



Asthma Practices Survey Report 2019

Ohio

Department
of Health



**ASTHMA
PROGRAM**

Background

As part of its ongoing efforts to reduce the burden of asthma in Ohio, the Ohio Department of Health Asthma Program (ODHAP) conducted a survey to gather information about current asthma-related organizational practices in hospitals and other healthcare settings across Ohio. This web-based survey was designed to collect details about how various organizations work with individuals with asthma, with the goal of using this information to target strategies to fill current gaps in asthma care to reduce asthma hospitalization rates and improve patient asthma management. The survey was administered in 2019 by Strategic Research Group (SRG), an independent research firm contracted by ODH for this purpose. Areas of inquiry included asthma self-management education, referrals and service coordination, medication management, tobacco cessation efforts, and asthma-related Quality Improvement projects.

Methodology

Data Collection

The data presented in this report were collected via web survey in two phases. In the first phase, asthma practices information was collected through the Asthma Stakeholder Survey, administered by SRG from March to June 2019. The new streamlined survey was administered in phase two of the data collection process by SRG from July to August 2019, renamed the Asthma Practices Survey. Organizations included in the Practices sample were sent multiple email invitations and each invitation included a request asking recipients if there was a better person to contact at the agency and, if so, to provide their contact information.

Sample

The goal of both the Asthma Stakeholder Survey and the Asthma Practices Survey was to obtain detailed information about asthma-related practices at hospitals and other healthcare agencies. While the contact list shifted throughout the planning process, the final contact list for the Asthma Stakeholder Survey consisted of 499 unique individuals. The sample excluded contacts from school districts, as it was determined the school-based information could be obtained from other existing data sources. The Asthma Practices sample consists of 379 total individuals once organization-level duplicates were removed. The organizations include hospitals, community health centers, and other organizations that might see patients with asthma in Ohio. Of the 379 individuals who received the survey (not counting undeliverable emails), 115 individuals completed the survey, resulting in a 30.3 percent response rate.

Survey Sample Representation

55.7%

Clinical Providers

29.6%

General Hospitals

14.8%

Children's Hospitals

Purpose of Survey

To learn:

- How often were EXHALE strategies used?
- How often were EPR-3 Guidelines used?
- How were asthma management services delivered?
 - Asthma self-management education
 - Referrals and service coordination
 - Medication management
 - Tobacco cessation efforts
 - Asthma-related QI projects

EXHALE Strategies Overview

These strategies were created by CDC to improve asthma control and reduce health care costs:

- **E**ducation on asthma self-management
- **X**-tinguishing smoking and secondhand smoke
- **H**ome visits for trigger reduction & asthma self-management
- **A**chievement of guidelines-based medical management
- **L**inkages and coordination of care across settings
- **E**nvironmental policies or best practices to reduce asthma triggers from indoor, outdoor, and occupational sources

EXHALE Strategy: Education on Asthma Self-Management

Provided by school nurses, essential elements to asthma self-management education (SME or AS-ME) include:

- Asthma information and training in asthma management skills
- Self-monitoring
- Written asthma action plan
- Regular assessment by a consistent clinician

The following topics should be reinforced:

- Basic facts about the pathophysiology of asthma
- Correct usage of medications
- Techniques for monitoring symptoms
- Importance of avoiding triggers

EXHALE Strategy

When school nurses at 61 schools in Missouri received training and supplies to provide AS-ME to their students, **participating students experienced better asthma control and reduced Medicaid costs an average of \$1,431 per student over one year.**

Asthma Self-Management (AS-ME) Education Survey Results

53.6%

Provide asthma self-
management education

78.4%

Provide environmental
trigger education

67.6%

Provide asthma action
plans

EXHALE Strategy: X-tinguishing Smoking and Secondhand Smoke

Fast Facts:

- Secondhand smoke exposure before birth is a risk factor for childhood asthma and wheezing
- More than half of children with asthma (54%) are exposed to secondhand smoke
 - This exposure is linked to a 63% increase in asthma-related ED visits by low-income, urban children

EXHALE Strategy

A program providing three home visits for tobacco cessation counseling and asthma self-management education to Medicaid-enrolled parents or caregivers of children with asthma **significantly reduced asthma-related ED visits, hospitalizations, and office visits** among these children, as well as associated health care costs

Smoking and Secondhand Smoke Prevention Survey Results

98.1%

Of hospitals and providers
report screening for
tobacco use

86.8%

Provide inpatient tobacco
cessation education

70.6%

Evaluate tobacco use
during home visits

EXHALE Strategy: Achievement of Guidelines- Based Medical Management

Fast Facts:

- National Asthma Education and Prevention Program (NAEPP) provides recommendations for managing asthma around four essential components of asthma care:
 - Assessment and monitoring
 - Patient education
 - Control of factors contributing to asthma severity
 - Pharmacologic treatment
- Strengthening system supports and improving access and adherence to asthma medications and devices

EXHALE Strategies

- Provide focused training of health care providers including physicians, nurses, and pharmacists
- Audit systems implemented by health care organizations or health insurance plans, which analyze medical records to identify patients who could benefit from asthma control interventions
- Decision support tools (electronic or paper-based) designed to promote guidelines-based medical management

Guidelines-Based Medical Management Survey Results

53.5%

Use NAEPP Guidelines in
the care of asthma
patients

27.8%

Rated themselves "not
knowledgeable at all" of
these guidelines

74.1%

Of providers track
adherence to medication

EXHALE Strategies: Linkages/Coordination of Care & Home Visits for Trigger Reduction and Education

Fast Facts:

- Coordinated care includes promoting linkages within and across the health care system and community services to address patients' needs (e.g., medical, social) and improve health
- Home visits can reveal barriers to patient engagement, adherence, or asthma control not previously recognized of fully appreciable in the outpatient, ED, or hospital setting
- Reduces U.S. health care expenditures by \$240 to \$310 billion/year

EXHALE Strategies

- An RN or RT contacts (via phone or email) people with asthma who visit the ED within 7-14 days of the visit
- Staff provides services including:
 - Discussing the status of asthma control, assessing if people can afford their asthma medications, offering home visits, linking people to primary care physicians and patient-centered medical homes, encouraging people to make and keep regular medical appointments, and providing AS-ME and mitigation resources

Linkages and Home Visit Survey Results

65%

Schedule follow up
appointments after an
unscheduled hospital visit

59%

Follow up on referrals
provided to ensure
patients accessed care

14.9%

Provide asthma home
visits

EXHALE Strategy: Environmental Policies or Best Practices to Reduce Asthma Triggers

Fast Facts:

- Cost of weatherizing an entire house can be comparable to the cost of one asthma hospitalization
- Children with asthma can be especially vulnerable to negative health effects caused by air pollution

Key Findings

- Tobacco Free Policies
- 2020 School Nurse Survey for Model Asthma Policies and Stock Albuterol Policies

EXHALE Strategies

- A study from the state of Washington observed **asthma-related Medicaid costs decreased an average of \$785 per person per year, among individuals participating in a weatherization assistance program to improve their homes**
- U.S. school districts adopting clean diesel technology for all or some or all of their school buses have improved children's lung function, decreased asthma- or bronchitis-related hospitalization by 23%, and reduced missed school days by 8%



Conclusion

The survey's goal was to obtain detailed information about asthma-related practices at hospitals and other healthcare agencies, and to gain insight into their knowledge of asthma-related resources and guidelines.

Survey results show the most common gaps in care across respondents, and can help inform strategies to fill those gaps to reduce asthma hospitalization rates and improve patient asthma management.

Thank you to all who responded to our survey.

Appendix: Result Charts

Chart 1: Sample Breakdown

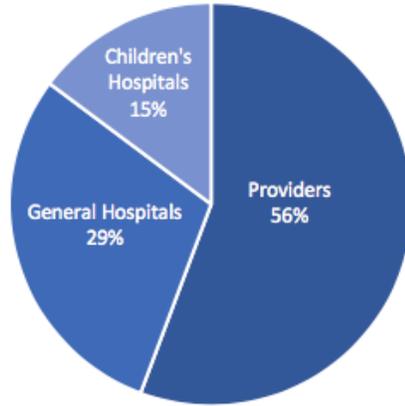


Chart 2: Does your hospital provide Guidelines-based asthma self-management education (ASME)?

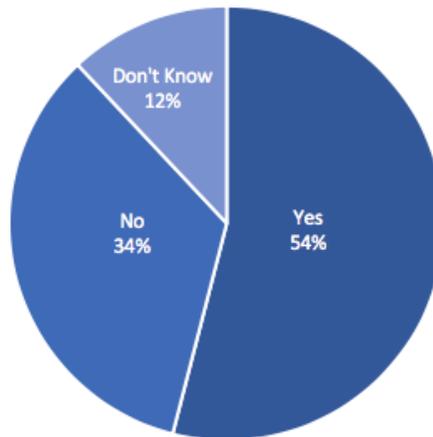
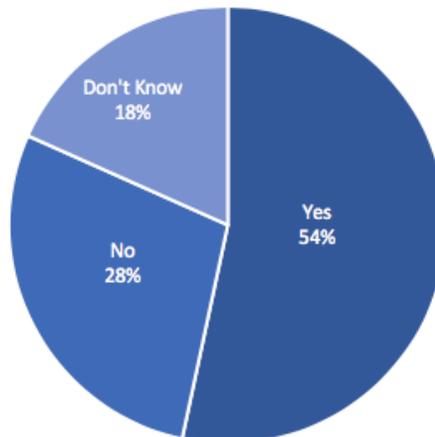


Chart 3: Does your health care facility provide Guidelines-based asthma self-management education (ASME)?



