



## Testing, treating, vaccinating

### College members go above and beyond during the COVID-19 pandemic

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Luz S. Fonacier, MD, FAAAAI,  
President, American College of  
Allergy, Asthma and Immunology

# Worldwide representation

## The College continues to present at international meetings virtually

With the coming of spring, we are already a quarter of the way through 2021. I think we can all agree that things are looking rosier than they were a year ago at this time. Our international activities are no exception. After

a disappointing 2020 in which many meetings in various countries were canceled or significantly reduced due to the pandemic, we are seeing a renewed interest in these meetings for 2021.

The College's representation at allergy/immunology meetings all over the world is a valuable contribution to the profession globally, and it rewards us as well with increased understanding of the latest research and treatments. Now that the world has become much more comfortable with virtual meetings, more countries will be holding their events this year, whether virtual or hybrid.

Each year, our International Committee vets requests from other countries to have College speakers at their events. In normal times, this involves travel for our experts, so we commit our support to a limited number of these meetings each year. In 2021, we plan to participate virtually in most of the meetings to which we are invited, and we have numerous volunteers who offer to present -- often at odd hours of the night in U.S. time. Many of our members also attend these meetings. As you can imagine, the live events present a wonderful opportunity to network with peers from various regions of the world. But even virtual meetings bring together the community in a special way.

One of the largest international allergy meetings is the European Academy of Allergy and Clinical Immunology (EAACI), whose annual Congress will be in Krakow in July of this year but will feature many virtual sessions. The College will present a Sister Society Symposium remotely, thanks to technology. And we will participate in other meetings representing all regions as the year progresses.

As a long-time advocate for the international allergy community, I am grateful that the College and its members can both support and benefit from the education provided to and by our peers around the world.



Connect with us at [acaai.org](http://acaai.org) or through:



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## ADVOCACY ADVANTAGE

By James L. Sublett, MD, FAAAAI, executive director, advocacy and governmental affairs

# STRONGER TOGETHER

## Advocating for you

The College's Advocacy Council partners with other organizations on issues important to practicing allergists.

The College's Advocacy Council often works with partners, other like-minded medical specialties coming together on an issue. There is power in large numbers! It's beneficial for a smaller subspecialty like allergy to partner with larger, powerhouse groups like the American Medical Association. Over the past year, we've worked with at least 10 other medical specialties, combining our efforts and numbers in support of issues that, if successful, will benefit you - the practicing allergist.

When a specific issue arises, we may receive a request from an organization to join their sign-on letter. We'll send the draft to the leaders of the College and Advocacy Council asking them to review and comment on the draft. After careful consideration, we advise the sponsoring society if we'll join the sign-on. Often, we are only given a day in which to respond. Conversely, there are bills that are reintroduced year after year.

The Advocacy Council works closely with the legislators who sponsor or present a bill to the House or Senate. Such is the case with H.R. 2468 - the School-based Allergies and Asthma Management Program Act - passed late last year. Beginning in 2019, we strongly supported and worked with

House Majority Leader Steny Hoyer (D-MD) and Rep. Phil Roe (R-TN) to develop bill language, making sure allergists were included as providers of care.

The No Surprises Act, also passed late last year, is legislation for which we advocated. The law protects patients from unexpected out-of-network "surprise" medical bills and creates an arbitration system to resolve reimbursement disputes.

This year, we've been asked to join other medical specialties in supporting the moratorium on the 2% Medicare Sequester payment; support of the pediatric loan repayment act; CMS cost effectiveness payments; the National Asthma Control Program; health care for veterans; and the Food Allergy Safety, Treatment, Education and Research (FASTER) Act.



James L. Sublett, MD

**We'll continue to monitor and support issues that may impact the practice of allergy. The Advocacy Council - we have you covered.**





ANNUAL SCIENTIFIC MEETING ADVANTAGE

# Get excited about the 2021 Annual Meeting

**We're planning outstanding education, networking and fun for New Orleans this fall.**

We're gearing up for an exciting 2021 ACAAI Annual Scientific Meeting, Nov. 4 - 8! There is so much planned for an educational, collaborative and fun program in New Orleans. We value our attendees and we're programming the Annual Meeting to meet your needs.

