

# **SAMBA PROGRAM IMPLEMENTATION TOOLKIT**

Resources to improve asthma  
self-management behaviors in adults



**A new model of chronic illness self-care support**

# Table of Contents

- 2 Overview
- 3 SAMBA Program
- 4 Overview of the Partnership
- 6 The SAMBA Model
- 7 Education and Training
- 9 SAMBA Workbook
- 11 *Asthma 1-2-3*
- 12 Suggestions for Implementing SAMBA
- 13 Additional Resources
- 14 Appendices



## In partnership with:



Icahn  
School of  
Medicine at  
**Mount  
Sinai**

NORTHWESTERN UNIVERSITY

**HeLP**

Health Literacy & Learning Program



LSA Family Health Service  
Little Sisters of the Assumption Family Health Service



# Overview

Numerous interventions to improve asthma outcomes among children, adolescents, and younger adults have been described, but very few have been specifically designed for older adults or designed to comprehensively address older adults' barriers to asthma control. Moreover, existing programs often provide patients with a broad understanding of asthma and its management, rather than tailoring programs to specific patients' needs. Such broad-stroke, unfocused approaches may unduly complicate patient learning and distract attention from the key information and skills needed to improve asthma control, especially among older adults who are disproportionately affected by low literacy and cognitive limitations that further limit new learning and retention.

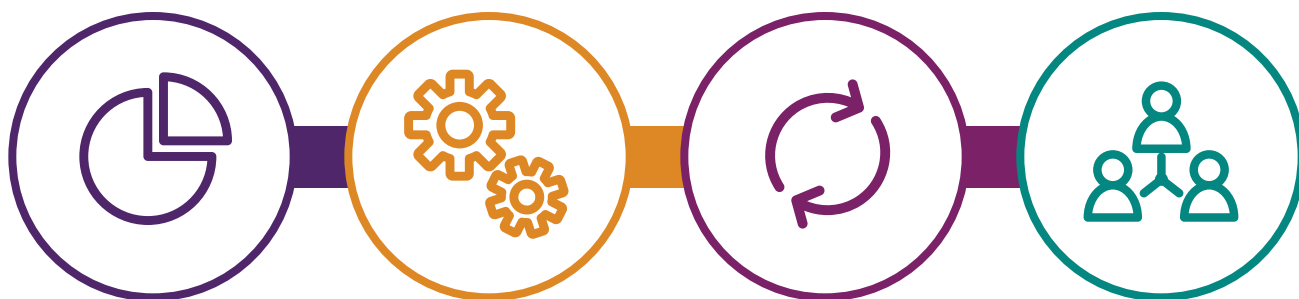
Self-management support programs have been used extensively in primary care for several decades with important benefits, including for older adults. At the center of the interventions are care coaches who engage the patients, family and caregivers, and the primary care physician (PCP) in the development and implementation of a plan to improve self-management behaviors and quality of life. Across these programs, the care coach (also referred to as care coordinator, care manager, or community health worker in different settings) will work with patients to clarify patients' health goals and provide continued follow-up.

Within the SAMBA program, care coaches follow a set of general steps to discern patients' goals of healthcare with emphasis on asthma, identify patients' barriers to achieving goals of care, and provide a menu of options for addressing the specific barriers identified. Areas of continued reinforcement, as suggested by the National Asthma Education and Prevention Program (NAEPP) guidelines include appropriate use of asthma controller medications, trigger avoidance, proper inhaler technique, and regular follow-up with the PCP. The care coach supports the patient through telephone calls and in-person encounters, and exchanges information with the patients' PCPs to ensure that all members of the care team and the patients and caregivers have an opportunity to contribute to the plan of care and remain up-to-date on patients' progress.



# SAMBA Program

## Guiding Framework



### **COMPREHENSIVENESS**

SAMBA embraces the enormous research literature demonstrating that socioeconomic, psychosocial, cognitive, environmental, and health status-related factors influence chronic illness self-care and health outcomes in adults. Improvements in self-care behaviors and health outcomes can only be achieved by addressing an individual's multiple barriers to achieving good outcomes.

