



STATEWIDE EASY BREATHING NEWS



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The primary goal of asthma management is optimal control with minimal side effects. Asthma control describes the clinical status of disease in the face of treatment. In contrast to asthma severity, which changes slowly over time and is modified by pharmacologic therapy, environmental control and education, asthma control can change rapidly in response to triggers or therapy. The recently released national asthma guidelines recommend the assessment of asthma control at every follow up visit for children with asthma.

While there are several validated clinical measures of asthma control, Easy Breathing recommends use of the Asthma Control Test (ACT). The ACT is a patient-based 5 question, 5 response questionnaire that has been validated for individuals over 12 years of age. Its companion is the Childhood ACT, a 3 question patient based and 4 question parent based questionnaire that has been validated for children 4-11 years of age for use both in person and by telephone. The ACT and Childhood ACT are simple to use, have excellent discriminatory properties and are available in Spanish. Changes in ACT and Childhood ACT as small as 2 units (on a 25 point and 27 point scale respectively) correlate with changes in specialist's rating of asthma control.

Parents and children quickly learn how to use the ACT/Childhood ACT. They should be encouraged to self-monitor their asthma control at home and to call when there is a significant change in their ACT score. You can use the ACT to counsel families about a change in their score and to encourage compliance by talking about optimal control scores. Labels are available if you do not wish to put the actual test in your record. Some practices use labels and give the original test to the family to use at home (a copy then comes to Easy Breathing).

We know that we still have room for improvement in control even when we are using Easy Breathing. In 114 children in Easy Breathing who completed an ACT, the mean score was 18.82 (marginal control). Twenty-six children received a score of <15, indicating inadequate control, and 29 children received a score of 15-19, indicating marginal control. These data indicate that even with a successful asthma disease management program such as Easy Breathing, there remains significant room for improvement in asthma control. So we encourage you to use the ACT as an objective indicator of asthma control both for you and for your patients.

CONGRATULATIONS!

Hello Everyone. Welcome to the second edition of the Statewide Easy Breathing® Newsletter. July 2008 marked the end of our first year as a state-wide initiative. From July 1, 2007- September 30, 2008 Easy Breathing Statewide Initiative has surveyed 5,623 children. Of the children surveyed 25% have a dx of asthma. **76,966** children have been surveyed since 1998.

Intermittent::	805 children
Mild Persistent:	369 children
Moderate persistent:	181 children
Severe Persistent:	4 children



REMINDER: If you are interested in keeping a supply of Nebulizers and Spacers in your office to give to patients please contact **Katie Ruane @ CCMC Asthma Center- (860)545-9442** or the company directly- **Care Connection Plus- Judy R. @ (800)919-3942.**

****Allergy Skin Testing and

Spirometry for your patients****

Providers- these services are available to your patients through us at the CCMC Asthma Center. With your completion of a very short referral form, we will:

- 1. contact and schedule the appointment with your patients*
- 2. perform the requested testing*
- 3. fax you the results.*

Allergy Skin Testing- 4 yrs. old and older (we will test as early as 2 yrs. of age if they have specific allergy symptoms)

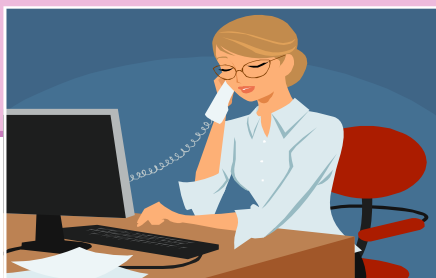
Spirometry- As early as 5 years old (more successful with 7 yr. olds and older due to the difficulty of proper performance)

Asthma Education is also available.

Call us @ 860-545-9442 & we will fax you a referral form



NEWS FROM DATA MANAGEMENT: Going Paperless? If your practice has gone or is considering going paperless, please contact Dotty Wakefield at jwakefield@snet.net to discuss how we may incorporate Easy Breathing into your EMR system.



