



PULLING IT ALL TOGETHER

CASE STUDIES (& QUESTIONS) FROM YOUR PRACTICES

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Rhonique Shields-Harris, MD, MHA, FAAP

Hemant Sharma, MD, MHS

Dinesh Pillai, MD

Colleen Whitmore, MSN, FNP

CME Accreditation

ACCREDITATION:

This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of The George Washington University School of Medicine and Health Sciences and Children's National. The George Washington University School of Medicine and Health Sciences is accredited by the ACCME to provide continuing medical education for physicians.

PHYSICIAN CME CREDIT:

The George Washington University School of Medicine and Health Sciences designates this continuing medical education activity for a maximum of 30 AMA Physician Recognition Award Category 1 Credits™.

Participants will be required to certify attendance or participation on an hour-for-hour basis.

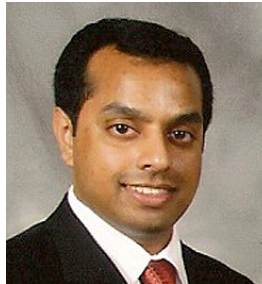
Today's Panelists



Rhonique Shields-Harris, MD, MHA, FAAP
Medical Director, Mobile Health Programs
Executive Director, Public Sector Partnerships



Hemant Sharma, MD, MHS
Associate Division Chief
Allergy & Immunology
Director, Food Allergy Program



Dinesh Pillai, MD
Assistant Professor of Pediatrics
& Integrative Systems Biology
GWU School of Medicine &
Health Sciences
Division of Pulmonary & Sleep
Medicine



Colleen E. Whitmore, MSN, FNP
Director of Nursing Services
Children's School Services

Disclosures

All panelists have signed disclosure statements indicating:

- No financial or business interest, arrangement or affiliation that could be perceived as a real or apparent conflict of interest in the subject (content) of their presentation.
- No unapproved or investigational use of any drugs, commercial products or devices.



Poll: Where is your practice located?

Please use the chat box and send to ***All Panelists***

- A. Washington DC
- B. Maryland
- C. Virginia
- D. Other – chat in response

Case #1 – Davonte

- 10 year old boy w longstanding moderate persistent asthma
- On high-dose ICS or ICS-LABA x several years
- Uncertain adherence
- Impairment: low between exacerbations
- Risk: 3 exacerbations per year





Poll: Why do your patients NOT take their asthma controller medications?

Please use the chat box and send to ***All Panelists***

- A. Not covered by insurance, other access issues
- B. Don't like the taste or immediate side effects
- C. Parents concerned about long-term side effects
- D. Parents don't supervise, children too young to be responsible
- E. Feel fine, don't see any reason to take daily meds
- F. Other – type in response

Improving Adherence

- Get to know your patient's point of view
 - How much of a problem is asthma in their lives?
 - What barriers do they face to obtaining and taking medications?
- Meet people where they are and set goals
 - Be flexible if possible with management
- Knowledge is power
 - Explain what asthma is and how medicines work
 - Teach correct use of meds and devices
 - Make connections between exposures and symptoms
- Involve all who care for child
 - Make sure grandparents, aunts, school nurses, etc. are on board with the care plan



Case #1 – Davonte – cont'd

- Exacerbations in fall and spring
- Always appears comfortable, w normal SaO₂ and PF
- Wheezing does not resolve completely p burst of steroids, may last several weeks

Your questions:

- “Why do some patients’ lungs refuse to stop wheezing?”
- “Is this a distinct form of asthma?”



Case #1 – Davonte – Management

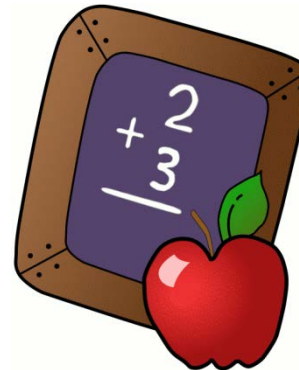
Be proactive: plan visits in advance of each season

- Assess control and adjust treatment seasonally
- Reinforce goals, review triggers and technique
- Involve school nurse and others



Managing Asthma in the School Setting

- Encourage parents to disclose the student's asthma to the school nurse.
- Discuss with parent and student the need for easy access to quick relief inhaler at school.
- Assess ability to self-carry.
- Assess inhaler technique.
- Ensure that child has one inhaler for school and one for home.
- Complete an individualized asthma action plan.



