



Asthma-Friendly Provider Recognition 2018 Application

Name of Healthcare Organization:

Mailing Address:

<i>Street</i>	<i>City</i>	<i>Zip Code</i>	<i>County</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Phone (Area Code and Number):

Fax (Area Code and Number):

Specialty:

Number of Staff:

Type of Healthcare Organization:

Do you refer moderate to severe asthma patients to a specialist?

If yes, what type?

Asthma Team Lead's Name:

Asthma Team Lead's Email:

Asthma Team Members (Names and Roles):

Provider's Name:

Provider's Email:

Provider's Attestation:

(Check below, indicate date)

I attest that our practice achieved the criteria level indicated and the information included on the following pages is accurate.

Date:

Mentor/Partner Organization (if applicable):

How did you hear about this recognition?

To apply for Asthma-Friendly Provider Recognition, providers must:

- (1) Review the Asthma-Friendly Provider Application and implement criteria for the desired recognition level
- (2) Complete the application and submit to: FLAsthmaCoalition@gmail.com
- (3) Email copies of certificates for trainings completed
- (4) Email copy of PACE training certificate of completion
- (5) Email copies of Asthma Action Plan template being utilized along with a policy or protocol for its distribution, if applying for Silver or above
- (6) Email copies of policy, curriculum, and materials for criterion 4, if applying for Silver or above
- (7) Email copies of protocol or policies for criterion 5, if applying for Gold

Criterion Specific Verification: Check where complete and provide requested information.

Bronze

Criterion 1: Professional Development for Nurses and Respiratory Therapists on Asthma Management

All staff that compose the Asthma Team at our practice have completed *at least one* of the trainings within 24 months of our facility applying for recognition. *Attach copies of training certificates.*

Criterion 2: Professional Development for Physicians on Asthma Management

At least one physician from each office (each separate location) has completed PACE training. *Attach a copy of training certificate or sign-in sheet.*

Criterion 3: Team-Based Approach

Staff use a team-based approach to promote more efficient, comprehensive, and patient-centered care so as to align services across the asthma care continuum. **Answering the questions below is required.**

Brief description of population served using a team-based approach (limit 500 characters)

Composition of team(s) and role of team members (limit 500 characters)

Method of sharing information among team members

Measures taken to ensure cultural appropriateness (if available)

Additional comments (limit 750 characters)

Silver

Criterion 4: Asthma Action Plans

All patients with a diagnosis of persistent asthma receive an Asthma Action Plan and are provided with instructions on how to comply with the plan. *Attach a copy of the Asthma Action Plan template being utilized AND a copy of the policy or protocol for its distribution.*

All Asthma Action Plans are required to have the following components:

- A list of triggers that may cause an asthma attack to inform the patient what triggers to avoid
- Recognition of symptoms and treatment of worsening/severe asthma
- What medicine to take daily, including the specific names of the medications

Gold

Criterion 5: Self-Management Education

All patients with moderate or severe, persistent asthma are provided with, or referred to, self-management education that meet EPR-3 Guidelines. *Attach a copy of the curriculum used and materials given to patients AND a copy of the policy or protocol for referring patients. Answering the questions below is required.*

Recommendations for adults and children with asthma include:

- Clinicians must provide all asthma patients with asthma self-management education that includes asthma information and training in asthma management skills, symptom-based or peak flow-based self-monitoring, development of a written Asthma Action Plan and regular consistent assessment.
- Clinicians must involve patients in decisions about the type of self-monitoring (symptom-based or peak-flow based) of asthma control that they will conduct.
- Health professionals, such as clinicians, nurses, asthma-educators, etc., should be trained in asthma self-management education and implement and teach asthma self-management skills.
- Essential skills of self-management should be introduced in the first sessions of asthma self-management education and subsequent sessions should focus on tailoring and adjusting management to the needs of the patient.

