2020 Asthma Award Winners: Sharing Successful Strategies to Reduce School Absenteeism and Improve Health Outcomes

Question & Answer Session on AsthmaCommunityNetwork.org Discussion Forum

Please join us in the AsthmaCommunityNetwork.org Discussion Forum for a live online Q&A Session.

3:00 p.m. – 3:30 p.m. EDT

To post a question in the **Discussion Forum**, follow these directions:

1. If you are a Network member, log in to your **AsthmaCommunityNetwork.org** account.

> ***Not a member?*** *Create an account at **AsthmaCommunityNetwork.org** by clicking the "**Join Now**" link at the top of the page. Your account will be approved momentarily, and you can begin posting questions.*

2. Click on the **"Discussion Forum"** button on the home page.
3. Click on the **"Live Online Q&A for 5/28/2020 Webinar"** link.
4. Click on the **"Add new Forum topic"** link to post your question.
5. Enter your question and click the **"Save"** button at the bottom of the page.

Introducing the 2020 Award Winners

Children's Hospital Colorado (CHCO) Breathing Institute (Aurora, Colorado)

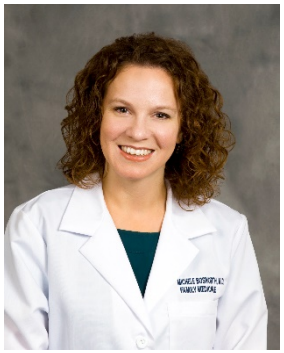
The University of Texas Health Science Center at Tyler (UTHSCT) (Tyler, Texas)

Featured Speakers

Melanie Gleason, PA-C, Senior Instructor, Department of Pediatrics and Associate Director, School-Centered Asthma Program, CHCO

Monica Federico, M.D., Medical Director, CHCO Asthma Program

Paul Sharkey, M.D., Associate Professor of Pediatrics, Department of Allergy and Immunology, UTHSCT



Michele Bosworth, M.D., FAFFP, Executive Director, The Center for Population Health, Analytics, and Quality Advancement, UTHSCT School of Community and Rural Health; Associate Professor of Family Medicine; Associate Professor of Healthcare Policy Economics and Management

Polling Question 1

What type of organization do you represent?

1. Government agency
2. Health care provider
3. Health plan
4. Community-based program
5. Other

Learning Objectives

Winners will share information about—

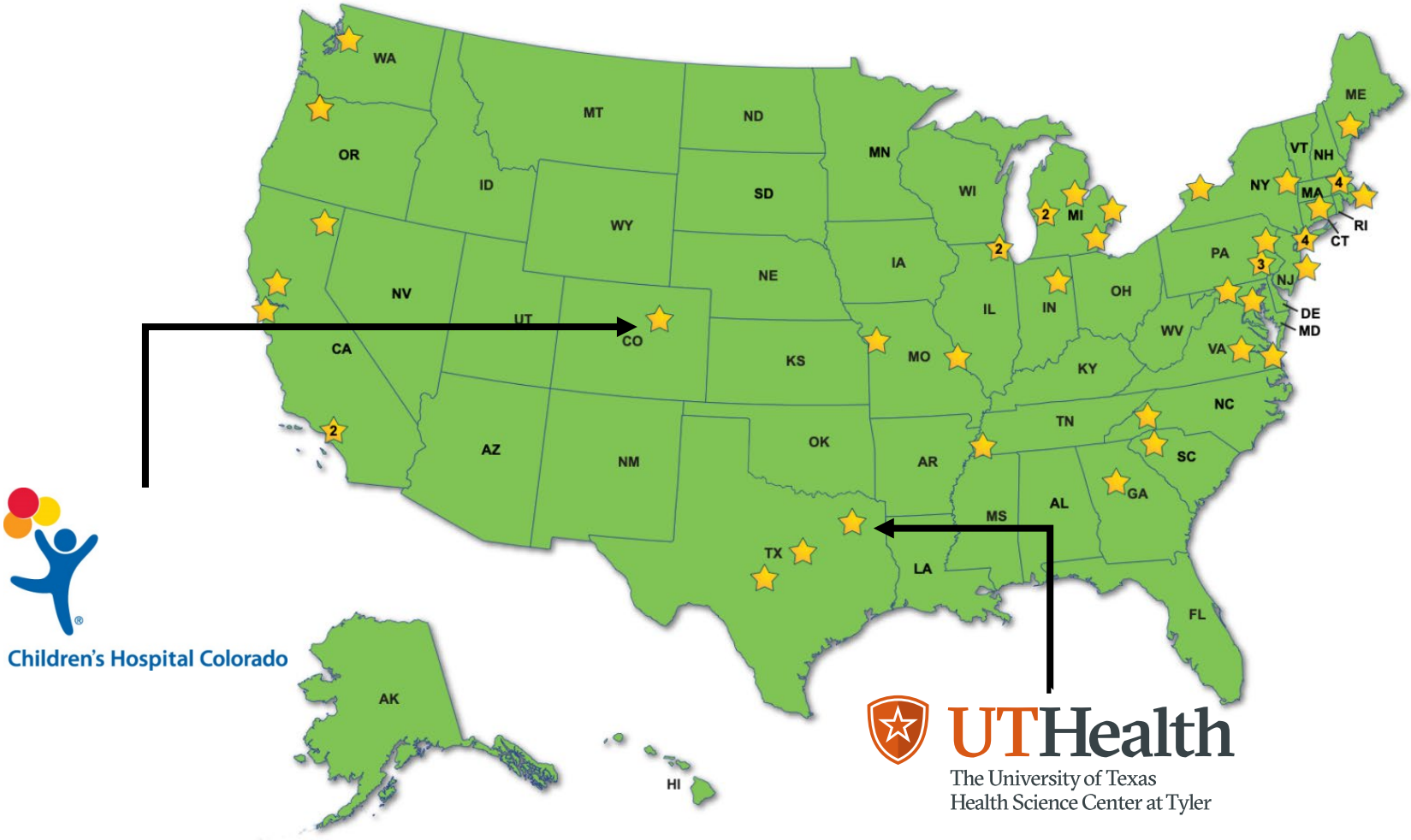
- The evolution of their asthma programs and how they have adapted during the current COVID-19 crisis.
- Successful strategies for effective in-home interventions and critical asthma education.
- Innovative school- and community-based partnerships to further program impacts.
- Data usage to measure key program outcomes and improve return on investment.

About the Award

- Nation's highest honor for exceptional asthma management.
- Showcases best practices in asthma care and disease management consistent with national guidelines.
- Highlights programs that coordinate public health, housing, environment, clinical care, health care and community partners to deliver comprehensive care.

Awards Hall of Fame

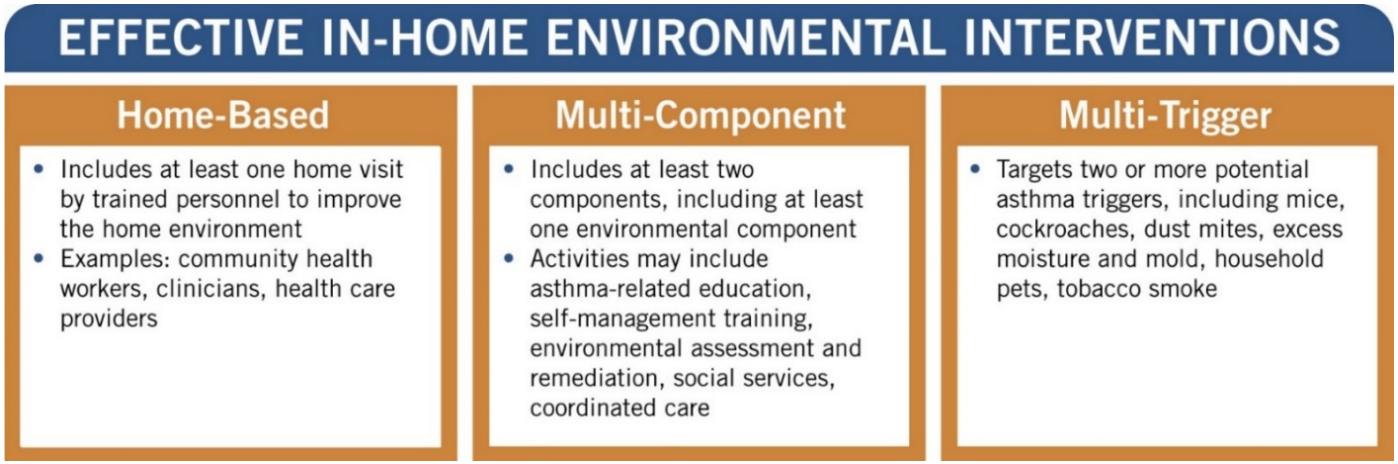
Since 2005, 48 programs have been inducted into the Awards Hall of Fame.



