



minnesota asthma coalition

**Minnesota Asthma Coalition
Steering Committee
Meeting Minutes**

Wednesday, September 15, 2004
American Lung Association of Minnesota
Board Room 2:00 PM – 3:45 PM

Chair: Ashok Patel / Don Uden

Members Attending: Gary Johnson, Tammy John, Lillian Levine, Janet Keysser, Mohamed Yassin, Sue Strohman, Susan Ross, John Jacobsen, Subha Chandar.

Staff Attending: Michelle Moncrieffe Foreman, Leslie King, Chris Krueger, Jill Heins, Amy Roggenbuck, Kathleen Milligan, Erin Simmons, Maureen Strange, Genevė Vaughan, Kristin Wilson, Judy Wothke, Penny Fena, Lyann Yates.

Topic	Discussion	Decision / Action
2:00 PM – 2:15 Call to Order - Ashok Patel	1) Meeting called to order. Outgoing Chair Ashok Patel thanked the MAC Steering Members for a 'phenomenal experience as chair and he expressed excited about the evolution of the MAC and it's upcoming activities. Report from MAC Nominating Committee was provided by Lyann Yates - The MAC Nominating Committee appointed at the Fifth MAC Annual Meeting this past May, met in July and have selected the following nominees submits the following Slate of Officers for the 2004-2006. >For the MAC Chair the committee selected - Dr. Don Uden, University of MN, College of Pharmacy; > For The MAC Vice Chair the committee selected - Dr. Tom Helm, Allergy and Asthma Care PA with clinics in Maple Grove and Woodbury >For the MAC Secretary the committee selected - Sue Strohman, Respiratory Care Practitioner with St. Mary's Medical Center, Duluth. 2) Attending members followed with a introductions.	Janet Keysser motioned that the MAC Steering Committee approve the new slate of officers to the MAC Executive. Lillian Levine seconded this motion. Motion passed by members
2:15 PM –2:20 PM Approve Minutes- Don Uden	1) Meeting Chair was then transferred to Don Uden, MAC Chair who thanked the Nominating Committee for the opportunity to Chair the MAC and commented he is pleased to follow in the footsteps of Drs. Patel and Yassin. 2) Prior minutes from 5/13/04 – Fifth Annual Meeting were reviewed. Change requested from Sue Strohman who was incorrectly noted as being in attendance. Ashok noted that healthy discussion around membership and methods of communication needed to come to closure over the next year.	Ashok Patel made a motion to approve minutes with noted corrections, Susan Ross seconded. All members approved.

<p>2:20 PM – 2:30 PM Update on changes to professional education plan - Penny Fena</p>	<p>Penny outlined changes being incorporated into MAC Deliverables. While ALAMN remains dedicated to the PACE program, the staff and regional coordinators believe that we need to have a menu of options available to the Regions that includes more than just PACE programming. With that in mind, ALAMN staff have developed a Healthcare Professional Asthma Education plan for CME / CEU programming. This plan has been discussed with the MDH Asthma Staff and after 11/1/04, the expectation will be that regions will have a "Menu of Standardized Educational Seminars" to choose from rather than just the one PACE program.</p> <p>In addition to the PACE program, this menu includes</p> <ol style="list-style-type: none"> 1) Asthma Management – which is essentially the Guidelines and Medications piece of PACE. 2) Coding – also developed from PACE. 3) Pharmacy training, which is targeted at pharmacists. <p>Along with this change of programming, the MAC / ALAMN staff will bring on board a Statewide Advisory Committee (SAC) to oversee course content and define specific training requirements for speakers. This SAC will need to include representatives of the target health care professional audience, i.e. the pharmacy training would require a pharmacist on the committee.</p> <p>A corresponding Regional Advisory Committee will need to be formed at the regional level. This committee will choose and implement one of the seminars to be delivered in each region – 1 per year. The Regional Coordinators will recruit and staff this committee.</p> <p>Background Materials: Health Care Professional Education Plan</p>	
<p>2:30 PM – 3:10 PM MAC Regional Update</p>	<p>Update provided by MAC Regional Coordinators</p> <p>SCRAC - Erin Simmons reported that the second coalition meeting will be held on 9/30/04 at 11:30 AM. She has met with paraprofessionals in this region and discussed coalition recruitment. The coalition has also joined in a planned Obesity Walk scheduled next year.</p> <p>NWRAC - Michelle Moncrieffe Foreman has been focusing on planning of Asthma Wellness Presentation Series. This mini asthma presentation is being delivered to public health, coaches and community members. They have 2 dates set for this fall. The coalition met last on 9/7/04.</p> <p>NERAC – Maureen Strange who started working with the coalition in August, has been focusing on building and reestablishing contact with coalition members. The next coalition meeting will be focused on goals for the coming year.</p> <p>ECRAC - Genevè Vaughan reported that in this new coalition they have expanded from 3 to 12 members. The coalition is in the midst of planning a Setting the PACE for Asthma in MN training in January 2005.</p>	

