South Bronx Asthma Partnership

SOBRAP

Helping the South Bronx breathe easy.

Mamta Reddy, MD

Director, South Bronx Asthma Partnership

Chief, Allergy Immunology

Bronx-Lebanon Hospital Center

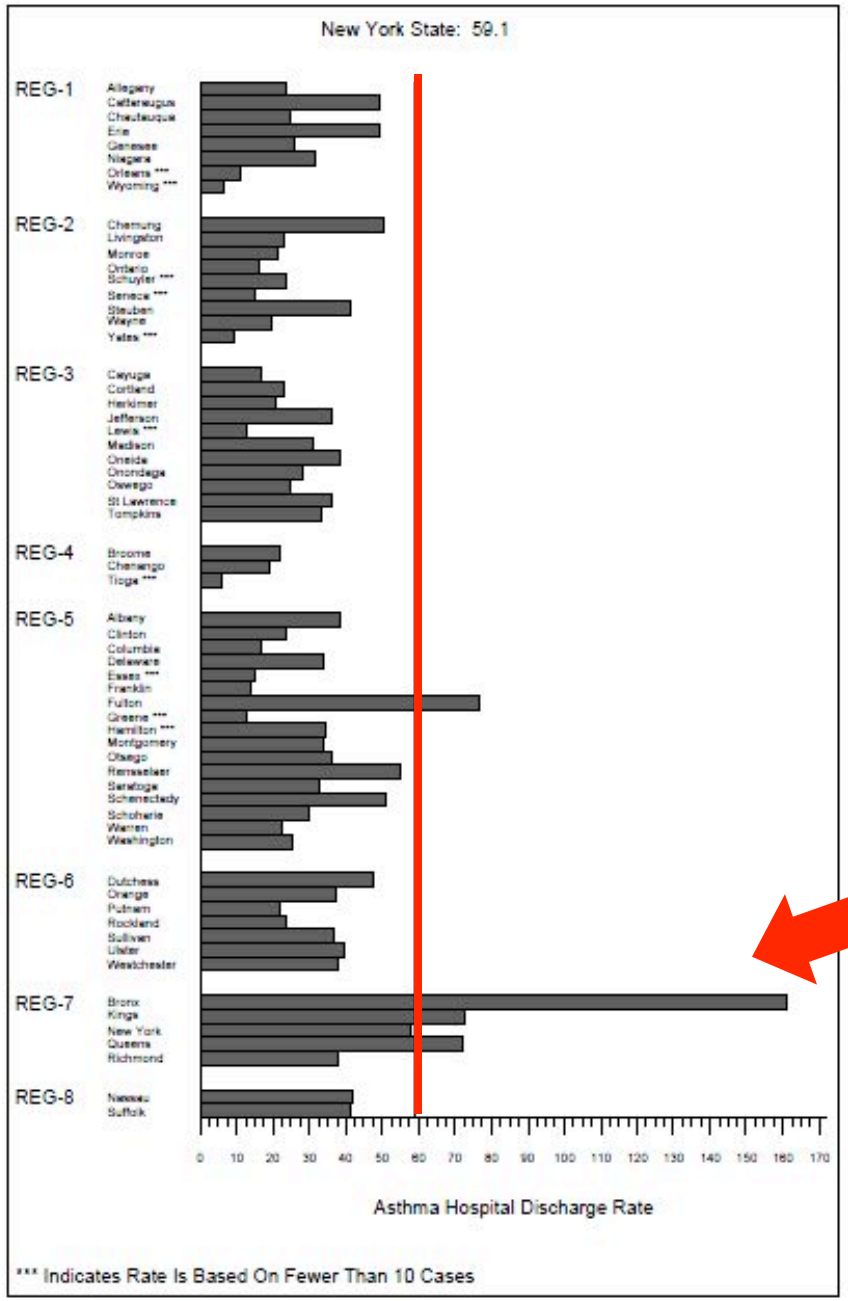
Department of Pediatrics

South Bronx Asthma Partnership

SOBRAP

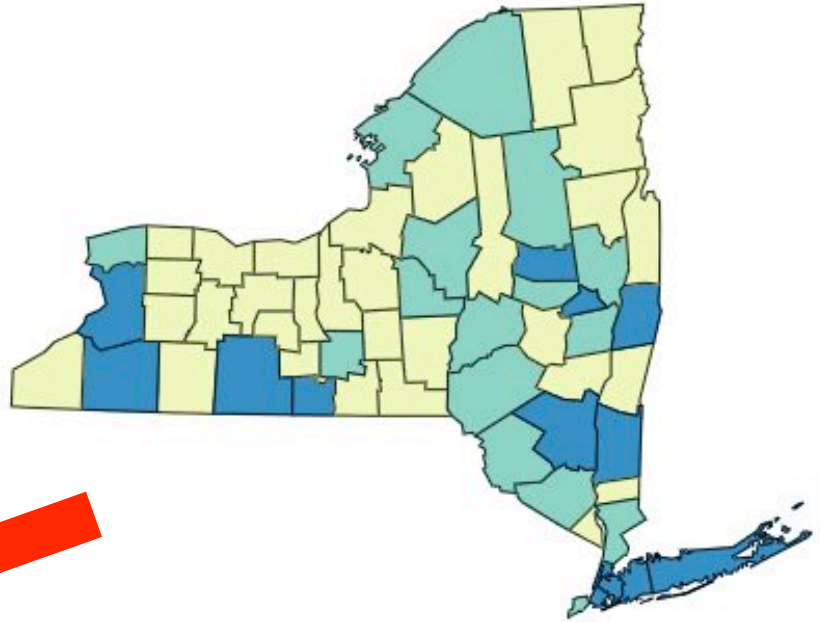
Helping the South Bronx breathe easy.

Engaging the Community in an Asthma Coalition: The South Bronx Experience



Asthma Hospital Discharges

Hospital Discharge Rate per 10,000 Population, Age 0-4
2006-2008



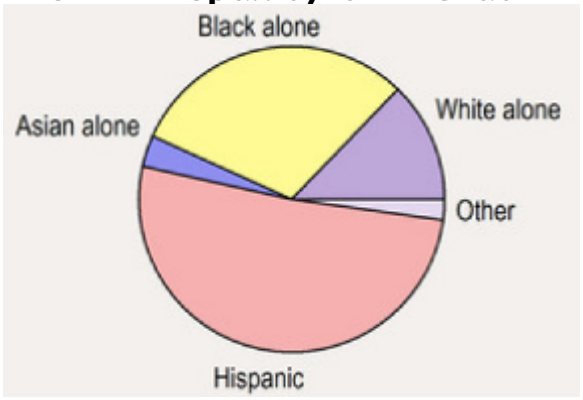
Hospital Discharge Rate
Counties Are Shaded Based On Quartile Distribution

- 0 - <30.35: Q1 & Q2
- 30.35 - <38.5 : Q3
- 38.5 + : Q4

Source: SPARCS

The South Bronx Community

57% Hispanic, 37% Black



- Homelessness
- Poor housing
- Poor access to health care
- Low educational levels
- Discrimination
- Immigration-related issues
- Poor nutrition
- Low literacy
- Poor health outcomes

- 32% born outside of the U.S.
- 56% non-English at home
- 68% high school diploma

SOBRAP Mission

1) Reduce the number of asthma-related ED visits, hospitalizations and unscheduled clinic visits

2) Provide culturally-appropriate, literacy-sensitive educational outreach and medical services for an ethnically and culturally diverse community

3) Engage community stakeholders who can leverage asthma-related policies and resources

Partners

Schools and Day Care Centers

80 Head Start and Daycare Centers in MAD

Bronx DOE
NYC Elementary, Middle and High Schools

Hospitals, Clinics and Providers

Bronx-Lebanon Hospital Center
Martin Luther King Jr.
Montefiore Medical Center
Albert Einstein Medical Center
Urban Health Plan
Narco Freedom
Morris Heights Health Center
Bronx Smoke-Free Partnership
Bronx BREATHES
Visiting Nurse Service of NY

Environmental Groups

AFSZ
For A Better Bronx
Healthy Nest
Clean Air NY
Commuter Link

Community Groups

Catholic Guardian Society
Episcopal Social Services
New York Public Library
Crotona Inn Family Shelter
Good Shepherd Services
Boys and Girls Clubs
Sustainable South Bronx

Governmental Agencies

NYCDOHMH
Bronx DPHO
Bronx Boro President

South Bronx Asthma Partnership

SOBRAP

Helping the South Bronx breathe easy.

Mamta Reddy, MD
Director

Diane Strom, LCSW
Program Administrator

Evelyn Arguinzoni, AE-C
Community Asthma Educator

Ram, Kairam, MD
Chair, Pediatrics

Yudy Persaud, MD, MPH
Attending, Allergy/
Immunology

Lauren Brown, AE-C
Program Manager, ALP

Tomas Jimenez
Program Manager, MAD

Sivani Nattama
AmeriCorps*VISTA

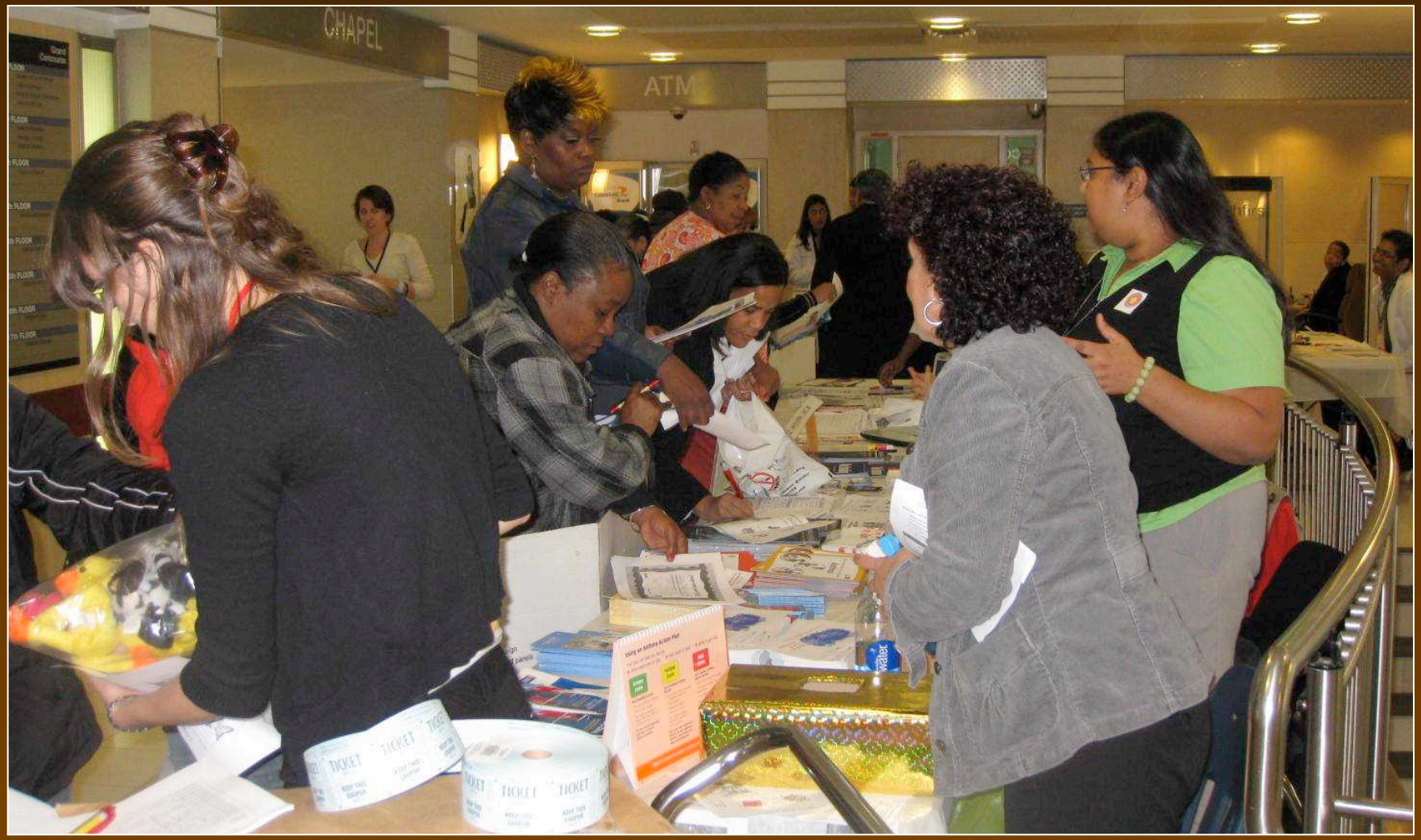
Asthma Jeopardy at a Community Health Fair


TRIGGER TOSS
ROACHES
POLLUTION
POLLEN
COLD AIR
EXERCISE
PETS
CIGARETTE SMOKE
DUST

The SOBRAP Asthma Wheel at a Community Health Fair

Smoking Cessation Wheel at the Great American Smokeout

The Great American Smokeout



Integrated Pest Management Workshop at SOBRAP's "Intensive Asthma Training Day"

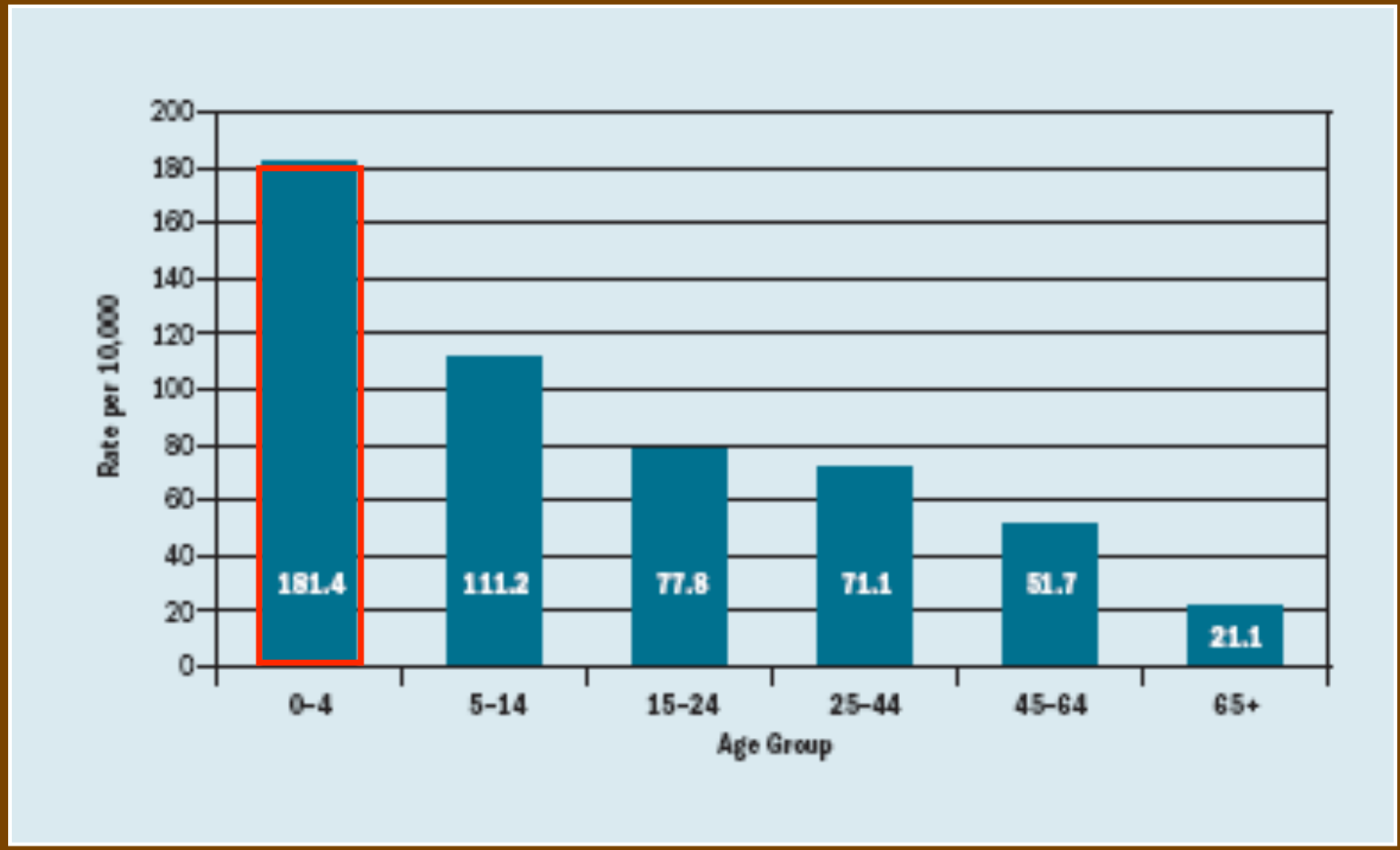
BEAM

Bronx Emergency Asthma Management

- Educating a captive audience
- Focus on the basics
  - Controllers vs Quick relievers
  - Spacers vs Nebulizers
  - Symptom Diaries
  - Asthma Triggers