Environment Plays a Critical Role in Asthma Control

- Federal asthma guidelines recognize environmental trigger reduction as a critical component of comprehensive asthma care.*
- The evidence base demonstrates that in-home environmental interventions are effective at improving asthma control in children and adolescents.†

EPA is a federal lead for integration of environmental risk reduction into standards of care.



* NHLBI. Guidelines for the Diagnosis and Management of Asthma (EPR-3). 2007. https://www.nhlbi.nih.gov/health-pro/guidelines/current/asthma-guidelines

† CDC. The Guide to Community Preventive Services. 2005. https://www.thecommunityguide.org/

Children's Hospital Colorado (CHCO) Asthma Program

Monica Federico, M.D.
Melanie Gleason, M.S., PA-C

Asthma Self-Management Education
AAAAC
Certified Asthma Education Curriculum

Children's Hospital Colorado
Here, it's different.™

Mission of the Asthma Program

To provide excellent, evidence-based care to all families and children with asthma and to coordinate asthma care within our health system, including facilitated transitions of care between primary care providers, specialists and community partners to achieve the best outcomes for children with asthma.

Where Are Asthma Patients Seen?

INPATIENT

CHILD HEALTH CLINIC/ADOLESCENT CLINIC

SCHOOLS, DAYCARES, SPORTS TEAMS

PULMONARY

OPERATING ROOMS, SPECIALTY CLINICS

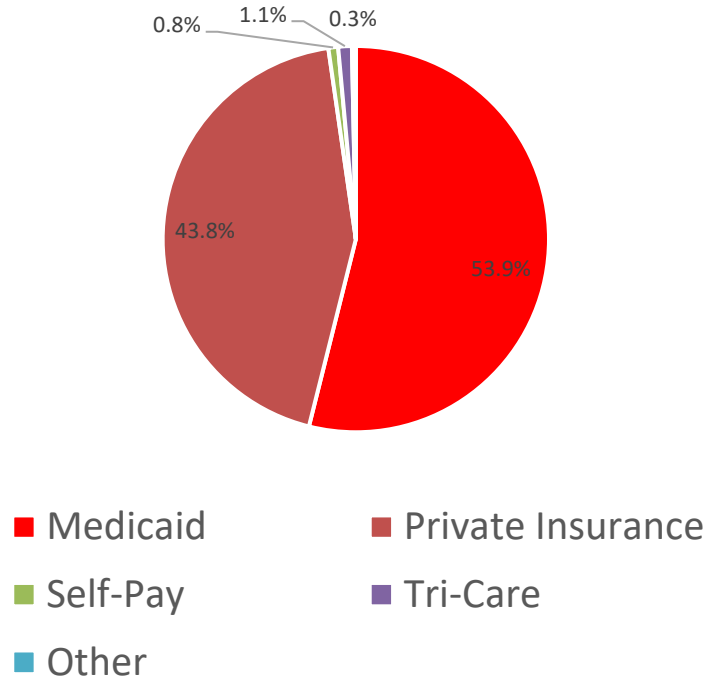
ALLERGY

MULTIDISCIPLINARY ASTHMA CLINIC

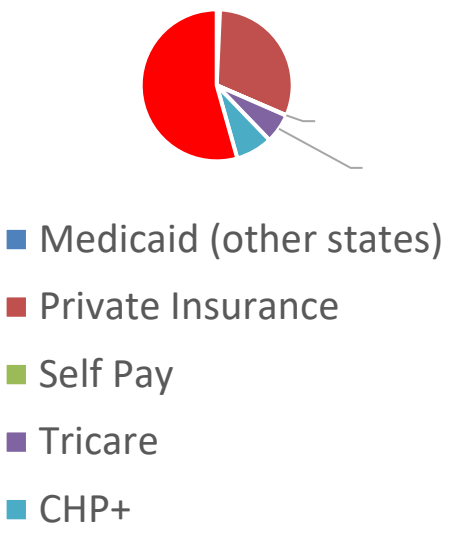
EMERGENCY DEPARTMENT (ED)

CHCO Asthma Demographics

2018 Inpatient Payers for Asthma



2018 Outpatient Pulmonary Asthma



Data Source: Asthma and Payer Tableau


Community Programs
Breathing Counts
AsthmaCOMP/Colorado Step-Up
Just Keep Breathing
Camps
Primary Care
Child Health Clinic
Adolescent Medicine Clinic
Young Moms Clinic
Primary Care Network
Primary Care Partners
Specialized Care
Pulmonary
Allergy
Multidisciplinary Asthma Clinic
Care Coordination
Clinical Pathway
Family Navigator in Pulmonary and MAC
Clinical Effectiveness partnership
Asthma Program
Coordinated by: Asthma Population Health Steering Committee
Medical Director: Monica Federico
Clinical Program Coordinator: Joyce Baker
Research
Funded by
National Institute of Allergy and Infectious Diseases—Inner City Asthma Consortium
National Heart, Lung and Blood Institute — PrecISE for severe asthma
Emergency Department and Urgent Care
Inpatient
Interdisciplinary care with respiratory therapists, nurses, hospitalists, pulmonary and residents
Transition of Care
Inpatient asthma education consult
30-day follow-ups
Post-discharge clinic
Transition to adult care
Outreach
Breathe Better
Reach the Peak
Care Alliance Partner and Community-based education
EMT education

Key to Access to High-Quality Care: Standardizing Practice

- Standardizing care for specialty and primary care for providers:
  - CHCO Asthma Pathway
  - Colorado Pediatric Collaborative 2008-Pediatric Care Network 2016 Asthma Initiative
- Colorado Clinical Asthma Guideline Creation 2012
- Annual asthma educator continuing medical education conference started with the American Lung Association in 2008: Reach the Peak
- Partnerships with other area providers and health care systems to standardize care across Colorado

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Children's Hospital Colorado

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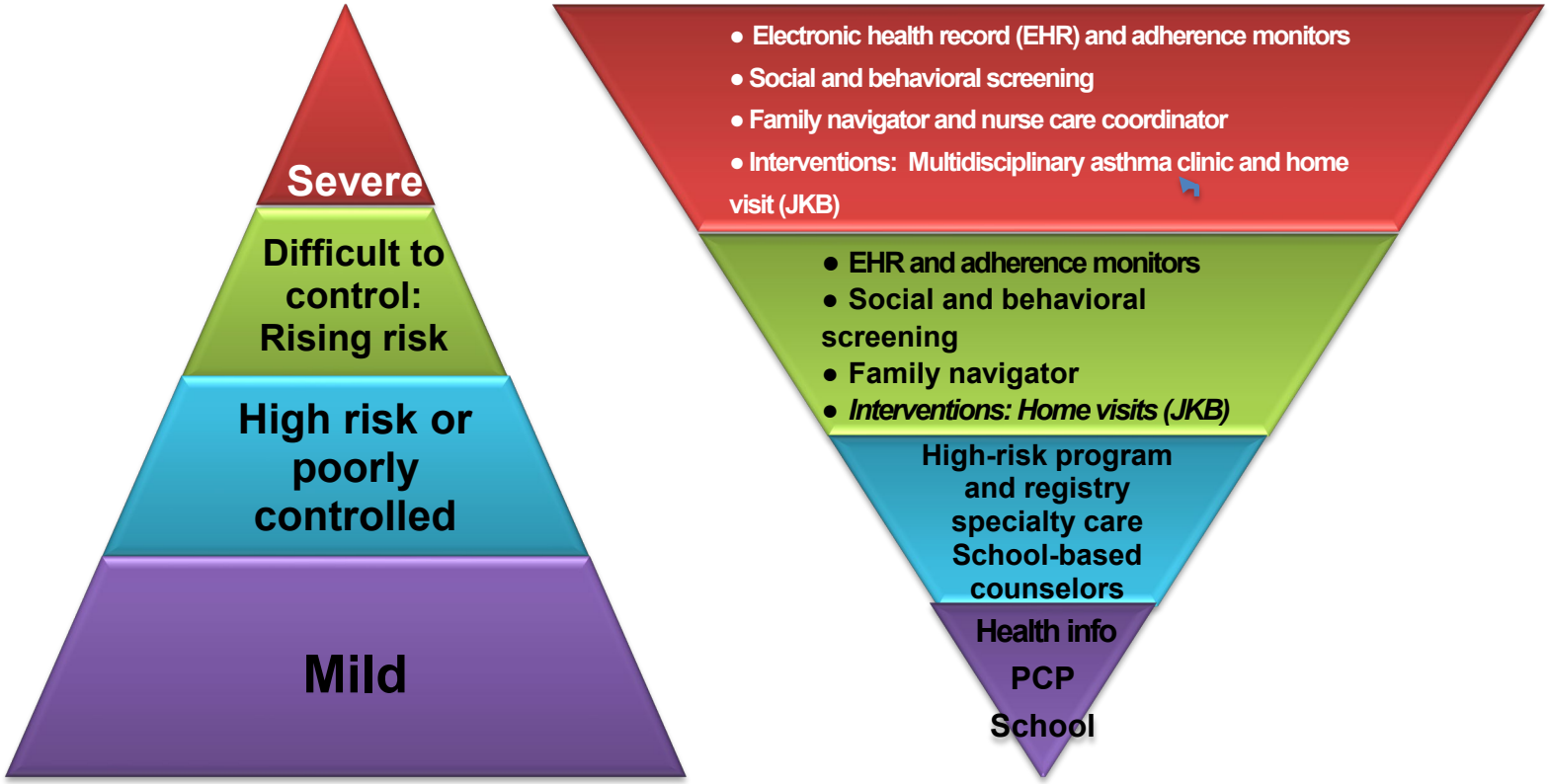
HealthTeamWorks®

