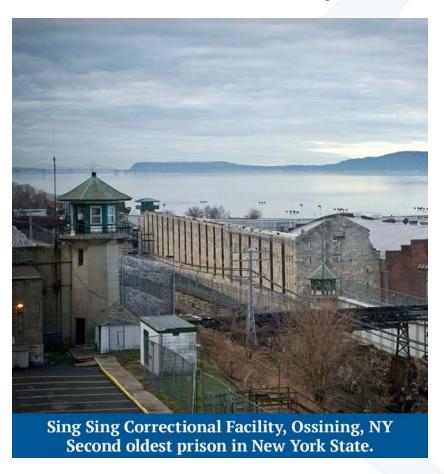
Asthma Action Plans

HIMSS Davies Presentation

LINDSAY NEPTUNE, PNP



Open Door was founded as a free clinic in 1972 to address health inequities in Ossining.



1985 - Open Door Sleepy Hollow

1994 – Open Door Foundation

1995 – Open Door Port Chester

2003 — School-Based Health Centers

2006 – Open Door Mt. Kisco

2007 — eClinicalWorks Implementation

2013 – Open Door Brewster

2015 — Mobile Dental Unit (K–12) Family Medicine Residency Program

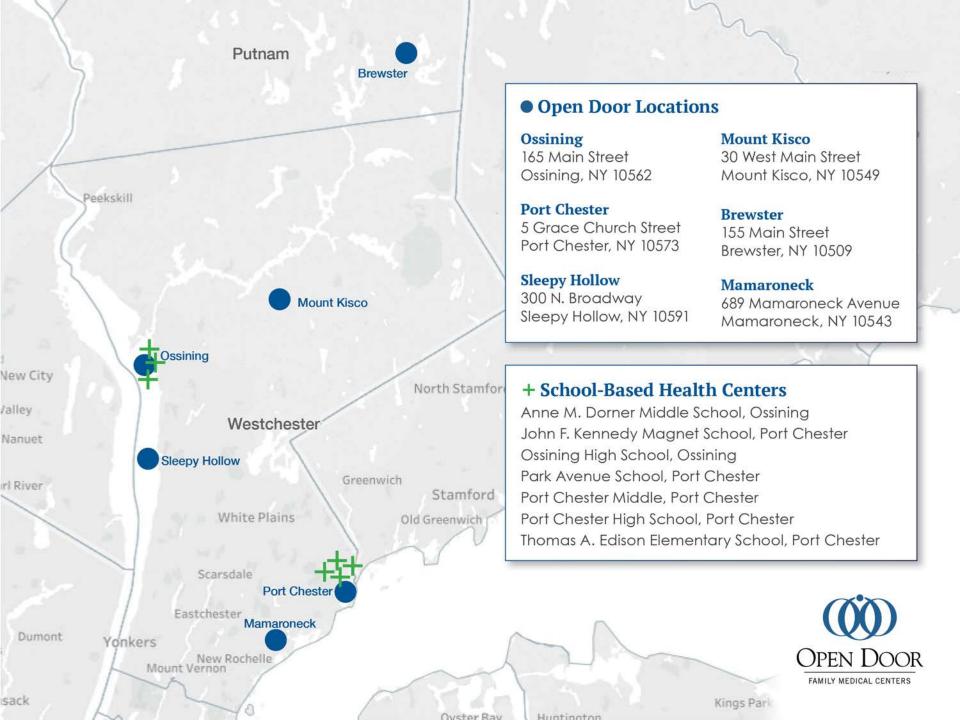
2016 - Relevant adoption

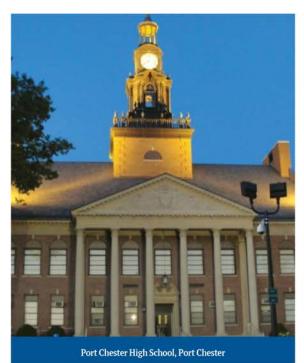
2017 — Open Door Mamaroneck

2018 — *Brand new* Open Door Sleepy Hollow Dental Residency Program

History of Open Door



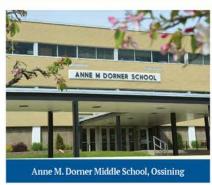
















Care Delivery Sites



Medical Services

Family Medicine, Pediatrics, Internal Medicine, OB/Gyn



Dental Services

General Dentistry, Pediatric Dentistry



Behavioral Health

Psychiatry, Clinical Social Work, Mental Health Counseling



Enabling Services

Translation/Interpretation,
Health Education/Wellness,
Case management, Outreach,
Eligibility Assistance, Transportation
(also WIC program)

SBHC Services



In 2017

Open Door treated 54,000 patients That's the equivalent to filling every seat in Yankee Stadium!