Case #2 – Beatriz

- 6 year old girl, new to practice
- Recent asthma dx p PICU admission for respiratory distress w wheezing
- No prior wheezing of note
- Started on ICS by prior PCP



Your questions:

- “How do you respond to parents who are concerned about giving inhaled steroids (specifically budesonide) because of the possibility it will affect their height?”
- “How do you manage patients who typically only have one exacerbation a year but that episode is so bad it lands them in the PICU?”

Poll: What concerns do your patients/parents have about inhaled corticosteroids?

Please use the chat box and send to ***All Panelists***

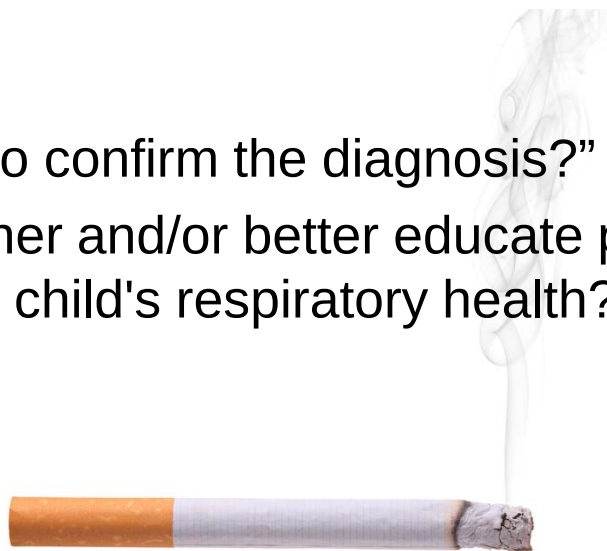
- A. ICS will stunt child's growth
- B. Bad taste or other local side effects
- C. Altered behavior in child
- D. Child will become "dependent" on medication
- E. ICS might be related to anabolic steroids
- F. Other - type in response

Case #2 – Beatriz – cont'd

- FH + asthma
- SH + smoke exposure in home
- Grandmother adamantly does not believe she has asthma

Your questions:

- “What do we do to confirm the diagnosis?”
- “How do we partner and/or better educate parents who smoke in reference to their child's respiratory health?”



Case #2 – Beatriz – Management



- Use diagnostic tools judiciously
- Work on symptom recognition
- Schedule regular follow up
- Partner with family to eliminate or reduce smoke exposure

Case #3 – Renee

- 2 year old girl, wheezes w viral URIs
- 3 ED visits in past 6 months, twice requiring oral steroids
- Hx mild eczema

Qs from primary care

- “Should this be called asthma?”
- “What are the merits of using ICS only during URIs?”
- “How long would you continue that practice?”
- “When can we say that someone ‘no longer has asthma’?”





Poll: What is the chance that Renee will go on to have asthma during school age?

Please use the chat box and send to ***All Panelists***

- A. 30%
- B. 50%
- C. 75%
- D. 95%
- E. Not sure

Asthma Predictive Index

Persistent Wheezing: Asthma Predictive Index

The wheezing child <3 years of age has
an increased risk of asthma if either:



1 Major Criterion:

- Parent with asthma
- Atopic dermatitis
- Inhalant allergen sensitization

OR

2 Minor Criteria:

- Allergic rhinitis
- Wheezing apart from colds
- Eosinophilia ($\geq 4\%$)
- Food allergen sensitization

Castro-Rodriguez JA, et al. *Am J Respir Crit Care Med*. 2000;162:1403-1406.
Gulbert TW, et al. *J Allergy Clin Immunol*. 2004;114:1282-1287.



Asthma Predictive Index

Positive API → 75% chance
asthma during school age

Negative API → 95% chance
NO asthma during school age



Case #3 – Renee – Management



- Discuss treatment options with family
- Schedule regular follow up
- Consider minimizing steroid burden
- Educate proactively about irritant exposure and common allergens



More of your questions...

