



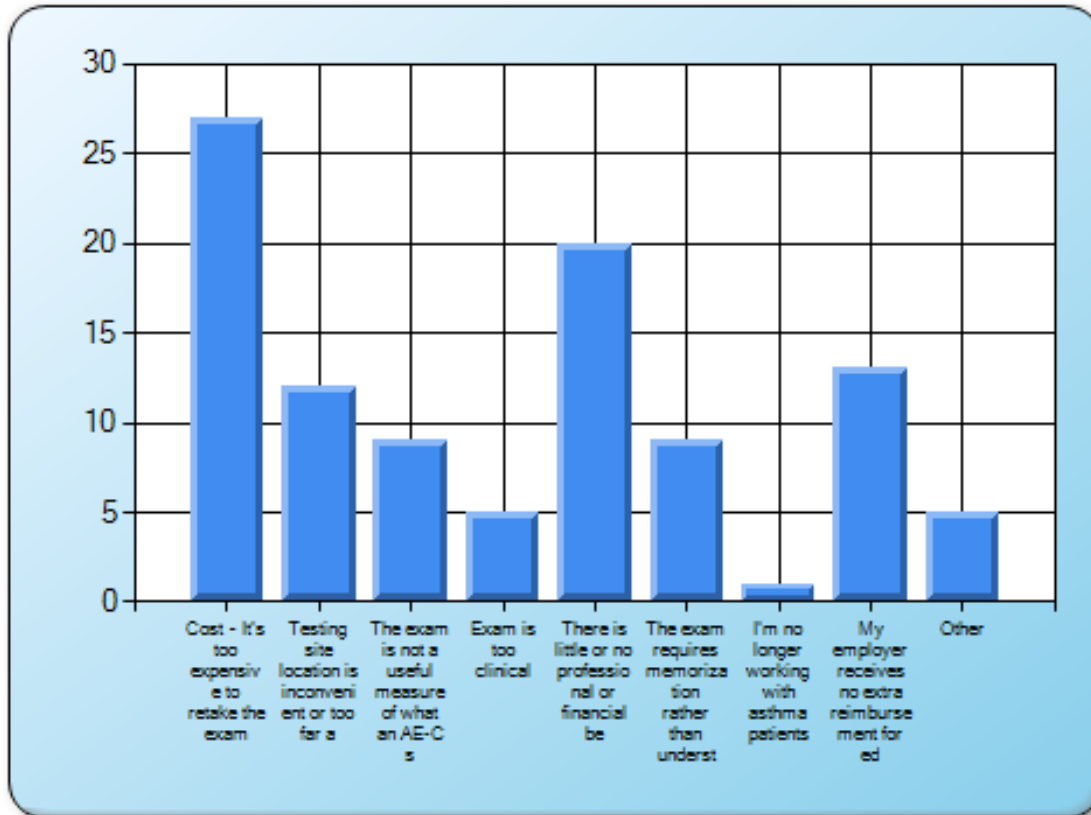
Minnesota Department of Health Asthma Program AE-C Survey Results

The Minnesota Department of Health (MDH) Asthma Program surveyed current and former Certified Asthma Educators in Minnesota. Results from the Minnesota survey indicate that a large percentage of Minnesota's AE-Cs who participated in the MDH survey do not plan to pursue recertification, in part due to barriers involving the recertification process.

The MDH survey was emailed in March, 2011, to 176 Minnesota AE-Cs. Of these, 139 surveys were delivered successfully, with a response rate of 42.4% (n= 59). Results indicate that AE-C certification was *current* for 86.4% (n= 51) of respondents and had *expired* for 11.9% (n= 7). One respondent had retired. Of those with *current* certification, 37.3% (n= 19) responded "I intend to retake the exam when my certification expires," 23.5% (n = 12) responded "I do not intend to retake the exam when my certification expires," and 39.2% (n= 20) were undecided. Of those with *expired* certification, 85.7% (n= 6) do not intend to retake the exam and 14.3% (n= 1) intend to retake the exam. Overall, 31.0% of working respondents do not plan on retaking the certification exam and 34.5% are undecided.

For those deciding not to retake the certification exam and for those yet undecided, the following factors play a role. Participants were allowed to select multiple factors.

