

# MAAG Meeting Minutes

## Thursday, September 7, 2023

### MACP Updates/Surveillance & Evaluation

(Slides included with minutes)

#### ***Air Purifiers in Schools Program***

- 11,000+ air purifiers sent to schools since the start of the program, more orders outstanding
- Ending 9/30/2023: Schools can still submit orders for air purifiers or additional replacement HEPA filters.
- Schools that have not received any purifiers will be prioritized over schools ordering replacement filters.
- GIS MAP of Schools that have received HEPA Air Purifiers  
<https://mtdphhs.maps.arcgis.com/apps/dashboards/25aa7fe275164b14b19e251084a024cc>
- The MACP and the School Health Program intend to conduct a survey with K-12 schools in the 2023-2024 school year to assess how they have used air purifiers, as well as what else they do to protect air quality.

Question: Did you give air quality monitors to measure PM2.5 levels in the school?

Answer: Unfortunately, funding was not allowed to be spent on air quality monitors.

Question: Are the units just for one room or the whole school?

Answer: Schools were able to order multiple units to meet their needs. Schools have placed them in classrooms, nurse offices, libraries, gyms, and cafeterias. DEQ has a fairly large project they are rolling out where they are putting air quality sensors in high schools all around the state (more information will be shared with MAAG partners as it becomes available).

#### ***Montana MACP & the DPHHS Health Improvement Section awarded the EPA Wildfire Smoke Preparedness in Community Buildings Grant (See slides for details)***

#### ***Asthma Basics for CHWs Training***

- Nearly complete, only waiting on CHW asthma visit example videos
- The training will be posted in the AHEC online training library for CHWs and other healthcare professionals.

#### ***Surveillance & Evaluation***

- Montana Asthma Data Fact Sheet updated in August 2023 and posted to MACP website.
- Surveillance report: Asthma Home Visiting Program- Adult vs Children
- Healthcare Quality Improvement Evaluation

Question: How many people have completed the program in the past five years?

Answer: 193 people have completed all 6 visits in the past five years.

- Upcoming evaluations/surveillance: ASME reimbursement evaluation, Virtual MAP surveillance report, linkages between healthcare services evaluation, Asthma medication usage in Montana Medicaid surveillance report

#### ***Social Determinants of Health- Implicit Bias***

(See slides & for details)

- Links to implicit association tests included in slides

## **The Disability & Health Program and Asthma Program**

*(See slides & video for details)*

- Living Well in the Community
- Centers for Independent Living
- Making referrals
  - Statewide Resources Sheet in MAP participant folder is used to connect participants to services from time to time.
  - CONNECT Bi-Directional Referral System
    - If your organization uses connect, do some exploring in the system to see which local partners are also using the system.
  - Child>>Adult transitional services (MAP and other programs should be aware especially aware of resources for young adults and how to refer them)
  - Are we doing anything to connect prisoners with services like these? Disability and Health Program and the MACP should explore how we can work with the prison system to promote CIL, LWC services, and asthma support services.
- Erin Bley Contact Information

**Erin Bley, Health Education Specialist**  
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Chronic Disease Prevention and Health Promotion Bureau  
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## **Occupational Asthma & Spirometry**

- [Montana Occupational Health](#) possibly the one NIOSH certified Spirometry Provider in Montana. Also provide *Respiratory Clearance & Fit Testing*.
- OSHA requires spirometry testing to evaluate worker respiratory health in medical surveillance programs and to screen workers for their ability to perform certain tasks.
- NIOSH approved spirometry training (2.5 days) can be provided if enough providers may be interested. MACP may consider expanding spirometry training offerings with these types of large-scale trainings in the next 5-yr grant cycle.

## **Montana State Fund**

Sophie Magnuson- Safety Management Consultant

Ryan Ganno- Claims Examiner & Claims Quality Assurance Specialist/Trainer

### *Safety Management*

- Safety management consultants work with policy holders, which includes private and public entities.
  - Program development, which could include a respiratory protection program and all of the elements and pieces that go together to create that
  - Help designing health program and forming safety committees
  - Assistance with job safety analysis, risk identification, and controls needed
  - Serve as a type of “mock OSHA inspector”
  - Help developing what an accident investigation might look like
  - Early return to work guidance to get people back on the job