73% of patients diagnosed with Diabetes have the disease under control



9 out of 10

adolescents at our School-Based Health Centers screened for depression received follow-up care as needed



61% of patients attending our **Diabetes Prevention Program** lowered their blood sugar levels within the first six months



67% of children with abnormal BMI received follow-up nutrition or physical activity counseling



69% of patients (high blood pressure) have it under control



9.304 total patient visits to Open Door **Wellness-related Programs**



80% of School-Based Health Center 13-year-olds are up to date with their immunizations



72% of students with access to Open Door School-Based Health Centers had an adolescent well visit

2017 Highlights



School-Based Health Center Highlights



Over **23,000 VISITS** in 2017 by **5,400 UNIQUE PATIENTS**.



NO OUT OF POCKET COSTS to children or their parents, no co-pays, and all insurances accepted (uninsured are welcomed).



The **TIME SAVED** waiting at a doctor's office plus the transportation time to and from the appointment eliminates lost time for hourly workers.



National studies indicate that students NOT enrolled in a SBHC lost 3x as much CLASS TIME as those enrolled in a SBHC.



SBHC staff know the students and the culture of the school community and can **ADDRESS HEALTH AND WELLNESS ISSUES PREEMPTIVELY** and from an inside perspective.

Open Door SBHCs



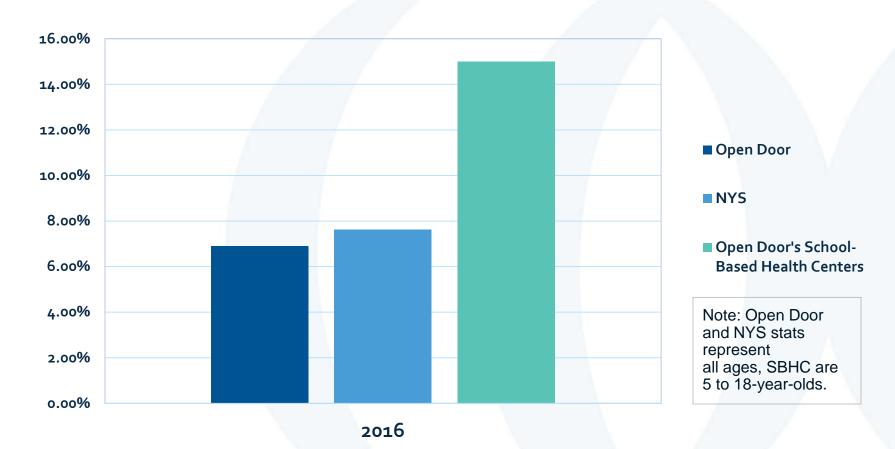
One of the most chronic childhood diseases

Leading cause of missed school days

Third leading cause of hospitalizations of children under age 15.

Asthma

Asthma Prevalence



Data Source: HRSA UDS National Health Center Data, 2016

Asthma Prevalence



School-Based Health Center Asthma Metrics

Time Frame	2007/2008		
Missed School Days	376		
Asthma Severity Classification	15%		
Persistent Asthmatics on an ICS	23%		
Asthma Action Plan	15%		
Asthma Well Controlled	50%		
Acute Care Visits to SBHC	20		
ED Visit Rate	24.7 per 10,000		

Data Sources: Open Door Family Medical Centers; Port Chester School District, Westchester County Sparks Data 2006-20

SBHC Asthma Report Card





Reduce missed school days by 50%.



Increase the documented levels of asthma severity to 80%.