From the Thursday Program throughout Monday's expanded and compelling sessions, our expert presenters will deliver dynamic and practical tips to assist you with your patients and your practice. You can also look forward to networking and reconnecting in person through our exhibits, ePosters and our popular social events.

Attend the Thursday symposium and get the latest information on dermatologic allergy and current and coming treatments for moderate to severe atopic dermatitis. The

Thursday Program will end with the Battle by the Bayou: Three allergists enter, one allergist leaves.

We have some amazing plenary sessions planned:

- **Saturday's Presidential plenary** will discuss how allergists have innovated to face medicine's most daunting challenges; how we diversify and expand our practice and how we reach across the globe to learn allergy prevention from each other. This insightful session will discuss important factors that impact our ability to care for the patients we see every day. The COVID-19 pandemic has been an extraordinary challenge for our world. That challenge was met with incredible innovation that has created new vaccines and therapeutics for a disease in record time. Allergists/Immunologists are at the forefront



of this innovation. This session will review the COVID-19 pandemic and how to prevent another one along with describing the incredible advancements in vaccine and therapeutic development.

- **The Sunday plenary** will be led by Keynote Speaker, Dr. Peter Hotez, dean of the National School of Tropical Medicine and professor of pediatrics and molecular virology & microbiology at Baylor College of Medicine. Dr. Hotez has been instrumental in sharing accurate and important pandemic messaging through many national and international new outlets throughout the crisis.
- **Monday's plenary** will offer high yield updates from recently published guidelines including the NHLBI asthma guidelines, EoE guidelines and practice parameters on drug allergy.

Perennial favorites such as the Friday Literature Review Session, Allied Health and Practice Management programming, and the Pediatric 7 for 11 rapid-fire update will return. The interactive JEOPARDY session will return to test attendees' ability to identify dermatologic conditions.

An exciting Monday Program includes a second 7 for 11 session (seven experts have just 11 minutes to deliver impactful reporting) - this time offering the latest science on dermatology.

We'll also be addressing the growing epidemic of secondary immunodeficiency and have constructed a full session on how to start an OIT Program from the ground up within your Practice.

Enjoy the warmth and fun of New Orleans and get the education, research, and Podium to Practice™ takeaways you've come to expect from the ACAAI Annual Meeting. Registration opens this summer.







## Spotlight your research and medically challenging cases

The 2021 Annual Scientific Meeting, Nov. 4 - 8 in New Orleans, is a prime opportunity to present your compelling and dynamic research or medically challenging cases.

- Research abstract submissions are accepted from mid-April through July 12, 5:00 pm CT.
- Medically challenging case submissions are accepted mid-April through Aug. 2, 5:00 pm CT.

All abstracts must be submitted online at [college.acaaai.org/21abstracts](http://college.acaaai.org/21abstracts). Follow the automated step-by-step process and obtain your abstract proposal number, which will allow you to resume or edit your submission until the deadline.

There is a \$60 fee for each abstract submitted. Abstracts selected for oral and poster presentations will be published in the November supplement to the *Annals of Allergy, Asthma & Immunology*. FITs who submit a research abstract may apply for a Clemens von Pirquet award. More information on the criteria and application requirements is available at [college.acaaai.org/21abstracts](http://college.acaaai.org/21abstracts). Still have questions? Contact [education@acaaai.org](mailto:education@acaaai.org).

**Note:** Abstracts scheduled for publication prior to the ACAAI Annual Meeting date, or which have been presented at national or regional meetings of other organizations, cannot be submitted. As accepted abstracts will be published in *Annals of Allergy, Asthma & Immunology*, the abstract peer review process will adhere to human subjects research ethical guidelines.

