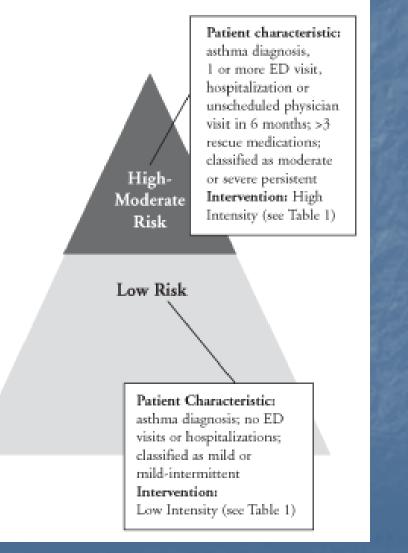
Framework for Implementation

FIGURE 4:

Patient Intervention Stratification Model



Framework for Implementation

TABLE 1:

LOW INTENSITY

SETTING Individual or Group; Clinic and/or Phone-based (1+ visits)

STAFFING Nurse, Respiratory Therapist or Health Educator

EDUCATION

Address asthma physiology; medical self-management, written asthma management plan, & control of triggers

SERVICES Smoking cessation and referrals to other programs/resources

SUPPLIES Peak flow meters, spacers, environmental supplies as needed

HIGH INTENSITY

SETTING

Individual; Clinic then Home-based (1-5 visits); phone calls to supplement

STAFFING

Nurse, Respiratory Therapist, Medical Social Worker or Health Educator (Medical Education); Community Health Worker or Environmental Counselor (Environmental Interventions); Staffing combinations may be appropriate.

EDUCATION Same as low intensity

SERVICES

Same as low intensity as well as in-home environmental assessment and remediation services as indicated (e.g. IPM or Mold)

SUPPLIES

Same as low intensity, plus environmental trigger source reduction (e.g., HEPA air filter for smoking, pest control).

Mechanisms for Implementation: Public & Private Payers

- Pay for supplies and services shown to reduce exposures to environmental triggers
- Structure reimbursement mechanisms for the range of providers of asthma education and environmental services
- Establish incentives for providers to classify patients and make referrals to clinical and inhome sessions

Mechanisms for Implementation: Health Provider Groups & Employers Provider Groups: Support asthma educators Encourage referrals to home-based asthma management programs Employers Request coverage for comprehensive asthma services through health insurance contract negotiations

Mechanisms for Implementation: Policymakers

Create state-wide reimbursement mechanisms to support best practices in asthma education & environmental interventions