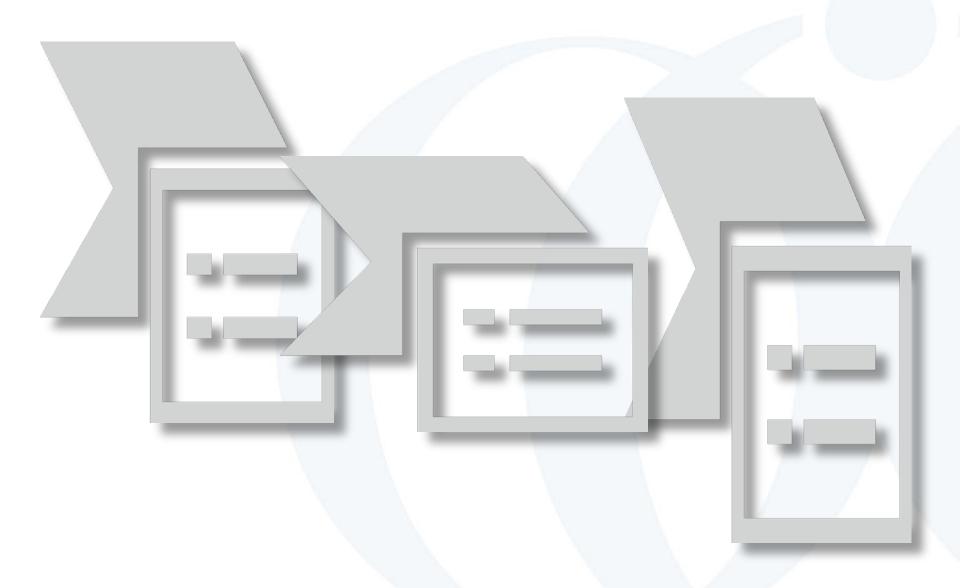
Increase the percentage of persistent asthmatics prescribed inhaled corticosteroids to 90%.



Increase updated Asthma Action Plans to 100%.

Plan and Measurement Metrics





Tools to Improve Care



Four Components of Care

Assessment and
Monitoring of Asthma
Severity and Control

Education for a Partnership in Care

Control of Environmental Factors and Co-Morbid Conditions that Affect Asthma

Medication

National Guidelines: NIH EPR - 3





Six Priority Messages



Clinical Information Systems

- eClinical Works
- Relevant Data Warehouse,
 Dashboards and Asthma Registry

Decision Support

- Reminder Calls
- Visit Planning Reports

Delivery System
Design

- Templates
- Order Set

Our Care Model



Visit Planning



VP Report

- Reviewed before morning and afternoon sessions by care team
- Alerts team to gaps in care

Team Huddles

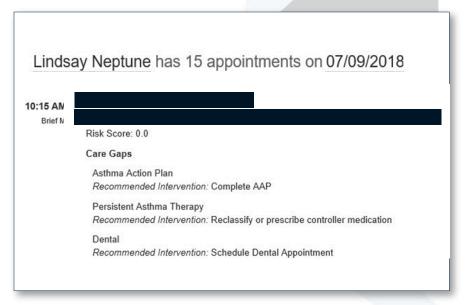
- Initiated by care team to review patient needs
- Support team is empowered through standing orders

