Welcome to the Orientation Webinar for the Medical Home Chapter Champions Program on Asthma, Allergy and Anaphylaxis

Audio for today's event will be through your computer speaker, headphones or telephones. Please remember to put in your audio pin. All phone lines are on mute due to the large number of people joining us today. Please type your questions in the question chat box and they will be answered during the Question and Answer portion.

Please select the telephone audio option if your audio option is the telephone

THE PRESENTATION WILL BEGIN AT 7PM CT.
Medical Home Chapter Champions Orientation Webinar

MONDAY, NOVEMBER 3, 2014
3-4PM HT/4-5PM AKT/5-6PM PT/6-7PM MT/7-8PM CT/8-9PM ET
Webinar Overview

- Welcome
- Asthma, Allergy and Anaphylaxis and the Medical Home
- Brief History & Overview of the AAP Medical Home Chapter Champions Program
- Program Goals
- Program Oversight
- Program Activities
- Questions and Answers
Welcome!

Nkem Chineme, MPH
Program Manager
Medical Home Chapter Champions Program on Asthma, Allergy and Anaphylaxis
Asthma, Allergy and Anaphylaxis and the Medical Home

**Presenters:** Adriana Matiz, MD, FAAP  
Matthew Sadof, MD, FAAP
Objectives

- Define a “medical home”
- Elements of a medical home
- Local “asthma medical home” model
- Opportunities for allergy and anaphylaxis focus in the medical home
What is the Medical Home?

“The Medical Home is the model for 21st century primary care, with the goal of addressing and integrating high quality health promotion, acute care and chronic condition management in a planned, coordinated and family-centered manner.”
What it is NOT?

A family-centered medical home is **not** a building, house, hospital, or home healthcare service, but rather an approach to providing comprehensive primary care.
The medical home: child and family in partnership with professional clinicians.
Healthy People 2010 and 2020 Goals

2010
- “all children with special health care needs will receive regular on-going comprehensive care within a medical home”

2020
- “Increase the proportion of children, including those with special health care needs, who have access to a medical home”
- Increase the proportion of children with special health care needs who receive their care in family-centered, comprehensive, and coordinated systems
Care in the Medical Home

- Accessible
- Continuous
- Comprehensive
- Family-Centered
- Coordinated
- Compassionate
- Culturally effective

- Delivered or directed by a well-trained physician who provides primary care
- Develop a partnership of mutual responsibility and trust with families

National Center for Medical Home Implementation | www.medicalhomeinfo.org
Elements

- Care Partnership Support
- Clinical Care Information
- Care Delivery Management
- Resources and Linkages
- Measurement and Practice Improvement
- Payment and Finance
Pediatric Asthma Medical Home Model

- Registry
- Assess for asthma “control”
- Education
  - Provider, nursing, community health worker
- Care plans
- Parental input and guidance
- Strengthen school linkages
- Access
Patient X at the Practice

Prior to the visit the patient’s chart is reviewed by the MD

Identified at registration

Asthma Control Test

Risk level, Classification, Care Plan, School forms, goal setting & medication management

EMR asthma section for providers

RN education and CHW education

Follow-up appt given upon discharge
Plan de Cuidado de Asma

Medicinas de CONTROL para usar TODOS los días:
Su hijo debe usar esta medicina todos los días, aunque se sienta bien. Medicinas de control previenen los síntomas del asma.

Medicinas de RESCATE para usar solo cuando se necesiten
Medicinas de rescate deben usarse cuando su hijo tiene tos o pito en el pecho para ayudarle a sentirse mejor.

Llame a su doctor inmediatamente si su hijo continúa teniendo síntomas

METAS PARA EL ASMA DE MI HIJO
NOTE: Parent signature required on reverse side of this form. Current photograph of student MUST be attached to upper left corner of this form.

MEDICATION ADMINISTRATION FORM
Authorization for Administration of Medication to Students for School Year 2012-2013

Student's Name (Last, First, Middle)
Date of Birth

DOE District
School [PS, IS, etc. and Name]

Male □ Female □
Grade
Class
Borough

School Address
Zip Code

1. Diagnosis

Asthma □ Yes □ No

□ Intermittent
□ Moderate Persistent
□ Severe Persistent

National guidelines recommend inhalated corticosteroids for children with persistent asthma.