### **EFFICIENCY**

The attention of individuals we seek to support and the resources needed to support them are limited. Identification of barriers and steps taken to address them can be performed systematically and in a targeted fashion to achieve greater efficiency than that achieved by typical social work or care coach interventions.

### **SUSTAINABILITY**

To succeed, care management/coaching models must be flexible to operate smoothly within environments with varying workflows and cultures and support new models of healthcare that strive for value over volume. Achieving these goals requires the collaboration of the key stakeholders: patients, clinicians, academics, administrators, community and hospital-based institutions.

### **ENGAGEMENT**

Engagement is the cornerstone of success for care management/care coaching programs. Soliciting the patient's wishes and acting on them is of paramount importance.

**BETTER OUTCOMES**

**PATIENT SATISFACTION**

**PROVIDER SATISFACTION**

# Overview of the Partnership

The SAMBA program was designed, developed, tested and is now used in partnership with: patients, clinicians from Mount Sinai Medical Center and the Institute for Family Health (IFH), coaches and coach supervisors from City Health Works and Little Sisters of the Assumption, experts in program dissemination from the

Greater New York Hospital Association, and experts in chronic illness self-care, and healthcare communication and health literacy from the Mount Sinai Hospital Division of General Internal Medicine and the Health Literacy and Learning Program at Northwestern University.

PARTNER	BRIEF DESCRIPTION OF ORGANIZATION AND ROLE IN PARTNERSHIP
<b>Mount Sinai Medical Center</b>	Mount Sinai Medical Center consists of the Icahn School of Medicine (ISMMMS) and the Mount Sinai Health System. Encompassing seven member hospital campuses (Mount Sinai Hospital, Beth Israel Medical Center, Beth Israel Brooklyn, Mount Sinai Queens, New York Eye and Ear Infirmary, Roosevelt Hospital, and St Luke’s Hospital), the Mount Sinai Health System is an integrated network providing distinguished care, conducting transformative research, and advancing biomedical education. Structured around member hospital campuses and the medical school, the Health System has an extensive ambulatory network and a range of inpatient and outpatient services, from community-based facilities to tertiary and quaternary care. Mount Sinai Hospital and St. Luke’s offer clinical care within the comfort of a neighborhood hospital known for compassion and sensitivity.
<b>Institute for Family Health</b>	The Institute for Family Health is a 31 practice federally-qualified health center network which offers affordable comprehensive health care services. IFH employs, trains and supervises clinical care coordinators who deliver the SAMBA program within the clinic setting at IFH.
<b>City Health Works</b>	City Health Works provides health coaching for adults managing multiple chronic illnesses and stressors such as poverty and isolation. City Health Works trains and supervises neighborhood workers to serve as health coaches and work with SAMBA participants in the home setting.
<b>Little Sisters of the Assumption</b>	Little Sisters of the Assumption has expertise in remediation of environmental asthma triggers within the home. LSA also provides hands-on environmental remediation to improve indoor air quality and reduce asthma symptoms. LSA trains and supervises community health workers from the neighborhoods they serve to carry out the SAMBA program in the home setting.

**Overview of the Partnership *continued***

**Greater New York Hospital Association**

Greater New York Hospital Association (GNYHA) is a trade organization representing over 160 member hospitals throughout New York, New Jersey, Connecticut and Rhode Island, including Mount Sinai Health System. GNYHA has resources dedicated to supporting member hospitals in many areas, including advocacy and government affairs, legal and regulatory, quality and patient safety, ambulatory care, and population and community health. GNYHA provided dissemination advice and opportunities to facilitate the distribution of SAMBA materials and project learnings.

**Mount Sinai Hospital Division of General Internal Medicine**

The Division of General Internal Medicine led the development of all clinical protocols and materials and oversaw the implementation of these materials in the clinic and home setting.

