

the
consortium
QUARTERLY



St. Louis Regional **Asthma Consortium**

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message from the chair

Welcome to the St. Louis Regional Asthma Consortium's first newsletter, The Consortium Quarterly. We hope this newsletter will help us achieve our mission of "closing the gap" between people affected by asthma and those that have the knowledge and services that can help them. We intend to distribute this newsletter via email and print to make sure that it reaches those that need the information. We welcome stories about individuals or families affected by asthma, upcoming events or programs in our community, or information regarding asthma that you feel needs to get out to the community.

I am delighted to announce that the Consortium has received the "Controlling Asthma in American Cities" implementation grant from the Center for Disease Control and Prevention. After working hard on piloting projects and obtaining feedback from members in our community through focus groups and meetings, we were successful in receiving this \$4.8 million grant, "Controlling Asthma in St. Louis (CASL)" which is to be implemented in St. Louis City (and 3 northern St. Louis zip codes) over the next 5 years. Each component of this grant is to be implemented through the Committees of the Consortium. Please see below for further details.

The Consortium is certainly going through a time of growth and transition, like most not-for-profit and health-related organizations. We have now filed for our Federal 501(c)3, tax-exempt status and have become an independent not-for-profit organization. As part of this process, the Leadership Council (to be named Board of Directors) has revised our Bylaws which will be distributed at our next meeting. We welcome your input!

Our next Consortium Community meeting is November 18, 2003 at the Chase Park Plaza. We have an exciting program which will help us understand how to better improve the health and quality of life of those affected by asthma. Please bring a friend or colleague that may be interested in asthma and get them involved!

Best wishes to all those affected by asthma and those helping us achieve our vision!

Mario Castro, M.D.



The Consortium consists of all organizations and individuals working together to address asthma care in our community to accomplish what no one organization can do alone.

Best Practices

Chair - Mitch Grayson, MD
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Vice Chair - Jaime Tarsi, RN, MPH
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Best Practices

- **Primary Care Clinics** - (Community Asthma Program) works within clinic settings on process improvement and asthma education for physicians, nurses, and office staff to more appropriately diagnose, classify level of severity appropriate with patient reported/physician assessed symptoms and proper medication, and promote appropriate asthma management and the use of management plans. Improve patient/provider communication through physician training and education. Identify linkages from the primary care clinic to the schools, emergency departments, community pharmacy, and other components to promote follow-up and ongoing management. Targeted population: adults and children with asthma/primary care clinics and physicians.
- **Emergency Departments** - implement a standardized emergency department discharge plan that promotes three steps of care until return to primary care provider and encourage follow up. Step two: provide linkages/support from the ED to the primary care clinic for the person with asthma.
- **Targeted population:** adults and children with asthma and all emergency departments within St. Louis City/County
- **Community Pharmacy** - develop "asthma-friendly pharmacies" for those meeting established guidelines for appropriate asthma management, education, etc.
- Provide linkages to the primary care provider through internal computer faxes for notification of contraindications, over/under use of medications, lack of asthma action plans, etc. and request information from provider that is faxed back to pharmacy. Training of pharmacists on asthma education/communication/management
- **Targeted population:** adults and children with asthma/community pharmacies and pharmacists/clinic-based pharmacies and pharmacists
- Support current best practice approaches to education by providing scholarships for health care providers to attend training in asthma education and encourage asthma educator certification.

Consortium-wide initiatives include:

- 1) collaboration with additional organizations and agencies with related missions to address common gaps to improve health care in our community (e.g. Diabetes Coalition, Tobacco-Free Missouri, Regional Health Commission, Regionwise, etc.)
- 2) addressing sustainability and institutionalization of initiatives
- 3) evaluation of overall Consortium efforts and impact of initiatives on asthma from ecological levels - specifically intrapersonal, organizational, and community levels

Barriers and Resources

Chair - Anu Dixit, PhD
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Vice Chair - Viviane McKay, MPH
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Barriers and Resources

- **Schools** - implementation of computer-based education for all children with asthma, tracking of asthma related absences for targeted interventions, implementation and policy/economic evaluation of medical director services and related asthma protocols, linkages to primary care clinics.
- **Targeted population:** children with asthma in the schools, school nurses/administration. Current implementation: Riverview Gardens
- **Website Resource Database** - all available resources for persons with asthma available electronically, submission of resources electronically, and printable format for distribution
- **CHEER mobile unit** - going into the hardest to reach neighborhoods - primarily through churches- to provide asthma-related services and non-asthma related health services. Screenings and referrals. Multi-institutional representation and serves both adults and children.
- **Speaker's Bureau**

