

# ACCESS TO CARE WORK GROUP MEETING

October 16, 2018

Shanika Cooper, Delegate  
Howard County Health Department

Tara Butler, Delegate  
Howard County General Hospital

Sharif Braxton, Program Coordinator  
Howard County Local Health Improvement Coalition



Promote. Preserve. Protect.

**Howard County LHIC**

Local Health Improvement Coalition

# PURPOSE & AGENDA

**GOAL:** At the end of this meeting, workgroup members will review the outcomes from the September full LHIC meeting and receive updates on the progress of the strategic planning objective related to asthma outcomes. Additionally, workgroup members will review the updated asthma action plan, identify barriers to implementation and discuss strategies to overcome these barriers.

## AGENDA:

- A. Welcome and Introductions
- B. Approval of Minutes and Announcements
- C. Recap/Debrief of Full LHIC Meeting
- D. Report of Asthma Objectives for FY 19
- E. Discussion: Implementation of Asthma Action Plan for Case Management
- F. Next Steps and Meeting Wrap-Up

# RECAP OF PREVIOUS MEETING

- FY 18 Data Report
- HCAM Video
- Access to Care Utilization Focus
- CDSME Presentation for Full LHIC

# MEMBER ANNOUNCEMENTS

**START LIVING WELL TODAY!**

## Living a HEALTHY Life with CHRONIC PAIN

Good health is imperative to your quality of life. This Chronic Pain Self-Management Program is designed for people who have a primary or secondary diagnosis of chronic pain.

**ELKRIDGE 50+ CENTER**  
6540 Washington Blvd., Elkrige 21075

**WEDNESDAYS • 1:00 – 3:30 PM**  
October 17, 24, 31 and November 7, 14, 21

Course materials will be provided, which can also be purchased on-site for a nominal fee. To achieve the most benefits from this program, we encourage a commitment to attend all six sessions.

**TOPICS INCLUDE:**

- Managing Symptoms and Challenges
- Exercising for Strength and Flexibility
- Taking Medications Appropriately
- Evaluating Treatment Options
- Balancing Activity and Rest
- Achieving Goals



To register or for more information, contact:  
**JEN LEE**  
jlee@howardcountymd.gov  
410-313-5940 (VOICES RELAY)

If you need accommodations to attend or need this information in an alternative format, contact Maryland Access Fund at 410-313-1234

[www.howardcountymd.gov/livingwell](http://www.howardcountymd.gov/livingwell)

**HOWARD COUNTY HEALTH DEPARTMENT** Promote. Preserve. Protect.

## Leaders Needed!

### Become a Certified Chronic Pain Self-Management Leader

Chronic Pain Self-Management leaders are trained to facilitate the six-week "Living Well with Chronic Pain" program for adults, families and caregivers. Participants are taught skills to manage their symptoms and daily lives. Workshops meet for 2.5 hours, 1 time a week for 6 consecutive weeks.

**Workshop learning objectives:**

- Techniques to deal with frustration, fatigue, isolation, and poor sleep
- Exercises for maintaining and improving strength, flexibility, and endurance
- Appropriate use of medications
- Effective communications with family, friends, and health professionals
- Nutrition guidance
- Pacing activity and rest
- Evaluating new treatments

**Leader Training Information**  
When: November 1st, 2nd, 8th, 9th from 9:00 a.m. – 4:00 p.m.  
Where: Howard County Health Department | Potomac Room

**Training is FREE of charge**  
Registration and attendance at all four training days is required

For more information or to register, contact Lisselle Wood:  
410-313-6285  
wood@howardcountymd.gov

**Living Well** MARYLAND CENTER OF EXCELLENCE  
**Howard County LHIC** Local Health Improvement Coalition

Bureau of Behavioral Health  
8930 Stanford Blvd | Columbia, MD 21045  
410-313-6202 - Voice/Relay  
1-866-343-6300 - Toll Free

9/2018 [hchealth.org/gethelp](http://hchealth.org/gethelp)

- Chronic Pain Self-Management Course
- Chronic Pain Self-Management Leader Training
- Veterans Month Free Lab Screening and Health Fair
- STI Update: Addressing Adolescent Sexual Health
- “Addressing Racial Trauma” Conference

