
Bree Collaborative | Pediatric Asthma

June 21, 2022 | 8:00 – 9:30 a.m.

Virtual

MEMBERS PRESENT

Annie Hetzel, MSN, RN, Office of the
Superintendent of Public Instruction
Brad Kramer, MPA, Public Health, Seattle & King
County
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 Hastings, Scientific Consulting Group
LuAnn Chen, MD, MHA, Community Health Plan
of Washington
Mark LaShell, MD, Kaiser Permanente
Vickie Kolios, MSHSA, CPHQ, Foundation for
Health Care Quality

STAFF AND MEMBERS OF THE PUBLIC

Nick Locke, MPH, Bree Collaborative
Ginny Weir, MPH, Foundation for Health Care Quality

WELCOME

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

Decision: Adopt May 17th minutes. Unanimously adopted.

DISCUSS: SCHOOL ENVIRONMENT

Mr. Locke introduced new material on the school environment. Mr. Locke had discussed school asthma management with representatives from OSPI (Ms. Hetzel and Ms. Christianson) and school-based health centers to develop draft recommendations. Common barriers for addressing asthma in the school environment include: communication between schools and hospitals, following-up with parents/caregivers, aligning asthma care plan among all stakeholders, and reducing environmental and other exposures on school campus. Workgroup members discussed the current draft recommendations and added new topics

- Workgroup members discussed communication issues, not just between schools and hospitals, but also between school-based health centers (SBHCs) and hospitals
- School Nurse recommendations:
 - The draft school nurse recommendations are already part of standard best practice, but they help ensure best practices are being met across the state, and help inform providers of the role of school nurses.
 - In addition to developing and communicating care plans, school nurses could use better information about identifying students with asthma and the level of severity of their asthma.
 - Communication barriers persist across school and hospital sites. The current best practices involve sending discharge notes or letters to school nurses via parents/caregivers during an asthma control visit.

- Additional recommendations that could improve school nurse ability include better staffing, although that will likely belong under “school districts.”
- School Staff and District Recommendations
 - Recommendations for school staff are standard practice, not necessary to call out.
 - Recommendations for school districts can be expanded beyond the requirements in the RCW.
 - Workgroup members discussed adding additional strategies to address air pollution, including diesel bus idling and tobacco/vape-free campuses.
 - Workgroup members added more recommendations advocating for better engagement with school nurses, including staffing guidelines from the AAP and including nurses in district-wide air quality and health action plans.
- School based health centers
 - Workgroup members added a new section for recommendations to SBHCs
 - Sample recommendations include communication with other providers and school nurses as well as coordination to align efforts with school nurses.
 - Further recommendations for SBHCs will likely be a mix of clinical and school-based recommendations.
- Providers and public health
 - Recommendations for other providers in this worksheet focus on communication and asthma control plans with pediatricians.
 - Workgroup members discussed developing a generic HIPAA release of authorization that could be completed at every asthma control visit.
 - In Yakima – pediatricians came together with representatives from all the schools in the area to develop a single communication form between health centers and schools.
 - Other topics for public health and providers to address include centralized care coordination, air quality control, and vaccine recommendations.
 - Recommendations for vaccination can draw from concurrent Bree recommendations for infection control.
 - Public health may also help provide guidelines and regulations for child care centers, prior to children entering public school.
- Workgroup members also recommended creating categories for SBHC and parents/caregivers. These sections can be examined at future meetings.

REVIEW: CARE COORDINATION/HOME-BASED INTERVENTIONS

Following the discussion on the school environment, Mr. Locke returned to the topic of social determinants of health, where the workgroup previously left off in May. Workgroup members were interested in addressing social needs through their home environment/care coordination recommendations but were unsure about how much detail to go into. Mr. Locke proposed including the information without going into too much depth.

- Workgroup members agreed that we should include a bullet about “consider social needs screening” and link to existing best practices or screening toolkits.
- If we include a bullet about screening, we must include a bullet about providing follow-up services, including community information exchanges, resource lists, social workers, or MCOs
- Beyond the clinical environment, schools may have a different workflow for screening and intervening on social needs.

Mr. Locke will build out this portion of the recommendations with more resources, but the workgroup will not dive much deeper into these topics

PUBLIC COMMENT AND GOOD OF THE ORDER

Mr. Locke invited final comments or public comments, then thanked all for attending. The next meeting will focus on community environment, including air quality and environmental exposures like wildfire smoke. The group will also review additions to the social needs and school-based health center sections. The workgroup's next meeting will be on Tuesday, July 17th, 2022.

DRAFT