- Why do the EDs continue to use neb machines (or do they)?
- Does a 4 year old with BPD on daily steroids and using a bronchodilator have asthma and how is that diagnosis determined?
- What are some practical strategies to help parents understand the difference between controller and quick-relief meds?
- Can we use Singulair as preventive treatment instead of ICS?

Take Home Messages

1. Improving asthma care and outcomes is a team effort!
2. Schedule asthma management visits
3. Provide great education



1. Improving asthma care and outcomes is a team effort!

- Partner with families and set shared goals
- Involve others who care for the child (grandparents, school nurse)
- Include a written plan of care to share
- Use your subspecialty colleagues when needed
- Refer to community resources



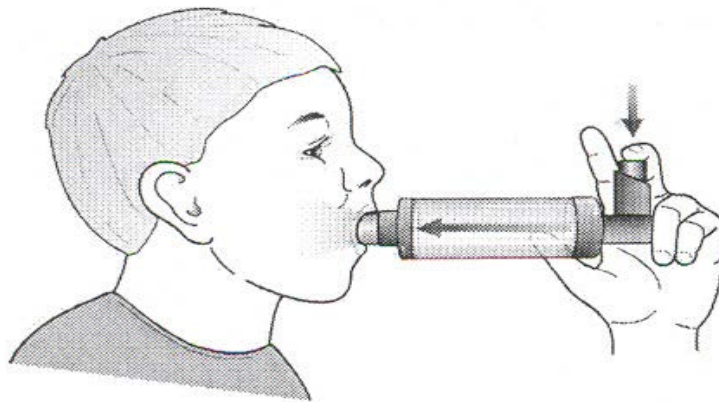
2. Schedule asthma management visits



- Allows regular assessment of control and adjustment of therapy, per NIH guidelines
- Encourages proactive management by families
- Improves adherence and connects families to medical home
- Schedule every few months if persistent or seasonally triggered, more often if poor control

3. Provide great education

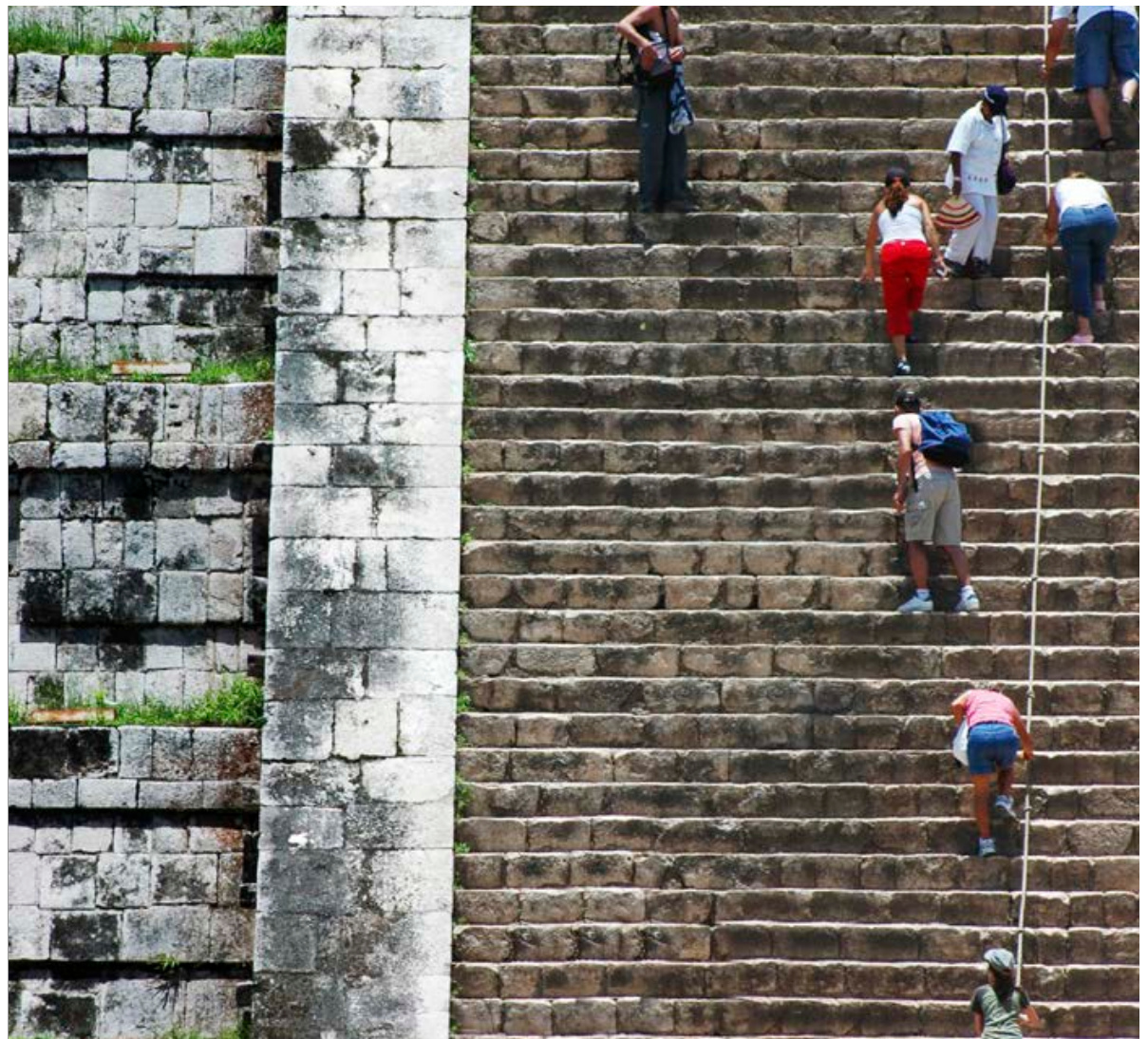
- Teach kids and families about asthma and their medications
- Assess and review device use at **every** visit
- Involve office staff to increase efficiency and effectiveness
- Use multiple modalities: handouts, videos
- Tailor education to each family's needs and abilities
- Don't forget the environment: assessment, counseling, advocacy



