



ADVANCING INTEGRATED HEALTHCARE

Welcome

Improving Care for Children, Families and Adults with Asthma

NURSE CARE MANAGER/COORDINATOR BEST PRACTICE SHARING MEETING
MAY 18, 2021

Agenda

Topic <i>Presenter(s)</i>	Duration
Welcome and Introductions <i>Susanne Campbell, CTC-RI</i>	5 minutes
Asthma in RI – Opportunity to become certified Asthma Educator <i>Ashley Fogarty, Asthma Program Manager, RIDOH</i>	20 minutes
St Joe’s Pediatric Asthma Program <i>Ty -Eisha Rivera, Asthma Educator</i>	15 minutes
Green Healthy Homes: Pilot program with Integra <i>Margarita Robledo Guedes and Kate Klinger</i>	15 minutes
Becoming a certified Asthma Educator <i>Cindy Brosnan, Women’s Medicine Collaborative</i>	15 minutes
COVID-19 vaccine update for pediatrics <i>Tricia Washburn, Chief, Center for Preventive Services, RIDOH</i>	15 minutes



Rhode Island Asthma Control Program

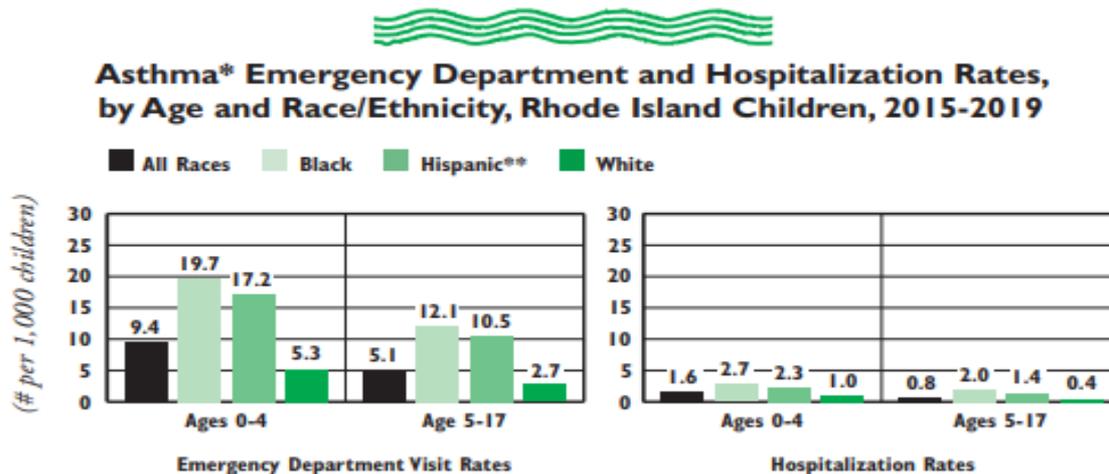
Tuesday, May 18, 2021

CTC-RI/PCMH-Kids Nurse Care Manager Meeting

Rhode Island Asthma Control Program



- RIACP works to reduce asthma in RI
- Lower asthma-related hospitalizations and emergency department visits, health inequalities, and missed days of work/school due to asthma
- Focused on high poverty “core” cities of:
 - Providence
 - Pawtucket
 - Central Falls
 - Woonsocket



Source: Rhode Island Department of Health, Hospital Discharge Database, 2015-2019; U.S. Census Bureau, Census 2010.
 *Rates are for primary diagnosis of asthma. **Hispanic children can be of any race.

CITY/TOWN	ESTIMATED # OF CHILDREN UNDER AGE 18	# OF CHILD EMERGENCY DEPT. VISITS WITH PRIMARY ASTHMA DIAGNOSIS	RATE OF CHILD EMERGENCY DEPT. VISITS WITH PRIMARY ASTHMA DIAGNOSIS, PER 1,000 CHILDREN
Unknown	0	6	NA
Four Core Cities	73,741	4,080	11.1
Remainder State	150,215	2,833	3.8
Rhode Island	223,956	6,919	6.2

Asthma Program Services



Free Asthma Services

Families who have children with asthma and live in Providence, Pawtucket, Central Falls, or Woonsocket may qualify for:

- Up to three classes to learn how to manage their child's asthma
- Home visits by a Certified Asthma Educator to help find and fix asthma triggers (things that cause asthma attacks)
- Help coordinating asthma care with primary care providers, school nurses, teachers, and caregivers
- Help getting support for healthy housing, tenant rights, and social services



Asthma Action Plan

An Asthma Action Plan is a written plan. It lists a person's asthma triggers, medicines, and doses. It also tells what to do in an asthma emergency.



Asthma at Home

Clean and healthy homes help reduce asthma. Asthma triggers in the home include dust mites, mold, pets, pests, smoke, and chemical cleaners. The Asthma Control Program offers:

- **Breathe Easy at Home (BEAH)** If a landlord will not fix a suspected housing code violation that triggers asthma, BEAH helps doctors contact building code officials. BEAH can also help tenants get legal support.
- **Asthma Home Visits** Families can have up to three visits by a Certified Asthma Educator. The Certified Asthma Educator teaches how to get rid of asthma triggers and better manage asthma.



Asthma at School

Asthma causes children to miss school, so schools need to be asthma-friendly. Schools in cities with more childhood asthma need this most. Healthy schools are good for all students and staff.

Project CASE (Controlling Asthma in Schools Effectively) works with elementary schools to:

- Offer Hasbro's *Draw a Breath* classes for students with asthma
- Give training for school staff about asthma needs at school
- Improve the school's indoor and outdoor spaces, asthma-friendly policies, and indoor air quality
- Promote the use of Asthma Action Plans
- Improve asthma care coordination between school nurses, teachers, healthcare providers, and families

Asthma and Healthcare

The Asthma Control Program works with healthcare providers, community health centers, and patient-centered medical homes. It helps them offer better asthma care by:

- Encouraging the use of Certified Asthma Educators
- Providing a current Asthma Action Plan for patients
- Teaching families how to use the Asthma Action Plan to manage asthma
- Partnering with community-based public health programs
- Sharing national guidelines that help providers diagnose, monitor, and treat asthma

To see if you qualify, call the Health Information Line: 401-222-5960 / RI Relay 711

Health Information Line: 401-222-5960 / RI Relay 711 | www.health.ri.gov/asthma

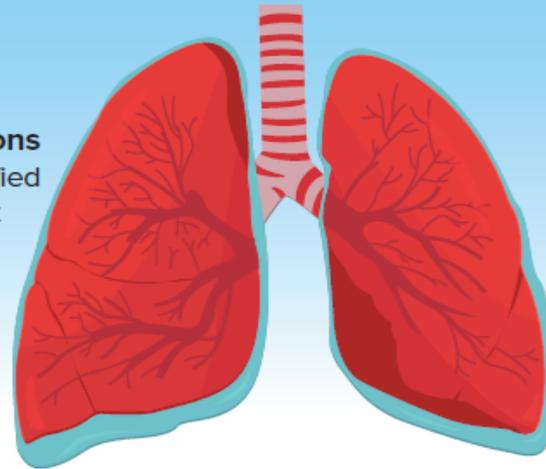
Home Asthma Response Program



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



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 51.5% well controlled.