Asthma Emergency Department Visit Rate

per 10,000 Residents by Age Group
New York State, 2005



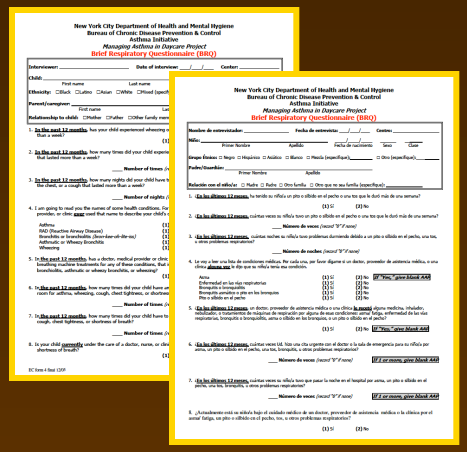
New York State Asthma Surveillance Summary Report, p 65; October 2007

Managing Asthma in Daycares

MAD

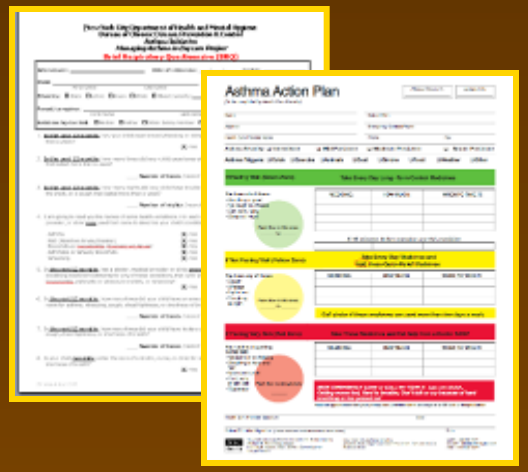
Quarterly Meetings

BRQ



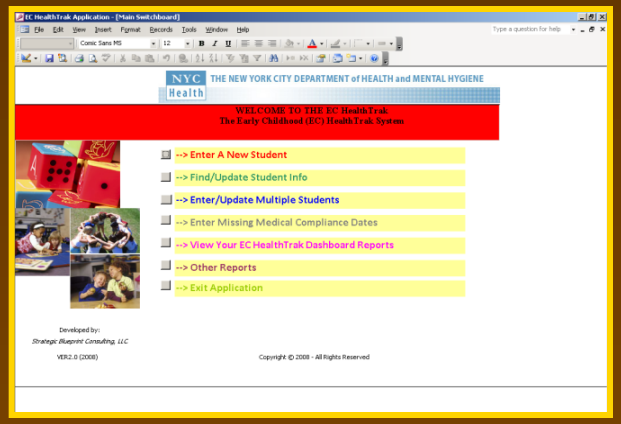
Site Specific Asthma Plan

Refer for Medical Follow-up

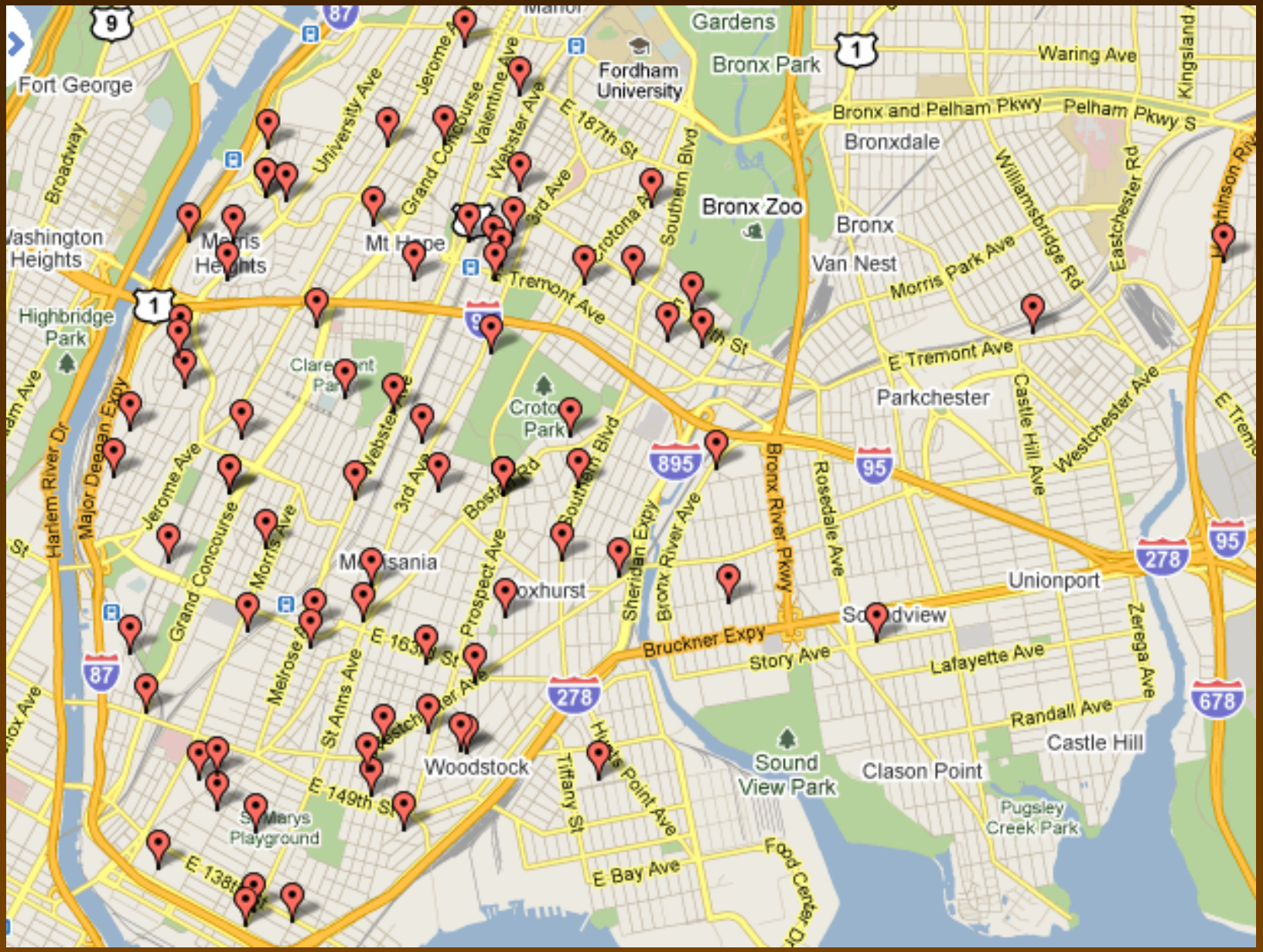


Education

Computerized Health Tracking System



80 Sites Across the Bronx



New York City Department of Health and Mental Hygiene
Bureau of Chronic Disease Prevention & Control
Asthma Initiative
Managing Asthma in Daycare Project
Brief Respiratory Questionnaire (BRQ)

Interviewer: _____ **Date of interview:** ___/___/___ **Center:** _____

Child: _____ ___/___/___ _____ _____
First name Last name D.O.B Gender Class

Ethnicity: ☐Black ☐Latino ☐Asian ☐White ☐Mixed (specify):_____ ☐Other (specify):_____

Parent/caregiver: _____
First name Last name

Relationship to child: ☐Mother ☐Father ☐Other family member ☐Non-family member (specify): _____

1. **In the past 12 months**, has your child experienced wheezing or whistling in the chest, or a cough that lasted more than a week?
   (1) Yes **(2)** No

2. **In the past 12 months**, how many times did your child experience wheezing or whistling in the chest, or a cough that lasted more than a week?
   ____ **Number of times** *(record "0" if none)*

3. **In the past 12 months**, how many nights did your child have trouble sleeping because of wheezing or whistling in the chest, or a cough that lasted more than a week?
   ____ **Number of nights** *(record "0" if none)*

4. I am going to read you the names of some health conditions. For each one, please tell me if a doctor, medical care provider, or clinic **ever** used that name to describe your child's condition.

Asthma	**(1)** Yes	**(2)** No	***If "Yes," give blank AAP***
RAD (Reactive Airway Disease)	**(1)** Yes	**(2)** No	
Bronchitis or bronchiolitis *(bron-kee-oh-lite-iss)*	**(1)** Yes	**(2)** No	
Asthmatic or Wheezy Bronchitis	**(1)** Yes	**(2)** No	
Wheezing	**(1)** Yes	**(2)** No	

5. In **the past 12 months**, has a doctor, medical provider or clinic **prescribed** any medicine, inhaler, nebulizer, or breathing machine treatments for any of these conditions, that is for asthma, reactive airway disease, bronchitis or bronchiolitis, asthmatic or wheezy bronchitis, or wheezing?
   (1) Yes **(2)** No ***If "Yes," give blank AAP***

6. In **the past 12 months**, how many times did your child have an emergency visit to a doctor, clinic or emergency room for asthma, wheezing, cough, chest tightness, or shortness of breath?
   ____ **Number of times** *(record "0" if none)* ***If 1 or more, give blank AAP***

7. In **the past 12 months**, how many times did your child have to stay overnight in the hospital for asthma wheezing, cough, chest tightness, or shortness of breath?
   ____ **Number of times** *(record "0" if none)* ***If 1 or more, give blank AAP***

8. Is your child **currently** under the care of a doctor, nurse, or clinic for asthma, wheezing, cough, chest tightness, or shortness of breath?
   (1) Yes **(2)** No

EC form 4 final 12/05

Demographic information about the child and parent

8 questions about the child's respiratory health


Asthma & Health Literacy
CFC
steroids
Ventolin
daytime symptoms
peak flow meter
diskus
Xopenex
HFA
night time symptoms
spacers
only as needed
triggers
asthma action plan
quick-relief
metered-dose inhaler
nebulizers
moderate persistent
asthma diary
two puffs twice daily
controller medicines
Pro-Air
b.i.d.
intermittent
severe persistent
Proventil
spirometry
MDI
inhaled corticosteroids

ALP
The Asthma Literacy Project

ALP
The Asthma Literacy Project

- How to Use a Spacer
- Understanding Asthma Medications
- Keeping a Symptom Diary
- Understanding Asthma Triggers

How to Use a Spacer

Step 1. Remove the caps from the inhaler and the spacer.

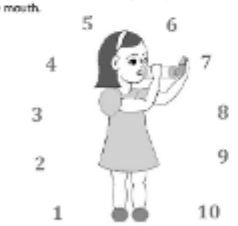
Step 2. Shake the inhaler well for 5 seconds.

Step 3. Invert the inhaler into the open end of the spacer.

Step 4. Practice breathing slowly and deeply through the mouth.

Step 5. Wrap your lips around the mouthpiece of the spacer so that no air leaks out.

Step 6. Push the inhaler down once. This will release one puff of medicine into the spacer.



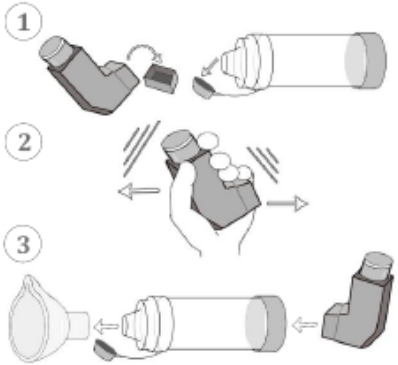
Step 7. Breathe in and out slowly and deeply as you slowly count to 10. Now relax and breathe normally.

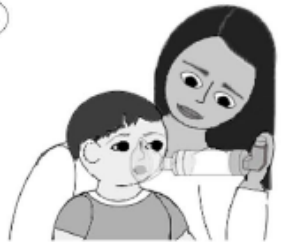
Step 8. How many puffs did your doctor say to take? Wait 1 minute between each puff. Follow steps 5-8 for every puff.

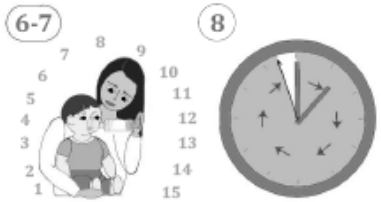
Step 9. Rinse your mouth out with water. Clean the spacer once a week with soap and warm water and then let them air dry. Replace caps on inhaler and spacer.

Developed by SOBRAP's Asthma Literacy Project with assistance from the Literacy Assistance Center of NYC.

How to Use a Spacer with a Facemask







1 Remove the caps from the inhaler and the spacer.

2 Shake the inhaler well for 5 seconds.

3 Attach the mask to the mouthpiece of the spacer. Now insert the inhaler into the open end of the spacer.

4 Put the facemask up to your child's face. Make sure that it is tight around the child's nose and mouth so that no air leaks out.

5 Push the inhaler down once. This will release one puff of medicine into the spacer.

6 Hold the facemask to your child's face for enough time to allow at least 6 breaths. This may take 10-15 seconds.

7 Remove the facemask from your child's face.

8 How many puffs did your doctor say to take? Wait 1 minute between each puff. Follow steps 4-8 for every puff ordered by your doctor.

9 Rinse your child's mouth with water. Clean the spacer and facemask once a week with soap and warm water and then let air dry. Replace caps on inhaler and spacer.

Developed by SOBRAP's Asthma Literacy Project with assistance from the Literacy Assistance Center of NYC.

