

5 Things to Know



The Important Role of the Asthma Educator

Outline

1. Important Role
2. Telehealth for Asthma Ed
3. Navigating Severe Asthma
4. AE-C Certification
5. AE-C Tools

Network Host:

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AE-C, FAARC, FCCP

Director of Research



1985 - 2020



- Grassroots Patient Advocacy Organization
- Develop Patient-Centered Care Teams
- Work with leading experts in the field

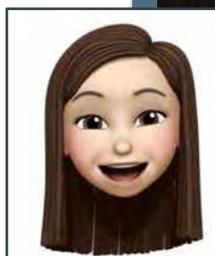
We are here to help.

Our mission:

- Allergy & Asthma Network is the leading nonprofit organization whose mission is to end the needless death and suffering due to asthma, allergies and related conditions through **outreach, education, advocacy** and **research**.

**Karen Gregory, DNP,
APRN-BC, CNS, RRT, AE-C,
FAARC**

Today's Speaker



1



Important Role of Asthma Educators

Asthma Educators play an important role -
in the Schools and the Community

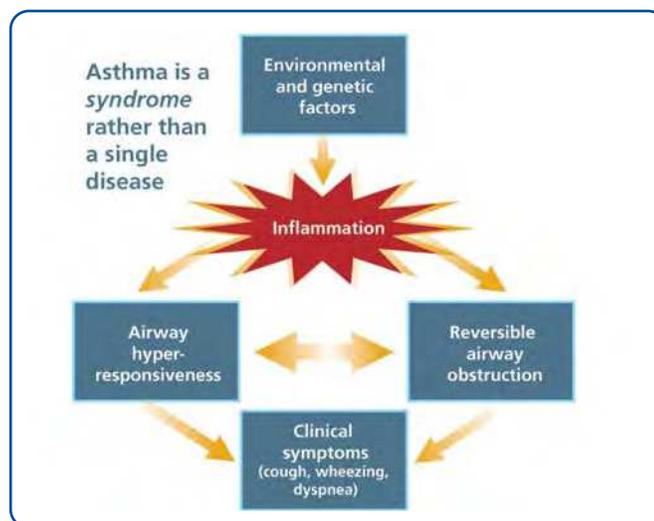
Asthma



Asthma
Stats

Understanding Asthma

Each person's asthma is unique to them



Who is an Asthma Educator?

An asthma educator is an expert in counseling individuals with asthma and their families how to manage their asthma and to minimize its impact on their quality of life.



Licensed Healthcare Professionals

- Physicians (MD, DO)
- Physician Assistants (PA-C)
- Nurse Practitioners (NP)
- Nurses (RN, LPN)
- Respiratory Therapists (RRT, CRT)
- Pulmonary Function Technologists (CPFT, RPFT)
- Pharmacists (RPh)
- Social Workers (CSW)
- Health Educators (CHES)
- Physical Therapists (PT)
- Occupational Therapists (OT)

The Asthma Educator - -



- Has comprehensive current knowledge of asthma pathophysiology & human development
- Understands asthma diagnosis & treatment
- Teaches medication action & use
- Helps patients implement an Asthma Action Plan
- Serves as a patient & community resource

Where Do Asthma Educators Practice?

- Hospitals
- Clinics
- Pharmacies
- Schools
- Telehealth
- Any where people need asthma education!



2



Telehealth for Asthma Ed

Asthma Educators can use telehealth to assess, evaluate, educate patients

The Time for Telehealth



People with asthma have unique needs

Each case of asthma is unique

Patients need asthma management that works for THEM

Where they are - When it's convenient

Benefits of Telehealth



ACCESS

- Ability to increase care access for all patient populations
- Decrease barriers of transportation, travel distance, scheduling conflicts, or childcare for young siblings