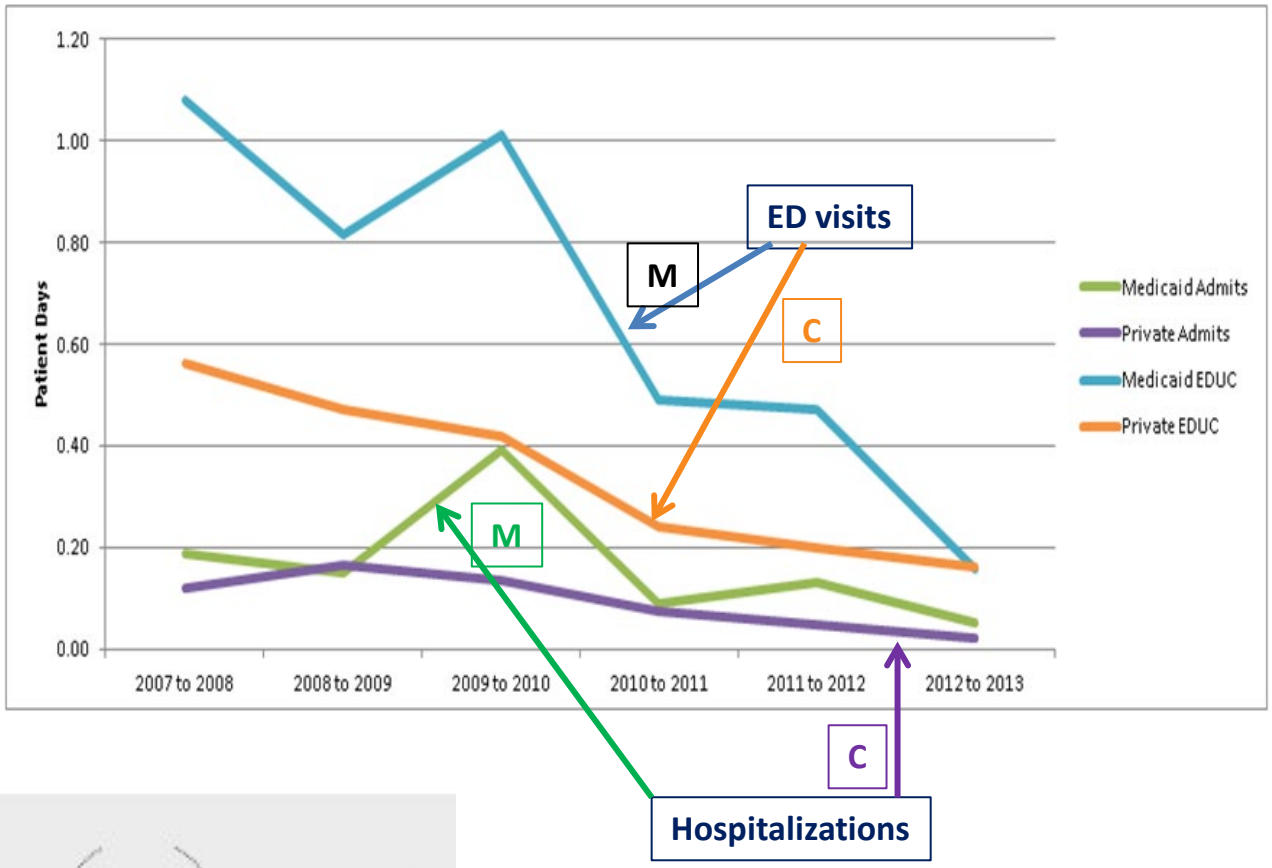
Tiered Model of Care: Directing Resources to the High-Risk Asthma Patients



Data: Inpatient and Emergency Department Health Outcomes Are Better Than National (2018) Data

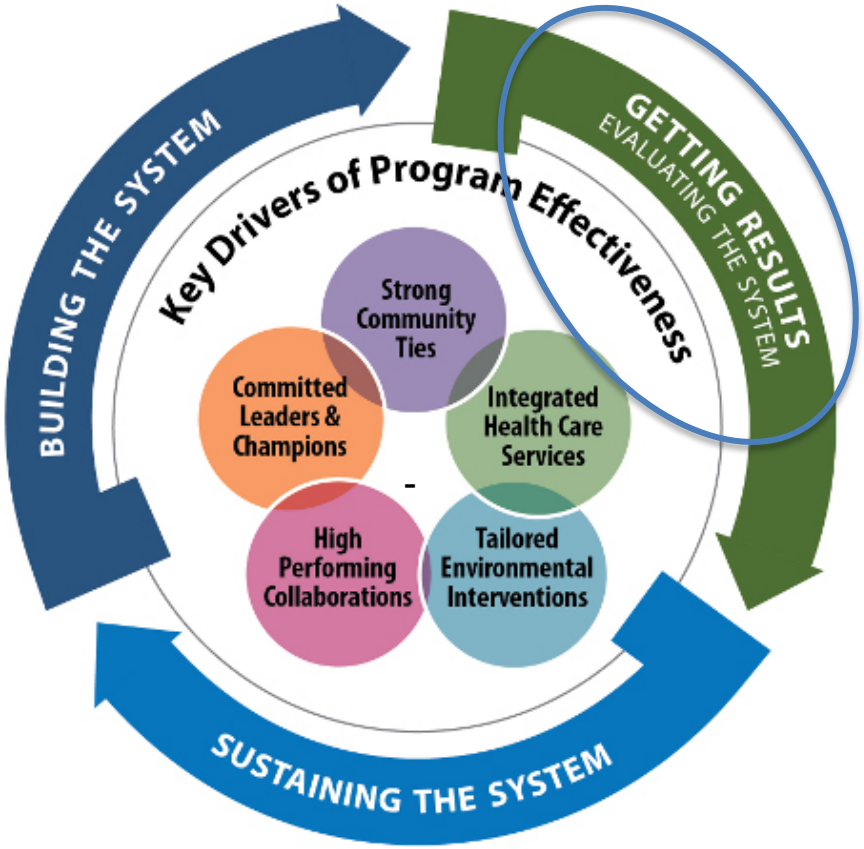
- Emergency Department Admit Rate: 19%
  - 7-day readmissions
    - All ED/urgent care visits: 3.9%
    - Asthma: 1%
- Inpatient length of stay: 1.9 days
  - 30-day readmissions
    - All inpatient visits: 8.0%
    - Asthma: 1.3%

Colorado Pediatric Collaborative Data (2008–2012)



PEDIATRIC CARE NETWORK
Children's Hospital Colorado

The System for Delivering High-Quality Asthma Care



Our 2012 Needs Assessment Showed Familiar Health Inequities

- HRA demographics:
  - 80% Medicaid
  - 50% Latino

- **Needs assessment results: High-risk program specialty visits alone did not decrease the risk of returning to the ED/hospital**

- Identified barriers were patient-specific and not easily impacted by health care providers, making it difficult to impact health and care in a single clinic visit

Asthma Home Visits: Just Keep Breathing

The team:

- Community health workers
- Medical director
- Program manager
- Full-time nurse

CDPHE CO COLORADO
Department of Public Health & Environment

Just Keep Breathing: Overview

- Children 2 to 17 years with an ED visit or inpatient visit for asthma
- Families must be English/Spanish speaking and live within 20 miles of main campus
- Visits are conducted by bilingual community health workers

What Happens During Home Visits?