Improve Care and Efficiency

 Support team can care for patient before clinician enters the room

Relevant Visit Planning

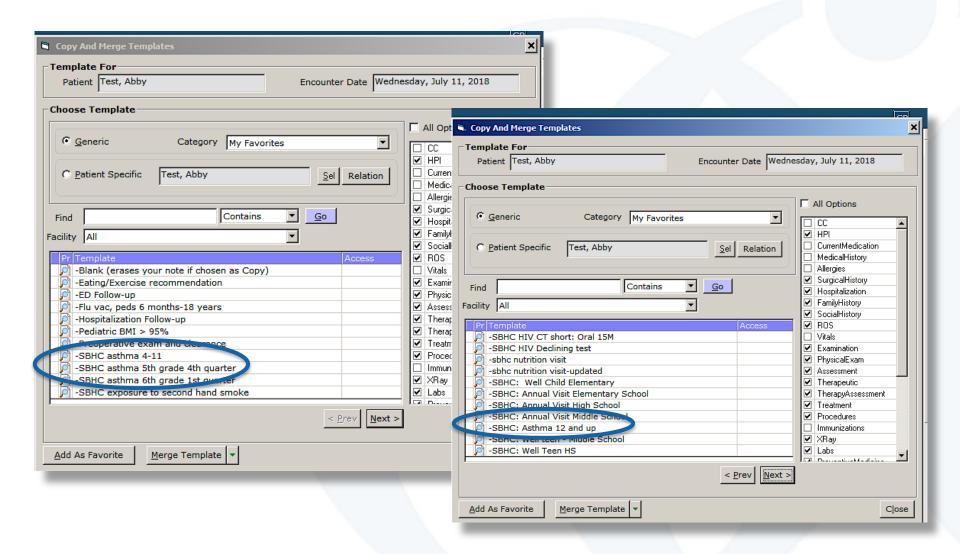






Relevant Visit Planning





Asthma Visit Templates



```
HPI: ▽
  Self-Management/CarePlan
      Goal -Patients Health Care Goal: SM Goal: *.
  Asthma
      Current Asthma Control
      Underlying Asthma Severity assessed:.
      Asthma Action Plan
      Is a Controller Medication used?
      Grade
      Do you carry your self administered medication at school?
         rescue inhaler:*
         pre-exercise medication:*
      ACT _.
  Current Medication:

    clindamycin topical 1% gel 1 app applied topically 2 times a day, stop date 07/17/2018

      • metformin 500 mg tablet 1 tab(s) orally 2 times a day
      • ibuprofen 200 mg tablet 1 tab(s) orally every 6 hours
  Not-Taking/PRN

    Adderall XR 10 mg capsule, extended release 1 cap(s) orally once a day (in the morning)

    Acetaminophen

  Medical History:
  Allergies/Intolerance:
  Surgical History:
  Hospitalization:
  Family History:
  Social History:
  ROS: ♥
  ACT Asthma 4-11
     Spirometry *. How is your asthma today? *. How much of a problem is your asthma when you run, exercise or play sports? *. Do you cough because of your asthma? *.
Do you wake up during the night because of your asthma? *. During the last 4 weeks, how many days did your child have any daytime asthma symptoms? *. During the last 4
weeks, how many days did your child wheeze during the day because of asthma? *. During the last 4 weeks, how many days did your child wake up during the night because of
```

Asthma Visit Templates

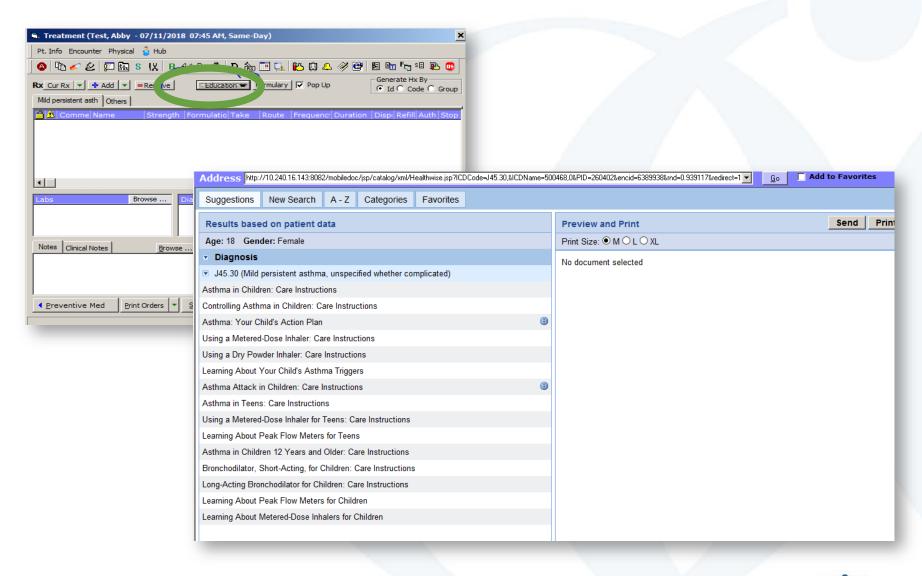
asthma? *. Total score *.