- Cost – It's too expensive to retake the exam (n= 27)
- There is little or no professional or financial benefit (personally) to be certified (n= 20)
- My employer receives no extra reimbursement for education provided by an AE-C (n= 13)
- Testing site location is inconvenient or too far away (more than 20 miles) (n= 12)
- The exam requires memorization rather than understanding of resources (charts, dosing regimens, etc.) that are readily available (n= 9)
- The exam is not a useful measure of what an AE-C should know in order to provide comprehensive asthma education (n= 9)
- Exam is too clinical (n= 5)
- I'm no longer working with asthma patients (n= 1)
- Other (n= 5)

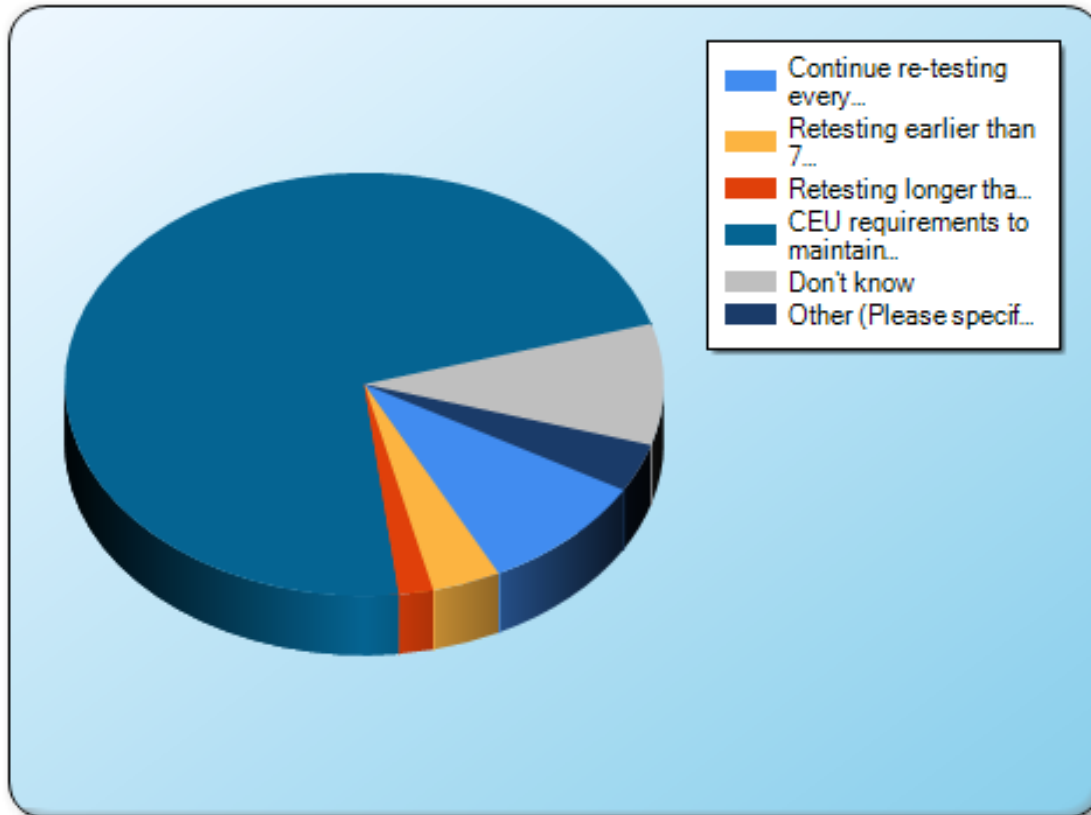


Recertification Preferences

The MDH survey also assessed the AE-C's preferred methods for maintaining certification. There were 54 valid responses. The choice selected most often, by 72.2% (n= 39) of respondents was:

“CEU requirements to maintain licensure coupled with a yearly membership fee to the NAECB”

Other choices offered included: continue re-testing every 7 years (n= 5), retesting earlier than 7 years (n= 2), re-testing at intervals longer than 7 years (n= 1), don't know (n= 5), and other (n= 2).



