

Physician Advisory Council on Asthma

January 26, 2005

Portland State Office Building, 800 NE Oregon Street - Room 918

5:30 – 7:30 pm

Attending: Beverly Bauman, OHSU; Kirsten Jensen, DHS; Allen Johnson, MDs Consulting; Mel Kohn, DHS; Richard Leman, DHS; Csaba Mera, ODS; John Santa, VA Hospital; Stacey Schubert, DHS.

Item	Conclusions	Action Items
<p>1. Introductions, Welcome, Housekeeping</p>	<ul style="list-style-type: none"> • Mel welcomed everyone in attendance and on the phone. The minutes were reviewed and accepted as submitted. Mel introduced the context for the meeting as the update to the Guide to Improving Asthma Care in Oregon. <p><u>Oregon Asthma Program Update:</u> Kirsten provided the update for the Oregon Asthma Program.</p> <ul style="list-style-type: none"> • Rachel Ginnocchio is no longer with the Oregon Asthma Program. The job responsibilities of the Health Systems and Care Improvement Coordinator positions were combined, and Kirsten is now in the position of Health System’s Coordinator. Tracy Alexander, will be the new Community and Self-Management Coordinator, focusing on the Resource Bank, County Health Departments, Schools, and community organizations. She will begin work with the OAP on February 7. • The Oregon Asthma Program, along with two other State Asthma Programs, is conducting a National Asthma Survey. Data derived from this survey will give us detailed information on children and adults with asthma in Oregon. Topics include asthma symptoms (frequency, chronicity), utilization of asthma-related health care, asthma's effect on daily living, training in asthma self-management, environmental triggers and protectors in the home environment, medications usage, work-related asthma, co-morbid conditions and the use of complementary and alternative medicine to treat asthma. • The Oregon Asthma Leadership Plan has been published; it is included in the packets for this meeting. The Leadership Plan is also located on our website at www.healthoregon.org/asthma. • The Oregon Asthma Program was invited to be part of a steering committee for the Agency for Healthcare Research and Quality to develop an Asthma Quality Care Resource Guide and Workbook for State leaders. We were recommended to the steering committee because of our experience with developing and implementing the <i>Guide to Improving Asthma Care in Oregon</i>. • The Chronic Disease Data Clearinghouse is in the final stages of the “proof of concept” pilot project, with four main ideas that have been tested <ol style="list-style-type: none"> 1. Can enough health plans be persuaded to try it? Yes, 12 participated in providing data. 2. Can the legal issues be worked out? Yes. 3. Can technical issues pertaining to receiving, storing, merging and analyzing data be overcome? The answer is not yet clear; this is proving to be very challenging. 4. Will physicians find the reports useful and use them? Pretest indicates “maybe”; post-test not completed. <p>In order to complete the project on budget, staff will use reverse engineering to prepare the final reports for the test clinics. Test clinics are in Portland, Bend, Salem, and Hillsboro.</p> <ul style="list-style-type: none"> • Dr. Santa mentioned his interest in the McKesson and Oregon Medical Assistance Program report on disease management. He is interested in the money savings the state had by using disease management, and what percentage of that was asthma disease management. 	<p>✓ Kirsten will work with Dr. Johnson and share the report at the next PAC meeting.</p>