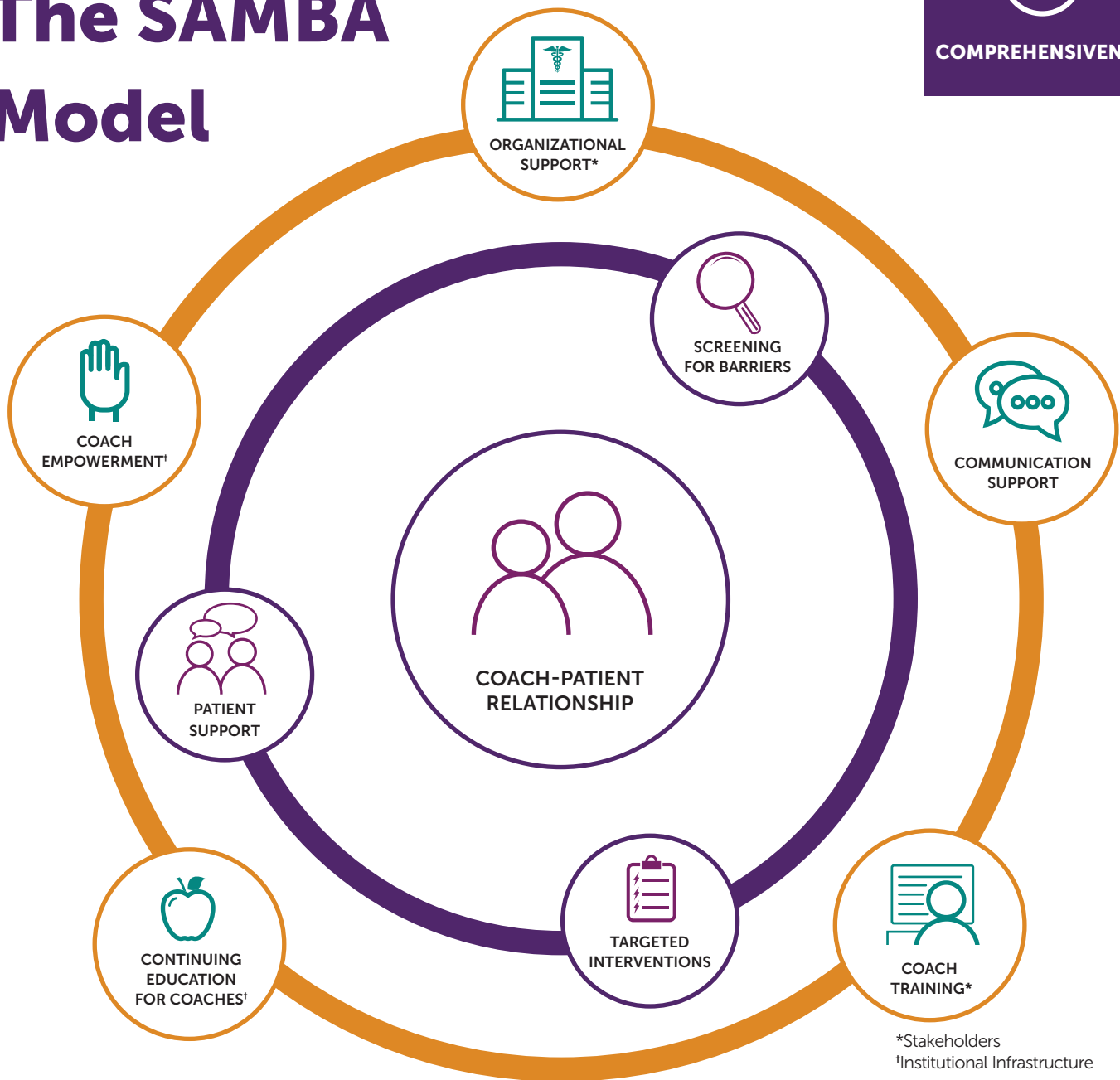
**Health Literacy and Learning Program at Northwestern University**

Health Literacy & Learning Program (HeLP) seeks to generate applied, innovative research that would help transform the delivery of healthcare for vulnerable populations. HeLP collaborated in the development the print and instructional materials used in the SAMBA program.