Improved Quality of Life: Caregiver quality of life improved 17% on validated surveys.

Reduction of Environmental Triggers: Observed reductions in the presence of mold, dust, pests, pets, tobacco smoke, and chemicals.

Reduction in Missed School/Work Days: Caregivers report reducing missed work days due to asthma 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.

Home Asthma Response Program



HARP Eligibility

- Children age 2-17 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 2+ times in the past year; or
- Any child who has been admitted to the hospital in the past year to treat their asthma;
- Anyone enrolled in Medicaid or private health insurance—there should be no out-of-pocket expenses for the patient.

Breathe Easy at Home (BEAH)



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?



Housing conditions that contribute to breathing issues include peeling paint, mold, dust mites, secondhand smoke, pests (cockroaches and other insects, rodents), pets, and other animals. If your home environment is affected by these conditions, you may benefit from participating in the **BREATHE EASY AT HOME (BEAH)** program.

THE BREATHE EASY AT HOME (BEAH) program gives you, healthcare providers, your city or town, the Rhode Island Department of Health, and your landlord a chance to work together to improve living conditions in your home. The changes that are made will reduce exposure to asthma triggers and help children with asthma breathe easier in your home.

Your healthcare provider will ask you to sign a consent form, and will refer you to BEAH. An inspector from your city/town housing office will call you to make an appointment to visit your home.

The next steps are:

- 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 mail) 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 ends.
- The case is closed when all violations are corrected.



Breathe Easy at Home may be able to help.

Breathe Easy at Home



What is BEAH?

- Web-based referral system, utilizing KIDSNET, a confidential, computerized child health information system administered by RIDOH.
 - Allows health professionals to refer patients with asthma for a home inspection conducted by the city's housing inspection office if substandard housing conditions are suspected to be triggering a child's asthma.



Program Goals:

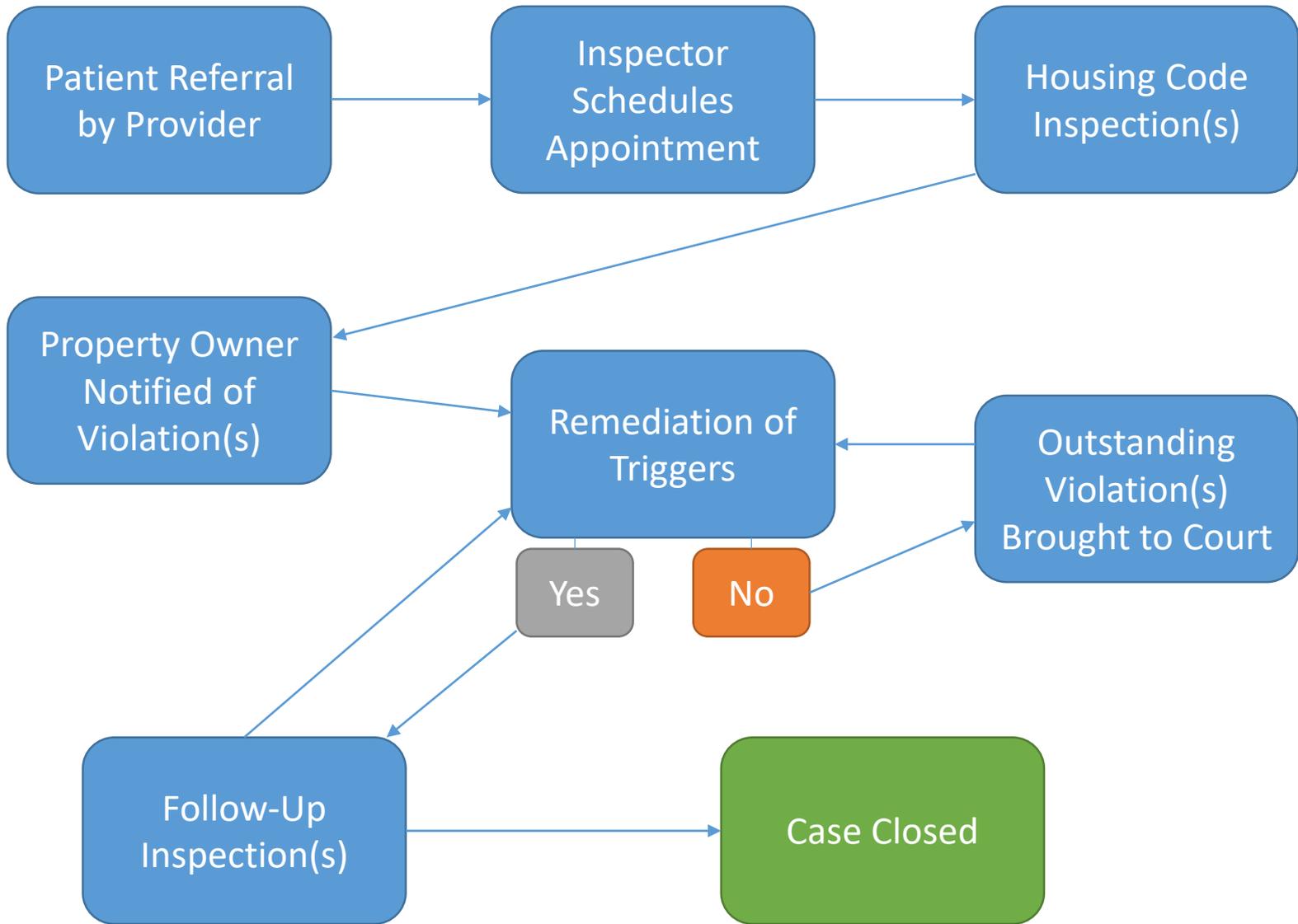
1. To improve the health of children with asthma by addressing the environmental health of their homes.
2. To improve the quality of asthma care by providing opportunities for health care providers to impact the environment in which their patients live.

Program Eligibility

- Children ages 2-17
- Asthma diagnosis
- Living in a rental property in Providence, Pawtucket, Central Falls, or Woonsocket



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 e-mail 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:

Search by Demographics

First Name: Last Name:
Date of Birth: / / (mm/dd/yyyy)

Mother's Information:

Last Name: Date of Birth: / /

Search by ID

KIDSNET ID:

Search

Clear

For more information or to provide feedback [eMail KIDSNET](#)



HEALTH
Rhode Island Department of Health

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Breathe Easy at Home Referrals in KIDSNET



Welcome to KIDSNET



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[Child Summary](#)

Asthma

[User Management](#)

[User Profile](#)

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Asthma

[printer-friendly version](#)

Search

Enter KIDSNET ID:

[LookUp](#)

Child Information -06/14/2019

i Page is Ready for Entry of New Referral Information

Asthma

Child has Asthma

Asthma Action Plan: [English](#) / [Spanish](#)

[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 [Provider Screening Tool and Guide](#) 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](#)

[Steps that landlords can take to reduce common asthma triggers](#)

[7 Steps to Reduce Asthma Triggers In Your Home](#)

[Safe Cleaning for People with Asthma](#)

Breathe Easy at Home Referrals in KIDSNET



**** DO NOT ENTER DATA BELOW IF 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@health.ri.gov.

Inspection Site and Contact Information

The child's most recent address and contact information in KIDSNET is prefilled, please check the accuracy.