Understanding Asthma Medicine and Treatment

The Three Types of Asthma Medicine	 What does it do?	 When do I take it?	 Be Careful!	Medicines:
1. Daily Preventive	This medicine controls the swelling and mucus build-up in your airways to **prevent** asthma symptoms.	Take this medicine **everyday**, even when you feel well and have no asthma symptoms. Take this medicine everyday until your doctor tells you to stop.	This medicine will <u>not</u> stop asthma symptoms once they have started! It will <u>not</u> relieve symptoms today or make you feel better today!	**My daily preventive medication is:** Flovent Pulmicort Advair QVAR Singulair **I will take this medication:** _____
2. Quick-Relief	This medicine relaxes the muscles around the airways. This helps more air get to the lungs.	Take this medicine at the first sign of asthma symptoms. It will help you feel better **now**. This medicine might be prescribed for use before exercising or gym class.	This medicine will <u>not</u> prevent symptoms. It will only relieve current symptoms. If you use this more than twice a week, you should talk to your doctor.	**My quick relief medication is:** (Albuterol) Ventolin Pro-Air Proventil Xopenex **I will take this medication:** _____
3. Emergency	This medicine brings back control of serious asthma symptoms. It might take several hours to start working. It is taken as a pill or syrup.	This medicine should **only** be taken for serious symptoms. ONLY take this medicine for as long as your doctor tells you to.	This medicine can cause serious side effects in other parts of the body. If you need this medicine more than twice a year, you should talk to your doctor.	**Steroids:** Prednisone Oraped Prelone Prednisolone

Developed by the Literacy Assistance Center of NYC for SOBRAP's *Asthma Literacy Project* (funded by the United Hospital Fund)

South Bronx Asthma Partnership SOBRAP

My Asthma Diary

Date	Peak Flow	Wheezing	Coughing	Stuffy/runny nose	Medication	What happened
Sunday /						
Monday /						
Tuesday /						
Wednesday /						
Thursday /						
Friday /						
Saturday /						
Sunday /						
Monday /						
Tuesday /						
Wednesday /						
Thursday /						
Friday /						
Saturday /						
Sunday /						
Monday /						
Tuesday /						
Wednesday /						
Thursday /						
Friday /						
Saturday /						
Sunday /						
Monday /						
Tuesday /						
Wednesday /						
Thursday /						
Friday /						
Saturday /						

My Asthma Diary: _____

Answer these questions every day:

1. Did my child cough last night?
2. Did my child need the quick-relief inhaler?
3. Did my child have difficulty with exercise or activity?

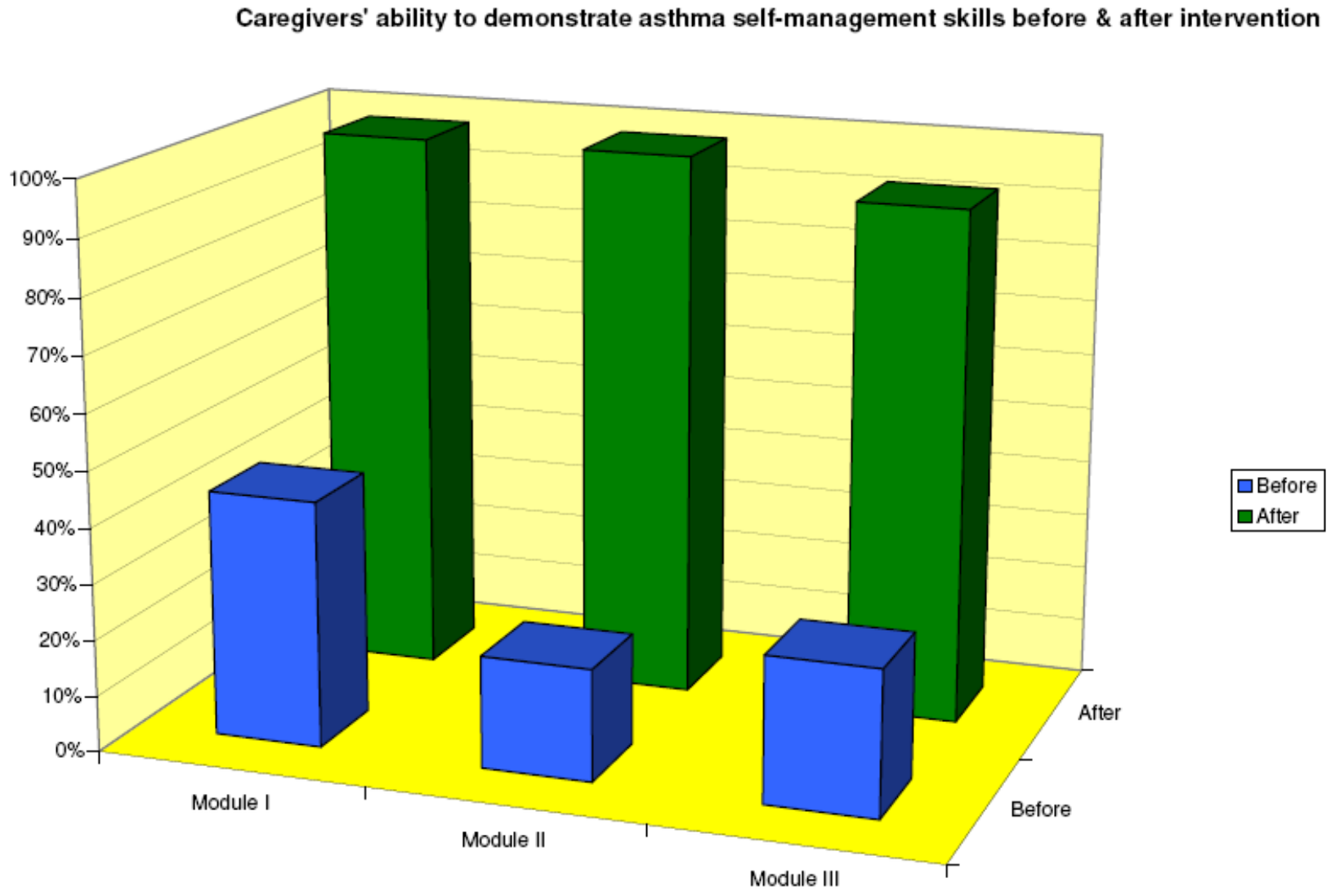
Remember to bring this Asthma Diary to your next doctor's appointment!

Use these symbols to record any other symptoms your child had.

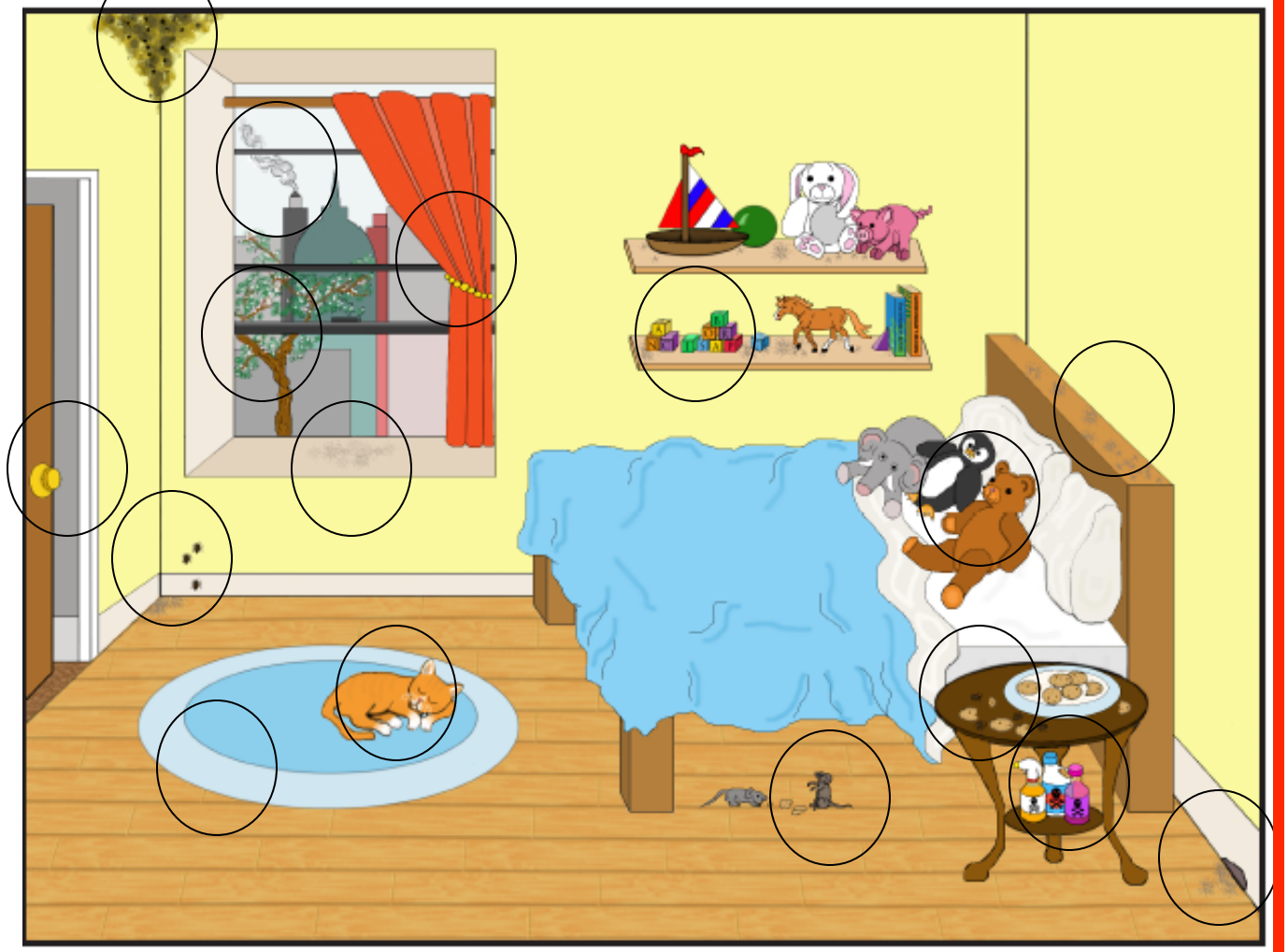
Symptoms:

Day Wheezing | Night Wheezing | Day Coughing | Stuffy Nose | Runny Nose | Sneezing | Itchy Eyes

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
|___	|___	|___	|___	|___	|___	|___
|___	|___	|___	|___	|___	|___	|___
|___	|___	|___	|___	|___	|___	|___
|___	|___	|___	|___	|___	|___	|___
|___	|___	|___	|___	|___	|___	|___


Caregivers' ability to demonstrate asthma self-management skills before & after intervention
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Module I
Module II
Module III
After
Before
Before
After

Triggers can cause asthma symptoms.



Not everyone has the same triggers.

Developed by the Asthma Literacy Project for the South Bronx Asthma Partnership

What Are Your **Triggers?**

- ☐ Cigarette Smoke
- ☐ Colds & Viruses
- ☐ Weather Changes
- ☐ Hot Air or Cold Air
- ☐ Cats
- ☐ Dogs
- ☐ Odors & Perfumes
- ☐ Cleaning Products
- ☐ Exercise
- ☐ Mold
- ☐ Pollution
- ☐ Pollen
- ☐ Dust Mites
- ☐ Cockroaches
- ☐ Rats & Mice

How to Reduce Your Exposure to Triggers

- ☐ Don't bring **food** into the bedroom
- ☐ Keep **pets** out of the bedroom
- ☐ Caulk **holes** and **cracks** in walls and corners
- ☐ Remove **carpets** and **rugs** from the bedroom
- ☐ Wipe off **dust** regularly with a damp cloth
- ☐ Remove extra **dust-collecting items** from the bedroom
- ☐ Put away **stuffed animals** and **toys** in a bag or box
- ☐ Use zipper-encased, allergy-free **bedding** and **pillowcases**
- ☐ Replace curtains with **shades** or **blinds**
- ☐ Don't **smoke** inside the house
- ☐ Keep the **windows** closed during allergy season
- ☐ Keep indoor **humidity** under 50%
- ☐ Use only HEPA **vacuums** and **air purifiers**
- ☐ Tell your landlord (or call 311) to get rid of **mold**
- ☐ Use 'green' **cleaning supplies** or **water and vinegar**

You can reduce your exposure to triggers.

Make your bedroom trigger-free.

Developed by the Asthma Literacy Project for the South Bronx Asthma Partnership

Asthma Passport

South Bronx Asthma Partnership

SOBRAP

Use an Inhaler Properly

- An **inhaler** is used to give your child asthma medicine
  - It is important that you always bring your child's asthma medicines with you everywhere you go.
- Asthma inhalers work best when they are used with a **spacer and facemask**.

☐ **I will use a spacer and facemask every time I use an inhaler.**

- It is important to learn the proper way to use an inhaler with a spacer

☐ **I know how to use a spacer and facemask.**

I understand how to use an inhaler properly

Understand Asthma Medicines

There are three types of asthma medicines:

- **Long-term controller** – taken every day to prevent symptoms
- **Quick-reliever** – taken at first sign of asthma symptoms to help you feel better right away
- **Emergency** – given when other medicines are not helping

My child has the following asthma medicines:

☐ **Long-term controller:** _____

☐ **Quick-reliever** Albuterol

☐ Ventolin ☐ Proventil ☐ Pro-Air ☐ Xoponex

☐ **Emergency:** ☐ Prednisone ☐ Qvar/pred

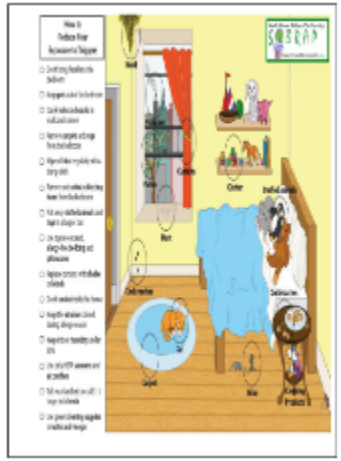
☐ Prelone ☐ Prednisolone

I understand the different asthma medicines

Keep a "Symptom Diary"

- Write down your child's symptoms everyday, even when your child feels well.
- Answer the following questions in your child's symptom diary everyday:
  - Did my child cough last night?
  - Did my child need to use a quick-relief inhaler?
  - Did my child have difficulty with exercise or activity?
- You should bring your diary to every doctor visit even he/she may ask you about symptoms.
- Remember to start a new diary each month.

I know how to keep a symptom diary



Identify Asthma Triggers

- Asthma symptoms are caused by things called triggers.
- **Everyone has different triggers**, so pay attention to what triggers your child's asthma

My Child's Triggers:

☐ Cigarette Smoke ☐ Colds & Viruses ☐ Cats
☐ Hot Air/Cold Air ☐ Weather Changes ☐ Dogs
☐ Odors & Perfumes ☐ Cleaning Products ☐ Molds
☐ Cockroaches ☐ Rats & Mice ☐ Pollen
☐ Dust Mites ☐ Pollution ☐ Exercise

Other: _____

- You should reduce your child's exposure to asthma triggers.

I can identify my child's asthma triggers

In partnership with

NATIONAL ASTHMA CONTROL INITIATIVE

Keeping Airways Open

Keeping Airways Open

National Asthma Control Initiative

The National Heart, Lung, and Blood Institute Launches New Effort to Put What Works into Action

The Challenge

Today, 23 million people in the United States have asthma, including seven million children under 18 years of age. More than half of these individuals had at least one asthma attack in the previous year.

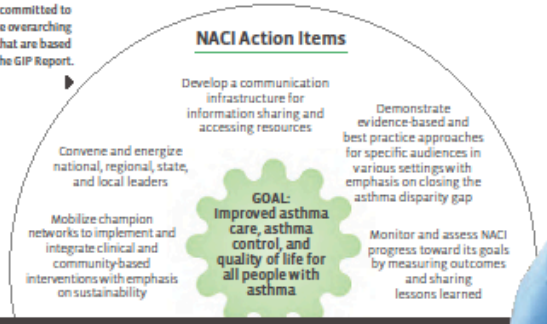
Asthma accounts for more than 10 million missed work days and almost 13 million missed school days each year. Moreover, ethnic and racial disparities in asthma morbidity and mortality persist, as does the disproportionate burden of asthma on individuals who live in lower-income, inner-city environments.

