IMPROVING ASTHMA MANAGEMENT FOR QUALITY AND YOUR BOTTOM LINE !!

PCC USERS CONFERENCE
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Asthma Management in Primary Care

- Almost 10% children have asthma or symptoms of asthma; almost 7 million
- There are 10 million lost school days in this country due to asthma
- 726 million dollars of lost employer revenue occurs due to parents and care takers absence from work
- 48 % of children less than 18 years of age will visit the ER for asthma related illnesses
- Escalating obesity rates in children is an identified risk for both cause and exacerbation in asthma

Asthma Management in Primary Care -1

Asthma medical costs annually are in the billions!

There is needed effort in prevention.

Control and population management for this chronic condition that affects children BUT often continues through adulthood.

Asthma Management in Primary Care 2

Pediatric primary care has a great opportunity to improve the recognition and treatment of Asthma through:

- Assessment at every visit
- treatment reviews and follow-ups
- education and prevention of asthmatic exacerbations in children and young adults.

Asthma Management in Primary Care -3

Worthy Resources for Asthma Management & Education:

- The National Asthma Education and Prevention Program
- The National Heart Lung and Blood Institute(NHLBI)

The Asthma Visits in Pediatrics

- "WE ALL" play a role in care management of children and young adults identified as having asthma or related conditions
- LIMITING
  - exacerbations and status asthmaticus
  - ER visits
  - medication as clinically possible are "WE" efforts
- Asthma classification is critical and using asthma control tools so "We" can effectively manage the condition and meet quality metrics

The Asthma Visits in Pediatrics

- Asthma visits are UNIQUE
- INFANTS are an increasingly UNDER DIAGNOSED group and require detailed attention
- During ADOLESCENCE asthma may become LATENT only to return in young adulthood
- CO-MORBIDITIES such as obesity, hypercholesterolemia, hypertension, lack of physical exercise, stress and environmental exposures are also thought to be contributing to the increased incidence over the past 20 years

Brief Clinical Review (Key Words)

- Asthma symptoms or frequent chief complaints:
  - Wheezing
  - Cough
  - Cough at night
  - Cough with activity/exercise
  - SOB
  - Tightness in chest
  - Reflux symptoms
  - Fatigue

Triggers/Precipitating Factors

- Respiratory Infections (RSV, Viral, Bacterial)
- Allergies (Food, Inhalants, Seasonal)
- Tobacco exposure/use
- Air temperature and humidity
- Perfumes, Paint, Hairspray
- Pollutants, ozone layer
- GERD
- Nocturnal, circadian, postural, OSA
- Maternal obesity during pregnancy
- Inflammation of upper airway/sinus/rhinitis
- Stress
- Emotions
- Drugs
- Exercise
- Atopic Dermatitis

Epidemiology

- Black/Hispanic>White
- Boys 3x greater than girls before puberty then equal
- 20% infants have wheezing with URI and 60% of them will go on to have asthma through age 6
- Wheezing that starts above age 6 is usually allergy related
- Asthma as child 12 x more likely to have at age 50
- Morbidity and Mortality continue to increase despite best efforts

Classification of Symptoms

- Pattern
  - Seasonal
  - Perennial
  - Both
- Continuous or Intermittent
- Day or Night
- Onset and Duration

With the above history/information one should be able to classify the asthma as:

- Intermittent
- Mild Persistent
- Moderate Persistent
- Severe Persistent
- Unspecified

Classification of Symptoms

Once the above classification has been determined then additional classification would include :

- Uncomplicated
- With exacerbation
- Status Asthmaticus

These classifications are critical for management as well as QI and P4P

Management

We will not be discussing specific therapeutics here today but for reference you may follow NHLBI guidelines that are broken down by the following age groups:

0-4 years old

5-11 years old

> 12 years old

Evaluation Tools

- Peak Expiratory Flow Rate CPT 94150
  - Usually age 5 and up; need height of the patient
  - Take average of 3 standing up
- Asthma Control Test/Health Risk Assessment CPT 96160
- Asthma Control Test for Children
  - Series of questions and it is scored; less than 19 not controlled
- Spirometry (On hold now for COVID) CPT 94010
  - The standard for pulmonary function, FEV1 and FEV25-75

