

Engage, Educate & Empower



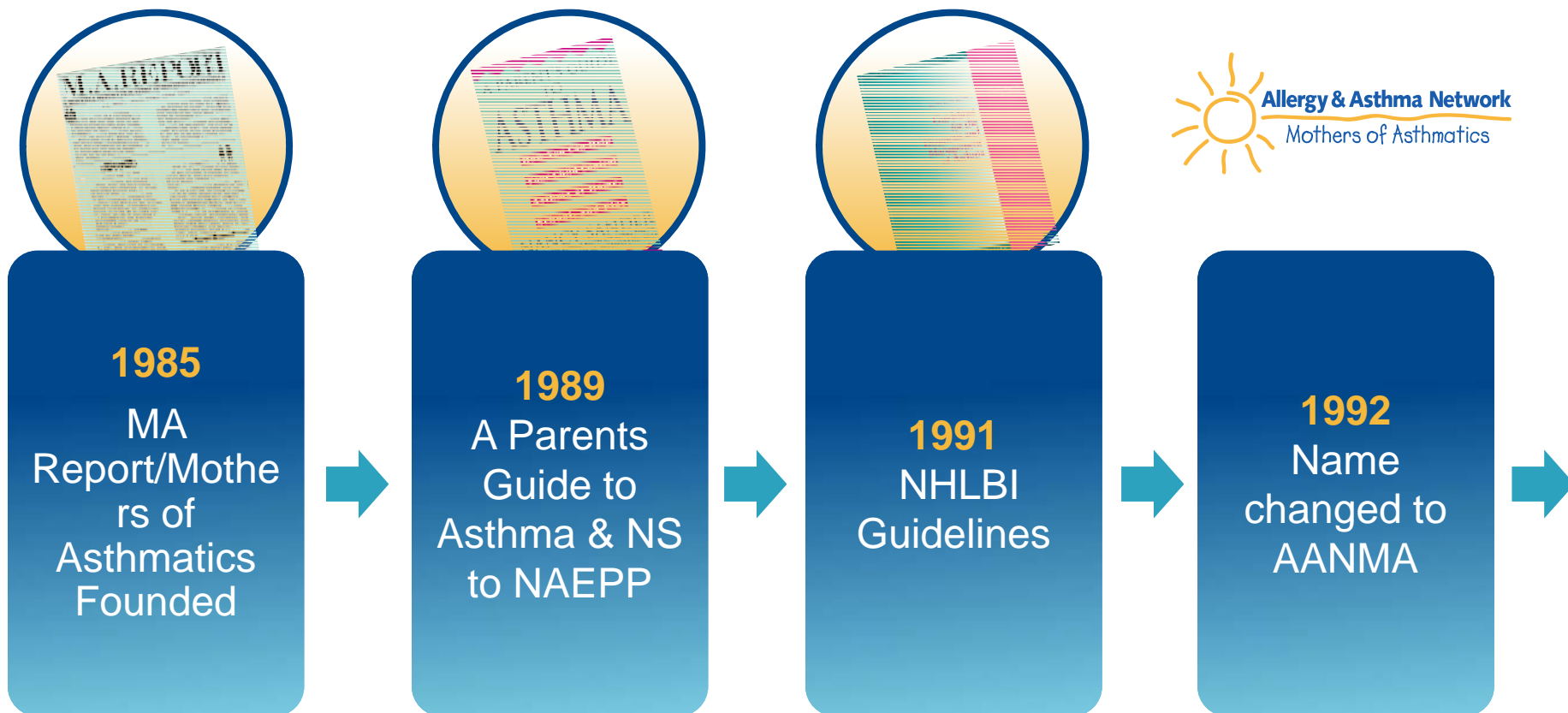
Tonya A. Winders, President & CEO

Disclosure

I have no relevant financial relationships with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services discussed in this CME activity. I do not intend to discuss an unapproved/investigative use of a commercial product/device in my presentation.

Who Are We?

“A patient-centered multidisciplinary network committed to ending the needless death and suffering due to asthma, allergies and related conditions through outreach, education, advocacy and research.”





1995
OTC
Bronchodilators
defeated &
Public Service
Award from
ACAAI



1998
First AADCH



1999
Launch
magazine



2000
Asthma
Report Card &
OTC
antihistamines
introduced





2004
HR 2023
signed into
law-CHASM



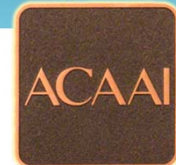
2006
CHASM-
illegal
nebulizer
meds



2010
ACE's
Program



2012
CEO
Succession
Planning &
ACAAI
Distinguished
Service
Award



ENGAGE

▶ Outreach

- Professional Members-ACAAI, AAAAI, AAP, AAPA-AAI, AAE, AARC, NASN, ATS, CHEST, CCA, ASAN
- Personal/Families-Health Fairs, School Trainings, Web-based patient & caregiver engagements, Website

People do not care how much you know until they know how much you care!

