## Asthma Disease Management

**Community Care of WNC (CCWNC)**  
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**Mission Children’s Regional Asthma Disease Management Program (RADMP)**  
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### Referral Guideline

#### When to Refer

- Newly diagnosed/categorized asthmatics in need of disease and/or medication administration education
- Suspected significant home environmental triggers
- Patients with significant barriers to self-care
- Very poorly controlled asthma
- Significant ED/Hospital utilization

#### Services Provided

- Care coordination
- Disease and medication education
- Medication administration education
- Medication reconciliation as needed
- Home visits, remediation recommendations
- ED/Hospital Follow-up
- Automated calls – “flu shots”, routine age appropriate visits, etc.
- Smoking cessation – quit line
- Note: patient’s participation is voluntary

#### RADMP

- Very poorly controlled asthma
- Social determinant screening
- Significant ED/hospital utilization/school absences

#### Asthma care and education in local settings – homes, childcare centers, schools, and other community sites.

- Clinical assessments including
  - lung spirometry,
  - exhaled nitric oxide (eNO),
  - peak flow meter monitoring
- Patient education / Self Mgt
- Medication assessments/Asthma Action Plans
- Environ assess / Home remediation referrals
- Care coordination
- Community based education programs
- Smoking cessation referrals

#### Pre-Visit Work Up

- Asthma history (duration of diagnosis, ED/hosp hx, co-morbidities)
- Current medications or Asthma Action Plan
- Classification: Intermittent, (Mild, Mod, Sev) Persistent

#### Primary care co-management

- Continued clinical management, both acute and chronic

#### Return to Primary Care Endpoint

- Resolution of care management needs

#### 12 month program enrollment goals:

- Controlled asthma
- Subjective improvement in quality of life
- Decrease school absenteeism
- Decrease ED/Hosp utilization