

DRAFT

**Board of Supervisors Asthma Task Force
Clinical Committee
Minutes of Meeting held on June 28, 2004
City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA**

Members in Attendance: Barbara Conner-Anderson, Gail Herrick, Gloria Thornton, Peg Strub, Karen Cohn, Lisa Kroon and Beth Saiki,
Absent Members: Kathy Thomas Perry, Richard Castro, and MariaElana Alioto,
Guests and Staff: Tirtza Rosenberg and Anjali Nath

Membership

Gail Herrick, PHN introduced herself to the committee.

The committee will also be getting a new member soon, Neils Tangherlini of the SF Fire Department, Paramedic Division.

Karen Cohn suggested someone from the health plan should be recruited.

Update on Payer and Provider Surveys

OUTREACH

Karen Cohn reviewed the Provider/Clinic Surveys. She stated the intention was to find every consortium clinic and every community health network clinic (the clinics that are run by the Health Department) and have them answer questions. The main objective was to find out whether they have resources or do they need resources. Also contacted were St. Luke's and UC Clinics which serve Low-Income Patients. Of the surveys sent out, 9 have not yet responded.

Karen reported that Mission Neighborhood Health Center has been linked up with the paramedics to have spirometry at the clinic.

FINDINGS

Karen Cohn reviewed some of the generalizations that can be made from the data. There is some amount of severity classification, but it doesn't happen often. Most clinics don't have on site spirometry or allergy testing. All clinics have decent access to specialty care, but that requires a long wait. After care management is looked at as a responsibility of specialty care. There is not a lot of communication with secondary setting for care, but a fair amount of prescribing. Not many responders answered questions about anti-inflammatory medications.

Gail Herrick suggested the health plans could ask to be in the Grand Rounds at SF General to provide education.

In reviewing the Home Visiting/Ancillary Support, Karen noted certain areas could be made for uniform for a clinic to enable them to know how to access certain resources. Requests were made for peak flow meters, to have health educators on site, staff training, and more Chinese language materials.

The surveys were then reviewed clinic by clinic.

St. Anthony Free Medical Clinic

The Paramedics will be going to the clinic monthly for spirometry screening. They are very interested in adult care.

Tom Waddell Clinic

Estimate of 910 adults a month are seen with asthma. Some of these patients might actually be COPD patients. Karen and Gail will follow up with Michael Drennan, who will be the new director of Tom Waddell.

Peg Strub suggested that the Paramedics be recruited to go to more places for patient education. Beth Saiki suggested Niels have an advisory group to work with.

Beth suggested hiring a consultant to compile the information from the nine consortium clinics.

Peg Strub's review of data

Peg reviewed the following findings:

1. Asthma is reclassified less than 50% of the time.
2. There is a low onsite percentage of spirometry and allergy testing.
3. Clinics all state that they have access to testing, but 60% have difficulty obtaining specialty care.
4. Less than 50% of the asthmatics seem to have a prescription for an inhaled corticosteroid medication.
5. In person asthma medication seems to be being done by nurse practitioners and MDs and then there are improvement opportunities there.
6. A low percentage of asthma action plans, refill information and tracking of severe patients.
7. Deficiency in asthma training for the staff.

Low budget solution suggestions include:

1. Possibly organizing the EMT staff into a potential work group for the clinics. The options would be for them to do spirometry as well as holding some in-house educational classes on a regular basis.
2. On-site asthma education for clinician and staff. This could be done by bringing in lunches or a video for the staff.

Meetings dates/times

A discussion was held regarding additional meetings to go over the survey materials. Suggestions ranged from one additional meeting a month, including guest speakers to a “Mini Retreat”. It was decided to have an extended meeting to discuss problematic areas that have been identified and brainstorm potential solutions. The group will discuss on email about various dates and times that would be convenient.

Some possible invitees would be: Shannon Thyne; Nan Madden; Vicki Legion; Gail Herrick; a CHN Medical Director; a Consortium Director; and representatives from an AIDS group: from chronic disease management: Coleman Advocates; SFHP and EMS and a representative from the California Consortium.

The plan would be to give them copies of our reports ahead of time, have a representative from the AIDS group present their methods and to brainstorm.

Meeting Adjourned (2:10p.m.)