Implementing evidence-based clinical practice guidelines for asthma has demonstrated effectiveness. Yet, getting most clinicians to implement guidelines-based care for their patients with asthma and getting patients to adhere to their treatment plan remain a challenge.

Moving from Evidence to Action

The National Asthma Control Initiative (NACI) is a new initiative of the National Asthma Education and Prevention Program (NAEPP), coordinated by the National Heart, Lung, and Blood Institute (NHLBI). The NACI aims to use the recommendations of the NAEPP's Expert Panel Report 3 (EPR-3)—Guidelines for the Diagnosis and Management of Asthma and its companion Guidelines Implementation Panel (GIP) Report to mobilize multisector stakeholders and bring about meaningful change in asthma clinical care practices and quality of life for people who have asthma.

The NHLBI is committed to supporting five overarching action items that are based on the GIP Report.



GIP Priority Messages

The NACI will build on the GIP's six priority messages, selected for their feasibility and potential to positively impact patient outcomes:

1. Use inhaled corticosteroids
2. Use asthma action plans
3. Assess asthma severity
4. Assess and monitor asthma control
5. Schedule follow-up visits
6. Control environmental exposures

Get Involved:
To learn more about the NACI, sign up for NACI updates, or become a NACI champion, go to the NACI Web site at *http://naci.nhlbi.nih.gov*

GIP Priority Messages

1. Use inhaled corticosteroids
2. Use asthma action plans
3. Assess asthma severity
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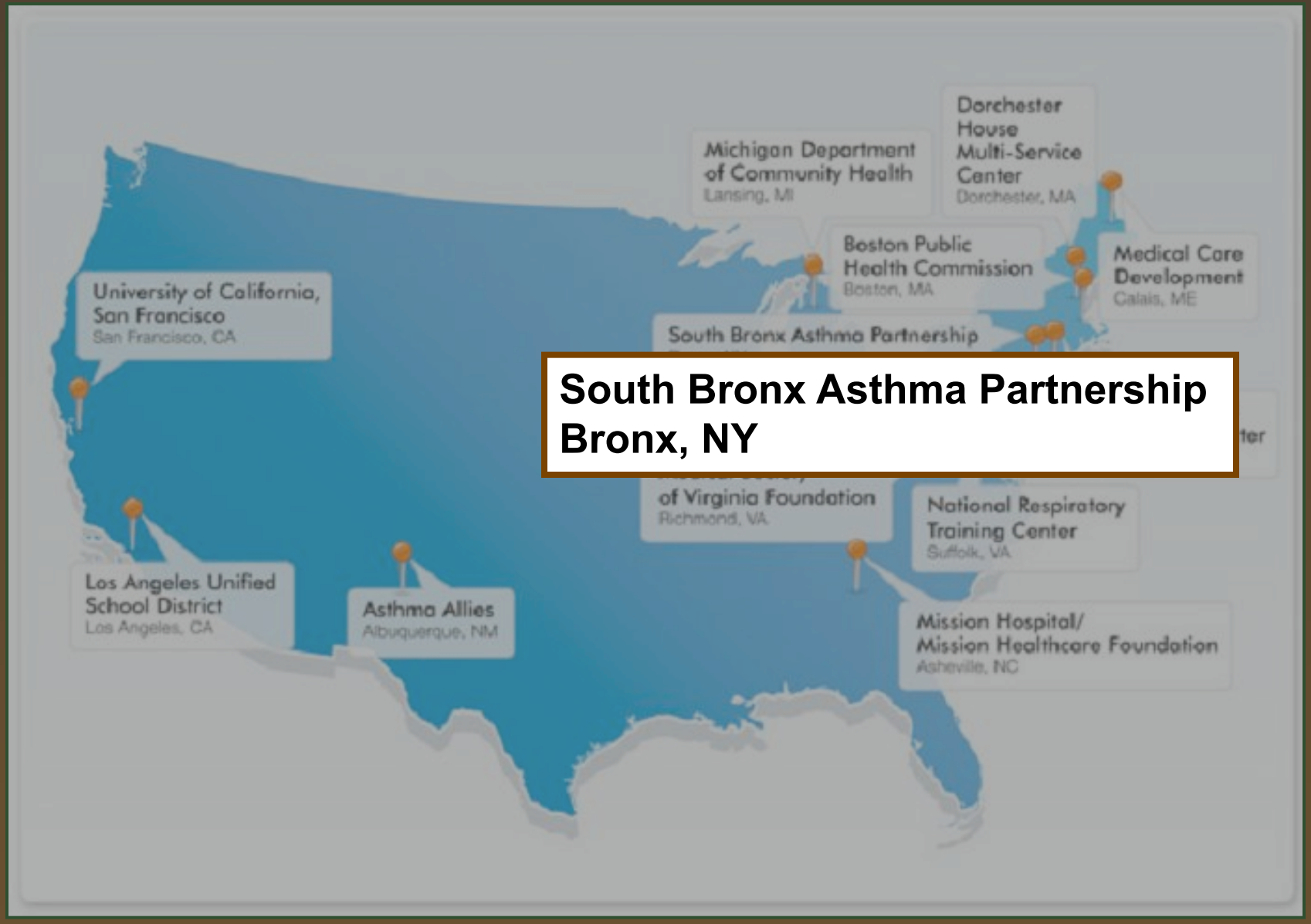
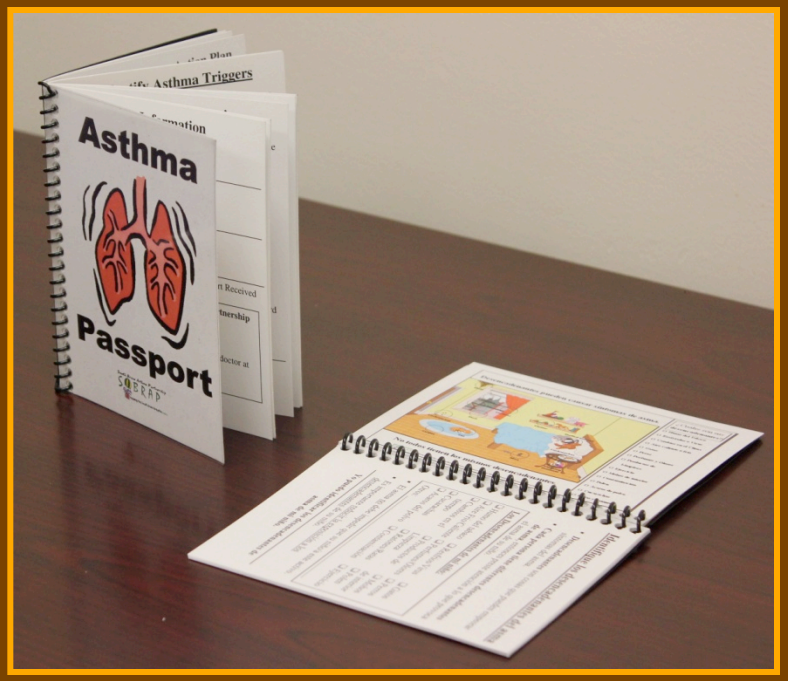

Dorchester House Multi-Service Center
Dorchester, MA
Michigan Department of Community Health
Lansing, MI
Boston Public Health Commission
Boston, MA
Medical Care Development
Calais, ME
University of California, San Francisco
San Francisco, CA
South Bronx Asthma Partnership
South Bronx Asthma Partnership
Bronx, NY
of Virginia Foundation
Richmond, VA
National Respiratory Training Center
Suffolk, VA
Los Angeles Unified School District
Los Angeles, CA
Asthma Allies
Albuquerque, NM
Mission Hospital/ Mission Healthcare Foundation
Asheville, NC

The Asthma Passport

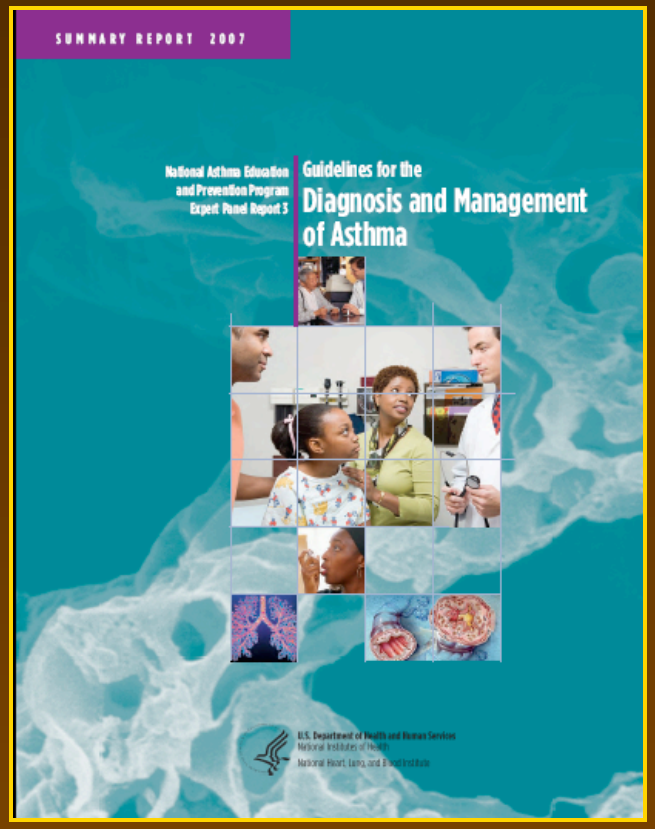
A palm-sized, wire-bound guide that includes 10 key educational messages:

The Asthma Passport



1. Set asthma self-management goals
2. Learn asthma basics
3. Identify my asthma symptoms
4. Understand my asthma medicines
5. Follow my Asthma Action Plan
6. Use my inhaler properly
7. Keep a symptom diary
8. Identify my asthma triggers
9. Schedule a follow-up every 2-6 weeks
10. Ask my doctor specific questions

PEP
The Provider Education Project



Module I

The Stepwise Approach for Long-term Asthma Management

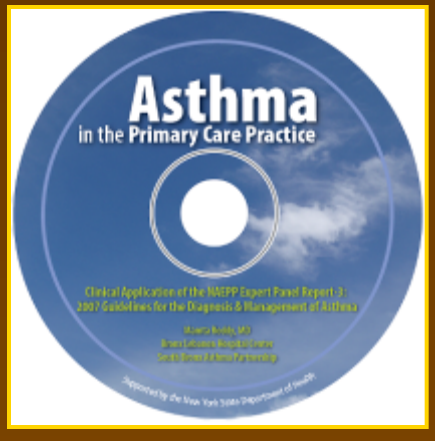
Module II

Communication Strategies to Promote Asthma Self-Management

Module III

Overcoming System Barriers to Achieving Asthma Control

Affinity Health Plan
Dedicated to Excellence



Survey of 182 providers in the Bronx

South Bronx Asthma Partnership
SOBRAP
Helping the South Bronx Breathe Easier

Date: _____

4-digit ID: _____

Practice Tools/Resources
Self-Assessment

1. The amount of time that would be both ideal and realistic for me to deliver "good" education to a new asthma patient would be:
   - **A.** 10 minutes
   - **B.** 20 minutes
   - **C.** 30 minutes
   - **D.** I don't think it is a realistic expectation for me to educate a patient with asthma in the time I am allotted to see patients.

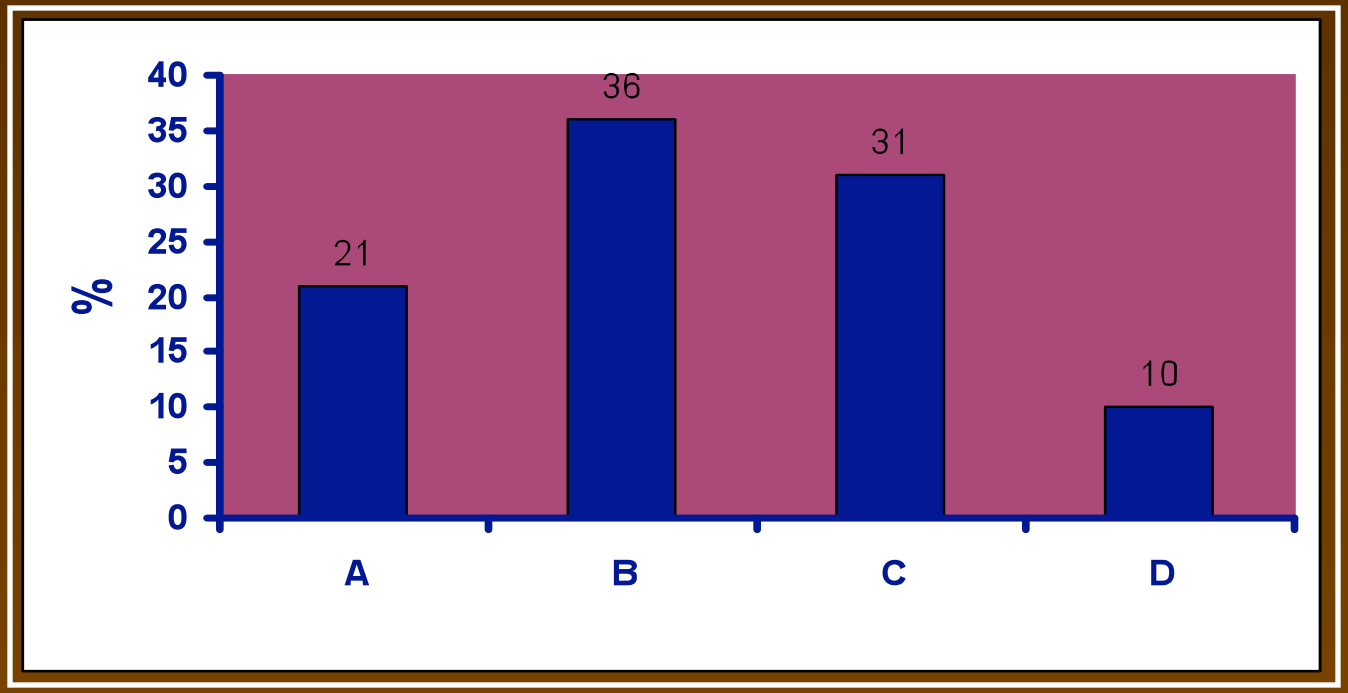
2. If I had only 10 minutes to integrate asthma education into an office visit, I would most likely choose to: (select your top THREE messages)
   - **A.** Affirm the diagnosis of asthma/concept of a chronic disease
   - **B.** Address inflammation as the underlying cause of symptoms
   - **C.** Differentiate between "controllers" versus "quick-relievers"
   - **D.** Demonstrate medication delivery device techniques
   - **E.** Identify triggers, including second-hand tobacco smoke
   - **F.** Discuss goals of home monitoring/ benefits of self-management
   - **G.** Write and review an Asthma Action Plan
   - **H.** Review how/ when to reach the provider
   - **I.** Encourage continuous on-going interaction with the clinician
   - **J.** Administer the annual Influenza vaccine, regardless of severity

3. In my practice setting, I currently have access to the following educational tools:
   - **A.** Models, photos, or diagrams of inflamed vs normal lungs
   - **B.** A valved-holding chamber with mask for office demonstration
   - **C.** A metered-dose inhaler for office demonstration
   - **D.** A picture chart of various inhalers
   - **E.** A diskus for office demonstration
   - **F.** Asthma Action Plans in triplicate form (English & Spanish)
   - **G.** A peak flow meter in the triage station
   - **H.** Office spirometry
   - **I.** A validated questionnaire for patient self-administration
   - **J.** Referral resources: pest control, home visits, tobacco cessation
   - **K.** 504b/Medication Administration school forms

1. The amount of time that would be both ideal and realistic for me to deliver "good" education to a new asthma patient would be:

Time

A. 10 minutes
B. 20 minutes
C. 30 minutes
D. I don't think it is a realistic expectation for me to educate a patient with asthma in the time I am allotted to see patients.



