Pediatric Asthma Case Study

Breakout: Applying the Care Manager Process

Marcus is a 17 year-old high school junior. Marcus was well, with the "usual colds," until the age of six. He then began having a larger number of lower respiratory tract illnesses and was diagnosed with asthma. He had eczema as a child but that has since resolved. He is on the football team. He presents today, accompanied by his mother, for a follow-up visit subsequent to a recent ED visit over the weekend. He reports he has had worsening respiratory symptoms, including chest tightness, coughing, and shortness of breath with exercise since football season began 2 weeks ago, but noted significant worsening over the weekend when his family turned on their wood burning stove.

His primary care physician has prescribed QVAR (80 mcg) 2 puffs BID and Pro Air HFA 2 puffs every 4 – 6 hours as needed. In the ED, he was treated with albuterol via nebulizer and was sent home on a course of oral corticosteroids.

Marcus' physician asks you to call Marcus to follow-up on the post ER visit. You telephone Marcus.

CM Process: Patient Identification via Transitions of Care

What code applies?

Briefly discuss why you would or would not identify this case as a potential candidate for care management services:

CM Action: Conducting the Transitions of Care Call

As a group, develop scripting or key messaging you would use to introduce yourself, your role, and why you are calling:

Review of the telephone discussion

CM Process: Screening

(Information you noted in the chart prior to calling)

Though Marcus usually does well in the spring and summer, he develops sneezing, coughing, chest tightness, shortness of breath with exercise and wheezing 3 days a week in the early fall. These symptoms persist through the winter months.

Marcus has an Asthma Action Plan which does allow him to add albuterol and increase the dose of his QVAR in the Yellow Zone.

You note in the chart Marcus often brings up concerns about having an asthma attack. He seems to excessively worry about situations before they happen. He often wakes up in the middle of the night worrying about having an asthma attack. He says it's not uncommon to feel restless and struggles with concentrating at school. He worries about worrying all the time – just can stop.

Suggested CM questions to ask Marcus:

- Before we get started, what concerns do you have?
- We are concerned about your health and the episode you had that ended up having you go to ER. Tell me what happens when you recognized worsening asthma symptoms.

- The ER physician prescribed corticosteroids for you. I'd like you to get your instructions from the ER, so we can review that together.
- Last time you were here, we reviewed medications for your asthma and the Asthma Action Plan. Do you have questions about that, or are there any concerns you have about the action plan?

****Behavioral Health – Based on Marcus symptoms, what screening tool or questions would you consider?**

Responses from Marcus:

- I forgot about the Asthma Action Plan – I used albuterol for a couple days (about 6 times a day) and when it didn't work anymore, we went to the emergency room.
- I forget to use my QVAR – I think the Pro Air usually works, but I don't feel the QVAR working.
- Also, I heard that QVAR is a steroid and that scared me. I've heard that steroids are bad for me. Why do I need to be on a steroid – can't I just use albuterol?
- What are the side effects of these medicines?

Suggested CM response to Marcus: Thank-you for sharing your concerns with me. These are concerns others have also shared. **(Elicit-provide-elicit)**
Would it be o.k. if I shared some information at this time about these concerns? **(Asking permission)**

Marcus provides permission, and you respond with the following information:

- Albuterol is quick-relief medicine – it relaxes the bronchial muscles and helps you breathe, but it doesn't treat the underlying cause of your symptoms, inflammation.
- Your QVAR is an inhaled corticosteroid. That reduces the swelling or inflammation in your airways, which can cause asthma symptoms. It is a very effective medicine but must be taken daily. This is a different type of steroid than the steroids the baseball players used.
- These steroids do not build muscles or body mass – they decrease inflammation. Also, inhaled steroids are one-thousandth of a dose of oral steroids and when taken in usual doses, we wouldn't expect to see systemic effects.
- Bronchodilators can cause jitteriness or rapid heart rate. Inhaled steroids can cause hoarseness or a yeast infection in the mount (thrush).
- Using a spacer device with your inhalers will decrease the amount of drug that is swallowed and reduce the chance of these side effects.

**** If Marcus screened positive for Anxiety, what would be the next steps to consider?**

****How would you include assessing social determinants of health needs at this point?**

CM Response: I've provided a great deal of information. What thoughts or questions do you have about this information? Is there anything else I should be aware of that could help you?

Marcus response: Thanks – you've helped me better understand the action plan and the medications– I'll use it next time.

CM Response: You confirm Marcus has a follow-up appointment and summarize your understanding of the information shared on the call today. **(Summarizing)**

CM Process: Screening and Assessing

Based on the Transitions of Care call findings would you proceed with finalizing an assessment and if agreeable, enrolling Marcus into care management services? Together, discuss why you made the decision you came up with:

CM Action: Together, discuss what information you would document about this encounter?

Marcus presents for his follow-up appoint a week later.

Additional information shared:

Marcus explains he lives with his younger sister and parents. His mother smokes, but reportedly outdoors only. The family has 2 pets: a cat and a dog. The cat sleeps with Marcus. Marcus was allergy tested and is allergic to both cats and dogs.

Suggested CM information/questions to ask Marcus:

We've had you complete allergy testing in the past and have identified you have an allergy to cats and dogs. I see you have a pet cat.

- Is there a chance the cat could leave your home (i.e., be relocated)?

Marcus response:

- (Answer: No.)