Principals to Effective Education

- ▶ Adapt teaching to the patient's level of readiness, past experience, cultural beliefs and understanding
- ▶ Create an environment conducive to learning with trust, respect and acceptance
- ▶ Involve patients throughout the educational process by encouraging them to establish their own goals and evaluate their own progress to enhance self- management
- ▶ Identify patient's perceptions of healthcare to improve patient motivation for self- management
- ▶ Provide opportunities for patients to demonstrate their understanding of information and to practice skills

Barriers to Effective Education

- ▶ Physical condition
- ▶ Socioeconomic considerations
- ▶ Lack of support systems
- ▶ Misconceptions about disease and treatment
- ▶ Low literacy and comprehension skills
- ▶ Cultural and ethnic background and language barriers
- ▶ Lack of motivation
- ▶ Environment
- ▶ Negative past experiences
- ▶ Denial of personal responsibility

How to Start

- ▶ Identify the educational needs of each patient
- ▶ Gather information about patient's daily activities, knowledge, health beliefs, and level of understanding
- ▶ Tailor education to each patient's educational level and cultural beliefs
- ▶ Clearly and concisely inform patient of findings
- ▶ Discuss treatment plans in terms of specific behaviors
- ▶ Encourage questions and provide appropriate answers
- ▶ Utilize appropriate written, audiovisual, and computer-based materials
- ▶ Utilize interpreters appropriately and effectively to facilitate communication with patients as needed

Implementation of Patient Education

- ▶ Develop evidence-based patient education handouts and protocols directed to the most common patient educational levels and primary languages in the practice
- ▶ Evaluate commercial education resources, such as brochures, books, audio tapes, videotapes, and internet materials
- ▶ Select instructional materials appropriate for the patient's readiness to learn and level of understanding
- ▶ Develop systems to facilitate use of patient education materials in office practice

Implementation of Patient Education

- ▶ Develop systems to involve office staff in assisting with patient education
- ▶ Utilize family conferences when appropriate
- ▶ Participate in health education presentations to community groups
- ▶ Be aware of emerging technologies
- ▶ Teach patients methods for evaluating and selecting reliable websites for medical information

Chronic Illness Long-term Strategies

- ▶ Involve the patient in setting treatment goals and treatment plan
- ▶ Present manageable amounts of information to the patient over time
- ▶ Educate the patient regarding possible long-term health consequences of untreated disease states
- ▶ Provide opportunities for the patient to discuss his or her feelings
- ▶ Provide the patient with adequate feedback on progress toward goals
- ▶ Assess influence of the patient's background, home, and work environment on treatment plan and adapt accordingly
- ▶ Document chronic illness educational efforts in specific terms in the record

EDUCATE

▶ Education

- Allergy & Asthma Today-quarterly
 - Understanding Asthma
 - Anaphylaxis Guide
- E-Newsletter-every 4 weeks
- Posters-updated in 2014-English & Spanish
- Multichannel
- Multilingual
- Website-Targeted to Audience-Professionals vs Personal

EDUCATE

- ▶ Educational Programs
 - Anaphylaxis Community Experts Program
 - 4600 events
 - >65000 people trained
 - AAP Asthma, Allergy & Anaphylaxis Champions
 - Convenient Care Clinic Training
 - Women Breathe Free
 - Know Your Count
 - Asthma Camp Educational Programming
 - EPA-Indoor Air Quality
 - CDC-Asthma Education

EMPOWER

▶ Advocacy

- Allergy & Asthma Congressional Caucus
- Quarterly Congressional Briefings
- Stock Epinephrine-Federal & State-43 states
- FDA RX-OTC Switches/NSURE
 - Singulair
 - Primatene Mist
- AADCH-May 6-7, 2014
 - Virtual Advocacy Week
 - >75 F2F visits
 - >100 offices engaged
 - Deception In Allergy Testing & Immunotherapy

EMPOWER

▶ Advocacy

- Deception in Allergy Testing & Immunotherapy
- Examples: Matthew Paul Brown/Biodiagnostics Lab/CMS Data--→\$150M in fraud in first 6 cases convicted
 - Media Campaign
 - US Attorney General
 - 50 State Attorney Generals
 - Consumer Fraud Alert
 - Medical Director Communications
 - Medical Liability Provider Communications
 - High Prescribing Primary Care Doc Communication
 - Congressional Hearings

EMPOWER

- ▶ Research
 - PCORI
 - IFAAM
 - Decision Mapping Project

Still Have Work To Do:

“To end the needless death and suffering due to asthma, allergies and related conditions through outreach, education, advocacy and research.”

12 Americans die daily from
asthma & allergies!