

MONTANA ASTHMA ADVISORY  
GROUP MEETING  
11/7/12



# ANNOUNCEMENTS

- 2013 MAAG Meetings
- *-Thursday, May 9<sup>th</sup> from 10 am – 3 pm (location TBD)*
- -Friday, August 16<sup>th</sup> from 10 am – 3 pm in Helena
- -Wednesday, November 13<sup>th</sup> from 9 am to noon via MetNet

New partners!

-Dr. Michael Zacharisen

-Amy Davis

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2013

**Big Sky**

# Pulmonary

*Conference*

save  
*the*  
date

*"Step It Up For Lung Health"*

Sponsored by:



**March 7-9**

**Holiday Inn  
Bozeman, MT**

For more information, contact Michelle Quinn by phone at (406) 243.4866 or by email at [michelle.quinn@umontana.edu](mailto:michelle.quinn@umontana.edu).

# LEGISLATIVE UPDATES



SUCCESS STORIES FROM  
THE MONTANA ASTHMA  
CONTROL PROGRAM

Asthma is an environmental illness. It's not something you can just treat inside a doctor's office. (Without CDC funds) we would lose much of our capacity to do these projects. We'd see an increase in asthma morbidity, an increase in asthma costs and a decrease in asthma-related quality of life. ”

**KATIE LOVELAND**

program manager  
MONTANA ASTHMA  
CONTROL PROGRAM

## BREATHING EASIER *in* **MONTANA**



### THE PROBLEMS:

- About 84,000 Montana residents are living with asthma, including 9 percent of the adult population and 7 percent of the state's children.
- About 60 percent of adults and children with asthma say the chronic respiratory disease limits their activities.
- About 10 percent of adults with asthma cannot afford to see a doctor, and more than 15 percent forgo needed medication because of cost.
- In 2010, the cost of asthma-related hospitalizations reached \$5 million.

### THE PUBLIC HEALTH RESPONSE TO ASTHMA:

The Montana Asthma Control Program and its partners focus on communities with the greatest needs. They increase asthma awareness, educate people on how to avoid environmental asthma triggers, partner with community stakeholders, and help residents manage their own health. And their efforts are paying off.

- Montana's Asthma home visiting Project (MAP) trains local health workers to empower the families of children with uncontrolled asthma with the knowledge and tools they need to manage the disease. The MAP includes six visits with a nurse, who assesses the environment for asthma triggers and educates the families on asthma self-management. As a result, proper medication use has improved, daily symptoms have decreased, and many more children have a documented asthma action plan.
- More than 600 school personnel have received hands-on training in creating supportive environments for students with asthma. In a survey conducted in 2011, 60 percent of school administrators reported receiving a school-based asthma resource guide and 23 percent reported receiving related training. Schools where administrators have received training are significantly more likely to have asthma-friendly policies and practices in place.
- The state asthma program is assisting hospitals to implement the Asthma Hospital Patient Education, Action Plan, and Discharge (AHEAD) Protocol. The AHEAD Protocol promotes the use of evidenced based care and education to empower patients to better manage their asthma after a trip to the emergency department. By August 2012, nine of Montana's 45 hospitals had adopted the protocol.
- Before the state asthma program, Montana had only seven certified asthma educators. Today, more than 30 certified asthma educators are raising awareness about effective asthma control. Also, more than 300 health care providers have been trained in asthma care and prevention.
- In Montana, asthma results in millions of dollars in health care costs—costs that are largely preventable. Thanks in part to the Montana Asthma Control Program and its partners, asthma-related hospitalizations are on the decline.



### CDC's National Asthma Control Program

Montana is one of 36 states that receives funding and technical support from the Centers for Disease Control and Prevention's National Asthma Control Program. Since 1999, CDC has been leading public health efforts to prevent costly asthma complications, create asthma-friendly environments, and empower people living with asthma with the tools they need to better manage their own health. Find out more at [www.cdc.gov/asthma](http://www.cdc.gov/asthma).



