



Missouri Telehealth Network

University of Missouri

Show-Me ECHO

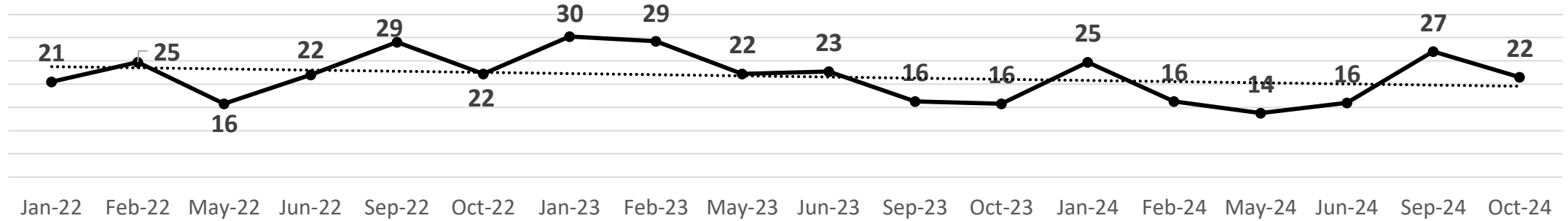
Asthma in Healthcare ECHO
January 2022 – October 2024 Snapshot



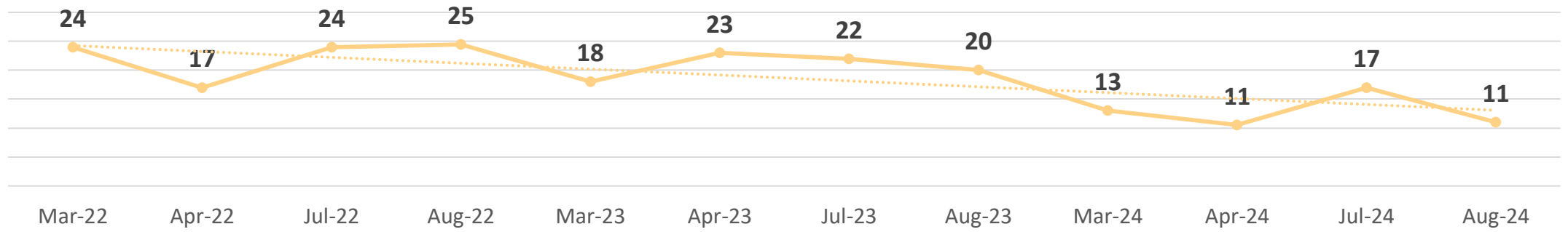


2022-2024 Average Session Attendance by Month (excluding hub team/staff)

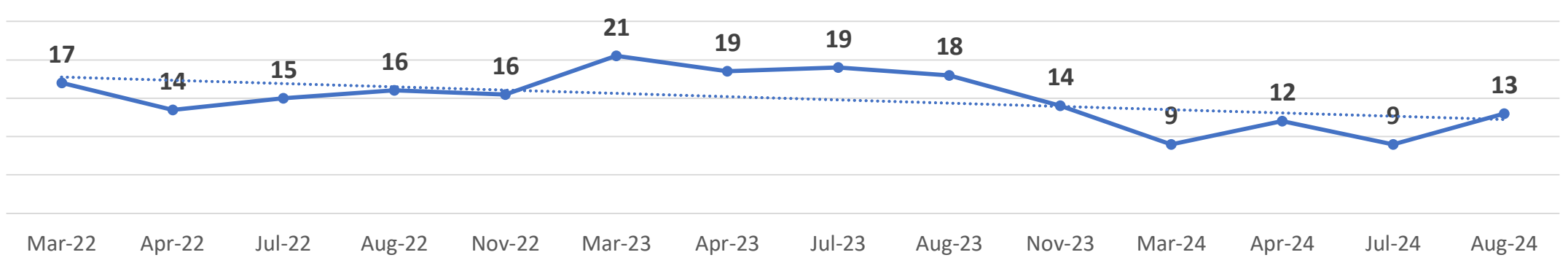
Impact
Asthma
[1]



ACA [2]

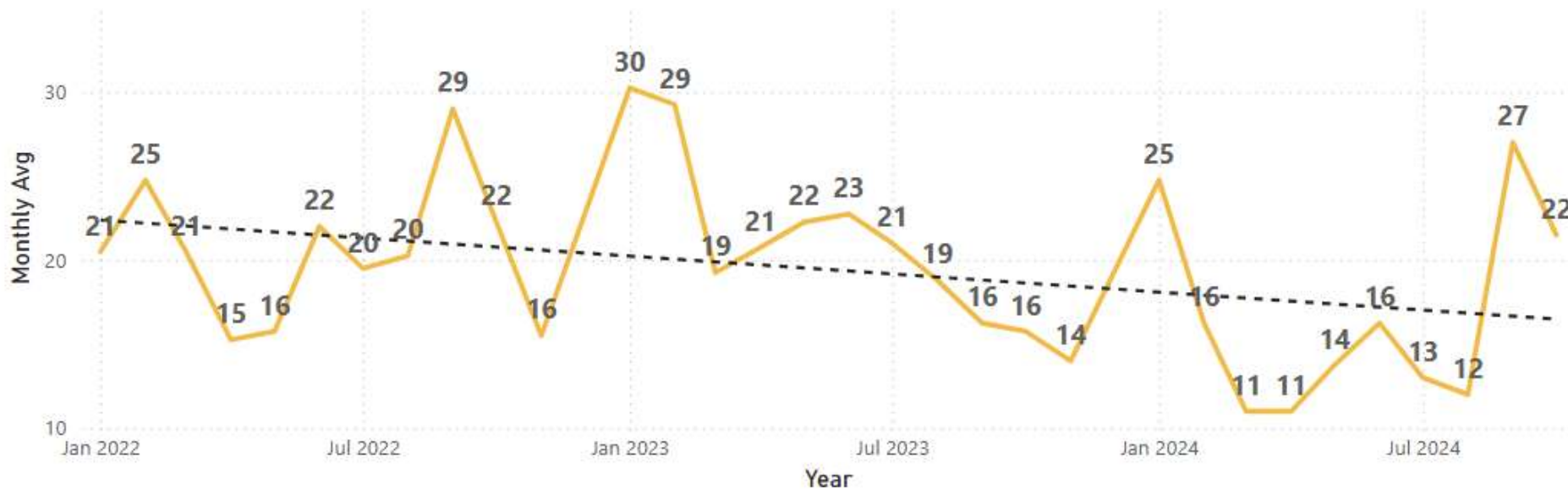


ACE [3]