Stock supply only available for Ventolin HFA. (see back)

Choose One:
□ Ventolin HFA (may be provided by school for shared usage).
□ Use generic Eq. HFA (to be provided by parent).
□ May substitute stock ventolin
□ May not substitute stock ventolin

INDICATE HOME MEDS IN BOTTOM LEFT BOX.

Choose all that apply:

□ Standard order: 2 puffs q 4 hrs. via MDI and spacer or cough, wheeze, tightness or chest, difficulty breathing or shortness of breath. May
□ Repeat in 15 mins x 2 if no improvement (0.0 total).
□ Pre exercise: 2 puffs via MDI w/ spacer 15-30 minutes before exercise.
□ URI or recent asthma flare (within 5 days), 2 puffs q 4hrs via MDI inhaled spacer for 2-4 days. URI can include: Red eyes, nose, nasal discharge and coughing, sneezing, conjunctivitis, coughing, wheezing, chest tightness or pain, coughing, wheezing.

ICD-10:

2. Diagnosis:

Anaphylaxis □ Yes □ No

□ Epipen Auto-Injector: 0.3 mg/0.3 ml [1:1000]
□ Epipen Jr. Auto-Injector: 0.15 mg/0.3 ml [1:2000]

Intramuscularly into anterolateral aspect of thigh

911 will be called immediately.

Choose all that apply:

□ prn specific signs, symptoms or situations
□ Any repeat if no improvement: Yes, in __ time, max __ times

ICD-10:

3. Diagnosis:

Any medication(s) student takes at home and at what time.

List medication(s) student takes at home and at what time.

Health Care Practitioner (HCP) Name (please print)
LAST NAME
FIRST NAME

HCP Address

HCP/Phone No.
HCP/Fax No.
HCP/E-mail

FOR DOHMH USE: Request per DOHMH order completion with prescribing provider.

IEP

INCOMPLETE PROVIDER INFORMATION WILL DELAY IMPLEMENTATION OF MEDICATION ORDERS
Some days........
More days......
Allergy and Anaphylaxis – A Bird’s Eye View

Food allergy: an adverse health effect arising from specific immune response that occurs reproducibly to a given food (IgE mediated)

Anaphylaxis: A severe allergic reaction that is rapid onset and may cause death
Office Based Evaluations of Food Allergy

Primary Care
- History Sx, consistency of food reaction
- Physical
- Serum tests for specific food IgE allergy

Allergist
- History and physical
- Serum and/or skin prick tests for specific food
- Diagnostic elimination diets
- Physician supervised oral food challenges
Allergy Test Limitations

- Food challenge  the gold standard
- IgE testing not perfect
  - false negative tests
  - false positive tests
  - cross reactivity

*Bottom Line-* avoid indiscriminate panels

- apply “prior probability” reasoning from history for test selection and interpretation
Three Ways to Identify Anaphylaxis


Acute onset of an illness (over minutes to several hours) involving skin, mucosal tissue, or both and at least 1 of the following:

- **Respiratory compromise** (for example, dyspnea, wheeze-bronchospasm, stridor, reduced peak expiratory flow rate, hypoxemia)

- **Reduced blood pressure (BP) or associated symptoms of end-organ dysfunction** (for example, hypotonia (circulatory collapse), syncope, incontinence)
Three Ways to Identify Anaphylaxis


Two or more of the following that occur rapidly after exposure to a likely allergen for that patient (minutes to several hours):

- **Involvement of the skin-mucosal tissue** (for example, generalized hives, itch-flush, swollen lips-tongue-uvula)

- **Respiratory compromise** (for example, dyspnea, wheeze-bronchospasm, stridor, reduced peak expiratory flow rate, hypoxemia)

- **Reduced BP or associated symptoms of end-organ dysfunction** (for example, hypotonia, syncope, incontinence)

- **Persistent GI symptoms** (for example, crampy abdominal pain, vomiting)
Three Ways to Identify Anaphylaxis

Reduced BP after exposure to a known allergen for that patient (minutes to several hours). Reduced BP is defined:

- In adults, as a systolic BP of less than 90 mm Hg or greater than 30% decrease from that person's baseline

In infants and children, as a low systolic BP (age-specific) or greater than 30% decrease in systolic BP. Low systolic BP is defined as:

- Less than 70 mm Hg for ages 1 month to 1 year
- Less than (70 mm Hg plus twice the age) for ages 1 to 10 years
- Less than 90 mm Hg for ages 11 to 17 years
Anaphylaxis Management
Guiding principles from the NIAID

- Epinephrine is first line treatment for anaphylaxis and that delays can increase risk of mortality.