Description of referral process and the services referred to (limit 500 characters):

Description of the assessment of referral timeliness and completion (if available):

Brief description of population provided with, or referred to, asthma self-management education (limit 500 characters):

Criterion 6: Multi-Component Home Based Asthma Education

All patients with severe, persistent asthma are provided information about, or referred to, multi-component home-based asthma management education. If there is not a program available to refer patients to, the asthma team is required to review and distribute the Home Visiting Recommended Criteria document to all patients with severe, persistent asthma. *Attach a copy of the policy or protocol for providing patients with home-based education or for referring patients. Answering the questions below is required.*

Description of referral process and the services referred to (limit 500 characters):

Description of the assessment of referral timeliness and completion (if available):

Brief description of population provided with information about, or referred to, a multi-component home-based asthma management education program (limit 500 characters):

Comments for both Criterion 5 & 6 (750 character limit):

Platinum

Criterion 7: Implementing an Asthma Quality Improvement Process

Health care providers serving populations with a disproportionate burden of asthma will implement an asthma quality-improvement process, following EPR-3 guidelines, to improve the quality of care and health outcomes of moderate/severe asthmatic patients. *See resources on page 6 for a guide and workbook to help get started; It is not required for providers/groups to collaborate with any government entity to complete this criterion.*

Brief description of the population receiving guidelines-based asthma care, or those whose QOC measures are collected.

Name/description of Quality Improvement (QI) process (limit 1,00 characters)

Asthma related Quality of Care (QOC) measures collected (if available) (limit 1,500 characters)

Check all health outcomes collected (if available):

Asthma control

Hospitalizations/ emergency department visits

Satisfaction with care

Asthma-related quality of life

Other, please describe below:

Additional comments you would like to add (limit 750 characters)

Resources:

Criterion 1:

- **Asthma Management and Education Online (AME-O) FREE CEU Self-Pace Course**

This online course is presented by Cross County University for health professionals who teach and care for patients with asthma. The content follows the National Asthma Education and Prevention Program (NAEPP) *2007 Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma*. The course is based on the NAEPP's "Four Components of Asthma Management." Participants who finish the course will learn: 1) information on assessment and monitoring, 2) control of environmental factors, 3) medicine management, and 4) patient education.

The course has 12 unites that you finish at your own speed. Nurses and respiratory therapists can earn 7 continuing education credits from the American Nurses' Credentialing Center's Commission on Accreditation (ANCC) and the American Association for Respiratory Care (AARC)

http://www.aafa.org/media/Asthma_Management_and_Education_Online_112816%20final.pdf
- **Asthma Educator Certification**

The National Asthma Educator Certification Board (NAECB) exam is a voluntary testing program used to assess qualified health professionals knowledge in asthma education. It is an evaluative process that demonstrates that rigorous education and experience requirements have been met.

<https://www.naecb.com/>
- **Joint Commission Asthma Certification**

The Joint Commissions Disease-Specific Care Certification Program is designed to evaluate clinical programs across the continuum of care. This includes but is not limited to hospitals, long term care facilities, home care organizations, health plans, physician groups, and disease management companies.

http://www.jointcommission.org/certification/certification_main.aspx
- **NAEPP Guidelines for the Diagnosis and Management of Asthma (EPR-3)**

The National Asthma Education and Prevention Program (NAEPP), coordinated by the National Heart, Lung, and Blood Institute (NHLBI), convened an expert panel in 2007 to complete a systematic review of the published medical literature and to update the asthma guidelines to reflect the latest scientific advances. This document provides new guidance for selecting treatment based on a patient's individual needs and level of asthma control. The guidelines emphasize that while asthma can be controlled, the condition can change over time and differs among individuals and by age groups, emphasizing the importance of regularly monitoring the patient's level of asthma control and adjusting treatment as needed.

<http://www.nhlbi.nih.gov/files/docs/guidelines/asthgdln.pdf>

Criterion 2:

- **PACE Training Program Overview**

The program offers PowerPoint presentation slides providing a detailed explanation of the various components of the program, which includes information on both training sessions.

<https://www.nhlbi.nih.gov/health-pro/resources/lung/physician-asthma-care-education/resources-for-pace-seminar.htm>
- **PACE Training Videos**

PACE training program videos should be played for participants during the sessions, there are four videos that demonstrate communication techniques and the basic messages for patients and their families.

