

Asthma Best Practices Across Settings
 Collective Impact – Clinical and Community
 Partners Raise the Bar for Asthma Care


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Asthma Ready® Communities

<https://showmeecho.org/clinics/asthma/>

Asthma Ready® Communities, Ben Francisco, MD/22



I have no disclosures of
 potential conflict of interest.

Asthma Ready® Communities, Ben Francisco, MD/22

Asthma Ready® Goals

- ▶ Promote best practices based on national standards, Expert Panel Report 3 (w/updates) *Guidelines for Diagnosing & Managing Asthma*
- ▶ Reduce asthma burden – target geographic areas with greatest need, by school & town
- ▶ Establish asthma leaders in the clinics, schools, hospitals and community agencies
- ▶ Keep workforce current w/asthma advances

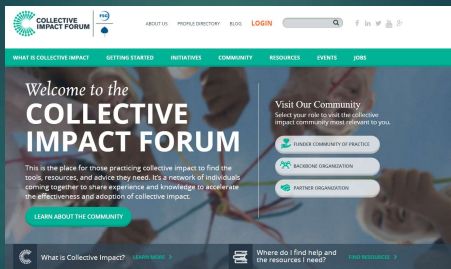
Asthma Ready® Communities, Ben Francisco, MD/22

Goals and Learning Objectives

- ▶ Identify opportunities and resources to adopt new best asthma practices in your clinical setting
- ▶ Describe the rationale behind actionable metrics for asthma outcomes at provider and regional levels
- ▶ Describe key steps for optimizing deposition of MDI aerosol medications
- ▶ Identify best asthma practices for other settings of care including home, school, insurers and agencies
- ▶ Review possible elements of and indications for asthma telehealth encounters

Asthma Ready® Communities, Fall 2020-2022

<https://www.collectiveimpactforum.org/>



Asthma Ready® Communities, Fall 2020-2022


Acknowledgements

Missouri Asthma Prevention and Control Program
 Missouri Department of Health & Senior Services,
 Centers for Disease Control & Prevention

Asthma Ready® Communities
 University of Missouri
 School of Medicine
 Department of Child Health
<https://asthmaready.org/>



ALIGNING INTERVENTIONS WITH NATIONAL HEALTH STRATEGIES - MOVING TOWARD ASTHMA BEST PRACTICES




ACF, AHRQ, CDC, EPA, HRSA, HUD and NIH

- Reduce barriers to adopting expert asthma guidelines
- Comprehensive care for children with disparities
- Increase capacity to identify disparate populations
- Test interventions to prevent asthma onset

Coordinated Federal Action Plan to Reduce Racial and Ethnic Asthma Disparities

How Do We Implement Best Practices for Asthma Management

- ▶ Learning together (ECHO®)
- ▶ Academic Detailing (supplies, routines)
- ▶ Performance feedback (claims data)
- ▶ Practice facilitation (seeing patients)



Implementing Asthma Guidelines Using Practice Facilitation and Local Learning Collaboratives: A Randomized Controlled Trial

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4018371/>

Missouri Asthma Assets

- ▶ Asthma ECHO® has been funded for 7 years allowing >1400 health professionals to learn together to adopt best practices
- ▶ Missouri Medicaid (MO HealthNet) provides access to administrative claims data that are being used to identify those at risk and to evaluate the impact of interventions
- ▶ Strong leadership for personal & environmental health is influencing policy and practice

THE TRANSFORMATIVE MODEL IN MEDICAL EDUCATION AND CARE DELIVERY
<https://www.youtube.com/watch?v=VAMaHP-tEwk>



Project ECHO® (Extension for Community Healthcare Outcomes) helps democratize medical knowledge and develops specialty care capacity in underserved communities.

Using a revolutionary model of telementoring, collaborative medical education and care management, Project ECHO empowers front-line primary care professionals to provide the right care, in the right place, at the right time.