	OPEN DOOR JFK Magnet School 40 Olivia Street Port Chester NY 105734802 Ph: 914-939-1146 Fax:914-939-1163	ol				
	ASTHMA ACTION P	LAN	After hours E			
Patient	t's Name Abby Test DOB	12/08/1	999 ▼ Date of this plan 08/15/2018 ▼			
Treatn	nent goal: To keep as free of asthma symptoms as possible Perso	nal Bes	t Peak Flow:			
Person	al asthma triggers:					
☐ Ca						
	midity Respiratory Infection Pollen Smoke					
Usual a	sthma symptoms:	Sintom	as usuales de asma:			
ZONE		ZONA				
G	Signs & Symptoms	V		Tome estos medicamentos Medicamento	diariamente par Cantidad	a el control a largo plazo Con que frecuenc
R	1) You feel good	E			▼	
E	2) You have no wheezing, no cough	R	Usted se siente bien No tiene sibilancias		▼	▼ ▼
E	3) You have no asthma symptoms	D	No tiene tos No tiene sintomas de asma		▼	▼
N	4) Your peak flow is >	E	No tiene sintomas de asma		▼	▼
			Su flujo Maximo es superior a (>80% del mejor)		
	Signs & Symptoms					
Y E L	1) You have a cold. 2) Have mild wheeze, tightness or cough. 3) You have	A M A	El asma esta empeorando Tiene cualquiera de los siguientes: Resfriado, tos, sibilancias Dificultad para respirar Se despierta por la noche debido al asma No puede realizar actividades habitulaes			Con que frecuenc
L		R	Su flujo maximo es 50%-80% del mejor		•	· ·
0	4) Your peak flow is	t			*	*
W	office	15	Si los sintomas no mejoran entre 3-4 dias, contacte nuestra clinica			
		0				
	Signs & Symptoms					
	1) You feel very tight*					
R	You have increased wheeze or cough*	R	Busque ayuda medica si tiene cualquiera de los siguientes: Dificultad para respirar, aumento de sibilancias o tos*	Tome estos medicamentos a Medicamento	ahora mismo! Cantidad	Con que Frecuenci
E	* If severe call 911 or go to nearest ER 3) You have	0	Los medicamentos no estan haciendo efecto No puede caminar ni hablar bien			▼
D		J	SU flujo maximo es inferior a 50% del major		,	▼
		0	* C'		,	•
	4) Your peak flow is or less If symptoms not improved in 3-4 days, contact our office		si empeora llame al 911 o dirijase a la sala de emergencias mas cercana. Si los sintomas no mejoran en 3-4 dias, contacte nuestra clinica.			*