**American Diversity Group in Association with Premier Health Express Urgent Care & Warrior Centric Healthcare Foundation**

## Veterans Month Free Labs Checkup

Date – Sunday Oct 21st, 2018  
Time – 8 AM to 1 PM  
9710 Patuxent Woods Drive Suite 200 Columbia MD 21046

## Free Health Fair

Date – Saturday Nov 3rd, 2018  
Time – 10 AM to 3 PM  
9710 Patuxent Woods Drive Suite 200 Columbia MD 21046

Discuss your test results with Physicians at the Health Fair  
Free Consults with Doctors and Specialists  
Free Health Screenings, Free Flu Shots, Health Education, Referral Resources

Contact  
Mayur Mody at [amdvgroup@gmail.com](mailto:amdvgroup@gmail.com) or 240.330.9421

**THE HEALTH DEPARTMENT AND YOU** **HOWARD COUNTY HEALTH DEPARTMENT** Promote. Preserve. Protect.

## STI UPDATE: ADDRESSING ADOLESCENT SEXUAL HEALTH

CME BREAKFAST  
Thursday, November 15, 2018  
7:30 am - 9:00 am

Howard County Health Department  
Barton Conference Room  
8930 Stanford Blvd.  
Columbia, MD 21045

Guest speaker: Dr. Maria Trent, MD, MPH, Professor, Division of General Pediatrics and Adolescent Medicine, Johns Hopkins School of Medicine

7:00 am -7:30 am Registration  
7:30 am -7:45 am Continental breakfast  
8:00 am -9:00 am Presentation

**REGISTER NOW!**  
[http://courses.smhsc.org/class\\_information.html?id=2144](http://courses.smhsc.org/class_information.html?id=2144)

The event is FREE but seating is limited.  
CME credit will be provided.

12<sup>th</sup> Annual Counseling and Career Services Conference  
**SAVE THE DATE**

## “Addressing Racial Trauma”

Friday 30 NOVEMBER 2018  
8:30am—12:00  
Howard Community College  
Columbia, MD

3 Diversity CE's Available!

As a result of this training participants will be able to:

- Define racial trauma and identify related symptoms
- Describe types of race-related responses to racial trauma and violence
- Utilize counseling/practice strategies for addressing racial trauma responses

**SPEAKER**  
Carlton E. Green, Ph.D.  
Licensed Psychologist  
Director of Diversity Training & Education, Office of Diversity & Inclusion, UMCG

Co-Sponsored by **HOWARD COUNTY HEALTH DEPARTMENT**

Contact: Dr. Jay Coughlin | 443.518.4032 | [jcoughlin@howardcc.edu](mailto:jcoughlin@howardcc.edu)

# NOVEMBER ACTION ALERT ITEM

**NATIONAL DIABETES AWARENESS MONTH**

**9.3%** Americans suffer from diabetes

At the current rate, **one** in three American adults will have diabetes in **2050**

The infographic features a white silhouette of the United States on a dark blue background. To the right of the map, the text 'At the current rate, one in three American adults will have diabetes in 2050' is displayed. The word 'one' is highlighted in green. Below this text are three human silhouettes: the first is green, and the other two are white. The entire graphic is framed by a light green border.

# DOES WHERE YOU LIVE AFFECT *HOW LONG YOU LIVE*?

- A ZIP code is 5 numbers meant to deliver mail to people—not indicate how long they live. Unfortunately, significant gaps in life expectancy persist across many United States cities and towns. The latest data reveals differences down to the census tract level, even for residents just a few miles or blocks apart.

## Life Expectancy

Life Expectancy (5 addresses representing 5 areas w/in Howard County)		Howard County Average	Maryland Average	US Average
HCGH - 5755 Cedar Lane	81.60	82.98	79.20	78.80
West– Gary Arthur Community Center	79.70			
East– Day Resource Center, Jessup	78.80			
North– Ellicott City, George Howard Building	82.10			
Central – Columbia Medical Practice	84.90			

Source: <https://www.rwjf.org/en/library/interactives/whereliveaffectshowlongyoulive.html>

# CDSME UPDATE

- Upcoming CDSME Winter/Spring schedule is being finalized with collaborations previously in motion
  - New referrals were discussed in breakout groups to help promote and fill class seats.
- New host sites will be explored and connected for Spring 2019
  - Inside the Howard Community College Food Pantry
  - Howard County Public School System Employee Wellness Program
  - Giant Food 's store tours
- CDSME leader trainings to offer embedded leaders within more organizations.