Address

Apartment

City: *

Zip: *

Type of Housing: *

Public Section 8 Other Unknown

Contact F

Contact L

(Field is required, format: 401-123-4567)

Contact Phone

Contact Email

Asthma Information

Asthma Diagnosis: *

Asthma Control Levels: *

Well Controlled Not Well Controlled Poorly Controlled Unknown

Suspected Triggers: *

Rodents Cockroaches Mold Moisture Inadequate Ventilation

Other (Specify)

Asthma Programs Enrolled In: *

Attended "Draw a Breath" Received asthma education Home Visit None

Other (Specify)

Provided BEAH Educational Materials: *

YES NO

Referral made to Legal Services for Asthma-Related Housing Issue: *

YES NO

Breathe Easy at Home Referrals in KIDSNET



Referral Status

Referral Status: Closed Open - Referred for 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 Inspection: Mon Tues Wed Thurs Fri

Preferred Time for Inspection:* AM PM Either

Referral Notes for Inspector

Referral Note:

Inspections

No Inspection results have been entered for this referral

Closed Referrals

No Previous Referrals Exist

[View Top of Page](#)

Submit

Questions or Comments, please contact:
E-mail: DOH.BEAH@health.ri.gov

Asthma Educator Institute



Rhode Island Association of Certified Asthma Educators (RIACAE)

The Rhode Island Association of Certified Asthma Educators (RIACAE) is pleased to offer scholarships to people who work in Rhode Island and are interested in attending the American Lung Association's Asthma Educator Institute. Upon completion of the application, applicants will be notified of scholarship funding decision and/or scholarship amount. The American Lung Association will provide a coupon code to register for the agreed upon discount rate.



National Asthma Educator Certification Board (NAECB) Exam Scholarship Program

- Certifying for the first time, work in Rhode Island: \$350 to take the exam
\$200 will be reimbursed by RIACAE upon passing the NAECB Exam as long as funding permits
- Re-certifying, work in Rhode Island: \$300 re-certification fees
\$150 will be reimbursed by RIACAE upon passing the NAECB Exam as long as funding permits

Application Information

Full Name

Street Mailing Address Apt. # City State Zip

Home Phone Email

- Select One Option I am applying to become a Certified Asthma Educator (AE-C) for the first time
 I am applying to re-certify as an AE-C

Reimbursement Information

Who will be responsible for the up-front costs of the exam? (This person or organization will be reimbursed by RIACAE)

- Self Employer Other

If Employer or Other is responsible for the costs of the exam, please complete section below:

Organization Name

Street Mailing Address Apt. # City State Zip

- Select One Option The reimbursement payment should be mailed to me
 The reimbursement payment should be mailed to the organization noted above

Contact Person at Organization Phone Email

I understand that by agreeing to participate in this scholarship program, I am expected to pay for the NAECB exam and will provide the American Lung Association with proof of certification and a W-9 for payment.

Upon completion, please email your scholarship application to Amber.Pelleiter@Lung.org. Once your application is received, you will be emailed regarding the funding decision. Proof of certification and a W9 form must be submitted to the American Lung Association in order to process payment. Please contact American Lung Association Division Director Amber Pelleiter at (781)-314-0027 for questions or assistance with your scholarship application.

Signature Date

Upcoming Asthma Educator Institute Dates:

- June 8, 9, & 11, 2021
- August 31, September 1, & 2, 2021
- March 2022
- June 2022



Applicants must work in Rhode Island.

\$275 to participate in the course | Full and Partial Scholarships available



Ashley Fogarty

Asthma Program Manager

Division of Community Health & Equity

Rhode Island Department of Health

Ashley.fogarty@health.ri.gov

401-222-6272

Ty -Eisha Rivera, Asthma Educator
St Joe's Pediatric Asthma Program
Partnership with Integra
Coordination with HARP

- How did you decide to work in the area of asthma education?
- At St Joes – What's the criteria for making a referral to the asthma educator?
- In contract with Integra – What's the criteria for making a referral to the asthma educator?
- What resources are available through the HARP program through the RIDOH?
- How do you approach assessing needs and resources for education?
- Example of how your work improves care for children and families affected by asthma?

Asthma Action Plan

Physician Orders



Date: _____

Patient Name: _____

Date of Birth: _____

TO BE COMPLETED BY PHYSICIAN/HEALTHCARE PROVIDER

Take _____ 15 to 20 minutes before sports and play.

Student may: Self Carry Self Administer

GREEN: WELL PLAN // My child feels well.

No cough / no wheeze

Can play or exercise normally 

Peak flow number above _____

Personal best peak flow is _____

Use these medicines every day to control asthma symptoms. Remember to use spacer with inhaler.

MEDICINE	DOSE	HOW TO TAKE	WHEN TO TAKE
	Choose Do <input type="text"/>	Choose MeB <input type="text"/>	Choose When <input type="text"/>

YELLOW: SICK PLAN // My child does not feel well.

Coughing

Wheezing 

Tight chest

Shortness of breath

Waking up at night

First sign of a cold

Peak flow number ranges between _____ to _____

Continue DAILY MEDICINES and ADD:

QUICK RELIEF	DOSE	HOW TO TAKE	WHEN TO TAKE
	Choose Do <input type="text"/>	Choose MeB <input type="text"/>	Choose When <input type="text"/>

If needing quick relief medicine more than every 4 hours or every 4 hours for more than a day, call the doctor at the phone number below. Call doctor/clinic anytime if there is no improvement or with any questions! For School Use: Contact Parent.

RED: EMERGENCY PLAN // My child feels awful.

Breathing is hard and fast

Wheezing a lot 

Can't talk well

Rib or neck muscles show when breathing

Nostrils open wide with breathing

Medicine is not helping

Take quick relief medicine _____ puffs, or one nebulizer/breathing treatment every 15 minutes until you reach a doctor.

If a doctor cannot be reached, please go to the Emergency Room or Call 911.

For School Use: Follow Emergency Plan and contact parent.

Physician's name (print): _____ Physician's phone number: _____

Physician's signature: _____

TO BE COMPLETED BY PARENT OR GUARDIAN

TRIGGERS

<input type="checkbox"/> Life threatening allergy to:	<input type="checkbox"/> Pollen	<input type="checkbox"/> Stuffed animals	<input type="checkbox"/> Dust mites / dust
<input type="checkbox"/> Cold air / changes in weather	<input type="checkbox"/> Cockroaches	<input type="checkbox"/> Animal fur	<input type="checkbox"/> Mold
<input type="checkbox"/> Cigarette Smoke	<input type="checkbox"/> Strenuous exercise	<input type="checkbox"/> Colds / flu	<input type="checkbox"/> Other: _____

I authorize the exchange of medical information about my child's asthma between the physician's office and school nurse.

