

Use of Appropriate Medications for Asthma

Impact of Asthma in Rural Northern California

- Asthma is one of the most common chronic diseases and has been recognized as a growing public health concern. The effects of asthma include missed school and work days, disruption of sleep and daily activities, urgent medical visits for asthma exacerbations, and even death.
- Daily preventive treatment can prevent symptoms and attacks and enable individuals who have asthma to lead active lives. However, only 39.8% of adults and 36.0% of children report proper use of controller medications.¹
- Fifteen percent of low-income children and adults in rural Northern California have asthma.²
- Environmental and socioeconomic factors contribute to the incidence of asthma in rural Northern California. Factors such as poor air quality, exposure to second hand smoke, and poor housing quality may increase risk for asthma.
- Rural counties in Northern California and the Central Valley have the highest adolescent asthma rates in the state.³

How Health Centers Provide the Necessary Care

Clinical Interventions

- Integrate decision support tools into the electronic medical record to assist clinicians in diagnosing and managing asthma according to current guideline and evidence-based practices.
- Identify the type of asthma and associated triggers. Develop written asthma action plans in partnership with patients.
- Educate patients on using peak flow meters and following their asthma action plan.
- Conduct regular asthma medication evaluations and collect patient feedback.
- Offer provider and nurse education on the identification and management of asthma.

Community Interventions

- At community health fairs offer free pulmonary screenings and education on environmental asthma triggers.
- Display and distribute asthma educational brochures and free environmentally safe products at community centers or other popular gathering places in the community. Offer home environmental assessments and trigger reduction assessments for patients.

Rural Northern California Health Center Data

¹ California Department of Public Health. Asthma in California: A Surveillance Report. May 2013.

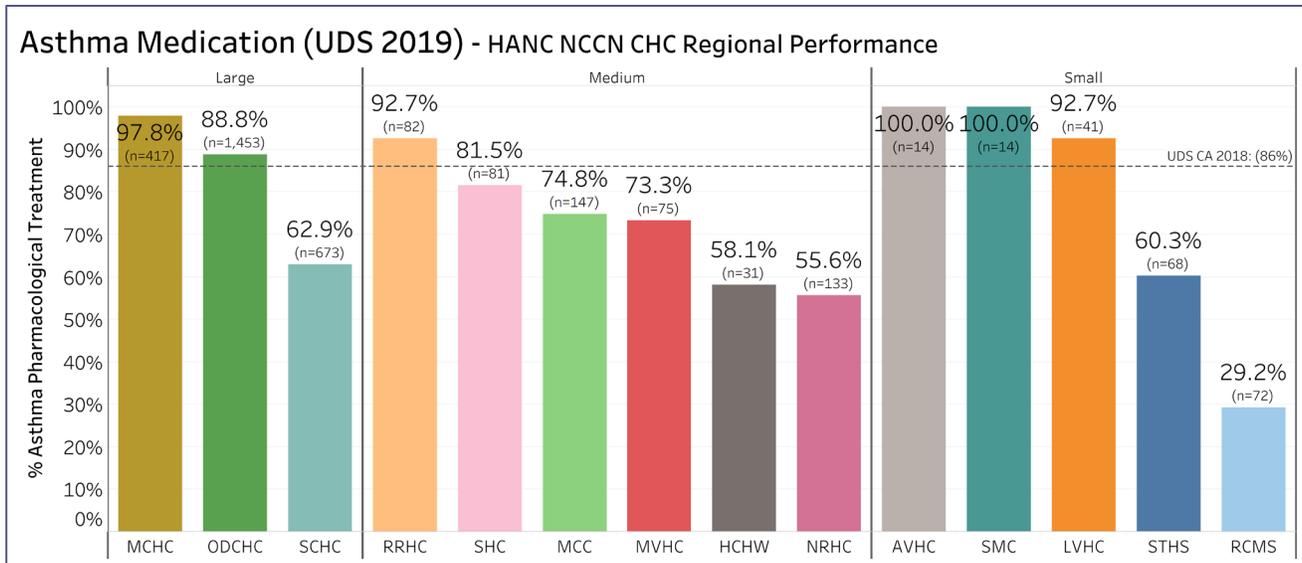
² California Health Interview Survey. CHIS 2018 Adult Public Use File. Los Angeles, CA: UCLA Center for Health Policy Research, Apr 2020.

³ Cpitman, J, Tyner T (2011). The Impacts of Short-term Changes in Air Quality on Emergency Room and Hospital Use in San Joaquin Valley. San Joaquin Valley Air Pollution Control District. Fresno, CA.

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Key Points

- There has been an increase in wildfires in the region in the past few years. These events have contributed to the incidence and severity of asthma in rural Northern California.
- Wood-burning stoves are used commonly in rural and frontier areas, which may also contribute to asthma symptoms.
- Patient medical records often do not reflect a diagnosis of persistent asthma due to issues related to medical coding. This may lead to variation in the data as it often is collected through chart review and provider inquiry.



Quality Measure Definition (UDS)

Percentage of patients 5-64 years of age who were identified as having persistent asthma and were appropriately ordered medication during the measurement period.

- Accepted pharmacologic therapy may include prescription for an inhaled corticosteroid or prescription for an alternative pharmacological agent (i.e., Cromolyn)

National Quality Goals and Benchmarks

UDS 2018 U.S. Average: The average performance among health centers in the U.S. was 86.6%.

UDS 2018 CA Average: The average performance among health centers in California was 86.1%.