Asthma In Remission Curriculum, Fall 2020/2022

The AIR Doctrine (Asthma In Remission)

- ▶ Born with the genetic potential to develop asthma
- ▶ Epigenetics determine the expression of disease – ETS and air quality, what you eat and your weight status, viral infections, problems with your nose, GERD, other
- ▶ Intrinsic factors – gaining weight, lipid metabolism, activation of the inflammatory cascade, T2 stimulation, including proliferation of eosinophils with airway infiltration
- ▶ Extrinsic factors – environmental irritants, allergens, infections

Asthma In Remission Curriculum, Fall 2020/2022

The AIR Doctrine (Asthma In Remission)

- ▶ 90 days of ICS w/reduction of contributing factors begins remission in most children
- ▶ If well controlled for 3 months step down
- ▶ If well controlled for 3 months step down AGAIN
- ▶ If well controlled for 3 months step down and AGAIN
- ▶ When on low dose go to NO dose of ICS. Continue hypertonic nasal hygiene with trigger avoidance
- ▶ Is asthma in REMISSION? Monitor lung function (FEV1, ratio and FEF75) and ACT, Manage co-morbidities

Asthma In Remission Curriculum, Fall 2020/2022

Assign a grade to the US Health System for Asthma Care Quality and Value

- ▶ **A** - excellent
- ▶ **B** - good
- ▶ **C** - average
- ▶ **D** - poor
- ▶ **F** - failing

Asthma Risk Panel Community Health Plan 3/22

❖ **Asthma Risk Panel Reports**

Based on payer claims data:

- ✓ Med refill hx (inhaled steroids, rescue meds, oral steroids)
- ✓ Use of montelukast
- ✓ Visits for asthma (PCP, UC/ER, hospital stays)
- ✓ Inhaler instruction provided (94664)
- ✓ Comorbidities

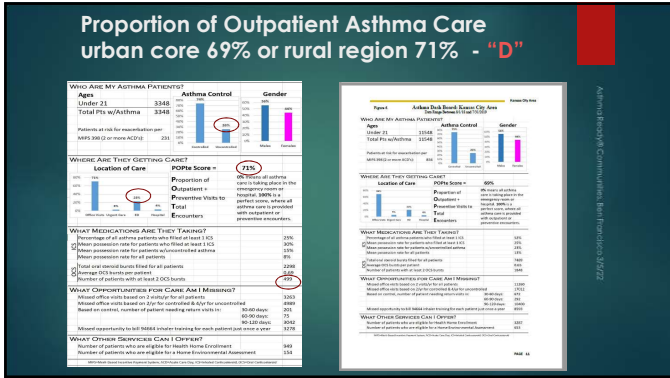
Asthma Risk Panel Community Health Plan 3/22

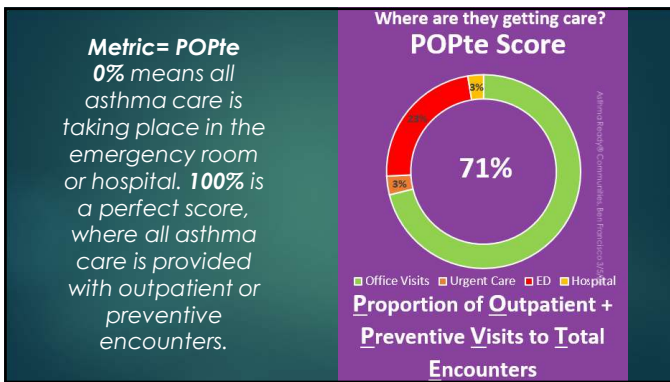
❖ **Asthma Risk Panel Reports**

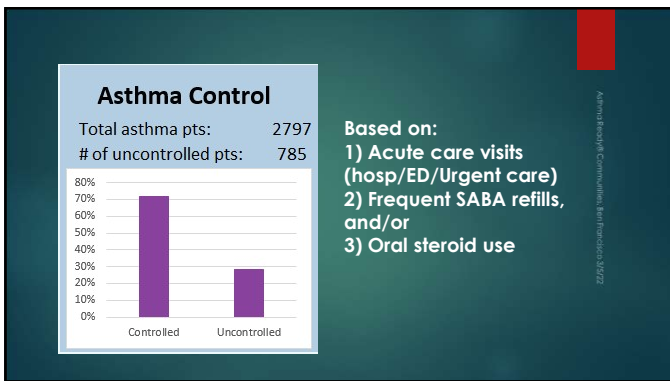
Summary report dashboard "Asthma Report Card"

- ✓ Tracks overall level of asthma control
- ✓ Calculates POPTE score (% of care in outpt settings)
- ✓ Displays trends in medication usage
- ✓ Summarizes incidence of comorbidities
- ✓ Looks at testing trends such as spirometry vs CXRs
- ✓ Identifies missed opportunities for proactive care
- ✓ Provides action items for providers

Asthma Risk Panel Community Health Plan 3/22







What medications are my patients receiving?

