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# Survey Identifies Barriers to AE-C Recertification

Kristen Grimes, MAOM, CHES, and Michelle Mercure, CHES

**Abstract:** *The goal of the certification of asthma educators is to improve the quality and consistency of standardized asthma education, based on the Guidelines for the Diagnosis and Management of Asthma (EPR-3). Certification also paves the way toward reimbursement for asthma education. The Wisconsin Asthma Coalition (WAC) was interested in the value of asthma educator certification and whether AE-C will seek recertification. The creation of the AE-C survey was led by the WAC education workgroup. The survey questions assessed intention to take the recertification exam, perceived value and utilization of AE-C at current place of employment, perceived benefits of AE-C, compensation received, and willingness to serve as a resource and mentor. The survey was posted on SurveyMonkey.com, and the link was e-mailed to 124 AE-Cs located in Wisconsin. The response rate was 56.6% (N = 60). Forty-two percent did not intend to retake the exam upon expiration. The 3 primary reasons for not retaking the exam included no longer working in the field, no benefit from being an AE-C, and exam cost. Fifty percent felt having an AE-C on staff was not valued by their current employer. AE-Cs alone are rarely required to provide asthma services (range, 1.8%-7.1%; n = 56). Most often, either the AE-C or another staff member performs asthma services (range, 41.1%-64.3%), with about a quarter of these preferring AE-C (range, 21.7%-27.8%). Seventy-five percent felt their employer should increase utilization of AE-C. The cost of the National Asthma Educator Certification Board exam, perception of little benefit of AE-C, and perceived value of AE-C by current employers serve as significant barriers for AE-Cs to seek recertification.*

**Keywords:** certified asthma educators (AE-C); employers; recertification; reimbursement

Certification of asthma educators ensures that asthma education follows the standard of care based on the *Guidelines for the Diagnosis and Management of Asthma (EPR-3)*,<sup>1</sup> paving the way toward reimbursement for asthma education.

The *Wisconsin Asthma Plan 2009–2014*,<sup>2</sup> created by the Wisconsin Asthma Coalition (WAC), includes the promotion of asthma educator certification as an objective toward increasing standardized quality asthma care. The first step to accomplishing this task was to assess if asthma educator certification is valued and if current certified asthma educators (AE-C) will seek recertification.

Similar studies were reviewed regarding professional certification in internal medicine and pediatrics also involving a recertification exam. These certifications additionally require lifelong learning continuing education. A study by Lipner et al<sup>3</sup> indicates that 23% of general internists and 14% of subspecialists do not renew their respective certifications. The most common reasons indicated for not recertifying include the amount of time to maintain certification, the expense, and not being required by their employer.<sup>3</sup> An additional study completed by Freed et al<sup>4</sup> indicates that 35% of general pediatricians and 14% of subspecialists did not intend to recertify. The most common reasons among the 2 groups for not recertifying included the expense and the time required to maintain the certification.<sup>4</sup>

Currently licensed or credentialed health care professionals are eligible to take the National Asthma Educator Certification Board (NAECB) exam. Other professionals who have a minimum of 1000 hours' expertise in asthma education, counseling, or coordination services may also be eligible to take the exam. The initial NAECB exam costs \$295, with a recertification exam cost of \$245 every 7 years. The NAECB exam is administered via computer at more than 110 AMP Assessment Centers and

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can be taken in the United States and Puerto Rico. The time limit on the exam is 3½ hours.<sup>5</sup>

Asthma education is a reimbursable service for nonphysician health care professionals. Coding and billing is a complex process, and the reimbursement regulations vary from state to state for Medicaid.<sup>6</sup>

## Methodology

The creation of the AE-C survey was led by the WAC education workgroup with support from the disparities workgroup and local communication and development workgroup.

**Survey tool.** The survey questions assessed if respondents' certification was current or expired, intent to take the recertification exam, WAC membership, race/ethnicity, perceived value of AE-C by current employer, utilization of AE-C at current employer, perceived benefits of AE-C, compensation received, and willingness to serve as a resource and mentor.

**Survey distribution.** E-mail addresses for the 124 AE-Cs in Wisconsin were obtained from the NAECB, WAC membership database, and the American Lung Association in Wisconsin.

The survey was posted on SurveyMonkey.com, and the link was e-mailed to 124 AE-Cs located in Wisconsin. The request was sent 3 times within a 2-week period. Eighteen of the e-mails failed. Of the remaining 106 AE-Cs, 60 responded to the survey (56.6%).