# Report of Asthma Objectives for FY 19

## By June 30 2019:

- Participation in evidenced based asthma education for priority populations will be increased by 5%\*
- Asthma-related services/ awareness messages included in 4 action alerts



# SCREENSHOT OF HCPSS WEBSITE

www.hcpss.org/health/medications/

Howard County Public School System

Español | 中文 | 한국어 | Chin

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Health Medications Allergies Diabetes Immunizations

## Taking Medications at School

Any medications required during school hours including prescription, "over-the-counter" (OTC) and homeopathic/herbal medications require a medication order signed by an approved health care provider and are subject to the HCPSS medication policy and procedure.

- **Have a student with allergies?** Learn more about ordering an epipen and our allergic reaction protocols →
- **Have a student who is diabetic?** This requires a different form. Learn more about medication procedures and school day protocols for diabetic students →
- **Have a student with asthma?** Your child should complete an [asthma action plan that's available at school](#) →



School health room staff administer medications, store medications in the school's health room and keep records of when medications are taken by the student.

### Approved Non-Medications

The items below are not considered medications. Students may bring the items to school without a medical prescription. Health Services requests that a parent/guardian note accompany the item to serve as permission to bring to school.

- Sunscreen
- Chapstick
- Hand lotion
- Non-medicated cough drops
- Saline contact solution

# SCREENSHOT OF HCPSS WEBSITE

**DRAFT**

## Managing Asthma at School

Asthma is the leading chronic disease in children. It is also the top reason for missed school days. If your child has asthma, know what forms your school requires for managing medicines and asthma episodes at school. You must send a new set of signed forms to the school each year.

- [Asthma Action Plan](#)
- [Medication Release Form](#)
- [Information Exchange Consent](#)

The health room is where the student will be able to manage their asthma, take their inhaler or test their peak flow levels under the supervision of the school nurse. Nurses have been trained on how to care for students with asthma and are responsible for the storage of all student-related asthma management supplies.

### Peak Flow Monitoring

Parents should determine in the form when a student's peak flow levels need to be tested. Flow action plans should be explained in the form if applicable, along with an exercise plan for school staff to follow.

### Replenishing Supplies or Medication Changes

Parents are required to provide the school with all necessary supplies/equipment, including medication refills and chambers.

### Student Self-Performing Procedures

A family physician must verify in the asthma action plan form if a student can self-administer their rescue inhaler. The school nurse and parent must verify the student's competency in self-performing any asthmatic procedure.



### Field Trips

Students with a asthma action plan should indicate the appropriate procedures for when they are attending a school-sponsored field trip in the field trip packet.

Parents should meet with a school nurse in advance to find out how to coordinate a student's asthma management schedule with the field trip's schedule.

School	# of Current Asthmatics	# of standing orders for inhalers/nebulizers	# of Asthma Action Plans	# of students insured in the school
Bollman Bridge	90	16	0	693
Bryant Woods	76	14	0	410
Cradlerock	28	11	3	494
Deep Run	74	6	0	675
Guilford	54	9	0	444
Laurel Woods	87	16	4	665
Longfellow	41	20	0	453
Phelps Luck	73	21	0	511
Running Brook	54	20	0	483
Stevens Forest	49	10	0	391
Swansfield	91	11	1	579
Talbott Springs	62	14	1	465
<b>Total:</b>	<b>779</b>	<b>168</b>	<b>9</b>	

# MODIFIED PARENT/GUARDIAN AUTHORIZATION

## Maryland State School Asthma Medication Administration Authorization Form

ASTHMA ACTION PLAN \_\_\_\_\_ Date \_\_\_\_\_ to \_\_\_\_\_ Date \_\_\_\_\_ (not to exceed 12 months)



Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ PEAK FLOW PERSONAL BEST: \_\_\_\_\_  
 Parent/Guardian's Name: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

