



Welcome

Office for State, Tribal, Local and Territorial Support
presents

CDC Vital Signs Town Hall **Asthma in Children: Working Together to Get It Under Control**

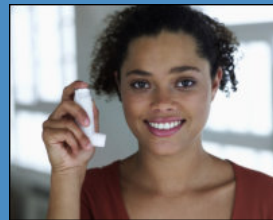
February 13, 2018
2:00–3:00 PM (EST)

Agenda

Time	Agenda Item	Speaker(s)
2:00 pm	Welcome & Introduction	José T. Montero, MD, MHCDS Director, Office for State, Tribal, Local and Territorial Support
2:05 pm	VitalSigns Overview	Hatice S. Zahran, MD, MPH Acting Surveillance Team Lead, Asthma and Climate Health Branch, Division of Environmental Hazards and Health Effects, National Center for Environmental Health, Centers for Disease Control and Prevention
2:20 pm	Presentation	Tisa Vorce, MA, RRT Health Systems and Communication Consultant, Michigan Department of Health & Human Services – Asthma Program, Michigan Department of Health & Human Services – Asthma Program
2:35 pm	Q & A and Discussion	José T. Montero, MD, MHCDS
2:55 pm	Wrap-up	
3:00 pm	End of Call	



Vital^{CDC}**signs**TM 
TOWN HALL TELECONFERENCE



to support STLT efforts and build momentum around the monthly release of CDC *Vital Signs*



Vital Signs: Asthma in Children

Hatice S. Zahran, MD, MPH

Acting Asthma Surveillance Team Lead

Vital Signs Town Hall Teleconference
February 13, 2018

Background

- **Asthma is a common chronic lung disease of childhood, affecting about 6 million children.**
 - It causes repeated episodes of wheezing, shortness of breath, chest tightness, and nighttime or early morning coughing.
 - Most of the time, these symptoms can be controlled by avoiding or reducing asthma triggers (allergens and irritants) and by following appropriate medical care.
- **This *Vital Signs* report reviews the current state of asthma among US children; related health outcomes; healthcare use; and asthma care and management.**

Data Source

□ National Health Interview Survey (NHIS)

- NHIS represents 50 US states and the District of Columbia.
- We analyzed NHIS annual core data (2001–2016) and periodic asthma supplemental data (2003, 2008, and 2013) for children aged 0–17 years, including:
 - asthma prevalence among US children aged 0-17 years;
 - asthma attacks, hospitalizations and ED and urgent care visits;
 - asthma medication use;
 - missed school days; and
 - self-management education in children with asthma.

Results (1)

The analyses show that

- **In 2016, about 1 in 12 (6 million) children ages 0-17 years in the United States had asthma.**
- **Asthma was more prevalent among**
 - boys (9.2%) than among girls (7.4%);
 - non-Hispanic black children (15.7%) and children of Puerto Rican descent (12.9%) compared with non-Hispanic white children (7.1%); and
 - children living in low-income families (10.5%) compared with those living in families with income $\geq 250\%$ of the Federal Poverty Level (FPL) (~7%).
- **Asthma prevalence among children increased between 2001 and 2010 (from 8.7% in 2001 to 9.4% in 2010), and then decreased between 2010 and 2016 (from 9.4% in 2010 to 8.3% in 2016).**

Results (2)

- **The percent of children with asthma who had an asthma attack declined from 2001 to 2016, as well. This decline in asthma attacks was seen across both genders and all ages and races and ethnicities.**
 - Even so, more than half of children with asthma had one or more attack in 2016.
- **Children with asthma had fewer missed school days and hospitalizations in 2013 compared with 2003.**

Results (3)

- Asthma attacks (2016), emergency department and urgent care center visits (2016) and hospitalizations (2013) were higher among children aged 0–4 years than among children aged 12–17 years.
- Emergency department and urgent care center visits were also higher among African American children (about 23%) compared with non-Hispanic white children (12%).

Results (4)

- In 2013, 55% of children with asthma were taking asthma control prescription medicines during the preceding 3 months. However, in children who were taking asthma control medicines, only about 55% of them were taking control medicines regularly as prescribed.
- More children with asthma received an asthma action plan, were taught how to recognize early signs of an asthma attack, and were taught how to respond to an asthma attack in 2013 than in 2003.

Summary

- **We are making some progress in getting asthma in children under control.**
 - Children and their caregivers are reporting fewer asthma attacks, missed school days, and visits to the hospital.
 - More children getting needed asthma education and asthma medications.
- **Asthma still affects some demographic groups more than others and asthma management and care are not at the levels we would like to see.**
- **We must do more to ensure that the 6 million children with asthma continue to live healthy and productive lives.**

Conclusions and Implications for Public Health Practice

- **Asthma remains an important public health and medical problem.**
- **Despite some progress in health outcomes, health of children with asthma can be further improved.**
- **We must do more to promote asthma control strategies, including asthma trigger reduction, appropriate guidelines-based medical management, and asthma education for children, parents, and for others involved in asthma care.**

Thank you!