Gathering of Asthma Information

Chair - Rick Kurz, MD
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Vice Chair - Theresa Prosser, Pharm D, BCPS
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Gathering of Asthma Information

- **Community Report** - building on first published report on comprehensive analysis of asthma in our community and the interventions to identify and close gaps
- **Surveillance development** - asthma prevalence/QOL/community empowerment population level survey
- Evaluation of Medicaid pharmacy and medical claims data to monitor/benchmark

Asthma Advocacy

Chair - Brad Becker, MD
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Vice Chair - Emily Pike, MPH
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Advocacy

- **Public Health Campaign on Asthma** - "Know your Asthma Action Plan" and "Defend Against Asthma" with Courtland Bullard - defensive Rams player as spokesperson. Widespread distribution of standard asthma action plans to persons with asthma to take to provider. Promotion of potential symptoms of asthma. Limited by geographic area of the grant.
- Continue with expansion to gain minority representation/target population representation within the Consortium
- Advocate with and to managed care organizations and their members for appropriate asthma management and Consortium involvement

CAP Component

The Community Asthma Program is a component of “Controlling Asthma in St. Louis” (CASL) that focuses on enhanced asthma education, more appropriate prescribing of asthma medications, patient-provider communication skills, and billing/reimbursements for the primary care physician and allied health care professionals. The overall goal is to improve the quality of life for people living with asthma. The Community Asthma Program (CAP) is a community-based program that encourages regular, preventive asthma care in the primary care setting.

School Component

The School Component of the grant is working to reduce morbidity in children due to asthma. This involves education for school children, school nurses and school teachers by means of interactive computer programs, identifying children who miss a lot of school and those who have asthma, and providing a Medical Director to the school district to assure the most appropriate procedures and urgent care policies are provided to assist the schools in caring for the children throughout the day. The Medical Director will be in place to enhance the capabilities of the school nurse, increase the number and use of the Asthma Action Plan, to most appropriately handle medication issues, and to reduce in-school urgent care needs and to identify uncontrolled and undiagnosed asthma.

Pharmacy Component

The Pharmacy Component is designed to improve medication usage, increase interaction between the pharmacists and other health care providers and increase the counseling between the person with asthma and the community pharmacists. By providing frequent educational messages related to asthma and identifying and resolving drug-related problems, pharmacists can contribute significantly to the appropriateness of medication usage and positively influence therapeutic outcomes of patients with asthma.

ED Component

The Emergency Department (ED) component of the grant is working to provide the asthma patient a standard discharge form with more education about their personal asthma care. The hope is that with more education the patient will be better able to control their asthma and that will result in fewer visits to the emergency room. We also encourage this type of information to be shared with their primary care provider and to ask their primary care provider questions about the information they have received.

Evaluation Component

The Evaluation Component plan will measure the project and the Consortium’s impact and effectiveness in community and organizational impacts. Further, we will be able to identify through the evaluation if the project’s interventions and the larger efforts of the Consortium make a difference in our community related to asthma morbidity. Information will be gathered at three levels: individual (cognitive and affective measures), organizational (intervention outputs and outcomes and their sustainability) and community (asthma morbidity and capacity building). The evaluation will occur over the entire five years of the implementation phase of the project.

The CASL project seeks to improve asthma care within each of the components identified (ED, Primary Care, School, and Pharmacy), improve the necessary intervention and community links among the components and to the larger community, and increase the likelihood of sustainability of the CASL and Consortium efforts through institutionalization of interventions and increased third-party reimbursement.

Oral Steroids Don't Help a Toddler's Wheeze

By Ed Edelson, HealthDay Reporter, HealthDayNews

Giving a preschooler an oral steroid to treat a serious wheezing problem does no good and might cause some harm, a new British study concludes.

Wheezing episodes triggered by cold viruses are common in children aged 1 to 5, says Dr. Jonathan Grigg, a senior lecturer in pediatric thoracic medicine at the University of Leicester. However, only a few of these children go on to develop asthma, he adds. For most, the problem disappears by the time they reach grade school.

It is fairly common practice to have parents administer an oral steroid such as prednisolone when a wheezing episode occurs, Grigg says, but its effectiveness has rarely been tested.

In his study, reported in the Nov. 1 issue of *The Lancet*, 51 children brought to the Leicester Children's Asthma Centre with a serious wheeze were given oral prednisolone, while another 69 got a placebo.

The level of respiratory symptoms and the need for hospitalization was virtually the same in both groups, Grigg says, although there was a slight trend toward more hospital admissions for the children given the steroid.