Key Educational Messages

2. If I had only 10 minutes to integrate asthma education into an office visit, I would most likely choose to: (select your top THREE messages)

A. Affirm the diagnosis of asthma/concept of a chronic disease B. ress inflammation as the underlying cause of symptoms
C. Differentiate between "controllers" versus "quick-relievers"
D. Demonstrate medication delivery device techniques
E. Identify triggers, including second-hand tobacco smoke
F. Discuss goals of home monitoring/benefits of self-management
G. Write and review an Asthma Action Plan
H. Review how/when to reach the provider
I. Encourage continuous on-going interaction with the clinician
J. Administer the annual influenza vaccine, regardless of severity

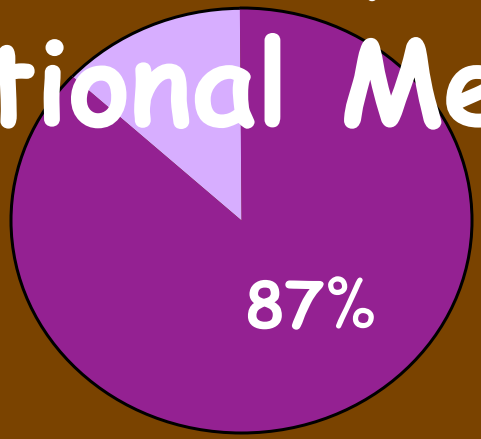
Self-Management Tools & Resources

3. In my practice setting, I currently have access to the following educational tools (circle all):

A. models, photos, or diagrams of inflamed vs normal lungs
B. a holding chamber with mask for office demonstration
C. a metered-dose inhaler for office demonstration
D. a picture chart of various inhalers
E. a diskus for office demonstration
F. an Asthma Action Plans in triplicate form (English & Spanish)
G. a peak flow meter in the triage station
H. office spirometry
I. a validated questionnaire for patient self-administration
J. referral resources: pest control, home visits, tobacco cessation
K. 504b/Medication Administration school forms

differentiating between
"controllers" versus "quick-relievers"

Key Educational Message # 1



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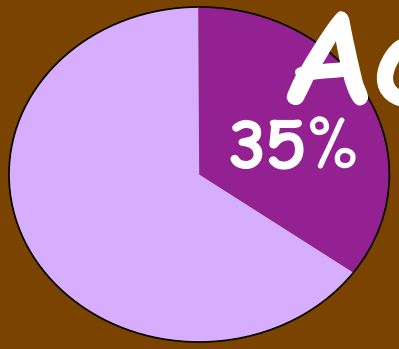
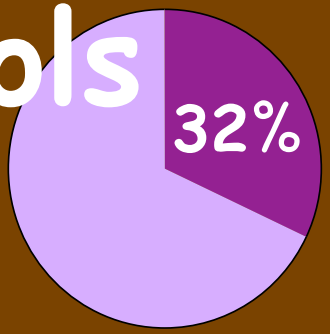
access to models to
review inflammation

access to visual tools
for various inhalers

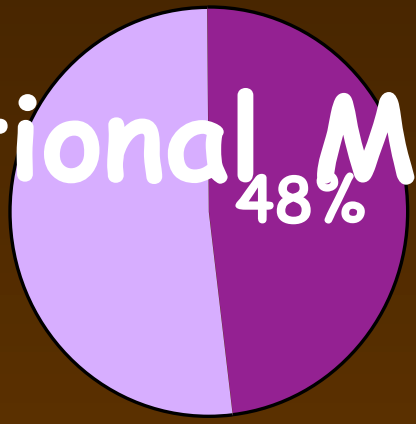
Access to Tools





identify triggers

Key Educational Message # 2



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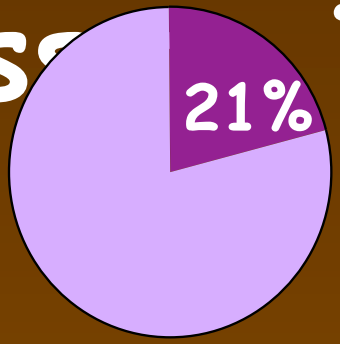
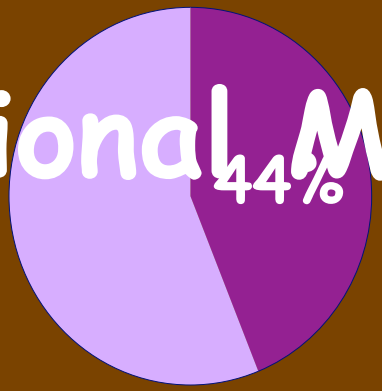
referral resources

Access Tools



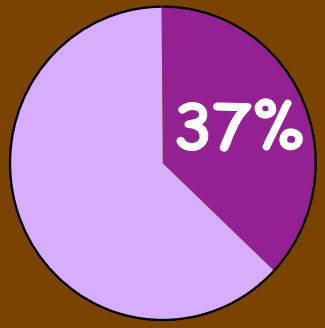
demonstrate medication delivery device technique



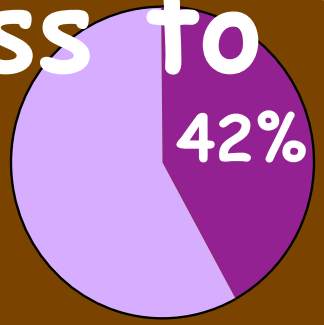
Key Educational Message # 3

Access to Tools

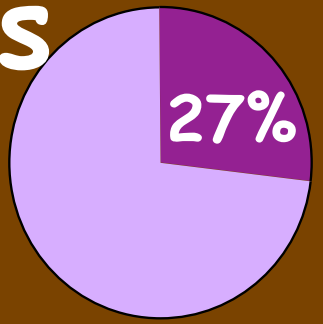
access to a sample spacer



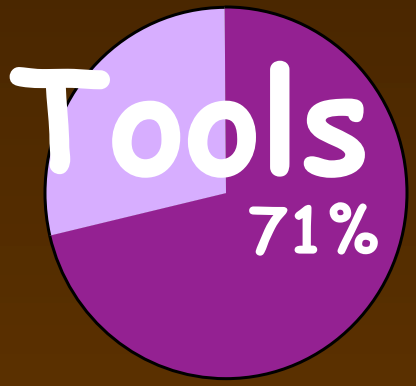
access to a sample MDI



access to a sample Diskus

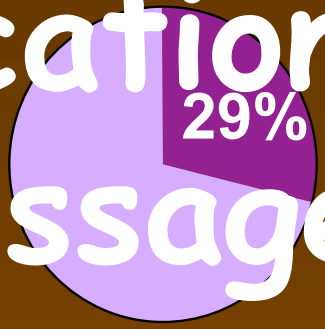


access to asthma action plans



write and review an asthma action plan

Key Educational Message



validated questionnaire

office spirometry

Conclusion #1

Providers may not be adequately equipped with the appropriate tools and resources to convey the key educational messages that promote asthma self-management.

Conclusion #2

Additional work is needed to enable providers to expand their "educational repertoire" of messages and skills to improve overall asthma care.

EPR-3 History & Terminology	Assessing Asthma Severity	Monitoring Asthma Control	Stepwise Treatment & Medications	Education, Environment & Referral
100	100	100	100	100
200	200	200	200	200
300	300	300	300	300
400	400	400	400	400
500	500	500	500	500

ASTHMA MANAGEMENT GUIDE (based on the NHLBI/NAEPP EPR-3)

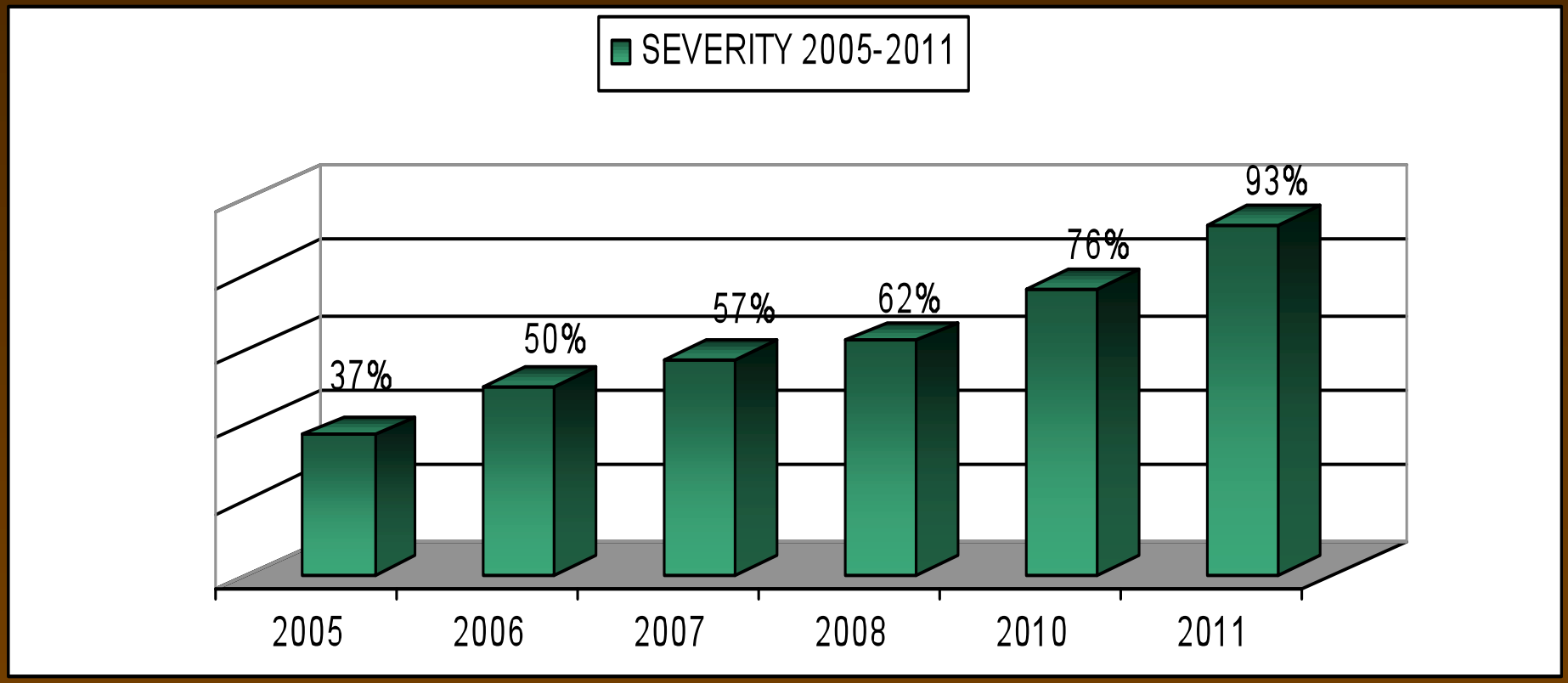
1. PATIENT'S AGE	0-4 years		5-11 years		12 years-Adult
2. SEVERITY and/or CORRESPONDING TREATMENT STEP	no prior asthma diagnosis or past inhaled medications	Intermittent	Persistent		
			Mild	Moderate	Severe
	0	1	2	3 4	5 6
3. IMPAIRMENT	cough/wheeze/dyspnea		SABA doses		Limitation
	# _____days per week month	# _____nights per week month	<2/week daily >2/week >1/day		none some minor extreme
4. RISK (exacerbations requiring systemic steroids)	0-1/ year		2-3/ year		> 3/ year
5. SEVERITY (if new or different today)	Intermittent	Persistent			
		Mild	Moderate		Severe
OR CONTROL	Well Controlled	Not Well Controlled	Very Poorly Controlled		ACT® score:

6. STEPWISE TREATMENT	1	2	3	4	5	6	**7. INFLUENZA VACCINE**	administered refused egg allergy testing documented reminder

8. EDUCATION for self-management	basic facts	controllers vs quick-relievers	**spacer technique**	environmental trigger avoidance	**Action Plan** 504b/MAF
9. Referrals	**spirometry**	allergy testing	integrated pest management	tobacco cessation	
10. RTC	Every 2-6 weeks until "well controlled"		Every 1-6 months if "well controlled" for 3 months		

Developed by the *South Bronx Asthma Partnership* @ Bronx Lebanon Hospital Center (718) 960-1020

2005-2011 Asthma Severity Documentation: Compliance for All Sites Combined



In partnership with

NATIONAL ASTHMA CONTROL INITIATIVE

Keeping Airways Open

Keeping Airways Open

National Asthma Control Initiative

The National Heart, Lung, and Blood Institute Launches New Effort to Put What Works into Action

The Challenge

Today, 23 million people in the United States have asthma, including seven million children under 18 years of age. More than half of these individuals had at least one asthma attack in the previous year.

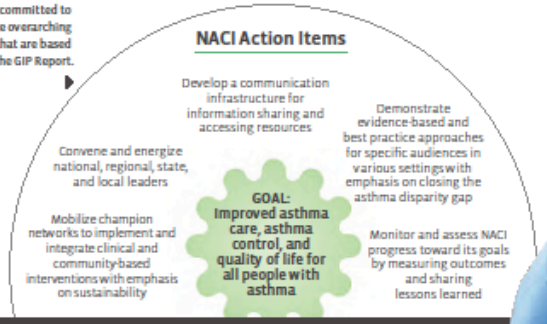
Asthma accounts for more than 10 million missed work days and almost 13 million missed school days each year. Moreover, ethnic and racial disparities in asthma morbidity and mortality persist, as does the disproportionate burden of asthma on individuals who live in lower-income, inner-city environments.

Implementing evidence-based clinical practice guidelines for asthma has demonstrated effectiveness. Yet, getting most clinicians to implement guidelines-based care for their patients with asthma and getting patients to adhere to their treatment plan remain a challenge.

Moving from Evidence to Action

The National Asthma Control Initiative (NACI) is a new initiative of the National Asthma Education and Prevention Program (NAEPP), coordinated by the National Heart, Lung, and Blood Institute (NHLBI). The NACI aims to use the recommendations of the NAEPP's Expert Panel Report 3 (EPR-3)—Guidelines for the Diagnosis and Management of Asthma and its companion Guidelines Implementation Panel (GIP) Report to mobilize multisector stakeholders and bring about meaningful change in asthma clinical care practices and quality of life for people who have asthma.

The NHLBI is committed to supporting five overarching action items that are based on the GIP Report.



GIP Priority Messages

The NACI will build on the GIP's six priority messages, selected for their feasibility and potential to positively impact patient outcomes:

1. Use inhaled corticosteroids
2. Use asthma action plans
3. Assess asthma severity
4. Assess and monitor asthma control
5. Schedule follow-up visits
6. Control environmental exposures

Get Involved:
To learn more about the NACI, sign up for NACI updates, or become a NACI champion, go to the NACI Web site at *http://naci.nhlbi.nih.gov*

GIP Priority Messages

1. Use inhaled corticosteroids
2. Use asthma action plans
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6. Control environmental exposures

South Bronx Asthma Partnership

SOBRAP

Helping the South Bronx breathe easy.