2022 - 2024 Average Session Attendance by Month (excluding hub team/staff)



16

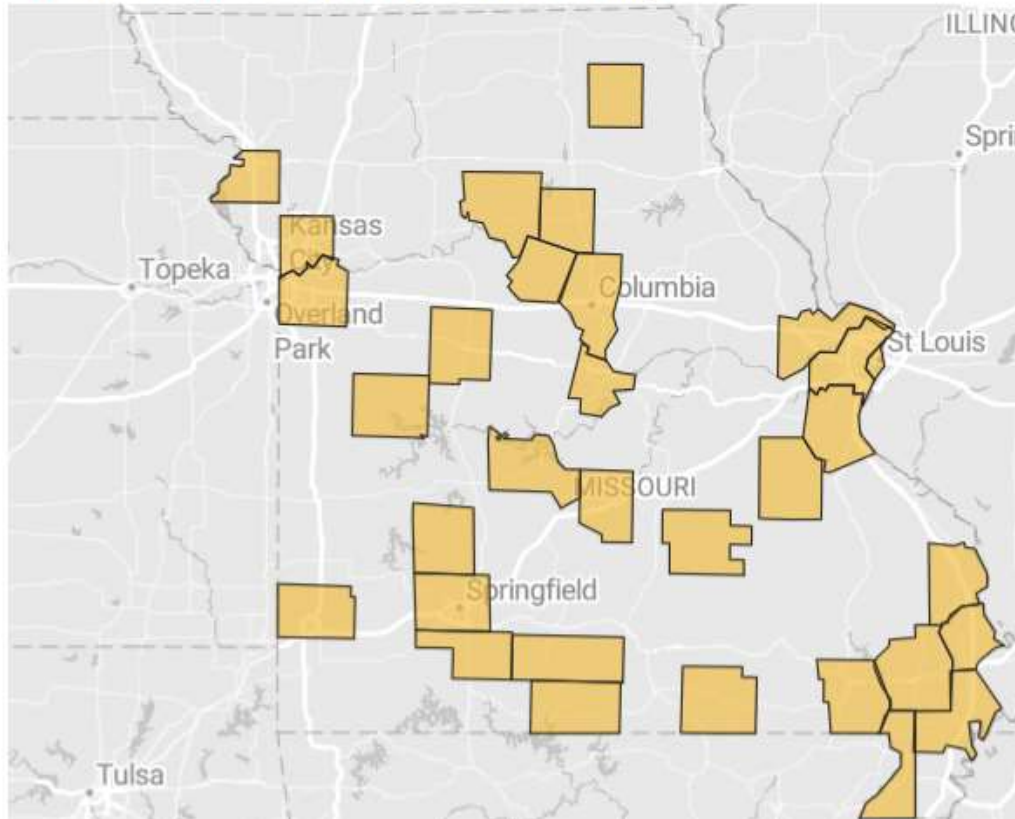
Rolling 12 Month
Average through
October 2024

*Months with no attendance are not included the average.