# The SAMBA Model



COMPREHENSIVENESS



\*Stakeholders  
†Institutional Infrastructure

## CORE COMPONENTS

### Care Coaches and Patients



Longitudinal care coaching for adults with chronic illnesses, provided in the home or clinical practice by practice and community-based lay care coaches



Rapid and comprehensive identification of barriers to chronic illness self-care using the SAMBA screener, a 85-item, evidence-based assessment



Menus of evidence-based micro interventions to address each barrier



Continuous coaching in person or by telephone for up to one year

## INFRASTRUCTURE



Communication techniques to maximize understanding and retention of information, including patients with low health literacy and mild cognitive impairments



A complete coach training and supervision program



Organized, continuous learning by coaches across sites and disciplines



Ongoing engagement and co-learning among coaches and supervisors to develop coach efficacy and foster a sense of support and respect





# Education and Training

The educational and training components include a set of slides for each topic covered, training suggestions for role playing, a pilot testing phase, a certification, and ongoing observations to ensure protocol fidelity.

## Care Coach Training Procedures

### 1. SAMBA Orientation and Training

*Length: 2 full days*

Topics using *SAMBA Slides*:

- A. Introduction to SAMBA Program (Program goals, outline, etc.)
- B. What is asthma?
- C. Treating asthma
- D. Asthma Myths
- E. Environmental Asthma (for home assessments)
- F. Working with geriatric populations

### 2. OPTIONAL: Care Coach Role Plays

*Length: ~1.5 to 2 hours (done in pairs)*

Coaches role play through the workbook with each other. One serves as the coach, the other serves as the patient. Alternatively, a member of project leadership or someone familiar with Asthma can serve as the patient. This will allow more dynamic/"difficult" patients.

Material covered:

- A. Intake form/Asthma Control Test (ACT)
- B. SAMBA Screener
- C. 2-3 Educational Modules as triggered by screener
- D. Debrief

### 3. Care Coach Pilot Testing

*Length: 3-5 sessions per coach (done in pairs, ~1.5 -2 hours per session)*

Coaches go through workbook with patient. One observes while the other works with materials. These sessions should be informal to allow for corrections and suggestions in the moment as the care coach works with the patients.

Material covered:

- A. Intake form/Asthma Control Test (ACT)
- B. SAMBA Screener
- C. 2-3 Educational Modules as triggered by screener
- D. Debrief

## SAMBA TRAINING PHILOSOPHY

*To ensure competence, ongoing learning, confidence building, and to empower care coaches to become true advocates for their patients*



## Education and Training *continued*

### Supervision and Quality Control

1. SAMBA certification
  - A. Assessed via ~2 hour session by project leadership and care coach manager
    - i. Part 1: Skill Assessment
      - a. Demonstrate mastery of essential skills (inhaler techniques and peak flow meter)
    - ii. Part 2: Working with patients
      - a. Work through SAMBA materials with a patient as observed by project leadership and care coach manager
        - i. Demonstrate competence in use of SAMBA workbook (screener, session guides, etc.)
        - ii. Demonstrate competence in educational skills
        - iii. Assessment to be scored according to checklist
2. Supervision during run of program
  - A. Periodic, spontaneous observation of coaches
    - i. Use *SAMBA checklist for observers*
    - ii. Done by care coach managers and other program leadership
  - B. Assessment of documentation, fidelity and quality





EFFICIENCY

# SAMBA Workbook

## Purpose of the SAMBA Workbook

The workbook is the care coach’s guide to administering the intervention and identifying what information should be reviewed and recorded with the patient. The SAMBA workbook is one document that includes all SAMBA materials for patient encounters.

This includes:

1. SAMBA Sessions Overview
2. Intake Form
3. SAMBA Screener
4. SAMBA Modules
5. SAMBA Session Summary

## How to use the SAMBA Workbook

The workbook is the care coach’s guide to administering the programmatic components with the patient and a space for documentation of responses and progress. The workbook includes the Intake Form, SAMBA Screener, and Session Modules. The forms provide both explicit scripts and bulleted talking points to guide the coach in completing the programmatic activities.

