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## Bree Collaborative | Pediatric Asthma

August 16<sup>th</sup>, 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  
Edith Shreckengast, MS, Community Health Plan  
of Washington  
David Ricker, MD, Mary Bridge Children's  
Doreen Kiss, MD, University of Washington

James Stout, MD, University of Washington  
John Lynch, BSN, Community Health of Central  
Washington  
Kate Hastings, Scientific Consulting Group  
Kate Guzowski, RN, Community Health of  
Central Washington  
Katie Paul, MD, MPH, Kaiser Permanente  
Mark LaShell, MD, Kaiser Permanente  
Vickie Kolios, MSHSA, CPHQ, Foundation for  
Health Care Quality

### 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 discussed the July minutes

**Decision:** Discuss July 19<sup>th</sup> Minutes. A few workgroup members provided comments. The minutes will be edited and re-circulated.

### REVIEW: PEDIATRIC ASTHMA RECOMMENDATIONS

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Mr. Locke reviewed the workgroup's previous recommendations and focus areas. Workgroup members provided comments on changes or additional recommendations for each focus area.

- Mr. Locke reviewed previous conversations on clinical control that highlighted diagnosis, severity, treatment plan, control, and metrics. Workgroup members highlighted new topics and edits for this section.
  - Asthma diagnosis was redefined as “signs and symptoms of recurrent, reversible airway obstruction”
  - Workgroup members discussed the pros and cons of dry powder inhalers (DPIs) over standard aerosol inhalers, especially the impact on carbon footprint.
    - DPIs can reduce the carbon footprint of asthma treatment
    - But, DPIs may not be suitable for children, especially children under 5. Additionally, patients may not appreciate DPIs
    - Instead, we can recommend that plans cover DPIs in addition to aerosols to increase patient choice and request that providers consider DPIs for older children and teenagers.
  - Routine asthma control visits should occur at least annually for well-controlled asthma, and more frequently for not well controlled asthma. Asthma control visits should also assess for severity intermittently.

- Telehealth may be appropriate for routine prevention visits, but many workgroup members acknowledged the limitations without the ability to perform spirometry or observe the patient.
  - Workgroup members agreed that telehealth is most appropriate for follow-up and asthma education.
- Workgroup members discussed how to leverage asthma metrics to improve quality of care
  - Severity and control are the most important metrics for providers and health systems to understand their asthma patients.
  - The asthma medication ratio is currently the most common health system quality metric, but new guidelines are making the AMR less relevant. An alternative measure would be the frequency of bronchodilator prescription refills.
- Mr. Locke reviewed the workgroup’s recommendations for the home environment/multicomponent interventions. Workgroup members discussed updates or additional recommendations.
  - Encouraging a smoke-free environment should be highlighted as an essential part of multi-trigger, multicomponent interventions.
  - Workgroup members added recommendations about communication between community health workers, primary care providers, and health plans.
- With little time remaining, Mr. Locke reviewed the school environment recommendations. Workgroup members briefly discussed additional recommendations for school nurses.
  - The recommendation for “better information” about asthma in schools needs to be edited.
  - The workgroup added a recommendation for asthma forms between providers and schools to include checkboxes for asthma severity and asthma control
  - The workgroup discussed how school nurses can screen students using the Asthma Control Test.
- Workgroup members will continue reviewing recommendations at the September meeting.

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

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Mr. Locke invited final comments or public comments, then thanked all for attending. Mr. Locke will continue editing climate and funding recommendations to be reviewed at the next meeting. The workgroup’s next meeting will be on Tuesday, September 20<sup>th</sup>, 2022.