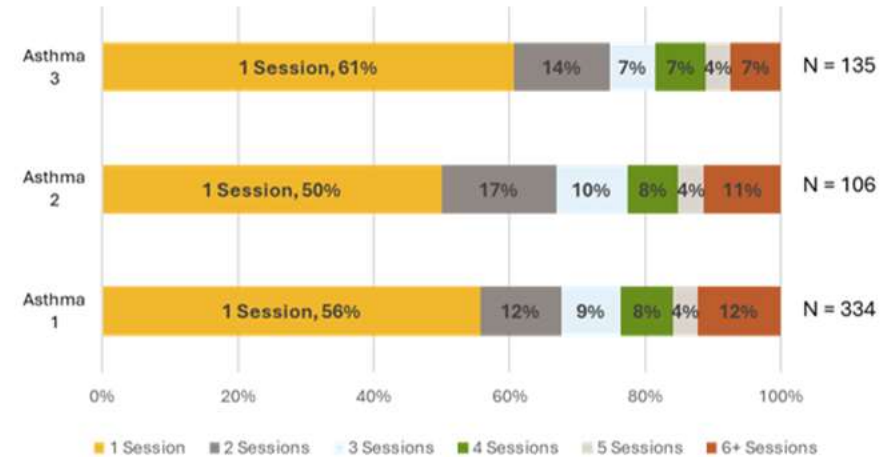
227
 Unique Attendees
32
 Counties

2024 Attendance Distribution

Attendee State and Attendee County

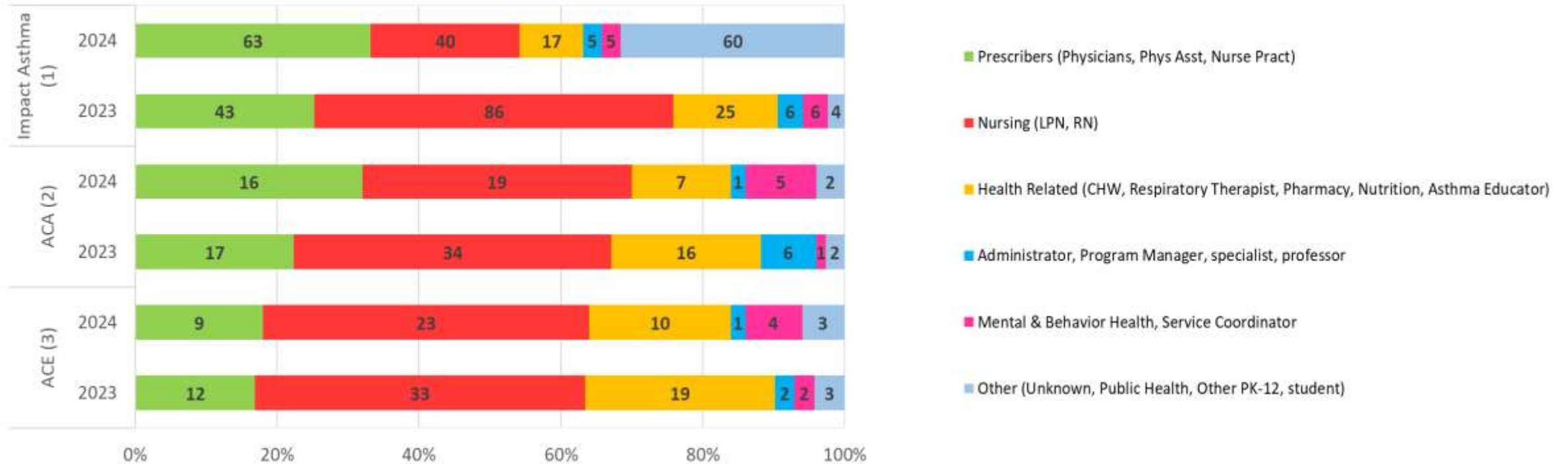


Last 2 Years (Nov 2022- Oct 2024)



Unique Participation by Credentials

Target Audience: Physicians, NPs, PAs, RNs, RTs, care managers, school nurses, CHWs, Asthma Educator, EMS





Impact
Asthma [1]

In 2024, 100% of sessions had a case. 46% of sessions had a case by a spoke.

		2022	2023	2024
# of Sessions	Total for Year	24	24	24
	With No Case	0	0	0
# of Cases	Presented by Hub	9	8	13
	Presented by Spoke	15	16	11
% of sessions with cases presented by Spokes		63%	67%	46%

ACA [2]

In 2024, 100% of sessions had a case. 75% of sessions had a case by a spoke.

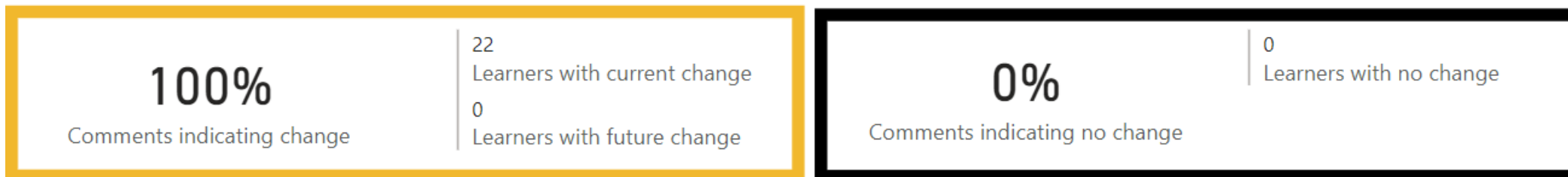
		2022	2023	2024
# of Sessions	Total for Year	8	8	8
	With No Case	3	1	0
# of Cases	Presented by Hub	1	2	2
	Presented by Spoke	4	5	6
% of sessions with cases presented by Spokes		50%	63%	75%

ACE [3]

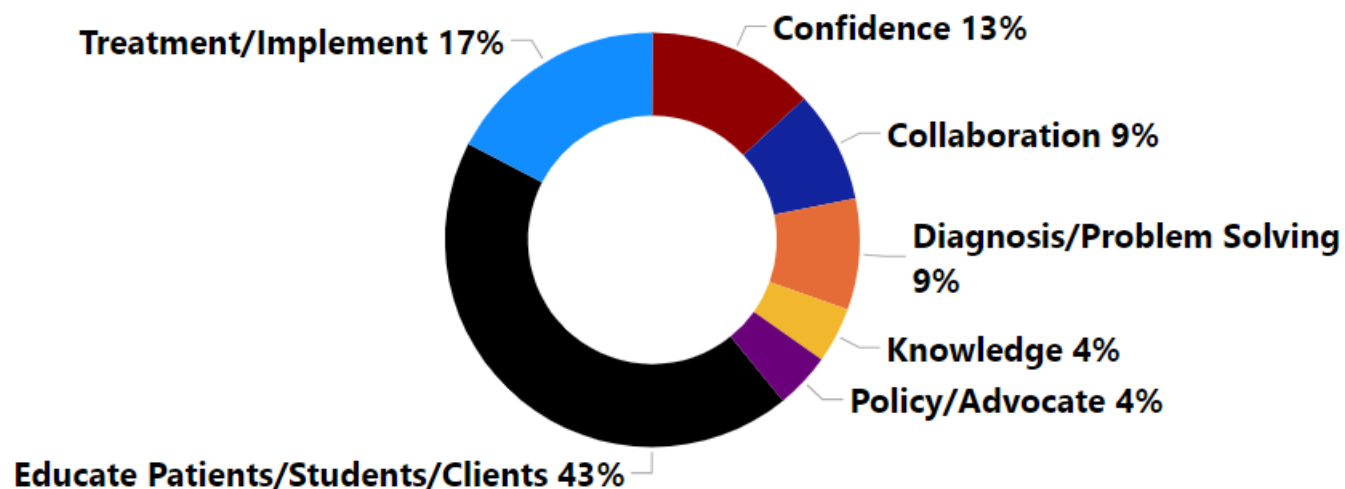
In 2024, 100% of sessions had a case. 75% of sessions had a case by a spoke.