Parent/guardian name (print): _____ Parent/guardian phone number: _____

Parent/guardian's signature: _____ Cell phone number: _____

Asthma Action Plan

(English and Spanish)



SHORT-ACTING BETA₂-AGONIST BRONCHODILATORS

take 4-6 puffs in a day or give quick relief of symptoms such as coughing, wheezing and shortness of breath for 3-6 hours

<p>ProAir[®] Digihaler[™] HFA 117 mcg albuterol sulfate</p> <p>DBI A</p>	<p>ProAir[®] HFA 108 mcg albuterol sulfate</p> <p>A B</p>	<p>ProAir[®] RespiClick[™] 117 mcg albuterol sulfate inhalation powder</p> <p>DBI A</p>	<p>Proventil[®] HFA 128 mcg albuterol sulfate</p> <p>A</p>	<p>Ventolin[®] HFA 90 mcg albuterol sulfate</p> <p>A B</p>	<p>Xopenex[®] HFA 50 mcg levalbuterol tartrate</p> <p>A B</p>
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LONG-ACTING BETA₂-AGONIST BRONCHODILATORS

resolves in airways and offer lasting relief of symptoms such as coughing, wheezing and shortness of breath for at least 12 hours

<p>Serevent[®] Diskus[™] 50 mcg salmeterol xinafoate inhalation powder</p> <p>DBI A C</p>	<p>Striverdi[®] RespiMat[™] 2.5 mcg olodaterol hydrochloride</p> <p>DBI C</p>
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INHALED CORTICOSTEROIDS

reduce and/or prevent swelling of airway tissues; they do not relieve sudden symptoms of coughing, wheezing or shortness of breath

<p>Aviesco[®] HFA 80, 160 mcg ciclesonide</p> <p>A</p>	<p>Ammonair[®] Digihaler[™] 55, 113, 223 mcg fluticasone propionate inhalation powder</p> <p>DBI A</p>	<p>Ammonair[®] RespiClick[™] 55, 113, 223 mcg fluticasone propionate inhalation powder</p> <p>DBI A</p>	<p>Amulyt[®] Ellipta[™] 50, 100, 200 mcg fluticasone furoate inhalation powder</p> <p>DBI A</p>	<p>Asmanex[®] HFA 180, 360 mcg mometasone furoate</p> <p>DBI A</p>	<p>Asmanex[®] Twisthaler[™] 110, 220 mcg mometasone furoate inhalation powder</p> <p>DBI A</p>	<p>Flovent[®] Diskus[™] 50, 100, 250 mcg fluticasone propionate inhalation powder</p> <p>DBI A</p>	<p>Flovent[®] HFA 44, 110, 220 mcg fluticasone propionate</p> <p>DBI A</p>	<p>Pulmicort Flexhaler[™] 90, 180 mcg budesonide inhalation powder</p> <p>DBI A</p>	<p>QVAR Redihaler[™] 40, 80 mcg beclomethasone dipropionate</p> <p>DBI A</p>
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COMBINATION MEDICATIONS

contains both an inhaled corticosteroid and long-acting beta₂-agonist (LABA)

<p>Advair Diskus[™] 100/50, 250/50, 500/50 mcg fluticasone propionate and salmeterol inhalation powder</p> <p>DBI A C G</p>	<p>Advair[®] HFA 45/21, 115/21, 220/21 mcg fluticasone propionate and salmeterol inhalation powder</p> <p>A B</p>	<p>AirDuo[®] Digihaler[™] 55/14, 113/14, 223/14 mcg fluticasone propionate and salmeterol inhalation powder</p> <p>DBI A</p>	<p>AirDuo[®] RespiClick[™] 55/14, 113/14, 223/14 mcg fluticasone propionate and salmeterol inhalation powder</p> <p>DBI A</p>	<p>Breo[®] Ellipta[™] 180/25, 280/25 mcg fluticasone furoate and vilanterol inhalation powder</p> <p>DBI A C</p>	<p>Dulera[®] 100/5, 300/5 mcg mometasone furoate and formoterol fumarate dihydrate</p> <p>DBI A</p>	<p>Symbicort[®] 84/5, 108/4.5 mcg budesonide and formoterol fumarate dihydrate</p> <p>DBI A C G</p>	<p>Wixela[™] Inhub[™] 200/50, 300/50, 500/50 mcg fluticasone propionate and salmeterol inhalation powder (respi-mat)[™]</p> <p>DBI A C</p>	<p>Anoro[®] Ellipta[™] 62.5/25 mcg azelastine and vilanterol inhalation powder</p> <p>DBI C</p>	<p>Beverl Aerosphere[™] 54/3 mcg glycopyrronium bromide and formoterol fumarate</p> <p>DBI C</p>	<p>Stolto[™] RespiMat[™] 250.5 mcg tiotropium bromide and olodaterol</p> <p>DBI C</p>	<p>Trelegy[®] Ellipta[™] 300/2.5/2.5 mcg, 100/2.5/2.5 mcg budesonide, formoterol fumarate, and vilanterol inhalation powder</p> <p>DBI A C</p>	<p>Breztri Aerosphere[™] 180/4.5 mcg budesonide, glycopyrronium bromide, and formoterol fumarate</p> <p>C</p>
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MUSCARINIC ANTAGONISTS (ANTICHOLINERGIC)

reduce cough, sputum production, wheezing and chest tightness associated with chronic lung disease

<p>Short-acting</p> <p>Atrovent[®] HFA 17 mcg ipratropium bromide</p> <p>DBI C</p>	<p>Long-acting</p> <p>Incruse[®] Ellipta[™] 62.5 mcg aclidinium bromide inhalation powder</p> <p>DBI C</p>	<p>Spiriva[®] HandiHaler[™] 18 mcg tiotropium bromide inhalation powder</p> <p>C</p>	<p>Spiriva[®] RespiMat[™] 1.25, 2.5 mcg tiotropium bromide</p> <p>DBI A C</p>	<p>Tudorza[®] Pressair[™] 400 mcg aclidinium bromide inhalation powder</p> <p>DBI C</p>
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COMBINATION MEDICATIONS

contains muscarinic antagonist and a beta₂-agonist

<p>Short-acting</p> <p>Combivent[®] RespiMat[™] 20/100 mcg ipratropium bromide and albuterol</p> <p>DBI C</p>	<p>Long-acting</p> <p>Duakir[®] Pressair[™] 400, 12 mcg aclidinium bromide and formoterol fumarate dihydrate</p> <p>DBI C</p>
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BIOLOGICS

target cells and pathways that cause airway inflammation, either inhaled or injected

<p>Cinqair[®] mepolizumab</p> <p>A</p>	<p>Dupixent[®] dupilumab</p> <p>A</p>	<p>Fasenra[®] benralizumab</p> <p>A</p>	<p>Nucala[®] mepolizumab</p> <p>A</p>	<p>Xolair[®] omalizumab</p> <p>A</p>
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BRONCHIAL THERMOPLASTY

A minimally invasive procedure that uses radiofrequency energy to reduce airway smooth muscle, leading to fewer severe asthma flares, ER visits, and days lost from activities.