- Five visits per family during the course of 5 to 6 months
  - First visit: Nurse and community health worker
  - Visits 2 to 5: Community health worker–led home visits
- Visit goals:
  - Asthma education
  - Barrier identification
  - Home environmental assessment
  - Home remediation

DENVER
PUBLIC HEALTH & ENVIRONMENT

Healthy HOMES
IMPROVING INDOOR AIR QUALITY

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

Cleaning and Organization

HEALTHY HOME BASICS

Children's Hospital Colorado

MAKE YOUR OWN KID-SAFE CLEANING PRODUCTS

All Purpose Cleaner
- 1/4 cup white vinegar
- 1 teaspoon borax
- 4 cups water

Mix all ingredients together in a spray bottle. Add 10-15 drops of essential oils for a fresh smell (we suggest orange, lemon or lavender).

Carpet Cleaner

Shake 1 box of baking soda onto the carpet. Let stand for 1 hour, then vacuum.

Roaches

Shake Borax into cracks where roaches have been seen and nearby.

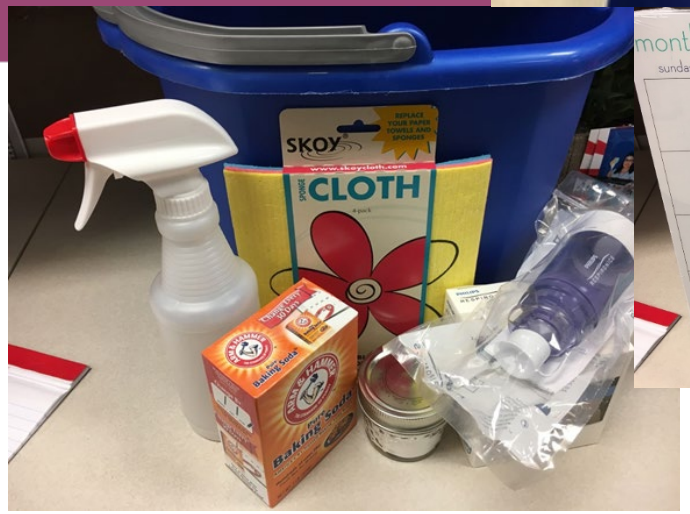
Glass Cleaner
- 1/4 cup white vinegar
- 2 cups warm water

Mix ingredients together, spray onto glass and dry with a clean dry cloth.

Mold

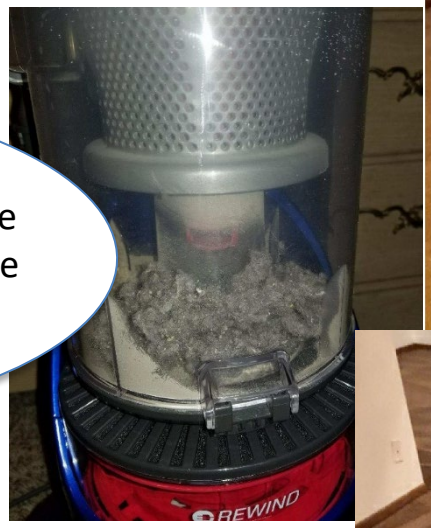
Scrub mold with a sponge or clean cloth and white vinegar.

Don't forget safety! Check carbon monoxide, smoke alarms and fire extinguishers often. Make a fire escape plan for all people in your home.



Environmental Remediation

"The purifier is working so well, we are no longer experiencing smoke from the neighbors in our home."



More Intensive Interventions

- Pest extermination
- Mold remediation
- Roof repair
- Furnaces, pipe foam, caulking…

ENERGY OUTREACH COLORADO
Together We Power Stability

Who Does the Home-Visit Program Serve?

	N=60
Race	
Asian	1 (2.4%)
Black/African American	13 (21.7%)
Other	15 (25.0%)
White	30 (50.0%)
Payor	
Contract	10 (16.7%)
Medicaid	46 (76.7%)
Self-Pay	1 (1.7%)
Ethnicity	
Hispanic or Latino	36 (60.0%)
Not Hispanic or Latino	24 (40.0%)
Sex	
Female	19 (11.7%)
Male	41 (68.3%)
Age in Years	9.71 (3.53)

BREATHING INSTITUTE

Can home visits improve asthma control, reduce healthcare utilization in kids?

Children's Hospital Colorado
Here, it's different.

Just Keep Breathing

6-month program

3–5 home visits from community health workers

49 participants

2.03 ED/hospital visits before study

0.53 ED/hospital visits after study

Conclusions

PROGRAM INCREASED:

- Asthma control
- Device technique
- Caregiver confidence

SIGNIFICANTLY DECREASED:

- ED visits, hospitalizations during and after program

"A Community Health Worker Led Home Visit Program Integrated into Asthma Specialty Care Decreases Healthcare Utilization and Shows a Sustained Impact on Asthma Control," American Thoracic Society 2019 Annual Meeting, by Monica Federico, MD, Breathing Institute, Children's Hospital Colorado.

Click to read study →

Results:

49
participants

VS

273
eligible patients

who did not enroll or only completed one visit

completed all home visits

Top barriers to asthma control

55.1% Adherence

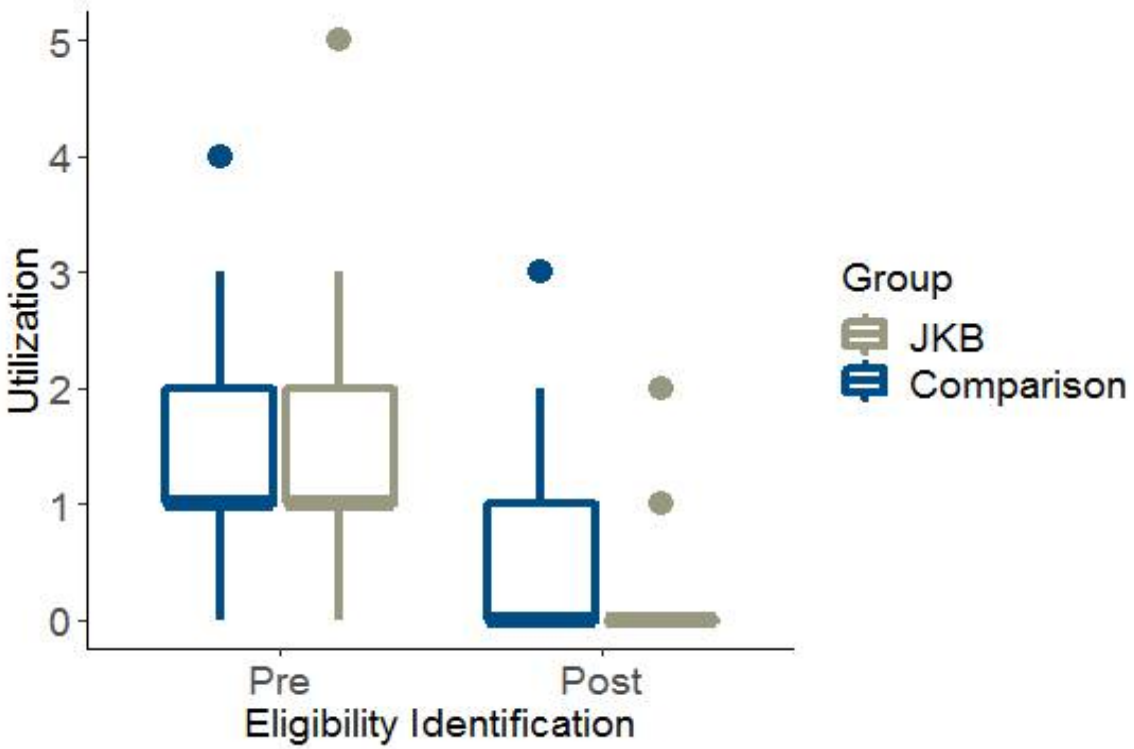
36.7% Parent Understanding

24.5% Environment

22.4% Language

24.5% Social Chaos

Sustained Decrease in Hospital-Level Utilization (ED or Inpatient) for the 6 Months After Program Completion



Patient and Provider Satisfaction

"I want to make sure that I am giving Naomi the proper care, and this program allows me to do that. They've also increased Naomi's knowledge and confidence. Having asthma isn't quite as scary anymore."

"The program has helped me better manage [patient's] asthma and has helped the both of us come together to control it. [Patient] is now able to play sports without any complications and does not need to use albuterol as often as he used to."

