STATE OF MICHIGAN

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November 29, 2001

Crystal James
Council of State and Territorial Epidemiologists
2872 Woodcock Building, Suite 303
Atlanta, GA 30341

Dear Ms. James:

Attached is a hard copy of my trip report and attachments for the NAEPP Coordinating Committee meeting I attended last month. Please let me know if the level and format of information is appropriate for a trip report.

There were three items that I thought CSTE members could provide assistance with.

1. The National Asthma Education Certification Board is applying to the American Medical Association for a CPT code to cover Asthma Coordinator/Counselor services. Would it be appropriate for CSTE to send a letter supporting this application?

2. A number of the recommendations in the RAND report "Improving Childhood Asthma Outcomes in the United States: A Blueprint for Policy Action" relate to development of performance measures and surveillance activities. In particular, there is a recommendation to "Develop a National Asthma Surveillance System" that we would be in favor of! Two areas to address here are: how can CSTE contribute technical expertise to development of measures and how can CSTE assist with moving the report's agenda forward?

3. There will be another NAEPP Asthma Conference in June of 2003. Do we want to provide representation from CSTE to the planning committee?

The next NAEPP Coordinating Committee meeting will be June of next year.

Sincerely yours,

Sarah Lyon-Callo
Asthma Epidemiologist

Attachments

cc: Steven Macdonald
Dennis Perrotta

National Asthma Education and Prevention Program
Coordinating Committee Meeting
Bethesda Maryland, October 29, 2001

Sarah Lyon-Callo, CSTE Representative
Trip Report

Action items for CSTE consideration:

1) supporting the National Asthma Education Certification Board's application to the American Medical Association for a CPT code for Asthma Coordinator/Counselor services.
2) Look into supporting the RAND report goals that overlap with CSTE agenda – e.g. "Develop a National Asthma Surveillance System" and "Implement primary care performance measures for childhood asthma care"
3) Provide representation to the planning committee for June 2003 Asthma Summit.

The New Frontier:

Asthma and Stress: The Biological Basis by Dr. Esther Sternberg
Dr. Sternberg presented an over view of the relationship between stress response and the regulation of asthma. She gave the same presentation at the September CDC Asthma Contacts Teleconference.

Measuring the Quality of Asthma Care: The Oregon Experience by Dr. Mel Cohn
Dr. Cohn, state epidemiologist for the Oregon Department of Human Services, presented an overview of Oregon's Measurement Guide for Asthma Care. He described the development of the guide in partnership with the 5 largest MCOs, primary care and specialty health care providers, RRTs, state Medicaid, American Lung Association, pharmacists and people with asthma. The purpose of the guide is to guide efforts to improve asthma care, define surveillance measures of quality of care, and promote consistency and comparability among quality improvement projects. The guide contains 8 clinical recommended practices and 1 health system practice with associated indicators. These recommendations are for MEASURING quality care, not providing care. The Data Workgroup is developing a technical volume to accompany the guide. Next steps are for obtaining endorsement by key stakeholders and beginning data collection.

Applying Asthma HEDIS Measures: What's Happening at Kaiser Permanente? Dr. Trish Hughes
Dr. Hughes is the Director of the Regional Asthma Program for Kaiser Permanent Mid-Atlantic Region in Rockville Maryland. The asthma program consists of a patient registry; member care, education and information; provider and clinical staff education; performance measurements and evaluation (ex. Medication ratio, identification of high risk beta agonist use); and feedback reports to providers about individual patients and to health care centers.

Each health care center in the Kaiser Mid-Atlantic region system is provided a report on their performance on the HEDIS measures, as well as the performance of other centers. The program does not publish individual provider level data, but they do publicly present data at the center level "to create healthy competition". The centers use these data to target programs to particular subgroups. The program also uses these data to identify centers with the best practices.

Program staff found problems with the HEDIS asthma measure, specifically:

- It identifies people without asthma – COPD in people younger than 56 years

- The NCQA drug table has had errors in the past, which made it difficult to get a baseline measurement.
- The measure is not a management indicator – it is not about appropriate USE of medication.
- The data are two years out of date by the time it is published so it is not as clinically useful as it could be

Lastly, Dr. Hughes mentioned the difficulty with collecting the needed data for calculating the HEDIS measure. She talked about the data analysis support needed and the need for multiple systems to be able to talk to each other in current time.