CHEST ASTHMA COALITION  
MEETING IN ATLANTA, GA

CHEST |  October 20 - 25  
2012 | Atlanta, Georgia

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PARTNERSHIP EVALUATION:  
FEEDBACK FROM THE MONTANA ASTHMA  
ADVISORY GROUP

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11/7/12

# INTRODUCTION

- From the State Asthma Plan: "The MAAG is a diverse group of asthma stakeholders who give feedback and input on asthma control activities in Montana. The MAAG exists to serve as the advisory body guiding asthma control efforts in the state... This multidisciplinary advisory group is essential to creating a coordinated asthma control effort in Montana.
  - Maintaining the group is part of Cooperative Agreement from CDC
  - Existed since 2008
  - Three meetings/year since January 2008 (15 meetings to date)
  - Group success depends on members finding the work involving, meaningful, and constructive
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# METHODS

- Reviewed attendance records
  - Conducted a focus group
    - April 24, 2012 MAAG meeting
  - Mailed membership survey
    - Only for members not involved in the focus group
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# EVALUATION QUESTIONS

- How many people participate?
  - How many organizations do they represent?
  - What types of organizations are represented and do they serve people at high risk for asthma?
  - Are there key organization or individuals that are not currently participating?
  - How satisfied are partners and do they feel like the MAAG is a forum that helps them to increase the scope of their work or change policy or practice?
  - Do they feel involved in directing asthma control activities in the state?
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# RESULTS

- 13 meetings held
  - 39 organizations with a total of 50 members
    - Hospitals
    - Universities
    - Other state programs
    - School nurses
    - People with asthma
  - Average of 26 members at each meeting (range 18-36)
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# RESULTS

What do you think is the main focus of the advisory group (MAAG)?

Asthma education and awareness

Identify asthma triggers

Identify interventions to address asthma triggers

Identify gaps or barriers to care

Networking

Pragmatic impact for patients

Help fulfill grant requirements

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# RESULTS

## How do advisory group member's organizations benefit from their participation in MAAG?

Materials	Have materials to disseminate to those in need
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Development of educators and educational opportunities	Trainings, conferences
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Data collection/investigations done by MACP	Partners with University of Montana, surveillance data, trigger information, support in analysis
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Programs developed by MACP for use in state	Home visiting program, AHEAD protocol, ACMS, school nurse mini-grants
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## Do advisory group members feel a sense of involvement in contributing to asthma prevention and control in the state? Yes-feel very involved

Strategic plan	Determining the route of MACP, helping identify what the problem is
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Help develop materials, execute programs	Home visiting program
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Present on topics	At Big Sky Pulmonary Conference, MAAG meetings
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Train others in state	Taken information from meetings and pass to others
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# RESULTS

## Populations not being addressed

Uninsured patients who don't seek healthcare

ER population

Children/adults transitioning out of state insurance programs for children

Foster kids

Rural patients

Adults

Low income

Children without a proper diagnosis

American Indians

## Needs not being addressed

Education in schools, including school nurses, teachers, coaches, and athletes

Education for all family members

Getting more information to primary care providers

Reimbursement to patients for asthma education

Closer look at oil production and asthma in E. MT

Asthma registry

Obesity and asthma

# RESULTS

Who else should be invited to participate on MAAG in order to address the populations or needs discussed above?

Urgent care offices

Community health focused organizations

Representatives from other asthma control programs across the country

Drape/carpet cleaners

Office of Public Instruction

School based clinic representative

Rental advocacy group

Retail pharmacists

Insurers

Legislators

Montana Hospital Association

Indian Health Service

Pediatric association member

Professors from MSU, MSU-Billings

# RESULTS

- Make meetings accessible via video conferencing
  - More flexible meeting times
    - More common among survey responders who can't regularly attend
  - Better advertisement
    - Of group
    - Of materials
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## DISCUSSION: MAAG PARTNERSHIPS

- AIM: Increase the reach and impact of asthma control efforts statewide to improve the quality of life for ALL Montanans with asthma.
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## DISCUSSION: MAAG PARTNERSHIPS