–Asthma provider

School-Centered Asthma Programs

- Asthma affects 1 out of every 12 children in Colorado
  - **Some schools have rates more than 3 times the state average**
- Collaborative partnerships with schools are successful in reducing asthma disparities
- School-based environmental programs can reach large numbers of students

AsthmaCOMP Team and Community Partners

- School Nurse Asthma Champions
- Colorado Department of Education Regional Nurse Specialists
- National Jewish Health

COLORADO
Department of Public Health & Environment
CDPHE

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rmc Health
Healthy Schools Start Here

DENVER PUBLIC HEALTH & ENVIRONMENT
love my air denver

COLORADO ASSOCIATION FOR SCHOOL-BASED HEALTH CARE

Colorado School-Centered Asthma Program History

AsthmaCOMP

2006

Asthma counselor

Asthma education

EPA *IAQ Tools for Schools*

2012

School nurse

Comprehensive asthma-care coordination

2018

Unified approach

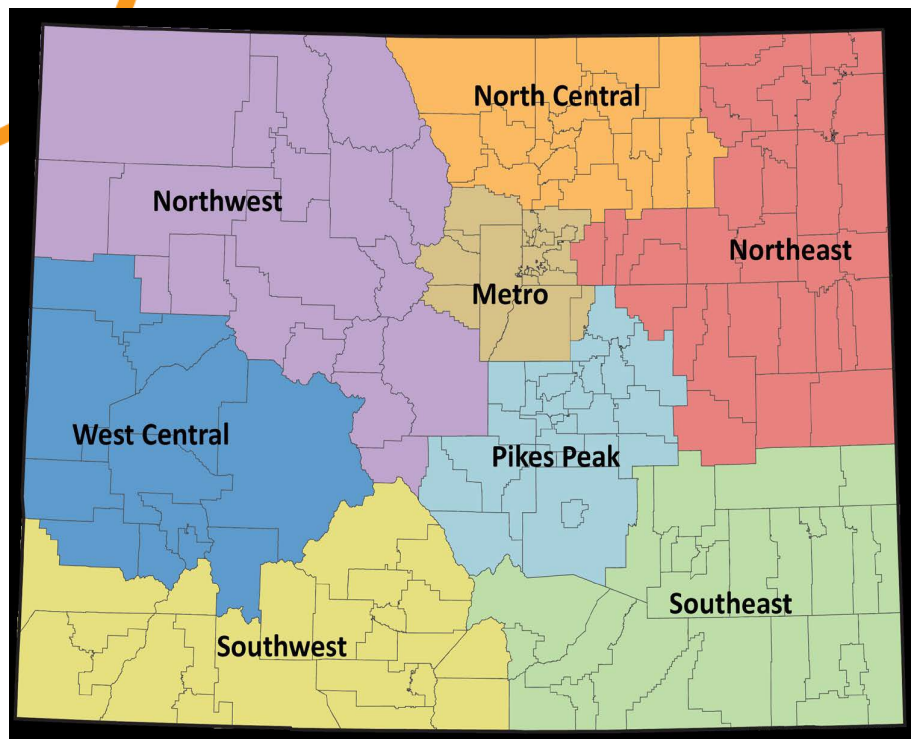
Program expansion

Navigating social determinants of health

Technical assistance

Telehealth

AsthmaCOMP: Students, Districts and Regions Served



Six metro school districts (331 schools)

- Step Up—41 metro schools
  - 84.1%—Medicaid
  - 94.0%—Qualify for FRL
  - 25.9%—Black/African American
  - 66.6%—Latino/Hispanic
  - 11.7%—Primary Spanish language
  - 63.8%—Have high-risk asthma

Five regional hubs

- Coordinated through Colorado Department of Education Regional Nurse Specialists

AsthmaCOMP Key Components: What Do We Do and How Do We Do It?

Fundamental components

1. Build partnerships and capacity in school community
2. Implement evidence-based asthma management programs
3. Technical Assistance program
4. Evaluate program (all stakeholders)

Innovative components

1. Asthma medical neighborhood (health navigators, school nurse asthma champions, engaged families and support of health care providers)
2. Incorporate program steps into the workflow (AsthmaTab, data sets, asthma dashboard)
3. Telehealth visits

Asthma Counselors Partner With School Nurses

Serve 10 schools/enroll 40 to 50 students each

Implement comprehensive asthma program

Summary | Conditions | Immunizations | Screenings | Medications | Health Office Visits

HOV History | Documents | Contact Log | Student Schedule | **Asthma**

Save | New Status | Delete

Asthma

*Status Date: 07/29/2019

Status Time: 02:11 PM

Comments:

Step Up Asthma Program

Building Bridges Asthma Program

Colorado Asthma Care Plan

Quick Relief Inhaler at School

Inhaler Technique

Asthma Education: What is Asthma

Asthma Education: Triggers

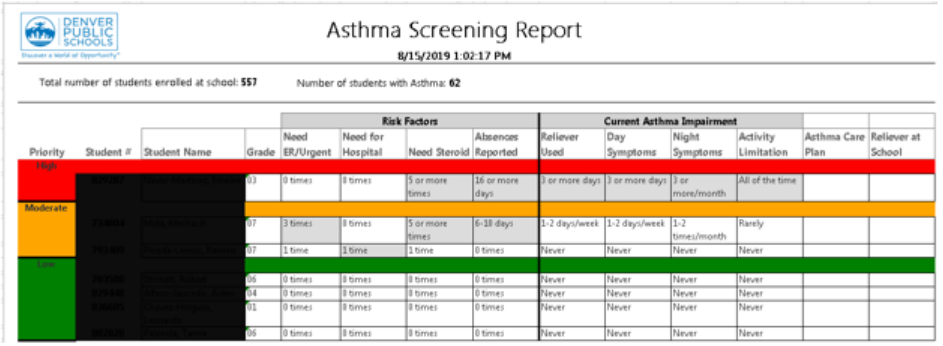
Asthma Education: Symptoms

Asthma Education: Medications

Asthma Education: Self-Care

School Level Asthma Report

Page 1



DENVER PUBLIC SCHOOLS

Asthma Screening Report

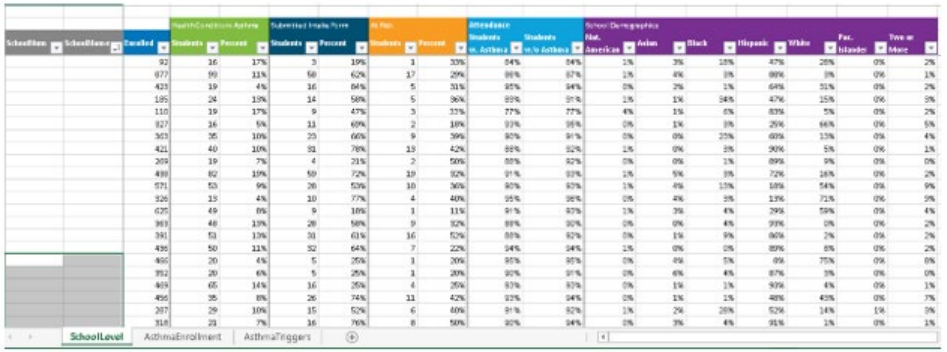
8/15/2019 1:02:17 PM

Total number of students enrolled at school: 557 Number of students with Asthma: 62

Priority	Student #	Student Name	Grade	Risk Factors: Need ER/Urgent	Need for Hospital	Need Steroid	Absences Reported	Current Asthma Impairment: Reliever Used	Day Symptoms	Night Symptoms	Activity Limitation	Asthma Care Plan	Reliever at School
High	[redacted]	[redacted]	03	0 times	0 times	5 or more times	16 or more days	3 or more days	3 or more days	3 or more/month	All of the time		
Moderate	[redacted]	[redacted]	07	3 times	0 times	5 or more times	6-10 days	1-2 days/week	1-2 days/week	1-2 times/month	Rarely		
	[redacted]	[redacted]	07	1 time	1 time	1 time	0 times	Never	Never	Never	Never		
Low	[redacted]	[redacted]	06	0 times	0 times	0 times	0 times	Never	Never	Never	Never		
	[redacted]	[redacted]	04	0 times	0 times	0 times	0 times	Never	Never	Never	Never		
	[redacted]	[redacted]	01	0 times	0 times	0 times	0 times	Never	Never	Never	Never		
	[redacted]	[redacted]	06	0 times	0 times	0 times	0 times	Never	Never	Never	Never		

District Level Asthma Report

Page 1



SchoolLevel | AsthmaEnrollment | AsthmaTriggers

Environmental Strategies: EPA *IAQ Tools for Schools*

- Multidisciplinary team
- Asthma prevalence/ absenteeism
- Walk-through checklists
- Recommendations/plan
- Regional EPA Award Sustainability—Denver Public Schools 2020 Healthy Schools

