

***Together***  
*We're Stronger*

**CHI St Gabriel's Health  
Family Medical Center**

**Pediatric ADHD and Asthma  
Care Coordination, April 9, 2019**



**Catholic Health  
Initiatives**

*Imagine better health.<sup>SM</sup>*

## Team Presenters:

Rhonda Buckallew - Administrator

Becky Jansen, RN – Nurse Manager

Kari Reed, RN – Care Coordinator (Parent)

Jennifer Hartmann – Social Worker

Kelsey Rogers Corrigan, RN – NP Student

# CHI St. Gabriel's Health

*Little Falls, MN*

Critical Access Hospital

Multi-Specialty, Employed Group Practice

- \* Family Medical Center

- \* Little Falls Orthopedics

Home Care & Hospice Agency

# Morrison County Statistics:

- \* Population = 32,821
- \* Little Falls Population = 8,689
- \* Percent of County on Medical Assistance = 22%



# Team Formation:

## *Participants*

Leadership

Providers (MD, NP student)

Clinical Support Staff:

Nursing, Social Work, Pharmacy, Respiratory  
Care, Care Coordination,

Patients

Area school nurses and social workers

# Asthma:

## *Patient education*

- Development of asthma education program
- Respiratory care providing individualized asthma education sessions for patient and caregiver
  - Asthma and asthma symptoms
  - Asthma medications
  - Asthma triggers
  - Asthma management
- Creation of referral workflow from clinic and ER

# Asthma:

## *Nursing education*

- Asthma overview
- Asthma management
  - Medications
  - Inhaler and nebulizer technique and education
  - Identifying the need for spacers
  - Providing clinic based nebulizer treatments
- Asthma Control Test (ACT) questionnaire within standard rooming workflow
- Importance of providing patient education and written Asthma Action Plan (AAP)

# Asthma:

*Examples of tools created*

See Handout:

- Asthma Pocket Guide
  - Used by nursing and support staff when rooming patients when determining which patients need ACT administered
- Asthma pamphlet
  - Information on asthma education program for patients, caregivers and providers



# Asthma:

*Preliminary project outcomes*



Measure	PRE-INTERVENTION	POST-INTERVENTION	CHANGE SCORE
% of Asthma Patients with ACT of $\geq 20$	22.2%	34.6%	Increase of 12.4 Percentage Points
% of Asthma Patients with Current AAP	5%	15.3%	Increase of 10.2 Percentage Points

Population = 276 patients age 5 – 17 years old with asthma diagnosis

# Asthma:

## *Care Coordination*

- Pilot – Dept of Pediatrics, Dr. Karilyn Avery
- Created a registry for all patients with asthma
- Recall process improvement for overdue and future follow-up appointments
- Problem list review and updates for asthma diagnosis