Asthma Action Plan



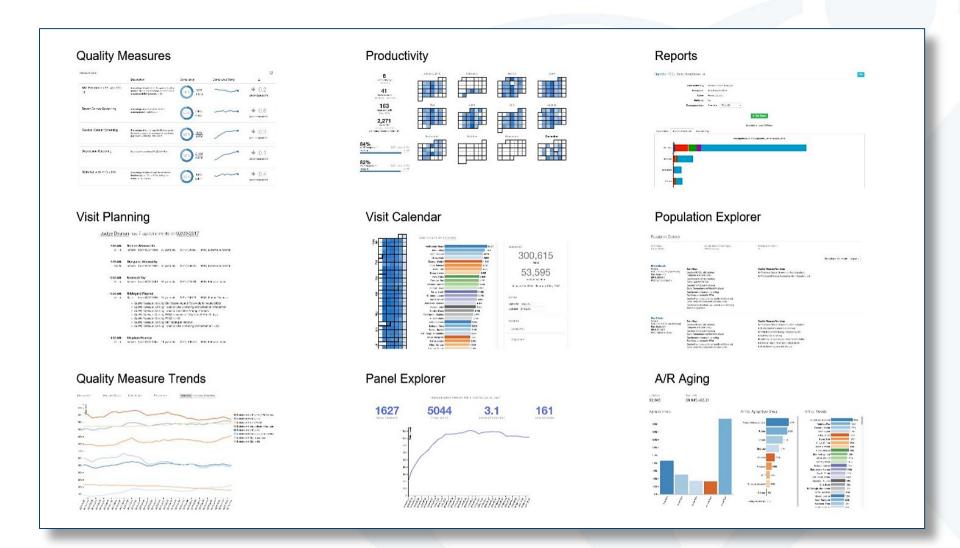


Asthma Education Embedded in eCW



Proactive Outreach





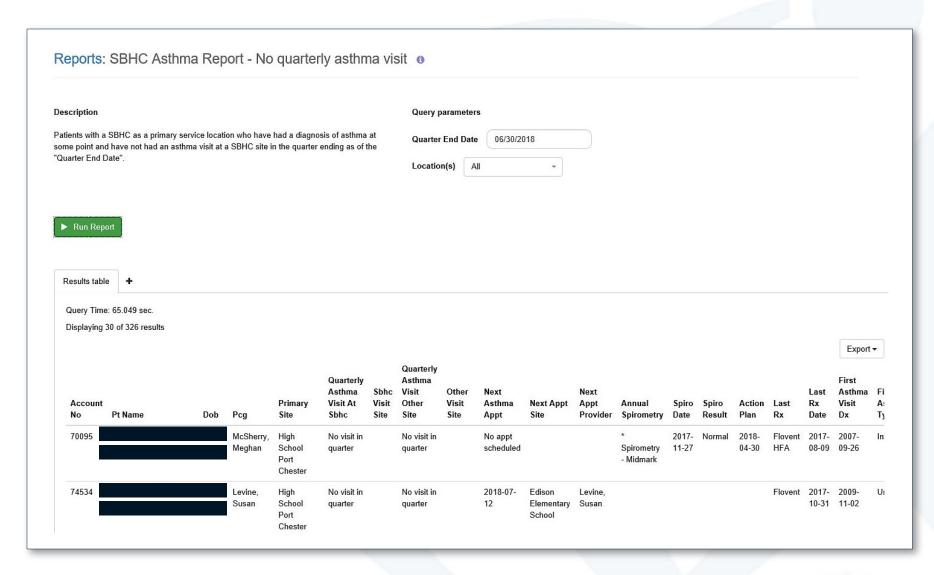
Relevant Dashboards





Quality Measure Dashboards





Reports and Registries



Port Chester School-Based Health Center Asthma Metrics

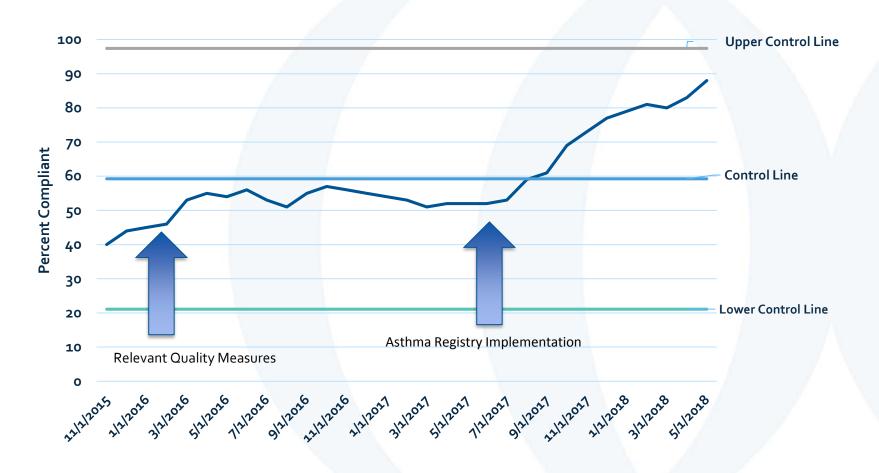
Time Frame	2007/2008	2014	2017
Missed School Days	376	28	No longer tracked at school
Asthma Severity Classification	15%	98%	98%
Persistent Asthmatics on an ICS	23%	87%	91%
Asthma Action Plan	15%	42%	76%
Asthma Well Controlled	50%	97%	96%
Acute Care Visits to SBHC	20	19	18
ED Visit Rate	24.7 per 10,000	S= less than 5-10 =Too low to count *	2017 data not available

Data Source: Open Door Family Medical Centers, Port Chester School District *Westchester County age 0-17 ED visit data 2010-2012 SPARCS data as of Nov 2013





SBHC Asthma Action Plans



SBHC Asthma Action Plans





WMC Center for Regional Health Healthcare Innovation **Healthcare Innovation**

PMO for WMCHealth PPS

Westchester Medical Center Health Network



CURRENT:

DSRIP Payment for Actively Engaged Patients with Asthma Action Plans

\$11,500

April 2015 through September 2017

FUTURE:

Value Based Payment **Contract with MVP**

Improvement of medical expense management





Thank You

Lindsay Neptune, PNP

Open Door Family Medical Centers

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