		2022	2023	2024
# of Sessions	Total for Year	10	8	8
	With No Case	1	0	0
# of Cases	Presented by Hub	7	6	6
	Presented by Spoke	2	2	2
% of sessions with cases presented by Spokes		20%	25%	25%

Changes in Practice



Areas of Change



Changes in Practice

Collaboration

- Planning to emphasize provider participation in Asthma ECHO programs for clinics that sign LOAs for the ALPACAH/RCAT Project. Develop marketing relationship with Missouri Rural Health Association and Missouri Primary Care Association, including conference presentations.
- Work across settings to improve asthma outcomes for children – home, school, clinic and agencies.

Diagnosis/Problem Solving

- Using the asthma action score.
- We will integrate more uniform screenings/history and implement more objective monitoring.

Knowledge

- I really liked the in-depth look at management and identification of asthma triggers in the home and potentially school environment.

Treatment/Implement

- EPR-4 guidelines.
- Staying current on treatment and resource availability.
- Use asthma best practices.

Policy/Advocate

- We will continue to make progressive modification to daily practices as we evolve to meet quality measures and practice guidelines in pediatric asthma care.

Confidence

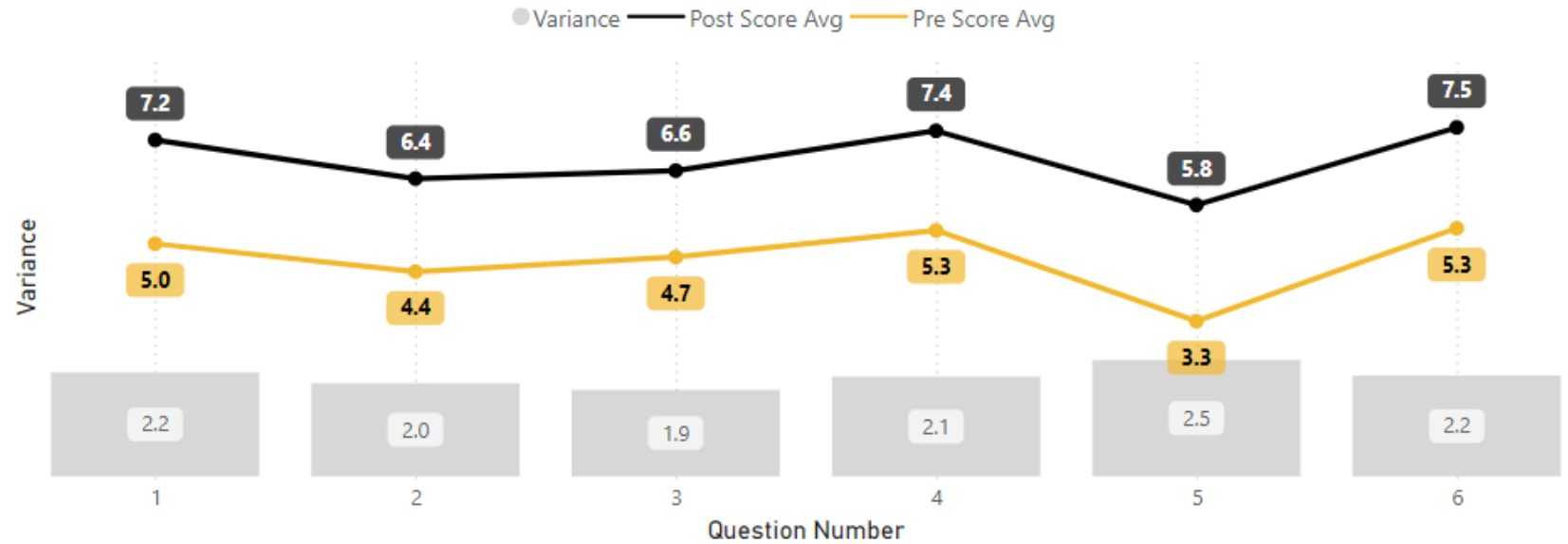
- Ask certain questions pertaining to the subject.
- I have found it helpful to have reinforced the education I already had to build my confidence in the knowledge base I have.
- More confidence in diagnosing.

Educate Patients/Students/Clients

- Continue to educate students and work on proper inhaler technique through use of In-Check dial, Asthma in a Minute cards, and FEV1 monitoring – along with investigating triggers and medication adherence.
- Giving different learning tools.
- Having more different cases presentation.
- I have more resources and information to share with healthcare workers and families.
- I learned a lot about environmental triggers. I thought the discussion from the asthma environmental assessor was very informative and will speak to my members parents with asthma children about those items.
- I will bring many of the suggestions and solutions presented during the ECHO sessions to the parents I work with. They will definitely benefit from them.
- I will continue to [speak] clinicians regarding SMART therapy.
- Improved care by having up-to-date information, encouraging parents to discuss treatment options with providers including SMART therapy.
- Offer up-to-date resources to staff trained. Offer up-to-date guidance with training and what I learn from cases – take those recommendations into practice and educating others.
- To provide education on the overall asthma condition.