HEALTH

- Minimizes the risk of virus exposure to patients and healthcare workers

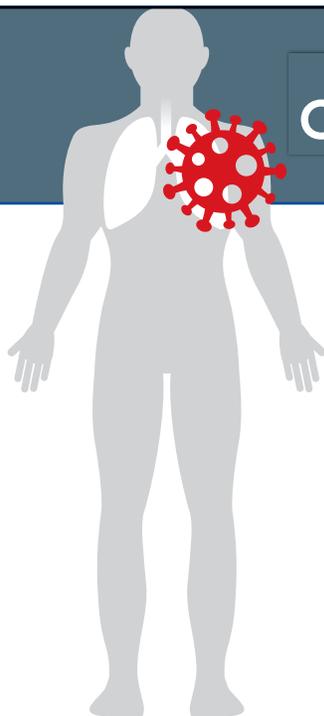
EDUCATION

- Health/asthma educational opportunities

Telehealth & Asthma Coaching

Telehealth and health coaching go hand-in-hand.
Telehealth coaching:

- Makes it more convenient for you to show up for appointments
- Provides tools for you to share important data on their lifestyle habits such as food intake, exercise, sleep and medication.
- Enables healthcare professionals to easily refer you to an asthma or food allergy coach, dietitian or other support.



COVID-19 - Telehealth

COVID-19 has hastened the acceptance of telehealth

Can visit with care provider, educator

- Still socially distance
- Avoid exposures

Telehealth is here to stay!

Telehealth Programs

Allergy & Asthma Network

- Our asthma coaches are certified asthma educators with additional licenses as respiratory therapists, pharmacists or registered nurses. These coaches follow the validated PRIDE program developed by the University of Michigan's Center for Chronic Disease Management.

The PRIDE program helps people learn asthma self-management skills including:

- proper inhaler technique
- how to deal with environmental triggers
- how to keep asthma under control.

The coaches use motivational interviewing and shared decision making to support behavior change for you and your family.

3



Navigating Severe Asthma

Asthma Educator can help high risk patients navigate throughout the continuum of care



Severe Asthma

Severe asthma is asthma that, despite all that you do:

- Requires high-dose inhaled corticosteroids plus long-acting beta2-agonists and/or additional controller medication or
- Requires oral corticosteroids to prevent it from becoming uncontrolled or remains uncontrolled despite therapy.



Severe Asthma

- People with severe asthma often experience high rates of emergency department visits, hospitalizations and school or work absenteeism.
- They often find themselves unable to perform simple activities of daily living.



How the Asthma Educator Can Help

Navigate healthcare system

Help the patient know what to ask

Provide basic & enhanced asthma education

Help the patient to live their best life!



Personal Experience with an Asthma Navigator Program

"Asthma Patient Navigator Program Helps High Risk Asthma Patients Gain Better Control of Their Asthma" - Baylor Dallas

2-year Pilot project/private funding

In patient/Outpatient hospital

Adults

High risk – multiple ED visits/hospitalizations for asthma

Using AE-C – Lung Center visited hospitalized high-risk asthma patients

Connected with patient- Assess, Evaluate, Educate, follow-up

Lung center – face/face, telephone visits FU – received diagnostic testing, education

Results: Those who continued to work with AE-C – 1st year - 0 ED visits , 0 use of OCS, ability to verbalize asthma control methods

Asthma Patient Navigator Program Helps High-Risk Asthma Patients Gain Better Control of Their Asthma

Mary Hart, Grace Hernandez, Mark Millard
Baylor University Medical Center, Martha Foster Lung Care Center – Dallas TX

Abstract

Rationale: Although asthma can be controlled, many asthmatics continue to use the emergency department as their primary source for asthma care and have frequent hospitalizations due to exacerbations. We are piloting a new concept of using a registered respiratory therapist who is a certified asthma educator as an asthma patient navigator (APN) to transition these high-risk asthma patients to our asthma center where they can gain the self-management skills needed for asthma control.