### ANNUAL SCIENTIFIC MEETING ADVANTAGE

## FITs – Apply for Annual Meeting awards and scholarships

**Fellows-in-Training (FITs): Be recognized for your outstanding research and apply for a travel scholarship to attend the 2021 Annual Scientific Meeting Nov. 4 - 8 in New Orleans!**

**Clemens von Pirquet Awards** - The Alliance of ACAAI acknowledges three FITs for the best research abstracts on any aspect of allergy/immunology or related fields. To be considered, you must indicate that you wish to apply for a Clemens von Pirquet Award on the abstract submission site. Apply at [college.acaaai.org/21abstracts](http://college.acaaai.org/21abstracts) and provide additional documentation to the ACAAI office by **July 12, 2021 at 5:00 pm CT**

The Abstract Review Committee selects the award-winning abstracts. Award winners present their research at an Oral Abstract Session. Winners will receive cash awards from \$1,000 to \$2,500 and are eligible for a travel scholarship to attend the Annual Meeting. Information on the criteria and application requirements are available at [college.acaaai.org/21abstracts](http://college.acaaai.org/21abstracts). Questions? Contact [education@acaaai.org](mailto:education@acaaai.org).

**Travel scholarships** - The College provides travel scholarships to FITs in North America to attend the Annual Meeting. FITs who have completed their fellowship in 2021 are still eligible for travel scholarships. The application, due by **Aug. 27, 2021**, has been emailed to all FITs and is available at [college.acaaai.org/college/awards-and-named-lectureships](http://college.acaaai.org/college/awards-and-named-lectureships). For more information, contact Karla Kaschub, director of membership, at [karlakaschub@acaaai.org](mailto:karlakaschub@acaaai.org).



## FELLOW-IN-TRAINING ADVANTAGE

By Timothy Chow, MD, senior FIT representative

# Will telehealth remain?

**Telemedicine has become a regular component of allergy/immunology fellows-in-training (FITs) educational experience.**



Timothy Chow, MD

There has been an exponential increase in the use of telemedicine over the past year, accelerated by pressures of the COVID-19 pandemic<sup>1</sup>. Given its potential benefits, including increased access to care and convenience for patients, it is likely that the demand for telemedicine will persist even after the pandemic. In a McKinsey survey, three-quarters

of respondents indicated they would likely use telehealth services after the pandemic<sup>3</sup>.

I know many of us have had the opportunity to see clinical encounters for which telemedicine visits are particularly suited, as this mode has now become a regular component of the allergy/immunology fellows-in-training (FITs) educational experience. In a recent survey of the training experience of FITs during the COVID-19 pandemic, 95% of FITs reported using telemedicine for patient care<sup>2</sup>. This is an important component of our training, and frequent exposure to both the clinical and administrative aspects of telemedicine will help prepare us to incorporate this tool in our future practice.

There are certainly limitations to telemedicine, and as with any tool, it is crucial to discern the situations for which it is best wielded. Certainly, optimizing efficiency and minimizing missed health care appointments is an exciting prospect. A winter storm in February closed our outpatient clinics here in Dallas. Yet even with our physical clinics closed, we were able to see a full panel of patients virtually,

something our division had not previously been able to do in the setting of inclement weather prior to COVID-19.

When we eventually reach the post-COVID-19 era, many questions regarding telemedicine will remain. Long term reimbursement policies will need to be addressed. As we strive to continually improve the care we provide patients, we will face questions of optimizing the value of care we provide through telemedicine and countering contributions to health disparities we may make due to inequity in telemedicine access<sup>4</sup>. These are important issues, and I look forward to engaging them with you as colleagues and in partnership with the ACAAI and their advocacy efforts to continue to innovate to provide the best possible care to all of our patients.

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# Key telehealth learnings from COVID-19

## Create a post-pandemic strategy for telehealth

Telemedicine visits among allergy practices skyrocketed last year as COVID-19 spread. Many allergy practices quickly implemented some form of telemedicine to meet the moment but didn't have time to optimize the telemedicine experience for patients, staff and providers. Telemedicine is here to stay, so take some time to review your telemedicine workflow, technology and experience and make needed changes for the future. During the past year, we've learned a lot about what makes telemedicine successful and what makes it not so successful. Let's review key recommendations from Tania Elliott, MD, FACA, co-chair of the Joint Task Force on Technology and Telemedicine.

