NATIONAL ASTHMA EDUCATOR CERTIFICATION BOARD

PROMOTING EXCELLENCE IN ASTHMA EDUCATION

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NEWSLETTER

Why Become a Certified Asthma Educator (AE-C)?

October 2010

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This is probably the most frequently asked question. The most important answer is: It is the only nationally-standardized, objective measure of competence for an allied health educator in the field of asthma. One may have a string of letters behind their name representing a lot of time and hard work, but only the AE-C tells people that you have earned board certification to provide asthma education.

Why did I prepare for and take the exam? I was working on a project with Kevin Weiss, MD, at Northwestern University, studying Pediatric Asthma Outcomes. Receiving my AE-C challenged me to demonstrate to myself and others that I had the highest level of competence in my field. At that time, I had no idea where my career in asthma and allergies was headed. I imagine I had and have had many of the same questions you are pondering, and my answers confirm for me the importance of being a certified asthma educator.

The *cost of the exam* is a concern. The cost of taking the exam to become a Certified Diabetes Educator is $350. This certification is the closest to what we earn with the AE-C, and it costs slightly more.

What if I don't pass? This is the scary part. If you have test anxiety, as I do, it is almost certain to give you sleepless nights and heart palpitations. Over 3,264 have successfully passed the exam, with no reports of a cardiac arrest. You can do it!

Will it actually open doors for me? I know for a fact it can open many doors for you. Having my AE-C is a requirement for my current job as Nurse Coordinator of the Patient Support Center for the Allergy & Asthma Network Mothers of Asthmatics. It allows me to continue to work closely with patients via e-mail or phone while alternating between two different states 2,000 miles apart. Many of my colleagues are working in positions that require the AE-C. I receive many calls from organizations, pharmaceutical companies, and private companies asking for a list of names of allied health educators with their AE-C. They are looking for that validation of expertise for their projects.

If teaching outside of your workplace is not your forte, that's OK, too. Your certification will make you proud of what you do, and your patients will know you

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are highly qualified to help them self-manage and achieve a better quality of life.

What about reimbursement? We constantly ask each other this question. Answers are beginning to emerge. In a recent Journal of Asthma & Allergy Educators there is an abstract written by the Department of Child Health, University of Missouri at Columbia, MO. The abstract references their considerable success with alternative billing codes leading to reimbursement from most payers.

Whether you work in an office, clinic, hospital, school, or research, you work very hard in the specialty of asthma. There is a lot to learn and many skills, both practical and educational, that you need to master and perform. Remaining up-to-date in this rapidly changing specialty is daunting. You can wear your AE-C status as a badge of honor as you take pride in this accomplishment.

Carol Jones, RN, AE-C
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Allergy and Asthma Network
Mothers of Asthmatics (AANMA)
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National Asthma Educator Certification: Purpose, Progress and Promise

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RATIONALE: In this abstract we describe the need, development, and evaluation of a national examination to document excellence in asthma education through the Certified Asthma Educator process.

METHODS: The National Asthma Educator Certification Board (NAECB) was incorporated in February 2000 following a Stakeholder Consensus Conference held January 1999 in Washington, D.C. The charge was to develop an asthma educator certification examination consistent with the needs of a diverse set of asthma educator service providers; and to document excellence in asthma education and self-management based on the NAEPP Expert Panel Reports (EPR) published in 1991, 1997, and 2007. Comprehensive Asthma Educator Job Tasks Surveys were completed in 2001 and again in 2008 to develop and to update a comprehensive content outline for the construction of relevant, reliable, and valid test items based on current, scientifically sound concepts of disease management (i.e., asthma pathophysiology, patient and family assessment, asthma management, and program outcomes).

RESULTS: There are currently 2,792 certified asthma educators; most test-takers (75%) include nursing professionals and respiratory therapists. Lifetime pass rates for first-time test takers is 67.8%, a value lower than that for pass rates for the CRT examination (75% in 2008), the CHES examination (79.2% in 2008), and the ANP examination (90.2% in 2007). Nationally, reimbursement for asthma education is limited in some cases to those who demonstrate the Certified Asthma Educator (AE-C) credential.

CONCLUSIONS: AE-Cs are recognized for their knowledge of asthma management and control through successful completion of a rigorous, evidence-based examination that matches health care workforce tasks and expert recommendations.

This poster was presented at the 2010 American Academy of Allergy, Asthma and Immunology (AAAAI) International Conference in New Orleans, LA, in March and at the American Academy of Nurse Practitioner's AANP National Conference in Phoenix, AZ, in June. Members of the board were present to answer questions regarding the examination and the certification process.

The Importance of Influenza Vaccine for Healthcare Providers: 2010 Update

The 2010 influenza season is now upon us. As healthcare providers, we are exposed to influenza not only from our community contacts but also from patients and their families who may become infected by the influenza virus. Once exposed, we may spread influenza to the patients under our care, including ones who are at high risk for complications, such as patients with asthma. Therefore, as a matter of patient safety, it is recommended that all healthcare providers receive the influenza vaccine.