"We were surprised to see that," Grigg says. "Normally, we don't think steroids do any harm. The finding was either incidental or, as we suspect, may change a child's behavior and impact on the decision to hospitalize."

Non-asthmatic wheezing episodes are common in young children, he says. "In our population, up to 40 percent have a wheezing episode," he says. "The majority do not go on to develop allergic asthma."

The study does not rule out the use of steroids in all cases, Grigg says: "The physician has to use judgment. If it is a severe episode, the potential risks are outweighed by the possible benefits."

The British finding reinforces what is common practice in the United States, says Dr. Pramod Kelkar, an allergist who is a spokesman for the American College of Allergy, Asthma and Immunology.

Physicians usually treat wheezing episodes with an airway-widening bronchodilator drug such as albuterol, given four times daily for four to seven days, Kelkar says. An inhaled steroid may be prescribed as well as the bronchodilator in some cases, he says, rather than an oral steroid such as prednisolone or its close relative prednisone.

The British study should tell parents "that giving prednisone without a clinical evaluation by a physician will not be of much benefit," Kelkar says.

The St. Louis Regional Asthma Consortium and the Jewish Hospital College of Nursing and Allied Health at the Washington University Medical Center are sponsoring several visits from the CHEER (Community Health Enhancement, Education and Resources) Mobile Health Unit to offer free flu shots to people with asthma who are nine years of age and older. Information on managing asthma in children and adults also will be available.

In addition to offering free flu shots, the Asthma Consortium will provide information about asthma, and medical professionals will be available to answer questions about managing the disease. The Asthma Consortium is providing the flu shots through Medical West Healthcare Services.



Many asthma patients do not get flu shots because they fear the vaccine will cause an asthma attack. However, a recent study by the ALA Asthma Clinical Research Centers (ACRC) proves asthma patients

have nothing to fear from flu shots. The study followed 2,043 asthma patients ranging in age from three to 64. By administering a flu vaccine and a placebo to different patients, the study found very little difference in the effects. The conclusion reached is that the vaccine is safe for all children and adults with asthma, regardless of the severity of their disease.

“This is very good news, as a previous study indicated that the flu vaccine did have an adverse effect on asthma patients,” said Mario Castro, M.D., M.P.H., chairman of the Asthma Consortium and associate professor of medicine in the Division of Pulmonary & Critical Care Medicine at Washington University School of Medicine. “Now we know that the vaccine is safe for all asthma patients. If each asthma patient got a flu shot every year, that could prevent millions of asthma attacks and hospitalizations.”

The **Community Meeting** is set for November 18, 2003 at the Chase Park Plaza starting with a network hour from 5-6pm. Watch the website (www.asthma-stlouis.org) and your mailbox for more updates.

Want to have a say in your Consortium?

Join the committee of your choice by email at Ireinhardt@asthma-stlouis.org or go the website for more information at www.asthma-stlouis.org.



Here is the list of **CHEER Van flu shot visit sites for Fall 2003**

**NOVEMBER 4
8AM-11AM**

FLU SHOTS TO BE GIVEN
St. Augustine Wellston Center
1701 Kienlen
St. Louis, MO 63133

**NOVEMBER 9
9AM-1PM
(TIME TO BE
CONFIRMED)**

FLU SHOTS TO BE GIVEN
New Northside Baptist Church
8645 Goodfellow
St. Louis, MO 63147

**NOVEMBER 12
10AM-1PM**

FLU SHOTS TO BE GIVEN
International Building (CCCS)
2647 Ohio
St. Louis, MO 63118
314-664-8990
participating organizations - AAFA (9AM-12PM)

**NOVEMBER 22
1-6PM
No CHEER Van
at this event**

FLU SHOTS TO BE GIVEN
Health Care USA "Feed The City"
Harris Stowe College
3026 Laclede
St. Louis, MO

**DECEMBER 6
9AM-12PM**

FLU SHOTS TO BE GIVEN
Christ Community Church (UMC)
8841 Lucas-Hunt Road, Jennings, MO 63136

If you would like to volunteer at the next CHEER Van event, please contact the St. Louis Regional Asthma Consortium office at 314-645-5505 x2002.

CHEER Van update



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Our Mission

The Consortium's mission is to close the gap that exists between people affected by asthma and the knowledge and services that will help them.

Our Vision

To bring together the wealth of talent and resources in the St. Louis metropolitan area to improve the health and quality of life of people living with asthma.

If you have news to submit about your organization or your committee activities please submit them to Heather Kelly at heather@asthma-stlouis.org.