





Asthma Essentials ECHO® Session Topic: Working with Community Partners

Facilitator: Patricia Flanagan, MD

Faculty Presenter(s): Daniel Fitzgerald, MPH, ICPS & Ashley Fogarty, MPH

Case Presenter(s): Marjorie Carges, MD

Date & Time: January 11, 2023 @ 7:30am

PLEASE NOTE: Project ECHO case consultations do not create or otherwise establish a provider-patient relationship between any clinician and any patient whose case is being presented in a project ECHO setting

Care Transformation Collaborative of RI







- This session will be recorded for educational and quality improvement purposes
- Please do not provide any protected health information (PHI) during any ECHO session
- Update your zoom name to include your name/org









best as possible.











Time	Topic	Presenter
7:30 – 7:35 AM	Welcome/Announcements	Patricia Flanagan, MD
7:35 – 7:55 AM	Didactic Presentation	Daniel Fitzgerald, MPH, ICPS American Lung Association Ashley Fogarty, MPH Rhode Island Department of Health
8:00 – 8:05 AM	Questions	All
8:05 - 8:25 AM	Case Presentation & Discussion	Marjorie Carges, MD Coastal Medical Bald Hill
8:25 – 8:30 AM	Wrap up; Evaluation; Announcements	Patricia Flanagan, MD







Daniel Fitzgerald, MPH, ICPS

American Lung Association

- Director of Advocacy RI & MA
- Lead, RI Healthy Air Collaborative
- Prior Director of Tobacco-Free RI
- Executive Director, Chariho Youth Task Force
- Volunteer Service:
 - Board Chair, SADD National Inc.
 - Vice Chair, Wood River Health
 - Vice Chair, Ocean Community YMCA
 - Vice Chair, Vermont Certification Board
 - Treasurer, Rhode Island Certification Board
 - Community Advisor, Brown University SOPH

Ashley Fogarty, MPH

Rhode Island Department of Health

- Asthma Program Manager
- Rhode Island Asthma Control Program
- Center for Preventive Services
- Division of Community Health & Equity
- Rhode Island Department of Health







Session presenters have no financial relationships with a commercial entity producing healthcare-related products used on or by patients.

If CME credits are offered, all relevant financial relationships of those on the session planning committee have been disclosed and, if necessary, mitigated.







- Build an understanding about existing partnerships in Rhode Island surrounding healthy air, lung health, and asthma.
- Learn about programs of the American Lung Association and Rhode Island Department of Health.
- Learners will leave with ideas on how they can collaborate in ways mutually beneficial to them and others.













State of the Air Report

For 23 years, the American Lung Association has analyzed data from official air quality monitors to compile the State of the Air report. The more you learn about the air you breathe, the more you can protect your health and take steps to make the air cleaner and healthier.

Launched April 22, 2022

Lung.org/SOTA



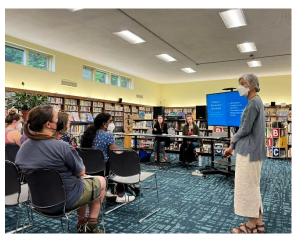






















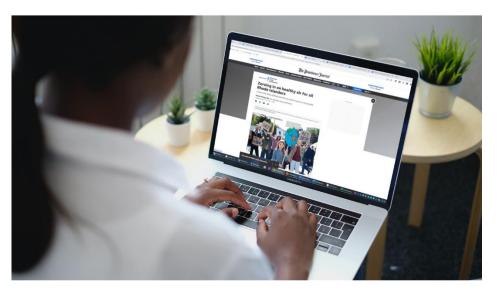




Content













March 2022 – August 2022

- Engage:
 - Launched monthly health partners meeting with 18 partner organizations
- Educate:
 - Resource Distribution to all 309 Rhode Island Schools
 - Community conversations / Table Events
 - Social /Print Media:
 - High Heat/Poor Air Quality Days: 892,501 impressions
 - Postcard Mailer in target zip codes: 30,691 households
 - Providence Journal Zeroing in on Healthy Air article: 447,449 impressions
- Empower:
 - Unbreathable: The Fight for Healthy Air screenings with facilitated community conversations
- Evaluate:
 - Public interest survey (399 participants)