Influenza virus affects the upper and lower respiratory system. Healthy adults usually recover after 1-2 weeks after infection without medical treatment, but significant morbidity and mortality have been seen in children and those with chronic medical conditions. There are 3 types of influenza viruses: A, B and C. Only A and B cause epidemic and/or pandemics.

The influenza virus exhibits an epidemic pattern in temperate climates during the winter months[1]. It typically peaks in January or later causing lower respiratory tract infection.

Its worldwide burden is well known. Estimates suggest that seasonal influenza epidemics are responsible for an annual US influenza-associated deaths between 30,000-41,000[2,3]. The CDC influenza death rates estimates for the 2009 H1N1 influenza pandemic were approximately 12,470 [4].

There are 2 types of influenza vaccine available: inactivated ("killed") virus administered as an injection and the live, attenuated ("weakened") virus given as a nasal spray. Each year the vaccine is made out of three different influenza viruses that researchers predict will circulate that season, and therefore it changes every year. Last year, due to the emergence of H1N1 influenza strain shortly before the season, it was not included in the 2009-2010 vaccine and a set of two different vaccines were required for full coverage. This year, the **H1N1 will be included** in the 2010-2011vaccine, so additional doses will not be necessary.

As in previous years, all individuals 6 months and older should be vaccinated starting in September, or as early as the vaccine becomes available, regardless of H1N1 infection history. Special emphasis is placed on high risks groups, including pregnant women, children younger than 5 years of age, adults above 50 years old and residents of nursing homes or other long-term facilities. Individuals taking care of persons in any of the aforementioned groups should receive the vaccine as well. This includes healthcare workers, household contacts and daycare workers[5]. Live, attenuated vaccine (nasal spray formulation) is an option in all healthy, non-pregnant individuals 2-49 years old[5]. Ultimately, the effectiveness of the vaccine to prevent disease will depend on the age and health status of the individual combined with the accurate prediction of circulating strains.

Medical exemptions or contraindications to the administration of the 2010 influenza vaccine are: severe egg allergy, previous reaction to influenza vaccine, history of Guillain-Barré syndrome within 6 weeks of vaccination and infants younger than 6 months. If there is a moderate-severe intercurrent febrile illness, vaccination should be withheld until resolution[5].

As healthcare providers working with patients with asthma, we are undisputed candidates for the influenza vaccine, unless there is a medical or religious exemption. We serve as examples of healthy decision making for our patients when we receive the vaccine and emphasize our commitment to patient safety and well being.

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Guidelines International Network Conference 2010

Since 2002, the Guidelines International Network (G-I-N) has brought together individuals and organizations from what now represents 93 organizations: members and partners from 38 countries around the world. Each has committed to work to improve quality health care by developing and implementing best practice guidelines for many disease states, including asthma. G-I-N goals include providing a forum for collaboration, sharing expertise and networking. The Expert Panel Report-3 (EPR-3) *Guidelines for the Diagnosis and Management of Asthma* was published by the NIH in 2007 with variable degrees of dissemination and implementation in the United States. Among this year's featured presentations at the G-I-N 2010 conference was "The Role and Benefits of Partnership with your Asthma Coalition to Disseminate and Implement Asthma Disease Management Guidelines into a Closed Healthcare System." This presentation specifically addressed the EPR-3 guidelines and the work of the Asthma Coalition of Long Island (ACLI). This group highlighted the need for and the role of coalitions to provide disease specific resources to complement the work of healthcare providers and institutions involved in providing care to patients with asthma.

The ACLI has over 150 stakeholders representing more than 60 diverse organizations comprised of medical and healthcare professionals, including pulmonologists, allergists, primary care physicians, nurse practitioners, nurses, respiratory therapists, educators, pharmacists, representatives from health management organizations, pharmaceutical companies, hospitals, child care agencies, colleges, universities and school districts, parents and patients.. This coalition receives its funding from the New York State Department of Health and the American Lung Association of New York and is one of eleven regional asthma coalitions.

The presentation focused on effective collaborations and partnerships to disseminate and implement EPR-3 standards. Interactive educational sessions, utilizing the Physician Asthma Care Education (PACE) program were offered in multiple large group settings. These sessions relied heavily on the input and expertise of certified asthma educators, who made significant contributions to the selection of target providers and interactive discussions. Organizational champions were instrumental in leading change to implement new asthma practice management systems. As with other groups, the ACLI found that the adoption of clinical guidelines facilitated quality improvement and performance benchmarking. Examples of outcome measures utilized in these programs included: classification of asthma severity and control, the use of office spirometry, appropriate use of controller medication and use of asthma action plans.

The ACLI provided a program model to facilitate use of coalition resources to disseminate EPR-3 guidelines and to support the development of systems to implement the key guideline elements. Each asthma coalition can contribute to the improvement of asthma care by reaching out to their communities to identify successful partnerships to promote best practice guidelines. Further information about ACLI programs is available by visiting their website at:
www.asthmacoalitionoflongisland.org
or contacting Anne Little at:
alittle@alany.org

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Get Re-Certified!

