



Department of Health

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July 2017

Dear Colleagues:

Greetings! I hope you are enjoying your summer. This month, I'd like to call your attention to two topics: traumatic brain injury and the New York State Department of Health's (NYSDOH) updated Asthma Action Plan.

Traumatic Brain Injury (TBI): Every 10 seconds, someone in the U.S. sustains a TBI, whether from a fall, an injury sustained while playing sports, or another cause. Here in New York, more than 500 people suffer a brain injury each day. Estimates suggest the overall prevalence may be much higher, perhaps over 50 percent more than reported. Without timely diagnosis and treatment, these injuries can result in poor outcomes, even when injuries are relatively mild, such as a concussion.

The risk for TBI is greatest in young children under the age of four but adolescents between 15 and 19 years of age and adults 65 years of age and over are also at risk. Falls, vehicle accidents, and assaults are the leading causes. TBIs also occur during activities and sports such as cycling, football, baseball, and basketball.

TBIs can result in primary brain injury, occurring at the time of trauma, and secondary brain injury, which can continue for hours or days, possibly leading to neuronal death. Mild TBIs such as concussions can have lasting cognitive and behavioral effects affecting emotion, mood, or sleep if not diagnosed and treated properly. Moderate or severe TBIs can lead to functional and neurologic impairment, including permanent brain injury.

As physicians, you can affect patients' outcomes by ensuring patients receive timely diagnoses and appropriate treatment for TBIs. To promote the proper medical treatment of brain injuries, the SUNY Albany School of Public Health has developed two continuing medical education (CME) accredited one-hour on-line training programs. The [first program](#) provides a clinical guide on how to diagnose and treat these injuries. The [second program](#) provides step-by-step instructions for pre-hospital emergency medical assessment of suspected brain injuries. I encourage you to view these free trainings.

In addition, the NYSDOH has collaborated with the Medical Society of the State of New York (MSSNY) to produce a webinar and podcast on mild TBI. Both are available on the MSSNY [website](#) at no charge and provide CME credits. I ask you to share this information with patients and colleagues, and thank you for doing so. For more information, please visit the NYSDOH [website](#), where you will find a fact sheet on brain injuries.

Asthma Action Plan: Approximately 2 million New Yorkers suffer from asthma, many of them children from low income households. Although major scientific advances in recent years have increased our understanding of the mechanisms of asthma and treatment options, the burden of disease remains high.

The NYSDOH and the State Education Department (SED) recently partnered to update the NYS Asthma Action Plan, a tool health care providers can use when caring for patients with asthma. New additions include asthma severity measures and information on asthma triggers. The updated form now includes the required health care provider and parent/guardian permissions for asthma medication use at school, and independent medication carry and use at school. National guidelines recommend that every patient with asthma have an individualized, written asthma action plan developed in partnership with the patient, family, and caregivers.

Actively incorporating the plan into your system of care for every patient with asthma can improve patient self-management skills, provide families and caregivers with the tools they need to support an individual with asthma, and help patients properly prepare for an asthma emergency. The NYS Asthma Action Plan can be used to teach patients what they can do every day to control their asthma, how to adjust medications in response to worsening asthma, and when to seek additional medical care. Reviewing the asthma action plan at every visit provides an opportunity to identify patient successes in self-managing asthma and to highlight any concerns or opportunities to improve adherence.

A copy of the [Asthma Action Plan](#) should be maintained in the patient's medical record. It should also be provided to patients and their families and caregivers. For children, the Asthma Action Plan should be given to the child's school health office, childcare provider and other contacts as needed, including extended care, extracurricular activities, and camp. Printed copies of the NYS Asthma Action Plan can be ordered through the [Asthma Program Publication Request Form](#).

I am also pleased to share that the *Clinical Guideline for the Diagnosis, Evaluation and Management of Adults and Children with Asthma* support tool was recently updated by the NYS Consensus Asthma Guideline Expert Panel. The revised tool includes updates on asthma medications and is available [here](#) to assist clinicians in translating the latest national guidelines into care. Bound copies will be available on the [Asthma Program Publication Request Form](#) this fall.

Stay tuned too, for the *NYS Asthma Management Guide for Schools*, a resource being jointly developed by the NYSDOH and SED to guide schools in using a team approach to provide effective support for students with asthma.

Thank you for your attention to these important issues, and for the care you provide to all New Yorkers. Enjoy your summer!

Sincerely,

Howard A. Zucker, M.D., J.D.