AsthmaCOMP Impact on School-Based Asthma Management

SCHOOLS DISTRICTS ADOPTED PROGRAM COMPONENTS

INCREASED ASTHMA CARE PLANS AT SCHOOL FROM 5–10% TO MORE THAN 65%

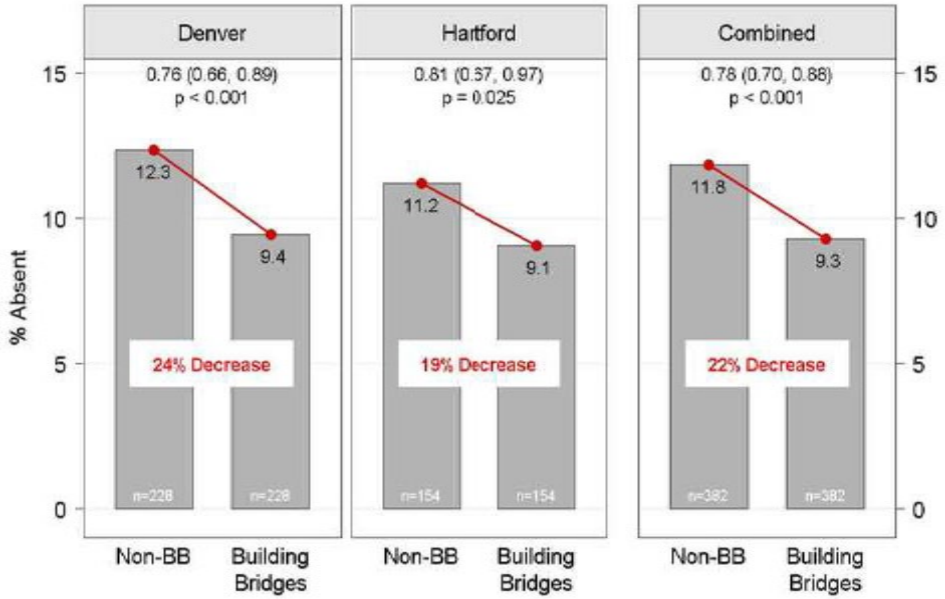
IMPROVED ASTHMA SELF-CARE SKILLS

IMPROVED ADHERENCE WITH CONTROLLER MEDICATION

Step-Up Asthma Results 2015 to 2016

	Baseline N = 585		End of Year 1 N = 546	
	Number	%	Number	%
Hospitalizations	64	10.9%	16	2.9%
ED Visits	239	40.9%	67	12.3%
Controlled Asthma	371	63.4%	447	81.9%
No Limited Activity	218	37.3%	310	56.8%
No Impact on Grades	316	54.0%	425	77.8%

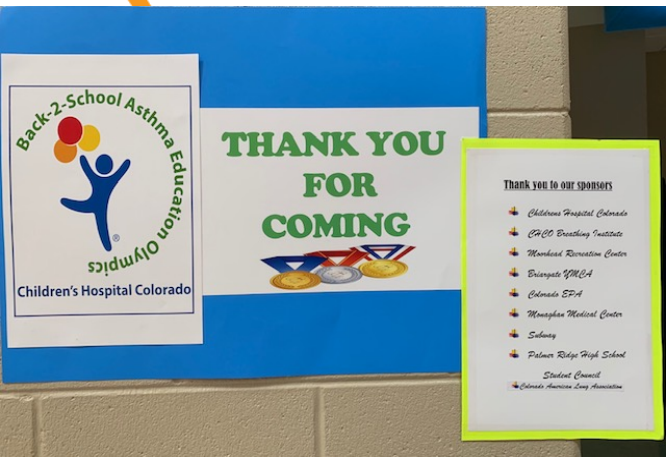
Building Bridges: Reduction in School Absenteeism



Ref. Szefler SJ, Cloutier M et al, J Allergy Clin Immunol 2019;143:746-54.

Community Partnerships: Education Programs for Providers, Nurses, School Nurses, and Respiratory Therapy

ROUNDUP RIVER RANCH



Partnerships for Community Education

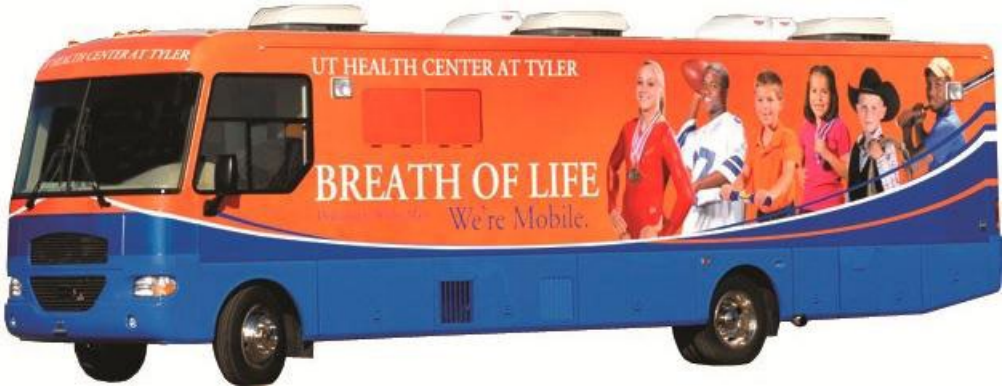
Next Frontier

- Telehealth in schools
- Telehealth in homes
- Telehealth for patient navigation
- Telehealth for asthma education

The University of Texas Health Science Center at Tyler (UTHSCT) Breath of Life Mobile Asthma Program

Paul Sharkey, M.D.

Michele Bosworth, M.D.



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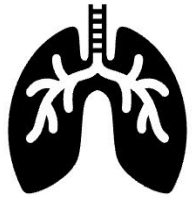


Breath of Life Mobile Pediatric Clinic (BOLMPAC) Services

- Asthma diagnosis and treatment
- Allergy testing, diagnosis and treatment
- Treatment of asthma comorbidities
- Spirometry
- Patient and family education
- Asthma symposium conferences
- Speaking engagements at area school districts

BOLMPAC Team Members

Our Team

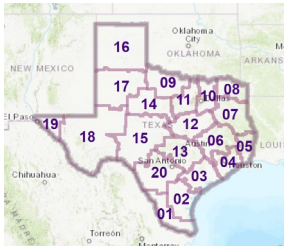
- Administrative supervisor
- Supervising allergy immunology physician
- Nurse practitioner
- Licensed vocational nurse
- Community health worker

Population Served

- Goal: Go beyond traditional health care delivery model and bring care to the patients while decreasing barriers to care:
  - Cost (visit/testing/medication)
  - Transportation
  - School absenteeism
  - Parent work absenteeism
- Demographic:
  - 75% government funded or uninsured
  - 43% African American
  - 29% Hispanic
  - 25% White
- 2,500 patient visits annually

Partners

- Inaugural year: 2008–2009
  - Two independent school districts in the Tyler, Texas, area (five schools)
- By 2019: 50 local school districts in a 19-county area in Northeast Texas
- 1115 Waiver/Delivery System Reform Incentive Payment Program (DSRIP)
  - Partnered with Christus St. Michael Hospital System
  - Second BOLMPAC



Patient Identification

- Community health workers and school nurses
- Self-referrals
- Health fairs
- Community events
- Physician referral

" Painting for Saints " by Banksy 2020

Asthma in Northeast Texas

Texas

- Texas: $150 million dollars in annual Texas health care costs
- 7% of children have asthma

Northeast Texas

- Mostly rural
- 14% of children have asthma
- Higher smoking rates
- Higher pollution, pollen and mold exposure
- Fewer primary care providers

Burden of Disease Fact Sheet. DSHS. 2016

Addressing Disparity

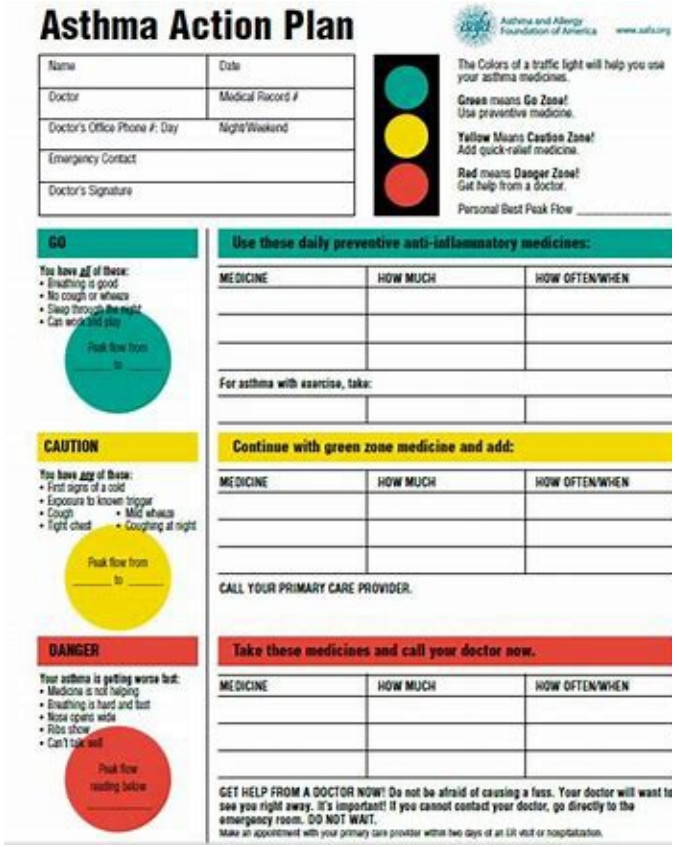
- Majority schools visited: Title I, serving low-income students
- Original 12 counties demographics:
  - 10 designated by U.S. DHHS as Medically Underserved Areas
  - 38% population rural
  - 25% under age 18
  - 30% of children living in poverty
- Patients served:
  - Male (56.67%)
  - African American (38.16%)
  - Medicaid (69.56%)