### Make it easy for patients.

- 1 **Keep it simple and easy to use!**  
Functionality for patients is **the single most important factor** in telemedicine success. Patients should **not** have to be tech-savvy or have fancy equipment to use telemedicine. A phone with a forward-facing camera should be the only equipment patients need.
- 2 **Connect patients with just one link.**  
Telemedicine patients should only need one link (sent via email or text) to connect with you. Avoid technologies that require patients to download an app or login.
- 3 **Make sure every step in the patient telemedicine experience is smooth.**  
Review every step in the patient telemedicine experience, including making an appointment, getting instructions to connect, troubleshooting technology problems, appointment check-in, telemedicine visit, and follow-up. Ensure the process is easy for patients.

### Make it easy for allergists and staff.

- 1 **Training required for providers and staff should be minimal.**  
If a telemedicine platform is really complex and/or requires a lot of training, it's probably not the right solution.
- 2 **Document telemedicine visits using your existing EHR.**  
You don't need a fancy telehealth system with bells and whistles that integrates with your electronic health records (EHR). In fact, a telemedicine technology without integration is easier to implement and less costly. Only use the telemedicine platform to **connect with patients**, and document telemedicine visits in your existing EHR.

### Put the right staff in the right roles.

- 1 **Determine which providers and staff want to do telemedicine going forward.**  
You don't need everyone in your practice to use telemedicine. Find out who is interested when planning your long-term telemedicine strategy.
- 2 **Put one person in charge of virtual check-ins.**  
Make sure you have at least one person manning the virtual front desk and managing workflow.
- 3 **Put one person in charge of basic troubleshooting for patients.**  
Identify a person in your practice who can manage day to day patient and provider tech issues. Most of the time, it's a simple fix (like turning on your sound or closing out additional browser windows). Create a quick reference guide with basic troubleshooting how-to's.

#### Basic Troubleshooting Tips



1. Check your internet connection and reboot your modem if needed.
2. If you are on your computer, clear your history, cookies, and cache and restart.
3. Check your upload and download speeds or [speedtest.googlefiber.net](https://www.google.com/speed/internet-connection.html). They should each be at least 1 mbps. This will tell you whether your internet is strong enough for the connection.
4. Still having trouble? Call your physician's office.

- 4 **Train staff to determine which patients and appointment types will work for telemedicine visits.**

Create a screening checklist for staff to determine whether a patient is a candidate for a telehealth visit. Determine in advance which types of appointments are appropriate for telemedicine.



## PRACTICE MANAGEMENT ADVANTAGE (CONTINUED)

A Simple Screening Checklist for Staff: Setting Patients up for Success	
<p><b>1 Do you have a laptop, smartphone/cell phone or desktop computer with a camera and microphone?</b></p> <p><small>We are happy to show you how to look for that and check it if works.</small></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>2 Do you have access to WIFI or internet service?</b></p> <p><small>Depending on the age of your device and cellular coverage in your area, you may be unable to connect.</small></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>3 Do you have an active email account and password that you can access from your device?</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>4 Do you have a private place in which you can take the call and use the app/platform on your device?</b></p> <p><small>Could you take a video call privately in an area with WIFI (library, friend's home, etc)?</small></p> <p><small>Note: Please make sure you have a back-up phone number in the event of an issue with the video connection.</small></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

## HIPAA, cost and IT support considerations.

### 1 Make sure your telemedicine platform is HIPAA-compliant.

HIPAA waivers exist now during the Public Health Emergency (PHE), but once the PHE ends you'll need to ensure your telehealth platform meets HIPAA requirements. You'll also need a Business Associate Agreement from your telemedicine vendor.

### 2 Telehealth should not be a major investment for your practice.

Telehealth vendors should be transparent about costs, including one-time investment and ongoing costs. Keep in mind that all you need is a secure video connection to patients and an operational infrastructure to conduct telemedicine visits, not a fancy technology solution.

### 3 Dedicated IT vendor support is not necessary.

While having IT support available for the platform solution you choose is important, don't rely on them for simple troubleshooting. Dedicated vendor support is expensive and often confusing for patients. You are better off having someone in your office who can be on-call to answer patient telemedicine questions and help problem-solve any issues.