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	<p><u>A View of Asthma In Oregon</u></p> <ul style="list-style-type: none"> Richard and Stacey shared the latest issue of the “A View of Asthma in Oregon.” <i>The Flu-A Major Troublemaker For People with Asthma</i>. With the advice of the Physician Advisory Council, a single page, ready print copy of “Cover your Cough” was included in this issue of the View. All members present like the one page piece for education. Including something like this in every issue of “A View of Asthma in Oregon” would be helpful for physicians. Currently, all issues of “A View of Asthma in Oregon” are posted on the web at: http://www.dhs.state.or.us/publichealth/asthma/pubs.cfm#view 	
<p>2. <i>The Guide to Improving Asthma Care in Oregon</i></p>	<p><u>Discussion on the process for the Guide update and changes.</u></p> <p>The following have been accepted by the Physician Advisory Council on Asthma:</p> <ol style="list-style-type: none"> Clinical recommendations added: <ol style="list-style-type: none"> Follow up after a hospitalization within 30 days Follow up after an ED or urgent care visit within 30 days <p>The above clinical recommendations represent the quality indicators that were measured for coordination of care. It was felt that the actual recommendation should be added to match the quality indicator. These do not replace other clinical recommendations for coordination of care, specifically those recommendations for primary care providers to refer patients to asthma specialists.</p> <ol style="list-style-type: none"> Indicators added: <ol style="list-style-type: none"> Follow up after a hospitalization within 30 days Dispensing of one or more short-acting beta2-agonist (SAB) in a year Ratio of inhaled corticosteroids to short-acting beta₂agonists <p>New evidence indicates that a ratio of inhaled corticosteroids to short-acting beta₂agonists can be used as an indicator for asthma control.</p> <ol style="list-style-type: none"> Indicators changed: <ol style="list-style-type: none"> “Daily inhaled anti-inflammatory” is NOW “daily-inhaled corticosteroid” <p>Studies comparing the effectiveness of inhaled corticosteroids to leukotriene inhibitors, mast cell stabilizers, and theophylline are limited. There is strong evidence that inhaled corticosteroids are safe and effective anti-inflammatory agents in adults and children with persistent asthma, that they improve asthma control, lung function and asthma symptoms and decrease airway hyper-reactivity and peak flow variability. The evidence is compelling that they improve asthma outcomes when taken regularly, even at low-doses. In patients with moderate asthma unable to obtain control with the use of inhaled corticosteroids alone, strong evidence from clinical trials consistently indicates that use of long-acting inhaled beta2agonists added to low-to-medium doses of inhaled corticosteroids leads to improvements in lung function, symptoms, and reduced need for quick relief short-acting beta2agonists. Adding a leukotriene modifier may improve outcomes, but the evidence is not as substantial.</p> <ol style="list-style-type: none"> Another major change is that the Written Asthma Action Plan and the Asthma Education indicators, which in the old Guide were separate, are now combined. 	

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3. Spread	<p><u>Discussion on implementing the Guide into practice</u></p> <p>The Physician Advisory Council proposed that an evaluation of the implementation of the <i>Guide to Improving Asthma Care in Oregon</i> would be beneficial in spreading the use of the Guide among health care providers, health plans, health systems, and purchasers. The following evaluation points are of interest to the members of the advisory council:</p> <ol style="list-style-type: none"> 1. Who is using the Guide? 2. What policies and system changes have been implemented at the clinic, health system, health plan, and purchaser levels because of the Guide? 3. What changes have occurred in health care delivery because of the measured quality indicators from the Guide? <p>Members discussed the various options for implementing the Guide into practice, and agreed that partnering with the Oregon medical professional associations, including but not limited to the Oregon Medical Association, Oregon Thoracic Society, and Oregon Pediatric Society, would provide the largest spread in the State. The Oregon Asthma Program should present the Guide at medical professional meetings and partner with the associations to post the Guide on their web sites.</p> <p>Additionally, members suggested that health care purchasers become familiar with the <i>Guide to Improving Asthma Care in Oregon</i>, and felt that PEBB would be a good place to start. Nancy Clark as the Health System Liaison for Chronic Disease has established a relationship with PEBB and they have begun to request quality of care indicators from various chronic disease programs, asthma contributed clinical recommendations for PEBB's member publication.</p> <p>Members mentioned that the Guide would also be helpful in looking at reimbursement issues for physicians that the Oregon Medical Association is currently investigating, particularly as it relates to reduce medical errors and safety issues.</p> <p>Health Plans are also a good venue for distributing the Guide as they are interested in using the Guide and technical specifications to collect data on quality of care for asthma, and using the data for contracting with physicians.</p>	<p>Kirsten will discuss with the Oregon Asthma Program the feasibility of looking at a formal evaluation for the Guide to Improving Asthma Care in Oregon and report to the Physician Advisory Council at the May meeting.</p>
4. Next Meeting		
<ul style="list-style-type: none"> • Next meeting – May 17, 2005, Portland State Office Building, 800 NE Oregon Street, Room 140. • Topic for next meeting – TBA <p>Staff contact information: Tracy Alexander, Community and Self-Management Coordinator, (503) 872-6710, tracy.j.alexander@state.or.us Kirsten Jensen, Health Systems Coordinator, (503) 872-7842, kirsten.g.jensen@state.or.us Mel Kohn, State Epidemiologist, (503) 731-4023, melvin.a.kohn@state.or.us Richard Leman, Medical Epidemiologist, (503) 731-4273, richard.f.leman@state.or.us Debi Livengood, Administrative Assistant, (503) 872-6841, debi.livengood@state.or.us</p>		

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