Appendix: Result Charts

Chart 4: Does your facility provide education on environmental triggers?

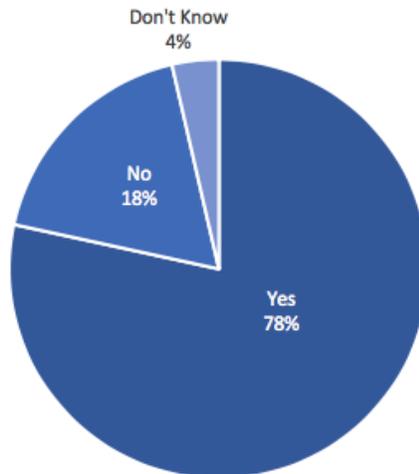


Chart 5: Does your facility provide Asthma Action Plans for patients?

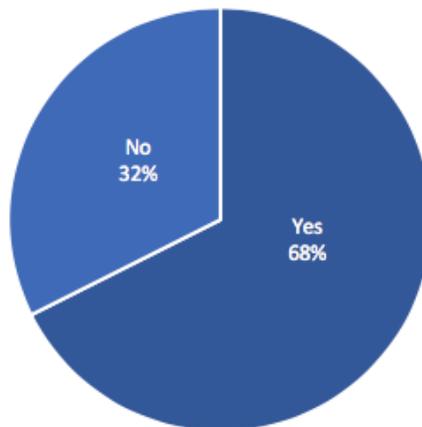
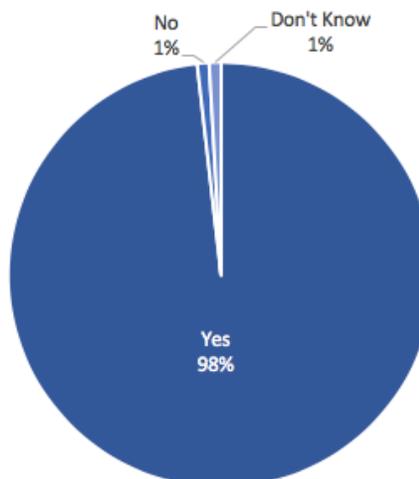


Chart 6: Does your facility screen patients for tobacco use?



Appendix: Result Charts

Chart 7: Do you provide any inpatient tobacco cessation education?

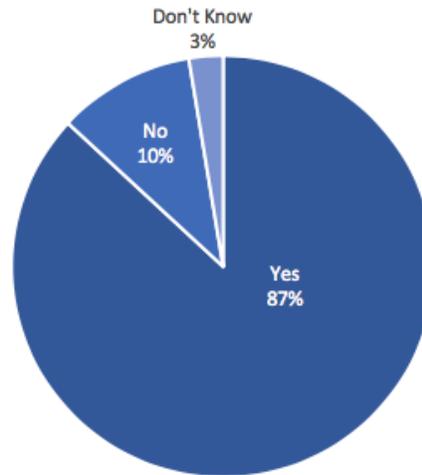


Chart 8: Is tobacco use in the home evaluated during an asthma home visit?

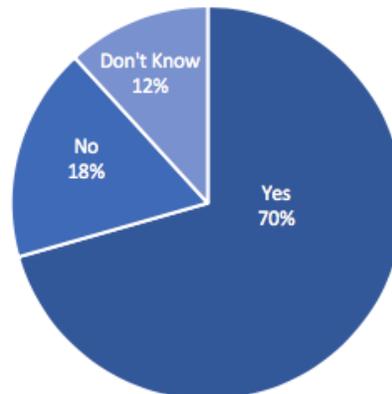
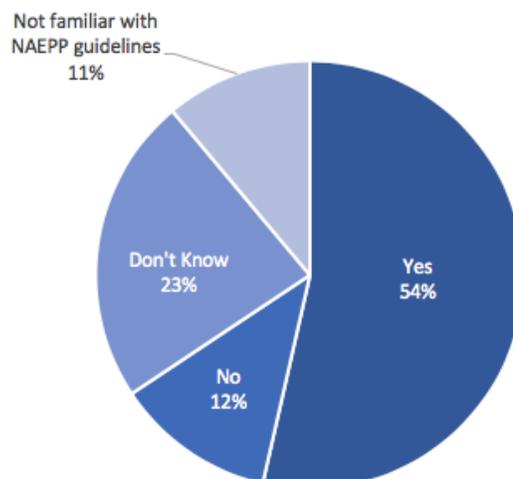


Chart 9: Do you use National Asthma Education and Prevention Program (NAEPP) guidelines in care of patients with asthma?