	<p>CMRAC – Kathleen Milligan has an upcoming Setting the PACE for Asthma in MN training on 9/24 – 9/25 in St. Cloud.</p> <p>WCRAC - Kristin Wilson began with the coalition in June. The first coalition meeting in almost 1 year will be held on 9/23/04. She has noted that the majority of coalition members are either nurses or respiratory therapists. This upcoming meeting will focus on recruiting people to the Regional Advisory Committee.</p> <p>Metro – Chris Krueger has been focusing on recruiting public health representatives from all 7 counties. There is a Setting the PACE for asthma in Minnesota scheduled early October.</p> <p>SERAC – Judy Wothke reported that the coalition has been focusing asthma education at coaches and PE teachers. These seminars have been offered in both a short and long formats. The coalition is planning a meeting for this fall and will look to possibly collaborating with the South Country Health Alliance – a county based purchasing group that is currently working on an asthma initiative in the region.</p> <p>SWRAC – Amy Roggenbuck has been working with both the Willmar and the Marshall coalition groups. The Marshall group has been working on planning a Halloween event for 10/30. Activities for this event are planned for parents and children. She will also be attending an upcoming Childcare Conference. The coalition has been asked to provide a presentation on asthma to Head Start staff.</p>	
<p>3:10 PM – 3:20 PM Subcommittee for Revision of MAC Operating Guidelines – Don Uden</p>	<p>At the 5th Annual meeting on 5/13/04 – a motion was made to have specific sections of the Operating Guidelines to be reviewed by a separate sub-committee to be convened in the future. The MAC staff are asking for volunteers with guideline writing experience who will respond to the first draft of guideline revision. The purpose of revising the guidelines is make them a more fluid and usable document which can be updated as need.</p> <p>Susan Ross suggested committee should clearly outline when to go outside the guidelines. Ashok Patel recommended that the committee assess the usability of the guidelines.</p>	<p>The following members and staff volunteered to meet as a subcommittee: Janet Keysser, Jill Heins Nesvold and Don Uden. A first draft will be sent out to committee members within a month. A meeting will be convened within 6-8 weeks. First revision will be brought to the MAC Steering Committee for review.</p>
<p>3:20 PM – 3:30 PM Policy Update – Jill Heins Nesvold – Lyann Yates</p>	<p>1) Jill Heins Nesvold provided an update of a new Asthma Reimbursement Medica Policy Update, which will be effective October 1, 2004.</p> <ul style="list-style-type: none"> ➤ Medica Health Plans announced: that they will begin reimbursing for clinic based asthma education. Reimbursement will be provided to nationally Certified Asthma Educators (AE-C), if their education is consistent with national guidelines. Up to hours of reimbursement will be provided during the patient’s first year of diagnosis and 1.5 hours annually thereafter. . Medica will be distributing their asthma education policy, which includes specific codes and 	<p>No action required</p>

