Mid-Michigan Asthma Coalition, Notes from 2/19/15 meeting.

In attendance: Ken Fletcher, American Lung Association; Tina Reynolds, Michigan Environmental Council; Irene Gonzalez, Physicians Health Plan; Dave Errickson, MI Air MI Health; Pam Miklavci, The Davies Project; John Dowling, MDCH Asthma Program; Kathleen Slonager, Asthma and Allergy Foundation – Michigan Chapter; Nancy Sinnaeve, Ingham County Health Dept. Children’s Special Healthcare Services; Jessica Yorko, Ingham County Health Dept. Env Justice.; Jeff Morris, AstraZeneca

Decisions on MMAC priorities.

I. 2015 Priorities

A. Main priority for 2015 will be contacting more docs and nurses and asking them to get involved in MMAC, especially primary care doctors. Preferably through in-person meetings, but also through mail, email, phone calls, presentations, exhibits, and other channels. Outreach to include information about what MMAC is and does and how to get involved, with specifics. Specifics could include:

- Help at the CATA race in the spring
- Help at NOML, which will be at Grand River Head Start a few weeks before school starts
- Refer patients for in-home case management once the billing codes are finalized and ICHD and PHP are ready to roll it out
- Participate in/attend or schedule a presentation where someone from MMAC discusses guideline-based asthma management
- Make a financial contribution (perhaps we should consider setting up a paid membership program, so that membership in MMAC includes an annual contribution and includes certain kinds of recognition and other benefits?)
- Pledge to use asthma management best practices
- Attend monthly meetings
- Present on asthma management best practices/ asthma action plans etc to other doctors

“Recruitment” will need to include some presentation of features and benefits of being part of MMAC and answering questions about the organization and how to take part.

This is something for us all to think about what the “pitch” is, and what the benefits to PCPs, nurses and other doctors we want to recruit for involvement. What do they get out of it?

We will also need to brainstorm further about which doctors and nurses we want to approach, in what order and through what methods.

Emphasis from some participants in the meeting that MMAC members also reach out further into Clinton and Eaton Counties, perhaps through their health departments and/or healthcare organizations. (Hayes Green Beach Memorial Hospital, Alive! Health Club Center, Eaton Rapids Medical Center, Delta Medical Center, Clinton Memorial Hospital, etc.). It was also suggested that MMAC members contact Intermediate School District staff/leadership in Clinton, Eaton and Ingham Counties. MMAC members would need to find out who in those areas is already engaged in asthma issues and contact them.
B. MMAC will also seek to **coordinate presentations to groups of doctors about guideline-based asthma management.** Specifically:

- County Medical Societies
- Ingham Community Health Center Physicians

As far as who will provide these presentations, we can discuss among MMAC members and networks to determine. Preferably physicians with expertise in this area would provide these presentations, either pro-bono or with a stipend from MMAC.

C. **Expand use of Asthma Action Plans:**

In response to a question from the January planning meeting about whether or not AAPs are the “gold standard” of asthma management, Jessica Yorko shared the following article: [http://www.nchh.org/portals/0/contents/article0076.pdf](http://www.nchh.org/portals/0/contents/article0076.pdf) which seems to indicate that AAPs used with peak flow meter are most effective in improving health outcomes. Those present also discussed the importance of AAPs for schools to have on hands for students so they can understand and respond accordingly and be part of the student’s asthma management team.

John Dowling from MDCH confirmed that AAPs are cited as one of the key clinical tools for improving asthma outcomes, along with spirometry.