## Consider opportunities to expand your practice using telemedicine.

### 1 Patient re-engagement.

You can use telemedicine to reengage patients lost to no shows or cancellations, and patients who've skipped follow up appointments.

### 2 New patient acquisition.

You can eliminate wait times for new patients and extend office hours via telemedicine. Inform PCPs of easy allergy/immunology access for patients.

### 3 Novel uses that leverage telemedicine.

Consider new ways to use telemedicine to benefit allergy/immunology patients, including:

- Video assessment of home to identify allergic triggers.
- Visit from kitchen to assist with food allergy label readings.
- Cosmetic cabinet assessment post patch test.

### 4 Nonclinician visits.

Consider using telemedicine for nurse visits, nutritionists, educational encounters, counseling and respiratory therapists.

A final consideration for telemedicine going forward is reimbursement levels. "Reimbursement, copays, and deductibles may change once the COVID-19 Public Health Emergency ends. Stay on top of coverage policies from all insurance carriers," advises Keven McGrath, MD, FAAAAI, chair of the Practice Management Committee.

Now's the time to plan your post-pandemic strategy for telehealth. Addressing these key areas will put you on the right path!





COMMUNITY ADVANTAGE

# Serving their community and strangers

## College members mobilize to test, treat and vaccinate people both near and far

Last summer, College members shared their experiences of treating COVID-19 patients or experiencing the virus themselves. Almost a year later, we checked in again. College members have done amazing work to test, treat and vaccinate patients - both near and far from their communities. Here we share just a few stories. The evolution of COVID-19 has been a trying challenge for all of us, personally and professionally. We honor all of our members who have adapted to meet the challenges of the past 12+ months.

### Serving in Texas and at home



Evelyn Lomasney, MD is an active duty Army Major and allergist who has successfully overcome multiple obstacles during the COVID-19 pandemic.

Dr. Lomasney is the chief of the allergy clinic at Womack Army Medical Center in Fort Bragg, NC. At the start of the pandemic, she, like many other allergists, was in charge of figuring out how to maintain allergy services during a global crisis. Trained in internal medicine, Major Lomasney was among the first faculty to care for patients on the brand-new COVID-19 wards at Fort Bragg. She was also part of a core group of physicians that brought clinical trials for COVID-19 treatments to Womack.

"It was a privilege to be part of the Department of Defense response to COVID -19 and an opportunity to practice the full extent of my clinical skills as an internist and an allergist/immunologist," said Dr. Lomasney. "I was lucky to be part of an amazing team, but it was eye opening to see just how sick these patients are and how resource intensive their care is. I witnessed the devastation COVID-19 can cause in individuals, families and communities."

"Dr. Lomasney became a true hero when she deployed to Texas to offer medical support to a COVID-19 hotspot," said her colleague, Maureen M. Petersen, MD, an Army Colonel. Dr. Petersen is Chief, GME/GDE at Walter Reed National Military Medical Center. "Evelyn demonstrated her leadership when she transformed a medical facility into a safe treatment platform, caring for the sickest COVID-19 patients."

After returning from her deployment, Dr. Lomasney took charge of the Pfizer COVID-19 vaccine emergency use authorization roll out at Fort Bragg. As an allergist/immunologist, she was active in the Novovax phase 3 clinical trial there. "My time in Texas provided unique motivation to pivot my focus from treatment to prevention when I returned," said Dr. Lomasney. "I try to use my story in counseling patients about vaccine options and also just on the importance of getting immunized."

Recently Dr. Lomasney gave a talk to military allergists about her deployment in support of the COVID-19 mission. "Evelyn



## COMMUNITY ADVANTAGE (CONTINUED)

is an amazing physician. Her ability to take charge while providing outstanding medical care is impressive," said Dr. Petersen. "Not many could have overcome the obstacles Dr. Lomasney faced during the COVID-19 pandemic."