EKODE 15LAND

- Rhode Island Department of Health
 - Division of Community Health & Equity
 - Center for Preventive Services
- Funded by the Centers for Disease Control & Prevention
- Mission: To reduce the overall asthma burden and asthma health disparities in Rhode Island.
- RIACP serves as a unified access point for community-based services and interventions.
- Home-based, school-based, and clinical-based services
 - HARP
 - Breathe Easy at Home
 - Project CASE/Draw a Breath
 - Cool It Off







EX	EXHALE			
	Strategy	Approach		
Ε	Education on asthma self-management	Expanding access to and delivery of asthma self-management education (AS-ME)		
X	X-tinguishing smoking and secondhand smoke	Reducing tobacco smoking Reducing exposure to secondhand smoke		
Н	Home visits for trigger reduction and asthma self- management education	Expanding access to and delivery of home visits (as needed) for asthma trigger reduction and AS-ME		
A	Achievement of guidelines-based medical management	Strengthening systems supporting guidelines-based medical care, including appropriate prescribing and use of inhaled corticosteroids Improving access and adherence to asthma medications and devices		
L	Linkages and coordination of care across settings	Promoting coordinated care for people with asthma		
E	Environmental policies or best practices to reduce asthma triggers from indoor, outdoor, and occupational sources	 Facilitating home energy efficiency, including home weatherization assistance programs Facilitating smokefree policies Facilitating clean diesel school buses Eliminating exposure to asthma triggers in the workplace whenever possible Reducing exposure to asthma triggers in the workplace (if eliminating exposures is not possible) 		

Exhale A Technical Package to Control Asthma (cdc.gov)





2021-2024 RI Asthma Strategic Plan

Strategic Plan Priorities & Goal Statements

PRIORITY 1:

Housing

GOAL 1: All Rhode Islanders live in healthy and affordable housing that is free of harmful conditions that increase asthma related risks.



PRIORITY 2:

Healthcare/ System

GOAL 2: Improve health outcomes and achieve health equity by enhancing access to affordable, holistic, and comprehensive asthma care for all people in RI.



PRIORITY 3:

Education System & Schools

GOAL 3: Collaboration among key stakeholders to support equitable K-12 healthy school environments that promote respiratory health, wellness, and readiness to learn.



PRIORITY 4:

Air Quality & Transportation

GOAL 4: Ensure all Rhode Islanders, particularly low-income communities of color, have clean and healthy indoor and outdoor air quality.



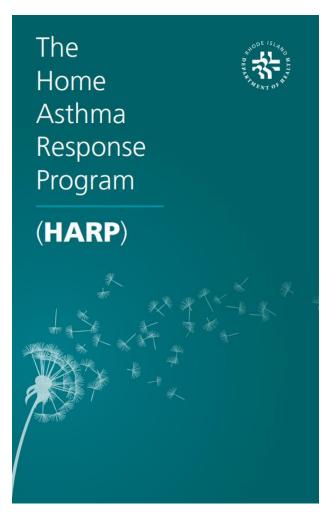
AsthmaStrategicPlan 061621.pdf







Home Asthma Response Program (HARP)



Did you know that asthma is the most common chronic illness for children? **We can help you**. The Rhode Island Department of Health's Asthma Control Program offers the Home Asthma Response Program (**HARP**) to help decrease the number of emergency room visits or hospital admissions for children who have asthma.

HARP includes up to three visits, in your home, from a Certified Asthma Educator (AE-C) and a Community Health Worker (CHW). HARP has AE-Cs and CHWs who speak English and Spanish.

Who is eligible for HARP:

- · Children age 2 to 17 who also have asthma;
- Anyone who lives in Providence, Pawtucket, Central Falls, or Woonsocket;
- Any child who has been to the emergency room to treat asthma two or more times in the past year; or
- Any child who has been admitted to the hospital in the past year to treat asthma.

Anyone enrolled in Medicaid or private health insurance – there should be no out-of-pocket cost for the patient.



What You Can Expect

- Your child's doctor will call the Community Asthma Program at Hasbro Children's Hospital and tell them your child needs HARP. Someone from HARP will check to be sure you and your child are eligible.
- 2. A HARP home visitor will call you to schedule the first home visit. The first home visit lasts about one hour. During the visit, you will fill out paperwork and look for things that may trigger your child's asthma or make their asthma symptoms worse.
- 3. During the second and third visits, everyone who lives in the house will learn how to help your child manage asthma symptoms. You will also get free HEPA vacuums, food storage containers, and cleaning supplies to help decrease dust, mold, and pollen in the house.
- 4. After the home visits, the HARP home visitor will call you to see how your child is doing. Someone will call four months after the last home visit and then again eight months later.

