DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
7700 ARLINGTON BOULEVARD
FALLS CHURCH, VA 22042

IN REPLY REFER TO
BUMEDINST 6310.15
BUMED-M3
10 Sep 2012

BUMED INSTRUCTION 6310.15

From: Chief, Bureau of Medicine and Surgery
To: Ships and Stations Having Medical Department Personnel

Subj: NAVY MEDICINE ASTHMA CARE AND MANAGEMENT POLICY

Ref: (a) DoD Instruction 6025.20 of Jan 5, 2006
(b) VA/DoD Clinical Practice Guidelines for Asthma, 2009

Encl: (1) Sample Template for Asthma Program Annual Report

1. Purpose. To provide guidance for the evaluation, care, and management of patients diagnosed with asthma.

2. Cancellation. BUMED Memo of 17 Aug 2006 "NAVMED POLICY 06-011."

3. Background. Asthma is a chronic respiratory disease that results in substantial morbidity and increased utilization of health care services. Patients with persistent asthma not being treated with long-term control medications utilize the emergency department more than 10 times higher and are admitted for inpatient care more when compared to patients on long-term control medications. Successful management of persistent asthma results in improved quality of life for patients and lowers health care costs through the reduction of asthma related emergency department visits and hospitalizations.

4. Policy. Navy Medicine personnel will adhere to references (a) and (b) when caring for patients diagnosed with asthma.

5. Action. Navy Medicine Region commanders, medical treatment facilities (MTF) commanding officers (CO), and officers-in-charge must ensure this instruction is implemented and followed.

6. Asthma Management Improvement Program. Every command will establish an asthma management improvement program tailored to their asthma population. Each program will establish an asthma clinical champion. It is also recommended that a program coordinator be identified to work in conjunction with the clinical champion.

7. Standards

a. Optimal asthma management includes assessment, treatment, patient education, and appropriate follow-up. The following standards apply to all MTFs treating asthma patients:

(1) Each MTF will identify enrolled patients with a diagnosis of asthma. The CarePoint information tool can be utilized to identify patients with asthma.

(2) The Bureau of Medicine and Surgery (BUMED) endorses the VA/DoD Clinical Practice Guidelines (reference (b)) to achieve greater care standards and compliance.

(3) MTF will develop a process to track emergency department visits and in-patient admissions for asthma patients.

(4) Per reference (b) healthcare teams caring for asthma patients will be educated on competencies needed to provide high quality asthma care.

(5) The Asthma Working Group (AWG) will recommend tracking and follow-up processes to assist clinical teams in the integration of a standardized approach to support quality and consistency of care, compliance, and metrics.

(6) MTF will train and support a Certified Asthma Educator to implement culturally sensitive comprehensive asthma education. Most MTF will not need to hire a dedicated asthma educator; with the establishment of the medical home port an individual can be identified and if staffing permits the command can support certification of nursing personnel. Footprint of the command (e.g., commands with multiple branch clinics may have a higher need for more educators to serve the decentralized structure) and asthma population will determine the need and number for asthma educators. Additional information on certification is available at the national asthma educator certification board Web site: http//:www.naecb.com/.

(7) There must be an emphasis on patient education, where patients will be active participants in their plan of care.

8. Metrics. MTFs will monitor and report established asthma management metrics. Established metrics will be developed by the AWG and approved and released by BUMED and will be updated via a BUMED Notice.

9. Reporting

a. MTF Commands will report, per enclosure (1), the status of their asthma program and metrics annually, per the AWG's recommendation, to BUMED Medical Operations (BUMED-M3) Clinical Programs via their respective Navy Medicine region.

b. The AWG will be responsible for quarterly monitoring of metric reports and will work with Navy Medicine regions to develop processes and monitoring tools to support commands in meeting established and endorsed metrics and benchmarks.

10. Report. The reports required in this instruction are exempt from report control per SECNAV M-5214.1 of 1 Dec 2005, part IV, paragraph 7k.

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10 Sep 2012

SAMPLE TEMPLATE FOR ANNUAL REPORT ON ASTHMA PROGRAM
(NOTE: All metrics listed in this sample are for illustrative purposes. Actual metrics will be promulgated via a separate BUMEDNOTE)

6310
Date

From: Commanding Officer, Naval MTF
To: Chief, Bureau of Medicine and Surgery (M3)
Via: Commander, Navy Medicine (East, West, National Capital Area)

Subj: ASTHMA PROGRAM ANNUAL REPORT

Ref: (a) BUMEDINST 6310.15

1. The following report is submitted per reference (a).

2. Command Demographic Data.

   a. Total number of enrollees: _____

   b. Total number of asthma patients (all ages): _____

   c. Total number of HEDIS-eligible asthma patients: _____

3. BUMED-endorsed Metrics. (Examples)

   a. Asthma controller metric: _____% of HEDIS-eligible asthmatics on controllers.

   b. Asthma emergency department metric: ____ ED visits per 10,000 HEDIS-eligible asthma patients.

   c. Inhaled steroid metric: _____ % of HEDIS-eligible asthma patients on inhaled steroids.

   d. Spirometry metric: _____ % of HEDIS-eligible asthma patients who have had spirometry within the last two years.

   e. Patient Education: ____% of asthma patients with documented education completed.

4. Asthma ORYX metrics:

Subj: ASTHMA PROGRAM ANNUAL REPORT

a. CAC-1: ____% of pediatric asthma in-patients who received relievers during hospitalization.

b. CAC-2: ____% of pediatric asthma in-patients who received systemic corticosteroids during hospitalization.

c. CAC-3: ____% of pediatric asthma in patients with documentation that they or their caregivers were given a written home management plan of care.

5. Command-specific metrics:

6. Asthma Program Status. (This is space for free-form narrative, metric interpretation, report on the current status of the asthma program and the challenges and successes in the reporting period).

7. Plans. (Free-form narrative delineating the command's plans for continued improvement in the treatment and management of asthma.)

Signature