MEDICATION RISK

low high

Number of patients with 5 or more OCS bursts:	41
Number of patients with 2 or more OCS bursts:	478
Percentage of total asthma patients with 2 or more OCS bursts:	17%
Total number of OCS bursts filled for all patients:	2051
Average number of OCS bursts per patient:	0.73
Average number of SABA canisters filled/year for uncontrolled patients:	4
Percentage of uncontrolled asthma pts only on montelukast (never filled an ICS):	24%
Percentage of uncontrolled asthma patients who have never filled an ICS:	59%
Mean possession rate for ICS inhalers in patients with uncontrolled asthma:	14%

Asthma Research Community, San Francisco, CA, 2022

What comorbidities do my patients have?

Average number of comorbidities in uncontrolled patients:	1.25
Percentage of patients with 3 or more comorbidities:	7%

Asthma Research Community, San Francisco, CA, 2022

What opportunities for practice growth am I missing?

Missed opportunity to bill 94664 inhaler training for each patient minimum of once/year	2725
Missed opportunity for office visits (based on 2 visits/year for all patients)	2631
Missed office visits (based on 2/year for controlled & 4/year for uncontrolled)	4201

Asthma Research Community, San Francisco, CA, 2022

Challenges and Assets

- ▶ >50,000 children with asthma enrolled in Medicaid, 95% among 3 MCOs
- ▶ One third experiencing uncontrolled asthma today
- ▶ Huge disparities, African American children in urban core ED rate 16 times the state average
- ▶ Rural persons have worse asthma outcomes



https://www.cdc.gov/mmwr/volumes/70/ss/ss7005a1.htm?s_cid=ss7005a1_w

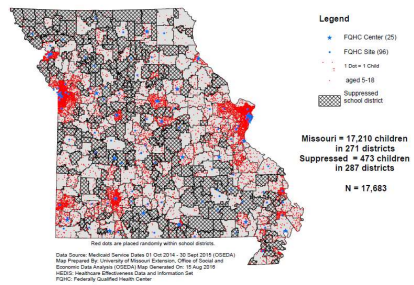
Asthma Registry Committee Fall 2020/2022

2014

Insurer view of high resource utilizers

17,210 children

Figure 1. Children with Medicaid with HEDIS Persistent Asthma by School District



Asthma Registry Committee Fall 2020/2022

Find "your" patient\$

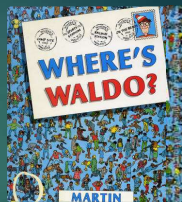
How would you find people with hypertension, hyperlipidemia or diabetes? BP, lipid profile, FBS/A1C

Undiagnosed – **monitor FEV1 at each visit**, document % personal best, response to albuterol



Review claims data – who needs care?

Look at other service lines – dental and behavioral health, ED, inpatient



NIH National Library of Medicine
National Center for Biotechnology Information

PubMed.gov

Advanced

Save Email

> J Asthma. 2015 Jun;52(5):505-11. doi: 10.3109/02770903.2014.984842. Epub 2014 Nov 25.

Sensitivity of different spirometric tests for detecting airway obstruction in childhood asthma


Benjamin Francisco ¹, Zarah Nae, Bin Ge, John Hewett, Peter König

Affiliations + expand

PMID: 25375906 DOI: 10.3109/02770903.2014.984842

<https://pubmed.ncbi.nlm.nih.gov/25375906/>

Asthma Research Communities, Ben Francisco, MD/22



Primary Care
High Impact – low cost
PLAN & IMPLEMENT BEST PRACTICES

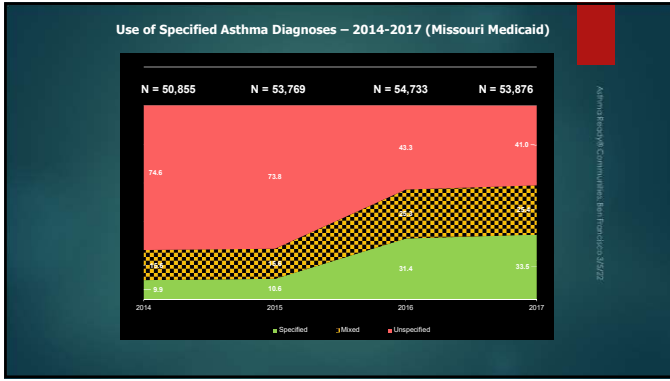
Asthma Research Communities, Ben Francisco, MD/22