Core Self-Efficacy Questions

- 0. Not confident at all
- 2. Not very confident
- 4. Somewhat confident
- 6. Confident
- 8. Very confident
- 10. Highly confident/expert



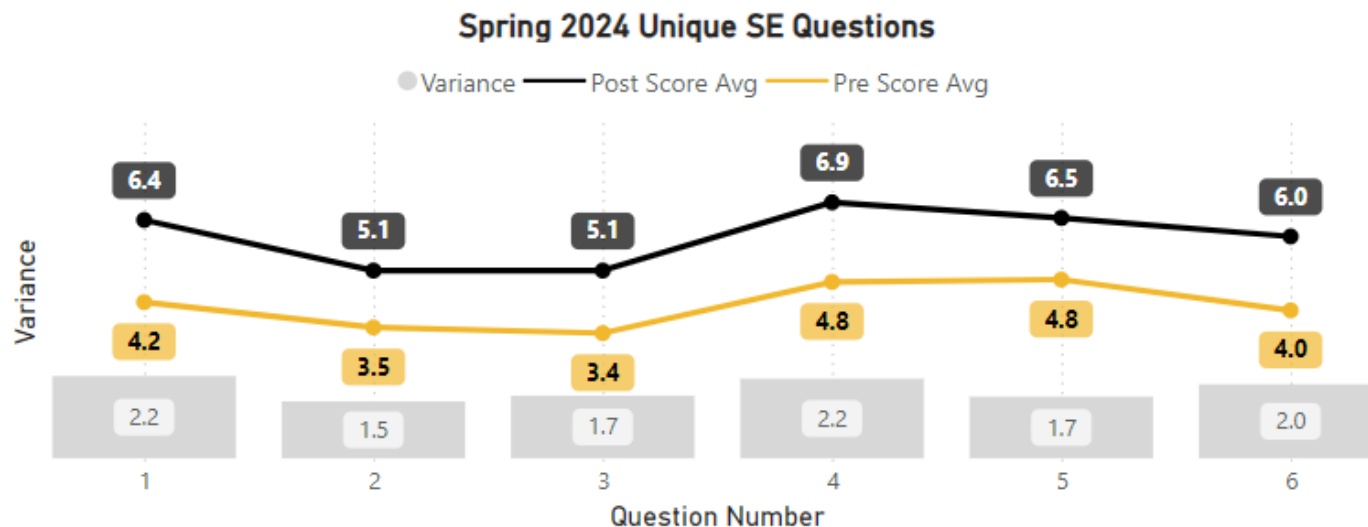
The variance value may vary by .1 due to rounding. Average N-size = 13.

Questions

- 1 Identify and treat asthma.
- 2 Prescribe the right medications and suggest proven ways to care for asthma.
- 3 Detect and make referrals to treat health concerns that are related to asthma.
- 4 Help my patients understand the reasons for their medications, the importance of taking them, and the treatment of asthma.
- 5 Serve as the local expert in my clinic and my part of the state for asthma.
- 6 Use what I have learned about asthma to treat those in my care.

Unique Self-Efficacy Questions

- 0. Not confident at all
- 2. Not very confident
- 4. Somewhat confident
- 6. Confident
- 8. Very confident
- 10. Highly confident/expert

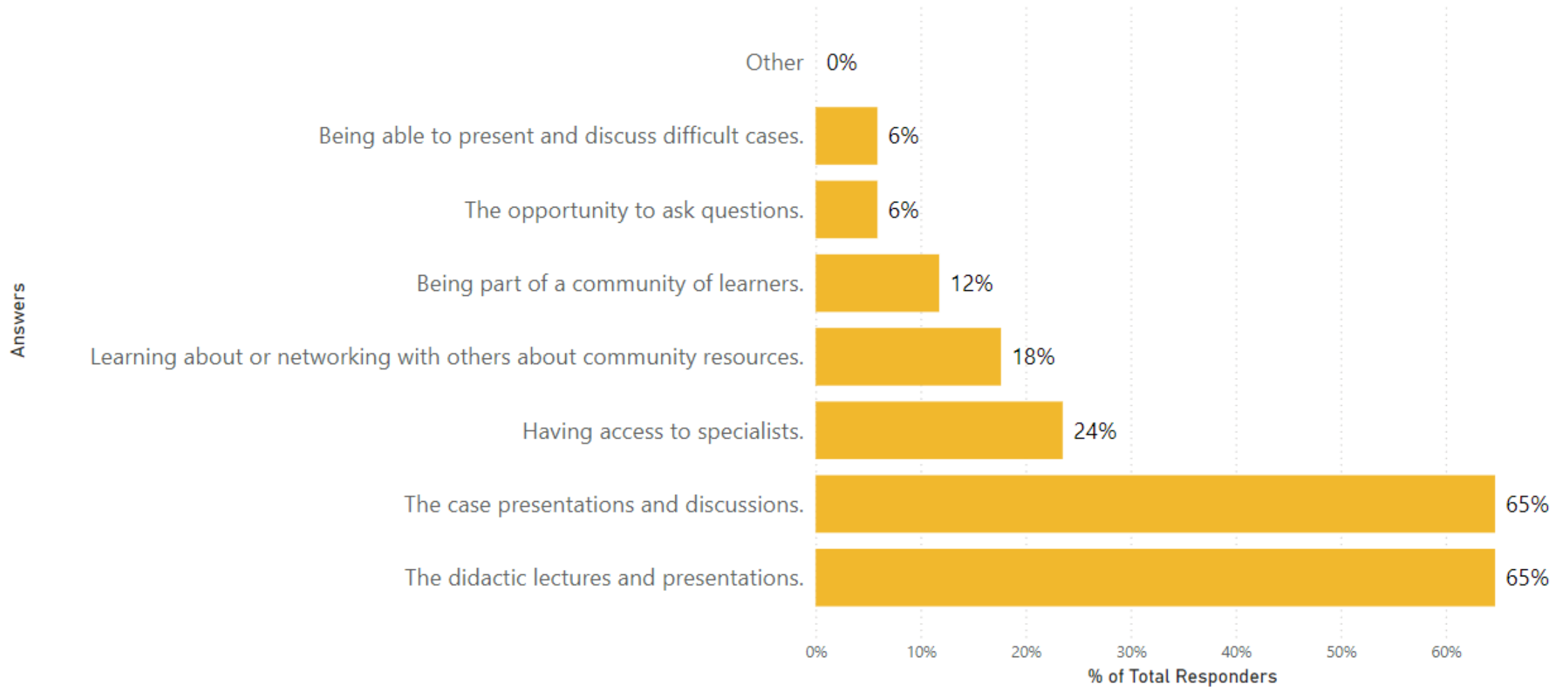


The variance value may vary by .1 due to rounding. Average N-size = 12.