### Forming a coalition



Melinda Rathkopf, MD, FACAAL is the medical director at the Allergy, Asthma and Immunology Center of Alaska in Anchorage. The practice is located in a medical office building on the campus of Providence Alaska Medical Center. "Last March, early on in the pandemic, the building's tenants realized we needed to come together to help each other out," said Dr. Rathkopf.

"Information was changing hour by hour and we needed to keep our staff safe, not turn patients away, and provide something more than just front door COVID-19 screening. The hospital resources were strained enough caring for their employed physicians, their own hospital employees, and their patients. It just made sense to organize as a group."

A volunteer coalition was formed that took on the task of COVID-19 screenings at the door, with secondary screening for patients with complicated specialty needs. The coalition, with approval and support from Providence Alaska Medical Center, grew to include the private practices of six buildings, including a cancer center and a surgical center. As a group they were able to acquire much needed personal protective equipment, educate each other, and much more. Later, the clinic became a vaccination site to help vaccinate health care workers in the multi-building medical complex.

"We then opened it up to the various tiers in the community as they became eligible," said Dr. Rathkopf. "Our efforts helped Alaska become one of the most vaccinated states and the first state to open vaccines to all residents." Jeffrey G. Demain, MD, FACAAL volunteered to assume the position of medical director of this coalition of health care providers. The coalition continues to meet weekly and provides updates to all the clinics in the building.

### Double duty in a virus hotspot



Last April on a Saturday morning, Hans Otto, MD, FACAAL, got the call he suspected was coming. Dr. Otto, who practices at Family Allergy and Asthma in Florence, KY, is a Colonel in the United States Air Force Reserves and commander of the 445th Aerospace Medicine Squadron. The call was from his

Wing Commander, and Dr. Otto was being deployed with a group of others to help during the pandemic.

With less than 24 hours' notice, he said goodbye to his family and shipped out. Initially, he didn't know where he and the other Reservists were headed or exactly what they would be asked to do... they just knew they were needed. They arrived in Manhattan, which, at the time, was a "hot spot" of COVID-19 cases in the U.S.

After a short night in a hotel, they went to the Jacob K. Javits Convention Center, which was set up as a field hospital and the command center for military activity to provide assistance to hospitals treating COVID-19 patients. Military medical personnel mapped out a plan and initially created three teams of about 40 people to embed in hospitals in need. Ultimately, Air Force reservists assisted in five hospitals in the boroughs of New York City. Dr. Otto was assigned to be a Commanding Officer to Lincoln Medical Center in the Bronx.

By Wednesday afternoon, he and his team were following patients. At Lincoln, "I had the fastest hospital in-process I've ever had," said Dr. Otto. By Thursday, they were treating COVID-19 patients. At the time, Lincoln Medical Center had more than 20 deaths per day for nearly two weeks in a row, which for comparison, is more deaths per day than during the Iraq or Afghanistan wars.

Members of the Air Force and Army worked together with civilian medical professionals. "Public hospitals like Lincoln were overwhelmed," said Dr. Otto. "Civilian staff were over stretched in a tough environment but doing heroic work." All specialties came to together to treat patients, including obstetrician/gynecologists, anesthesiologists, and more. "Everyone was laser-focused on what they had to do," he said. "The rule was to save as many lives as you can."

Dr. Otto had a dual role during his time in New York City. "By day I was serving as an internist treating COVID-19 patients," said Dr. Otto. "By night I was commanding officer of my Air Force team." His days were regularly 16 - 17 hours long.

In addition to treating patients, Dr. Otto's team performed other tasks. With the crush of patients being admitted, pharmacy staff didn't know what they had in stock. Within two

*Continues next page*





## COMMUNITY ADVANTAGE (CONTINUED)

weeks, Dr. Otto's team had inventoried over \$2 million worth of pharmaceuticals. Military personnel also helped clear out the morgue and get the ambulatory and dental clinic open.

Dr. Otto served in New York City for two months. He feels fortunate because, unlike other deployments, during this one he had constant internet access and cellphone coverage which allowed him to stay in touch with his family. He used FaceTime to connect with his wife and children nightly.