Clinical Asthma Champions Leadership Training Program

Clinical Asthma Champions Leadership Training

CONGRATULATIONS !

Workshop Dates and Participants

CHAMPIONS GROUP #1: FRIDAY, SEPTEMBER 9TH AND SATURDAY, SEPTEMBER 10TH

Champion	Institution	City
Traci A. Downs, MD	Stony Brook Children's Hospital	East Setauket, NY
Anil Gogineni, MBBS	Bronx-Lebanon Hospital Center	Bronx, NY
Jason Hughes, DO	Koolauloa Community Health and Wellness Center	Kahuku, HI
Edward Nwanegbo, MD	Michigan State University	East Lansing, MI
Megan Pierce, MD	Children's Hospital at Erlanger	Chattanooga, TN
Anele Slezinger, MD	Bronx-Lebanon Hospital Center	Bronx, NY

CHAMPIONS GROUP #2: FRIDAY, SEPTEMBER 16TH AND SATURDAY, SEPTEMBER 17TH

Champion	Institution	City
Sheba Alexander, MD	Morris Heights Health Center	Bronx, NY
Elliott S. Attisha, DO	Henry Ford Health System, School-Based & Community Health Program	Detroit, MI
Kenneth Etokhana, MBBS	Bronx-Lebanon Hospital Center	Bronx, NY
Tabasum Imran, MBBS	UAMS Ahec Fort Smith	Fort Smith, AR
Aarti Kapoor, MBBS	Bronx-Lebanon Hospital Center	Bronx, NY
Sheila Krishan, MD	Morris Heights Health Center	Bronx, NY
Nader J. Nakhleh, DO	Jersey Shore University Medical Center	Neptune, NJ
Jamie M. Pinto, MD	K. Hovnanian Children's Hospital	Neptune, NJ

CHAMPIONS GROUP #3: FRIDAY, OCTOBER 14TH AND SATURDAY, OCTOBER 15TH

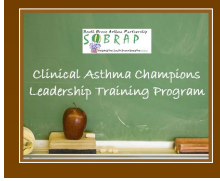
Champion	Institution	City
Shirish Balachandra, MD	Urban Health Plan	Bronx, NY
Kelly Clark, MD	Munson Medical Center	Traverse City, MI
Matthew Grisham, MD	Greenville Hospital System University Medical Group	Greenville, SC
Leon Matsuo, MD	West Hawaii Community Health Center	Kailua-Kona, HI
Sharyn Miskovitz, MD	Montefiore Medical Center	Bronx, NY
Pamela Ponce, MD	Orlando Health	Orlando, FL

CHAMPIONS GROUP #4: FRIDAY, OCTOBER 21ST AND SATURDAY, OCTOBER 22ND

Champion	Institution	City
Janice Lichtenberger, MD	The Children's Hospital at Monmouth Medical Center	Long Branch, NJ
Kristin Miller, MD	Sinai Hospital of Baltimore	Baltimore, MD
Vijay Naraparaju, MBBS	Hurley Medical Center	Flint, MI
Jenese Reynolds, MD	McLaren Family Medicine Residency Program	Flint, MI
Lakshmi Uppaluri, MBBS	UMDNJ/ Robert Wood Johnson Medical School	New Brunswick, NJ
Christine Verna, MD	Center for Advanced Pediatrics	Norwalk, CT

CHAMPIONS GROUP #5: WEDNESDAY, NOVEMBER 16TH AND THURSDAY, NOVEMBER 17TH

Champion	Institution	City
Annette Cameron, MD	Hospital of Saint Raphael	New Haven, CT
Rhonique Harris, MD	Children's National Medical Center	Washington, D.C.
Ann Sahakian, MD	Hospital of Saint Raphael	New Haven, CT
Justin Sanders, MD	Montefiore Medical Center/Family Health Center	Bronx, NY
Teresa Shinder, DO	Waianae Coast Comprehensive Health Center	Waianae, HI
Karen Thompson, MD	Spectrum Health Medical Group	Grand Rapids, MI



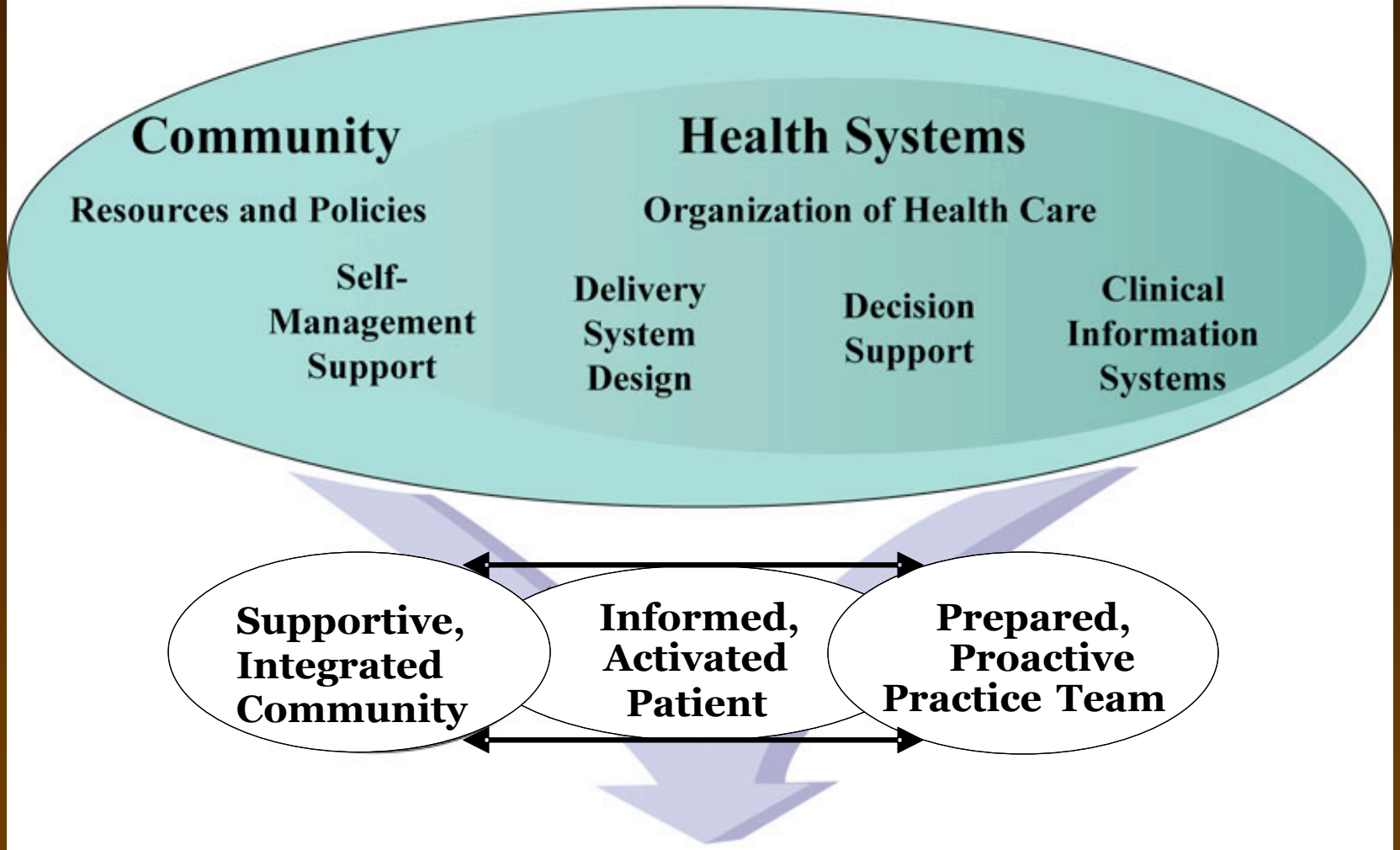
"Change Projects"

- Embedding guidelines into routine care
- Using non-clinical team members more effectively
- Planned pro-active encounters for preventive asthma care
- Using brief educational encounters to provide structured self-management support
- Coordinating case management for high risk patients
- Linkages to effective community resources
- Enhancements to clinical information systems (registries)

Workshop Overview

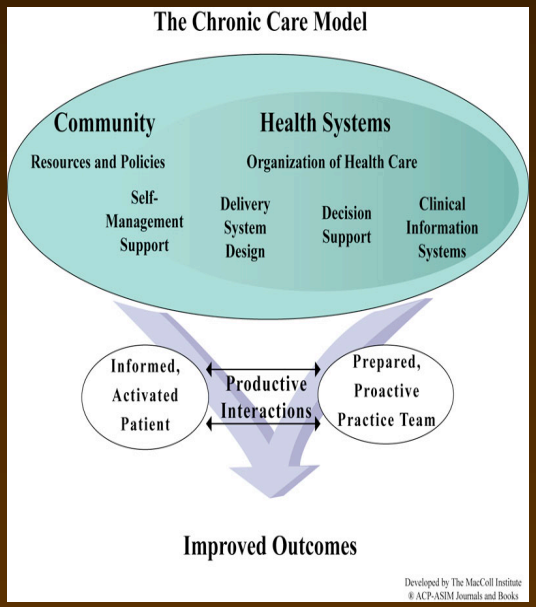
- Part 1: Friday Morning
  - Stepwise approach for long-term asthma management
  - Communication strategies that promote asthma self-management
- Part 2: Friday Afternoon
  - Defining the current systems
  - Developing, implementing and testing a change
- Part 3: Saturday Morning
  - The change project proposal
  - Making the business case
  - Expectations, next steps

The Chronic Care Model



Productive Interactions
Functional and Clinical Outcomes

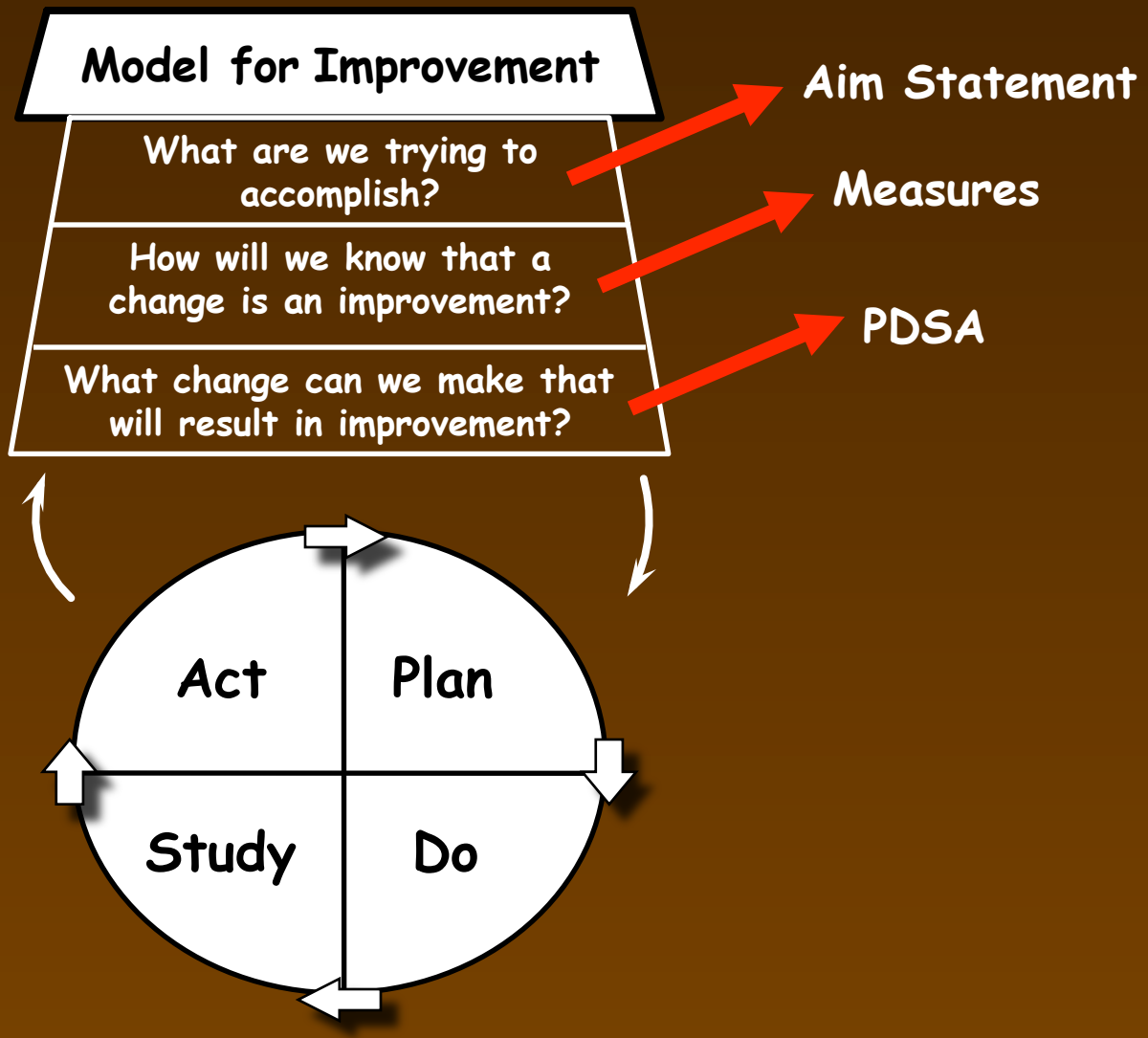
Practice Elements



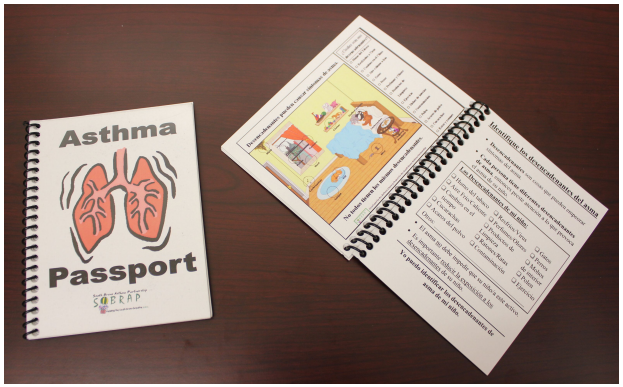
System Elements

The Chronic Care Model requires changing practice culture and infrastructure as well as changing specific aspects of patient care.