	<p>reimbursement rates in October 2004.</p> <ul style="list-style-type: none"> ➤ Education can be group or individual but patient needs to be present. ➤ See Appendix I for Draft Medica policy below <p>2) Lyann Yates provided an overview of ALAMN 2004-2005 Policy Agenda Statements that relate to asthma. These statements have not been changed since last year. See Appendix II below for these draft policy statements.</p>	
3:25 PM – 3:35 PM Janet Keysser	<p>Janet Keysser provided a MDH Update on current programming issues.</p> <ol style="list-style-type: none"> 1) MDH received an EPA Grant which will fund an environmental intervention through Pediatric Home Services who will conduct environmental home assessments. 2) Subha Chandar began working with MDH as a CDC Prevention Specialist Fellow. Subha is one of 23 fellows granted by CDC. Her work will focus on bringing asthma training into academic curricula. 3) MDH is planning on expanding their Middle School Project began with a convenience sample of schools. They are considering offering additional environmental assessments to schools who had worked did the original school survey of 15 schools. 4) The next initiative will be to develop a program for coaches and recreation directors. Jill Heins Nesvold suggested Susan Ross contact Denise Herman and CeCelia Erickson regarding their experience in St. Paul and Minneapolis when they attempted to implement a similar intervention. 	
3:35 PM – 3:40 PM Penny Fena	<p>Penny Fena announced the upcoming planning meeting for the 2005 Asthma Sharing Conference– scheduled for Tuesday September 28, 2004. Last year’s conference was attended by 160 participants. This meeting will discuss location and date issues, possible topics and speakers for the 2005 conference. The preliminary plan is to keep the conference during the month of May as in first conference. We welcome any feedback or suggestions for next year’s conference. Penny noted that occupational asthma has been a topic that has been discussed thus far. Susan Ross suggested sending out a “Call for Abstracts” to see what topics come in.</p>	No action required.
3:40 PM Future Scheduling- Lyann Yates	<p>Lyann Yates presented request by Steering Committee member that members consider alternating days to accommodate members who are unable to attend on Wednesday afternoons. Suggestion was made that this item could be addressed via email communication to entire MAC Steering Committee members.</p>	Lyann will send e-mail inquiry re: alternatives for meeting times.
3:45 PM Adjourn- Don Uden	<p>Don asked members if there were any further agenda items to be addressed. No items were presented. Meeting was adjourned.</p>	

Appendix I

Reimbursement Policy for Asthma Self-Management Education Programs	
Effective Date: 10/1/04	
Last Revision Date:	
Policy	
Overview	<p>Asthma is a chronic, potentially fatal disease caused by inflamed airways that restrict airflow. Managing asthma requires a long-term, multi-faceted approach, including patient education, frequent medical follow-up, behavior changes, drug therapy, and avoidance of asthma triggers. Emotional, behavioral and environmental factors can play an important role in triggering or exacerbating asthma attacks.</p> <p>Many of the direct and indirect costs of asthma are linked to poor control and self-management of the disease. The consequences of poor control are increased emergency room visits, hospitalizations; time lost from work and/or school, and reduced quality of life. Asthma self-management education programs have been proven cost-effective and can lead to a reduction in morbidity, especially among high-risk patients of all ages. The specific outcomes of asthma education programs include increased patient knowledge, improved skills in using metered-dose inhalers, improved overall clinical status along with fewer unscheduled office visits, fewer emergency room visits and hospital admissions and improved quality of life.</p>
<p>Program criteria for an effective asthma self-management education program <i>The following criteria must be incorporated into an asthma self-management education program in order for the provider to bill for reimbursement.</i></p>	
Component	Explanation
Instructors must be certified asthma educators. This can be accomplished through completing an asthma education certification course and passing a certified asthma educator exam.	Asthma education certification courses are available through the American Lung Association. Certified asthma educator exams are offered by the National Asthma Educator Certification Board (NAECB).
Course content must be consistent with the ICSI Diagnosis and Management of Asthma guideline.	Guidelines can be found in the Provider Resources section of www.medicare.com.
The course content must include, but is not limited to: <ul style="list-style-type: none"> • Basic facts about asthma • Inhaler technique • Written action plan including home peak flow monitoring • Environmental control measures 	

<ul style="list-style-type: none"> • Emphasis of need for regular follow-up visits • Navigation of the health care system 	
An Asthma action plan is written, discussed with the patient/member and documented in the medical record.	
A pre-test and post-test is recommended for outcome measurement.	Providers are responsible in measuring their own outcomes and are required to submit measurement outcomes to the health plan upon request.

