



STATEWIDE

Easy Breathing News



Summer 2012

Lisa Jordan, Editor

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Special Edition Newsletter:

Report on Asthma Awareness Events, 2012

Easy Breathing® is Awarded the 2012 EPA Leadership Award in Asthma Management



Easy Breathing® is honored to be a recipient of the Environmental Protection Agency's 2012 National Environmental Leadership Award in Asthma Management. This award is the highest acknowledgment a program can receive in regards to delivering comprehensive and environmental asthma management in their communities. Each year the EPA honors exceptional providers, health plans, and communities in action with this prestigious award. Easy Breathing® was recognized as a community in action for its extreme overall success; including a considerable increase of written treatment plans and use of inhaled corticosteroids, and a decrease in hospitalizations and emergency room visits due to asthma. This year, four winners were recognized including the Easy Breathing® Program at Connecticut Children's Medical Center. The additional programs honored were: The L.A. Care Health Plan in Los Angeles, California; The Michigan Department of Community Health's Asthma Prevention and Control Program (APCP) in Lansing, Michigan; and Mission Health in Asheville, North Carolina. The Easy Breathing® Program embraces the opportunity to serve as a mentor for other healthcare communities who strive to create healthy environments where children with asthma can lead healthy active lives. Link to http://www.epa.gov/asthma/award_winners.html to learn more about EPA initiatives in asthma and award winning efforts to improve the quality of asthma management in the U.S. ~Submitted by Deborah Steciak



World Asthma Day Celebration Recap



What better way to kick off Asthma Awareness Month than with a celebration of World Asthma Day? On May 1, 2012 the Region II Asthma Coalition and the Central CT Health District hosted a Legislative Breakfast at the Legislative Office Building. This event helped raise awareness about the burden of asthma in the state, gain support for the CT Asthma Advisory Council's consensus statement regarding reimbursement and the primary medical home model, as well as frame this chronic disease within the current discussion of healthcare reform. The topics of discussion at the Legislative Breakfast demonstrated how healthcare reform initiatives could help make the 2012 World Asthma Day Theme, "You Can Control Your Asthma", a reality for CT residents with asthma. Each speaker at the event contributed compelling thoughts regarding how to improve asthma care in the state.

The six speakers at the Legislative Breakfast covered a range of important topics. Opening remarks were made by Renee Coleman-Mitchell, MPH, the Section Chief for the Health Education, Management and Surveillance Section at the Department of Public Health. Ms. Coleman-Mitchell relayed personal stories about her mother's experiences with asthma attacks, which emphasized the importance of prevention through patient education. She stated, "The time is now to take this momentum, regroup, and move forward".

Next Michael Corjulo, APRN, the ACES Health Services Coordinator and co-chair of the CT Asthma Advisory Council, commented on asthma education reimbursement. Mr. Corjulo explained that patient education and managed care "needs to be woven into the fabric of the healthcare system". Partly due to a disconnect between science and healthcare, patient education is not valued as highly as it should and, according to Mr. Corjulo, needs to be a bigger part of the "reimbursement pie" so that asthma educators can be compensated for their essential services.

Teresa Frankhauser, a respiratory therapist and parent of a child with asthma, followed with a story of how her frustrations with not being able to manage her son's asthma inspired her to educate herself and become a respiratory therapist. Mrs. Frankhauser is passionate about educating and empowering parents to manage their child's asthma. Echoing Ms. Coleman-Mitchell's call for improved patient education, Mrs. Frankhauser advocated avoiding waiting until a child arrives at the emergency department to teach parents about how to control their child's asthma symptoms. Rather, parents must be educated about how to prevent asthma attacks, remove asthma triggers from the home, and adhere to their prescribed treatment plan. This approach to chronic disease management aligns with best practices guidelines, which Mrs. Frankhauser also supports.

The Legislative Breakfast wouldn't be complete without remarks from a state legislator. Representative Michelle Cook, a democrat serving the 65th district and a member of the Aging, Education, Human Services, and Medicare Managed Care Committees, took the floor to relay information about Primary Care Medical Homes (PCMHs). Given that PCMHs provide comprehensive care for chronic conditions and improve communication between patients and their providers, PCMHs are very important to asthmatic populations.

Sticking to the topic of PCMHs, Dr. Mark Shaefer, Ph.D, who serves as the current Director of Medical Care Administration for the CT Department of Social Services, explained how asthma management is used as a metric for the outcomes and efficacy of PCMHs. By being sensitive to health outcomes of the PCMH, methods could be fine tuned to optimize care for patients of all demographics.

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How to Create an Asthma Clinic in Your Practice

In the last newsletter, I discussed some of the information that I gleaned from a meeting of the Asthma Champions Medical Home meeting in Chicago. One idea that was expressed was the creation of clinics for children who had complex but common medical conditions and one of these clinics was an asthma clinic. Several of our larger practices (usually 4 or more clinicians) have created an asthma clinic. If you are interested in creating such a clinic here are some thoughts and strategies that might be helpful:

1. How many asthma patients do you have in your practice? Do you have enough patients to fill a regular clinic? It isn't just about numbers but it is also about disease severity. Patients with intermittent asthma should have their asthma assessed yearly; mild persistent asthma, 2 times a year, moderate persistent asthma 3-4 times a year and patients with severe persistent should be co-managed with a specialist.

2. How often should this clinic meet? A half day session weekly is probably sufficient. For a 4 clinician practice this would be one half day session/month/clinician.

