



# Community Health Worker Asthma Training Program

## LEARNING COLLABORATIVE #1

**March 23<sup>rd</sup>, 2020**

# WELCOME!

## Agenda

- Introductions

- PHSKC Team
- King County CHWs & Supervisors
- Southwest WA CHWs & Supervisors

- Learning Goals & Overview

Dr. Stout will provide an overview and anecdote of how to enroll Asthma Patients in an Asthma Home Visit

Michelle DiMiscio (Public Health) will facilitate the discussion on phone screening eligibility calls and health care provider template

## Remote Visits—COVID 19

## Questions & Comments

# LEARNING COLLABORATIVE GOALS

## 1. Ongoing support, consultation and guidance from the Public Health CHW Asthma Team

- Asthma Home Visit model
  - Encounter Forms & Supervisor Checklist
  - Protocols
- Online Tutorial FAQs

## 2. Learn from peers from their success & barriers

Overview by Dr. Jim  
Stout

# TOPIC #1: ENROLLING PATIENTS TO COMPLETE AN ASTHMA HOME VISIT

# FINDING POORLY CONTROLLED ASTHMA PATIENTS

- Patient Name, date of birth, Medical Record Number (if available/appropriate)
- Time window (look-back) Suggest October 2018 until present
- Date and Type of Visit (ICU stay, Hospitalization, Emergency Room visits, Urgent Care visits, Acute clinical visits.
- Rank-ordering list

# FINDING POORLY CONTROLLED ASTHMA PATIENTS (CONTINUED)

- Key informants:

- Health care providers

- Community-Based Organizations

- You

- Patients

- This service is best used by patients with *poor asthma control*

# TOPIC #1: ENROLLING PATIENTS TO COMPLETE AN ASTHMA HOME VISIT

Michelle DiMiscio overview of :

- Eligibility Phone Screening Call with a Child Patient
- Provider Summary Template

# ELIGIBILITY PHONE SCREENING QUESTIONNAIRE - CHILDREN

## PHONE SCREENING CONTACT INFORMATION

1.	INTERVIEWER'S INITIALS: _____
2.	PATIENT NAME: First: _____ Last: _____
3.	CARETAKER NAME: First: _____ Last: _____
4.	PATIENT AGE _____ (If $\geq 18$ , USE THE ADULT SCREENING FORM)
5.	LANGUAGE OF INTERVIEW: <input type="checkbox"/> <sub>1</sub> English <input type="checkbox"/> <sub>2</sub> Spanish <input type="checkbox"/> <sub>3</sub> Somali
6.	PHONE NUMBER PHONE 1 _____ PHONE 2 _____



# ELIGIBILITY PHONE SCREENING QUESTIONNAIRE- CHILDREN

INTERVIEW COVER SHEET		DISPOSITION	
Make <u>3 attempts</u> to connect with participant before closing file.		Action	
Call Log	<b>Call 1: Date: _____ Time: _____</b> <input type="checkbox"/> <sub>1</sub> Complete <input type="checkbox"/> <sub>2</sub> Left Message <input type="checkbox"/> <sub>3</sub> Left Message to call KCAP <input type="checkbox"/> <sub>4</sub> No Answer <input type="checkbox"/> <sub>5</sub> Wrong Number <input type="checkbox"/> <sub>6</sub> Disconnected <input type="checkbox"/> <sub>7</sub> Wants call back: _____	_____ C1:	
	<b>Call 2: Date: _____ Time: _____</b> <input type="checkbox"/> <sub>1</sub> Complete <input type="checkbox"/> <sub>2</sub> Left Message <input type="checkbox"/> <sub>3</sub> Left Message to call KCAP <input type="checkbox"/> <sub>4</sub> No Answer <input type="checkbox"/> <sub>5</sub> Wrong Number <input type="checkbox"/> <sub>6</sub> Disconnected <input type="checkbox"/> <sub>7</sub> Wants call back: _____	_____ C2:	
	<b>Call 3: Date: _____ Time: _____</b> <input type="checkbox"/> <sub>1</sub> Complete <input type="checkbox"/> <sub>2</sub> Left Message <input type="checkbox"/> <sub>3</sub> Left Message to call KCAP <input type="checkbox"/> <sub>4</sub> No Answer <input type="checkbox"/> <sub>5</sub> Wrong Number <input type="checkbox"/> <sub>6</sub> Disconnected <input type="checkbox"/> <sub>7</sub> Wants call back: _____	_____ C3:	
	<b>Final Disposition</b> <b>Completed eligibility interview?</b> <input type="checkbox"/> <sub>1</sub> Yes date ____/____/____ <input type="checkbox"/> <sub>2</sub> Refused <input type="checkbox"/> <sub>3</sub> Interview terminated during <input type="checkbox"/> <sub>4</sub> Contact Limit Reached <input type="checkbox"/> <sub>5</sub> Other (specify) : _____	____Disposition	
	<b>Participant Eligible?</b> <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No		
	<b>Enrollment Visit Scheduled:</b> <input type="checkbox"/> <sub>1</sub> YES <input type="checkbox"/> <sub>2</sub> NO IF YES: _____		DATE/TIME