Cost of Asthma Encounters (Medicaid)

1 INPATIENT STAY=
5 ED ENCOUNTERS=
20 SCHEDULED OUTPATIENT VISITS

AVERAGE # ANNUAL OUTPATIENT VISTS~1

Asthma Research Communities, Ben Francisco, MD/22



Asthma Care Quick Reference (EPR3)

http://www.nhlbi.nih.gov/guidelines/asthma/asthma_qrg.pdf

Asthma Care Quick Reference

DIAGNOSING AND MANAGING ASTHMA

Guidelines from the National Asthma Education and Prevention Program
EXPERT PANEL REPORT 3

The goal of this asthma care quick reference guide is to help clinicians provide quality care to people who have asthma.

Quality asthma care involves not only initial diagnosis and treatment to achieve asthma control, but also long-term, regular follow-up care to maintain control.

Asthma control focuses on two domains: (1) **reducing symptoms** and frequency and severity of exacerbations and (2) **preventing** exacerbations.

INITIAL VISIT

- Diagnose asthma
- Assess asthma severity
- Reduce medication & demonstrate use
- Develop written asthma action plan
- Establish follow-up appointments

Asthma Ready® Communities, San Francisco 3/1/22

2020 FOCUSED UPDATES TO THE Asthma Management Guidelines


EPR3 Updates - 6 selected topics

- Role of Immunotherapy
- Intermittent ICS and Step Plans
- Long-Acting Muscarinic Antagonists
- Effectiveness of Indoor Allergen Reduction
- Effectiveness and Safety of Bronchial Thermoplasty
- Exhaled Nitric Oxide (FeNO)

- Clinician's Guide – synopsis (16)
- At-a-Glance Therapy Steps by age (6)
- Focused Updates (322)
- 7 Patient Fact Sheets & AAP (18)

Asthma Ready® Communities, San Francisco 3/1/22

Asthma Updates 2020 – Fact Sheets



**LEARN MORE
BREATHE BETTER**

**ASTHMA
MANAGEMENT
GUIDELINES
AND YOUR CARE**

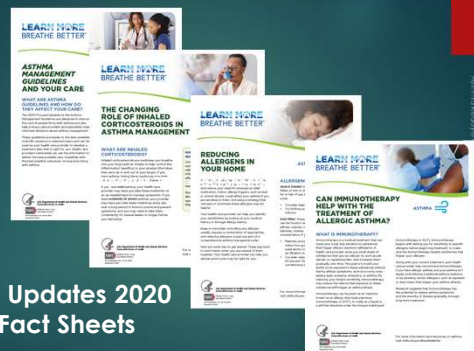
Fact Sheets

Share these fact sheets to help patients understand different treatment options and asthma management:

- Asthma Management Guidelines and Your Care
- The Changing Role of Inhaled Corticosteroids in Asthma Management
- Long-Acting Muscarinic Antagonists (LAMAs)
- Reducing Allergens in Your Home
- Can Immunotherapy Help with the Treatment of Allergic Asthma?
- What is Fractional Exhaled Nitric Oxide (FeNO) Testing?

