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Virtual Asthma Management During COVID-19

Individuals with moderate to severe asthma may be at higher risk of complications from COVID-19.[1] Telemedicine and tele-education visits can improve asthma control and quality of life in individuals of all ages.[2,3] The following is intended as guidance for telemedicine and tele-education visits.

Telemedicine Planned Asthma Visit Agenda

1. Conduct history since the last visit using open-ended questions to elicit detailed responses
2. Complete patient self-assessment, such as the Asthma Control Test which is available in a variety of languages.[4] http://bit.ly/2x3H4uN
3. Determine current level of asthma control:
   a. How often is the patient having daytime symptoms and/or nighttime symptoms?
   b. Is the patient having any limitation of activities or shortness of breath with exercise?
   c. How often does the patient need to use his/her albuterol (or rescue inhaler) and has he/she been required a burst of steroids since the last visit? How many bursts in the last year?
4. Ask if the patient is using his/her controller medicine, as prescribed.
   a. If doing a video visit, the patient should show you which inhaler he/she is using as a preventive and which is his/her rescue inhaler.
   b. Ask for a teachback demonstration of inhaler with spacer to ensure correct technique.
   c. Determine how many doses remain in the inhaler.
5. If the asthma is NOT well controlled AND the patient is using the prescribed medicine:
   a. Ask about existing or new allergens and triggers.
   b. Ask about the use of household cleaners such as bleach/disinfecting products and if these products are triggering asthma.
6. For Risk Stratification:
   a. Ask about COVID-19 risk factors such as travel history to endemic areas in the U.S. or internationally and history of recent contact with someone positive for COVID-19.
   b. Review occupation as a risk factor. Especially look for first responders or ask if anyone in their home is a first responder (i.e. doctors, nurses, maintenance workers, postal workers, grocery store clerks, maintenance building managers, delivery workers, policemen, or firemen).
7. Conduct history of COVID-19 symptoms such as recent history of cough, high fever, shortness of breath, body aches, diarrhea, etc. or someone in their home with COVID-19 symptoms.
8. Review the current asthma medication plan. Be sure to step up if the asthma is not well controlled. Given the COVID-19 pandemic is a respiratory virus, consider not weaning any medications at this time to keep asthma optimally controlled.
9. Adjust and review the Asthma Action Plan https://bit.ly/3eHyOBO
10. Arrange for 90-day prescription for controllers and reliever, when possible.
11. Address logistical needs, such as prescriptions, at-home therapy, switch from nebulizer to MDI with spacer, or return to work/school notes.
12. Ask about cigarette or e-cigarette use and discuss how smoking/vaping can increase risk of COVID-19 complications. Counsel how now might be a good time to quit.
13. Refer for smoking, e-cig, or vaping cessation 1-800-LUNGUSA.
14. Refer for asthma tele-education, if available.
15. Provide Asthma Basics link for at home education https://bit.ly/2KrEm5e
16. Provide video link on how to use medication delivery device https://bit.ly/3apwdsU

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Tele-Education by Ancillary Staff Agenda

1. Arrange for phone, video chat, or other technology.
2. Guide patients through a self-assessment tool, such as the Asthma Control Test.
3. Prepare the Asthma Action Plan for provider or review existing plan with patient https://bit.ly/3eHQlnJ
4. Review key asthma messages, including: what asthma is, asthma medications, when and how to use medications, identified triggers and avoidance, and what to do if symptoms occur.
5. Conduct return demonstration of inhaler technique, if conducting tele-education by video[5]
6. Review of identified triggers and how to avoid the triggers.
7. What to do in an emergency—individualized emergency plan.
8. Refer for smoking, e-cig, or vaping cessation 1-800-LUNGUSA
9. Provide Asthma Basics link for at home education https://bit.ly/2KrEm5e
10. Provide video link on how to use medication delivery device https://bit.ly/3apwdsU

Best practices for telemedicine and reimbursement vary by state. Find additional information at:

1. http://www.telehealthresourcecenter.org/
2. Webinars for FQHCs beginning telemedicine https://bit.ly/3arw1JB
3. American Telemedicine Organization http://www.americantelemed.org accessed 4/13/2020
4. Center for Telehealth and E-health Law: http://ctel.org/ accessed 4/13/2020
5. New Mexico Telehealth: http://www.nmtelehealth.org/ accessed 4/13/2020, last updated 4/6/2020 with new billing codes
6. Oklahoma, Missouri, and Kansas, Heartland Telehealth Resource Center: http://heartlandtrc.org/
7. Project ECHO (Extensions for Community Health Outreach): https://echo.unm.edu/about-echo/, telehealth consultation model and case-based learning model.
8. Billing for Telehealth Encounters, Center for Connected Health Policy, https://bit.ly/34RKVrq accessed 4/21/20
9. Telehealth Implementation Playbook http://bit.ly/3eGQj58

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