Community Approaches:

Identifying Effective Public Health Interventions for Asthma: Dr. Leslie Boss

Dr. Boss presented the CDC's work on turning intervention research into practice. MACRO was contracted to identify effective asthma interventions from the literature. The majority of published interventions were focused on children, usually in the clinic setting. For the majority of interventions, implementation ceased after publication. Protocols and materials from these studies were not available widely.

The bottle neck in turning asthma intervention research into practice is in the step of translation. Translation entails modifying the intervention based on research findings, updating study materials, and developing practical components for field implementation (e.g. staff descriptions etc). Only 2 of the published interventions identified by MACRO (ACT for Kids from AAFA and Open Airways from ALA) had been translated and were ready for distribution. To address this bottleneck, the CDC is working NIAID staff to translate the National Cooperative Inner City Asthma Study for implementation in 23 site across the country. They are also working with Dr. Evans to translate the "Whee Wheezers" and "Creating a Medical Home For Asthma" programs.

The CDC is interested in identifying other published or unpublished programs with science based interventions as possible candidates for translating into practice. Dr. Boss would like to hear about unpublished intervention research with packaged evaluated programs with documented health impacts.

Update on the Allies Against Asthma Grant Awards: Ms Linda Jo Doctor

The funded coalitions are at the completion of their planning grants. The implementation applications are in and under review. Allies has dollars to fund all 8 sites. An award announcement will be made in January 2002. Ms Doctor share some lessons learned from the planning process:

1. **Broad-based participation and community involvement is key.** Ms Doctor emphasized the critical importance of having asthma organizations, community health centers, school and day care providers, and safety net providers participate in coalitions in order to in turn get true community level participation (e.g. resident leaders, volunteer fire department members, youth, parents, churches). She emphasized the importance of finding the existing leaders in the community who have an interest in asthma. Ms Doctor stated that once the community is truly at the table, the planning ideas changed for the funded coalitions.
2. **Systems approach to planning is essential.** A systems based approach includes documenting the components, members and relationships in the area systems. She urged groups to draw out their systems and use a variety of methods (data base review, chart audits, focus groups, key informant interviews, community forums) to identify gaps.
3. **Dynamic leadership is needed.** Both visionary and operational leadership are need to stay the course of the group. A focus on health outcomes is also essential.

Research

Science Base Committee Report: Dr. William Busse

Rather than making wholesale updates to the NAEPP guidelines, the Committee decided in the past to make continual updates to the guidelines. These updates can be made in a more timely manner than a complete revision of the guidelines. The first update is on the management of chronic asthma. Dr. Busse presented the progress the committee has made on addressing the topics related to the management of chronic asthma:

- The effectiveness and safety of ICS use in young children
- The relative benefits of adding adjunctive therapy to Step 3 care (inhaled steroids for moderate asthma)
- Efficacy of using antibiotics in care for acute exacerbations
- Benefits of written action plan and peak flow meter use

The AHRQ/NHBLI has contracted with the BCBS Technical Evaluation Center for a systematic review of the literature through August 2000. In March 2001, the Science Base Committee reviewed and added more recent literature references to the Tech Center report. The Committee is currently working on a report to the NAEPP – a draft will reach the Coordinating Committee this fall. Winter 2002 is the release date for the topic update.

Next steps: the Science Base Committee will continue to monitor the literature for new developments. The topic under consideration for the next update is the relationship between asthma and rhinitis. The Committee will also be putting out quick response summaries on new drugs and devices for the clinical community after the FDA approves a new drug or delivery device.

Current Research Portfolio: NIAID: Dr. Kenneth Adams

Dr. Adams laid out the goals and focus of NAIAD research, including the Asthma and Allergic Disease Research Centers which conduct basic and clinical research on immunobiology and focus on early life development.. He went on to describe the National Cooperative Inner City Asthma Studies in detail. The studies were established in 1991 to identify risk factors for asthma and to develop and test interventions based on those risk factors. These studies have run in 3 phases:

1. The National Cooperative Inner City Asthma Studies ran from 1991-1996. Results from this study have been published in the literature. Improvements in health outcomes were seen using the asthma counselor interventions. These improvements were then maintained in the following observation year. Post NCICAS work has been to evaluate the long term effects of these interventions (5 years later) and to work with CDC to develop translated materials. These materials will be on the NIAID web next year.