Questions

- 1 Diagnose asthma by severity including intermittent, mild persistent, moderate persistent, and severe persistent.
- 2 Use objective measures of airflow to assess lung function impairment, response to treatment, and level of control including well controlled, not well controlled, very poorly controlled.
- 3 Use standardized asthma impairment and symptom scores to assess asthma control.
- 4 Assess patients' environmental triggers.
- 5 Intervene to reduce patients' environmental triggers.
- 6 Engage community-based health care workers to achieve better adherence and outcomes (e.g., school nurses, asthma educators, community health workers, and home visitors).

Most Helpful Aspects of this ECHO



Note: Respondents could choose up to two answers. Percentages on graph reflect the number of participants who chose that answer, and the total will not equal exactly 100%. N-size = 17.



Goals and Outcomes (Last Updated: 12/05/2023)

	Goals	Outcomes
Asthma 1 – Impact Asthma	Entry-level program defines asthma best practices for clinical and community-based professionals caring for people with asthma.	*Increase adoption of asthma best practices, addressing the 4 components of national asthma guidelines.
Asthma 2 – Asthma Care Accelerator	Providers interested in delivering high quality asthma care and education.	*Support practice-based quality improvement programs that enable providers to implement national asthma guidelines through adoption of best practices. *Increase numbers of outpatient visits for preventative asthma care.
Asthma 3 – Asthma Care & Education	To bring together clinic and community health professionals with asthma experts across disciplines to support coordinated services and better health outcomes through collective impact.	*Identify best practices for school, home, community, and clinical settings. *Meet state and national requirements for Asthma Educator and Asthma Home Environmental Assessment recertification (requirement is 7 hours of continuing education annually).



General Self Efficacy Questions (Last Updated: 12/05/2023)

I am confident I have the skills to....

1. Identify and treat asthma.
2. Prescribe the right medications and suggest proven ways to care for asthma.
3. Detect and make referrals to treat health concerns that are related to asthma.
4. Help my patients understand the reasons for their medications, the importance of taking them, and the treatment of asthma.
5. Serve as the local expert in my clinic and my part of the state for asthma.
6. Use what I have learned about asthma to treat those in my care.



Unique Self Efficacy Questions (Last Updated: 12/05/2023)

I am confident I have the skills to....

1. Diagnose asthma by severity including intermittent, mild persistent, moderate persistent, and severe persistent.
2. Use objective measures of airflow to assess lung function impairment, response to treatment, and level of control including well controlled, not well controlled, very poorly controlled.
3. Use standardized asthma impairment and symptom scores to assess asthma control.
4. Assess patients' environmental triggers.
5. Intervene to reduce patients' environmental triggers.
6. Engage community-based health care workers to achieve better adherence and outcomes (e.g., school nurses, asthma educators, community health workers, and home visitors).



Asthma - Topics Suggested by Participants (May 2024 & Oct 2024 Survey)

May 2024

- Community based education on the management of asthma.
- Current practices and how to appropriately administer inhalers
- Home and office assessment/technology
- Medications and spirometry
- New treatment
- Patient education, local resources to assist in patient care, refresh trainings on asthma monitoring tools within the school setting ie: FEV1.
- Peak flow/inhaler/neb techniques for all ages

Oct 2024

- Outer spectrum ones
- Environmental asthma trigger management and intervention. More information on community resources and how different aspects of asthma care and intervention are connected and accessed.
- Environmental home assessments
- Technique for teaching kids of all ages how to use their inhalers



Asthma 1 – Didactic Schedule

2023

- Applying Best Practices
- Monitoring Asthma Risk and Impairment
- Assessing and Managing Environmental Triggers
- Engaging Preventative Asthma Services
- Asthma Essentials - Part 1
- Monitoring Asthma Risk and Impairment
- Assessing and Managing Environmental Triggers
- Engaging Preventative Asthma Services

2024

- Asthma Essentials - Part 1
- Applying Best (Asthma) Practices
- Indoor Environmental Asthma Triggers
- Engaging Preventative Asthma Services
- Asthma Essentials - Part 1
- Applying Best (Asthma) Practices
- Indoor Environmental Asthma Triggers
- Engaging Preventative Asthma Services



Asthma 2 – Didactic Schedule

2023

- Quality Improvement Project: Principals
- Asthma Risk Patient Panel Report: Tool for Change
- Cause and Effect
- Practice Facilitation and Key Messages: Asthma Day
- Weatherization Assistance Programs
- School-based Programs
- Nurse Care Manager Role and Services

2024

- Quality Improvement Project: Principals
- Asthma Risk Patient Panel Report: Tool for Change
- Asthma National Guideline Practice Inventory: A Fresh Look
- Practice Facilitation and Key Messages: Asthma Day
- Asthma Self Care and the Environmental Home Assessment
- Asthma School Check-Up and Assessment: National Standards
- Case Presentations Asthma Day
- Case Presentations Asthma Day



Asthma 3 – Didactic Schedule

2023

- Asthma 3 Community Overview
- Home Environmental Assessment (Part 1)
- Asthma Risk and Impairment/Child Asthma Risk Assessment Tool
- Methods of Engaging Parents of Children with Asthma
- School-Based Asthma Education
- Outdoor Air Quality and Respiratory Health
- Asthma Key Messages
- Asthma Education and Healthy Homes Assessment Courses for Community Health Workers
- Environmental Assessment - Self-Help and Community Support
- Use of Administrative Claims Data to Support Population Health for Asthma

2024

- Use of Administrative Claims Data to Support Population Health for Asthma
- Asthma Key Messages
- Home Environmental Assessment (Part 1)
- Environmental Triggers for Asthma
- School-Based Asthma Care
- CARAT
- Methods of Engaging Parents of Children with Asthma
- Community Health Work Asthma Training and Care



