

To be used internally by the Louisiana Asthma Surveillance Collaborative

Policy Work Group- Priority Policy Initiative: Reimbursement of Asthma Self-Management Education by Certified Asthma Educators (AE-C)-2013

Internal Stakeholder Analysis Matrix

Name/person or group	Basic characteristic of stakeholder	Primary or secondary?	How affected by problem	Capacity to address problem	Partnership opportunities/synergies?
Dr. Prada/Tulane	MD specialist, Lead		Too much time needed for education impedes access to physician		
Dr. Rapp					
Roxanne Jewel					

Assess the competitive environment

Arguments in favor	Counter arguments
Asthmatics need education, proven to reduce healthcare cost, asthma incidence	Medicaid reform/Federal healthcare reform
All Medicaid patients being educated would drive down ED visits	Currently you can bill for asthma education if you are a provider Billable rate is low
Included in the guidelines of care	Increasing the number of healthcare position that can bill
Increase quality of life for children and adults	
Would decrease absenteeism in school	
Time to seek policy is NOW	
Lack of time for physicians to provide self-management education	
AE-Cs can deliver a certain quality of care to asthma patients under their training	
Important for physicians to understand the standard of care needed for patients-Disconnect	
Physicians who currently educate asthma patients will be able to see more patients with the presence of an educator	

<p>There are several issues that we must consider as we pursue reimbursement of certified asthma educators.</p> <ol style="list-style-type: none"> 1. While we pursue this effort we must address reimbursement for all age groups and from all forms of payment, not just Medicaid or Medicare. 2. What are the reimbursement requirements? 3. What documents exist that would adequately educate legislators and insurance administrators about asthma educators? 4. Is there evidence that demonstrates the impact of asthma educators on asthma outcomes? 5. There is strong literature that shows that asthma case management has positive effect on asthma outcomes, however, the case managers are from various disciplines and are not necessarily AE-Cs. 6. Is there a clear description of the scope of practice of asthma educators? 7. How was reimbursement achieved in MA? (Not sure if this is the correct state). Is there a contact person that we can speak to? Yvonne Sterling, PhD, RN, AE-C 	
Communities of interest that favor	Communities of interest that oppose
Physicians and Healthcare workers	Reimbursement agencies- why pay
AEC	

Identify exactly which external groups are: (Legislative, Community, Advocates, Individual Champions)				
Most interested in information about the topic and/or has previously initiated legislation regarding this policy?	Best positioned to positively implement a change.	Most critical to obtaining your desired goal and clarifying exactly why you have identified each.	Most likely opposed to your desired goal and how much weight do they carry.	How can you counter negative efforts?
LRCS	yes			
AAAAI	yes	yes		
AAE-National				
AANMA	yes			
LPCA				
National Asthma				

Educator's Certification Board				
Rep Franklin Foil				
ALAPGR	yes	yes		