2. The Inner City Asthma Studies, which built on the NCICAS results, run from 1996-2002. 941 children are enrolled in 7 clinical centers. The 2x2 design includes an Intensive home intervention and a physician feed back module. Preliminary results from the environmental intervention are exciting; the intervention provided 2-4 week additional symptom free days and a decrease in unscheduled visits. The physician feedback intervention has only provided a small decease in unscheduled visits. These results are exciting but NIAID would like to know more about which piece of the complex environmental intervention worked and where/with whom it worked.

3. The Inner City Asthma Consortium will start in 2002-2009. This funding stream will blend randomized control trials with experiments in immunology to run clinical trials, mechanistic studies, longitudinal studies, epidemiology, and basic studies of pathobiology.

Policy Issues:
The RAND Report: Dr. Marielana Lara
Dr. Lara is the principal investigator of the Rand Health team which developed the draft report "Improving Childhood Asthma Outcomes in the United States: A Blueprint for Policy Action". The work was supported by the Robert Wood Johnson Foundation. The report, which is currently confidential, will go to press later this spring; a shortened version f the report will be submitted to a peer-reviewed journal and placed on the web. Dr. Lara made a plea for organizations belonging to NAEPP to assist with the implementation of these recommendations (see attached summary).

Surveillance Update: Dr. Stephen Redd
Dr. Redd was unable to attend the meeting because he was on field assignment responding to bio-terrorist incidents. He did provide an activity update handout (see attached), including highlights:

1. Develop population –based models to establish Surveillance for asthma incidence in defined geographic areas. Two funded sites: Kaiser Foundation Research Institute (Portland, OR) and Maimi-Dade County Health Department (Miami, FL).
2. Assess the ability to rapidly identify and describe asthma deaths in 3 state health agencies: Michigan Department of Community Health; California Department of Health Services, and Illinois Department of Public Health.
3. Pilot test the National Asthma Study, a telephone survey to be implemented at the state and city level. The CDC's National Center for Health Statistics is funding Abt Associates of Chicago, IL to conduct the pilot.
4. Develop a weighting procedure for the BRFSS child prevalence module. (Research Triangle Associates, NC)
5. Develop an Asthma Training Curriculum to help develop public health workers knowledge about asthma. American Academy of Allergy, Asthma, and Immunology in Milwaukee, WI has been funded to develop this curriculum.

Other NCEH updates can be found in the attached handout.

Member Highlights:
School Asthma Resources Manual: Dr. Mary Vernon-Smiley, CDC DASH
The School Asthma Resource Manual is designed to assist schools in implementing programs using best practice information available. In July, an outline of the document was completed. The NAEPP Schools Committee commented on the draft and DASH is revisiting the content. The NAEPP will review the manual as a group at our next meeting.

Asthma Education in the Emergency Department: Consensus Conference – Dr. Carlos Carmargo
In April 2001, a conference on "Developing ED-Initiated Approaches to Improving Asthma Care" was held. The purpose of the conference was to teach about the realities of ED status/environment and then identify educational topics/skills that are possible given the CURRENT status and resources in the ED setting. Unanimously, conference participants agreed that the short term goal was for ED staff to prescribe ICS for most patients. The staff should teach two simple messages with that prescription 1) that ED visits and hospitalizations are preventable and 2) that the patient should stay on ICS until they see their PCP or specialist. Linkage with formal asthma education should be arranged for at a later date.