If you think your child may be eligible for HARP ask your child's pediatrician to contact the Community Asthma Program at Hasbro Children's Hospital.







HARP-An Economic Case

HARP referrals:

- 1. Email* Ashley: ashley.fogarty@health.ri.gov
- 2. contact Hasbro's Community Asthma Program directly at 401-444-8340.

*(use secure email if sending Protected Health Information – PHI)

https://health.ri.gov/publications/brochures/Home-Asthma-Response-

Program.pdf#:~:text=The%20Rhode%20Island%20Department%20of%20Health%E2%80%99s%20Asthma%20Control,or%20hospital%20admissions%20for%20children%20who%20have%20asthma.

The Home Asthma Response Program (HARP) HARP is an evidence-based asthma intervention designed to reduce preventable asthma emergency department visits and hospitalizations among high risk pediatric asthma patients. The HARP model utilizes a Certified Asthma Educator (AE-C) and a Community Health Worker (CHW) to conduct three intensive sessions that: Assess patients' asthma knowledge and trigger exposure Provide intensive asthma self-management education Deliver cost-effective supplies to reduce home asthma triggers Improve quality and experience of care

ECONOMIC CASE: COST SAVINGS AND RETURN ON INVESTMENT

HARP has consistently demonstrated reductions in asthma costs, driven by large decreases in hospital and emergency department asthma claims. Claims data comparing one year pre-HARP to one year post-HARP shows that

participants had a 75% reduction in asthma-related hospital and ED costs. High utilizers had reductions close to 80% and much larger average savings compared to other participants.

	N-	PRE	POST	% CHANGE	\$ CHANGE
HARP PARTICIPANTS (at least one authma ED visit or hospital@atlon)	158	\$2,127	\$521	-75.5%	-\$1,606
HIGH UTILIZER (subset with 2+ prior ED visits)	51	\$3,398	\$690	-79.7%	-\$2,708

ELIGIBLE CHILDREN IN MANAGED CARE

796 children

had at least one sthma emergency room visit or hospitalization, costing Medicaid over \$1 million at an average of

> \$1,358 per person

A subset of
265 "high utilizers"
had 2+ asthma ER visits
at a total cost of \$695,000
and average per person cost of
\$2,624

HARP has a positive return on investment. This means that every

dollar invested into reducing preventable ED/hospital visits gets returned, with additional savings earned. Overall, HARP participants had a 33% ROI on ED/hospital costs (\$1 investment returned with extra 33 cents saved). The subset of high utilizers had an ROI of 126%. Including overall asthma costs which show an encouraging increase in medication costs, HARP was still cost effective (i.e., investment equal to savings). For high utilizers, the overall asthma cost ROI was positive at 65%.

Demonstrated Outcomes:

Quality Improvement: The asthma medication ratio HEDIS score for participants increased from 32% to 46%.

Improved Asthma Control: Patient population went from 20% well controlled to 5t.5% well controlled.

Improved Quality of Life: Caregiver quality of life improved 17% on validated surveys. Reduction of Environmental Triggers: HARP Community Health Workers observed reductions in mold, dust, pasts, pots, tobacco smoke, and chemicals.

Reduction in Missed School/Work Days: Caregivers report reducing missed work work days due to actima by 62%. Patients cut missed school days almost in half. Increased Asthma Action Plans: Availability and patient use of asthma action plans created by providers increased from 20% to 80% of participants.

Medicant stata. De activos

HARP is part of the regional New England Asthma Innovation Collaborative (NEAIC). In Rhode Island, HARP is a partnership between the Rhode Island Department of Health, Haobro Children's Hospital, Saint Joseph's Health Center, and Thundermist Health Center.





Breathe Easy at Home

Do you live in Providence, Pawtucket, Central Falls or Woonsocket?

Do you rent your home or apartment?

Do you think your housing conditions are making your child's asthma worse?



Breathe Easy at Home may be able to help.

The Breathe Easy At Home program

Housing conditions that contribute to breathing issues include peeling paint, mold, dust mites, secondhand smoke, pests, pets and other animals.

Gives healthcare providers, cities/towns, RIDOH, and landlords a chance to work together to improve living conditions in the home.