Methods: We developed the APN Program that included components of the National Asthma Education Prevention Program. The APN collaborated with the emergency department and inpatient hospital units to identify patients admitted with asthma. The use of national asthma guidelines and the CHOP asthma risk assessment tool were used to identify patients at risk. The APN visited the patient during their hospitalization to determine barriers to good asthma control and to gain their commitment for follow-up care. During the visit the patient signed a compliance agreement and the APN assessed, educated, and set up the first appointment at the asthma center. The appointment included diagnostic testing, treatment, and patient education/self-monitoring. The patient was given an asthma action plan/medication plan to help manage their asthma. Regular phone calls were made to the patient to monitor their asthma symptoms and to evaluate patient compliance. Patient barriers to care were identified and resources were allocated.

Results: Twenty-two high-risk patients were referred to our asthma center. Nine of these patients are currently being treated by the APN. Patient ages are 20-40 years old, 4 Female, 5 Male, 1 Hispanic, and 8 Black. All had previous hospitalizations and were non-compliant with poor asthma control. All other referrals were (5) unable to visit our center due to barriers such as the ability to pay the discounted price for treatment or (2) the continued use of illegal drugs or (6) inability to contact patient. All 9 patients being followed by the APN have not had any ED visits, hospitalizations, or prednisone bursts since entering into the program. They are all able to verbalize and demonstrate good asthma control. Unexpected results included cultural and learned behaviors that prevented the patient from being accountable in the collaboration of asthma management.



Methods

The Asthma Patient Navigator Program was designed based on meeting the needs for our hospital's patient population using a Registered Respiratory Therapist who is a Certified Asthma Educator with extensive experience in dealing with difficult to treat asthma patients. The goal for the program was to help them gain asthma control, learn to self-manage, improve quality of life, and reduce utilization of acute care visits or readmissions.

The Asthma Patient Navigator collaborated with key hospital personnel who established a formal referral plan of notifying the APN when a high-risk patient was admitted to the ED or hospitalized with asthma.

High-Risk Asthma Patient Defined by National Asthma Education Prevention Program Expert Panel-3

Asthma history
 Previous severe exacerbation (e.g., intubation or ICU admission for asthma)
 Two or more hospitalizations for asthma in the past year
 Three or more ED visits for asthma in the past year
 Hospitalization or ED visit for asthma in the past month
 Using >2 canisters of SABA per month
 Difficulty perceiving asthma symptoms or severity of exacerbations
 Other risk factors: lack of a written asthma action plan, sensitivity to *Altaria*

Social history
 Low socioeconomic status or inner-city residence
 Illicit drug use
 Major psychosocial problems

Co-morbidities
 Cardiovascular disease
 Other chronic lung disease
 Chronic psychiatric disease

CHOP Asthma Risk Stratification Tree for Hospitalized Patients
 The Classification and Regression Tree method identified 4 important variables (CHOP): change [C] in peak expiratory flow severity category, ever hospitalization [H] for asthma, oxygen [O] saturation on room air, and initial peak expiratory flow [P].

We created this new program to include the following components for the patient while still in the hospital when possible:

- Patient Evaluation and Assessment
- Risk Assessment and Patient Commitment
- Patient Education
- Patient Self-Monitoring Asthma Tool Bag
- Documentation Tools
- Referral/Discharge Process to Outpatient Asthma Management
- Scheduled Visit to Asthma Center
- Discussion with Patient Barriers and Behaviors to Preventive Care/Management

Outpatient Asthma Management included:

- Diagnostic Testing/ Treatment including allergy assessment/testing
- Asthma Education/ Self-Management, Smoking Cessation
- Assessment Barriers – access to medications, access to health care/PCP, transportation, etc.
- Identified Behavior and Knowledge of Preventive Asthma Care
- Assistance enrolling in Patient Assistance Programs, Medicaid, Medicare
- Follow-up Phone Calls
- Follow-up Patient Center Visits

Data Collection by Asthma Patient Navigator included:

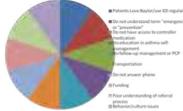
- Patient demographics, hospitalizations, medication use, behavior, access to care