3. What are the goals of this special clinic? Consider the following goals: to assess asthma control, asthma knowledge, use of an asthma control test, and spirometry. Use the session to assess MDI technique and educate about environmental control.

4. By aggregating patients with asthma together, you can be more effective and more efficient at providing chronic asthma management.

5. How to get patients to this clinic? For many families, the desire to decrease medication is paramount. Market this clinic as a time to reassess asthma therapy and asthma control during the previous year and to decide upon treatment needs moving forward.

6. Consider assigning a nurse or an MA with an interest in asthma who can help with the asthma education and perform spirometry. Have handouts etc ready

7. Enjoy providing patient education and an opportunity to actually talk to your patients!

~Michelle M. Cloutier, MD.

WAD Recap, Continued from previous page...

The Legislative Breakfast was wrapped up by Dr. Michelle Cloutier, MD, Director of the Asthma Center at CT Children's Medical Center and creator of the Easy Breathing© asthma management program. Dr. Cloutier stumped the audience with questions about the facts and stats quoted by previous speakers to emphasize how challenging it can be to remember medical information and instructions. This exercise highlighted the importance of Asthma Treatment Plans. Additionally, all caregivers should have a copy of the Asthma Treatment Plan in order to form an asthma management team and increase medication adherence. She continued, an Asthma Treatment Plan is "only as good as a parent understands" and management is "only as good as the therapy". Recognizing this, Dr. Cloutier has developed the Easy Breathing© program, which guides providers in diagnosing, treating, and managing asthma in children and adults.

The Legislative Breakfast was followed by an asthma program vendor session, which lined the Concourse of the Legislative Office Building. Given this event occurred during the final days of the legislative session, many legislators had the opportunity to walk through and learn more about asthma. These events were a great way to raise awareness about asthma. We look forward to celebrating World Asthma Day again next year!

~Submitted by Angela Colantonio

Coordinator's Corner

From July 1, 2007– March 31, 2012, Easy Breathing© Statewide Initiative has surveyed **34,604** children. Of the children surveyed, **24%** have a diagnosis of asthma. In total, **106,034** children have been surveyed since 1998.



Top Producing Sites per District for Quarter 1/1/12— 3/31/12

District 1	St. Mary's Hospital (Children)
District 3	Central Pediatrics & Adolescent Medicine, LLC
District 4	Vernon Pediatrics
District 5	Meriden Pediatric Assoc.
District 6	East Haven Pediatrics
District 7	East Lyme Pediatrics Clinic, LLC

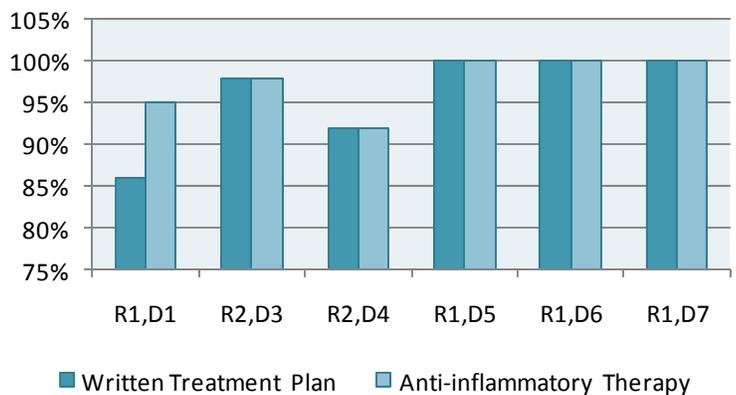
Program Goals:

100% for Written Treatment Plans for children diagnosed with persistent asthma.

95% for Anti-inflammatory Therapy for children diagnosed with persistent asthma.

Maria Thomas, MPH, has been with the Easy Breathing program since May of 2006 at St Mary's Hospital. She started as coordinator for Greater Waterbury Area, and expanded the statewide initiative into Torrington, Danbury, and now is also in Southington, Meriden, and Cheshire. Maria has worked in research for 8 years prior to Easy Breathing and has been able to support the Easy Breathing Program in maintenance and sustainability. She has great experience working with providers for 15 years and understanding the practice environments. She can be reached at 203-709-5650 or maria.thomas@stmh.org

Outcome Measures for Quarter 1/1/12-3/31/12



Important Updates from the Asthma Center

- ⇒ Please note: The nurse at the CCMC Asthma Center that was performing allergy skin testing and pulmonary function testing has left her position. Since testing is no longer available, we suggest the following:
1. For pulmonary function testing call the Pulmonary Function Laboratory at CCMC at 860.545.9447 to make an appointment for spirometry testing before and after bronchodilator inhalation.
 2. In terms of allergy testing, it is important to know a positive test does not always equate to clinical allergy as well as the advantages and disadvantages to both serum allergen-specific IgE testing (sIgE) and skin prick testing (SPT). Based on our geographic region and the common allergens to which children are exposed and sensitized, we recommend ImmunoCap (enzymatic assay based on anti-IgE antibodies) testing using the New England Panel to which you would add dog and cat dander testing. There are several companies that perform this testing and you will need to confirm with them what screening test is most appropriate to use. We do not recommend RAST testing any more as the enzymatic assays have replaced them. There are new guidelines for allergy testing and a short article that is very useful can be found in the January 2012 edition of *Pediatrics*. (Sicherer SH, Allergy testing in childhood; Using allergen-specific IgE tests. Vol 129 (1) January 2012 page 193).