Who is eligible? *Must meet all criteria below*

- 1. Families with a child who has asthma
- 2.Live in Providence, Pawtucket, Central Falls, and Woonsocket
- 3. Currently rent their home or apartment





How to access BEAH:

- •A referral from the child's healthcare provider is necessary.
- •Sign a consent form.
- •An inspector from the city/town will call to schedule a visit to the home.
- •For more information: https://health.ri.gov/projects/breatheeasyathome/

401-222-5960/ RI Relay 711

Doh.beah@health.ri.gov

What to expect:

- •An inspection is done on the property, usually within 5 days of the referral.
- •If violations are found, notification is posted on the property and is mailed (regular and certified) to the occupants and the owner or person responsible for the property.
- •The owner or person responsible for the property is given between 24 hours and 30 days for the correction of violations (depending on violation type).
- •A follow-up inspection is done after the time period allowed for the correction of violations end.
- •The case is closed when the violations are corrected.



Breathe Easy at Home (BEAH) Code Inspection Referrals Provider Screening Guide





ADVANCING INTEGRATED HEALTHCARE

Use this guide to determine if Breathe Easy at Home (BEAH) is appropriate for your patient.

- Is the patient a child (up to age 17) with poorly-controlled asthma who resides (at least part-time) in Providence, Pawtucket, Central Falls, or Woonsocket?
 - BEAH Code Inspections are only available in these four cities.
- Does the patient's family rent their home?
 - Homeowners are not appropriate for the BEAH Program.
 - BEAH covers Public Housing, Section 8, and private apartments.
- Is it likely there is an asthma-related housing-code violation in your patient's home?

 The presence of any item below may indicate a housing code violation.

 Note: Mold is NOT a code violation, but things that cause mold can be violations.
 - Pests: Cockroaches
 - Mice/rats
 - Holes or breaks in exterior walls
 - Moisture: Water damage or rot
 - Leaky faucets or pipes
 - Ventilation: Bedrooms or living spaces without windows that can open
 - Bathrooms without vents or windows to the outside
 - Clothes dryers without exhaust vents to the outside
 - Gas stove without a vent to the outside
 - Water heater located in a bathroom or bedroom
 - Heat: Use of cooking appliances to provide heat
 - Use of unvented space heaters to provide heat
 - Unvented wood-burning stove or fireplace
- Does the family understand BEAH and agree to the code referral?
 - Share and review the What is BEAH? document.
 - Have the parent/guardian who lives at the address sign the BEAH Authorization to Use and Disclose Health Information consent form.
- Are there any concerns about landlord retailation?
 - Landlord retaliation is illegal. BEAH includes free legal support if needed.
 - Share the Landlord Retaliation document for legal support information.
- 6 What can you do if the parent/guardian declines participation in BEAH?
 - Share these BEAH documents:
 - For Landlords Reducing Common Asthma Triggers For Tenants - Reducing Common Asthma Triggers
 - Refer family for asthma education and/or social services.

For more information, contact doh.beah@health.ri.gov or call the Health Information Line at 401.222.5960 / RI Relay 711





Breathe Easy at Home

- The city/town inspector will conduct all inspections.
- Inspections are scheduled on days and at times that are convenient for the tenants.
- The owner or person responsible for the property does not have to be present at inspections.
- Inspectors will also look for housing code violations that are not related to asthma.
- The owner or person responsible for the property has the right to appeal violations within ten days.
- The owner and the tenants will receive notification about follow-up inspections.
- If housing code violations are found, the healthcare provider who made the original referral will be routinely updated about the process of fixing these violations.
- Landlord Retaliation
 - Tenants are protected from retaliation by landlords for participating in BEAH. a
 - Landlord retaliation is illegal.
 - Information about tenant rights is available at:

RHODE ISLAND CENTER FOR JUSTICE

1 Empire Plaza, Suite 410

Providence, RI 02903

401-491-1101 ext. 810

www.centerforjustice.org

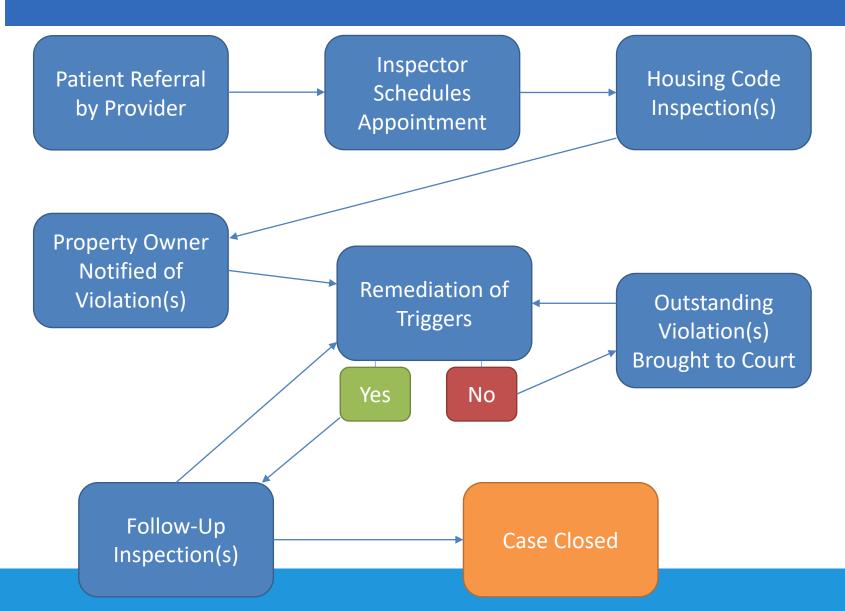
For more information, see the Rhode Island Landlord-Tenant Handbook:

https://www.sos.ri.gov/assets/downloads/documents/RI-landlord-tenant-handbook.pdf

Breathe Easy at Home Referral Process







Breathe Easy at Home Referral Process (Detailed)





Patient referral by provider in KIDSNET

KIDSNET generates e-mail to BEAH staff & Inspectors

Assigned inspector logs into KIDSNET to view referral

Inspector schedules appointment

Housing Code Inspection(s)

Inspector logs back into KIDSNET to document inspection

KIDSNET generates email to BEAH staff, provider and inspectors

Property owner notified of violation(s)

Remediation of violation(s)

Code inspector notified of remediation of violation(s)

Follow-up inspection(s)

BEAH Case Closed

Breathe Easy at Home Referrals in KIDSNET







Welcome to KIDSNET





Search

Recently Viewed

User Management

User Profile

Forms & Resources

KIDSNET Help

Logoff

Patient Search

Instructions: When searching, enough information must be entered in one or more fields to uniquely identify a patient. You may enter partial information followed by the * sign to increase your chances of a successful search. If you cannot locate a patient, please call the Help Desk at 401-222-5960 for assistance.

			Search and go to:	Asthma	~
	Search b	y Demographics			
irst Name:		Last Name:			
ate of Birth:	/ / (m	m/dd/yyyy)			
other's In	<u>formation:</u>				
ast Name:	Date of	Birth: /	/		
Search by ID					
(IDSNET ID:					
	Search	Clear			
	For more information or to provide	feedback <u>eMail KIDS</u>	<u>NET</u>		
	RI.gov	HEAL1 Rhode Island Depart			

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Breathe Easy at Home Referrals in KIDSNET









FINENT OF HET	Welcome to KIDSNE I
***	Asthma
KID/NET	Search Search
Search	Enter KIDSNET ID: LookUp
Recently Viewed	
Demographics	Child Information -06/14/2019
-	
Child Summary	
Asthma	Parent/Guardian: ELECTRA SMITH Date of birth: 09/23/1991
- Astimu	
<u>User Management</u>	Page is Ready for Entry of New Referral Information
<u>User Profile</u>	Asthma
Forms & Resources	☐ Child has Asthma
KIDSNET Help	Asthma Action Plan: English / Spanish
<u>Logoff</u>	Upload a New Asthma Plan (pdf)
	There Are No Closed Referrals for this Patient
	Breathe Easy at Home Information
	Breathe Easy at Home (BEAH) is an initiative of the RI Department of Health's Asthma Control Program. BEAH should be used if a healthcare provider suspects that substandard housing conditions (code violations) are causing a child's asthma to be poorly controlled. Making a BEAH Referral allows the Asthma Control Program to coordinate and track available support services. Services are limited to patients who live in the four core cities of Providence, Pawtucket, Central Falls, and Woonsocket. Details are available below or contact DOH.BEAH@health.ri.gov .
	Use this <u>Provider Screening Tool and Guide</u> to determine if BEAH is appropriate for your patient.
	What is Breathe Easy At Home?
	BEAH Authorization to Use and Disclose Health Information Are You Worried About Landlord Retaliation?
	DOH Breathe Easy Project - additional information