Results

- Twenty two high-risk patients were referred to the asthma center.
- Diagnosis was confirmed with spirometry
- Nine of these patients are currently being treated by the APN.
- Patient ages are 20-40 years old, 4 Female, 5 Male, 1 Hispanic, and 8 Black
- All had previous hospitalizations (1 with over 20 hospital visits) and all were non-compliant with poor asthma control.
- All other referrals were (5) unable to visit our center due to barriers such as the ability to pay the discounted price for treatment or (2) the continued use of illegal drugs or (6) inability to contact patient.
- All 9 patients being followed by the APN have not had any ED visits, hospitalizations, or prednisone bursts since entering into the program.
- They are all able to verbalize and demonstrate good asthma control.
- Unexpected results included cultural and learned behaviors that prevented the patient from being accountable in the collaboration of asthma management.
- Significant reduction in costs

Patient Barriers to Asthma Management



Conclusions

The Asthma Patient Navigator Program using a Respiratory Therapist to facilitate and navigate the patient through the process of obtaining asthma control and finding a way to minimize the use of medical resources should be considered as an option to improve overall patient care, quality of care and patient satisfaction. Reducing the number of asthma exacerbations equally reduces the higher-risk of mortality associated with asthma.

Our next phase will include in-home visits and environmental assessment. To better understand the barriers which prevent effective asthma management.

Presented at AIS 2012

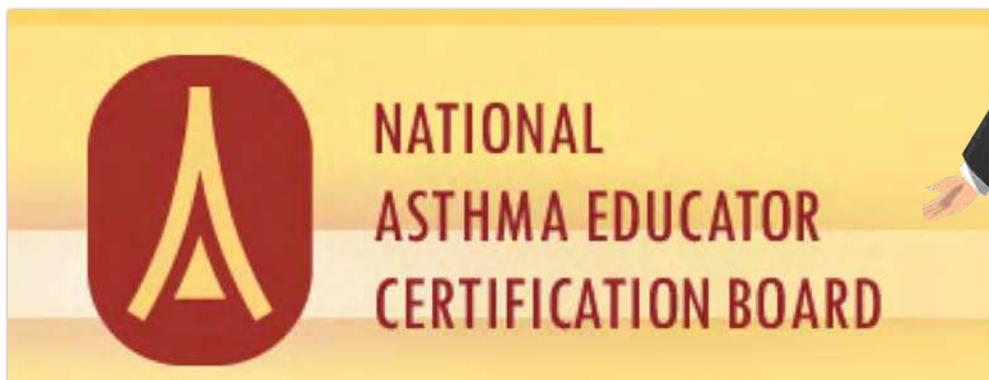
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AE-C Certification

If you're not Certified -
here's where to go to find out more information!

National Asthma Educator Certification Board



What is the NAECB Exam?

- The NAECB exam is a voluntary testing program used to assess qualified health professionals knowledge in asthma education.
- An evaluative process that demonstrates that rigorous education and experience requirements have been met.
- Certification is voluntary and is not required by law for employment in the field, although some agencies may use AE-C® certification as a basis for employment, job promotions, salary increases, or other considerations.

Who is eligible to sit for the AE-C Exam?

There are two kinds of eligibility.

A candidate must fulfill ONE of the requirements.

Licensed or credentialed health care professionals OR

Individuals providing professional direct patient asthma education and counseling with a minimum of 1,000 hours experience in these activities.



What steps should I take if I want to take the Exam?

- Visit <https://naecb.com>
- Click on Certificants
- Go to "Get Certified"
- You'll want to read the entire Candidate Handbook

5



Asthma Educator Tools

Allergy & Asthma Network
 Association of Asthma Educators
 And more!

Web Pages – Allergyasthmanetwork.org

Asthma

Severe Asthma

Telehealth

Schools & Asthma



Web Pages – Asthmaeducators.org/

About Us

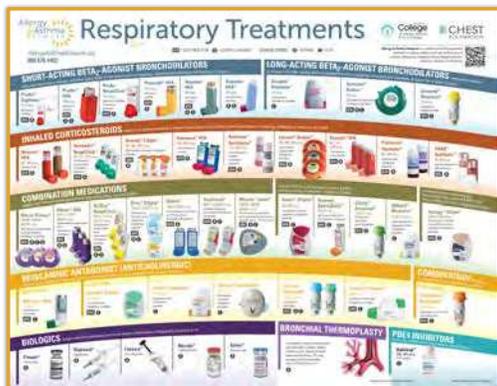
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Asthma Education
Courses

News & Events



Posters



Infographics

Asthma and COVID-19

People with asthma should take extra precautions to avoid respiratory infections and to prevent and/or reduce complications arising from the breathing problems associated with COVID-19.