- How can we make this group more of a benefit to your organization?
  - Bring more materials to smaller offices
  - Advocacy for getting patients better coverage-ability to get patients meds, working with pharma
  - Model: Family planning – getting controller meds all year long
  - Facilitating local partnerships-don't want to duplicate efforts-speaking with one voice
  - Local data tied to programs
  - State agencies can focus in on areas where there is the most need
  - Marketing/public relations-one of the biggest barriers, getting a newspaper, public official
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## DISCUSSION: MAAG PARTNERSHIPS

- How might we better involved MAAG partners in our work?
  - Maybe have focused meetings (maybe have clinical versus schools/daycares etc)-open to anyone but have choice if you want to come
  - What specific activities would you like to be involved in?
  - -Tying in local surveillance to gaps in service/high need
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## DISCUSSION: MAAG PARTNERSHIPS

- Do we need to re-engage some MAAG partners or recruit? If so, how?
- Recruit additional partners. Personal phone or letter. Use pulmonary conference.
- TOO MANY MEETINGS!! Look at what local coalitions are already doing and join them (eg Best Beginnings/Early Childhood Council)
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## DISCUSSION: MAAG PARTNERSHIPS

- Could we change the structure of the MAAG to increase involvement? Should we change our meeting schedule/arrangement?
  - Have a meeting in Billings for Dora!
  - 3 times/year-MetNet is good
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## DISCUSSION: MAAG PARTNERSHIPS

- Who else needs to be actively recruited to be part of the MAAG?



## DISCUSSION: MAAG PARTNERSHIPS

- How should we go about recruiting new members?



## DISCUSSION: STATEWIDE PARTNERSHIPS

- How can we better outreach with asthma activities to groups we are not always addressing (eg American Indian or rural populations?)
  - Need for rural kids is REALLY there. On reservation kids are having difficulty.
  - Getting right meds prescribed-having to leave community to get right prescription
  - Environmental health in children. Tribal conference?
  - Focus on key messages and get champion local or regional. Grand rounds at hospitals.
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## DISCUSSION: STATEWIDE PARTNERSHIPS

- Suggest ways we can make statewide asthma stakeholders more *AWARE* of our program and what we do? How should we advertise?

Websites targeting various clinicians? Daycare providers?

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SURVEILLANCE EVALUATION:  
SURVEY OF SURVEILLANCE REPORT USERS

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# INTRODUCTION

- Surveillance is an integral part of the MACP for program planning, evaluation, and securing funding
  - Provide up to date and relevant information for the program and partners
  - State and MACP collect a variety of data on asthma and health outcomes
  - Make sure right data are being collected, how they are being used, and usability and functionality of surveillance reports
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# SURVEILLANCE PRODUCTS

- Data requests
  - Programmatic data
  - Program fact sheets
  - Surveillance reports
    - Send nearly 4000 reports out 3x/year
    - Focused for clinicians
    - RT, PA, NP, MD, DO, AE-C, Pharmacists, MAAG, IHS, Health departments, subset of nurses
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# METHODS

- Track data requests and purpose
    - Track requests that were unable to be completed due to lack of information
  - Track surveillance report and program document topics
  - Develop survey to measure surveillance report use
    - Based on other state's surveys
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# METHODS-SURVEY

- Introduction and picture of a report
    - Online or mail option
  - Seven questions
    - Organization, position, use of report, agree/disagree about content and organization, access, and future access, future topics
  - Area for comments
  - Randomly selected 850 people from mailing list
  - \$5 incentive and pre-paid envelope sent with survey
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# EVALUATION QUESTIONS

- What types of surveillance products have we produced? Data sets used? Measures used? What data sets do we not have access to? What data sets are we underutilizing?
  - To what extent does the MACP and its partners value the surveillance data and use it to leverage funding or drive program/clinical decisions?
  - How many people receive surveillance reports? Are the right people receiving the report?
  - How many data requests are received annually? What are they used for?
  - To what extent do the MACP and its partners value the surveillance data and make efforts to make it available to secondary sources?
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# RESULTS