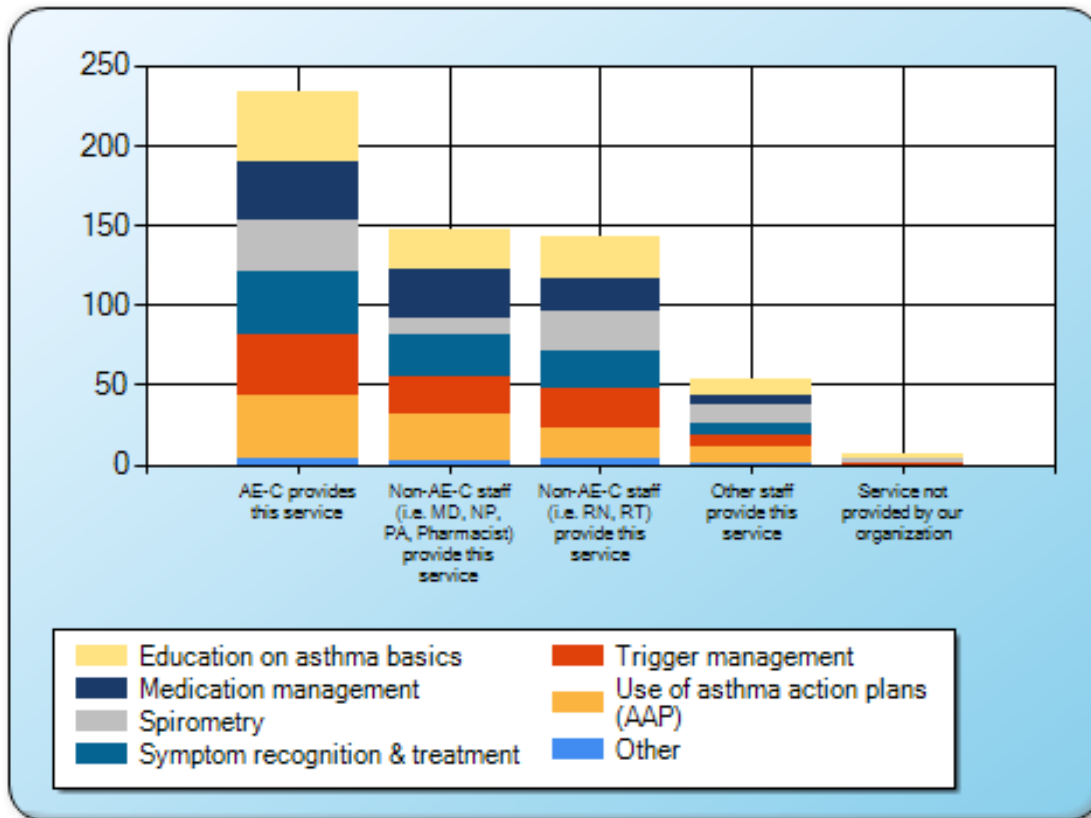
The MDH survey demonstrated that most of Minnesota’s AE-Cs who participated in this survey prefer recertification via continuing education credits rather than by re-taking the NAECB exam. If this preference is widespread, offering recertification via CEUs may result in retaining more AE-Cs nationwide. As mentioned in the Wisconsin Asthma Coalition white paper, a similar transition towards continuing education and away from examinations for certified diabetes educators (CDEs) has paralleled an increase in CDEs, with CEUs being the preferred method for recertification (1). Further, in addition to increasing the number of AE-Cs, offering CEUs confers the added benefit of ensuring that AE-Cs are up-to-date with current guidelines and practices, as they encounter certification materials more frequently than every 7 years (1).

AE-C Utilization/Value

The MDH survey indicated that 69.1% of participating AE-Cs (n= 38 of 55 valid responses) report that their employer utilized them as an AE-C. AE-Cs were asked if “having AE-C staff at my organization has improved asthma self-management skills of our patients.” Out of 53 valid responses, 34.0% of respondents strongly agreed, 32.1% agreed, 15.1% disagreed, 1.9% strongly disagreed, and 17% didn’t know. These results highlight the value of AE-Cs and the need to help sustain certification.

Asthma Services Provided

AE-Cs were asked what asthma-related services they and/or their current employer provided and more specifically, who provided them. Multiple selections for each role were offered for the same service. Services listed were: education on asthma basics, medication management, spirometry, symptom recognition and treatment, trigger management, use of AAPs and ‘other’. Results are as follows:



Employment Setting

Work setting results indicated the most common location participating AE-Cs provide service is at a clinic/doctor's office (n=33). Additional work settings include hospitals (n= 22), schools/colleges/universities (n= 7), pharmacies (n= 3), home health care agencies (n= 2), community-based organizations (n= 2), local public health departments (n= 1), and state governments (n= 1). Respondents were allowed to select multiple settings. Other work setting selections with zero respondents included: payor/insurance company.

