


**COMMUNITY CHILDREN'S  
ASTHMA ACTION PLAN  
TASK FORCE**

Minnesota e-Health Summit  
June 25, 2009  
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**ABC NEWS STORY**



**MISSION STATEMENT**


**Olmsted County Community  
Access Collaborative**

Through a partnership of community and health care providers, deliver the most comprehensive, effective and coordinated health care services for all individuals in Olmsted County



**ASTHMA ACTION PLAN  
TASK FORCE**

- First “ad hoc” task force of CHAC
  - Fall, 2007
- Recognizes the impact of asthma in children across the spectrum of health and the community
- Recognizes the opportunity for collaboration in an area of high health significance to create true patient-centered care



## WHO IS PARTICIPATING?

- Mayo Clinic and Olmsted Medical Group
- Southeast Minnesota Asthma Coalition
- Olmsted County Public Health Services
- Parents of children with asthma
- Public School District ISD 535
- Children with asthma



## THE PROBLEM OF ASTHMA

- Asthma is a common disease in children
- Asthma action plans can decrease preventable illness
- Poorly controlled asthma can affect a child's school performance, ability to exercise and self-esteem



## WHAT ARE THE SPECIFIC OUTCOMES THROUGH A COLLABORATIVE APPROACH?

- Decreased acute asthma attacks in school
- Decreased inappropriate health care utilization
- Improved knowledge among children with asthma and their caregivers
- Indirect benefits to the community



### CHALLENGES

- Time-Volunteer Only
- Data Privacy Issues
- Different Perspectives
- Implementation in Different Settings
- Asthma Action Plan form

### SOLUTIONS

- High Levels of Engagement
- Access to Legal advice
- Community & Organizational Benefit
- Monthly Meetings
- Care manager role
- Work with parents and health staff



# Community Children's Asthma Action Plan Task Force - Erin Knoebel and Marty Aleman

## FINITE PARAMETERS

- Target 5-18 year old children and define asthma
- Start with pilots to establish best practices
- Aim for staged participation by all schools
- Establish communication and data sharing plans among stakeholders
- The emphasis is on sharing of asthma action plans

## SHARED COMMUNITY-BASED ASTHMA ACTION PLAN DATABASE

- All students with asthma diagnosis entered by school nurse
- Obtains consent for information sharing
- Contacts primary care provider for Asthma Action Plan
- Scans both as PDF files to the database
- Can query to track progress
  - # of asthma action plans vs. # of children with asthma
  - # of office visits for asthma symptoms
  - # of refusals for information sharing

**Community Asthma Project**  
Patient Maintenance

**PATIENT CONTACT INFORMATION**  
 FIRST NAME [John] MIDDLE INITIAL [ ] LAST NAME [Doe]  
 HOME ADDRESS [123 Any Street]  
 CITY [Rochester] STATE [MN] ZIP [55901]  
 HOME PHONE [555]1234567 Include area code - Numbers only  
 DATE OF BIRTH [11/11/2003] mm/dd/yyyy  
 GENDER  Female  Male  
 LAST 4 DIGITS OF SSN [0000]  
 PATIENT'S SCHOOL [Dunlop Elementary School]  
 RECORD ACTIVE  Active  Inactive

**RACE/ETHNICITY**  
 RACE: CHECK ALL THAT APPLY  
 Caucasian  Hispanic  African-American  Asian  Native Hawaiian or Other Pacific Islander  Native American or Alaska Native  Other  
 ETHNICITY:  Hispanic  Non-Hispanic

**PRIMARY CARE INFORMATION**  
 HAS PRIMARY CARE PHYSICIAN  Yes  None  Unknown  
 NAME [Tara Duvick]  
 PATIENT'S MEDICAL RECORD NUMBER [ ] # Mayo/CHC

**ASTHMA ACTION PLAN INFORMATION**  
 HAS PRIMARY CARE PHYSICIAN  Yes  None  Unknown  
 NAME [Tara Duvick]  
 PATIENT'S MEDICAL RECORD NUMBER [ ] # Mayo/CHC

**ASTHMA DIAGNOSIS ENTERED BY**  
 School  Olmsted County Public Health Service  Mayo Clinic  Olmsted Medical Center  Other

