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## Bree Collaborative | Pediatric Asthma

April 19, 2022 | 8:00 – 9:30 a.m.

Virtual

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### MEMBERS PRESENT

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Annie Hetzel, MSN, RN, Office of the Superintendent of Public Instruction  
Brad Kramer, MPA, Public Health, Seattle & King County  
Christopher Chen, MD, WA Health Care Authority  
David Ricker, MD, Mary Bridge Children's  
Edith Shreckengast, MS, Community Health Plan of Washington  
James Stout, MD, University of Washington

John Lynch, Community Health of Central Washington  
Julee Christianson, Office of the Superintendent of Public Instruction  
Kate Guzowski, Community Health of Central Washington  
LuAnn Chen, MD, MHA, Community Health Plan of Washington  
Mark LaShell, MD, Kaiser Permanente

### STAFF AND MEMBERS OF THE PUBLIC

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Nick Locke, MPH, Bree Collaborative

### WELCOME

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Nick Locke, Bree Collaborative, welcomed everyone to the Pediatric Asthma workgroup. Those present briefly introduced themselves and approved the March minutes

**Decision:** Adopt March 15<sup>th</sup> minutes. Unanimously adopted.

### REVIEW: FOCUS AREAS

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Mr. Locke shared a document with draft focus areas edited from the March meeting. The new focus areas highlight the different stakeholders and environments that are important to address pediatric asthma including clinical control, home environment, school environment, community environment, and funding. Each month the workgroup will focus on recommendations for a different group with this month's meeting focusing on clinical recommendations. The workgroup members agreed that this outline will be useful but recommended including information on patient education as well.

### DRAFT RECOMMENDATIONS

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Following a discussion on focus areas, the workgroup reviewed recommendations for clinical control. Most recommendations were drawn from the NHLB and GINA asthma guidelines. Workgroup members proposed additional practical recommendations to improve pediatric asthma workflows.

- Diagnosis
  - Reference the NHLB guidelines for diagnosing asthma
  - As an alternative diagnostic step to spirometry (which is unavailable in many clinics) consider testing to see if symptoms are responsive to albuterol
  - FeNO tests should be reserved for specialist clinics, not general practice for diagnosis
- High-Risk Asthma/Assessing Severity
  - Additional criteria for high-risk asthma should go beyond HEDIS measures, as HEDIS measures come from claims data that is not always accessible in individual clinical interactions. Recommended measures include the Juniper scale, symptom frequency, refill frequency, etc.

- In addition to assessing for risk/severity, assessments should be conducted to determine comorbid conditions and patient education/knowledge
- Developing a Treatment Plan/Medications
  - This section was renamed “Treatment Management” over medication, as several proposed recommendations concerned allergen/irritant mitigation.
  - Exposure mitigation was expanded to include outdoor allergens and irritants (beyond indoor allergens/pests)
  - Immunology recommendations imply specialty access, which is not always the case. Workgroup members thought it was important to include the recommendations anyway.
- Follow-Up
  - The follow-up section was amended to “Planned Prevention Visits”
  - Workgroup members affirmed the use of the Asthma Control Test as well as recommended using NHLB and UW recommendations for what to cover during a planned preventative visit.
- Metrics
  - The workgroup did not have enough time to cover metrics, but did recommend two HEDIS metrics and appropriate coding based on control from ICD-10 codes.

In addition to the existing sections, workgroup members suggested recommendations to improve communication to the expanded care team, including pharmacists, schools, and community health workers.

#### **PUBLIC COMMENT AND GOOD OF THE ORDER**

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Mr. Locke invited final comments or public comments, then thanked all for attending. Some topics that the workgroup discussed will be included in future meetings, including clean air/car exhaust in the environmental exposure meeting, and access to specialist care as part of the funding meeting. The workgroup’s next meeting will be on Tuesday, May 17<sup>th</sup>, 2022 and will review lingering clinical areas as well as begin conversations on the home environment/community health workers.