- African Americans 3x the normal state rate for hospitalizations compared to Whites and Hispanics*

**Burden of Disease Fact Sheet. DSHS. 2016*

Asthma Management Approach

- National Institutes of Health EPR-3 Guidelines
  - EHR templates
  - Spirometry and physical exam
  - Asthma classification
  - Asthma control test (ACT): symptom severity
  - Asthma action plans
  - Patient and guardian education
    - Medication use
    - Environmental triggers
    - Self-monitoring (use American Academy of Pediatrics)
- Because asthma and environmental triggers go hand in hand, all patients receive allergy testing and treatment, if indicated, on assessment

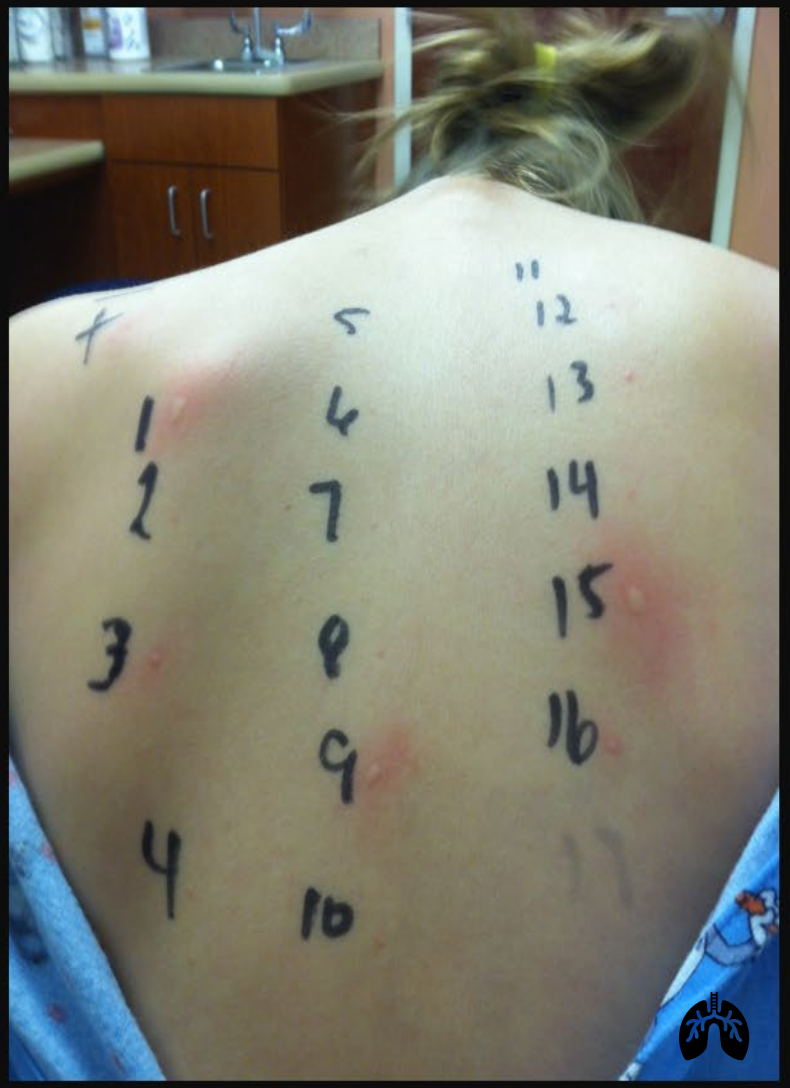


Environmental Services Offered

- Allergy Testing
  - Medication management
  - Home modification education
  - Behavioral and lifestyle modification education
  - BOLMPAC team supervised by Allergy & Immunology Physician
- Tobacco Cessation
  - CHW delivered via CPRIT*/MD Anderson** grant
- Home Assessment Visits
  - BOLMPAC CHW
  - Resource assessments
- Indoor Contaminant Assessment Component
  - Asthma triggers
  - Began in 2018
  - Community Health Worker (CHW)

*CPRIT= Cancer Prevention and Research Institute of Texas

**University of Texas MD Anderson Cancer Center



Smoking History			
Tobacco status	Current Every Day Smoker	Never Smoker	Heavy tobacco smoker
	Current Some Day Smoker	Smoker, current status unknown	Light tobacco smoker
	Former Smoker	Unknown if Ever Smoked	Smokeless Tobacco User
Smoker in Home or Car?	◯ Yes	◯ No	
Interested in quitting?	◯ Yes	◯ No	
Quit Date (former smoker only)			
,	Number of pack-years = (packs smoked per day) × (years as a smoker)		
# Packs day? (Avg)			
# Years smoked? (Est)			
Pack years			
Type of Tobacco	Cigarette	Pipe	E-Cigarette
	Cigar	Snuff/Chewing tobacco	other
Other smoking methods	Vaping	Marijuana	other

Triggers			
*Knows what aggravates asthma	◯ Yes ◯ No	◯ Unsure	◯ N/A
*Aggravates breathing problems	Cigarettes	Cats	other animals
	Smoke	Dogs	Weather changes
	Cold Air	Mold	Menstrual periods
	Colds	Grass	Medicines
	Exercise	Weeds	Strong emotions
	Dust	after a rain	other
	Dust Mites	Heat	N/A
	Trees	Strong smells	
*Able to avoid irritants	◯ Seldom ◯ Sometimes	◯ Most of the time	◯ N/A
Response to Therapy			
*Asthma meds make me feel	◯ Worse ◯ No Different	◯ A Little Better ◯ A Lot Better	◯ N/A
Additional Information			
,			

Problems			
Family Medical History			
Allergies			
Allergies to medications	CODEINE--- PHENERBEL S		
Allergies to foods			
Allergies to animals			
Allergies to insects			
Allergies to plants			
Skin testing / RAST			
Allergy shots			
Allergy triggers			
Seasonal allergy triggers			
Environmental history			
Type of home	House Mobile home Apartment Condo Other		
Location of home	City Suburb Rural Other		
Type of heat	Gas Oil Wood Electric Wood stove Fireplace Other		
Air-conditioning	Central air Window unit Fan Other		
Air filters/cleaners	◯ Yes	◯ No	◯ Other
Humidifier	◯ Yes	◯ No	◯ Other
Bedroom floor	Carpet Wood Other		
Living room floor	Carpet Wood Other		
Animals in home			
Mother smokes	◯ Yes	◯ No	◯ Other
Father smokes	◯ Yes	◯ No	◯ Other
Does anyone smoke indoors	◯ Yes	◯ No	
Potted plants	◯ Yes	◯ No	◯ Other
Cockroaches	◯ Yes	◯ No	◯ Other
Other			
Maternal Hx			
Birth History			
Food Security			

EPA

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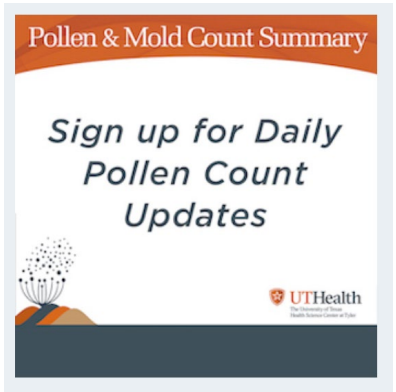
Pollen & Mold Count



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Date of Pollen and Mold Count: February 3, 2020

Weather Conditions: Cloudy, windy and cool

L Temp / H Temp: 53° / 66°

Max Humidity: 83%

Pollen & Mold Count Summary – Grains per Cubic Meter of Air

Allergen	G/CM	Result	Primary Pollen / Mold
Trees	14	Low	Elm, Alder, Cedar/Juniper, Maple
Weeds	0	Absent	
Grasses	0	Absent	
Molds	1,755	Moderate	Ascomycetes, Cladosporium

Note: Pollen & Mold Count Summary should not be totaled. Trees, weeds, grasses, and molds all have different G/CM ranges.