- Can employees bring unaddressed issues to MSF safety team members?
  - Safety management consultant works with claims examiners and other members of the team to tactfully bring the concerns to the employer along with training if necessary.
  - MSF receives requests for information from all levels
- Is there somewhere to direct employees/employers for information about safety in the workplace?
  - [SafeMT.com](http://SafeMT.com) features safety videos, safety policy templates, and other resources from vetted sources like the CDC and NIOSH. This site is available to the public.
  - Quarterly Safety Workshops in major MT cities.
    - ½ day free seminars where safety consultants cover 1-2 topics in detail
    - May be an opportunity to partner with the MACP to cover asthma or indoor air quality
- [ACE Grant funding](#) available
  - MSF matched grants of up to \$10,000, open to 501C3s in Montana for projects related to safety.
    - Indoor Air Quality projects would fall under this category.
    - Some entities have received grants 5+ years in a row.
  - 501C3s can work with public/private entities (including schools)

### **Claims Process**

- What does the claims process look like from both sides?
  - Claims can be filled directly without going through their employer, but employees are encouraged with work with their provider first to file a claim collaboratively.
    - Generally, after a medical provider has examined the individual and indicated that their symptoms/injuries may be work related.
  - MSF treats asthma claims a little differently than acute physical injuries like falls, lacerations, etc.
    - Investigate medical history
    - Team of individuals (claims examiner, claim manager, safety management consultant, quality assurance specialist, legal dept/underwriting dept. work together to determine what the liability might be.
    - Safety management team or contractors may be sent out to examine what may be going on in the business environment.
    - Spirometry/PFT diagnostics is common when dealing with cardiopulmonary related claims. Having baseline information is helpful when available. *In order to accept claims, there has to be objective medical findings.*
  - Is there an opportunity to get information to people or refer people who may have uncontrolled asthma to the Asthma Home Visiting Program? MACP will explore this further with MSF.

### **Stock Albuterol in Schools: Revisited**

Ashley A. Lowe, PhD, MSPH- Research Assistant Professor and Program Director for the Stock Inhaler for Schools Program at the University of Arizona's Asthma and Airway Disease Research Center

*(Please see slides for details)*

#### *Arizona Stock Albuterol in Schools Program*

- Asthma is the leading cause of chronic absenteeism. Students with asthma are likely to experience 2-3 more missed school days than their counterparts without asthma.
- Conversations began 2011-2012 with a pilot study in large school district with 22 schools (RNs in each school)
  - 20% reduction in asthma related 911 calls and 40% reduction in asthma related EMS transports.
  - HB 2208: Allows all schools in the state of Arizona to procure and administer stock albuterol sulfate to any student experiencing respiratory distress when administered by a trained person in good faith.

- A coalition of partners supported legislation that was passed in 2017
- Pilot data helped get the bill passed
- Protects medical providers and non-licensed personnel
- Implementation took place in one county in the beginning in 2018. Expansion to largest AZ county in 2019. Program expansion to 600+ schools by 2023. Peer-reviewed publication in 2021, with follow-up publications in 2022.  
(County-Wide Stock Inhaler Program outcome data in slides)

Question: Is there a built-in protocol to notify a provider about use of stock albuterol?

Answer: Happening in some counties, but not others. It depends on the system the school/district is using to track health encounters. Trying to get everyone on a standard protocol.

Question: Are students allowed to self-carry their inhalers?

Answer: Yes, and Montana also has a medication self-carry law. Students must have a self-carry authorization form on file with the school. This program serves as a failsafe if a student doesn't have access to their inhaler.

Question: How was the legislation received by legislators and was implementation language included?

Answer: It was helpful to bring so many stakeholders together to make sure the language was carefully crafted to what we want. The law passage was only the beginning as implementation language was not included. Department of education asked that there be a standard or example protocol.

## **Spirometry Success Story**

Cynthia Armstrong, RN, CHC, | Northwest Physicians

- Use of spirometry was quite minimal prior to securing Asthma QI Subaward. Only used the machine for EKGs. Referring to pulmonologist was difficult at times.
- Goal was improving patient care and quality of life for individuals with asthma
- Received staff spirometry training sponsored by MACP.
- Increased ability of the office to work with the patient instead of having them wait for 2+ weeks to see a pulmonologist. Helped keep patients out of the ER.
- Helped identify undiagnosed cases of asthma
- Increased ability to provide medication sooner and reduce symptoms more quickly without waiting for specialist.

## **Partner Sharing**

- AirSupra Review- Bradley Adams  
Slides can be accessed here:

**MAAZAP US-75812 AIRSUPRA (ALB/BUD) Clinical Overview ML-9963-US-0016**

[Download now \[prod.insight.optic.astrazeneca.com\]](https://prod.insight.optic.astrazeneca.com)

Question: Is AirSupra covered by Medicare? Is Step Therapy that needs to be done?