Three Fundamental Questions

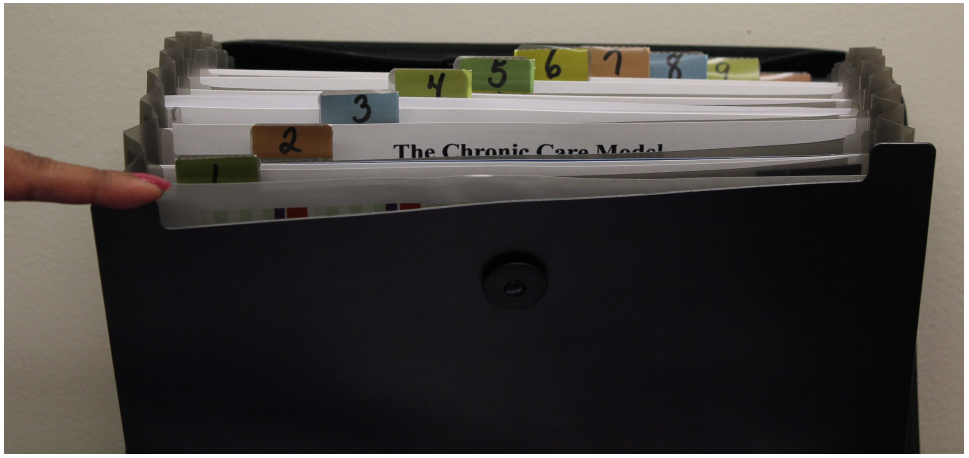


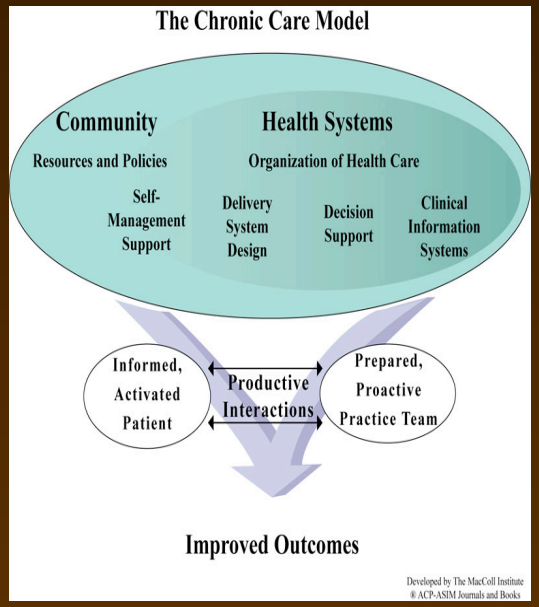

South Bronx Asthma Partnership
SOBRAP
Helping the South Bronx breathe easy.
ASTHMA CHAMPIONS

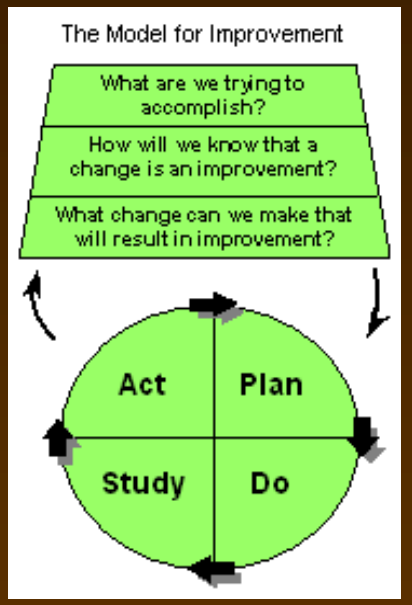

Asthma
Passport


South Bronx
Asthma Partnership


SOBRAP


The Chronic Care Model





NACI

Improved functional and clinical outcomes

Optimizing entry-to-exit asthma care

Setting shared goals for asthma control

Fostering patient-provider communication

Activated Provider Champions

Understand key concepts of the EPR-3

Reinforce GIP priority messages

Disseminate pictorial tools for education

Conduct a "change project"

Activated Practice Delivery Systems

Self-Management | **Decision Support** | **Clinical Information Systems** | **Delivery System Design** | **Health Care Organization** | **Community**

"Clinical Asthma Champions Leadership Training Program"

Early Career Physicians as Asthma Champions in National Pediatric Practices

Using Hospital-based EMR to Monitor Utilization Patterns of Pediatric Asthma Visits in an Urban Community Hospital

Lalit Bansal MD, Mamta Reddy MD, Ram Kairam MD, Ronald Bainbridge MBBS, Caroline Leeds BA and Richard Neugebauer PhD, MPH
Department of Pediatrics, Bronx-Lebanon Hospital Center, Bronx, New York

Background

- Asthma remains a major public health problem.
- Prevalence amongst children age 0-17 years is 9.4% nationally, 11.2% in New York City and as high as 17% in the South Bronx.[1,2,3]
- Unfortunately, such statistics catalogued by state and national databases often lag by several years, complicating real-time analysis of disease-specific burden and resource allocation for high-risk populations.

Objective

- To describe the eight-year burden of pediatric asthma- related visits within this community hospital using an electronic medical record (EMR) system.

Methods

- Setting: urban/community teaching hospital.
- Using the hospital-based EMR, data were collected from 4/1/01-12/5/08 for children age 0-18 years.
- Data included: General and asthma-specific visits to the emergency department (ED), ambulatory care clinic (ACC) and hospital admissions.
- Asthma-specific visits were defined by principal diagnosis ICD-9 codes of 493.0-493.99.
- Annual asthma visits (ED + ACC visits) for a specific year were calculated as a percentage of general visits to the hospital.
- Asthma admission rate for a specific year was calculated as number of asthma-specific admissions per 1000 asthma-specific ED visits.
- ACC visit rate for a specific year was calculated as asthma-specific ACC visits per 1000 general ACC visits.
- Asthma ED visit rate for a specific year was calculated as asthma-specific ED visits per 1000 general ED visits.

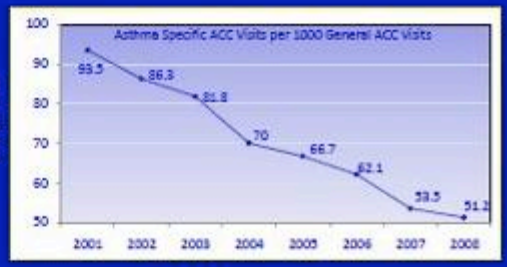
Results

YEAR	2001	2002	2003	2004	2005	2006	2007	2008
General ED Visit	27287	36000	39085	36376	37090	41561	40709	37117
Asthma-specific ED Visits	2605	4823	4147	3769	3424	4241	4036	4469
General ACC Visits	46758	89907	108687	107542	102380	102084	103037	96789
Asthma-specific ACC Visits	4374	7764	8898	7530	6832	6345	5520	4963
General Admissions	3346	5768	6364	6064	6243	5756	5793	5204
Asthma-specific Admissions	414	838	1110	878	939	840	759	580

Data from 4/1/2001 -12/5/2008

- Asthma visits decreased by 2.4% from 2001- 2008 (9.4% to 7%).
- Asthma admission rate declined from 267.6 to 129.7 per 1000 asthma-specific ED visits between 2003-2008.
- ACC visit rate decreased from 93.5 to 51.2 between 2000- 2008.
- ED asthma visits, general ED visits and general ACC visits remained relatively constant between 2001-2008.