## Results

The total sample size was 60. However, not all respondents answered all questions. Thus, results are based on the number of respondents who answered the questions. In each case, the number of respondents is reported.

**AE-C status and recertification (N = 60).** Respondents had either previously been AE-Cs but let their certification expire (8.3%) or were current AE-Cs (91.7%). Forty-two percent of all respondents did not intend to retake the exam to recertify. The top 5 reasons for not taking the recertification exam included no longer working in the field/retiring (n = 9); no benefit/advantage, not helpful (n = 7); expensive/cost (n = 7); not valued/utilized in the workplace (n = 4); and continuing education credits should be offered rather than requiring AE-Cs to retake the exam (n = 2).

**WAC membership, race/ethnicity (n = 57).** Of the 57 respondents, 68.4% are WAC members. Participants were allowed to select multiple options to identify their race/ethnicity. Most respondents identified themselves as Caucasian (96.5%), with 5.3% as African American and 1.8% as Latino.

**Work setting (n = 57).** Most respondents reported currently working in a hospital setting (40.4%), followed by other

Table 1. AE-C Current Work Setting (n = 57)<sup>a</sup>

Answer Option	Response, %	Response, n
Hospital	40.4	23
Payor	10.5	6
School	5.3	3
Community-based organization	17.5	10
State or local government	0.0	0
Primary/ambulatory care clinic	22.8	13
Other (please specify) <sup>b</sup>	24.6	14

<sup>a</sup>Respondents were asked to select all that apply.

<sup>b</sup>"Other" leading responses: specialty clinic, case management.

(24.6%), primary/ambulatory care clinics (22.8%), and community-based organizations (17.5%). Respondents were allowed to select all that applied (Table 1).

**County location (n = 57).** Most respondents provided services in Milwaukee (29.8%) and Dane (21.1%) counties. All but 16 Wisconsin counties had at least 1 respondent providing asthma education in the county.

**Utilization of AE-C (n = 56).** Fifty percent of respondents felt their current employer values having AE-C staff, and 3.6% require having an AE-C on staff. AE-Cs alone are rarely required to provide asthma services (range, 1.8%-7.1%). Most often, either an AE-C or other staff member performs asthma services (range, 41.1%-64.3%), with about a quarter of employers preferring that AE-Cs perform asthma services (range, 21.7%-27.8%; Figure 1).

Most (70.3%) of the respondents (n = 54) agreed that the use of AE-C staff improved asthma management for asthma patients at their organization. Most (75.0%) of the respondents (n = 56) felt that their employer should increase utilization of AE-Cs primarily to improve patient management (88.1%) and to receive reimbursement from payors (52.4%; Table 2).

**Reimbursement/compensation (n = 54).** About 41% of respondents indicated compensation for asthma education services provided, including insurance reimbursement (18.5%) and state Medicaid/Medicare reimbursement (13.0%; Table 3).

Figure 1. Staff utilization to provide asthma services.

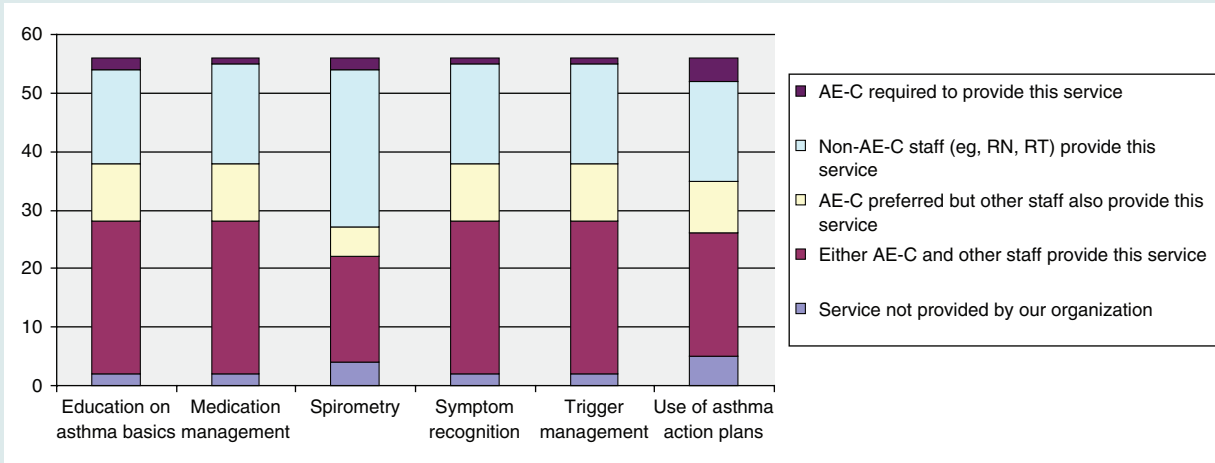


Table 2. Respondents' Reasons Employers Should Increase the Use of AE-Cs (n = 42)<sup>a</sup>