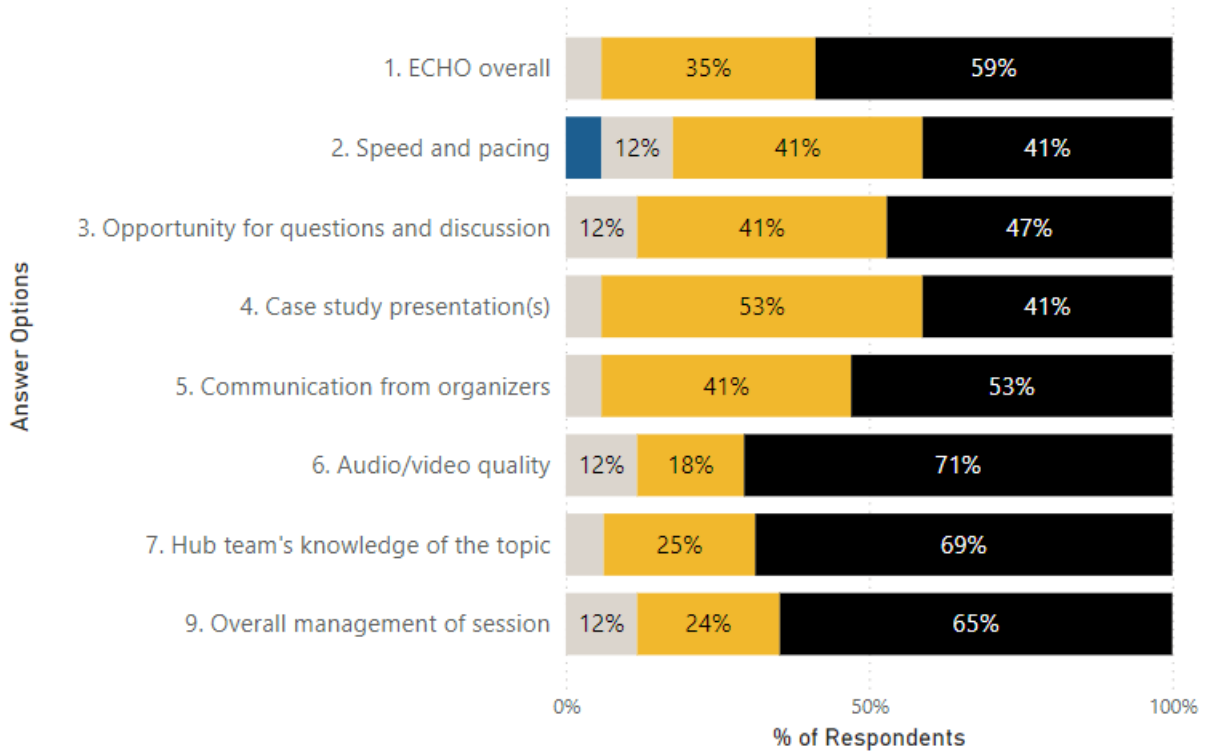
Participant Perspectives

Survey May 2024

How would you rate the following aspects of this ECHO?

% of Respondents by Answer Options

Answer ● Fair ● Average ● Good ● Excellent



% of Responses Good/Excellent

Answer Option	Spring '24	Fall '23	% Variance
6. Audio/video quality	88%	92%	-4%
7. Hub team's knowledge of the topic	94%	92%	1%
9. Overall management of session	88%	92%	-4%
4. Case study presentation(s)	94%	85%	10%
5. Communication from organizers	94%	85%	10%
1. ECHO overall	94%	77%	17%
2. Speed and pacing	82%	77%	5%
3. Opportunity for questions and discussion	88%	69%	19%
8. Scheduling / time of day		58%	-58%

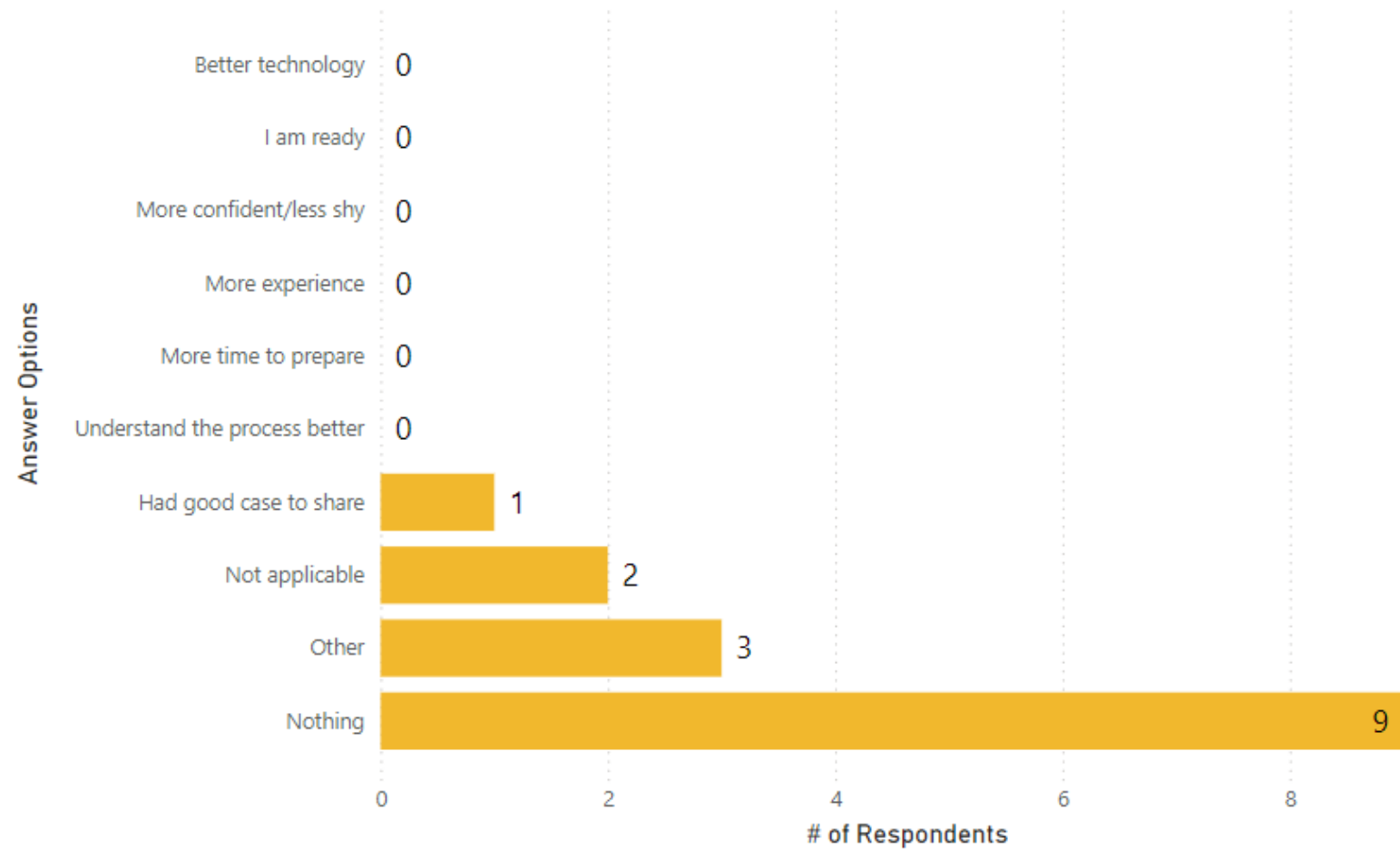
Note: Total Spring 2024 N-Size = 17. Total Fall 2023 N-Size = 13.