- The use of antihistamines is the most common reason reported for not using epinephrine and may place a patient at significantly increased risk for progression toward a life-threatening reaction.
Anaphylaxis Monitoring

- Note time when epinephrine was administered.
- A second dose of epinephrine can be given 5 minutes or more after the first if symptoms persist or recur.
- For a severe reaction, keep patient lying on back with legs raised (unless vomit/trouble breathing, then keep patient lying on side).
Role of the Medical Home Physician

- Provides diagnosis
- Provides prescriptions and emergency action plans
- Assists in training about medication use, storage
- Assists in education about prevention strategies
- Assists in developing school plans
Brief History & Overview of the AAP Medical Home Chapter Champions Program

Presenter: Chuck Norlin, MD, FAAP
Chairperson, Project Advisory Committee
Medical Home Chapter Champions Program on Asthma, Allergy and Anaphylaxis
Medical Home Chapter Champions Program

Phase I: Chapter Alliance for Quality Improvement (CAQI) / Chapter Quality Network (CQN) Asthma Pilot Project

Phase II: Medical Home Chapter Champions Program on Asthma (MHCCPA)

Phase III: The Accelerating Improved Care for Children with Asthma Program (AICCAP) supported MHCCPA and CQN

Current Phase: Medical Home Chapter Champions Program on Asthma, Allergy and Anaphylaxis (Medical Home Chapter Champions program)

Project Timeline: June 2014 – May 2016
Medical Home Chapter Champions Program on Asthma, Allergy and Anaphylaxis

Funder: Allergy & Asthma Network (AAN)

- A leading national nonprofit organization dedicated to ending needless death and suffering due to asthma, allergies and related conditions. Formerly known as Allergy & Asthma Network Mothers of Asthmatics

- Specializes in sharing family-friendly, medically accurate information through its award-winning publication *Allergy & Asthma Today* magazine, E-newsletter, website at [http://www.aanma.org](http://www.aanma.org) and numerous community outreach programs.
How is the current phase similar to the previous program phase?

- Medical Home Chapter Champions Program on Asthma (2011-2013)
  - Supported Chapter Champions Network through educational webinars, regional mentor conference calls, e-newsletters, and technical assistance

- Medical Home Chapter Champions Program on Asthma, Allergy and Anaphylaxis (2014 - 2016)
  - Supports Chapter Champions Network through educational webinars, regional mentor communications, e-newsletters, and technical assistance
How is the current phase different from the previous program phase?

Medical Home Chapter Champions Program on Asthma
(2011-2013)

- Funded by The JPB Foundation
- Focused on asthma care only
- Included Visiting Professorship Program
- Offered Annual Networking Conference for Chapter Champions

Medical Home Chapter Champions Program on Asthma, Allergy and Anaphylaxis
(2014 - 2016)

- Funded by Allergy & Asthma Network
- Focusing on asthma, allergy and anaphylaxis care
- Includes robust quality improvement component
- Includes policy and advocacy goals
Program Goals

Through the project activities, we hope to...
Overall Program Goals

To promote the delivery of high quality asthma, allergy and anaphylaxis care in the medical home through team-based, patient- and family-centered care coordination and co-management among patients and their families, primary care pediatricians, and pediatric asthma and allergy specialists.
Program Goals

**Goal 1:** Support the chapter champions’ network via the coordination and implementation of educational and quality improvement initiatives as well as the provision of ongoing technical assistance to same;

**Goal 2:** Provide specific programmatic activities centered around enhanced communication, coordination and collaboration between patients and their families, pediatric primary care providers and subspecialists; and

**Goal 3:** Support policy and advocacy efforts at the local, state and national levels.
Activities for Goal 1:

- Engage and revitalize Chapter Champions Network
- Coordinate and implement educational webinar series
- Foster strategic connections between chapter champions and chapter leaders
- Provide support, education, and technical assistance to chapter champions
- All Chapter Champions will actively be involved in achieving this goal
Activities for Goal 2:

- Develop tools to be tested via a quality improvement virtual learning initiative.
- Coordinate and implement team-based quality improvement learning collaborative.
- Only a subset of Chapter Champions will be actively involved in achieving this goal
Activities for Goal 3:

- Conduct an environmental scan to identify asthma, allergy and anaphylaxis care-related policy and advocacy materials.
- Facilitate chapter champion connections with chapter staff and leadership.
- Develop and disseminate state customizable data-driven, issue-specific briefs on “hot topics” in pediatric asthma, allergy and anaphylaxis care.
- All Chapter Champions will actively be involved in achieving this goal
Program Oversight
Project Advisory Committee (PAC)

Chuck Norlin, MD, FAAP, *Chairperson*
Michele Carrick, MSW, LISCW (Family Representative)
  Julie Katkin, MD, FAAP
Marie Mann, MD, MPH, FAAP (Liaison)
  Adriana Matiz, MD, FAAP
Michael Pistiner, MD, MMSc, FAAP
Matthew Sadof, MD, FAAP
Jim Stout, MD, MPH, FAAP
Dave Stukus, MD, FAAP, FAAAAAI
# Quality Improvement Expert Group

**Members**

- Dave Stukus, MD, FAAP, FAAAAI, *Chairperson*
- Maureen Damitz, AE-C (Family Representative)
- Linda Follenweider, MS PhDc CNP
- Kimberly Giuliano, MD, FAAP
- Ruth Gubernick, MPH, PCMH CCE (Quality Improvement Advisor)
- Bill Long, MD, FAAP
- Shilpa Pai, MD, FAAP
- Chuck Norlin, MD, FAAP
- Anu Subramony, MD, MBA, FAAP
Program Activities

To achieve the program goals, chapter champions will participate in...
Education

Educational Webinar Series (three total)

- Schedule: December 2015, July 2015 and December 2015
- Champions should:
  - Plan to participate and invite others to attend
  - Share relevant information/resources acquired through webinars with chapter constituency and colleagues
Education Cont’d

Local/Chapter Educational Opportunities

- Chapter annual (and other educational) meetings
- Hospital grand rounds/residency training opportunities
- Chapter and/or state-wide webinars, other educational seminars

Education in Quality Improvement for Pediatric Practice (EQIPP)

- The ‘Asthma - Diagnosing and Managing in Pediatrics’ EQIPP course was recently updated
- Coming soon: EQIPP: Medical Home in Pediatric Primary Care
- EQIPP courses are now available as a member benefit to all AAP members
- Explore other EQIPP (http://eqipp.aap.org) or PediaLink (http://pedialink.aap.org/visitor) courses
- EQIPP courses are ABP-approved Performance in Practice Quality Improvement Activities (Part 4 MOC) and CME credit
Communications

**Monthly Champion E-Correspondence**
- Good source for program updates, news, resources and upcoming events
- Will include monthly ‘call to action’ and ‘resource highlight’ for chapter champions

**Listservs**
- Champions are all subscribed to the program’s listserv
- Consider subscribing to the National Center for Medical Home Implementation listserv ([http://www.medicalhomeinfo.org/contact/listserv.aspx](http://www.medicalhomeinfo.org/contact/listserv.aspx))

**‘Ghost written’ Articles**
- 4-5 will be written on selected topics over the two years
- Chapter Champions will customize and disseminate via chapter newsletters, Web site, etc.
Communications Cont’d

Serve as Chapter Point Person for Implementing Medical Home Principles for Asthma, Allergy and/or Anaphylaxis Care and Management

- Serve as your state/chapter’s point person for pediatric providers requesting additional information or assistance about implementing core medical home principles and/or asthma, allergy and anaphylaxis guidelines at the practice level

Regional Conference Calls

- Purpose: Share updates and information with other champions on calls facilitated by assigned PAC member
- Schedule: 2-3 a year; First regional call will take place later in November/early December
- Format: Could vary based on interest and availability
Chapter Champion Regional “Networks”

**Districts I & III**
Dr. Sadof
(CT, DC, DE, MA, MD, ME, NH, NJ, PA, RI, USE, VT, WV)

**Districts II & IV**
Dr. Matiz
(KY, NC, NY1, NY2, NY3, SC, TN, VA)

**Districts V & VI**
Dr. Pistiner
(IA, IL, IN, KS, MI, MN, MO, ND, NE, OH, SD, WI)

**Districts VII & X**
Dr. Katkin
(AL, AR, FL, GA, LA, MS, OK, PR, TX)

**District VIII**
Dr. Stout
(AK, AZ, CO, HI, ID, MT, NM, NV, OR, USW, UT, WA, WY)

**District IX**
Dr. Norlin
(CA1, CA2, CA3, CA4)
Quality Improvement Projects

The Quality Improvement component will comprise of two phases:

- **Phase 1:** Develop and enhance tools that support the interface between primary care pediatricians and pediatric subspecialists in team-based provision of asthma, allergy and anaphylaxis care via the coordination and implementation of a web-based (virtual) learning initiative (Web&ACTION model).