**CLINICAL DIAGNOSIS MADE**  
 Yes  No  Unknown

**IDENTIFIED BY**  
 Mayo Clinic  Olmsted Medical Center  Public Health Nurse  Migrator Health  Self-report  Other

**ASTHMA ACTION PLAN COMPLETED?**  
 Yes  No  Unknown

**COPY OF AAP AT SCHOOL?**  
 Yes  No  Unknown

**DATE OF MOST RECENT COMPLETED AAP** [01/01/2009] mm/dd/yyyy

**CONSENT INFORMATION**  
 Check all that apply  
 Data sharing  Notification of primary care physician  OLSSE share

**Community Asthma Project**  
Student Information for John Q. Doe

**PATIENT INFORMATION**  
 John Q. Doe DOB: 01/01/2003  
 Home Phone: 555-123-4567  
 Ethnicity: Assigned by: Mayo Clinic  
 PCP Name: [ ]  
 PCP Text Doctor: [ ]  
 AAP: [ ]  
 Copy of most recent AAP: 06/01/2009  
 Copy on file: [ ]  
 Data Sharing: YES  
 Notification of PCP: YES  
 Record created: 03/20/2009 by user: emg

**PREVIOUS VISITS / FINDINGS**

Date	Type	Severity	Med Given	End By	View
01/11/2009	Routine	Mild	06/01/2009	06/01/2009	View
02/22/2009	Narrative	Mild	03/03/2009	07/01/09	View
03/23/2009	Narrative	Mild	03/03/2009	07/01/09	View
03/25/2009	Stress	Moderate	03/26/2009	11/23/09	View
03/26/2009	Stress	Moderate	03/26/2009	2:29 PM	View
03/26/2009	Stress	Moderate	03/26/2009	2:29 PM	View

**DOCUMENTS ONLINE / FOUND**

Description	Doc Type	Effective Date	View
ShedAAP AAP	AAP	06/01/2009	View
Doe Auth AUTH		06/01/2009	View

**ASTHMA VISIT REPORT**

**TYPE OF REPORT**  
 Routine  Stress  Narrative

**SEVERITY**  
 Mild  Moderate  Severe  Critical

**ACTIONS TAKEN**  
 Disposed Medication  
 Albuterol  Other Medication  
 Date Medication Given: (mm/dd/yyyy) [ ] [ ] [ ] Hour (24h) [ ] Min (60m) [ ] AM  PM  
 Modified Parent or Guardian  Sent Home  Referred to Medical Facility  Returned to Class  
 Enter notes here.  
 COMMENTS: [ ]  
 Add Visit  Add Visit and Print Patient Notification

# Community Children's Asthma Action Plan Task Force - Erin Knoebel and Marty Aleman

## DATABASE SEARCH

**Community Asthma Project**

**Search Students**

**First Name:**   
**Last Name:**

**Choose school to view**

**School:**

NOTE: You can leave all options blank to see your full list.

**Sort:**  Name Only  
 School / Name

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## CONSENT FORM

**Olmsted County Asthma Action Plan Task Force**

**Consent to Share Asthma Action Plan and Information about My Child's Asthma**

CHILD's name: \_\_\_\_\_ Grade: \_\_\_\_\_  
 School: \_\_\_\_\_

- I, the parent or guardian \_\_\_\_\_, agree that my child's Asthma Action Plan (AAP) and other information about my child's asthma may be shared among those noted below. I understand that this information will be used to help manage my child's asthma when I am not with my child.
 

**Check the box and write in the name of those you want to include in this consent:**

 Health Care Provider (Doctor, Nurse, or other) \_\_\_\_\_  
 School Staff and School Health Office \_\_\_\_\_  
 Day care provider \_\_\_\_\_  
 Child \_\_\_\_\_  
 Coach \_\_\_\_\_  
 Other \_\_\_\_\_
- How my child's privacy will be protected:
  - My child's health care provider must follow health information privacy laws.
  - My child's school and a coach who works for the school must follow school privacy laws.
  - Some people are not covered by privacy laws and I do not know they will not share the information private. This includes my child's day care provider, coach and others that I share my child's asthma information with.
- I have been told these key points:
  - I must have to give my consent.
  - If I do not sign this consent, the quality of asthma care may be affected because other school staff and the health care provider won't have all available information (once information is not allowed to be shared without my consent), but it will not affect the other care my child receives from school staff or their health care provider.
  - I may cancel my consent at any time. To cancel my consent, I need to send or deliver a letter to the people listed above asking them to cancel my consent. I will provide my child's name and sign my name.
  - This consent form expires in one year.

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Note to health care provider: Please give this consent to the parent or guardian for them to sign and deliver to their child's school.

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## ONGOING ISSUES

- Time for data entry
- Two way entry into database
  - Paperless transfer of documents
  - Alerts/messaging
- Duplication of effort
  - School's EMR

## ACKNOWLEDGMENTS

- Rochester School District (ISD 535)
- Olmsted Medical Center
- Mayo Clinic
- Olmsted County Public Health
- SERAC
- Parents & Children w/Asthma