Revised by Dennis Williams, PharmD

PDE4 INHIBITORS

relax airway smooth muscle and reduce airway hyperactivity

<p>Daliresp[®] 250, 500 mcg roflumilast</p> <p>C</p>
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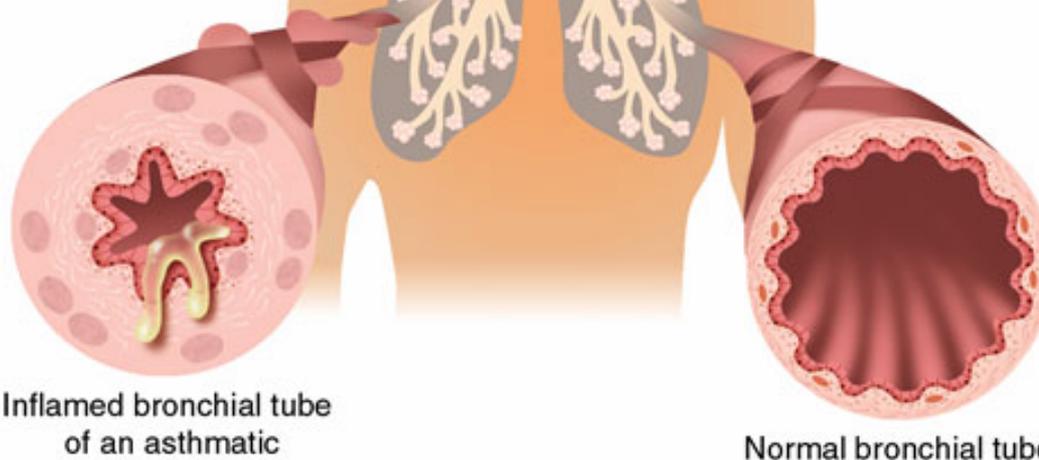
©2021 Allergy & Asthma Network

Why asthma makes it hard to breathe

Air enters the respiratory system from the nose and mouth and travels through the bronchial tubes.

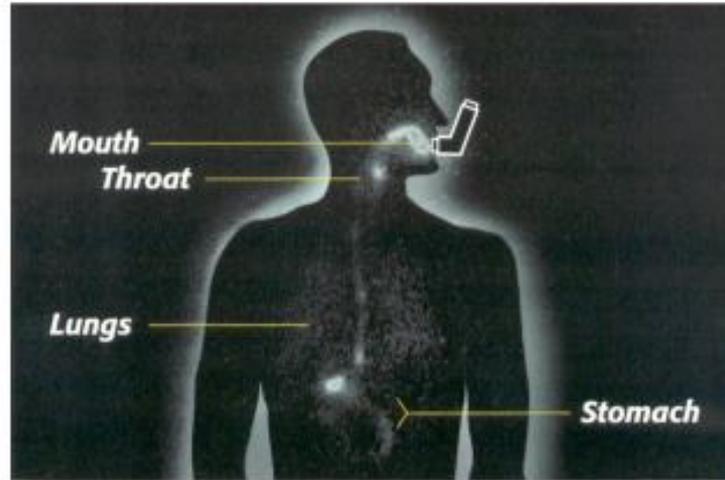
In an asthmatic person, the muscles of the bronchial tubes tighten and thicken, and the air passages become inflamed and mucus-filled, making it difficult for air to move.

In a non-asthmatic person, the muscles around the bronchial tubes are relaxed and the tissue thin, allowing for easy airflow.



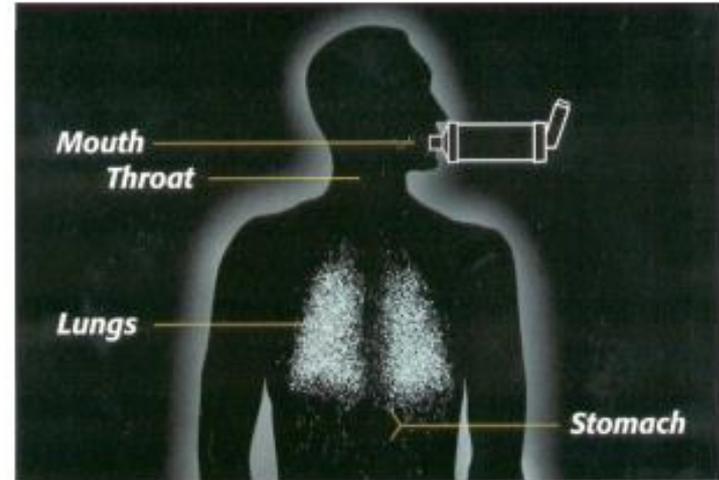
Source: American Academy of Allergy, Asthma and Immunology

Why use a **Spacer** with an Inhaler?



Inhaler alone

When an inhaler is used alone, medicine ends up in the mouth, throat, stomach and lungs.



Inhaler used with spacer device

When an inhaler is used with a spacer device, more medicine is delivered to the lungs.

“Comparative respiratory deposition of ^{99m}Tc labeled particles of albuterol using a metered dose inhaler, a metered dose inhaler with Aerochamber® spacer and OptiChamber® spacer in healthy human volunteers using gamma-scintigraphy,” R. Beihn, PhD, Scintiprox, Inc., Indianapolis, IN and D. Doherty, MD, Dept. of Pulmonology, University of Kentucky Medical Center, Lexington, KY, 1997.

Images kindly provided by Respiroics HealthScan Inc.

Allies Against Asthma, Center for Pediatric Research, 855 W. Brambleton Ave., Norfolk, VA 23510, 757-668-6435