Evaluation Tools

- FeNO CPT 95012
  - Measures nitrous oxide; not widely used yet
- Methacholine Challenge Test CPT 95070
  - Used when symptoms not usually present for diagnosis
- Exercise Challenge Test 94617
  - For those patients reporting symptoms with exercise
  - Run/bike/jump rope until HR 60% expected and do spirometry at 5, 10, 15, 20 min and if decreased then give bronchodilator and see results
- Pulse Oximetry 94760

Treatment and Follow-Up

STEP Management as per Guidelines:
(See full guidelines at www.nhlbi.nih.gov/guidelines/asthma)

REFER TO A SPECIALIST :

- If less than 5 yo and at STEP 3 or higher
- If 5-11 yo and at STEP 4 or higher
- If greater than 12 yo and at STEP 4 or higher

The goal of STEP treatment is to be at the lowest STEP with minimal/no symptoms

With each change in STEP whether up or down follow-up is at 2-4 week intervals.

Once stable then visits can be 1-6 months apart depending on time of year, symptoms and historical data typically every 3 months

Education

- Foundation of asthma care
- Fosters compliance and understanding.
- Facilitates collaboration with patient, parent and school
- Follow Asthma Action Plans to improve outcome
- Form your team to improve asthma care by
- Formalize your Asthma Educator Certification at www.naecb.com

Asthma Quality Improvement Chart Audits

The following factors/indicators can be used in asthma QI :

- Severity Documented
- Control Assessment
- Inhaled Corticosteroids Prescribed
- Assessment of Triggers
- Follow Up Documented
- Current Asthma Action Plan
- Recall Strategies in place
- Flu Vaccination Status
- Patient Outreach=Population Management=Improved Care

Coding and Documentation of Asthma Care Visits

- Most asthma care visits will be detailed or comprehensive 99214/15
- Most asthma visits will have additional procedures/tests/tools added to the visit
- Understanding the detailed information needed will help to organize and document the visit
- Be mindful of your time sometimes it is reasonable to bill the visit by time if the visit has gone over 40 min (more on this later) and greater than 50% is counseling/education
- Document all medications and any changes to them

Coding and Documentation of Asthma Care Visits

There are several types of asthma visits to consider:

- Acute Visit - current symptoms in undiagnosed asthma
- Acute Visit –current symptoms in known asthmatic/exacerbation
- Initial Asthma Visit/Consultation
- Follow-Up Asthma Visit
- Exercise Challenge Visit

Additional CPT Codes

Asthma Control Test 96160
Pediatric Symptom Check List 96127
Asthma Education Gadgets 94664
Counseling Codes 99401-04
Emergency/Disruption 99058
Nurse Extended Time 99415/16
Additional Time 30-74 min 99354 75-104 min
99354,99355x1
105-134 min 99354,99355x2
Peak Expiratory Flow S8110

The Asthma Team

- THE TEAM
  - Choose a Champion
  - Collect needed duties and who else will be a good fit on the team
  - Choose a nurse/medical assistant to become a Certified Asthma Educator
  - Assign a CCM and recaller who will also be the forms person
  - Be sure an admin scheduler understands the complexity of scheduling these visits
  - Assign the task of templates
- MEET REGULARLY FOR PROCESS IMPROVEMENT
- CREATE A "FORMAL ASTHMA CLINIC"
- DASHBOARD USE to follow indicators ie visits, flu, well care
- CONSIDER A PATIENT ASTHMA BINDER

The Asthma Team

- REFILLS will not be necessary
- DOCUMENTING IMPROVEMENTS will position the practice to win on P4P/QI initiatives
- MARKETING
  - Staff will better understand and embrace their roles in improving and sustaining positive clinical change
  - Patients will appreciate the efforts and may attract others
  - Schools will manage these children better
- As in any new project collect data first so you can compare and REALI$E your improvements !!!

Thank You

Questions?

If you would like more information or a presentation to your office please contact me

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