All materials are available in paper format, and can be adapted to the user’s preferred format. Individuals working in a clinic setting may prefer to build the Intake form and Screener within the EHR, while other organizations may use other existing platforms such as Google Docs or Salesforce.

## SAMBA Sessions Overview

The Sessions Overview document provides a brief guide to the objectives, goals and tasks for each session. The Overview document quickly informs the coach on the focus of the scheduled session.

**SAMBA SESSIONS OVERVIEW**

	SESSION 1	SESSION 2	SESSION 3	SESSION 4-10	SESSION ~4-15
Session Purpose	Intake and Patient Engagement	SAMBA Screener and Identification of Barriers	Intensive Self-Management Support	Continued Self-Management Support	Maintenance or Re-engagement
Type of Contact					

SESSION #	SESSION FOCUS (Timing can be modified to meet client's needs)
<b>Session 1</b> Intake and Patient Engagement 	<b>Objective: Establish rapport, explain program</b>  <b>Goals</b> <ul style="list-style-type: none"> <li>• Introduce self to patient and establish rapport</li> <li>• Explain role of coach</li> <li>• Identify patient goals and priorities</li> </ul> <b>Tasks</b> <ul style="list-style-type: none"> <li>• Introduction/Program overview</li> <li>• Complete intake form</li> <li>• Assess and chart asthma control (Complete Asthma Control Test)</li> </ul>
<b>Session 2</b> SAMBA Screener and Identification of Barriers 	<b>Objective: Measure initial asthma status, identify barriers, develop priorities</b>  <b>Goals</b> <ul style="list-style-type: none"> <li>• Review Program</li> <li>• Establish rapport</li> <li>• Assess patient's asthma control barriers (using SAMBA Screener)</li> <li>• Summarize visit, agree on goals and action steps, arrange next visit</li> <li>• Coach documents encounter and communicates with care team</li> </ul>

Phone In-Person

SAMBA Sessions Overview

5

## SAMBA Workbook *continued*

### Intake Form

The intake form is the first point of contact with the patient. The intake form is structured to be completed over the phone but can be adapted to an in-person encounter, depending on work-flow preferences. This initial encounter provides the coach with an opportunity to introduce themselves, communicate the benefits of the program, explain their role as a coach, complete the intake form to better understand the needs of the patient, document patient priorities, begin to build rapport, and schedule the next appointment. The intake form includes both talking points and script, depending on the coach preference.

### SAMBA Screener

The SAMBA Screener was designed to identify modifiable barriers that patients face in achieving asthma control. Items were selected from validated questionnaires and revised to facilitate a more casual encounter, rather than a structured research interview. The screener assesses barriers to asthma control in 8 domains: asthma knowledge and beliefs, medication adherence, inhaler technique, environmental exposures, managing multi-

ple comorbidities, substance use, mental health issues, cognitive impairment. The screener includes 85 questions and takes approximately 25-45 minutes to complete.

During the first in-person meeting, the coach will administer the screener. At the end of each section the coach will calculate a section score. If the score is above a specified threshold, the coach will document this as an identified barrier within the screener summary. Upon completion of the screener, the coach will complete the Screener Summary, which provides a concise summary of the identified barriers.

### SAMBA Modules

After completing the SAMBA screener, the coach and patient review the results and collectively decide how to prioritize barriers. Each identified barrier is linked to a menu of “mini” interventions, during which the coach can explore the issue in greater detail and discuss strategies to address it. Each module is comprised of an educational component, goal setting, and provider communication section, as appropriate for the topic. The SAMBA program is designed to be tailored to the needs of each person; therefore you may not complete every module with every participant. The goal is to identify areas in which the patient needs support and to work through the appropriate modules with them.