Reading the Summary

Allergen	G/CM	Result	Level of Symptoms
Trees	0 - 15	Low	**Absent** - No symptoms
	16 - 90	Moderate	
	91 - 1,500	High	
	Greater than 1,500	Very High	**Low** - Only individuals extremely sensitive to these pollens and molds will experience symptoms
Weeds	0 - 10	Low	
	11 - 50	Moderate	
	51 - 500	High	**Moderate** - Many individuals sensitive to these pollens and molds will experience symptoms.
	Greater than 500	Very High	
Grasses	0 - 5	Low	
	6 - 20	Moderate	**High** - Most individuals with any sensitivity to these pollens and molds will experience symptoms.
	21 - 200	High	
	Greater than 200	Very High	
Molds	0 - 900	Low	
	901 - 2500	Moderate	**Very High** - Almost all individuals with any sensitivity to these pollens and molds will experience symptoms. Extremely sensitive people could have severe symptoms.
	2501 - 25000	High	
	Greater than 25000	Very High	

Your personal Pollen and Mold Spore count is provided as a service by The University of Texas Health Science Center at Tyler.

Should you have concerns or questions, please contact the Office of Public Affairs at (903) 877-5137.

Pilot BOLMPAC Health Outcomes 2008-09

- 144 patients with evaluable data
- Follow-up rates were poor
  - 38% total
- No hospitalizations in any patients
- Most patients improved asthma control
  - 92% improved control in Tyler schools
  - 85% mild intermittent in Tyler schools by second visit
  - Control not as good in Winona schools
    - 41% improved, 41% same, 18% worsened
    - 24% mild intermittent, 23% mild persistent, 24% moderate, 29% severe
- In Tyler schools, decreases in:
  - Missed school days 3:1
  - ER visits 4:1
  - Oral steroid bursts 10:1
  - No hospitalizations - unchanged
- In Winona schools, decreases in:
  - Hospitalizations 9:0
  - Missed school days 3:1
  - No changes seen in ER visits or oral steroid bursts

Oct 2013-Feb 2016 BOLMPAC Data

- Self-reported Data
- 1135 unique patients seen
- 870 diagnosed with asthma
  - 339 returned for follow-up (39%)
  - Data evaluated in 16.3% within allowable time frame (10-14months)
  - Mean age 9yrs N = 870

Gender	Ethnicity	Asthma Severity	Payer
Male 57%	African American 38%	Mild Intermit. 43%	Unfunded 26%
Female 43%	Caucasian 32%	Mild Persist. 28%	Funded 74%
	Hispanic 29%	Mod Persist. 24%	
	Unknown 9%	Severe Persist. 5%	

★ 50% reduction in ED visits ★ 20% reduction in missed school Days

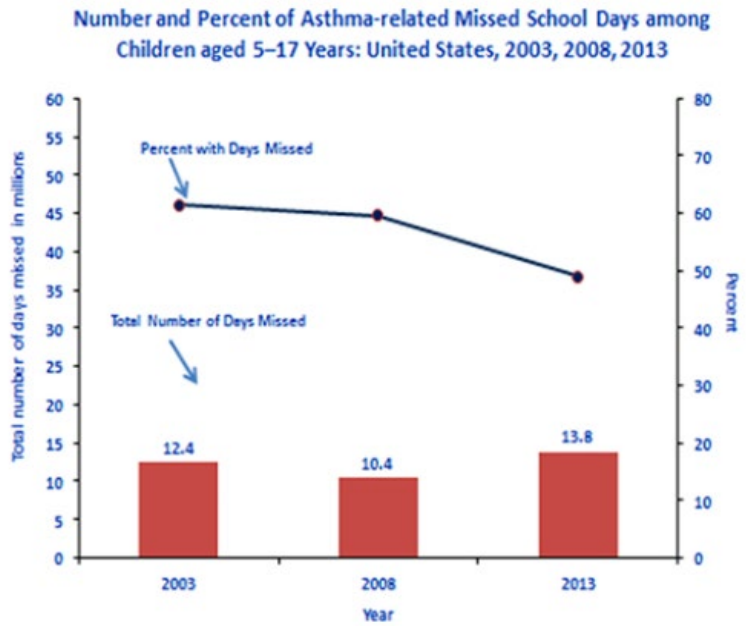
Current Data 2016–2019

Average missed school days/patient/year: 1–1.3/year

Steroid bursts/patient/year: 0.3–0.5/year

ED visits/patient/year: 0.17–0.34/year

Hospitalizations/patient/year:
0.01–0.03/year

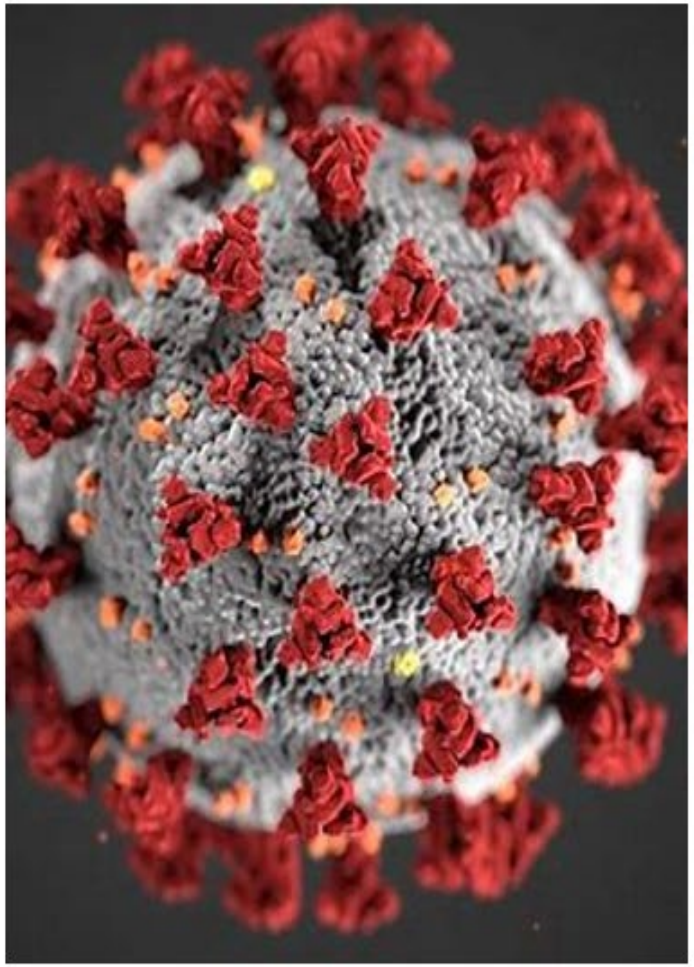


https://www.cdc.gov/asthma/asthma_stats/missing_days.htm

Continuity of Care Continuum

- All of UTHSCT's primary care clinics are accredited by the National Committee for Quality Assurance (Patient-centered medical homes [PCMHs])
- If appropriate geographically to BOLMPAC patients without primary care physicians, they are referred into those PCMHs
- GOAL: Improve referral into primary care

COVID-19 Accommodations



- Telehealth Visits
- Established patients
- Occupational Health Evaluation

Sustainability and Future Plans

- Funding
  - Health Resources & Services Administration Grant + UTHSCT>UTHSCT>DSRIP/1115 Waiver + Philanthropy + UTHSCT
- Our most recent donation for $40,000
  - “Committed to the sustainability of BOLMPAC”
- UTHSCT School of Community Health and Rural Health
  - Request Center for Medicaid & Medicare Services funding for community health workers
- Future
  - Assist independent school districts with education and implementation of school asthma management programs
  - Improve continuity with primary care
  - Grant proposal with UT System partners; strategic scheduling of BOLMPAC visits based on predicted greatest risk and need

Thank you!

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Question & Answer Session on AsthmaCommunityNetwork.org Discussion Forum

Please join us in the AsthmaCommunityNetwork.org Discussion Forum for a live online Q&A Session.

3:00 p.m. – 3:30 p.m. EDT

To post a question in the **Discussion Forum**, follow these directions:

1. If you are a Network member, log in to your **AsthmaCommunityNetwork.org** account.

> ***Not a member?*** *Create an account at **AsthmaCommunityNetwork.org** by clicking the "**Join Now**" link at the top of the page. Your account will be approved momentarily, and you can begin posting questions.*

2. Click on the **"Discussion Forum"** button on the home page.
3. Click on the **"Live Online Q&A for 5/28/2020 Webinar"** link.
4. Click on the **"Add new Forum topic"** link to post your question.
5. Enter your question and click the **"Save"** button at the bottom of the page.