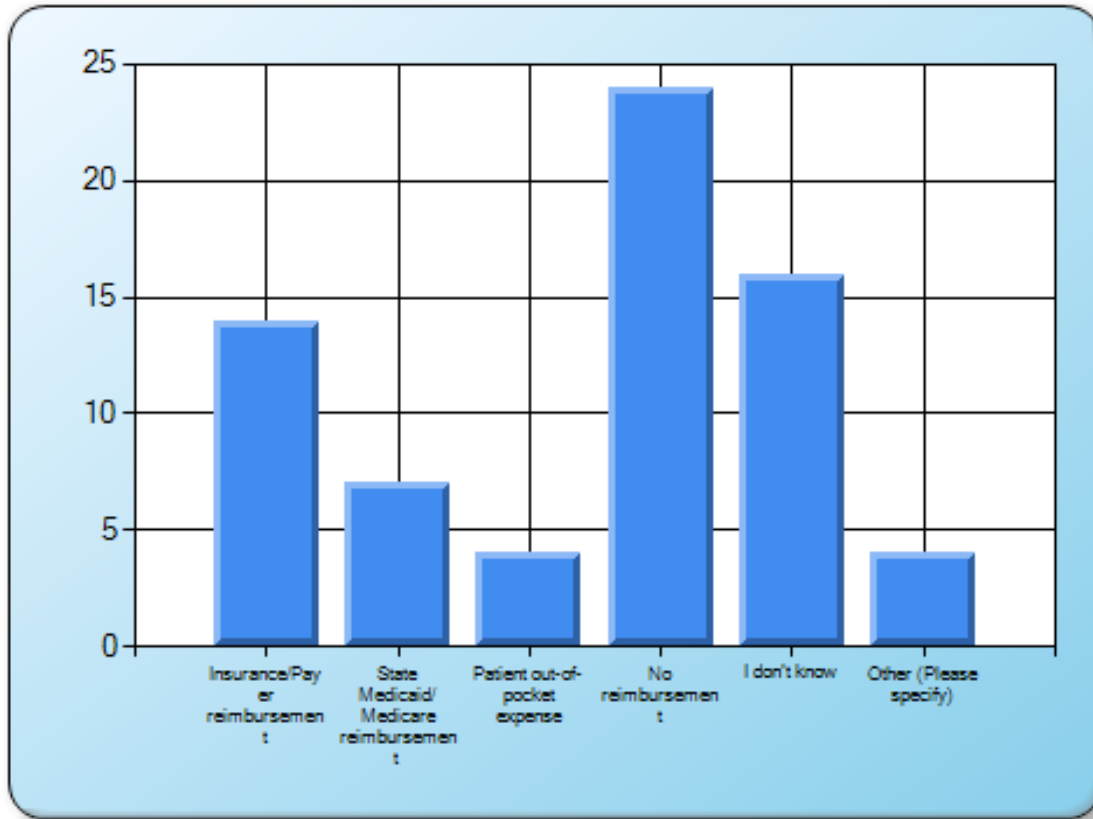
Minnesota Counties Served

Participants were asked to report the counties in which they provide care. They were allowed to select multiple counties and there were 55 valid responses. While a total of 43 counties are served by AE-Cs, the counties with the most AE-C-provided asthma education services are Hennepin (n=25), Ramsey (n=19), Washington (n=6), Anoka (n=4), Chisago (n=4), and Dakota (n=4).

Compensation/reimbursement

Out of 55 responses, the majority (n= 24) of participating AE-Cs reported that they or their organization receive no reimbursement for their asthma education services. Others reported compensation/reimbursement from the following sources: insurances/payors (n= 14), state

Medicare/Medicaid (n= 7), patient out-of-pocket expense (n= 4), and other (n= 4). Sixteen AE-Cs do not know the type of reimbursement.