## SAMBA SESSION SUMMARY

**SAMBA Session Summary**

Session Date: \_\_\_\_\_ Session Time: \_\_\_\_\_

My Asthma Coach: \_\_\_\_\_

Asthma Coach Phone Number: \_\_\_\_\_

**My SAMBA Goal for the week of \_\_\_ / \_\_\_ / \_\_\_**

1. What is your goal for this week (what will you do)?  
\_\_\_\_\_
2. Where will you do it? \_\_\_\_\_
3. When will you do it? \_\_\_\_\_
4. Who can help you make your plan a success? \_\_\_\_\_
5. What might get in the way of your plan? \_\_\_\_\_
6. What can you do to make sure your plan works if something gets in your way?  
\_\_\_\_\_
7. How can I (your coach) support you? \_\_\_\_\_
8. On a scale of 1 - 10...  
→ How ready are you to work on this goal? \_\_\_\_  
→ How important is this goal to you? \_\_\_\_  
→ How sure are you that you will reach this goal? \_\_\_\_

**My Next Appointment**

Next Session Date: \_\_\_\_\_

Next Session Time: \_\_\_\_\_

Next Session Location: \_\_\_\_\_

Next time we meet, please bring:

1. All Your Medications
2. Spacer
3. Peak Flow Meter
4. Asthma Action Plan
5. Asthma 2-2-3

### SAMBA Session Summary

At the conclusion of the encounter, the coach provides the patient with a written summary and a follow up meeting is scheduled. Within the session summary the coach and patient set a goal for the patient to work on. Together the coach and patient identify the goal, where and when they will act on it, discuss facilitators and barriers to completing the goal and identify how ready the patient is to act on the goal.

### Who should complete the Workbook

The coach will have primary responsibility for overseeing and managing the workbook, but many of the components will be completed jointly by the coach and patient.



EFFICIENCY

# Asthma 1-2-3

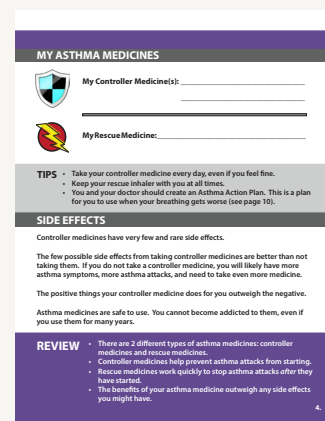
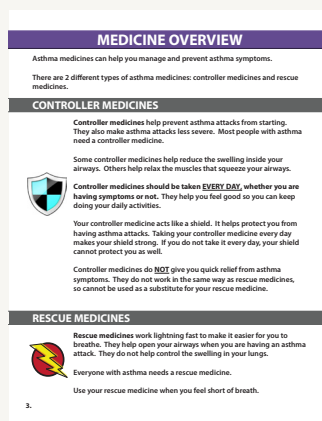
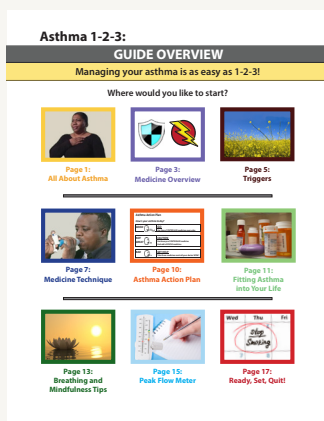
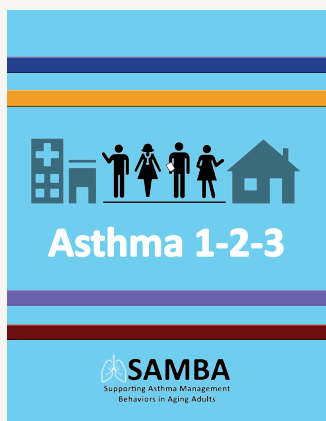
## Purpose of the *Asthma 1-2-3*

*Asthma 1-2-3* is a booklet to aid the coach in communicating basic concepts of asthma and asthma self-management. The content and format were informed by cognitive science and health literacy best practices. The guide uses 9 modules to parsimoniously explain the basics of asthma pathophysiology, avoiding triggers, inhaler technique, the role of controller and reliever medications, peak flow, smoking cessation, organizational strategies and deep breathing relaxation techniques. The booklet is intended to be used and tailored by the patient, and there is space for the pa-

tient to enter and record asthma medications, devise and organize a medication schedule, and record peak flow meter readings.

