

**NATIONAL CAPITAL ASTHMA COALITION (NCAC)
FULL COALITON MEETING**

Henry J. Kaiser Family Foundation/Barbara Jordan Conference Center
1330 G Street, NW, Washington, DC 20005
Tuesday, March 28, 2006, 11:30 AM – 1:15 PM

MINUTES

Participants (32):

1. Gloria	Albright	American Lung Association of DC
2. Anita L.	Amero	Coalition for Environmentally Safe Communities
3. Maia	Banks-Scheetz	B.E.A.T. for Health
4. Dolores J.	Blegen	Foster /Adoptive/MRDDA Parent
5. Roger	Blegen	FCSA/MRDDA
6. Carlos	Cano, MD	DC Department of Health
7. Tom	Chapman	The HSC System
8. Paul	Chen	GlaxoSmithKline
9. Linda	Coulombe	National Children's Museum
10. Lisa	Davis Johnson	The HSC Pediatric Center
11. S. Orlene	Grant	DC Primary Care Association
12. Renee	Graves	GlaxoSmithKline
13. Tina	Johnson	Chartered Family Health Center
14. Bo	Kang	Pfizer
15. Keith	Keemer	DC Department of Health
16. Geoffrey	Konopka	DC Primary Care Association
17. Mary F.	Kornak	DC Department of Health
18. Olivia	Kubasik	DC Hospital Association
19. Matt	Levy, MD	Georgetown University Hospital
20. Abi	Mancell	Coalition for Environmentally Safe Communities
21. Denise	Miller-Branche	Howard University
22. Alicia	Newcomer	IMPACT DC
23. Chuck	Okoronkwo	Pfizer
24. Jay	Powell, Sr.	AMERIGROUP Corporation (Health Promotion)
25. Betty	Ransom	Alzheimer's Association, National Capital Area Chapter
26. Pallav	Raval, PharmD	Pfizer
27. Jordan	Schmidt	IMPACT DC
28. Brian	Smith	PhRMA
29. Stephanie	Staples	IMPACT DC
30. Felecia	Stovall	AMERIGROUP Corporation
31. Debi	Tucker	American Hospital Association
32. Nicole C.S.	Young	Institute for the Advancement of Multicultural & Minority Medicine

Acknowledgements:

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NCAC Staff (2):

1. Daeman Di Stefano Project Manager
2. Lisa A. Gilmore Executive Director

Rx4DC Staff (2):

1. Jeremy Art Howard Consulting Group, Inc.
2. Lorie Egan Howard Consulting Group, Inc.

Total Attendees = 36

NCAC and Rx4DC Handouts:

1. Agenda
2. Rx4DC Brochure: A Partnership for Prescription Assistance Program
3. Report: NCAC Progress Report/Committee Updates
4. Report: NCAC Education and Community Outreach Program Detailed 2005 Report
5. Publication: NCAC Education Committee's Bilingual Asthma Newsletter
6. Flyer: Project HEALTH's Asthma Swimming Program
7. Flyer: Project HEALTH's Girls FitNut Program
8. Flyer: Asthma Star Program: Children's National Medical Center, IMPACT DC, National Children's Museum, April 10, 2006
9. Join NCAC: Organizational Members, Membership Form, and Committee Descriptions
10. Slides: "Improving Drug Therapy Outcomes through Enhanced Patient Adherence and Health Behavior Change Model," Pallav Raval, PharmD, MBA
11. CD-ROM: CDC's "National Asthma Training Curriculum" (multimedia)

DC Control Asthma Now/DC Department of Health Handouts:

12. Report: "Asthma: District of Columbia 2004," Behavioral Risk Factor Surveillance System, Bureau of Epidemiology and Health Risk Assessment, DC Department of Health (DOH)
13. Chart: "Primary Intervention Focus in Year 2: Asthma Management School Health Model"

Meeting called to order: 11:35 p.m.

I. Welcome (11:35 PM - 12:00 PM)

A. Introductions and Progress Reports

- Lisa A. Gilmore, NCAC's Executive Director, opened the meeting (Handout #1).
- Referring participants to the Rx4DC brochure (Handout #2), Lisa described Rx4DC, A Partnership for Prescription Assistance Program (PPA Rx), as a one-stop clearinghouse for more than 275 public and private patient assistance programs for free and reduced-price medicines. The program is accessible online (www.Rx4DC.org) and through a toll-free number (202-45-Rx4DC). She added that Rx4DC has done extensive outreach across the region on Rx4DC and Medicare Part D, with training programs for partner organizations, direct consumer assistance at community events, and the recent PPA Rx Bus Tour in Maryland and Delaware. She encouraged participants interested in learning more about or joining Rx4DC to contact the program [contact Frank Howard, Jr., Howard Consulting Group, at 202-429-4390 or fhoward@howardconsultinggroup.com].

