



Special Article

National standards for asthma self-management education



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ABSTRACT

Background: Asthma education reimbursement continues to be an issue in the United States. Among the greatest barriers is the lack of a standardized curriculum for asthma self-management education recognized by a physician society, non-physician health care professional society or association, or other appropriate source. The applicable Current Procedural Terminology codes for self-management education and training are 98960 through 98962, stating that “if a practitioner has created a training curriculum for educating patients on management of their medical condition, he or she may employ a non-physician health care professional to provide education using a standardized curriculum for patients with that disease.” Without a standardized curriculum, reimbursement from payers is beyond reach.

Objective: Representatives from the Joint Council of Allergy, Asthma, and Immunology; American College of Allergy, Asthma, and Immunology; American Academy of Allergy, Asthma, and Immunology; American Lung Association; American Thoracic Society; National Asthma Educator Certification Board; American College of Chest Physicians; and Association of Asthma Educators gathered to write a standardized curriculum as a guideline for payer reimbursement.

Methods: The Task Force began with a review of the American Lung Association and American Thoracic Society’s *Operational Standards for Asthma Education*. Board members of the National Asthma Educator Certification Board incorporated comments, rationale, and references into the document.

Results: This document is the result of final reviews of the standards completed by the Task Force and national health care professional organizations in September 2014.

Conclusion: This document meets the requirements of Current Procedural Terminology codes 98960 through 98962 and establishes the minimum standard for asthma self-management education when teaching patients or caregivers how to effectively manage asthma in conjunction with the professional health care team.

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Problem Statement

Asthma education is an integral part of effective asthma management. *Healthy People 2020* “calls for an increase in the

proportion of persons with current asthma who receive appropriate asthma care according to National Asthma Education and Prevention Program (NAEPP) guidelines—which includes increasing the proportion of persons with current asthma who receive written asthma management plans; receive instruction on use of prescribed inhalers; receive education about recognition of early signs and symptoms of an asthma episode and appropriate responses; and advisement to reduce environmental/allergen exposure as appropriate.”¹ Clark and Partridge² in a literature review discussed the negative and positive influences on patients’ ability to manage their asthma, potential barriers to effective behavioral and educational strategies, and 5 clinician actions to

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Disclaimer: Although representing the American College of Chest Physicians during the original development of the document, neither Lynne Marcus nor Diane Krier-Morrow has any affiliation with the organization at the time of publication.

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make asthma patient education more effective. The most recent Cochrane review of asthma self-management education (AS-ME) reported on numerous controlled trials that provide evidence of positive changes in patient-centered outcomes related to educational and behavioral interventions.³

There is a need for an adequate supply of competent and knowledgeable people to provide asthma education. The National Asthma Educator Certification Examination, a national, psychometrically validated, process for certifying individuals to provide effective asthma education is one approach to ensuring educators demonstrate appropriate competencies.⁴ Qualified personnel are essential to the success of an asthma self-management education program. Because asthma is a chronic disease often requiring lifestyle changes, skilled and experienced instructors need to be up-to-date on current asthma management standards, educational principles, and behavior change strategies. In asthma self-management, the patient is required to perform any number of skills and behaviors, such as assessing symptoms and deciding on the most beneficial action to manage changes in symptoms. Asthma education programs should be organized and conducted to encourage involvement of a multidisciplinary team in health behavior change, education, and health care (eg, physician, physician assistant, nurse practitioner, nurse, pharmacist, health educator, respiratory therapist, social worker, and trained lay volunteer).⁵

Procedure for Development

The Task Force was charged with developing national standards for AS-ME (SAS-ME) programs, and the process for accomplishing that charge follows:

- examine the Task Force to ensure adequate representation of its members and provide fair, relevant, and impartial development of national SAS-ME
- perform an initial review of current standards to identify areas that need to be addressed
- collect input from individuals and organizations who use current standards
- set a timeline for accomplishing this charge
- critically review each standard and perform a literature review on each
- review new trends in asthma education and care
- review the developed national SAS-ME to ensure quality and consistency with current evidenced-based asthma guidelines from the National Heart, Lung, and Blood Institute, Expert Panel 3 (EPR-3),⁶ and Global Initiative for Asthma⁷
- obtain critiques from secondary sources interested or involved in asthma care
- perform a final review of the developed national SAS-ME
- submit the national SAS-ME to the organizations represented on the Task Force for their review, endorsement, and implementation
- publish the new national SAS-ME

Representation on the Task Force

Representation on the Task Force consisted of individuals from major stakeholder organizations and disciplines with significant interest in the accessibility of quality asthma care and self-management education.

Organizations Represented on the Task Force

- American Academy of Allergy, Asthma, and Immunology (AAAAI)
- American College of Allergy, Asthma, and Immunology (ACAAI)
- American College of Chest Physicians (CHEST)
- American Lung Association (ALA)
- American Thoracic Society (ATS)

- Association of Asthma Educators (AAE)
- Joint Council of Allergy, Asthma, and Immunology (JCAAI)
- National Asthma Education Certification Board (NAECB)

Disciplines Represented on the Task Force

- Certified Asthma Educators (AE-C)
- Physicians (MD)
- Registered Nurses (RN, APRN)
- Respiratory Therapists (RT)
- Pharmacists (PharmD)
- Physician Assistants (PA-C)

Method

The Task Force began with a review of the ALA and ATS's *Operational Standards for Asthma Education* by all members of the Task Force. These SAS-MEs were modeled after the *National Standards for Diabetes Self-Management Education* published in 2007.^{8,9} Comments, rationale, and references for each standard included in the SAS-ME were researched and incorporated into the document by board members of the NAECB, which included experts in disciplines of nursing, respiratory therapy, pharmacy, behavioral science, epidemiology, and medicine. This document is the result of final reviews of the standards completed by the Task Force and professional organizations in September 2014.

Standards

Standard 1. The AS-ME entity, whether a health care provider or other agency, shall have a written policy that (1) emphasizes education as an integral component of asthma care and (2) accepts responsibility for ensuring integration of clinical care and education.

The structure necessary to provide quality AS-ME consists of human and material resources and management systems needed to achieve program and participant goals. The organization should have defined goals and objectives that reflect a commitment to the asthma education program.^{10–12} This includes the support and commitment of the sponsoring organization, the program administration and management system, the qualifications and diversity of the personnel involved in the program, the curriculum and instructional methods and materials, and accessibility to the program.¹³ These concepts have been prominent in the business literature and have become an integral component of quality improvement in health care organizations.^{14–16} The ideals also are described in the continuous quality improvement literature that emphasizes the importance of policies, procedures, and guidelines.^{10,13} Documentation is equally important for small and large organizations.

This documentation should include a written statement from the AS-ME entity that reflects that self-management education is an integral component of the medical care of asthma and that delineates that organization's role in the integration of education and medical care.

The AS-ME entity shall recognize that asthma management has 7 interrelated parts^{6,7,17}:

- provide ongoing education at each encounter with patients to develop a partnership in asthma management
- counsel to identify and avoid or control asthma triggers
- establish individual optimal medication plans for long-term management
- establish individual written asthma action plans for managing exacerbations
- assess and monitor asthma severity at the initial visit, with symptom reports and, as appropriate, measurements of lung function (eg, spirometry at ≥ 5 years old)

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