## How to use the *Asthma 1-2-3*

*Asthma 1-2-3* is used as a complement when reviewing some SAMBA modules. A note about use will be included within each module. When coaches are reviewing the content of the module, the coach can incorporate elements from the booklet to provide additional information or to guide the discussion.





# Suggestions for Implementing SAMBA

Each hospital, health system, clinic and community-based organization is unique and available resources may vary widely. SAMBA allows for flexibility to accommodate these differences. When beginning to think about using the SAMBA platform in your organization, the following can serve as a guide to effective implementation:

## Define goals and strategies

- Clear guidelines consistent with organizational policies should be developed
- Set measurable and realistic goals, actions and timelines
- Standardize communications and indicate key contacts
- Schedule regular meetings to discuss achievements and improvement needs.
- Pilot program on small scale before broader implementation to identify possible barriers to effective model delivery.

## Institutional support

Engaging senior administrative and clinical leadership is key to implementing any program. Engaging leadership, clinicians, nurses, social workers and everyone on the care team on the goals of the program will demonstrate the organization's commitment to using the SAMBA platform. Likewise, highlighting the role of the care coach will improve engagement and ensure coaches' role is valued as part of the care team. These activities will set the tone and level of priority for the organization. Face to face meetings and group trainings on the program are encouraged, as well as sharing data and information on program goals, outcomes, and successes or program improvements.

## Interdisciplinary teams

Organization should identify team members who could serve as care coaches or look to hire new resources. Likewise, current team members should be identified who could serve to supervise these new roles. SAMBA has been implemented with coaches at different educational and professional levels, including patient navigators, care managers, and nurses.

## Monitor performance

Plan for ongoing education to sustain program fidelity and consider inviting partners across different settings that could share valuable resources with care coaches. Coordinating presentation by experts both within the organization and outside entities can provide information and motivate care coaches.

The following activities should be conducted regularly: team meetings, peer-to-peer assistance, and case presentation rounds. Consistency and compliance would be best attained through observations of coach-patient interactions using the QC Observation Form.

Finally, consider incentives to recognize outstanding staff, engagement levels, and program delivery.

# Additional Resources

The following resources are freely available as part of the SAMBA program. To download materials, visit [www.sambaforasthma.com](http://www.sambaforasthma.com). If you would like hard-copy materials, please contact Alex Federman at [alex.federman@mountsinai.org](mailto:alex.federman@mountsinai.org).

- SAMBA Training Slides
- Training Slides Review Questions
- Care Coach Quality Assurance Form
- Care Coach Certification Forms
- Patient Certificates For Goals Attained
- Stickers for Inhalers to Differentiate Type (Controller versus Rescue)
- Cleaning Products Guide
- Vacuum Buying Guide

# Appendices

SAMBA Tips For Patient Engagement

Case Studies







# SAMBA Tips For Patient Engagement

1

Use Asthma Control Test (ACT) questions to engage patients in a conversation about their symptoms.

2

**ASK HOW THEY ARE FEELING!**

3

Use the intake questions regarding limitations (how difficult everyday tasks are for you?) to ask how you, as their coach, can support them.

4

**MAKE IT PERSONAL!**

5

Ask about how the weather is affecting them.

6

Limit demographics questions on intake — don't ask about information you already have, just ask to check whether the information you have is correct! (read it out)

7

Accompany patients to doctor's appointments.

8

Make sure they let their home health aides know about appointments you set up.

9

Encourage patient to take responsibility in their own care.

