

Aetna Better Health® Kids
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Aetna Better Health® Kids
A CHIP Health Plan

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Provider Education – Asthma

As asthma "peak season" approaches in late summer and fall, PCP education should focus on **preventing exacerbations before they occur**, especially as respiratory viruses, ragweed pollen, mold exposure, and back-to-school infections increase.

Key Messages for our PCPs

1. Proactively identify high-risk asthma patients

Review patients with:

- Recent or repeated ED visits or hospitalizations
- Frequent oral steroid use
- Excessive albuterol rescue inhaler use
- Poor medication adherence
- Uncontrolled symptoms or missed follow-up appointments

Assess both current symptom control and future exacerbation risk.

2. Schedule pre-season asthma reviews

A late summer or early fall asthma visit should include:

- Symptom assessment
- Medication reconciliation
- Review of triggers
- Asthma control evaluation
- Updating the asthma action plan
- Identify and address potential barriers to timely, appropriate preventative asthma care (i.e., access to medications, follow up visits)
- Assess for smoking and vaping exposure, educate patients and caretakers on their impact on asthma control.

Resources for age-appropriate cessation and avoidance	
AAP Youth Tobacco Cessation	https://www.aap.org/en/patient-care/tobacco-control-and-prevention/youth-tobacco-cessation-toolkits/
American Lung Association	https://www.lung.org/quit-smoking/helping-teens-quit/not-on-tobacco
Guidelines emphasize regular follow-up and reassessment of control	

3. Check inhaler technique and adherence

Poor asthma control is often due to incorrect inhaler use or nonadherence rather than treatment failure.

- Demonstrate inhaler technique
- Have patients perform a return demonstration
- Evaluate refill patterns and adherence barriers

4. Ensure patients have a written Asthma Action Plan

Every patient should know:

- Daily controller therapy
- Early signs of worsening asthma
- When to increase treatment
- When to seek urgent or emergency care

Written action plans are a core recommendation of national and international guidelines.

5. Optimize controller therapy

Current guidelines recommend that asthma patients receive **ICS-containing therapy** and discourage SABA-only treatment because of increased exacerbation risk.

- Confirm appropriate inhaled corticosteroid use
- Consider SMART/MART therapy when appropriate
- Escalate therapy when asthma remains uncontrolled
- Consider referral for specialist consultation where appropriate (i.e. pulmonary or Allergy/Immunology)

6. Address seasonal triggers

Educate patients about:

- Ragweed pollen exposure
- Outdoor and indoor mold
- Respiratory virus prevention

- Smoke and air quality concerns
- School and workplace exposures

Fall asthma peaks are commonly associated with these triggers.

7. Promote immunizations

Discuss and recommend:

- Annual influenza vaccination
- Current COVID-19 vaccination recommendations
- Pneumococcal vaccination when indicated

Respiratory infections are among the leading causes of asthma exacerbations.

The best time to prevent a fall asthma exacerbation is before symptoms worsen. PCPs should identify high-risk patients, review asthma control, optimize ICS-based therapy, confirm inhaler technique, update asthma action plans, and address seasonal triggers and vaccinations.

Thank you for caring for our members and always providing quality care.

Questions?

Please contact our Provider Engagement department at **1-866-638-1232** or email at ProviderRelationsPA1@Aetna.com.