

MAAG Meeting

Thursday, January 13, 2022

9:30am-12pm

Virtual Meeting: ZOOM

Meeting Summary

MACP Updates/Surveillance & Evaluation (see slides)

- CHW asthma and wildfire smoke trainings are still under development. We are considering referring CHWs and AHEC Scholars to the American Lung Association's Asthma Basics for Healthcare Professionals training as a central piece of the course. The MACP would develop additional course content and refer participants to state resources.
- 132 school staff completed the CAFS training / 199 school staff completed the Allergies and Anaphylaxis training
- MACP is exploring options to bring ASME to K-12 students utilizing the knowledge of AE-Cs, school nurses, and pharmacists or pharmacy students to implement the ALA's Open Airways in Schools curricula.
- Asthma Clinical Quality Improvement
 - Highlights from Blue Mountain Clinic and Bozeman Health Pediatrics
 - MACP is currently recruiting new sites- postcards with info about asthma QI opportunities was sent out to over 1,400 providers on 1/18/22.
 - Deb Liptzin - "Having support to conduct a project has been just phenomenal in terms of expertise. Pediatricians and other providers can receive Part 4 credit from the American Board of Pediatrics for doing asthma QI work as well."
 - [Julie Nack](#)- GSK has a medical education grant process, as well as an independent research process that can be a resource for funding. Acutely aware of how hard it can be to maneuver through pharma processes. If anyone has a need for guidance, please contact Julie. Funding can go towards any entity (pharmacy/clinic/etc.)
 - ALA (Marcy Ballman)- ALA QI projects provide Part 4 credits as well.
- [2022 Big Sky Pulmonary Conference](#) to be entirely virtual. (March 4-5th)
 - Registration opens 1/21/2022
- AAE: AE-C Review Course May 13-14, 2022
- Asthma Related News
 - VA will begin processing disability claims Aug. 2 for asthma, rhinitis and sinusitis on a presumptive basis based on presumed particulate matter exposures during military service in Southwest Asia and certain other areas - if these conditions manifested within 10 years of a qualifying period of military service.

Upon the VA's evaluation of a National Academies of Science, Engineering and Medicine report and other evidence, the concluded that particulate matter pollution is associated with chronic asthma, rhinitis and sinusitis for Veterans who served in the Southwest Asia theater of operations beginning Aug. 2, 1990 to the present, or Afghanistan, Uzbekistan, Syria or Djibouti beginning Sept. 19, 2001 to the present. VA's review also concluded that there was sufficient evidence to presume that these Veterans have been exposed to particulate matter.

This will ease the evidentiary burden of Gulf War Veterans who file claims with VA for these three conditions, which are among the most commonly claimed respiratory conditions.

VA will not require that the chronic respiratory conditions of asthma, rhinitis, and sinusitis, to include rhinosinusitis, manifest to a compensable degree or more so that more Gulf War Veterans can meet the lower eligibility criteria for presumptive service connection for exposure to fine, particulate matter even at a non-compensable level, which could also make veterans eligible to receive VA health care services for that condition at no cost to themselves.

Presumptive Service Connection for Respiratory Conditions Due to Exposure to Particulate Matter

<https://www.federalregister.gov/documents/2021/08/05/2021-16693/presumptive-service-connection-for-respiratory-conditions-due-to-exposure-to-particulate-matter>

- Over 1400 flu cases in Montana this flu season. Vaccinations are recommended for individuals with asthma!
- Monoclonal Antibody Treatments Approved
 - Dupixent (dupilumab) has been available for several years to treat stubborn asthma in adults and teenagers. Based on the new findings, the U.S. Food and Drug Administration recently gave it the green light for children aged 6 to 11. Dupilumab is one of several effective – and highly expensive – monoclonal antibodies approved in recent years for managing such cases of severe asthma.
 - More about biologics in general during the Use of Biologics in Montana discussion.
- Surveillance & Evaluation Report (Please see slides)
 - Asthma In School
 - CIH Evaluation
 - Asthma Care Report

Use of Biologics in Montana- [Alex Alviar](#), Respiratory Therapeutic Area Manager for Genentech

- Awareness around biologics is spotty. Alex provided an overview of how Genentech has changed their engagement model to better serve their customers (not sales commission based)
- Overview of when biologics come into play on the Stepwise Approach for the management of asthma and what biologics for asthma actually target/how they work.
 - What to expect if deciding to use biologics for asthma treatment
 - Cost details- co-pays and financial assistance
 - Access through prescribing office in Montana
- Needs/Areas of Interest
 - Asthma endotypes, COVID & monoclonal antibodies, when it's time to an allergist, navigating prior authorization & reimbursement process
- Lack of specialists in Montana can present a barrier to access
 - Understanding the landscape and connecting local providers and their patients in rural communities with specialists may help overcome this barrier for those who could really benefit from treatment with biologics.
- Dr. Carol Cady- Allergy shots can be a much cheaper alternative to biologics
- Nobody has been able to show lasting disease modification with biologics with the exception of a very small percentage of the population.