7 Steps to Reduce Asthma Triggers In Your Home Safe Cleaning for People with Asthma

Breathe Easy at Home Referrals in KIDSNET





	THE CITY IS NOT PROVIDENCE, WOONSOCKET, PAWTUCKET or CENTRAL FALLS **	
BEAH Code Inspection Referrals are available ONLY for tenants living in the core cities: PROVIDENCE, PAWTUCKET, CENTRAL FALLS, and WOONSOCKET. For details, read (Provider Screening Tool and Guide) or contact DOH.BEAH@heelth.ri.gov.		
	Inspection Site and Contact Information	
The child's most recent address ar	nd contact information in KIDSNET is prefilled, please check the accuracy.	
Addre	,	
Apartı		
City:* PAWTUCKET	<u> </u>	
Zip:* 02860		
Type of Housing:*	Public O Section 8 O Other O Unknown	
Contact F		
Contact L		
Field is required, format: 401-123-	4567)	
Contact Pho		
Contact Em		
	Asthma Information	
Asthma Diagnosis:*	▽	
Asthma Control O Well Controlled	d O Not Well Controlled O Poorly Controlled O Unknown	
Suspected Rodents	Cockroaches Mold Moisture Inadquate Ventilation	
rriggers:* ☐ Other (Specify		
Asthma Programs Attended "Dra Enrolled In: *	w a Breath" Received asthma education Home Visit None	
Other (Specify	()	
Provided BEAH Educational Materials *	YES O NO	
Referral made to Legal Services for Asthma-Related Housing Issue*		

Breathe Easy at Home Referrals in KIDSNET





Information for BEAH Code Inspection Information for BEAH Code Inspection The parent/guardian whose home will be inspected must sign a consent form before the referral can be made. Referral Date: 06/14/2019 *Required Fields Consent Form Signed:* YES NO Preferred Day(s) of Week for mspection: Mon Tues Wed Thurs Fri referred Time for Inspection:* AM PM Either Referral Notes for Inspector		Referral Status
The parent/guardian whose home will be inspected must sign a consent form before the referral can be made. Referral Date: 06/14/2019 *Required Fields Consent Form Signed: YES NO Preferred Day(s) of Week for Mon Tues Wed Thurs Fri referred Time for Inspection: AM PM Either Referral Notes for Inspector Referral Note: Inspections Previous Referrals Exist View Top of Page Submit Guestions or Comments, please contact: E-mail: DOH BEAH@health.d.ooy	eferral Status: Closed	Open - Referred for Inspection
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E-mail: DOH.BEAH@health.ri.gov		Submit



Community Asthma Program

Director: Daphne Koinis Mitchell, Ph.D.

Director of Education: Barbara Jandasek, Ph.D.

Program Liaison: Miosotis Alsina



Controlling Asthma in School Effectively (CASE) Program RATIONALE:

- 30% of the student body of each elementary school urban core cities of Providence, on average, has asthma
- School nurse teachers report half the children with asthma, on average, have rescue inhalers in school. 20% have asthma action
 - plans in school
- The majority of children don't self-carry despite self-carry regulation



Mission of Project CASE: School-based Intervention

- Provide school-based asthma management education to students during school day to improve asthma outcomes
- Provide support and asthma management training to school personnel in urban settings
- Provide Environmental Feedback to School Administration
- Provide after-school asthma management education program to caregivers



CASE School-based Intervention



Participant CASE

Caregiver CASE

English & Spanish

Education on school asthma management – working with SNT, meds at school, triggers



Child CASE

Age-appropriate
education on asthma
focused on school
management, inhaler
use, avoiding triggers
6+ years old
English & Spanish

Request updated AAP, upload to KIDSNET

School Staff CASE

RI-AIR schools identified in high-risk polygons

Faculty CASE

Education on asthma, classroom triggers, school asthma management

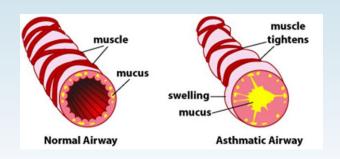


CASE Components: School-based intervention

- Topics covered include:
 - A review of central components of asthma management (e.g., symptom recognition, medication use)
 - Focused school-specific asthma management education, for example:
 - For students: A review of what to do when symptomatic across settings in school
 - For caregivers: Caregiver collaboration with school staff
 - Enhancing communication between school personnel and school nurse
 - Improving children's self-advocacy for asthma management within the school setting
 - Discussion of asthma triggers specific to school setting