- Include info on AAPs in presentations to groups of doctors as described above.
- Inquire about ICHD/CHC physicians preparing Asthma Action Plans at the 2015 ICHD Back to School Health Fair
- Contact school health staff and other school staff and outline ways that MMAC can support them in working to get Asthma Action Plans on file for kids with asthma. Such as the school could call a meeting for staff, teachers and parents about Asthma Action Plans, why they are important, and info on doctors who routinely provide them for kids with asthma.
- Contact Dr. Spats who regularly uses Asthma Action Plans and is a big proponent of them
- Create something like “three things for parents to know about kids with asthma going to school” kind of promotional campaign with flyers, posters, handouts etc for parents.
- Work with healthcare plans to coordinate outreach to patients with asthma informing them about the basics and benefits of getting an Asthma Action Plan
- Hold the 2015 “Not One More Life” event at Grand River Head Start a few weeks before the start of the school year, and focus on creating Asthma Action Plans for families at this event.

D. **Advocate regarding ozone standards and clean power plan rules (federal issues) and continue to engage on environmental policies.**

This can be accomplished through continuing to build relationships and receive and share updates with organizations like MI Air MI Health, American Lung Association, Michigan Environmental Council, Sierra Club and Moms Clean Air Force.
II. 2016 Priorities

A. Work with Asthma and Allergy Foundation of Michigan to hold CEU classes for physicians.

Kathleen Slonager and John Dowling spoke specifically of the “PACE” program, a turnkey class that has printed and presentation materials ready to go. They could not remember if it was only a 2-day course or if there was also a 1-day option.

Kathleen agreed to go back and look into the options. She agreed that her organization could also set up the CEU credits and the online registration, and that the partnership with MMAC on the CEU class where other coalition members provide food, location and promotion was a good partnership.

Planning and promotion for this kind of event is typically about a 6-month process, in order to get a good turnout. If it’s possible to get something set up for 2015, we can aim for it, and if not, plan for 2016.

B. Continue exploring the idea of expanding physician incentives to increase physicians’ use of evidence-based asthma guidelines:

Irene Gonzalez and Kathleen Slonager talked about “HEDIS” measures, which means “Healthcare Effectiveness Data and Information Set (HEDIS®)” that are used to develop physician incentives. A longer explanation of HEDIS is given online here: http://www.cdphp.com/~media/Files/otherpdfs/HQ_Web_Qual.ashx

Irene and Kathleen expressed that incentives for asthma best practices already exists, in the form of reducing hospitalizations and other factors. And that Primary Care Physicians have another layer of incentives for other asthma-related measures.

Their sense was that this could be very difficult to change.

Kathleen also discussed incentives to patients in terms of their own behavior and choices that can result in decreasing what they have to pay for their health insurance.

III. Feb 2015 Updates and Intros. During introductions and updates, meeting participants announced the following updates:

- MI Air MI Health is coordinating a sign-on letter to BWL Commissioners about the Health in All Policies approach and health-related questions to ask in the hiring process for the new General Manager. Deadline to add your name to sign-on letter is 2/25, contact dave@miairmihealth.org. MI Air MI Health to present to commissioners on 3/10/15.
- American Lung Association is coordinating a postcard campaign to ask the EPA to adopt more protective limits on ozone pollution. More info at [www.FightingForAir.com](http://www.FightingForAir.com).

- The Davies Project is up and running and is now helping 12 families get their kids to specialty care appointments. They need more volunteer drivers. Pam talked about how many kids who need specialty medical care have a hard time getting to appointments. Jessica Yurko offered to put something on the MMAC page about the The Davies Project and info about their volunteer recruitment. More info at [http://www.thedaviesproject.org/](http://www.thedaviesproject.org/).

- PHP of Mid-Michigan continues to work with Ingham County Health Department to set up billing codes that will allow ICHD Public Health Nurses to provide in-home case management for asthma.

- MDCH Asthma Program is working on a spacer project to help clear up the confusion between physicians, pharmacists and patients in regards to spacers being covered by health plans, how to prescribe them, where to get them, and what patients should be paying for them.

AT MARCH MEETING, WE WILL DISCUSS WHAT IF ANYTHING WE WANT TO DO TO PROMOTE ASTHMA AWARENESS MONTH THIS YEAR. MAY IS ASTHMA AWARENESS MONTH.