TRIGGER (LIST)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

ASTHMA SEVERITY:  Exercise Induced  Intermittent  Mild Persistent  Moderate Persistent  Severe Persistent

CHECK SYMPTOMS / INDICATIONS FOR MEDICATION USE	GREEN ZONE	CONTROLLER MEDICATION - USE DAILY AT HOME UNLESS OTHERWISE INDICATED			
	<input type="checkbox"/> Breathing is good <input type="checkbox"/> No cough or wheeze <input type="checkbox"/> Can work, exercise, play <input type="checkbox"/> Other: _____ <input type="checkbox"/> Peak flow greater than _____ (80% personal best)	Medication	Dose	Route	Frequency/Time
					<input type="checkbox"/> School
					<input type="checkbox"/> School
EXERCISE ZONE	Medication (Rescue Medication)	Dose	Route	Frequency/Time	
<input type="checkbox"/> Prior to exercise/sports/physical education (PE)	If using more than twice per week for exercise/sports/PE notify the health care provider and parent/guardian.				
YELLOW ZONE	RESCUE MEDICATIONS - TO BE ADDED TO GREEN ZONE MEDICATIONS FOR SYMPTOMS				
<input type="checkbox"/> Cough or cold symptoms <input type="checkbox"/> Wheezing <input type="checkbox"/> Tight chest or shortness of breath <input type="checkbox"/> Cough at night <input type="checkbox"/> Other: _____ <input type="checkbox"/> Peak flow between _____ and _____ (50%-79% personal best)	Medication	Dose	Route	Frequency/Time	
	If symptoms do not improve in _____ minutes, notify the health care provider and parent/guardian. If using more than twice per week, notify the health care provider and parent/guardian.				
RED ZONE	EMERGENCY MEDICATIONS - TAKE THESE MEDICATIONS AND CALL 911				
<input type="checkbox"/> Medication is not helping within 15-20 mins <input type="checkbox"/> Breathing is hard and fast <input type="checkbox"/> Nasal flaring or intercostal retraction <input type="checkbox"/> Lips or fingernails blue <input type="checkbox"/> Trouble walking or talking <input type="checkbox"/> Other: _____ <input type="checkbox"/> Peak flow less than _____ (50% personal best)	Medication	Dose	Route	Frequency/Time	
	CONTACT THE PARENT/GUARDIAN AFTER CALLING 911.				

***"I authorize the administration of the medications as ordered above and the disclosure and exchange information necessary to coordinate my child's treatment and service between the authorizing provider and school nurse.***

***I authorize that my child is  is not  authorized to self-carry his/her medication(s)."***

**HEALTH CARE PROVIDER AUTHORIZATION**  
 I authorize the administration of the medications as ordered above.  
 Student may self-carry medications  Yes  No  
 Health Care Provider Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

**PARENT/GUARDIAN AUTHORIZATION**  
 I authorize the administration of the medications as ordered above and the disclosure and exchange information necessary to coordinate my child's treatment between the the authorizing provider and school nurse. I acknowledge that my child is not authorized to self-carry his/her medication(s):  
 Signature: \_\_\_\_\_

**REVIEWED BY SCHOOL NURSE**  
 Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Authorized to self-carry medications:  Yes  No

10/2018

# DISCUSSION:

## Implementation of Asthma Action Plan for Case Management

# ASTHMA ACTION PLAN GUIDED QUESTIONS

1. Looking at the modified MSDE asthma action plan, is the wording legally appropriate and understandable to the lay public?
2. Thinking of your clinic flow and procedures with patients, do you see any barriers to implementation (e.g. time needed to explain new consent component, etc.)
3. What types of supports or strategies would need to be put into place to overcome your practice barriers? (change in clinic SOPs, etc.)
4. Thinking of your patient population, do you see any barriers to implementation (e.g. distrust, etc.)
5. what types of supports or strategies would need to be put into place to overcome your patient-specific barriers? (production of educational materials, etc.)

# NEXT STEPS AND MEETING WRAP-UP

## January Full LHIC

Thursday, January 24

8:30 a.m. – 10:30 a.m

## Access to Care Work Group Meeting

Tuesday, February 10

9:00 a.m. – 10:30 a.m.

Barton A & B