Next steps

Reminders about CME & MOC credit

- ❖ MOC
Attestation
- ❖ Learning
Session
Attestation
forms
- ❖ CME Workbook
- ❖ Payment



ABP Maintenance of Certification Part 4

ABP- Approved QI Projects

- One or more Institute of Medicine quality dimensions
- Relevance to physician practice
- Definition of project aims and completion criteria
- Use of standard quality improvement methods
- Project structure, including sponsoring organization, leadership and infrastructure
- Improvement results
- Documentation of project design, processes, policies, participant activities and results
- HIPAA compliance



CNHN QI Learning Collaborative

- Our application has been Approved by the ABP
 - We met all of the stated requirements
 - The project is worth 25 MOC points



How do I Attest for MOC credit?

Credit for MOC depends on formal attestation on your meaningful participation in the approved QI project.

- **Once the project has been completed(June 28th) and all of your CME documentation has been submitted participants will:**
 - Download the ABP MOC attestation form (available from www.abp.org within the Physician Portfolio)
 - Attest that you have met the ABP meaningful participation requirements **(requirements set by CNHN QI Team)**
 - Print and send the ABP MOC attestation form to the QI Project Leader (Mark Weissman via Tamara john at Fax # 202-476-2914)
- **Mark will review the attestation and sign off, if appropriate.**
- **The Project Leader will then inform the ABP with either approval or denial of your request for MOC credit**

CME Credit-

Attestation forms/CME Workbook

- You can earn up to 30 CME credit hours for the following activities:
 - Chart Audit Review-
 - Attending Team Meetings
 - Asthma Learning Sessions
 - QI/asthma 101 Kick-Off Meeting (**Mandatory**)
 - The planned asthma visit- October 2012
 - Practical Asthma Education- December 2012
 - Advanced Asthma Management- January 2013
 - Breathing Easy- March 2013
 - Coding to Improve reimbursement- April 2013
 - Pulling it all Together- May 2013
 - QI Conference calls
- All CME attestation forms are due by **July 12th**
 - You should have a minimum of 4 attestation forms submitted
- Your CME workbook is also due **July 12th**
 - The excel workbook will calculate how many CME hours you have earned automatically
 - Once the form is signed, please print and fax it back to me