Membership Affected by Market Business Segment (shaded areas only)

SENIORS	STATE PROGRAMS	ADMINISTRATORS	SMALL GROUP	MIDDLE MARKET	KEY ACCOUNTS
Dual Solution	MinnesotaCare	SelectCare PPO	Choice Select	Choice Select	Choice Select
Prime Solution	Choice Care	SelectCare PCP	Choice Classic	Choice Classic	Choice Classic
Select Solution		Labor Care	Premier	Premier	Premier
		Allina Plus	Medica Elect	Medica Elect	Medica Elect
		Advantage Plan		MSI Choice	MSI Choice
				MSI Premier	MSI Premier
			MIC Choice Select	MIC Choice Select	MIC Choice Select
			ND Choice Select	ND Choice Select	ND Choice Select
			WI Choice Select	WI Choice Select	WI Choice Select
MISCELLANEOUS			WI Premier	WI Premier	WI Premier
Individual Solution			HMO Conv	HMO Conv	HMO Conv
MCHA			MIC Conv	MIC Conv	MIC Conv
			EPN	EPN	EPN

Coding Information

Reimbursement for self-management asthma education is above and beyond the education that takes place between the physician and the patient in a clinic office visit setting.

Asthma Diagnosis Codes

Code	Description	Additional Digit Required
	<i>Asthma</i>	
493.0	Extrinsic, asthma <i>Definition: transient stricture of airway diameters of bronchi; due to environmental factors, also called allergic (bronchial) asthma.</i>	5th digit required
493.1	Intrinsic asthma, late-onset asthma <i>Definition: transient stricture of airway diameters of bronchi; due to pathophysiological disturbances.</i>	5th digit required
493.2	Chronic obstructive asthma, with COPD or chronic asthmatic bronchitis <i>Definition: persistent narrowing of airway diameters in the bronchial tree, restricting airflow and causing constant labored breathing.</i>	5th digit required
493.9	Asthma, unspecified <i>Definition: asthma bronchial or allergic NOS (not otherwise specified). Bronchitis allergic or asthmatic</i>	5th digit required

Fifth-digit subclassification for use with category 493:

- **0** without mention of status asthmaticus or acute exacerbation or unspecified
- **1** with status asthmaticus (severe, intractable episode of asthma unresponsive to normal therapeutic measures)
- **2** with acute exacerbation

<i>CPT Code</i>	<i>Description</i>		
S9446	Patient Education, not otherwise classified, non-physician provider, group, per session		
S9441	Asthma Education, non-physician provider, per session		

Providers may bill up to 10 sessions or 5 hours of education in the first year of diagnosis. In subsequent years, the patient can receive 3 sessions or 1.5 hours of education.

Appendix II

American Lung Association of Minnesota

2004 Public Policy Agenda

Asthma

- ***Asthma Surveillance System***

ALAMN will promote the enhancement of the existing asthma surveillance system for collecting, analyzing and reporting health outcomes and risk factor data.

- ***Access to Healthy Environments***

ALAMN will actively support actions and legislation that will ensure people with asthma have access to healthy environments that are free of secondhand smoke and other asthma triggers.

- ***Raising Awareness***

ALAMN will actively support actions and legislation for raising awareness that asthma is a serious disease, including policies which:

- **incorporate asthma education in school curricula;**
- **promote the use of the National Institute of Health (NIH) asthma guidelines for children by Minnesota health care providers;**
- **promote the use of asthma action plans by Minnesota health care providers;**
- **promote coordination among all organizations and systems that work with people with asthma; and**
- **raise public awareness about the identification and reduction of asthma triggers for people with asthma..**