Answer Option	Response, %	Response, n
To improve patient management	88.1	37
To receive reimbursement from payors	52.4	22
For personal reimbursement (eg, salary, bonus)	9.5	4
Other (please specify) <sup>b</sup>	23.8	10

<sup>a</sup>Respondents were asked to select all that apply.

<sup>b</sup>"Other" leading responses: improve quality; consistency; and accountability (n = 4) and reimbursement (n = 2).

*Personal experiences.* Respondents were asked to share an experience that occurred as a result of being an AE-C. Twenty-nine people provided stories, both positive and negative. Positive emerging themes included improved patient outcomes (n = 7); increased knowledge, comfort level, and confidence (n = 6); increased opportunities (n = 5); and known as an asthma expert (n = 3). Negative emerging themes included AE-C not recognized or utilized (n = 4) and concerns with the NAECB exam (n = 4). Concerns with the NAECB exam included the exam being "extremely subjective . . . did not find it a good way to recognize asthma expertise," "exam itself does not

Table 3. Type of Compensation Respondent's Organization Receives for Asthma Education Services (n = 54)<sup>a</sup>

Answer Option	Response, %	Response, n
Insurance reimbursement	18.5	10
State Medicaid/Medicare reimbursement	13.0	7
Patient out-of-pocket expense	9.3	5
None	31.5	17
I don't know	50.0	27

<sup>a</sup>Respondents were asked to select all that apply.

reflect what an asthma educator should know," "tested on too many things that to me, really didn't affect the outcome of the patient care experience (more social type questions)," and "great deal of work preparing for the exam and trying to keep current when you aren't reimbursed for it."

### Discussion

Respondents felt that benefits of becoming an AE-C include improved patient outcomes, increased knowledge, increased opportunities, and being known as an asthma expert. At the same time, the cost of the NAECB exam, perception of little benefit of AE-C, and perceived value of AE-C by current employers served as significant barriers for AE-Cs to seek recertification. These outcomes are similar to the results of the

previously discussed studies of internal medicine and pediatric certifications.

To address the barrier of the exam cost, it would be beneficial to include questions on future surveys regarding whether or not employers provide compensation for the cost of the exam. If yes, how is it paid for? Does the funding come out of a continuing education employee fund, or is there additional reimbursement available?

Based on the information gathered, WAC encourages the NAECB to reevaluate the recertification process and to consider utilizing continuing education credits for recertification instead of requiring AE-Cs to retake the exam. This should help to increase the retention of AE-Cs.

There is also a need to increase marketing of AE-Cs to employers and providers who often do not understand the benefits of utilizing AE-Cs to improve patient outcomes. This needs to be accomplished on national, state, and local levels.

Finally, the lack of reimbursement for asthma education services provided by AE-Cs needs to be addressed. Reimbursement would increase the number of organizations that require AE-Cs to provide asthma education services, the retention of existing AE-Cs, and the overall number of AE-Cs.

*Survey limitations.* The survey asked if reimbursement were received for asthma education provided but did not ask if the organization were actually billing for educational services. Further investigation needs to be completed with staff members responsible for billing to determine if organizations are billing for asthma education and if they are billing correctly.

Additional surveys need to be implemented with asthma educators who are not AE-Cs. Survey respondents included only those individuals who were either previous or current AE-Cs. The survey did not address why other asthma professionals do not initially seek to become AE-Cs.

The survey response rate was dependent on the availability of a current e-mail address. Eighteen potential respondents were lost due to an incorrect e-mail address or a closed e-mail account.

*Survey strengths.* Most survey respondents were WAC members and may have been more willing to respond to a WAC survey, resulting in a 56.6% response rate.

The survey was created by the WAC education workgroup as an implementation activity of the *Wisconsin Asthma Plan 2009–2014*, which created ownership of the survey and commitment to the results. WAC will use the results to take the next step to assist in increasing the overall number of AE-Cs in Wisconsin, encouraging minority and bilingual asthma educators to become AE-Cs, and retaining existing AE-Cs.

## Acknowledgments

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