CM response:

- Using MI how would you proceed at this point? **(Demonstrate evocation) – you believe there is water in the well!**

Marcus shares the following:

- Well - the cat sleeps in my bedroom. I was thinking if I kept the cat off my bed it would help.
    - CM Response: That's a good idea. Ideally, the recommendation is to have the animals removed from the home. If that is not possible having the cat stay out of the bedroom would be a good start. We also recommend allergen-impermeable covers for your mattress and pillows and purchasing a HEPA air purifier for the bedroom to remove additional animal dander.

Thinking about the behavioral – medical – social determ. needs, how could the CM'er expand on the assessment at this point?

CM Response: On a scale of 1-5, how confident are you with this plan?
Marcus Response: I would say a 4 or 5. I'll try keeping the cat out and ask my mom about the sheets and purifier.

We covered a lot today. In your own words, can you share with me your understanding of the asthma action plan? (Use of teach-back).

What is the value of having the patient repeat the plan back?

Marcus responds accurately.

CM Response: You have a good handle on the information, and I really appreciate your willingness to try some new things out. I've put together a care plan based on our conversation today. Here are the things I've put down. Can you review this and let me know if there is anything I missed, or misunderstood or just isn't going to work for you?
Marcus response: It looks fine. I do have a couple of more questions.

Questions from Marcus to CM:

- Will I have to take these medications for the rest of my life? I heard you can get addicted to these medicines.
- And, can I still play football?

Suggested CM response to Marcus:

Good questions. You are really taking this serious and putting a lot of thought into improving your asthma care. This information is what we know about Asthma, the medications and activity:

- Asthma is a disease that comes and goes; it cannot be cured but it CAN be controlled.
- We want you to be on the least amount of medications to control your asthma. Current recommendations are that therapy should be reduced once symptoms are under control, so we will continually attempt to lower the dose of your medications once control is achieved.
- Asthma medications are not addicting and taking them does not make your asthma worse or more dependent on taking medication.
- Once the medications reduce the inflammation in your airways, you will likely need less medication.
- If your asthma is under control, you should not need to limit exercise due to asthma.
- If you have asthma symptoms with exercise, despite taking your medicines daily, let us know and we discuss other options. You could also try pre-treating with albuterol prior to exercise.
- The goal is to be as active as you want to be without asthma symptoms.

I've given you a lot of information. What do you think? Anything I've said that surprised you, or you have questions on?

Marcus: No – I've got it - I'm good with what you've said.

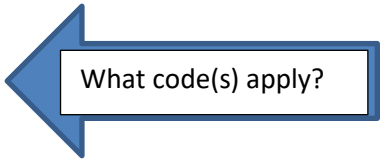
Care Manager Response: Based on our discussion, I will be enrolling you into care management services. As a team, you, doc and I will be looking at options and ideas to keep you in good health and minimize the need to go into ER or the hospital. We all want to keep you safe. We've talked about my role of a care manager, and what you and I will be working on. What questions do you have about that? Are you agreeable to the care management services?

Marcus: None – I get it. You and doc are working together to help me with my Asthma. Between visits, you will be following up with me to see how things are going. And if I have it right, doc makes the final decision – he's involved even though I'm not talking to or seeing him.

CM Response: That's right. The 3 of us are a team. I'd like to call you next week to see how things are going and review some additional information with you. Is there a day or a time of day that works best?

You schedule a time and end the visit.

CM Process: Assessment, Implementation planning and monitoring
CM Action: What information will you document about the assessment?
Barriers:
Strengths:
Patient knowledge and readiness:
Other:



Discuss:

- **What information will you monitor at your next interaction with Marcus?**
- **How will you determine Marcus ability to self-manage his care?**
- **How will you inform Marcus he will be enrolled into care management services?**
- **What triggers or indicators would you identify to determine it appropriate to close this case to care management services?**

Other group discussion breakouts:

- ***Billing and Coding***
- ***Care Plan Development***

Support Information for the Care Manager Actions and Care Plan Development

CARE PLAN

Key Educational Messages for Asthma – Review:

- Basic facts about asthma – contrast normal and asthmatic airways
- Roles of medications – difference between long-term control and quick-relief medications.
- Asthma triggers and relevant environmental control measures.
- Asthma Action Plan, including when and how to take rescue medications and how to identify early worsening of symptoms.
- Asthma skills, including inhalers, spacers, symptom monitoring and early warning signs.

Actions to Consider:

- Assess whether medications are being taken as prescribed.
- Assess whether inhalation technique is correct.
- Assess spirometry and compare to previous measurements.
- Work with provider to adjust medications, as needed, to achieve best control with the lowest dose needed to maintain control.
- Assess environmental triggers and mitigation strategies.
- Determine what behavioral health screenings have or have not been done. Are there symptoms depression or anxiety may be present and will complicate the medical treatment plan
- Determine if there are financial or social barriers. Consider including these into the assessment and care plan.
- Questions/concerns from Marcus or his caregivers.

Care Management:

- Before starting treatment, identify patient concerns and/or fears about asthma or asthma medications.
- Develop an asthma action plan so Marcus and his family know what to do if problems arise.
- Review or role-play the asthma action plan so Marcus and his family know what to do if he develops early symptoms or how to recognize danger signs.
- The fact that Marcus had a recent ED visit is a significant risk factor, indicating a need for change in therapy and further education.
- Inform him that the expectation is asthma control and, if that is achieved, we would hope he wouldn't experience subsequent ED visits.
- Elicit his goals of therapy, including exercise/sports goals.
- Identify barriers to care including: cost of medications, transportation issues, pharmacy refills, etc.
- Identify tools will you use to monitor and follow-up with to determine Marcus ability to self-manage.
- Complete a relapse prevention plan at the start to empower patients to self-manage and work through difficult situations.