What you need to do...

Prevention

- Stay your daily asthma/inhaler maintenance regimen (don't stop your prescriptions, see up to date list on page 2)
- Have an emergency supply of inhaler(s) and PEP. Ask your doctor, including asthma action plan, about COVID-19 related medications.
- After the COVID-19 season has passed:
- Have a plan to identify any new triggers – "How will your trigger be affected?" Use a checklist to make sure you are able to do so. Consider your asthma action plan.
- Identify triggers with a 2-3 day diary and take note of any changes. Make contact with your doctor if you have any changes.

Prevention

- Wash your hands regularly with soap and water.
- Avoid touching your face.
- Clean and disinfect regularly household surfaces.
- Avoid close contact with people who are sick.

What to do if you have symptoms

- If you are having any COVID-19 symptoms (fever, cough, chest tightness, etc.), stay home and avoid contact with others as much as possible.
- Call your doctor for advice on how to manage your asthma.
- Call 1-877-967-7262 for advice on how to manage your asthma.

Asthma Care at School Post COVID-19 Outbreak

A student presents at the school Health Office with report of respiratory symptoms. **Could it be viral?**

Maybe? Important to take student's asthma level. School Nurse should wear appropriate Personal Protective Equipment (PPE).

Assess for additional viral symptoms

- Fever of over 102.4
- Cough without wheeze
- Nasal congestion
- Nausea/vomiting/diarrhea
- Headache/fatigue
- Myalgia
- Poor appetite
- Swelling/itch on hands & feet

Assess for additional asthma symptoms

- No fever
- Audible wheeze / Cough
- Chest congestion or tightness
- Breath sounds on auscultation; expiratory wheeze
- Fatigue, Mental status
- Reports not feeling able to fully participate in daily activities
- Sleeps talking to latch breath

Assess for asthma issues & treat as needed

- Isolate student
- Call parent
- Discuss with healthcare provider, where possible, provide student with mask

If confirmed COVID-19:

- Assess risk
- Consult local health officials
- Consider 2-5 day Building Disinfect to clean, disinfect & contact trace (CDC guidance as of 5/20)

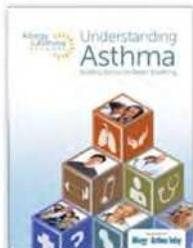
Follow Asthma Action Plan

- Green – follow plan, observe
- Yellow – Administer medication as directed, notify parent
- Red – Administer medication as directed
- Call parent as needed (ask 911 if symptoms are or become severe)

Observe Return to sites as appropriate

Please see Page 2 for Asthma Care Notes.

Understanding Asthma and more!



Understanding Asthma – An “Asthma 101” guide written at a 6th grade reading level



Asthma is Not Stopping Me featuring the Fabulous Me, Piper Lee – Piper Lee is off and running -- keeping her asthma triggers away, so she can breathe easy every day.



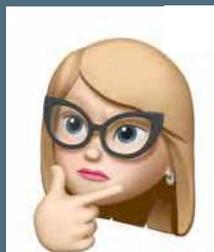
Peter's Perfect Pipes – With the help of an old friend and two new friends – an inhaler named Piper and his sidekick, a holding chamber named Aerial – Peter learns how his medications work, how to use them correctly and how to manage his asthma

App & Online Patient Videos

Asthma Storylines



Patient Learning Pathways



Questions?

Write your questions in the Question Box on your Control Panel

Look for the Handouts Pane to download your Certificate of Attendance & Handouts – Do that NOW (you can't at the end of the program)

Things to Know

- **Thanks for listening!**

- Contact Mary with questions
- mhart@allergyasthmanetwork.org



www.allergyasthmanetwork.org