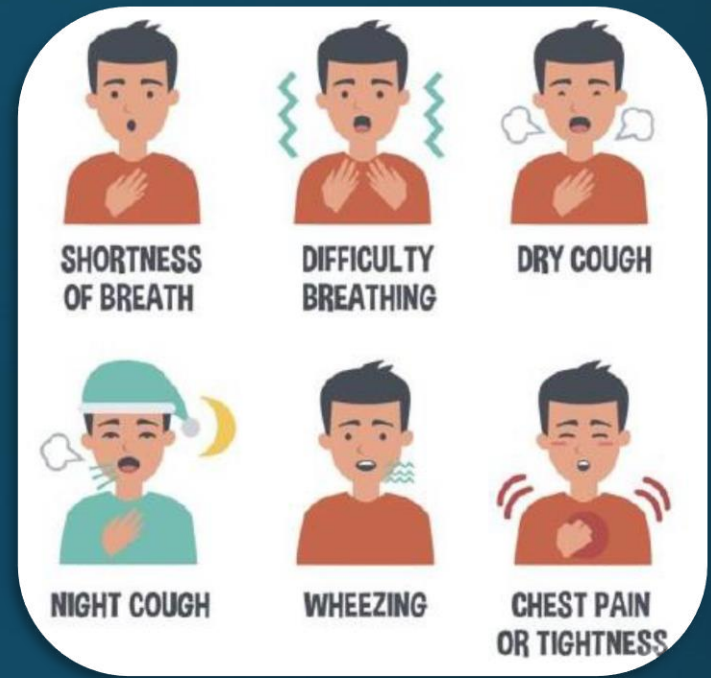
- ▣ Children shouldn't manage their own asthma – it's too serious and complicated

- Asthma Mortality Review Project: children get up at night, start nebulizer treatment and die- while parents slept nearby

- Easy to assume child is taking his/her medications, taking them correctly

- ▣ Strong link between ACEs and asthma: **1** ACE increases odds of developing asthma by 28%, **4** ACEs by 73%

“Stress should be viewed as a risk factor for asthma development and asthma exacerbations, much like tobacco smoke and dust mites.” – Dr. Robyn Wing



Questions?

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www.GetAsthmaHelp.org