Comments

- Administration at my practice is supportive of ECHO, however, no patient care time can be used to attend. It would be helpful to focus on the didactics/discussions and not spend time on weekly introductions.
- I am sorry, but the time spent at the beginning of a seminar each time introducing people on the call is a waste. Why not just the moderator introduce themselves and each speaker or presenter introduce themselves prior to presenting the case or giving the didactic?
- I know it's necessary, but introductions take so long.
- I love ECHO!

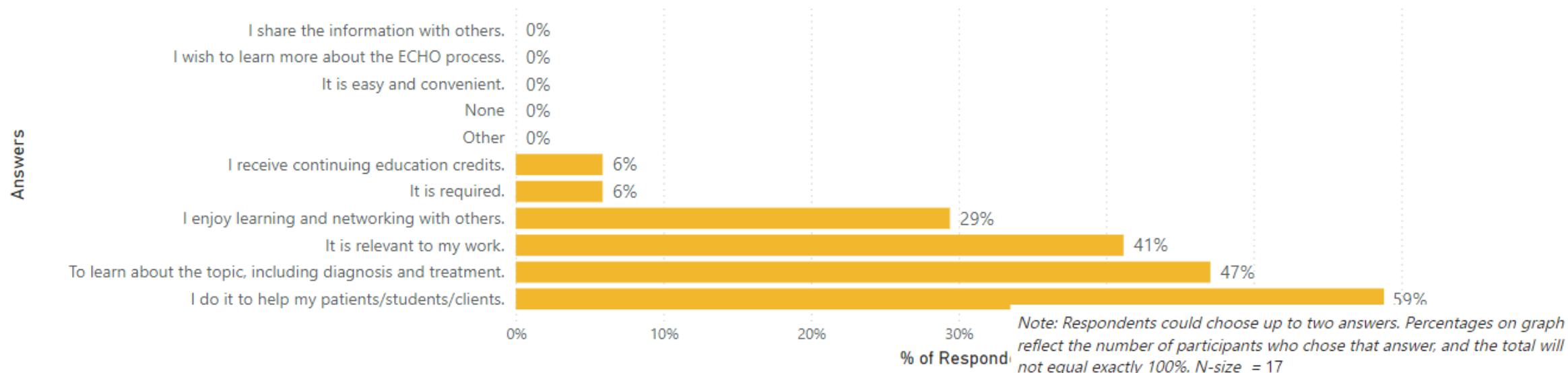
Participant Perspective

What would make you more likely to present a case?



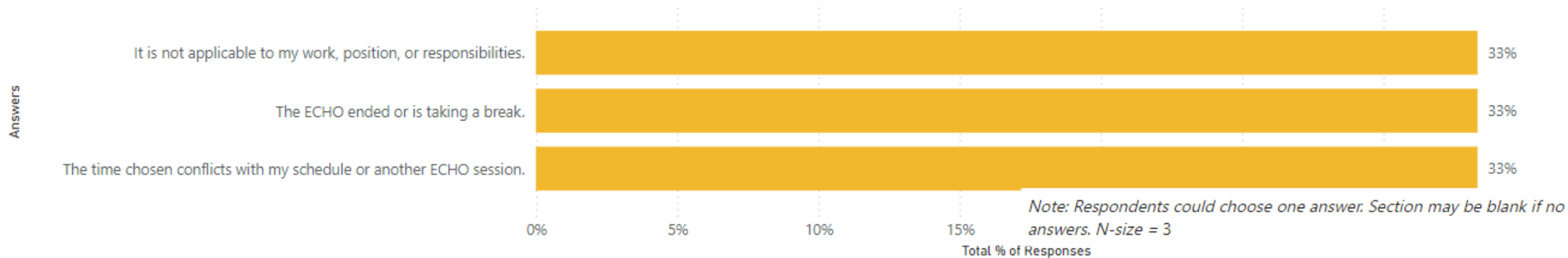
Why Do You Still Attend...

% of Respondents by Answer Option



... And Not Attend ECHOs.

Why Quit Attending



Missouri Telehealth Network