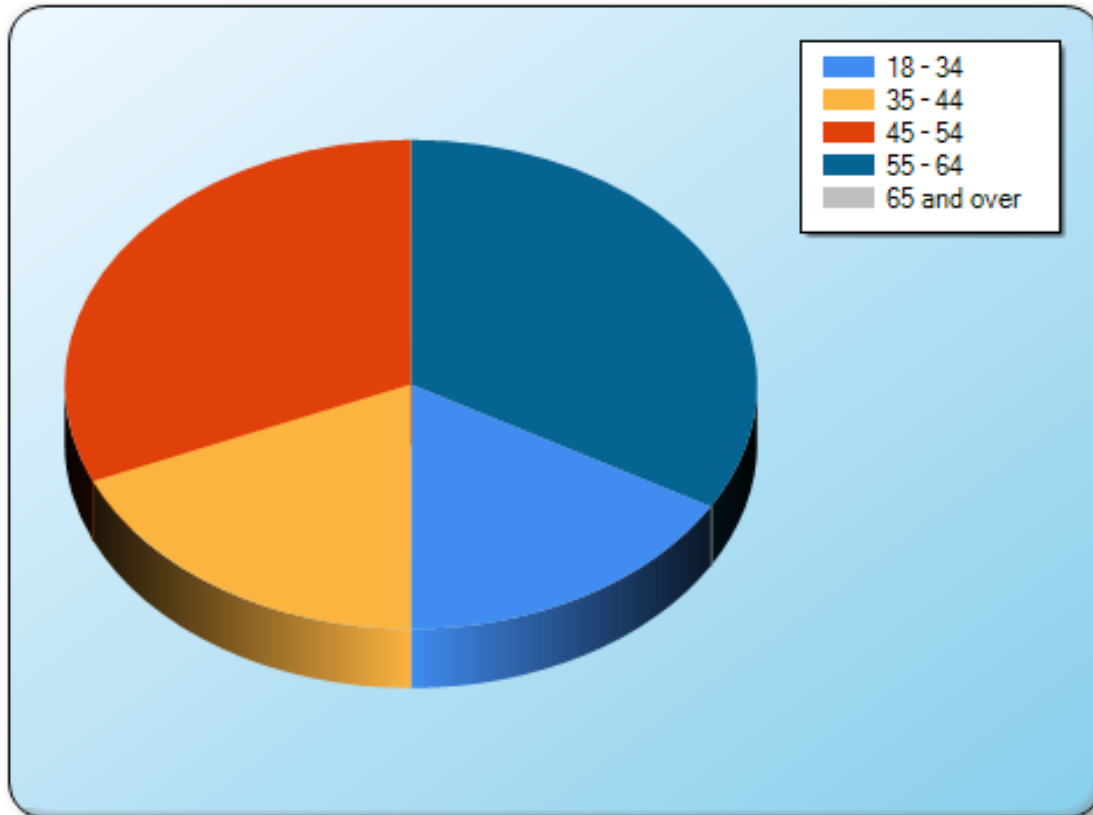


Professional license

AE-Cs were asked to report which professional licenses they held. Multiple choices were allowed. Selections included respiratory therapists (RRT, CRT) (n= 25), registered nurses (RN) (n= 19), advanced practice registered nurses (n= 4), registered pharmacists (n= 4), licensed practical nurses (LPN) (n= 3), and other (n= 7). Other professions included in the survey with zero response include: physician (MD, DO), physician assistant (PA), licensed social worker, and certified health educator (CHES).

Age Demographics

Participants had the option of reporting their age range. There were 54 valid responses. Results are as follows: 16.7% ages 18-34 (n=9), 18.5% ages 35-44 (n=10), 31.5% ages 45-54 (n=17), 33.3% ages 55-64 (n=18), and 0% ages 65 and over (n=0).



Conclusions

Minnesota's AE-Cs provide asthma expertise in varied work settings across the state. The survey results indicate that a high percentage (31.0%) of responding AE-Cs do not plan on re-taking the NAECB exam in order to maintain their certification and 34.5% are undecided about re-taking the exam. If this survey is representative of all AE-Cs, it is reasonable to believe that with so many AE-Cs choosing not to re-certify, Minnesota may suffer a significant decrease in the total number of AE-Cs available to provide and direct appropriate, guideline-based asthma education. This potential decrease in AE-Cs could result in a reduced effort to obtain reasonable financial reimbursement for the asthma education provided by AE-Cs, with the likelihood that there will be less than optimal, guideline-based education for asthma patients and their caregivers. In Minnesota, those surveyed expressed strong support for continuing education credits as an alternative method for AE-C recertification. This method for recertification was favored by 72.2% of participating AE-Cs in the MDH survey.

1. Wisconsin Asthma Coalition Children's Health Alliance of Wisconsin (WAC). "Recertification of certified asthma educators." Dec 2010.