CNHN Obesity Learning Collaborative: CME Attestation Form

Form Directions

	Chart Audit Review Responses	Team Meeting Responses	Obesity Web Conference Responses	QI Conference Calls	Tally of activities	CME Hour Total
What are your responses worth	Yes, 1 hr = 1 Yes, 30 mins = .5 No = 0	Yes > 30 mins = 1 Yes < 30 mins = .5 No = 0	Yes, I submitted = 1 No, I did not submit = 0	Yes, I joined = 1 No, I did not join = 0	How many of your responses were worth .5 and how many were worth 1 CME hrs	Add up how many CME hrs you earned during the month (Done automatically)
	Chart Audit Review	Team Meeting	Obesity Web Conference	QI Conference Calls	Tally of activities	Monthly CME Hour Total
Sample Month	☒ Yes, 1 hr ☐ Yes, 30 mins ☐ No	☐ Yes > 30 mins ☐ Yes < 30 mins ☐ No	QI 101/Intro to Pediatric Obesity ☒ Yes, I submitted my attestation form ☒ No, I did not submit my attestation form	☒ Yes, I joined the call ☐ No, I did not join the call	1 x .5 = .5 3 x 1 = 3	3.5 CME Hrs

Official Form Starts Here

(Please make sure that only one box is checked per section)

	Chart Audit Review	Team Meeting	Obesity Web Conference	QI Conference Call	
November	☐ Yes, 1 hr ☐ Yes, 30 mins ☐ No	☐ Yes > 30 mins ☐ Yes < 30 mins ☐ No	QI 101/Intro to Pediatric Obesity ☐ Yes, I submitted my attestation form ☐ No, I did not submit my attestation form	☐ Yes, I joined the call ☐ No, I did not join the call	
December	☐ Yes, 1 hr ☐ Yes, 30 mins ☐ No	☐ Yes > 30 mins ☐ Yes < 30 mins ☐ No		☐ Yes, I joined the call ☐ No, I did not join the call	
January	☐ Yes, 1 hr ☐ Yes, 30 mins ☐ No	☐ Yes > 30 mins ☐ Yes < 30 mins ☐ No	Nutrition Webinar ☐ Yes, I submitted my attestation form ☐ No, I did not submit my attestation form	☐ Yes, I joined the call ☐ No, I did not join the call	
February	☐ Yes, 1 hr ☐ Yes, 30 mins ☐ No	☐ Yes > 30 mins ☐ Yes < 30 mins ☐ No	Advanced Management Webinar ☐ Yes, I submitted my attestation form ☐ No, I did not submit my attestation form	☐ Yes, I joined the call ☐ No, I did not join the call	
March	☐ Yes, 1 hr ☐ Yes, 30 mins ☐ No	☐ Yes > 30 mins ☐ Yes < 30 mins ☐ No		☐ Yes, I joined the call ☐ No, I did not join the call	
April	☐ Yes, 1 hr ☐ Yes, 30 mins ☐ No	☐ Yes > 30 mins ☐ Yes < 30 mins ☐ No	Coding to Improve Reimbursement ☐ Yes, I submitted my attestation form ☐ No, I did not submit my attestation form	☐ Yes, I joined the call ☐ No, I did not join the call	
May	☐ Yes, 1 hr ☐ Yes, 30 mins ☐ No	☐ Yes > 30 mins ☐ Yes < 30 mins ☐ No	Practical Activity Counseling ☐ Yes, I submitted my attestation form ☐ No, I did not submit my attestation form	☐ Yes, I joined the call ☐ No, I did not join the call	
June	☐ Yes, 1 hr ☐ Yes, 30 mins ☐ No	☐ Yes > 30 mins ☐ Yes < 30 mins ☐ No		☐ Yes, I joined the call ☐ No, I did not join the call	
CME Hours Earned					CME Hour Total
Tally of activities	0	0	0	0	0

Project participants should only claim credit commensurate with the extent of their participation in the stated activities. I am therefore eligible to claim CME credit and receive a certificate of participation.

Name (Print) _____

Signature _____

Date _____

Questions?