CASE has improved asthma outcomes: School-based Intervention

CASE outcomes show we were able to improve:

- Student's knowledge of asthma as a result of the during the day classes
- Improve staff's knowledge of asthma as a results of staff trainings
- Improve asthma knowledge, control and decrease ED visits as a result of our afterschool programs





CASE Procedures

- Meet with school nurse, principal and other school staff to discuss logistics of CASE program components
- Provide marketing materials to school and discuss outreach methods
- Screen school children and identify those with asthma

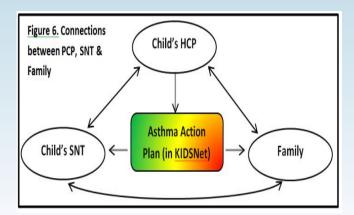




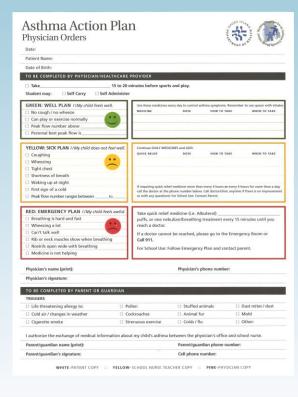


CASE Coordination of Care Procedures

- Following completion of parental release and consent, send letter to children's health care providers and school nurses describing child's level of asthma control and enrollment in RI-AIR
- RI-AIR Community Health Worker (CHW) works with family and medical provider to obtain an updated Asthma Action Plan (AAP) for child
- CHW uploads AAP to KIDSNET, an online statewide child health information system maintained by Rhode Island Department of Health, to make it easily accessible to other health care providers (including school nurses) and improve coordination of care









Project CASE

• If school nurses are interested in receiving more information about RIACP's school-based services, please contact the RI Asthma Control Program at: doh.asthma@health.ri.gov



Cool It Off

Referrals for Cool It Off:

Email* or phone ashley.fogarty@health.ri.gov

or 401-222-6272

(*use secure email if sending Protected Health Information – PHI)

Cool It Off!

During the hot and humid summer weather, it is harder for children with asthma to breathe. **Cool It Off** is a program that helps families who live in Providence Housing Authority public housing and have a child with asthma.

What does the Cool It Off program give to families?

- A free air conditioner from the Rhode Island Department of Health's (RIDOH) Asthma Control Program;
- · Free installation and removal of air conditioner by Providence Housing Authority staff;
- Education and resources to help manage your child's asthma symptoms; and
- \$25 a month (for June, July, August, and September) to help pay for the electricity to run
 the air conditioner

The only thing you will need to do is complete two, 10-15 minute telephone surveys. Someone from RIDOH will call you once before the air conditioner is installed, and once after the air conditioner is installed.



For more information, call 401-222-6272 or email ashley.fogarty@health.ri.gov.
For information about asthma, visit health.ri.gov/asthma.





ADVANCING INTEGRATED HEALTHCARE







- Lung.org/Asthma
- Lung.org/SOTA
- About Asthma: Department of Health (ri.gov)
- RI Community Asthma Programs at Hasbro Children's Hospital (lifespan.org)





Questions?











Asthma Essentials ECHO® Case Presentation

PLEASE NOTE: Project ECHO case consultations do not create or otherwise establish a provider-patient relationship between any clinician and any patient whose case is being presented in a project ECHO setting

Care Transformation Collaborative of RI







- Daniel Fitzgerald <u>Daniel.Fitzgeral@Lung.org</u>
- Ashley Fogarty <u>Ashley.Fogarty@health.ri.gov</u>







Next Session Date:	Feb 08 th , 2023 @ 730am
Topic:	Patient and Family Education
Presenter:	June Tourangeau, Certified Asthma Educator
Case Presenter:	Lina Roman, CHW







(currently available for MDs, PAs, Rx, RNs and NPs)

- CME Credits Please request session credits when filling out the evaluation at the end of the meeting.
- Evaluation/Credit Request Form:

The AAFP has reviewed 'ECHO Series Focused on Best Practices and QI,' and deemed it acceptable for AAFP credit. Term of approval is from 09/16/2022 to 09/16/2023. Physicians should claim only the credit commensurate with the extent of their participation in the activity. NPs and RNs can also receive credit through AAFP's partnership with the American Nurses Credentialing Center (ANCC) and the American Academy of Nurse Practitioners Certification Board (AANPCB).