Asthma Therapy Communications, Fall/November 2022


Asthma Updates 2020 Patient Fact Sheets



Asthma Therapy Communications, Fall/November 2022

COVID-19 is an emerging, rapidly evolving situation

Show message



National Heart, Lung, and Blood Institute

Home / Asthma / 2020 Focused Updates to the Asthma Management Guidelines / Digital Toolkit

Digital Toolkit

2020 Focused Updates to the Asthma Management Guidelines

Last updated February 09, 2021

Digital Toolkit MENU

<https://www.nhlbi.nih.gov/health-topics/asthma-management-guidelines-2020-updates/digital-toolkit>

Asthma Therapy Communications, Fall/November 2022

▶ SMART Dosing Tips (steps 3 & 4, >4 yr)
 A strategy allowing patients on low or medium dose ICS/formoterol to use this inhaler to relieve symptoms resulted in fewer asthma exacerbations*, lower total ICS consumption and better growth than fixed dose ICS/LABA and ICS groups.
 *max daily puffs (5-11)=8, (>11)=12


- ▶ Applies to Symbicort 80/4.5 or 160/4.5 (generic available, not always less expensive)
- ▶ Applies to Dulera 50/5 or 100/5
- ▶ Not Advair (contains salmeterol, no data for this use)

<https://pubmed.ncbi.nlm.nih.gov/17166990/>

Asthma Ready® Communities, San Francisco 3/5/22

How Do We Implement Best Practices for Asthma Management

- ▶ Learning together (ECHO®)
- ▶ Academic Detailing (supplies, routines)
- ▶ Performance feedback (claims data)
- ▶ Practice facilitation (seeing patients)



Implementing Asthma Guidelines Using Practice Facilitation and Local Learning Collaboratives: A Randomized Controlled Trial

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4018371/>

Asthma Ready® Communities, San Francisco 3/5/22

THE TRANSFORMATIVE MODEL IN MEDICAL EDUCATION AND CARE DELIVERY

<https://www.youtube.com/watch?v=VAMaHP-tEwk>



Project ECHO® (Extension for Community Healthcare Outcomes) helps democratize medical knowledge and develops specialty care capacity in underserved communities.

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Asthma Ready® Communities, San Francisco 3/5/22

The Missouri ECHO Experience

- ▶ MD/legislator visited ECHO Albuquerque
- ▶ Sponsored a bill for 6 ECHO hubs: asthma, chronic pain, autism, dermatology, hepatitis C, and endocrinology
- ▶ Funded (\$1.5 M) by projected savings from the Medicaid transportation budget (2015), now \$4.5 M, MCOs supporting, >30 ECHOs

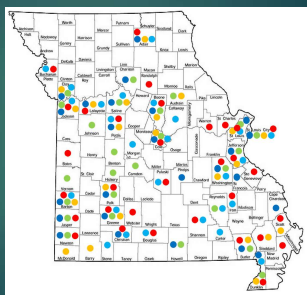
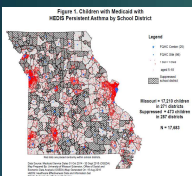
Adapted from: Missouri ECHO, 2022

MO ECHO® Key Purposes

- ▶ "Safely & effectively treat common & complex conditions in rural & underserved areas"
- ▶ "Decrease treatment delays and the need for patients to travel to see specialists"
- ▶ "Utilize community health care workers to address social determinants, improve adherence and health outcomes"

Adapted from: Missouri ECHO, 2022

1243 Asthma ECHO Participants 2015-2020



Adapted from: Missouri ECHO, 2022

Asthma ECHO 1 - Welcome - Get On Board!!! Enroll, participate, evaluate, implement...

The flyer for 'SHOW-ME ECHO IMPACT ASTHMA ECHO' features a central image of a child using an inhaler. Text on the flyer includes: 'HOW DOES IT WORK?', 'WHAT YOU WILL LEARN', 'MEET OUR TEAM' (listing several speakers), 'HOW TO ENROLL', and 'HOW TO PARTICIPATE'. It also mentions 'IMPACT ASTHMA ECHO' and 'SHOW-ME ECHO'.

Asthma ECHO® Curriculum, Fall/Franco, 2022

Get On Board!!! Primary Care Health Home Support

- ▶ **IMPACT Asthma® ECHO®** – 4 weeks, Tuesdays, noon until 1:00 pm, 4 hours Category One CME. Aim - use de-identified case studies and didactics to review the essentials of guidelines-based care for health care providers and other members of the clinical team

Series is offered 6 times annually, **January**, February, May, June, September, October

Asthma ECHO® Curriculum, Fall/Franco, 2022

Asthma ECHO 2 -Change Your Practice!!! Earn MOC through data-driven QI...