Answer: Availability of AirSupra won't be until January 2024 because they are negotiating with payers to make sure coverage is adequate once it's available.

Question: Was the data on the benefits compared to when you just use ICS alone or is that compared to no-baseline?

Answer: All of the patients continued on their same maintenance inhalers. So whatever they came into the study on, they continued. And the only difference was is they divided the rescue therapy into using the budesonide albuterol versus albuterol alone. And so those that were taking the budesonide albuterol showed that significant benefit in exacerbations as well as the ability to do decrease the systemic corticosteroid dose.

Question: With the adverse reactions, is that with oral corticosteroids or does that dosage refer an ICS?

Answer: So when we're talking about inhaled corticosteroids, we're talking about micrograms. So a very, very small dose versus milligrams when we're comparing it to systemic corticosteroids doses. The studies that I showed you was really the cumulative lifetime exposure. Whether it's based upon inhaled corticosteroids or systemic corticosteroids, once that patient exceeds 500 milligrams, then they're at those increased risks, but it's going to take a very, very long time to hit those levels utilizing inhaled corticosteroids versus systemic corticosteroids. The more that we can cut down on the systemic corticosteroids, the less chance we're going to have or we're going to actually slow down the time it takes for that person to get to those thresholds that we talked about.

Question: When you say cortical steroids, are you orally? Are you mostly considering Prednisone?

Answer: In the study that that I mentioned there was from price and colleagues and what they did is they converted everything to a Prednisone equivalent. So it included things such as injectable steroids, but what they did is they had equivalent calculations of all the different steroids and they made it into Prednisone equivalents just for standardization.

Question: I assume the study was for people over 18, right?

Answer: Yes, the price study was for people over 18.

## **Next MAAG Meeting: January 2024 (Exact date TBD)**

MAAG Members in Attendance:

BJ Biskupiak

<b>Name</b>	<b>Organization</b>
BJ Biskupiak	MT Asthma Control Program- Program Manager
Jessie Fernandes, MPH, CPH	DPHHS Health Improvement Section- Section Supervisor
Jennifer Van Syckle, MA, RDMS, RVT	MT Asthma Control Program- QI Specialist/Communications Expert
Carolyn Linden	MT Asthma Control Program- Administrative Specialist
Courtney Geary, MPH	MT Asthma Control Program- Epidemiologist/Evaluator
Marion Kummer, MD	Health Professionals for a Healthy Climate- Co-Chair
Jennifer VandeKop, RN	Anaconda Deer Lodge Health Department- MAP Home Visitor
Kris Minard	MT Office of Public Instruction- Tobacco Use Prevention Education Program
Sara Howser-Burke, RN	DPHHS- State School Nurse Consultant
Rebecca Schuster, RN	Flathead City-County Health Department- MAP Home Visitor
Kate Sexton, RN	Lewis & Clark County Health Department- MAP Home Visitor
Jason Kleinschmidt	St. Vincent Healthcare- Respiratory Therapy Neurodiagnostics Manager
Mary Sparks	Lewis & Clark County Health Department- MAP Supervisor
Margaret Mullins	DPHHS- Social Determinants of Health Program Coordinator

Lacey England	Park County Health Department- MAP Home Visitor
LeAnn Harrison, RN	oneHealth (Custer County Health Department)- MAP Home Visitor
Liz Hall	American Lung Association- Health Promotions Manager
Breanne Josephson, RRT	Richland County Health Department- MAP Home Visitor
LeAnn Harrison	oneHealth (Custer County Health Department)- MAP Home Visitor
Megan Brunelle	Cascade County Health Department- MAP Home Visitor
Joe Tabler, PharmD	Logan Health- Clinical Pharmacist
Sophie Magnuson	Montana State Fund
Ryan Ganno	Montana State Fund- Claims Examiner
Ashley Ann Lowe, PhD, MSPH	University of Arizona Health Sciences, Asthma & Airway Disease Research Center - Program Director, Stock Inhaler for Schools Program
Cynthia Armstrong, RN, CHC	Northwest Physicians- Lead Care Manager
Amanda Rush, RN	Gallatin County Health Department- MAP Home Visitor
Mary Blevins, RRT	Montana VA- Cardiopulmonary Manager
Bradley Adams, PA-C, MPAS	AstraZeneca- Medical Science Liaison – Respiratory and Immunology
Alex Alviar	Genentech- Respiratory Therapeutic Area Manager
Marissa Johnson, RN	Lewis and Clark County Public Health- MAP Home Visitor
Mary Smith	St. Peter's Health- Cardiopulmonary Rehabilitation Supervisor