- **Phase 2:** Optimize the role of the primary care physician in the management of asthma, allergy and anaphylaxis as a low complexity, high cost and common chronic health condition and appropriate referrals to subspecialists via the coordination and implementation of a team-based quality improvement learning collaborative (Breakthrough Series model).

*More details on the implementation will be shared via the listserv as planning continues.*
Policy and Advocacy

**Legislation**
- Is your state pursuing medical home legislation?
- What about asthma, allergy and/or anaphylaxis legislation?
- Get involved and serve as the “voice” for pediatrics

**Medical Home Demonstration**
- When possible, get involved in Medical home demonstration projects/initiatives in your state (Medicaid or otherwise) - http://www.pcpcc.org/initiatives

**Engaging Chapter Leadership**
- Work with chapter leadership in disseminating existing asthma, allergy and anaphylaxis care best practices

**Engaging State Pediatric Care Agencies**
- Collaborate with the state Title V and Medicaid staff and others in state government agencies on medical home, asthma, allergy and anaphylaxis activities and initiatives
Program Evaluation

Program evaluation will be based on:

**AAP Chapter Annual Reports:** look for reference to program activities or related in reports

**Communication:** number of e-newsletters, conference call participation, etc.

**Chapter Champion Work Plans:** Review work plans for progress towards goals, successes, barriers, challenges, etc.

**Educational Webinars:** Number hosted, registered participants, feedback, etc.

**Champion Self-Evaluation/Self-Report:** Online surveys to champions

**Survey of Chapter Presidents, Vice Presidents and Executive Directors:** Gauge their knowledge of the chapter champion’s activities and impact that the champion has had at the chapter level

**Quality Improvement Activities**
Getting Started

Chapter Champion Orientation Guide
- You should have received this via email

Chapter Champion Resource Packet
- Will be available in themed portions with the first available early next week. Resource information will be sent out via email and available on the program webpage

Getting Started
- “Ideas for how to be engaged” (in Orientation Guide)
- Chapter Champion “Top Five” List (in Orientation Guide)
- Chapter Champion Year 1 Work Plan (Please complete and return to Nkem on or before Tuesday, December 2, 2014.)
Work Plan

<table>
<thead>
<tr>
<th>Name:</th>
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<tbody>
<tr>
<td>Chapter:</td>
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As Medical Home Chapter Champion of the ________ Chapter of the American Academy of Pediatrics (AAP), my plan for working on issues related to medical home and asthma, allergy and/or anaphylaxis is as follows (see "Ideas for how to be engaged" in Chapter Champions Orientation Guide).

Interest Pathways: Advocacy, Education, Chapter Involvement, or Medical Home.

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### CHAPTER CHAMPION ONE YEAR WORK PLAN

**Goal:** Keep this simple and achievable within the timeframe.

**Interest Pathway:** Choose from options above

<table>
<thead>
<tr>
<th>Activities</th>
<th>Timeframe</th>
<th>Need/Aim</th>
<th>Expected Outcome</th>
<th>Person/Group Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Define each activity that would lead to achieving the above stated goal on its own row. Include as many activities as necessary by adding rows to the table.</td>
<td>An anticipated time period should be included for each activity.</td>
<td>A need/daim for the proposed activity must be defined</td>
<td>An expected outcome must be defined for each activity.</td>
<td>A responsible person/group must be identified for each activity.</td>
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Program Webpage

Helpful for:
- Accessing resources
- Accessing earlier issues of the e-newsletter
- Information on the program
- Accessing webinar recordings (when available)
Summary Page

- The current phase of the Medical Home Chapter Champions Program focuses on asthma, allergy and anaphylaxis care within the context of the medical home.
- In addition to supporting a Chapter Champions Network, it includes a robust Quality Improvement focus, as well as Policy and Advocacy goals.
- Chapter Champions will participate in a variety of self-identified (work plan) and program-identified activities to achieve program goals.
- Champions are encouraged to engage their chapters and be available as a resource.
- AAP Program staff are available to support champions throughout the program period.
Thank You!

Questions?

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