Green Healthy Homes: Pilot program with Integra

MARGARITA ROBLEDO GUEDES AND KATE KLINGER

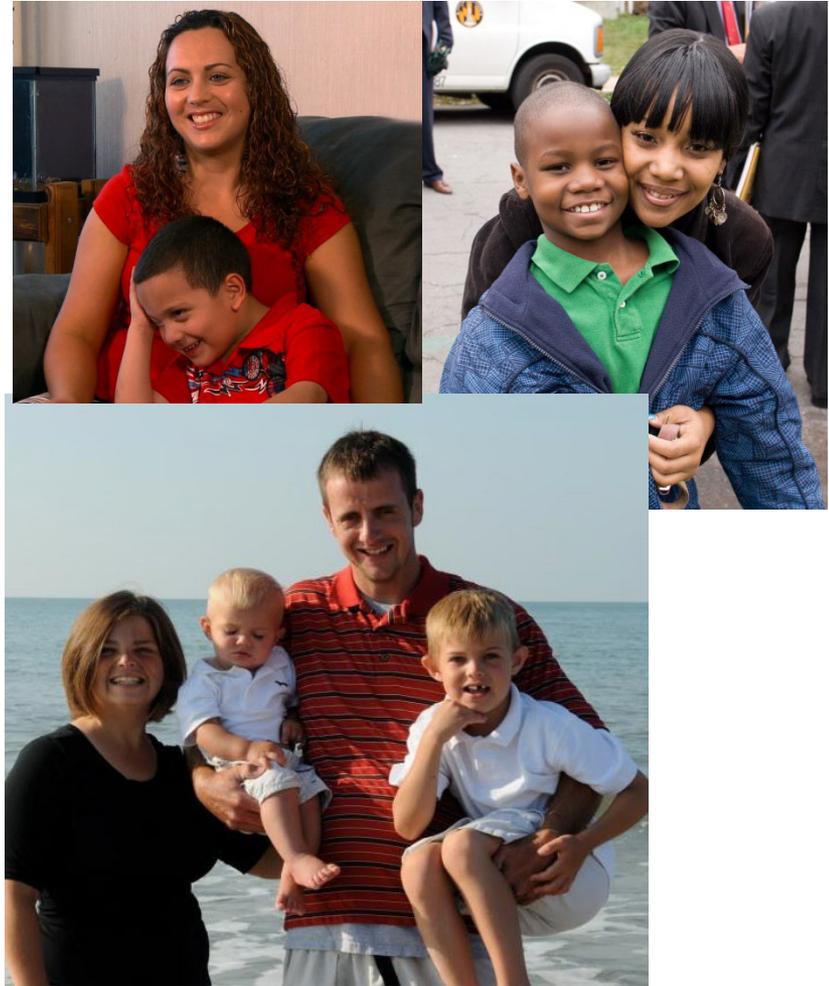
About GHHI

Mission

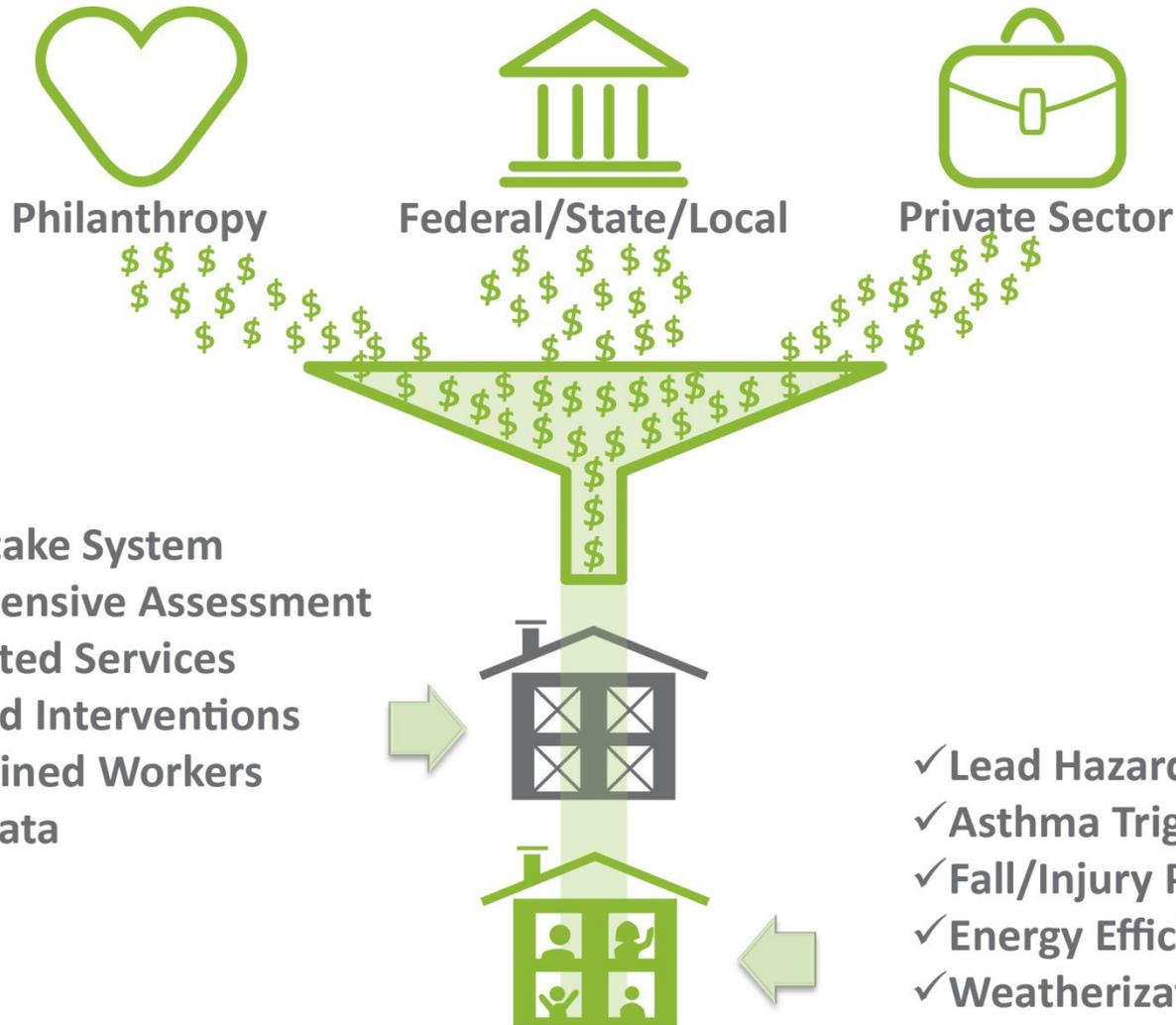
GHHI's mission is to break the link between unhealthy homes and unhealthy families nationwide.

Vision

A world where no child's potential is limited by unhealthy housing conditions.



A Model That Benefits Families



The Challenge: Achieving Healthy Homes & Communities

82% of low-income children in RI live in older housing

From 2015-2019 in Rhode Island:

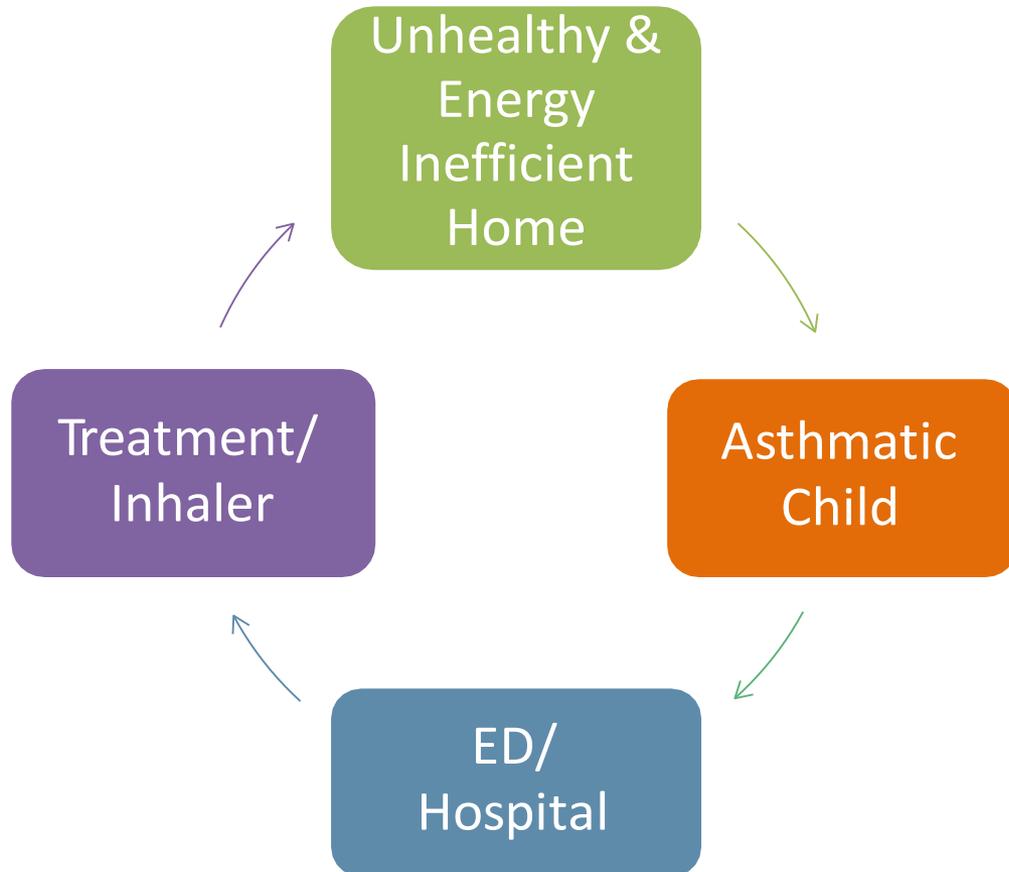
- 6,919 children hospitalized for asthma; twice as many in core cities of Central Falls, Pawtucket, Providence and Woonsocket.
- 51% of the ED visits were from Hispanic children enrolled in Medicaid (2016-2017)

From 2014-2018, the number of child emergency department visits with asthma as the primary diagnosis were highest among children living in the four core cities compared to the rest of the state. Asthma tends to be in areas where there are high rates of poverty.



Low-income households spend 14-20% of income on energy vs. 3.5% for other households

Root Causes



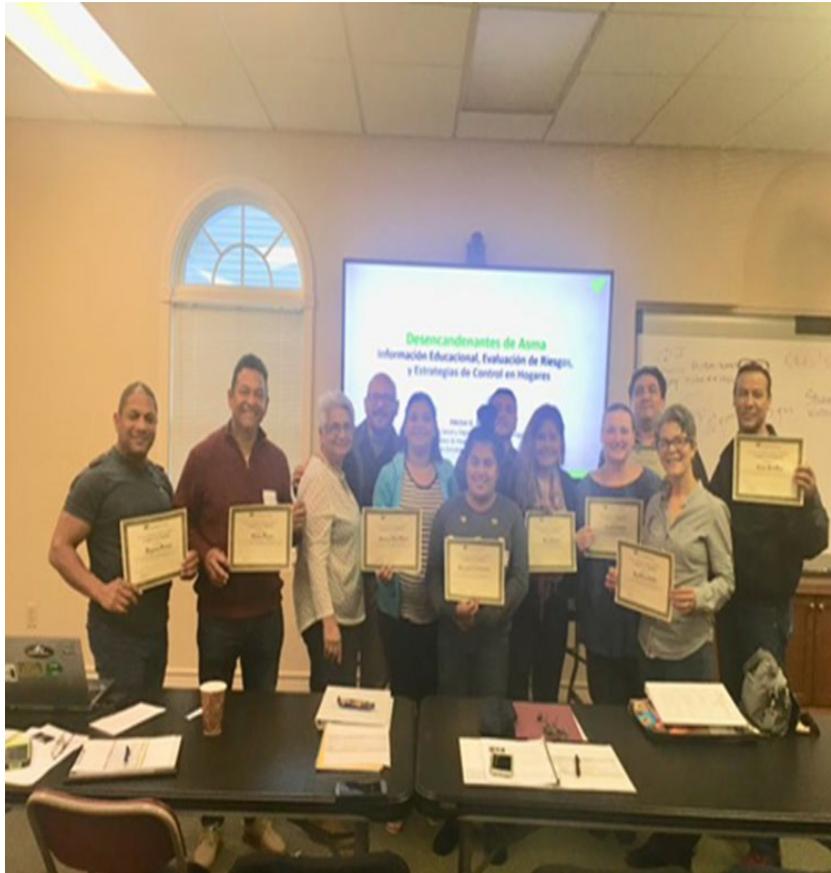
- Poorly insulated
- Mold hazards
- Pest infestations
- Poor indoor air quality
- Poorly weatherized

The Solution:



1. Dry
2. Clean
3. Safe
4. Well-Ventilated
5. Pest Free
6. Contaminant-Free
7. Well-Maintained
8. Energy Efficient

Asthma Training for Contractors



Healthy Homes Training for Latino Contractors

In partnership with the RI Builders Association Latino Advisory Group GHHI conducted workforce development trainings for healthy homes assessments and asthma specific housing repairs for registered Latino contractors in the state of Rhode Island.

I-SPH partnership

GHHI & RI Builders Association

**Households
Enrolled**

6

Assessments

5

Remediations

4

Relocations

2



- Referral from ARISE or Integra
- Home assessment – currently virtual
- Scope of Work development
- Contractor management, quality assurance, clearance by GHHI

I-SPII Family Case Study



Providence Family
Wanskuck- Providence, RI
Owner-Occupied/One family
home constructed in 1930

The family owns their home in Providence, built in 1930. Three children in the family have asthma. GHHI developed an asthma reduction scope of work to address the most pressing issues:

- Reduction of mold/moisture
- Combustion reduction
- IPM for pest control
- Reduction of air leakage

Questions?

Margarita Robledo Guedes

GHHI Rhode Island Outcome Broker

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Follow us on Twitter [@HealthyHousing](#) (National)
and [@GHHIRhodeIsland](#) (Rhode Island)

Like us on Facebook [GHHINational](#)

Learn more on YouTube [GHHI Videos](#)

Follow us on LinkedIn [green-and-healthy-homes-initiative](#)

Cindy Brosnan, Women's Medicine Collaborative
Assisting Adult Patients with Asthma

- Why did you decide to become a certified asthma educator?
- Tell us about your experience assisting adults in primary care with one on one and group visits.



Women's Medicine Collaborative

A program of The Miriam Hospital
Lifespan. Delivering health with care.



YOUR ASTHMA, YOUR HEALTH

What is an SMA?



- ❖ A 90-minute group visit lead by a provider and other members of the health care team.
- ❖ Patients invited to attend an SMA are often grouped as individuals who are dealing with similar health issues.
- ❖ A group is usually 5-10 individuals.
- ❖ An SMA is a medical visit that includes one-on-one care of the patient in a group setting.
- ❖ Patients receive individual care, and other members of the group benefit from observing the interaction.



- An SMA is not a support group nor is it a lecture, workshop or class.
- It is a supplement to the care a patient receives from their primary care provider or specialist.
- An SMA is a medical follow-up visit that provides an opportunity for education and shared experiences.
- The primary purpose is to review each patient's current medical status, recent diagnostic test results, active complaints, provide insight and education, and make a plan for ongoing care.