<https://www.nhlbi.nih.gov/health-pro/resources/lung/physician-asthma-care-education/resources-for-pace-seminar.htm>
- **Recorded Florida Asthma Coalition PACE Information Webinar**

Minal Patel, PhD, MPH with the Department of Health Behavior & Health Education at the University of Michigan was a guest speaker for the Florida Asthma Coalition's Provider Workgroup on January 16, 2018. The program was discussed in detail and questions were answered from members regarding providing the program and tailoring it for health professionals (MD, PA, ARNP, RT, etc.) and specific needs of a population.

https://floridaasthmacoalition.com/flasthma/assets/File/Compressed%20FAC_ProviderWorkgroup_Webinar_PACE%2016_18%20-%20Copy.mp4

Criterion 4:

- **American Academy of Allergy, Asthma & Immunology (AAAAI): Asthma Action Plan for Home & School**
The Florida Asthma Coalition recommends using this asthma action tool when applicable and as a template when not. The asthma action plan requires the signature of the physician, parent, and school nurse. This creates the 'team-based care' approach and maintains adherence to guidelines-based care.
https://www.aaaai.org/Aaaai/media/MediaLibrary/PDF%20Documents/Libraries/16-asthma-action-plan-v10_hires.pdf
- **Regional Asthma Management and Prevention: Asthma Action Plans**
In response to the release of the EPR-3 Guidelines in 2007, Regional Asthma Management & Prevention, developed an Asthma Action Plan for all age groups, available in English, Spanish, Chinese and Vietnamese, which can be found on their website using the link below.
<http://www.rampasthma.org/info-resources/asthma-action-plans>

Criterion 5:

- **Asthma Inhaler Videos**
Asthma can be controlled and asthma attacks can be avoided by taking medications as prescribed by the provider. The videos and documents provided on the link below demonstrate how to properly use inhalers.
<http://floridaasthmacoalition.com/healthcare-providers/asthma-inhaler-videos/>
- **Mobile Asthma Apps**
Asthma management apps are available for various age groups, the purpose of the apps is to assist individuals with asthma in managing their asthma by using monitoring and measurement tools.
<http://floridaasthmacoalition.com/caregivers/mobile-asthma-apps/>
- **Asthma and Allergy Foundation of America - Education Programs for Teaching Patients** Asthma and Allergy Foundation of America (AAFA) offers many patient education programs for all ages in English and Spanish, including Wee Breathers, an interactive program for health professionals who teach parents of young children about managing asthma.
<http://www.aafa.org/page/asthma-allergy-education-programs-teach-patients.aspx>

Criterion 6:

- **Asthma Home Visiting Recommended Criteria**
These recommended criteria were created by the Florida Asthma Coalition's Home Visiting Workgroup and can be used as a reliable tool and resource for health care professionals during Home Visits. Information about allergens and irritants, asthma education for caregivers, home visit resources and supplies, an 'Asthma Home Environment Checklist' and, information about toxic stress are all included in this easy to read document.
<http://floridaasthmacoalition.com/flasthma/assets/File/Asthma%20Home%20Visit%20rec%20criteria%20FINAL.pdf>
- **Environmental Protection Agency: Asthma Home Environment Checklist**
The EPA's asthma home environment checklist guides individuals with asthma and home care visitors in identifying environmental asthma triggers most commonly found in homes. It includes sections on the building, home interior and room interior and provides low-cost action steps for remediation.
<http://www.epa.gov/asthma/asthma-home-environment-checklist>

Criterion 7:

- **Agency for Healthcare Research and Quality: Asthma Care Quality Improvement (AHRQ): A Resource Guide and Workbook for State Action**
The Agency for Healthcare Research and Quality (AHRQ) has developed Asthma Care Quality Improvement: A Resource Guide for State Action and its companion workbook, Asthma Care Quality Improvement: A Workbook for State Action. These materials were designed in partnership with the Council of State Governments to help States assess the quality of asthma care and create quality improvement strategies.
<http://www.ahrq.gov/sites/default/files/wysiwyg/research/findings/nhqrdr/nhqr02/asthqwork.pdf>

This publication was supported by the Grant or Cooperative Agreement Number, NU59EH000523-09, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors who do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.