

**Physician Advisory Council on Asthma**

May 19, 2005

Portland State Office Building, 800 NE Oregon Street - Room 140

5:30 – 7:30 pm

**Attending:** Tracy Alexander, DHS; James Baker, Allergy and Asthma Associates; Beverly Bauman, OHSU; Kirsten Jensen, DHS; Doreen Kiss, Legacy; Mel Kohn, DHS; Richard Leman, DHS; Csaba Mera, ODS; John Santa, VA Hospital.

Item	Conclusions	Action Items
<p>1. Introductions, Welcome, Housekeeping</p>	<ul style="list-style-type: none"> <li>Mel welcomed everyone in attendance. The minutes were reviewed and accepted as submitted. The meeting topics were the Oregon Asthma Resource Bank, the Chronic Disease Data Clearinghouse, and potential provider tools for asthma care in the primary care environment.</li> </ul> <p><u>Oregon Asthma Program Update:</u> Kirsten provided the update for the Oregon Asthma Program.</p> <ul style="list-style-type: none"> <li>The Oregon Asthma Program welcomed Tracy Alexander in February as the new Community Partnership and Self-Management Coordinator. Sadly, David Rebanal, CDC Prevention Specialist, will be completing his time with the program this September. However, we have been invited to interview for a new CDC Prevention Specialist in June. If we are selected, a new Prevention Specialist would begin in September.</li> <li>The Guide to Improving Asthma Care in Oregon- 2005 Update is complete. We are currently seeking endorsements from partnering agencies and organizations. We will publish the document this summer. Thank you all for your help during the update process. If your organization would like to endorse the Guide, please contact Kirsten at <a href="mailto:kirsten.g.jensen@state.or.us">kirsten.g.jensen@state.or.us</a>.</li> <li>The Oregon Asthma Program contracted with Grove Insight to conduct a discussion group among female smokers with asthma or live with someone with asthma. The purpose of the discussion group was to review or develop messages that will encourage individuals on the Oregon Health Plan to call the Quit Line if they have asthma or live with someone with asthma. All members were of low socio-economic status and on the Oregon Health Plan. The purpose of the discussion was to test key messages that would motivate smokers to get help to quit smoking, and to learn if asthma was an effective message to motivate smokers to quit. This small group of woman indicated that asthma was not motivational enough to get them to consider quitting. Asthma was the least of their concerns. Many of the women had drug addictions or disabilities (both mental and physical). Most of the women were reluctant to believe that tobacco had such a dominant effect on their asthma or the illness of a loved one. Some claimed smoking made their asthma better, few admitted to asthma being a possible reason to consider quitting. Key messages revolved around the poisons in cigarettes, and children with asthma exposed to secondhand smoke. When testing messages some members of the group became willing to accept the data about smoking and asthma.</li> <li>The Oregon Asthma Program is sponsoring a two day Asthma Health Systems Forum on July 21 and 22<sup>nd</sup>. If you would like to attend please let Kirsten know. Registration is limited. <a href="mailto:kirsten.g.Jensen@state.or.us">kirsten.g.Jensen@state.or.us</a>.</li> </ul> <p><u>A View of Asthma In Oregon</u></p> <ul style="list-style-type: none"> <li>Richard shared the latest issue of the “A View of Asthma in Oregon.” <i>Controlling Asthma: The Perception vs. The Reality</i>. The great pharmacology and self-management paradox contributed to a lengthy discussion by the group. Dr. Baker shared additional information from a study suggesting a poor correlation between the subjective explanation of symptoms from patients with asthma and their physiological state. Currently, all</li> </ul>	<p>✓ Kirsten will work with Dr. Baker to obtain the article and e-mail it to the group.</p>

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	<p>issues of “A View of Asthma in Oregon” are posted on the web at:  <a href="http://egov.oregon.gov/DHS/ph/asthma/pubs.shtml">http://egov.oregon.gov/DHS/ph/asthma/pubs.shtml</a></p>	
<p>2. The Oregon Asthma Resource Bank (OARB)</p>	<p><u>Update on the Oregon Asthma Resource Bank.</u></p> <p>The Oregon Asthma Resource Bank is as web-based resource of asthma education materials and health care provider decision support tools. Materials on the OARB are free, print-ready, clinically accurate, low-literacy, reliable asthma education handouts. An extensive evaluation process was completed, and included the use of one on one interviews with patients, a practitioner panel, focus groups at Fall Focus, and the approval of the Physician Advisory Council over e-mail.</p> <p>Tracy has been working with the Self-Management of Asthma Workgroup and the Oregon Medical Association (OMA) to promote the use of the OARB materials. Over the course of five months, the OMA is going to mail a color and grayscale copy of each resource bank material in their monthly newsletter. This newsletter will go to all Oregon members of the OMA.</p> <p>The Resource Bank is an evaluation topic for the Oregon Asthma Program. Evaluation elements will include tracking hits (to the best of our ability) on the website, feedback from consumers, the support of the Office of Medical Assistance-Quality Performance and Improvement Workgroup, and a study completed by a Nurse Practitioner student working with the Portland Pediatric Independent Physicians Association.</p> <p>Materials will be available in Spanish this summer. Development of the second phase of materials will begin this summer with topics regarding the flu and asthma, and steroid phobia, others will be determined based on priorities identified in the asthma education needs assessment survey completed in 2002.</p> <p>The group agreed to add a line in the Asthma Action Plan for health care providers to suggest the use of an oral corticosteroid when patients are experiencing symptoms in the middle zone. No other suggestions were made at this time. The materials will be updated annually. For suggestions and feedback contact Tracy at:  <a href="mailto:tracy.j.alexander@state.or.us">tracy.j.alexander@state.or.us</a>, or 503-872-6710.</p>	
<p>3. Chronic Disease Data Clearinghouse Update</p>	<p>The Chronic Disease Data Clearinghouse (CDDC) is a pilot project to test the concept of using a clearinghouse to exchange data between health plans and health care providers on patients with asthma and diabetes. The purpose of the data is to promote high quality and systematic care in various clinic environments.</p> <p>The CDDC is managed by a Steering Committee representing the sponsoring organizations and various stakeholders. Funding was coordinated through the Oregon Health Care Quality Corporation. The Oregon Asthma Program contributed funding for both the clearinghouse vendor (OMPRO) and physician interviews and feedback regarding the CDDC asthma and diabetes patient reports.</p> <p><b>Big picture success</b></p> <ul style="list-style-type: none"> <li>We exceeded our goal in seeking participation from Health Plans. In total 12 Health Plans provided data for the Clearinghouse.</li> </ul>	