# ELIGIBILITY PHONE SCREENING QUESTIONNAIRE- CHILDREN

Q#	SECTION 1 - INTRODUCTION- (I)
	Hello, this is [ CHW ] from the King County Asthma Program, Public Health Seattle-King County. Is [PARENT'S NAME] available?
I0.	<p>I am contacting you regarding a free service for children with asthma and I want to ensure that I am speaking to the proper individual. Are you the parent of [child's name]?</p> <p><input type="checkbox"/>1 <b>Yes:</b> If Yes, <b>Which one of the following best describes the child's relationship with you?</b></p> <p><input type="checkbox"/>1 Biological parent    <input type="checkbox"/>2 A relative of the child</p> <p><input type="checkbox"/>3 I am the child's foster parent (<b>Not Eligible if Under Foster Care</b>)</p> <p><input type="checkbox"/>4 Other: _____ (example: guardian)</p> <p><b>Continue</b> ⇒Skip to I2</p> <p><input type="checkbox"/>2 <b>No:</b> read the scripts for “NO” below, first confirming if they know the patient.</p>
I1	<p>Would it be possible to schedule a callback so that I can talk to [PARENT's name] directly?</p> <p><b>If able to schedule a call back:</b></p> <p>“When would be a good time to call back to talk to [PARENT's name]?”</p> <p>Great! Will you let him/her know, I'll try calling again at _____ [specific time/date – later the same day].</p> <p><b>Unable to schedule call back:</b></p> <p>“If he/she wants to call me, do you have a pencil and paper? She/he can call me at 206-263-XXXX ”</p> <p>“Please let him/her know that Public Health is able to help individuals with asthma through a free home visiting service coordinated with their medical provider. The program provides people with information and supplies to control asthma.”</p>

ELIGIBILITY PHONE  
SCREENING  
QUESTIONNAIRE-  
CHILDREN

I2

**[PARENT's name], this is [CHW]. Is now a good time to talk?**

☐ **1 YES: Continue** ⇒Skip to I3

☐ **2 NO:** If No: Would it be possible to schedule a callback when you have time to talk?

☐ **3 Wants a CHW to call back:** When would be a good time to call you back? Great!

I'll call you again at \_\_\_\_\_ [specific time/date – later the same day]. Please write this appointment time down on a calendar so you will be sure to remember.

☐ **4 Participant Wants to call back:** If you want to call me, do you have a pencil and paper? You can call me at 206-263-XXXX.

I3

**I am [name] from Public Health– Seattle & King County, working on the King County Asthma Home Visit project which is a program that provides home visit services to people with asthma that is coordinated with your medical provider.** I am following up with you because **your CHILD'S doctor sent you a letter** about this free program for individuals with asthma that would involve free home visiting services, coordinated with your medical provider. We are returning your call OR your doctor referred you to us.

ELIGIBILITY PHONE  
SCREENING  
QUESTIONNAIRE-  
CHILDREN

I2

**[PARENT's name], this is [CHW]. Is now a good time to talk?**

☐ **1 YES: Continue** ⇒Skip to I3

☐ **2 NO:** If No: Would it be possible to schedule a callback when you have time to talk?

☐ **3 Wants a CHW to call back:** When would be a good time to call you back? Great!

I'll call you again at \_\_\_\_\_ [specific time/date – later the same day]. Please write this appointment time down on a calendar so you will be sure to remember.

☐ **4 Participant Wants to call back:** If you want to call me, do you have a pencil and paper? You can call me at 206-263-XXXX.

I3

**I am [name] from Public Health– Seattle & King County, working on the King County Asthma Home Visit project which is a program that provides home visit services to people with asthma that is coordinated with your medical provider.** I am following up with you because **your CHILD'S doctor sent you a letter** about this free program for individuals with asthma that would involve free home visiting services, coordinated with your medical provider. We are returning your call OR your doctor referred you to us.

ELIGIBILITY PHONE  
SCREENING  
QUESTIONNAIRE-  
CHILDREN

**I would like to tell you more about the program and ask some questions to see if your family is eligible for the program. The questions will take about 15 minutes of your time. Is that okay?**

☐ **1 YES:** Please make yourself comfortable and get a pencil and paper and a calendar if possible. This might help with answering the questions.

☐ **2 NO: doesn't want to continue:** explore reason

☐ **If not enough time,** reschedule \_\_\_\_\_

☐ **If unsure about participating:** explore reasons and tell participant about the benefits \_\_\_\_\_ [reasons]

**Can I continue with asking the questions?**

☐ **1 YES:** Program overview, next section

☐ **2 NO** Thank you for your time. If you should decide later you would like to enroll please call: 206-263-8182, or talk to your doctor.

