

◆ **Recommended Component:** **Facilitate Linkages with the Medical Home and Referrals to Medical Provider**

Whenever they identify an unmet need, schools are responsible for referring and helping to manage a student with substantial problems/issues due to his or her asthma. As schools increase asthma awareness and education among students, staff, and parents, they bear the follow-up responsibility of providing students and parents with the support to effectively manage the student's asthma. A key component that is missing in many school-based asthma programs is ensuring appropriate and ongoing medical care. Self-management education has been shown to improve self-management skills and self-efficacy, but it cannot substantially reduce morbidity without appropriate medical care and pharmacotherapy. When school personnel identify an undiagnosed student who may have asthma, they should facilitate appropriate referrals to medical providers. This management may include links between the student and a variety of community resources, including the student's "medical home."

Sample letters to healthcare providers are included with this hand-out (Sample Letter to Physician/Healthcare Provider Before School Year, and Sample Letter to Physician/Healthcare Provider When Student's Asthma Affects School Performance).

Linkages with the Medical Home

Providing Linkages with the Medical Home Checklist

- Determine if all students with asthma have a medical home
- Refer students and families to providers and/or state child health insurance
- Work with insurance companies and determine local asthma case management resources
- Help find emergency services for students without medical home

The "medical home" is the student or family's primary care provider or institution. It may be a personal physician, nurse practitioner, or community clinic. In effect, the school may become the community resource or referral "center" for students with asthma who may not have a source for primary care. If this role is provided by another community resource (Health or Human Services Department), school staff may refer students to that resource.

According to the American Academy of Pediatrics, the medical home provides "accessible, continuous, comprehensive, family centered, coordinated, compassionate, and culturally effective [care]...delivered or directed by...physicians who provide primary care and help to manage and facilitate...all aspects of pediatric care." The family and child should know the providers and be able to develop a trusting relationship with them.⁶

Children who have a medical home have a continuity of care rather than seeing different doctors during each emergency department (ED) visit. This continuity of care and an established physician-patient relationship results in long-term asthma management based on ongoing needs and changes in the child's asthma.

Creating linkages within the community and with the medical home begins with a communications function. The schools become a pivotal point of communications, ensuring that they

⁶ "The Medical Home." American Academy of Pediatrics policy statement. *Pediatrics*. 110 (1), July 2002, pp 184-186.

are speaking with the parents, primary healthcare provider, as well as any EDs or urgent care centers, to ensure that everyone involved in the student's asthma management is updated on treatment and symptoms.

LESSONS LEARNED!

One AFSI pilot site successfully tackled this issue by instituting a collaboration among the coalition, an insurance company and medical providers. The group works to increase the number of local providers who accept the State Children's Health Insurance Program (SCHIP) insurance used by many low-income students, and initiated a referral system to a local asthma clinic.

Depending on individuals and organizations involved in your coalition, your AFSI project may be able to tackle some of these complex challenges. If you have the resources, including professionals tied into state child health insurance programs, consider the following activities to assist schools in facilitating linkages with the medical home:

- ▶ **Determine if all students with asthma have medical homes.** Link school nurses with medical providers and clinics, to set up a communication system to track students with asthma.
- ▶ **Refer students and families to primary care providers and/or state child health insurance programs as needed.** Facilitate the referral process with schools or with a case manager who can provide referrals. Identify any barriers and collaborate to overcome them.
- ▶ **Work with insurance companies and determine local asthma case management resources.** They can help refer patients to community resources and work with the schools to track students' asthma management.
- ▶ **Help find emergency services for those students without a medical home.** Identify state and community resources and work with the school nurse or case manager to provide specific information to students and families.

Referrals to Medical Providers

Ideally, the school nurse will be aware of students who may have asthma, based on absenteeism, nurse visits for respiratory problems, or reports of teachers or coaches. Referral and follow-up are critical elements of an asthma-friendly schools program. The mechanism for referral should be an outgrowth of the school's knowledge of and networking among various community resources, including healthcare providers, hospitals and health insurers.

REFERENCE MATERIALS

- ❖ Sample Letter to Physician/Healthcare Provider Before School Year
- ❖ Sample Letter to Physician/Healthcare Provider When Student's Asthma Affects School Performance

**Sample Letter to Physician/Healthcare Provider of Students with Asthma;
To be sent before school year begins to gather basic asthma management information.**



Dear Dr. _____,

The school team at _____ School is looking forward to an excellent year for your patient, _____.

Our School Asthma Management Program will provide:

Health Services:

The school nurse, _____ will usually be in on: _____.

The health assistant, _____ will be available at other times.

Asthma education will be offered to all students grades ____.

An asthma in-service was/will be provided to all school staff by the school nurse.

We are using IAQ Tools for Schools to promote a healthy environment.

In order to provide the best possible school asthma management for your patient, we request your assistance with the following:

1. Please complete the attached asthma management plan or provide comparable information on another form.
2. Please complete the attached medication administration form for any medications that may need to be administered in school. Students may self-carry and administer their quick relief medications if you and the parents indicate approval on the form.
3. Please let us know if your patient has additional needs.
4. Please help us support families by connecting parents with one another, referring them to support groups and other community resources.
5. Let us know if you need additional copies of information on educational rights and responsibilities (IDEA, Section 504 of the Rehabilitation Act of 1973) in asthma education programs and materials for your patients.

We look forward to working with you and the American Lung Association of _____ as we join together to support students with asthma. Thank you for your help.

Sincerely,

Principal

School Nurse

Sample Letter to Physician/Healthcare Provider When Student's Asthma Affects School Performance.



Date _____

Dear _____, [name of provider]

We are writing about your patient, _____ Date of Birth _____.

The family was asked to schedule an appointment with you. *Parents have provided permission for us to exchange information (attached or shown below).*

The following information is being provided for your information and records.

- Missed _____ days in _____ period of time, possibly due to asthma.
- Is not complying with asthma medication at school or the treatment plan you have provided.
- Is not participating in P.E. because of symptoms related to asthma.
- Visits school health office frequently because of symptoms related to asthma .
- Has required emergency management of asthma (e.g., 911, ER referral).
- Our history and observations reveal that this student's asthma severity has changed (see chart).

	Days w/Symptoms	Nights w/symptoms	Peak Flow % Normal	PEF variability
Severe Persistent	Continual	Frequent	< 60%	> 30%
Moderate Persistent	Daily	> 4 per month	60% to 80%	> 30%
Mild Persistent	> 2 per week	3 to 4 per month	> 80%	20 to 30%
Mild Intermittent	< 2 per week	< 2 per month	> 80%	< 20%

Please help with the following, either before or after the patient's next appointment:

- Please reassess this child and his/her current medical regimen (See symptoms/severity above).
- Please send us or update the child's "Asthma Action Plan" (form attached).
- Please prescribe a Peak Flow Meter. This will allow us to better assist with management at school.
- Please prescribe a "spacer." This student's technique with MDI was observed and is not adequate.
- Requires an additional MDI _____ (medication name) at school for optimal availability/safety.
- Other _____

Please reach us if there are questions or concerns. Thank you!

Sincerely,

District Medical Consultant/Healthcare Consultant
(Printed and signature)

School Nurse
(Printed and signature)

School: _____ Ph: (____) _____ Fax: (____) _____

Best days/time: _____

I permit my child's doctor (named above) to communicate with school staff regarding my child's asthma.

Parent's Signature _____ Date _____

