



## Office-Based Provider Asthma Education Protocol

1. Evaluate member panel size list from health plan
2. Develop "Hot List"
  - a. Rank order practice sites based on number of health plan members
  - b. Exclude any sites that are not eligible to participate (some practices do not participate for a variety of reasons: existing asthma educator as part of organization, information about practice precludes participation, etc.)
3. Forward potential practice names to CMH physician liaison for initial contact (usually 5-8 practices at a time)
4. Physician liaison schedules an initial meeting time with providers and practice manager
5. Meet over lunch with providers, practice manager, lead clinical personnel to introduce program concept
  - a. This can be at the practice site (preferred) or off site
  - b. Intervention program is introduced and questions answered
  - c. Informational meeting only – no commitment is required at this time
  - d. Physician liaison addresses other pertinent CMH issues
6. Determine a key contact person at the practice for follow up
7. Follow up phone call to determine if practice is interested in proceeding with intervention
8. Meeting with key contact person to further explain program and set dates for didactic sessions, and get contract signed
9. Begin intervention
  - a. Module 1 Introduction to KC CAMP
    - i. RWJ Grant/CMH Partnership
    - ii. Paper Work- Action Plans, Fax Sheets
    - iii. Case Study – Asthma Management
  - b. Module 2: What is Asthma?
    - i. Definition
    - ii. Classifying Severity
    - iii. Triggers
    - iv. Medication – Controllers/Quick Relievers

- v. Disease Management
  - vi. NIH Guidelines
- c. Module 3 Asthma Action Plans & Cards
  - i. Zone Management
  - ii. Asthma Action Cards
  - iii. Case Study – Asthma Action Plan
- d. Module 4 Evaluation and Treatment of the Asthma Patient
  - i. Signs & Symptoms of Respiratory Distress including breath sounds
  - ii. Medication Delivery Devices
    - 1. Spacer
    - 2. Discus
    - 3. Turbuhaler
    - 4. Nebulizer
    - 5. Aerolizer
  - iii. Peak Flow Meter Monitoring
- e. Module 5 Spirometry
  - i. Office Spirometry
  - ii. Define measured values
  - iii. Describe proper technique
  - iv. Interpretation
  - v. Case Study – PFT
- f. Module 6 Environmental Issues
  - i. Triggers/Symptoms relationship
  - ii. Distinguish Patients with potential environmental problems
  - iii. Health Homes Questionnaire
  - iv. Case Study – Mold Allergy
  - v. School Based Issues
  - vi. Case Study – Exercise Induced Asthma
- g. Module 7 Case Management
  - i. Overview of Asthma Social Service Issues
  - ii. Notification & Intervention
  - iii. Resources available
  - iv. Quality of Life
  - v. Case Study – Primary Care Office Visit & Follow-up
- h. Module 8 Allergy & Immunology Matters
  - i. What are Allergies?
  - ii. What is Immunology?
  - iii. How are referrals handled?
  - iv. What is the consultation process?
- i. Module 9 Wrap Up and Questions
  - i. Review necessary paperwork for reimbursement
  - ii. Asthma Action Plans
  - iii. Quality of Life
  - iv. Survey Completion
- j. Module 10 Billing/Reimbursement

- i. Asthma Billing Quick Guide
  - ii. Asthma Education CPT Codes
  - iii. Identification of Asthma Patients with Chart Flags
- k. Module 11 Provider Focus Group
  - i. Review program material
  - ii. Utilization Reports
  - iii. Competency if necessary
  - iv. Survey completion
  - v. Activation of individual provider CPT code eligibility
- l. Module 12 Quarterly Follow-up
  - i. Meet with Providers & Staff
  - ii. Review paperwork
  - iii. Problems/Issues
  - iv. Review Utilization Reports/Claims Data
- m. Module 13 Educators in Provider Office
  - i. Work with Staff to Incorporate Asthma Management Tools
  - ii. Patient Assessment
  - iii. Clinical Chart Review
  - iv. Asthma Action Plan Implementation
  - v. Asthma Action Cards
  - vi. Rapport with Providers
  - vii. Asthma Management Tools Availability
  - viii. Spacers,
  - ix. Medications
  - x. Peak Flow Meters
  - xi. Spirometer

(Modules 1- 9 should be completed in 8 weeks during a formal teaching session. Module 10 is done with appropriate billing personnel. Module 11 is done at the end of the intervention. Module 12 is done on a regular basis for follow-up. Module 13 takes place during weeks 4 – 8, two to three half days per week.)

- 10. Schedule 1 month follow up
  - a. Lunch meeting with all staff (usually provided by a pharmaceutical rep)
  - b. Review intervention basics
  - c. Answer any questions
- 11. Review Asthma Action Plans (AAPs) received from practice providers
- 12. Enter AAPs into database for reporting purposes
- 13. Schedule an Asthma/Health Fair with practice
- 14. Follow up with practice at 6 month intervals
  - a. Present outcomes information
  - b. Review pertinent asthma management issues
  - c. Have one of the allergy/asthma fellows or attending physicians present a session to reinforce asthma management procedures.
- 15. Quarterly meetings are held with health plan to provide and receive information about intervention practice sites.