## ELIGIBILITY PHONE SCREENING QUESTIONNAIRE- CHILDREN

### PROGRAM OVERVIEW

#### Overview

The “Clinic Home Connections” King County Asthma Program is a four month program that focuses on children and adults with asthma between the ages of 5 and 75. In order to find out if you are eligible, I will ask you a number of questions related to your CHILD’S asthma. Your answers to the questions are confidential and will be placed in a locked filing cabinet that only program staff can access. If YOUR family is eligible, we will schedule a community health worker to come see you at your home. During the first visit, we will ask you and your child some questions related to your child’s asthma. We will also ask you AND YOUR CHILD to sign a consent form saying that you want to participate. For participating in the asthma program, you will receive supplies such as a vacuum cleaner and bedding covers to help lower asthma triggers. You will also receive education to better control your CHILD’S asthma. The home education visits are done by a community health worker who will work with you AND YOUR CHILD to understand and learn ways to improve asthma control in your home.

Do you have any questions?

☐ <sub>1</sub> **Yes: Answer as appropriate and record question**    ☐ <sub>2</sub> **No: Continue**

Record question \_\_\_\_\_

Are you interested in continuing the eligibility screening?

☐ <sub>1</sub> **Yes: Continue**  
☐ <sub>2</sub> **No: ➔ Ask if he/she is willing to state why.**

Describe response: \_\_\_\_\_

# ELIGIBILITY PHONE SCREENING QUESTIONNAIRE- CHILDREN

Q#	SECTION 2 – ASTHMA SYMPTOMS (AS)	ELIGIBLE	NOT ELIGIBLE	RESPONSE
	<i>I have some questions to ask you about [CHILD NAME]'S <b>asthma</b> symptoms and medication.</i>			READ
AS1.	<p>Has a doctor ever diagnosed [CHILD NAME] with asthma?</p> <p><input type="checkbox"/><sub>1</sub> Yes, <input type="checkbox"/><sub>2</sub> No: <b>NOT ELIGIBLE</b> STOP: Go to section 6.</p> <p><input type="checkbox"/><sub>99</sub> Don't Know STOP: Go to Section 6</p>		<input type="checkbox"/> NE	_____AS1
	<i>Asthma symptoms include wheezing, coughing, tightness in the chest, shortness of breath, waking up at night because of asthma symptoms, and slowing down of usual activities. Now I am going to ask you about each of the specific types of asthma symptoms.</i>			READ
AS2.	<p>During the DAYTIME in the past 14 days, how many DAYS did [CHILD NAME] have asthma symptoms, such as wheezing, cough, tightness in the chest, or shortness of breath?</p> <p>Number of days: _____ [Enter 0 for None, 99 for Don't know]</p>	<p>&gt; 4 DAYS <u>eligible</u></p> <p><input type="checkbox"/> E</p>		_____AS2 Days
AS3.	<p>During the past 14 days, how many DAYS did [CHILD NAME] have to slow down or stop HIS/HER usual activities because of asthma, wheezing, cough, tightness in the chest, or shortness of breath?</p> <p>4DAYS                      ≥ 4 DAYS                      DAILY</p> <p><input type="checkbox"/><sub>1</sub> Not limited <input type="checkbox"/><sub>2</sub> some limits <u>eligible</u> <input type="checkbox"/><sub>3</sub> extremely limited <u>eligible</u></p>	<input type="checkbox"/> E		_____AS3 Number
AS4.	<p>During the NIGHTTIME in the past 14 nights, how many NIGHTS did [CHILD NAME] WAKE UP because of asthma, wheezing, cough, tightness in the chest, or shortness of breath?</p> <p>Number of nights: _____ [Enter 0 for None, 99 for Don't know]</p>	<p>&gt;1 Night <u>eligible</u></p> <p><input type="checkbox"/> E</p>		_____As4 Nights

## ELIGIBILITY PHONE SCREENING QUESTIONNAIRE- CHILDREN

AS5.	<p>During the past 14 days, about how many days did [CHILD NAME] use <b>ASTHMA RESCUE MEDICINE</b> (sometimes call a quick relief medicine) such as albuterol, Proventil, or Ventolin or ProAir?</p> <p>Number of days: _____ [Enter 0 for None, 99 for Don't know]</p>	<p>&gt; 4 DAYS <u>eligible</u></p> <p><input type="checkbox"/> E</p>	<p>_____ As5 Days</p>
AS6	<p>During the past 12 months, has [CHILD NAME] been hospitalized or gone to the emergency room because of asthma? <u>(Calculate 12 months from the interview date)</u></p> <p><input type="checkbox"/> <sub>1</sub> Yes <u>eligible</u>   <input type="checkbox"/> <sub>2</sub> No   <input type="checkbox"/> <sub>99</sub> don't Know/Unsure</p>	<p><input type="checkbox"/> E</p>	<p>_____ AS6</p>
	<p>Add up the number of "✓" for questions AS2 to AS6 in the Eligible column, if the sum is 0 (none checked), then the client is NOT ELIGIBLE.</p>	<p>_____</p> <p><input type="checkbox"/> NE</p>	



QUESTIONS?