The flyer for 'SHOW-ME ECHO ASTHMA CARE ACCELERATOR (ACA) ECHO' features a central image of a doctor and a patient. Text on the flyer includes: 'HOW DOES IT WORK?', 'WHAT YOU WILL LEARN', 'MEET OUR TEAM' (listing several speakers), 'HOW TO ENROLL', and 'HOW TO PARTICIPATE'. It also mentions 'ASTHMA CARE ACCELERATOR (ACA) ECHO' and 'SHOW-ME ECHO'.

Asthma ECHO® Curriculum, Fall/Franco, 2022

Change Your Practice!!! Data Driven, Local Quality Improvement

- ▶ **Asthma Care Accelerator ECHO®**
For clinic-based asthma champions - pediatricians, family physicians and internists seeking maintenance of certification & NPs or PAs who lead local asthma quality improvement;
- 8 sessions per calendar year, March – August, Tuesday, noon until 1 pm, focus - quality improvement with 3 data sources and activities as required by ABP, ABFM and ABIM, cohorts of asthma champions

Asthma Care Accelerator ECHO®

Earn 25 points Part 4 Earn Part 2 points, too.

Earning Points in Five-Year Cycles

To receive credit for Part 2 and Part 4 activities and maintain certification, you must earn a **total of 100 points** — a minimum of 40 for Part 2 and a minimum of 40 for Part 4 every five years. The additional 20 points may be earned in either Part 2 or Part 4 activities. You can complete your Part 2 and Part 4 activities any time during your 5-year MOC cycle. At the end of each cycle, you will enroll again, pay the fee to begin your next MOC activity/points cycle, and submit attestation of your valid, unrestricted medical license.

To see your specific MOC requirements and deadlines, log into your [ABP Portfolio](#).

Asthma Care Accelerator ECHO®

Asthma Care Accelerator ECHO: improved health outcomes for children served in clinics

- ▶ Pediatrician asthma champions at Swope Health Services & Samuel U. Rodgers FQHCs, and Children's Mercy Hospital urban safety net clinic Operation Breakthrough demonstrated rapid and sustained adoption of asthma best practices from National Heart, Lung, Blood Institute: **Dr. Ning Haluck, Dr. Rupal Gupta, Dr. Patricia Tillford**
- ▶ These adopted best practices included standardized asthma education delivery, consistent coaching for better inhalation technique, routinely confirming ICS medication adherence, **dispatching home and school asthma preventative services** for high-risk patients
- ▶ Medicaid claims data analysis for 664 children served by ACA providers shows significantly less systemic oral steroids per patient (asthma exacerbations), improved ICS dispensing rates (refills of asthma control medication), **25% decrease in uncontrolled asthma**



American Board of Medical Specialties National Quality Achievement Award 2019-20 Asthma Care Accelerator ECHO

The screenshot shows the American Board of Medical Specialties (ABMS) website. The main headline reads "University of Missouri School of Medicine Named ABMS Quality Improvement Award Winner". Below this, it says "ASTHMA PROGRAM EARNS QI AWARD". The website navigation includes "ABOUT ABMS", "MEMBER BOARDS", "BOARD CERTIFICATION", "INITIATIVES", "VERIFY CERTIFICATION", "NEWS & EVENTS", and "CONTACT US".

Reducing the Burden of Childhood Asthma Through Local QI & Physician Engagement for Maintenance of Certification (MOC)

- ▶ A 3 years study showed providers who adopted best practices after participating in asthma ECHO® and earning MOC reduced asthma burden for their panel of patients and saw an increase in patients. <https://asthmaready.org/data/>
- ▶ A 5th provider cohort will begin in March of 2022. We use collective impact, implementation science, learning health system frameworks to maximize impact through local QI.

Adoption of Best Practices Increases Proportion of Outpatient to Acute Care Pediatric Asthma Visits, abstract ATS, May 2020.

Asthma Ready® Communities, San Francisco 3/5/22

Asthma ECHO 3 - Build Your Team!!! Clinic & community teams for better outcomes...

The screenshot shows the Missouri Telehealth Network website. The main heading is "Asthma 3- Community: Asthma Care and Education". It features a section for "Asthma Care and Education (ACE)" with icons for "Assessment", "Education", "Action", and "Engagement". There is also a "COVID-19 Resources" section and a "Meet Our Team" section with photos of staff members. The website is for the Missouri Telehealth Network, a part of the University of Missouri.