AE-C® certification began in 2002. With a 7-year certification period, those who were certified in 2003 will need to **re-take the examination prior to their expiration date** to maintain their AE-C® certification.

The cost for re-certification ($245) reflects a **$50 discount** from the initial certification cost of $295.

TEN (10) free CRCE credits are NOW AVAILABLE—through the AARC—for respiratory therapists passing the re-certification exam!

For more information on re-certifying, please visit:

www.naecb.org

Book Review:

Asthma, Health and Society: A Public Health Perspective by Andrew Harver and Harry Kotses

Asthma Education is the primary focus of the NAECB. The philosophy of this board is that an "AE-C is an expert in teaching, educating and counseling individuals with asthma and their families in the knowledge and skills necessary to minimize the impact of asthma on their quality of life". The asthma educator is knowledgeable about the fundamentals of asthma: pathophysiology, triggers, medications, symptoms of asthma, program development, and medication administration demonstration. The asthma educator plays a role in acute care, primary care, urgent/emergent care and home care.

Considering the impact of society on asthma and asthma on society are important concepts to empower the asthma educator in the implementation of asthma education. The factors that effect this care are addressed in a new book by Andrew Harver and Harry Kotses. This book addresses aspects of behavior that impact asthma care and situations that can assist or impede patient adherence. The issues of self-management and the impact of asthma on diverse groups such as adolescents, families, school systems, women, and pregnant women are addressed thoroughly from a public health perspective.

Asthma and the cost of asthma are also addressed in this book. The cost of asthma on society is not only economic, but social and psychological as well. The aspects to consider in terms of public policy include environmental air quality, wood burning ordinances, bus idling ordinances, tobacco-free environments, and traffic control measures. The book suggests interventions that involve the community and promote community awareness measures for asthma identification and control.

This community perspective is critical to the role of an asthma educator. Asthma educators are found in every facet of healthcare and are vital members of the asthma management team.

Traci Arney, MN, FNP-C, AE-C, FAANP

NAECB Board Member

Crazy About Kids Pulmonary Services

Gilbert, Arizona

New Detailed Content Outline (DCO) for NAECB Examination

In 2009, the National Asthma Educator Certification Board (NAECB) sent job analyses to asthma educators throughout the country to determine the tasks that were being performed daily. The job analyses were then utilized to redesign the current examination Detailed Content Outline (DCO). The subcommittee was comprised of current and former NAECB Exam Committee members. The DCO (or Exam Matrix) is a guideline for the National Asthma Educator Certification Board's Exam Committee to classify items (or questions) into specific categories. The exam items adhere to the specifications in the DCO to allow for an up-to-date and comprehensive exam. The exam, as of Sept. 1, 2010, is based on the new DCO. Go to the www.naecb.org website to view the new DCO.

NEWSLETTER

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Promoting Excellence in Asthma Education

OUR MISSON:

The mission of the National Asthma Educator Certification Board is to promote optimal asthma management and quality of life among individuals with asthma, their families and communities, by advancing excellence in asthma education through the certified asthma educator (AE-C®) process.

NATIONAL ASTHMA EDUCATOR CERTIFICATION BOARD

Members on the Move: LeRoy Graham, MD

This issue of the NAECB Newsletter is proud to highlight the contributions of one of our previous board members, Dr. LeRoy Graham. Dr. Graham was elected to the NAECB Board of Directors in 2006 and served until 2008. A graduate of the pediatric residency program at the Fitzsimmons Army Medical center, he went on to complete his fellowship in Pediatric Pulmonology at the University of Colorado.

A long time advocate for children and adults with asthma, Dr. Graham founded and now directs the Not One More Life organization, which has expanded nationwide to partner with faith based institutions address disparities attributable to Asthma and COPD among minorities. Not One More Life provides free programs of education, screening by symptom assessment and spirometry, patient counseling, referral and outcome monitoring. Not One More Life recently opened a free pulmonary clinic in Atlanta. Dr. Graham received the David Satcher award for community health based promotion in 2004.

Most recently, Not One More Life has partnered with the Asthma Coalition of Long Island to offer faith based asthma programs to underserved communities. The results of the Long Island project based on Not One More Life will be presented as a model program by Siddaiah, Little, Graham and Roberts at CHEST, the annual conference of the American College of Chest Physicians in Vancouver, Canada.

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What is Asthma Educator Certification?

AE-C® Certification is the official designation of a certified asthma educator who has the necessary knowledge and skills to counsel patients in asthma management. An asthma educator is an expert in counseling individuals with asthma and their families how to manage their asthma and minimize its impact on their quality of life.

The AE-C® examination is comprised of 175 questions designed to evaluate the candidate's ability to help patients manage asthma. The examination is offered at over 100 computerized locations throughout the U.S. To find the location in your area, please visit our website at www.naecb.org.

Candidates must fulfill at least ONE of the following requirements:

- Currently licensed or credentialed health professional.
- Individuals providing patient asthma counseling or coordinating services with a minimum of 1000 hours of experience in these activities.