# Asthma:

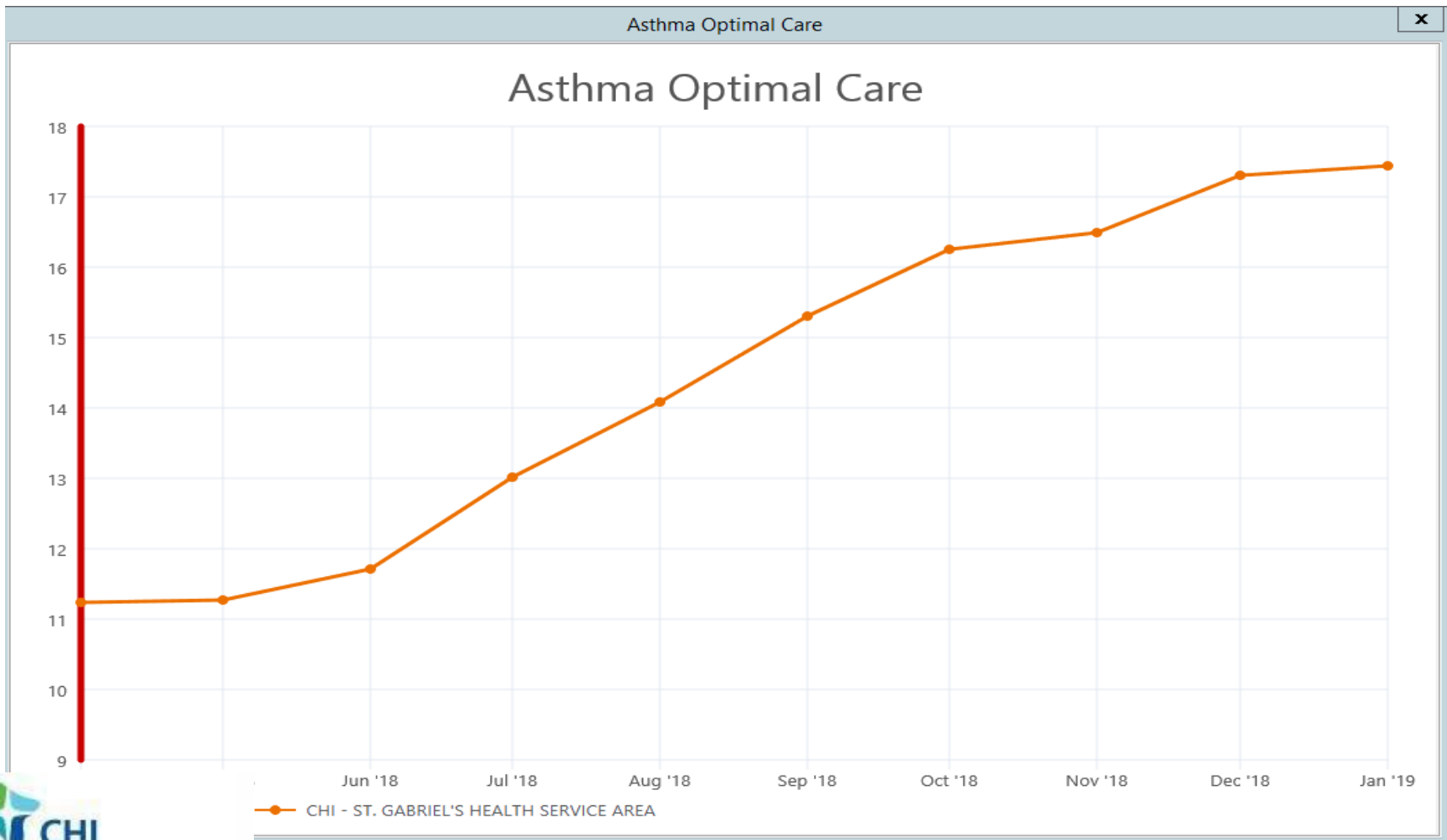
*Results: MNCM Preliminary Results – Dates of Service 2018*



Family Medical Center 2018 MNCM Prelim DOS Results	Number of patients	Well Controlled	Low risk of Exacerbation	Optimal Care Rate	Education and Self- Management
Current Adults	511	11.5%	14.7%	9.4%	4.3%
Current Children	302	29.8%	37.1%	25.8%	20.5%
Previous Adults	405	6.2%	6.4%	3.0%	3.7%
Previous Children	246	15.0%	17.1%	11.4%	8.1%
Change Adults	103 +26%	+5.4%	+803%	+6.4%	+0.6%
Change Children	56 +23%	14.8%	20.0%	+14.4%	+12.4%

# Asthma:

Results:



# Asthma:

## *Future Plans*

- Roll out pilot program to Family Medicine
- Increase referrals for Asthma Education
  - ER & Primary Care
- Timely follow up visits post ED/urgent care visits

# ADHD

## *Care Coordination*

- Registry for Dept of Pediatrics ADHD
- Identified patients and referrals made to Social worker.
  - Coordinated follow up visits and/or other community resources, applicable
- Working towards Virtual Visits from the school
- Collaboration with County Agency's resources:
  - Child protection, mental health, schools, etc.

# ADHD

## Barriers

- Release of information concerns
- Coordination with the schools
  - New process for completing/returning *Vanderbilt Assessment* forms
- Parent willingness to participate in virtual/follow up visits
- Medication:
  - Insurance Coverage issues
  - Appropriately taking medicines (recommendations for school-time med administration)

# ADHD

## *Barriers- Parent Perspective*

- Stigma
- Teacher recommendations
- Lack of communication/support



# ADHD

## *Next steps*

- Continued collaboration with the schools
- Release of Information/flow of information
- Education – teachers, school social work, etc.
- Virtual visits

*Questions?*

***THANK YOU!***