Clinic Home Connections – Asthma Home Visit Report  
*Program of Public Health – Seattle & King County*

Dear **PROVIDER NAME**

Here is a summary of my visit with your patient: **PATIENT NAME** DOB: **1/01/1988**

It was a pleasure to meet this client and their family. We will have three additional home visits. If you would let us know that you received this letter, and provide any feedback on its content or issues to address on future home visits, we would appreciate it.

Sincerely,

**NAME**

Community Health Worker

**EMAIL ADDRESS**

Jim Stout, MD, MPH

Clinical Director

jstout@uw.edu

---

**Date of home visit: 1/26/18**

**Key Findings**

- Asthma is not well controlled with client reporting: asthma symptoms 2 days of the past 14 days; interruption of usual activities 4 days of the past 14 days, and waking up 5 nights out of the past 14 nights because of asthma symptoms.
- One or two other things you learned that have a significant impact on client's asthma, such as: Client has a controller inhaler but is not using it at this time and has no asthma action plan; or Client reports smoking cigarettes only some days.

# PROVIDER SUMMARY TEMPLATE

# ENROLLMENT PROVIDER TEMPLATE

## Home Environment

- Comment about dust, clutter, home cleanliness.
- Comment about tobacco/marijuana smoke in the home, if present.
- Comment about mold or moisture in the home, if present.
- Comment about pets in the home, if present.
- Another comment about the home that could be affecting client's asthma, if appropriate.

## Medications

- List medications client is using for asthma.
- Client is/is not using rescue inhalers as prescribed.
- Client is/is not using controller medicine as prescribed.
- Client has/does not have an asthma action plan for home and school.
- Another comment about medication that is affecting client's asthma, if appropriate.

## Strengths

- Comment about family support for asthma management, if it is present.
- Comment about client's motivation and ability to address asthma triggers.
- Comment about anything you noticed that will be helpful in controlling client's asthma.

# ENROLLMENT PROVIDER TEMPLATE

## **Other considerations**

- Comment about work or school situation that affects asthma, if appropriate.
- Comment about any barriers that you noted that will make it difficult for client to control asthma.

## **Supplies this household will receive:**

- Anti-allergen bed cover and pillow cover
- HEPA-filter vacuum and vacuum bags
- Green cleaning kit
- Medicine box and spacer
- Entryway walk-off mat
- Food storage containers

# DISCUSSION

# CURRENT SITUATION

- Exploring remote phone calls, video conferencing, facetimeing, etc. to complete the home visits.
- Michelle will provide an overview of the educational and environmental protocols that we learned in training and how they may possibly be modified

## Environmental and Educational Protocols

Devices:

Audio Only	Video Capable
Flip-Phones	iPhones (facetime)
Androids	Tablets
	Laptops/Desktops (skype/zoom)

Protocol	Green (Audio Only-Phone)	Yellow (Depending on Device)	Red (Not Possible)
Educational Protocols			
Asthma Basics (Adults and Children)		*Need to show graphics	
Colds and Asthma			
Communication with Provider and Access to Care			
Depression and Asthma			

REMOTE  
VISITS

Getting Help During and Asthma Attack			
Influenza and Flu Shots			
Medication Adherence & Technique			
Peak Flow Monitoring			
Seeking Emergency Care for Asthma			
Using a dust mask and asthma management			
Using an MDI and Spacer/DPI			
Using an Asthma Action Plan			

# REMOTE VISITS



Warning Signs of Asthma			
What happens when you call 911?			
What to do during an Asthma Attack			
Obesity and Asthma			
Environmental Protocols			
Asthma and Air Pollution			
Allergies & Pollen			
Assessing Household Products and Asthma			
Cleaning Checklist			
Clutter and Asthma			
Cold Homes and Asthma			

# REMOTE VISITS

Dust Control and Asthma			
Dust mites and Asthma			
Unsafe housing protocol			
Environmental Tobacco Smoke			
Mold and Moisture			
Occupational Asthma			
Asthma Triggers: Pets			
Cockroaches and Asthma			
Rodents and Asthma			
Woodsmoke and Asthma			

# REMOTE VISITS

# DISCUSSION

Topics for Learning  
Collaboratives

Scheduling for  
Learning  
Collaboratives

NEXT STEPS

THANK YOU!