- 14 data requests completed since start of recording mid 2010
    - Other staff members answer data requests
    - Unknown how many potentially avoided by having up to date information
  - Data gaps/requests unable to fill
    - Emergency department information, prevalence by county/reservation, detailed information on work-related asthma and other specific triggers
  - 14 surveillance reports published, 3 fact sheets
    - Frequent: guidelines, triggers, tobacco use, control
    - Needs more attention: medications, environmental topics, asthma as it relates to other topics (allergy, pregnancy)
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# SURVEY RESULTS

- 376 had been returned as of June 15
    - 44% response
  - 7% of respondents returned the \$5
  - 53% were physicians, 75% worked in hospital/clinic/medical office
    - Did have representation from all surveillance report recipients
  - 5% of respondents mentioned they are retired
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# SURVEY RESULTS

How do you use	Percent
Change in clinical practice	33.4
Educational materials	37.1
Grant writing	2.8
Presentations	9.0
Priority settings/planning	12.9
Do not use	43.0
Types of clinical change	
Treatment/Medications	46.8
Awareness/Education	59.5

# SURVEY RESULTS

Category	Specific topics
Medications/Treatment	Sublingual therapy, cost effectiveness, efficacy of drugs, treatment guidelines, MDI comparisons, other medications, use of spirometry, treatment of status asthmaticus
Air pollution	Changes since oil boom, slash burning/prescriptive burns, road dust, smoking, industrial emissions, specific triggers
Patient education	Exercise induced asthma, how to improve compliance, patient activation
Prevalence	County data, American Indians, meth and lung disease, drug abuse and COPD, asthma 'breakouts', asthma deaths
Other	Healthcare changes, asthma and pregnancy, allergy and asthma
Mention something other than asthma	Neurology, epilepsy, oncology, surgical diseases, flu

# SURVEY RESULTS

Satisfaction	Percent Agree
The reports are clear and easy to understand	97.0
The reports are well organized	96.2
The reports have improved my understanding of asthma	86.0
These reports are useful to me in my work	81.3
Other comments	Percent
Not area of clinical specialty	8.0
Never seen report	6.1

# SURVEY RESULTS

## Comments

### Positive

An excellent program, thanks!, it is very useful information, keep up the good work, nice program, your efforts truly help those who have asthma, I will share these in our newsletter, thank you for all of your hard work, thanks for the useful reports, the reports are very well done,[they] provide a source to share with patients and coworkers

### Negative

Do not prefer to receive reports, don't need to receive it, don't take care of asthma patients, I'm not using any info sent, not applicable to this office, sorry not real helpful, we do not use these reports in our practice, you may take me off your mailing list, this has no relevance to me, not particularly interested

# SURVEY RESULTS

Usually access data	Percent
Mail	82.2
Online	19.2
Personal communication	5.7
Preference for receiving surveillance reports	
Mail	69.7
Email	30.9
Reported they would prefer emailed reports and then gave us an email address	81.1

# DISCUSSION

- OPI-Bulk email, each unit has emailing list, send out targeted messages to specific groups, priority emails from superintendent, use of facebook/blogs-requires a lot of man power, online trainings
  - -Wisconsin: same issues with communication, local American Academy of Pediatrics (emails provided for pediatricians)
  - Suggest ways that we might better target surveillance reports. How do we get our data to the people who want and need it but not to others who are not interested?
  - "Dose of oxygen"-legislative, clinical, articles, surveillance
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# DISCUSSION

- Suggest ways we might improve the format the surveillance reports. How can we make them more user friendly and applicable?
  - Regional specific data, local is best!
  - Patient education materials included
  - Newsletter format
  - Coordinate with passport providers and patients
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## DISCUSSION

- If you receive surveillance reports-how do you use them? Clinically? For patients? Other? Should we target reports differently or to different audiences?
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# DISCUSSION

- What surveillance topics might be of interest for future surveillance reports?



## DISCUSSION

- Other than surveillance reports, how can we better use our surveillance data to inform the public and engage stakeholders?  
What suggestions do you have?
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## DISCUSSION

- How might we improve the MACP website to create better access to and use of the asthma data in Montana?
  - Have better URL, easy to remember
  - Use OPI website (MOU with health department)
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