Build Your Team!!! Clinical and Community Partners

- ▶ **Asthma Care & Education ECHO®** – Pharmacists, care managers, clinical and community disease management providers RN, LPN, MA, RT, CHW, etc. (asthma educators, home environmental assessors, school nurses). Cross-pollinate, share strategies

10 sessions a year, noon until 1 pm, 0.8 CEUs, focus on health home touches, clinic-based education, and reimbursable community preventive asthma services

Asthma ECHO® Curriculum, Fall/Francois, 2022

https://www.cdc.gov/pcd/issues/2017/17_0003.htm

Teaming Up for Asthma Control

Outcomes Data: improved health outcomes for children while in school

Outcome	Improvement
Good Inhalation technique (IFR, IFT)	Improved from 20% to 43%
Children reported improvement in moderate activity capacity*	Yes
Children reported less sleep interruption at night due to their asthma*	Yes
Saves money: net cost reduction of \$1431 per child per year in Medicaid	Yes

Outcomes Data: improved health outcomes for children while in school

- ▶ 132 children were enrolled in the Teaming Up for Asthma Control program by both trained KCPS school nurses
- ▶ Of those students assessed to be in the red or yellow zones, 60% showed improved lung function evidenced by increasing FEV1
- ▶ Good Inhalation technique (IFR, IFT) improved from 20% to 43%
- ▶ Children reported improvement in moderate activity capacity*
- ▶ Children reported less sleep interruption at night due to their asthma*
- ▶ **Saves money: net cost reduction of \$1431 per child per year in Medicaid**

*Children's Health Survey for Asthma, American Academy of Pediatrics

Asthma ECHO® Curriculum, Fall/Francois, 2022

Asthma Treatments at School, Changed Recommendations

- ▶ During the COVID-19 Pandemic, **asthma treatments using Metered Dose Inhalers (MDIs) are preferred over nebulizer treatments** (CDC, AAP)
- ▶ Routine and emergency use of albuterol should be in the form of metered dose inhalers (MDI) with individual or disposable valved holding chamber (VHC).
- ▶ It is critical students have a personal albuterol and a valved holding chamber (VHC) at school to have quick-relief medicine easily accessible.


(CDC, AAP, see Reference Slides: 64, 65, 78, 79)




Asthma ECHO® Curriculum, Fall/Francois, 2022

Keep it Simple (3 Steps)-


Old Air Out



Aim Up




Fill Up Slowly




With **Flow-Vu®** it is possible to see if the student is really breathing in and assess whether the breath takes several seconds and results in filling the lungs (chest rises slowly with no whistle heard)

Optimal Inhalation Time Varies By Age


Lungs become bigger as children grow taller. As such, little lungs fill up more quickly than big lungs. Below is an average inhalation time by age-range. MDI medication should flow into everyone's lungs at the same rate.



Elementary
• 2 to 3 seconds



Middle School
• 4 to 6 seconds




High School
• 6 to 10 seconds

Coach at Home and School for Optimal MDI Technique – Get the Most From Your Inhaler Medications (7:20)

<https://youtu.be/Ge3kQerMDDQ>

The End Game – Sustainable, Regional Initiatives

Growing asthma ECHO® and local coalitions



Our problem

- 20180 School Days lost due to asthma
- 200 more children have died annually from asthma with no child-proofed
- Although asthma rates are 1/3 lower here than in the rest of the nation

Who we are


We are a coalition of doctors, community partners, school districts, hospitals, and individuals across the region. Our focus is to create sustainable, evidence-based asthma care of our city in partnership with the state.

Our Bold Goal

Cut Kansas City's uncontrolled asthma rate for children in half by 2030.

How we will solve this

- Partner with families to address their top concerns
- Asthma Ready Homes (ARH) for affordable
- Medications are affordable
- Asthma Action Plans are developed for everyone
- Schools and providers address the barriers to support our families.



Our plan of action

1. Launch a regional coalition to coordinate their public education and health care efforts.
2. Offer asthma and related services to underserved populations to assist in quality improvement.
3. Conduct public awareness campaigns to increase asthma awareness.
4. Build coalitions to meet public challenges that reduce our health care burden.