# SAMBA Case Study #1



**PATIENT  
CHARACTERISTICS**

**AGE:** 61  
**GENDER:** Female  
**ACT SCORE:** 14  
**LIVING SITUATION:**  
Lives alone

**COMORBIDITIES:** Diabetes, hypertension, cholesterol & back pain  
**MAIN NEEDS OF THAT PATIENT:**  
Emotional triggers  
**# OF SESSIONS COMPLETED:** 3



**SCREENING**

**SCREENER ITEMS FLAGGED:**

Asthma overview, MDI technique, medication beliefs, side effects, peak flow, emotional triggers, anxiety, patient smokes & is exposed to other triggers

**PRIORITIES:**

**Patient priorities:** Asthma overview, MDI technique, medication beliefs, side effects, peak flow, emotional triggers, anxiety

**Coaches' priorities:** MDI technique, medication beliefs, side effects, patient smokes

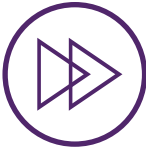
**Agreed upon priorities:** Asthma overview, MDI technique, medication beliefs, side effects, peak flow, emotional triggers, anxiety, patient smokes & is exposed to other triggers



**INTERVENTIONS**

**BARRIERS ADDRESSED AND HOW THEY WERE ADDRESSED:**

Patient and I went over the inhaler technique and the follow up is that during each visit I ask the patient to demonstrate the inhaler technique. We also spoke about her emotional triggers and went over the mindfulness and breathing techniques.



**FUTURE  
FOLLOW-UP**

During the phone intake the patient stated that she wanted to stop smoking and needs help quitting, during the screener she admitted that she smokes and allows other people to smoke in her home. However the patient attributed her asthma symptoms mainly to emotional triggers and not to smoking. She states that she is going through a lot with her family and it's taking a toll on her. While going over the screener summary she did not want to go over the smoking module and chose others instead.

Every time I visit the patient, her home smells like cigarette smoke and in one occasion when I arrived she was finishing up a cigarette. The patient is a heavy smoker; her ash-tray is filled with cigarette butts.

**NEXT STEPS:**

- ▷ Use motivational interviewing to address whether patient is ready to discuss smoking cessation
- ▷ Offer to set up appointment with smoking cessation clinic
- ▷ Offer to accompany patient to smoking cessation appointment

# SAMBA Case Study #2



**PATIENT  
CHARACTERISTICS**

**AGE:** 65

**GENDER:** Female

**ACT SCORE:** 12

**LIVING SITUATION:** Lives in a two bedroom apartment with her husband. Takes care of 5 year old granddaughter 3-4 times per week

**COMORBIDITIES:** Arthritis

**MAIN NEEDS OF THAT PATIENT:**

Emotional triggers

**# OF SESSIONS COMPLETED:**

15 (Graduated)



**SCREENING**

**SCREENER ITEMS FLAGGED:**

Asthma overview, MDI technique, medication adherence, medication organization, emotional triggers of asthma, depression and anxiety

**PRIORITIES:**

**Patient priorities:** MDI technique, depression, anxiety and emotional triggers of asthma

**Coaches' priorities:** Asthma overview, MDI technique, depression, anxiety and emotional triggers of asthma

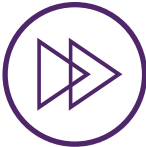
**Agreed upon priorities:** Asthma overview, MDI technique, depression, anxiety and emotional triggers of asthma



**INTERVENTIONS**

**BARRIERS ADDRESSED AND HOW THEY WERE ADDRESSED:**

Patient had refills of controller medication but she did not want to use it because she was already taking her rescuer medication. I explained to her the benefit of using a controller medication and she agreed to get the medication from the pharmacy. After a few weeks of using her controller medication she started to feel an improvement and she regretted not following her doctor's instructions. Client was provided with a spacer and MDI technique was reviewed at every session. She also learned the breathing and mindfulness techniques to help her improve her anxiety. She now goes on walks with her husband to distract her mind from the depression.



**FUTURE  
FOLLOW-UP**

Patient has now graduated from the program. Her asthma score test at the beginning was 12. She just completed 15 sessions and her last asthma score test was 25.