- Lisa then provided a brief overview of the problem of asthma in DC, NCAC's mission to establish a sustainable system of care that will reduce asthma morbidity and mortality and improve quality of life for individuals who have asthma, and accomplishments in NCAC's three strategic pillars – community education and outreach, collaborative case management, and coalition building. She also described the recent activities of NCAC's five committees, which are actively engaged in the annual planning and implementation of DOH's *Strategic Plan for Addressing Asthma in the District of Columbia*.
- Lisa highlighted two forthcoming collaborative projects with key partners that build upon NCAC's previous successes in spearheading multidisciplinary disease management, policy, and education. She offered to schedule a more in-depth discussion of these projects at the next full coalition meeting.
 - **The Asthma Collaborative Case Management Pilot** will model how to coordinate across institutions (hospitals, managed care organizations, specialists, health centers, pharmacies, and schools) to identify children with poor asthma control, provide them with an intensive assessment and individual asthma care plans through DC's specialized asthma care centers, coordinate and track each child's progress across schools and providers aided by a Web portal, provide ongoing education and home environmental assessments as needed, and host forums to review outcomes and delineate best practices. In tandem with the pilot, NCAC plans extensive training of physicians and other professionals in asthma management guidelines and standards of care. Our aim is to conduct this pilot in conjunction with DC Partnership to Improve Children's Healthcare Quality, Children's National Medical Center's Asthma Initiative, the DOH Maternal and Family Health Administration's Coordinated School Health Plan, and the DC Primary Care Association's Medical Homes DC Standards of Care Committee.
 - **The Asthma Friendly Schools/Child Care Initiative** will provide an organized approach to educating school and child care administrators, staff, students, and families on how to respond more effectively to the needs of children with asthma and related conditions. Developed through several NCAC committees and EPA Region 3 as a public-private effort, items now ready for dissemination and implementation include a draft policy to allow students to carry and self-administer asthma and anaphylaxis medications (final approval pending), asthma manual and workshop for school principals, new standard asthma action plan, asthma emergency poster, free parent education programs, and supportive services and resources for school nurses.
- Finally, Lisa highlighted several upcoming special events and programs included in the bilingual asthma newsletter/resource guide produced for NCAC's Education Committee by Erica Baca, a student at American University and intern at the Self Reliance Foundation (Handout # 5). The newsletter/guide previews NCAC's second bilingual Asthma Health Fair (Feria del Asma), scheduled for Sunday, May 21, 2006, from 1:00 p.m. to 4:00 p.m., at the DC Parks and Recreation Headquarters in Columbia Heights during Allergy and Awareness Month. Lisa invited participants to volunteer for this event.

- She then noted additional resources outlined in the newsletter, including Project HEALTH's Asthma Swimming Program for children with asthma and their families (contact: Taby Ali, 202-884-5780, dc@projecthealth.org) and Mary's Center's monthly adult/parent Asthma Management Classes with fully bilingual instructors (contact: Lola Pol, 202-483-8319, x358, lpol@maryscenter.org). Both programs are offered at no cost to participants.
- In addition, she announced that Children's National Medical Center (CNMC), IMPACT DC, and the National Children's Museum (NCM) are co-hosting a fun program about asthma with hands-on activities at CNMC's main atrium on April 10, 2006, from 11:00 AM to 1:00 PM (Handout #8, for more information, call 202-884-3225). Lisa added that NCM's Linda Coulombe has invited NCAC to develop an exhibit and educational programming now for the new NCM site scheduled to be built near the National Mall.

II. Skills-Building Presentation and Discussion (12:00 PM – 12:50 PM)

A. “Improving Drug Therapy Outcomes through Enhanced Patient Adherence and Health Behavioral Change Model”

- Lisa introduced the meeting's featured speaker, Dr. Pallav Raval, PharmD, MBA, a Clinical Education Consultant with Pfizer Inc. Dr. Raval also serves as an Adjunct Associate Professor with Howard University School of Pharmacy, Duquesne University, and the University of Illinois at Chicago.
- Dr. Raval's presentation (Handout #10) began with an overview of medication adherence issues, including major reasons for non-adherence and the resulting economic and health toll. He then outlined current perspectives and strategies on adherence, including the respective responsibilities of physicians and other clinicians and the importance of promoting open communication to encourage patient adherence. In addition, he described how to integrate the Health Behavior Change Model/Motivational Interviewing into the patient counseling session. He noted that interventions that link information, motivation, and behavioral skills have been effective in influencing behavioral change, such as adherence, in a variety of clinical applications. Finally, he outlined the five general principles of health behavior change using the acronym, “R E A D S.”
 - **R**oll with resistance (use understanding and learn from the patient)
 - **E**xpress empathy (creates climate for change through trust)
 - **A**void arguing (listen, don't add to resistance, confront but don't argue)
 - **D**evelop discrepancy (dissonance, e.g., doses left means not taken as directed)
 - **S**upport self-efficacy (motivator for change; praise behavior, not the person)
- Dr. Raval invited questions from participants. One participant asked about the influence of culture on adherence. Dr. Raval stressed the importance of taking culture into account in all aspects of care (educational materials, etc.) and briefly described his work on a multicultural business team with Pfizer.

