EDUCATION

Setting the stage: Key accomplishments

Recertification of asthma educators

In 2010, a WAC survey found that 42 percent of certified asthma educators in Wisconsin did not intend to recertify. The three primary reasons for not retaking the exam were no longer working in the field, no benefit from being a certified asthma educator and exam cost. The survey results were shared at the 2010 Association of Asthma Educators conference as a poster and published online in the Journal of Asthma and Allergy Educators, 27 September 2010.

Partnering with WAC

It has been exciting to see the WAC build a national level of influence to ensure a high standard of asthma education through certified asthma educators. This is an important step as we embark on a journey of securing reimbursement for asthma education and prevention services.

- Michelle Mercure, CHES
WAC Vice Chair
American Lung Association in Wisconsin

In 2011, the WAC sent a letter, cosigned by 35 organizations across the nation, requesting the National Asthma Educator Certification Board (NAECB) change the recertification process for certified asthma educators (AE-C) from retaking the exam to a new system of utilizing continuing education credits to maintain certification. In 2013, NAECB began offering continuing education credits as a way for certified asthma educators to recertify.

Retention and recruitment of certified asthma educators is an important step as we work toward reimbursement for asthma services. There needs to be a significant base of certified asthma educators that patients can access for services.

Reimbursement for asthma education

A Centers for Medicaid and Medicare Services regulation (42 C.F.R. 440.130) became effective January 1, 2014, which allows state Medicaid programs to reimburse for preventive services provided by those professionals that fall outside of the state's clinical licensure system. These services would have to be recommended by a physician or other licensed practitioner.

The WAC is working with partners from several professional disciplines to explore how this rule could improve asthma care. The initial goal is to educate Wisconsin Medicaid leaders and others on the benefits of implementing this rule, and explore options for the implementation of this regulation in the Wisconsin Medicaid program and other health plans.

Workplan

Goal: Increase education that fosters a partnership among the patient, family, caregivers and clinicians.

Objective A: Support certification for asthma educators.

Activity	Target date
1. Promote opportunities for non-clinical educators to gain service hours toward eligibility of the asthma educator credential (AE-C)	Ongoing
2. Promote opportunities to achieve and maintain asthma educator certification	Ongoing
3. Increase marketing of certified asthma educators among health care professionals and health care employers (e.g., community health workers, minority and bilingual asthma educators, pharmacists)	Ongoing

Evidence rating: Scientifically supported
Basis for evidence rating: 2 systematic reviews (a, b); 3 experimental/quasi-experimental studies (c, d, e)

a. To T, Guttmann A, Lougheed MD, et al. Evidence-based performance indicators of primary care for asthma: a modified RAND appropriateness method. *International Journal for Quality in Health Care.* 2010; 22.6: 476-485.
b. Natale-Pereira A, Enard KR, Nevarez L, Jones LA. The role of patient navigators in eliminating health disparities. *Cancer.* 2011; 117: 3543-3552.
c. Enard KR, Ganelin DM. Reducing preventable emergency department utilization and costs by using community health workers as patient navigators. *Journal of Health care Management.* 2013; 58: 412-427.
d. Castro M, Zimmermann NA, Crocker S, Bradley J, Leven C, Schechtman KB. Asthma intervention program prevents re-admissions in high health care utilizers. *American Journal of Respiratory and Critical Care Medicine.* 2003; 168.9: 1095-1099.
e. Janson SL, McGrath KW, Covington JK, Cheng SC, Boushey HA. Individualized asthma self-management improves medication adherence and markers of asthma control. *Journal of Allergy and Clinical Immunology.* 2009; 123: 840-846.

Objective B: Secure reimbursement for asthma services.

Activity	Target date
1. Partner and work with other organizations and professions to obtain reimbursement for prevention services (e.g., Wisconsin Public Health Association, Wisconsin Association of Local Health Departments and Boards, diabetes educators, community health workers, health educators, school nurses)	2015-ongoing

2. Educate Medicaid and health plan leaders about the importance of comprehensive asthma management services and return on investment opportunities (e.g., payer summit)	2016-ongoing
3. Educate statewide policy and opinion leaders on the role of enhanced reimbursement in comprehensive asthma management	2018
4. Monitor and identify opportunities to develop policy to support enhanced reimbursement in comprehensive asthma management	2019

Evidence rating: Limited evidence, supported by expert opinion
Basis for evidence rating: 1 descriptive study (a)

a. Tai T, Bame SI. Cost-benefit analysis of childhood asthma management through school-based clinic programs. *Journal of Community Health.* 2011; 36: 253-260.

Objective C: Promote and provide asthma education.