Dr. Carmargo also reported on a separate issue: the National Asthma Education Certification Board is working to get a CPT code on the books for the services of Asthma Coordinator/Counselors. The two steps are to 1) get the code passed by AMA (submitted in Oct 2001, if approved, it will be 2003 before can use) and 2) get the code funded. They need letters of support for the code process. Send letters to Linda Ford at lford@asthmaandallergycenter.com

Subcommittee Reports

School Asthma Education: Dr. Lani Wheeler reporting.
Dr. Wheeler reported that the School Asthma Education Subcommittee will be putting out electronic announcements on asthma resources for child care settings. She discussed the criteria for developing announcements (see attached). The schedule for announcements is:
Nov. 2001: How Asthma Friendly is Your Child Care Center Check list, NHLBI
Jan 2002: Asthma and Allergy Essential for Child Care Providers, AAFA
Mar 2002: Asthma in the Child Care Setting, CDC
May 2002: Caring for Children with Chronic Conditions, Head Start
July 2002: Secondhand Smoke Training Module for Child Care Providers, EPA
Sept 2002: A+ Asthma Partnership Books, JHU
Nov 2002: Child Care Asthma and Allergy Card, AAFA
Jan 2003: Health Child Care article, ASH

Other School Asthma Education Subcommittee highlights include:

- The NAEPP web-site now includes a "School Corner" for easy access to information.
- The Subcommittee is working with DASH on the school manual as mentioned above.
- The Subcommittee is also updating Managing Asthma – A Guide for Schools.
- Lastly, the Subcommittee is working with their counterparts in diabetes, epilepsy and other chronic disease areas to come up with one document on chronic illness in schools. A draft document is out to allies now.

All of these activities support the recommendations in the RAND report.

Patient/Public Education: Dr. Barbara Yawn reporting

1. This sub committee was very interested in getting issues in the RAND report addressed. Of particular interest is the recommendation that self-management skills should be taught to children with persistent asthma (and their families). The subcommittee suggested that all children with asthma, not just persistent asthma, should be included in this recommendation. The subcommittee did agree with the goals that educational materials should meet patient's language and literacy requirements. They requested that everyone reports back on whether or not their organization has a policy on education materials.
2. The subcommittee was also interested in the development of a specific set of patient education performance measures (see RAND recommendations). Members will be meeting with leaders in performance measures (FAACT, IHI, etc) to explore ways to assess asthma patient education. They would like to invite these groups to the next NAEPP coordinating committee meeting.
3. The subcommittee will explore the steps taken in the diabetes education process and identify current strategies for getting asthma counselor CPT code funded. They are also identifying ways that reimbursement for asthma education is currently being obtained.

4. The Committee has set June 2003 as the date for the next National Summit on Asthma.

Professional Education: Dr. William Storms reporting
The Professional Education Subcommittee discussed three topics:

1. Tom Kallstrom reported that the AARC Asthma Guide is coming to fruition. "Making a Difference in the Management of Asthma: A Guide for Respiratory Therapists" will be presented to the NAEPP in the first part of next year.
2. The Subcommittee and CDC staff are developing a one page table with components of care, key clinical activities and action steps for providing quality asthma care based on the NAEPP guidelines. The CDC Quality Asthma Care Product (see attached draft) will be provided to benefits managers.
3. The Committee is sponsoring a conference with AHRQ entitled "Breathing New Life into Implementation of Guidelines." This strategy development conference will be held in Chicago in December 2001. The purpose of the meeting is to improve the quality of asthma care by exploring innovative and effective strategies in professional education that lead to changes in clinical practice. The participant list and meeting objectives are set.

Announcements:

- The next NAEPP Coordinating Committee meeting is June 9/10 , 2002
- World Asthma Day is May 7th 2002 (not May 3rd)
- November 13 is 3rd meeting of Asthma Coalitions held by the American College of Chest Physicians
- Asthma and Allergy Network/Mothers of Asthmatics – Nancy Sander reported AAN/MA is not holding their annual asthma awareness day in DC. Events will be held across the country instead. New web site "BreathervilleUSA" is up next month. AAN/MA Newsletter will include an annual resource guide and a special issue on asthma management.
- Asthma and Allergy Foundation of America – 1998 Cost figures will be on the AAFA site next year. Next May is Asthma Patient Advocacy Month.
- AARC – the 5th Asthma Disease Management Course will be held in Las Vegas next month. The Annual Congress will be held in San Antonio in December. AARC is undertaking a multi center RRT inner city pilot ED study. They have provided a video to all RRT schools on asthma.