III. New Asthma Surveillance Data (12:50 PM – 1:05 PM)

A. Asthma Surveillance in DC Emergency Departments (EDs)

- Lisa introduced Ms. Stephanie Staples of IMPACT DC (Improving Pediatric Asthma Care in the District of Columbia). To understand DC's asthma epidemic, Lisa underscored the importance of IMPACT's data collection, research, Asthma Clinic, and quality improvement activities led by Dr. Stephen Teach, Associate Chief, Division of Emergency Medicine, Children's National Medical Center, and Debbie Quint, Project Director. She also stated that NCAC's Data Committee has recommended further analysis of IMPACT DC's data to better understand the data and underlying relationships.
- Stephanie first acknowledged the support provided by DOH for this data collection effort, then led participants through trends over the past four years (2001-2005) in pediatric ED visits and hospital admissions for asthma among children from DC zip codes ages 1-17 years, inclusive. Overall, DC's pediatric asthma ED visit rates (ages 1-4 years) far exceed the Healthy People 2010 target. With data now available for adults for the first time, Stephanie also reviewed 2005 ED and admissions data for all ages. She then broke down ED visits by age cohort (about two-thirds of ED visits are among those age 8 years or younger), gender (for pediatric and all ages), insurance type (public, private, none), disposition (discharged, admitted to hospital, or other/unknown). Finally, she closed with a side-by-side comparison of a map showing pediatric ED visits by zip codes versus a map of poverty in DC, noting ED visit rates appear to be higher in high-poverty areas. [For more about IMPACT DC, contact Debbie Quint at 202-884-5514 or dquint@cnmc.org, or visit www.impact-dc.org.]
- The ensuing discussion included the following comments on the implications of the data and suggestions for NCAC's asthma case management pilot:
 - It appears that the missing piece to enable us to address these high ED rates is the link between the hospital ED and patient self-management assistance on a follow-up basis. The use of electronic medical records would facilitate such a link. DC Primary Care Association's Medical Homes Standards of Care Committee has been working on clinical improvement practices in diabetes and is considering asthma as its next focus.
 - Chartered Family Health Center offers specialized care through its Metro Allergy and Asthma Center with Dr. Asek Makia. Further, the Center offers asthma management classes on the first Monday of each month. These classes also function as a support group for parents of children with asthma.
 - Include a project component that works with children admitted for asthma while they are still in the hospital to teach them and their families how to manage asthma and prevent repeat ED visits and hospital admissions. Utilize community health workers in hospital setting to give education and support.

IV. DC Department of Health's DC CAN Program (1:10 PM – 1:15 PM)

A. Progress on Implementing DC's Strategic Asthma Plan

- Lisa introduced Ms. Edwina Davis-Robinson, Asthma Program Manager, DC Control Asthma Now (DC CAN), Primary Care and Prevention Administration, DOH. Edwina provided additional data on asthma in DC, including current asthma prevalence from the Behavioral Risk Factor Surveillance System (Handout #12). She noted that zip codes within Wards 6, 7, and 8 have the highest incidence of hospital discharges due to asthma within DC. Additional data collection will include an upcoming baseline survey of school nurses on the availability of asthma action plans in student files and other key measures. Edwina then walked participants through the "Asthma Management School Health Model" (Handout #13), the cornerstone of DOH's *Strategic Plan for Addressing Asthma in the District of Columbia*, funded by the Centers for Disease Control and Prevention.
- A participant suggested that the school nurse survey include information about the timing (i.e., day of week, time of day) of 911 calls and calls to parents for students who have asthma episodes in school. The data could help us gain insights into the triggers for these asthma exacerbations (e.g., something in the school environment, lingering effects Monday morning from worsening asthma symptoms at home over the weekend).

V. Wrap Up (1:15 PM – 1:20 PM)

A. Other Announcements

- Tom Chapman, NCAC Board Chair, acknowledged the contributions of Gloria Albright, NCAC's former Community Health Worker, and congratulated her on her new position at the American Lung Association of DC as Community Outreach Specialist. In particular, he noted her unwavering passion and dedication to the people she served in our community through activities ranging from providing one-on-one education at community health fairs to meeting weekly with the students at Ballou Senior High School's Asthma Club. As a token of NCAC's appreciation, Tom presented Gloria with a gift certificate.
- Lisa closed the meeting by thanking the NCAC and Rx4DC partners for their participation.

Meeting adjourned: 1:20 p.m.