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	<ul style="list-style-type: none"> <li>We successfully merged data from various health plans for clinical use by providing paper and electronic reports on patients identified with asthma or diabetes. We identified 62,634 patients with asthma and 88,248 patients with diabetes.</li> <li>We heard from health care providers in the clinical environment regarding the usefulness and interest in the Chronic Disease Data Clearinghouse.</li> <li>We successfully overcame legal challenges with HIPAA by creating business agreements between health plans and their agent, OMRPO. We will need to continue to work with the legal issues as the audiences for the Chronic Disease Data Clearinghouse products are considered.</li> </ul> <p><b>What we learned about merging data</b></p> <ul style="list-style-type: none"> <li>40% of the patients had claims from multiple providers. It is not clear whether the “providers” are physicians or facilities.</li> <li>About 6.5% of patients had data from multiple plans. These typically were OHP members. Discussion noted that final numbers (data from all health plans in Oregon) would be greater than 6.5% by an unknown quantity.</li> <li>Patient-provider imputation was greater than 90%. However, missing patients was still a problem. This is still being explored</li> <li>Patient diagnosis for diabetes was greater than 90%, and for asthma was greater than 80%. The discrepancy for asthma patients was most commonly a diagnosis of COPD rather than asthma.</li> <li>Roughly 25% of patients that were included in Clearinghouse data submissions were identified as having diabetes or asthma. These patients were included in <b>summary reports</b>.</li> </ul> <p><b>What we learned from physicians</b></p> <ul style="list-style-type: none"> <li>While the overwhelming issue, raised by medical practitioners, was missing data, there was also strong agreement that the Clearinghouse concept has great potential.</li> <li>Participants believe that a properly implemented system would increase healthcare efficiency, saving time for the doctors, the practices, and potentially providing patients with more proactive treatment.</li> <li>Participants believe that there could be a cost and time savings element to the CDDC.</li> <li>Each report was identified by clinic staff as having utility, but would most likely be used by different people in the clinic for different purposes.</li> <li>On a scale of 1 (low) to 10 (high) a comparative rating between current practice using reports from individual health plans’ verses the Chronic Disease Data Clearinghouse model was 1.4 and 8.5 respectively. The ratings are clear and highly positive toward the CDDC model.</li> </ul> <p><b>Pending recommendations for moving forward</b></p> <ul style="list-style-type: none"> <li>To move forward, data must be standardized at the plan level before submission.</li> <li>Participating health plans should identify their members with diabetes and asthma using HEDIS definitions or measures defined by a collective unit of health plan data analyst. The data cleaning and case identification should be mandatory for plans to participate.</li> <li>If clinics want provider level data they must standardize with health plans how they identify providers and how they code for visits. Coding for clinics may be challenging because there are reimbursement issues involved.</li> </ul>	
4. Ideas for provider Resources	It was suggested that the Oregon Asthma Program research the feasibility of implementing or developing an electronic Asthma Action Plan for health care providers. It was discussed that the hardest part about implementing Asthma Action Plans is that providers have to fill them out by hand. An electronic version would be much easier for implementation. We will discuss this topic further at the October meeting.	✓ Kirsten will begin researching electronic Asthma Action Plans

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<b>5. Next Meeting</b>		
<ul style="list-style-type: none"> <li>• <b>Next meeting – October 11, 2005, 5:30-7:30 PM, Portland State Office Building, 800 NE Oregon Street</b></li> <li>• Topic for next meeting – TBA</li> </ul> <p><b>Staff contact information:</b>  Tracy Alexander, Community and Self-Management Coordinator, (503) 872-6710, <a href="mailto:tracy.j.alexander@state.or.us">tracy.j.alexander@state.or.us</a>  Kirsten Jensen, Health Systems Coordinator, (503) 872-7842, <a href="mailto:kirsten.g.jensen@state.or.us">kirsten.g.jensen@state.or.us</a>  Mel Kohn, State Epidemiologist, (503) 731-4023, <a href="mailto:melvin.a.kohn@state.or.us">melvin.a.kohn@state.or.us</a>  Richard Lemman, Medical Epidemiologist, (503) 731-4273, <a href="mailto:richard.f.leman@state.or.us">richard.f.leman@state.or.us</a>  Debi Livengood, Administrative Assistant, (503) 872-6841, <a href="mailto:debi.livengood@state.or.us">debi.livengood@state.or.us</a>  Karen Main, Asthma Program Manager, (503) 731-8394, <a href="mailto:karen.e.main@state.or.us">karen.e.main@state.or.us</a>  David Rebanal, Prevention Specialist, (503) 731-4171, <a href="mailto:david.rebanal@state.or.us">david.rebanal@state.or.us</a>  Stacey Schubert, Asthma Epidemiologist, (503) 731-4545, <a href="mailto:stacey.s.schubert@state.or.us">stacey.s.schubert@state.or.us</a></p>		