Asthma Vital Signs 2018 Team:

Hatice S. Zahran

Cathy M. Bailey

Scott A. Damon

Paul L. Garbe

Patrick N. Breyse

For more information please contact Centers for Disease Control and Prevention

1600 Clifton Road NE, Atlanta, GA 30333

Telephone: 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348

Visit: www.cdc.gov | Contact CDC at: 1-800-CDC-INFO or www.cdc.gov/info

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

MATCH: Asthma Case Management in Michigan

Tisa Vorce RRT, MA
Asthma Prevention & Control Program
Michigan Department of Health &
Human Services (MDHHS)



Michigan's Asthma Burden

Children 0-17 with current asthma*

- 15% had asthma symptoms on 9 or more days in the past month
- 41% had their usual activities limited at least a little in the past 12 months
- 18% had at least one emergency dept. (ED)/urgent care visit in the past year
- 48% used an asthma controller medication in past 3 months
- 43% missed 1 or more days of school in the past 12 months due to asthma



Managing Asthma Through Case Management in Homes (MATCH)

- MATCH model
 - ≥ 3 home visits
 - ≥ 1 social worker (SW) home visit/consultation
 - ≥ 1 physician care conferences
 - ≥ 1 school/daycare as appropriate, work visit if requested by client, with case-manager
 - Case manager (CM) is a certified asthma educator, usually RN or RT
- Up to 12 months of case management- allows for adequate follow-up, seasonal changes and reinforcement of education
- Some health plans offer MATCH as benefit to members





MATCH Foundation

- Visits occur bi-weekly for first three months, then monthly or after an exacerbation/encounter
- Baseline assessment and goal development
- Environmental assessment
- Medical education & care coordination
- Psychosocial intervention coordination



Psychosocial Issues & Resources



Provider, School & Work Visits



- Primary Care or Specialist
 - Asthma management & barriers to good self-management
 - Offer observations from home visits
 - Development/update of written asthma action plan (AAP), if needed
 - SW may participate



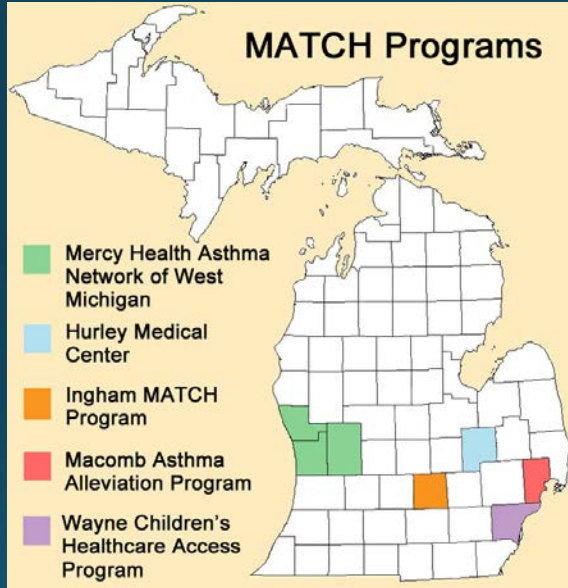
- School Staff
 - Child's classroom teacher(s), school nurse, phys-ed teacher/coach, secretary, principal
 - May offer in-service for entire staff
- Worksite
 - An educational asthma in-service for the patient's co-workers and/or supervisor is available (if desired)

Referral Sources & Marketing

- Inpatient population
- Primary Care Provider/clinic
- School nurse
- Public Health Nurse
- Self-referral
- Managed Care Organizations



Implementing the MATCH Model



- Independent of MDHHS
- In areas of high burden/population
- Provide data to MDHHS
- MDHHS provides technical assistance
- Conference call monthly
- Support each other

Outcomes

- Evaluation of 3 mature MATCH programs, “real world” completers (N=173)
 - 70% decrease in asthma-related inpatient hospitalizations
 - 51% decrease in asthma-related ED visits
 - 40% decrease in missed school days
 - 57% decrease in missed work days
- 87 participants, 6 months after last visit
 - Similar reductions in school- and work-days missed, and even further decreases in inpatient hospitalizations and ED visits



Sustainable

- Contracts are individual to each health plan & local program – Medicaid, Medicare, commercial
- Mercy Health Asthma Network – contracts since 1996
- Of the 11 Michigan Medicaid health plans, 7 of them contract, or are in contract negotiations, with at least 1 MATCH program
- All MATCH programs have at least one signed contract for reimbursement, and all are working on more
- Typical contract pays \$80-120 per visit





Client Story

- 2-1/2 year old boy with asthma referred to MATCH program
- 2 recent Pediatric Intensive Care Unit admissions and subsequent Child Protective Services referral from hospital
- Mom was very defensive/wary of case manager initially
- After establishing rapport/trust, mom is now administering ICS daily
- Mom following AAP (after extensive review) and texted CM that she was thrilled the AAP worked during a recent flare!
- Mom is now also ready to enroll in parenting classes and accept a referral for mental health services
- It takes time to build relationships!



Tisa Vorce RRT, MA
Asthma Prevention & Control Program
Michigan Department of Health &
Human Services
VorceT@Michigan.gov 517.335.9463

CDC Vital Signs Electronic Media Resources

- Become a fan on Facebook
www.facebook.com/cdc
- Follow us on Twitter
www.twitter.com/CDCgov
- Syndicate Vital Signs on your website
<https://tools.cdc.gov/medialibrary/index.aspx#/media/id/305883>
- Vital Signs interactive buttons and banners
<https://www.cdc.gov/socialmedia/tools/buttons/vitalsigns>

Thank You

Provide feedback on this teleconference: OSTLTSFeedback@cdc.gov



Please mark your calendars for the next
Vital Signs Town Hall Teleconference

March 13, 2018

2:00–3:00 PM (EDT)

For more information, please contact the Centers for Disease Control and Prevention.

1600 Clifton Rd, NE, Atlanta, GA 30333

Telephone: 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348

Email: cdcinfo@cdc.gov

Web: www.cdc.gov

The findings and conclusions in this presentation are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.