Telehealth Growth in Montana: Virtual Asthma Home Visiting Expansion Statewide

- In person and telehealth visits in healthcare have tracked along with COVID-19 surges and CDC guidance around seeking care.
- Successful virtual asthma education programs
 - Connecticut: Putting on Airs
March 2020 - February 2021
 - 104 children with poorly controlled asthma were referred to the program, and asthma contractors conducted 89 virtual visits.
 - Reduction of costs such as transportation and staff time
 - Higher degree of safety for the staff
 - OHIO: Asthma Home Assessment Project
 - Cited challenges including
 - Technology access (platform, availability of phone/camera/tablet/PC internet/Wi-Fi access)
 - Lower consent rate for virtual visits than home visits
 - Inability to assess all factors virtually (use of medication, seeing all rooms, etc.)
 - Higher attrition rates for the program and inability to establish a relationship with family (due to a different connection virtually)
 - Montana Asthma Home Visiting Program
 - Although the initial data is based on a limited sample of MAP visits (15/76), patient outcomes are very similar to outcomes for individuals completing the program traditionally.
- Key considerations
 - Internet access in Montana may still be a significant issue
 - According to FCC and Governor's report 1 in 3 families don't have reliable internet access in the home.
 - MAP will assess options for getting families internet access.
 - Meg Traci- Centers for Independent Living have been working on internet access with CARES ACT funding. Families were gauged by internet providers and the CARES Act funding helped pay for outstanding debts and re-establish access to internet.
 - National Quality Foundation put out their [framework for telehealth quality measures](#).
- Process for expansion
 - Exploring Program Adaptations
 - Improving self-referral & data tracking systems
 - Drafting Communications Plan
 - General public awareness
 - Digital media campaign
 - Large media
 - Provider awareness
 - Postcard mailing
 - Professional Organization Newsletters/Email Communications
 - Consistent outreach and promotion

Stock Albuterol in Montana Schools

- No law in Montana, 48/50 states have enacted epinephrine stocking legislation, while 13 states require epinephrine stocking.
- Reasoning behind this
 - Students may forget their inhalers at home, or the family can't afford a second inhaler to keep at school.
 - Can help keep students in schools
 - Can help prevent ED visits and hospitalizations
- H.R. 2468 School-Based Allergies and Asthma Management Program Act was signed into law on January 5th , 2021.

Public Law 116-292- 116th Congress

To amend the Public Health Service Act to increase the preference given, in awarding certain allergies and asthma-related grants, to States that require certain public schools to have allergies and asthma management programs, and for other purposes.

- Examples from other states
 - Missouri stock asthma rescue medication law in 2012
During 2013-2014 school year, stock asthma rescue medication was administered 1,357 times in 103 schools, with students receiving the medication then returning to class 86% of the time.

The program has grown each year of its existence and as of 2016-2017 was used 3,194 times in 217 schools, with 92% of students returning to class after administration of asthma rescue medication.
 - Arizona
Low-income, urban school district in Tucson, AZ- In the first year of the policy, a stock inhaler was used 222 times with 55 children across 22 schools.

While the stock inhaler was used only a “modest” amount in the first year, the district experienced 20% fewer 911 calls and 40% fewer EMS transports. The authors note that if the results (5 EMS transports per 1,000 children with asthma) were substantiated, it would result in “25,000 fewer
- Where do we start? Who should be involved? Who wants to be involved?
 - Identifying legislators to potentially carry the bill
 - Find MAAG members who can help draft bill language and provide feedback on details
 - MACP drafts guidance on emergency administration of albuterol in the school setting for respiratory distress
 - MACP can direct school staff to training on asthma management in schools and albuterol administration
 - Connect schools with healthcare providers with prescriptive authority who can write standing orders for stock albuterol as needed
 - Identify stakeholders who can speak in support of the bill during the legislative session
 - MACP can provide data during the legislative session
 -

- Mary Milin- May be able to talk to lobbyists from Centers for Independent Living. They might be able to help or find someone who could help.
- Personal testimony template from Disability and Health Program could be helpful.
- Is there a parent group for asthma in Montana? These groups can be helpful in advocating for legislation.
 - While there isn't a parent group, maybe the MACP could reach out to the MT PTA/PTO. We could also seek out testimony from the MAP.
 - Family to Family Health Education Information Center may also be another option, could put out a call on their Facebook page.

Partner Updates

- EPA Flags Program in Schools
Mackenzie Nolde, Project Outreach Coordinator
 - 21 locations that adopted the EPA Flags Program, usually directed by science or HPE teachers.
 - Most are schools, but there is an afterschool program and a few health clinics as well.
 - Marian & Lori have been identifying schools for Mackenzie to contact
 - Have had some success getting Crow Reservation schools to adopt the program
 - Purple air monitors are provided to schools to monitor outdoor ambient air quality in their area.
 - Discussion about how people access their air quality readings
 - There are different ways to measure PM2.5
 - Does the information we put out about wildfire smoke work for the visually impaired?
 - ECHO Dot and other similar devices can give air quality readings, but we aren't sure where the numbers come from.
 - Mary Milin may check out TodaysAir for accessibility.
 - Meg Traci will ask partners at Amazon about how they determine where air

Evaluation Reminder

Please see the link to the January 13th MAAG meeting evaluation. Thank you for your participation!

The survey is here:

https://mdphhs.az1.qualtrics.com/jfe/form/SV_bj5DqxKKKu4sY4e

Attendees:

Jessie Fernandes
BJ Biskupiak
Mary Duthie
Ann Lanes
Carlyn Linden
Sara Howser-Burke
Marian Kummer
Alex Alviar

Deborah Liptzin
Kevin Jones
Carol Cady
Rebecca Schuster
Jennifer Vandekop
Rita Maria Ballesteros
Mackenzie Nolde
Jason Kleinschmidt

Kaitlyn Frenk
Mary Millin
Marian Kummer
Kari Sproull
Meg Traci
Rachael Zinns
Julie Nack
Marcy Ballman