Activity	Target date
1. Utilize evidence-based practices within existing and/or newly created educational programs a. Incorporate health literacy practices and technology in materials and delivery b. Consider local needs, audience and language c. Evaluate education programs beyond increase of knowledge (e.g., behavior change, population-based outcomes)	Ongoing
2. Consider non-traditional asthma education and partners a. Implement education delivered by navigators, athletic coaches, tobacco cessation counselors, teachers and others b. Expand school-based education to include private schools, charter schools, child care centers and other educational venues	Ongoing
3. Provide tools and resources that promote the NIH asthma guidelines and health literacy to all educators	Ongoing

Evidence rating: Scientifically supported
Basis for evidence rating: 2 systematic reviews (a, b); 4 experimental/quasi-experimental studies (c, d, e, f); 1 descriptive study (g)

a. Ahmad E, Grimes DE. The effects of self-management education for school-age children on asthma morbidity: a systematic review. *The Journal of School Nursing.* 2011; 27: 282-292.
b. Natale-Pereira A, Enard KR, Nevarez L, Jones LA. The role of patient navigators in eliminating health disparities. *Cancer.* 2011; 117: 3543-3552.
c. Vernacchio M, Epstein DM, Santangelo J, et al. Effectiveness of an asthma quality improvement program designed for maintenance of certification. *Pediatrics.* 2014; 134: e242-e248.
d. Enard KR, Ganelin DM. Reducing preventable emergency department utilization and costs by using community health workers as patient navigators. *Journal of Health Care Management.* 2013; 58: 412-427.
e. Pike EV, Richmon CM, Hobson A, Kleiss J, Wottowa J, Sterling DA. Development and evaluation of an integrated asthma awareness curriculum for the elementary school classroom. *Journal of Urban Health: Bulletin of the New York Academy of Medicine.* 2011; 88: S61-S67.
f. Volsko TA, Walton M, Tessmer K, Pohle-Krauza RJ, McBride JT. The asthma awareness patch program for girl scouts: an evaluation of educational effectiveness. *Respiratory Care.* 2013; 58: 458-464.
g. Trollvik A, Ringsberg KC, Silen C. Children's experiences of a participation approach to asthma education. *Journal of Clinical Nursing.* 2013; 22: 996-1004.

Objective D: Increase public awareness and policy efforts on asthma.

Activity	Target date
1. Create and implement media messaging incorporating health literacy that partners can use within their own outlets a. Paid media (e.g., Radio News Network, public service announcements) b. Earned media (e.g., letters to the editor, newsletter, public service announcements) c. Social media (e.g., asthma apps, YouTube, Facebook, Twitter, text messaging)	2015-ongoing
2. Encourage community participation in policy efforts (e.g., school groups, community organizations, environmental groups, individuals)	Ongoing

Evidence rating: Scientifically supported
Basis for evidence rating: 3 experimental/quasi-experimental studies (a, b, c); 7 descriptive studies (d, e, f, g, h, i, j)

a. Fisher EB, Strunk RC, Sussman LK, Sykes RK, Walker MS. Community organization to reduce the need for acute care for asthma among African-American children in low-income neighborhoods: the Neighborhood Asthma Coalition. *Journal of the American Academy of Pediatrics.* 2004; 114: 116-123.
b. Distler JW. Access Carroll: community asthma education initiative. *Journal of the American Academy of Nurse Practitioners.* 2011; 23: 357-360.
c. Parker EA, Baldwin GT, Israel B, Salinas MA. Application of health promotion theories and models for environmental health. *Health Education and Behavior.* 2004; 31: 491-509.
d. Schumacher JR, Hall AG, Davis TC, et al. Potentially preventable use of emergency services: the role of low health literacy. *Medical Care.* 2013; 51: 654-658.
e. Nutbeam D. Health literacy as a public health goal: a challenge for contemporary health education and communication strategies into the 21st century. *Health Promotion International.* 2000; 15: 259-267.
f. Clark NM, Doctor LJ, Friedman AR, et al. Community coalitions to control chronic disease: Allies Against Asthma as a model case study. *Health Promotion Practice.* 2006; 7: 14S-22S.
g. Clark NM, Lachance L, Doctor LJ, et al. Policy and system change and community coalitions: outcomes from Allies Against Asthma. *American Journal of Public Health.* 2010; 100: 904-912.
h. Parker EA, Israel BA, Williams M, et al. Community action against asthma: examining the partnership process of a community-based participatory research project. *Journal of General Internal Medicine.* 2003; 18: 558-567.
i. Lantz PM, Viruell-Fuentes E, Israel BA, Softley D, Guzman R. Can communities and academia work together on public health research? Evaluation results from a community-based participatory research partnership in Detroit. *Journal of Urban Health: Bulletin of the New York Academy of Medicine.* 2001; 78: 495-507.
j. Corburn J. Combining community-based research and local knowledge to confront asthma and subsistence-fishing hazards in Greenpoint/Williamsburg, Brooklyn, New York. *Environmental Health Perspectives.* 2002; 110: 241-248.