Appendix: Result Charts

Chart 10: How knowledgeable are you regarding NAEPP guidelines?

■ 7 - Extremely knowledgeable ■ 6 ■ 5 ■ 4 ■ 3 ■ 2 ■ 1 - Not knowledgeable at all

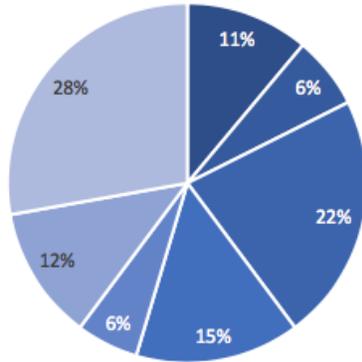


Chart 11: Do you track patient adherence to medication?

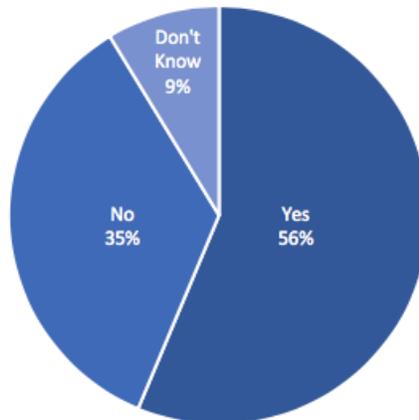
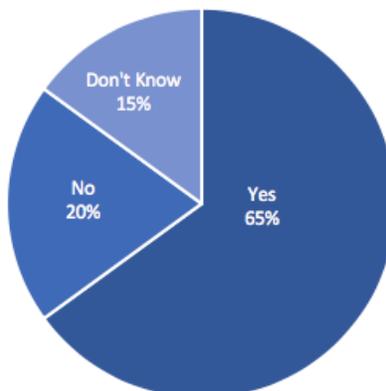


Chart 12: Does your facility schedule follow-up appointments for patients at discharge from an unscheduled hospital encounter?



Appendix: Result Charts

Chart 13: Does your facility follow up on clinical referrals for patients to ensure they accessed care?

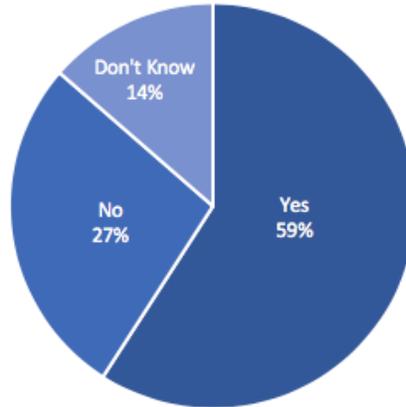


Chart 14: Does your hospital provide asthma home visits?

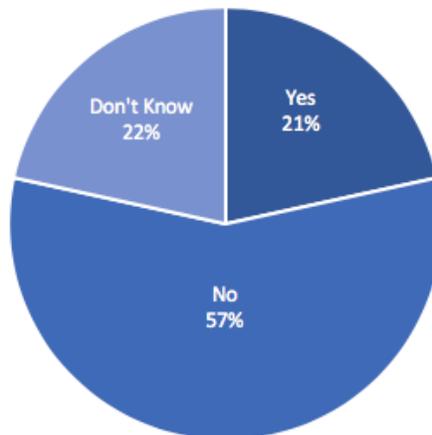
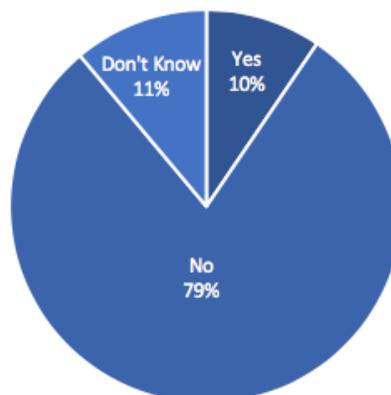


Chart 15: Does your health care facility provide asthma home visits?



Source

Ohio Department of Health Asthma Practices Survey, 2019.