*EMR began 4/1/2001

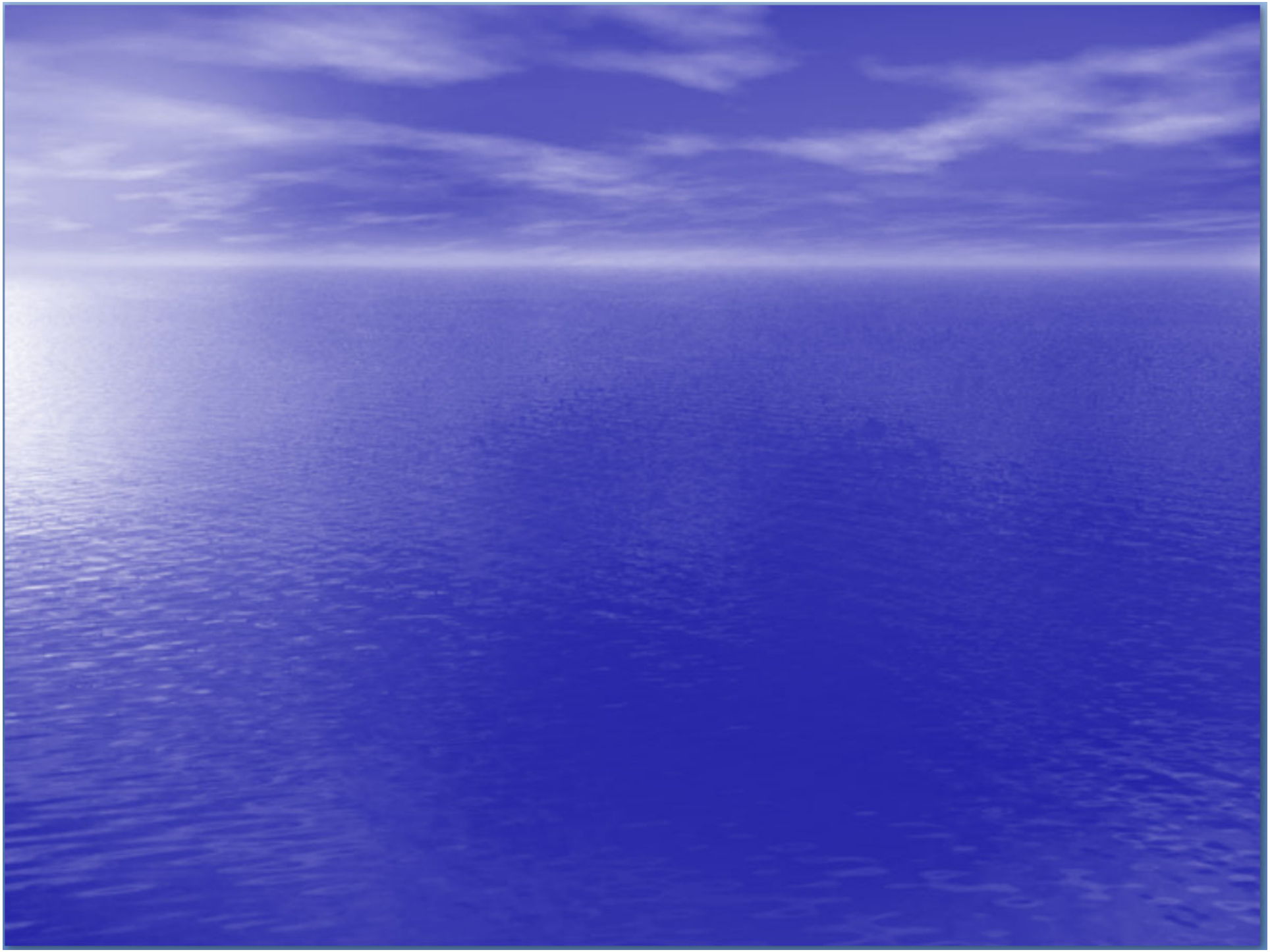


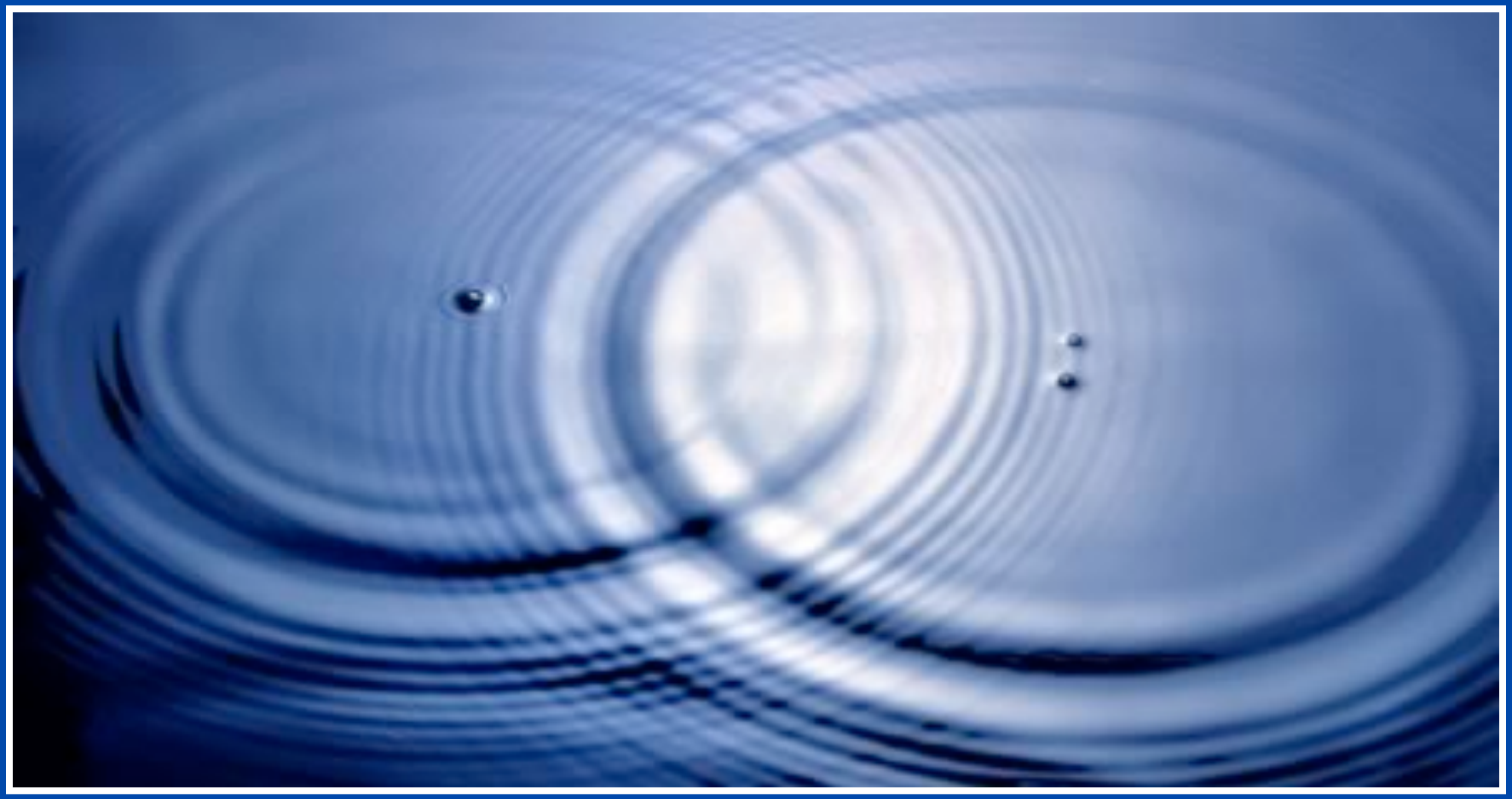
Conclusions

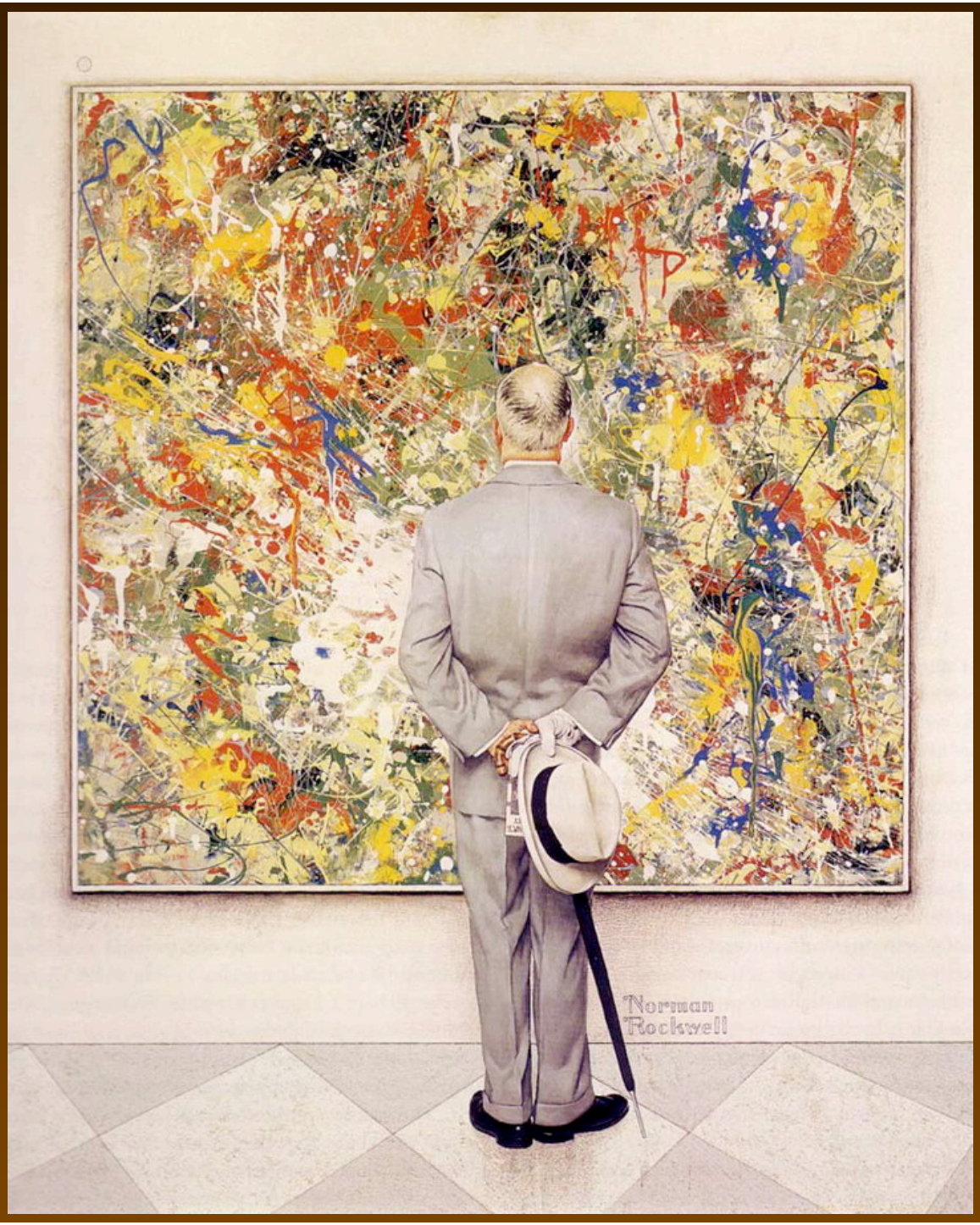
- The burden of asthma visits has decreased at this institution over the past eight years.
- Based on the observed decrease in asthma-specific admissions, we speculate an overall decrease in the severity of exacerbations presenting to the ED.
- The ability to observe real-time utilization patterns through a hospital-based EMR system can help elucidate current burden.

References

1. Centers for Disease Control and Prevention. Asthma 2008 National Health Interview Survey (NHIS) data [Data file]. Retrieved from http://www.cdc.gov/asthma/nhis/08/data.htm
2. New York State Department of Health, Public Health Information Group. (2009, October). "New York State Asthma Surveillance Summary Report "(Cooperative Agreement" #5U59EH000212031"). Retrieved from: http://www.health.state.ny.us/statistics/ny_asthma/pdf/2009_asthma_surveillance_summary_report.pdf.
3. Schwarz AG, McVeigh KH, Matte T, Goodman A, Kass D, Kerker B. (2008). Childhood Asthma in New York City. "NYC Vital Signs, 7"(1), 1-4.



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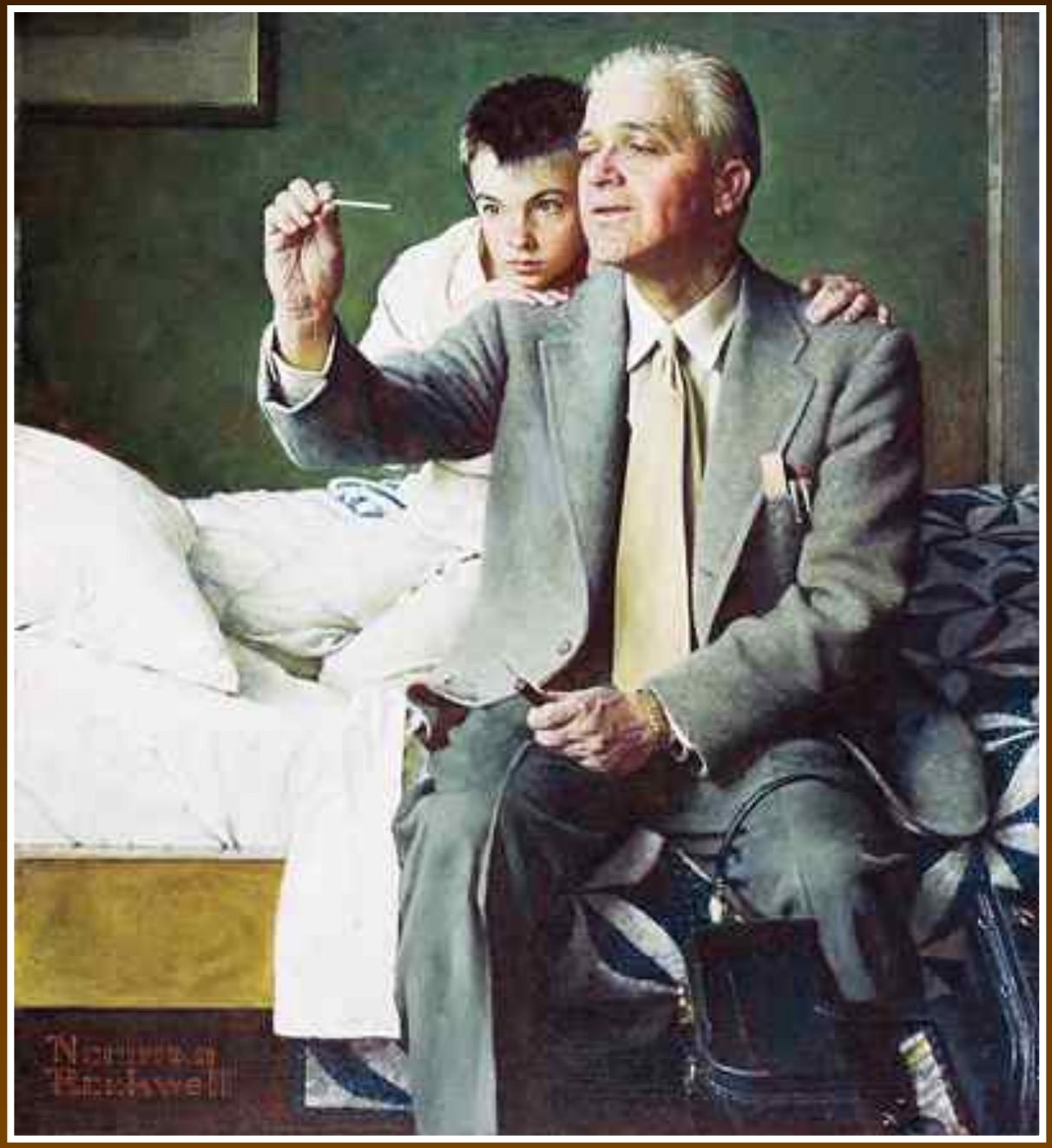
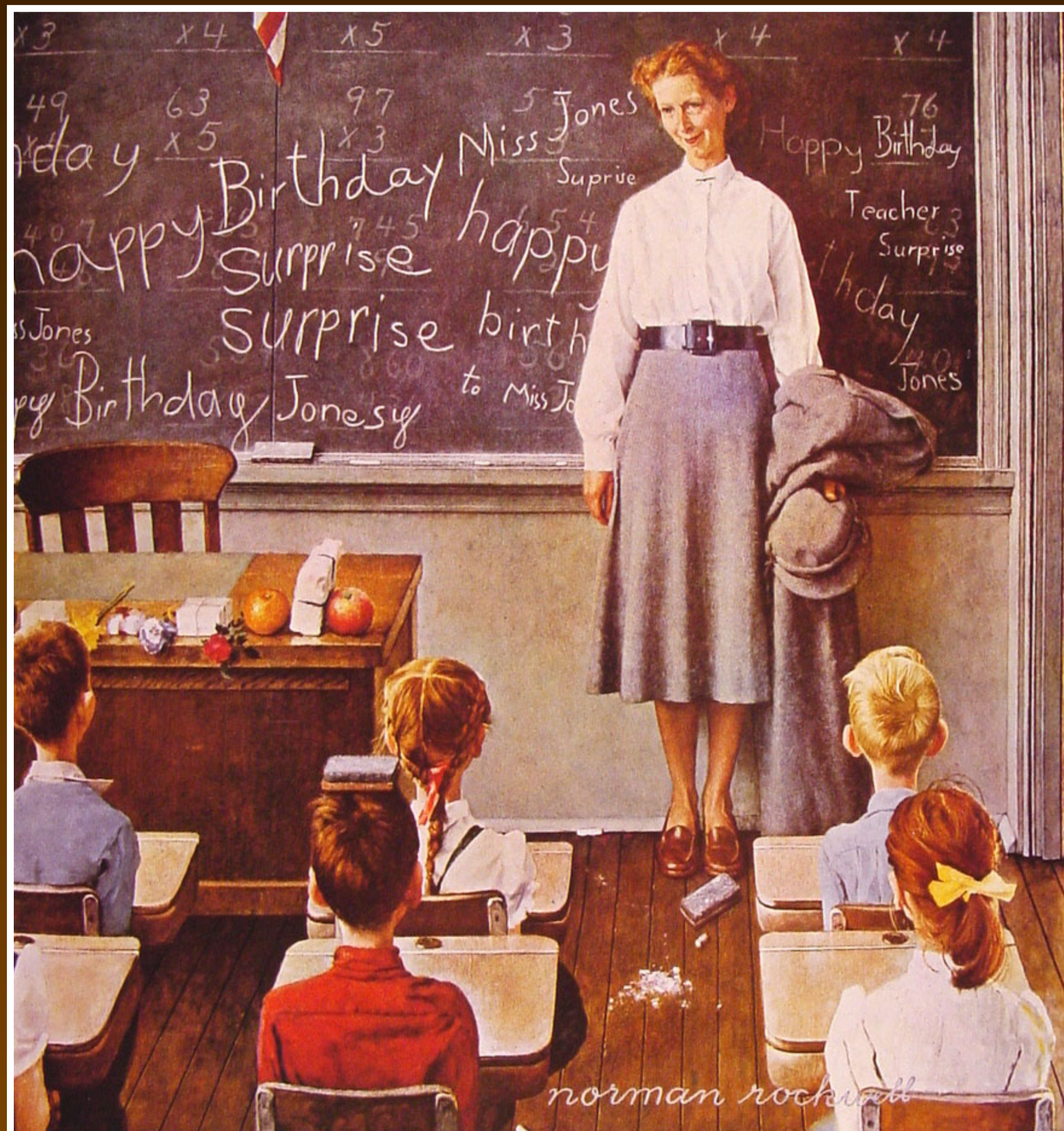
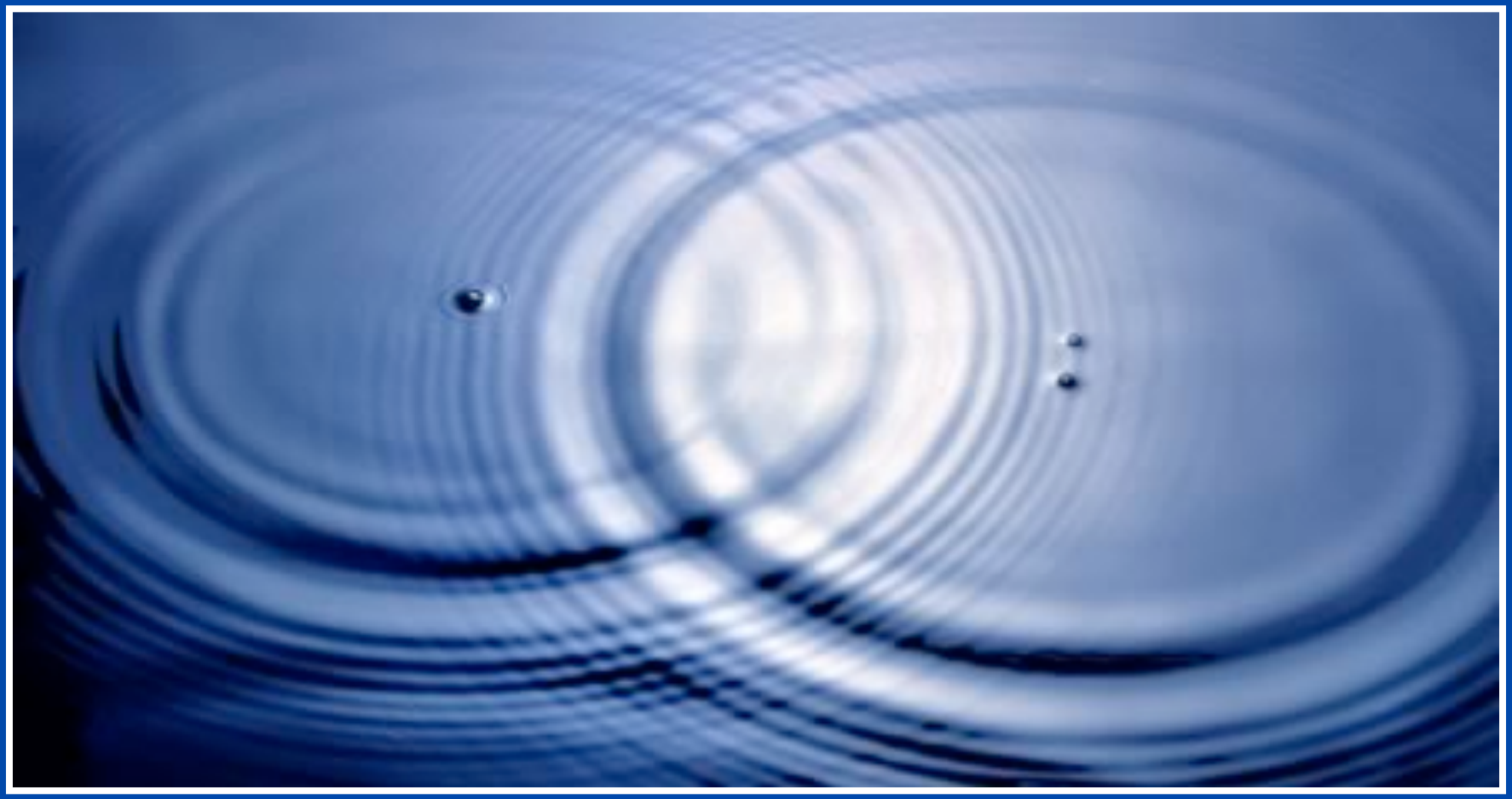



Birthday Miss Jones
Suprise
happy
Surprise
surprise birth
Happy Birthday
Teacher
Surprise
Jones
Birthday Jonesy
norman rockwell

NORMAN ROCKWELL

High Dive


Norman Rockwell



A Pebble in the Water

Drop a pebble in the water: just a splash, and it is gone;

But there's half-a-hundred ripples circling on and on and on.

Spreading, spreading from the center, flowing on out to the sea.

And there is no way of telling where the end is going to be.

~ James W. Foley

South Bronx Asthma Partnership

SOBRAP

Helping the South Bronx breathe easy.

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