Region 1

Regional Coordinator: Maria Thomas, MPH

District 1

Physician Champions: Dr. David Dreyfus & Dr. Chris Randolph

District Coordinator: Deborah Marks, MA, CHES

District 2

Physician Champion: Dr. Harry Romanowitz

District Coordinator: Kelly Sullivan, APRN

Region 2

Regional Coordinator: Ellen Moran, BS, MS

District 3

Physician Champions: Dr. Angela Geddis & Dr. Aruna Ramanan

District Coordinator: Keri Gilford, MSPH

District Coordinator: Sara Martel, BS

District 4

Physician Champions: Dr. Craig Elliott & Dr. Anne Willenborg

District Coordinators:

Anne Marie DeMerchant, RRT & Lynne Gunn, CRT

Region 3

Regional Coordinator: Paulette Mebane, RN

District 5

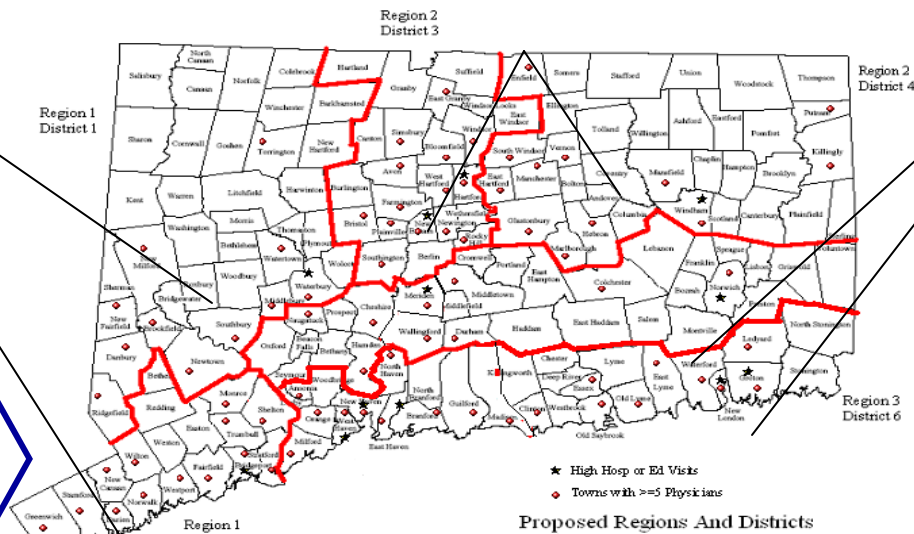
Physician Champion: Dr. Timothy Sullivan

District Coordinator: Kathleen Cooper McDermott, MSN, MPH

District 6

Physician Champions: Dr. Edward Gleich & Dr. Tamiko Jackson-McArthur

District Coordinator: Mary Buckley-Davis, RRT, NPS, A-EC

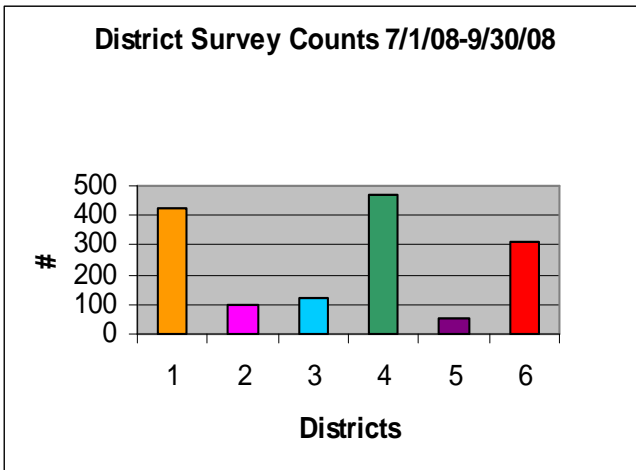


The state is divided into three Regions and six districts taking into consideration the number of children and physicians as well as areas with high hospitalizations or emergency room visits.

How are YOU doing???

Great Job!

Note: Newest District: 2 and 5



Presently, there are 64 private practices, 2 inpatient hospital units, 15 clinics and 2 school based health clinics participating in the statewide initiative.

Top Producing Sites Per District
D1 Litchfield County Pediatrics
D2 Bridgeport-Monroe Pediatrics
D3 Bloomfield Children's Medical Group
D4 Windsor Pedicorp
D5 Norwich Pediatric Group
D6 Dr. Fred Santora