COVID-19 vaccine update for pediatrics

TRICIA WASHBURN, CHIEF, CENTER FOR PREVENTIVE SERVICES, RIDOH

Onboarding Primary Care Providers

The state is prioritizing Family Practice and Pediatric providers and quickly moving to onboard to start administering COVID-19 vaccine before month-end.

Key Factors Considered in Selecting Family Practitioners & Pediatricians for the First Wave



*Geographic Coverage
Across the State*



*Larger Patient Bases to
Address to the Population*



*Patient Age Spectrum of
Both Adults and Children*

A Survey was Distributed to All Family Practice and Pediatric Providers to Determine Which could Fit into the Current Operating Model



Estimated Patient Base and Demand by Age Band

Adequate and Sufficient Storage Requirements



System Reporting Connectivity to State Registry

Administration Method to Minimize Vaccine Waste



Onboarding Process: Primary Care Providers

Primary Care Providers (PCPs) are actively being onboarded into the COVID-19 vaccine network.

Steps to bring PCPs into the COVID-19 vaccine network:

1. Approval

- Receive approval from RIDOH as a State-Supplied Vaccine (SSV) provider (Family Practice & Pediatrician)

2. Interest

- Complete survey designed to gauge interest to administer COVID vaccines
- Strategize on-site operations to ensure compliant storage and minimize waste

3. Onboarding

- Complete CovidReadi Application, training, and system integration
- Communicate patient demand and logistics for administration
- Receive first vaccines (targeting first PCPs for the Week of May 17)

Status & High-Level Plan

A few PCPs are already active due to previous administration efforts, and 50 more have a head start on the process. The thick of the remaining effort will be to complete and approve CovidReadi forms. The first 10 forms were sent on May 6; the state aims to onboard at least 5-10 providers every week.

There are three check-points to complete the onboarding process

- 1) Submit the CovidReadi Application on-line form and have RIDOH approve it
- 2) Complete COVID-19 Training (and systems-use)
- 3) Validate EHR / system connectivity and integration to the state registry

Status	FAMILY PRACTITIONER	PEDIATRICIAN	PEDIATRIC-SPECIALTY*	Grand Total
Active	4	5		9
Not Started	48	20	3	71
Began Process	24	25	1	50
Application In Progress	3	7		10
Grand Total	79	57	4	140

Status	Definition
Active	Completed all three steps of the onboarding process and has administered vaccine
Not Started	Has not completed any of the three steps of the onboarding process
Began Process	Has completed either one or both of the COVID-19 training and validation of system connectivity to the state registry, but has not received or completed the CovidReadi Application Form
Application In Progress	Has been sent the CovidReadi Application Form and is working to complete it

Key Considerations for Operational Readiness

- 1) Determine amount of vaccine – assess who has already been vaccinated and who wants a vaccine.
- 2) Vaccine storage – *Pfizer storage is currently limited; 5 days in refrigerator or two weeks in a standard freezer (cannot use combo unit if fridge is in use)
- 3) Data reporting – ensure practice has full capacity to submit all doses administered within 24 hours to RICAIR
- 4) Set up clinic date and vaccine delivery date – all vaccine is redistributed from State warehouse

Practices with questions can contact the Provider Help Desk at 1-888-662-4341 or at RIDOH.COVIDVaxProviders@health.ri.gov

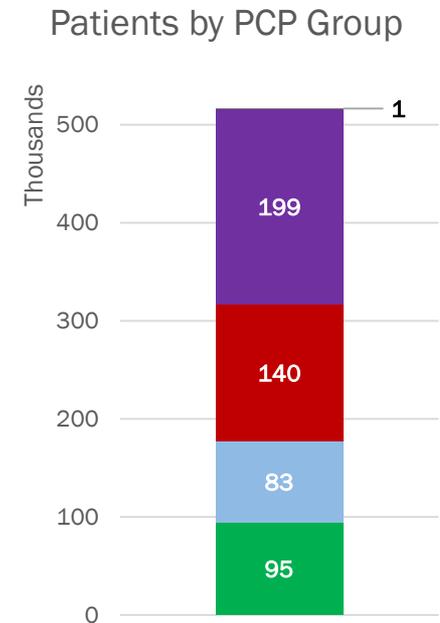
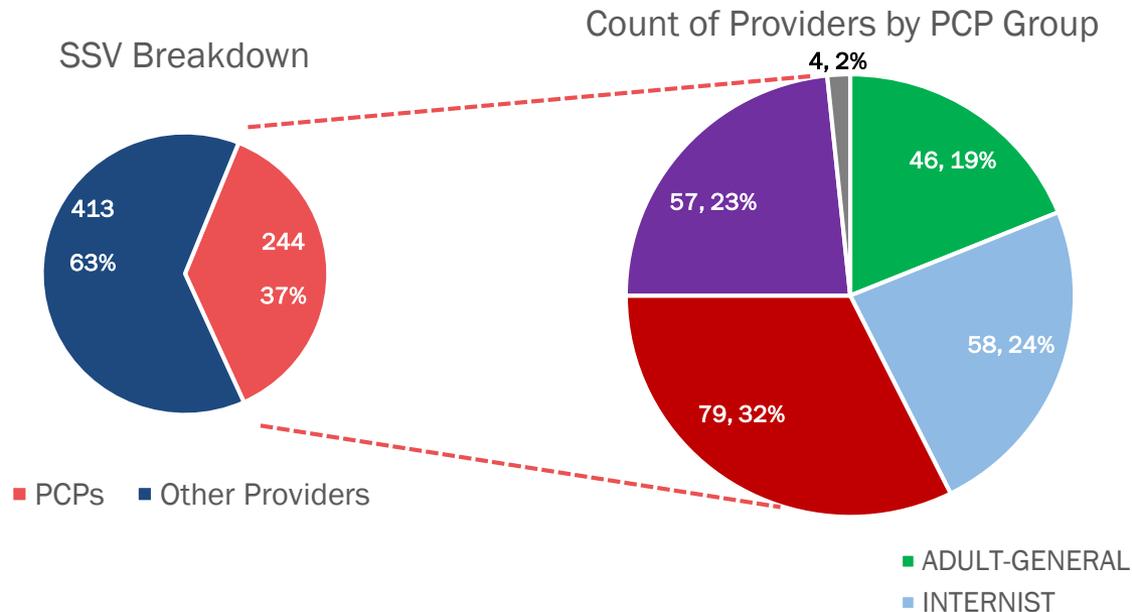
*Pfizer is expected to announce new storage guidance

Appendix



Primary Care Providers – Overview of Reach

Of the 630+ SSV-registered providers in Rhode Island, roughly 37% of them have classified themselves into the five groups that comprise Primary Care Providers.





Resources

- [FACT SHEET FOR HEALTHCARE PROVIDERS - EMERGENCY USE AUTHORIZATION \(EUA\) OF THE PFIZER-BIONTECH COVID-19 VACCINE](#)
- [FAQs - Implementing the CDC COVID-19 Vaccination Program in Provider Practices](#)
- [Q&A about COVID-19 vaccines](#)



ADVANCING INTEGRATED HEALTHCARE

Stay Safe and Healthy