Family Advisory Group enables asthma key messaging for diverse populations



- ▶ Dr. Shelley Cooper monthly "check-in" with families
- ▶ Key Asthma Messages: what families need to hear and understand
- ▶ Home Remedies: relative humidity checks, nasal saline treatment, anti-inflammatory diet, and ICS inhaler coaching with Flo-View Spacer (Asthma Ready® Home)
- ▶ Dr. Catrícia Tilford:

Spanish: <https://www.kcmh.org/asthma>
 English: <https://www.kcmh.org/asthma>

Asthma ECHO® Community Health Initiatives, 2022

Four Best Practices for Families

- ▶ 1) Eliminate ETS and VOCs, RH at 40% (30-50%)
- ▶ 2) Consume prescribed ICS (MDI – BID)
- ▶ 3) Observe and coach each ICS dose
- ▶ 4) Use hypertonic saline for open & clear nose

Asthma ECHO® Community Health Initiatives, 2022

Missouri Department of Health & Senior Services

Healthy Living Senior & Disability Services Licensing & Regulations Diseases & Conditions

Smoking and Tobacco

DHSS Home > Healthy Living > Wellness and Prevention > tobacco > smokingandtobacco > Home

Missouri Tobacco Quitline Information

QUITLINE
1.800.QUIT.NOW (764.8669)

ENROLL ONLINE NOW

Are you ready to quit tobacco? Thinking about quitting tobacco? Or, do you just want to know more? The Missouri Tobacco Quitline can help tobacco users quit by offering counseling, practical information on how to quit, referrals to other cessation resources, and, if eligible, FDA-approved cessation medications.

The Missouri Tobacco Quitline is free, confidential and an effective way to help Missourians quit all forms of tobacco, including e-cigarettes and smokeless tobacco. This service is also available for former smokers who are trying to avoid a relapse and for those who want information to help a family member or friend quit tobacco.

Over the past 25 years, many studies have been done that show the benefits of quitlines. Studies show that people who receive coaching through the quitline more than **double their chances of quitting** and are more likely to stay quit. Combining counseling and quit-smoking medications, such as patches, **triples success rates**.

<https://health.mo.gov/living/wellness/tobacco/smokingandtobacco/index.php>

Adriana Benitez/Communications, Kent Francisco/2022

- Online referral
- New text-based vaping cessation
- Parental support
- Nicotine replacement
- Cessation counseling
- Posters, cards, social media messages

Four Best Practices for Clinics

- ▶ 1) Use objective measures of airflow
- ▶ 2) Confirm dispensing dates/intervals for ICS
- ▶ 3) 94664 – provide inhalation instructions
- ▶ 4) Severity and control drive therapy





Adriana Benitez/Communications, Kent Francisco/2022

Use Telehealth to Link Clinic & Home

- ▶ Who might benefit – living a long distance from clinic, history of poor adherence or poor inhalation technique, stable and needing refills
- ▶ Key elements – review last clinic findings, seeing the home and family dynamics, check inhalers, expiration date, doses remaining, “how do you use this one?”, watch MDI w/spacer technique, coach, elicit teach back – bad asthma week, worse attack ever, what do you think in your home makes asthma worse? Goals for next time

Adriana Benitez/Communications, Kent Francisco/2022

Four Best Practices for Schools

- ▶ 1) Document FEV1 before/after albuterol
- ▶ 2) Assess and report impairment (CHSA*)
- ▶ 3) Coach to improve VHC MDI technique
- ▶ 4) Use color chart to support inhaler use



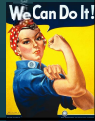
*<https://www.scholars.northwestern.edu/en/publications/reliability-and-validity-of-the-childrens-health-survey-for-asthm>



Asthma Bridge Community Health Services

Four Best Practices for Home Environmental Assessments

- ▶ 1) Level of understanding and use of an AAP
- ▶ 2) Room-by-room CO, CO2, Temp &RH, PM 2.5
- ▶ 3) Family trigger reduction plan
- ▶ 4) Clinician report with 2 actionable items



Asthma Bridge Community Health Services

<http://www.asthmabridge.com/>



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