Shortage of personal protective equipment (PPE) was a reality. N95 masks were used three or four days in a row. Doctors placed surgical masks over their N95 masks. While officials worked very hard to get needed PPE, Dr. Otto's team never got the respirators they requested.

During his deployment, none of the 275 Air Force personnel there became infected with SARS-COV-2. Everyone was diligent about wearing masks and observing other safety protocols. By the time he left New York City, Lincoln Medical Center went from 154 patients on ventilators to 50 and a patient virus infection rate of 99% to 80%.

### Calming vaccine allergy anxiety



David Stukus, MD, FACA is an allergist at Nationwide Children's Hospital in Columbus, OH. He shared his experience as his team engaged with people concerned about allergic reactions at COVID-19 vaccine sites.

"When we learned of early reports of anaphylaxis to the COVID-19 vaccines,

our Division of Allergy/Immunology engaged with the vaccine distribution team at our institution to discuss risks, contraindications, and to offer our services to help evaluate

or staff vaccine clinics. We added screening questions for employees (roughly 15,000 at our institution) about prior reactions to injected medications or vaccines.

For those who reported these reactions, or if they were highly concerned due to other history of allergies, we arranged special times to group these individuals together and staff vaccine clinics with our own allergy nurses and allergists. I was present for about half of these clinics and immediately appreciated the benefits of our presence. Many of our fellow employees walked in already highly anxious and concerned about adverse reactions. We met with each one, offered reassurance, and often spent time just talking with them or distracting them afterwards.

Many employees experienced subjective symptoms of tingling, shortness of breath, or general angst. We also observed some with flushing (all of whom had a history of flushing when overheated, nervous, etc.). None of them experienced anaphylaxis. Most improved without any treatment and with gentle reassurance. It took minimal effort to establish these special COVID-19 vaccine clinics, but the return on our investment is immeasurable. Every employee was thankful for our presence.

In addition, witnessing these subjective reactions offered tremendous insight into how confusing it can be for medical professionals who are not experienced with diagnosing or treating anaphylaxis. I easily understand why many of these same employees who improved without any treatment would have been given epinephrine or labeled as anaphylaxis by other providers. As allergists, we are extremely comfortable with anaphylaxis and adverse vaccine reactions. Our calming presence, guidance, and expertise can assist our colleagues and the general public throughout the COVID-19 vaccine distribution."



## COMMUNITY ADVANTAGE (CONTINUED)

**Poetic expression**

Every year, Patricia Ghory, MD, FAAAAI, of Cincinnati Allergy and Asthma Center (CAAC), writes a poem or sings a song for her practice's holiday party. She shared the poem she wrote in 2020:

**What a year!**

Just when all seemed routine  
Whoa! WUHAN changed the scene  
A virus, it would seem  
Who would have ever dreamed?  
To get oh so, so extreme  
Disrupting our regime

Well, SARS started with a cough  
Yeah, your temp may be off  
Some with SOB and fatigue  
Then vomiting or diarrh-ee  
Others cannot taste or smell  
(Our whole world's gone to hell)

Wash your hands 20 secs 'til clean  
Wipe down surfaces with chlorine  
Repeat, repeat, repeat this routine  
Until ALL is so so clean

DO NOT LEAVE WITHOUT  
YOUR MASK  
No, no, no! don't even ask  
And, yes, you need cover your nose  
Or inside corona grows

So, in March, 2020  
CAAC thought, OH NO!  
CAAC thought we must fight this thing  
CAAC made plans for spring  
CAAC soon lean and mean  
CAAC became a fighting machine

Without much staff...that goes unsaid  
The docs then went to telemed  
Kept giving shots to stay afloat  
NOTHING could rock OUR boat

The world did shut down  
Seemed like a ghost town  
We stayed 6 feet apart  
Even cars seemed 6 apart

Soon, gray hairs did crop up  
No need to wear make-up  
Need some pick-me-up?  
Some chose booze, others food  
And soon our bellies did protrude

But then, oh no  
No TP when you gotta go  
Store shelves empty, oh good grief  
Shoppers screaming, "where's the  
beef?"

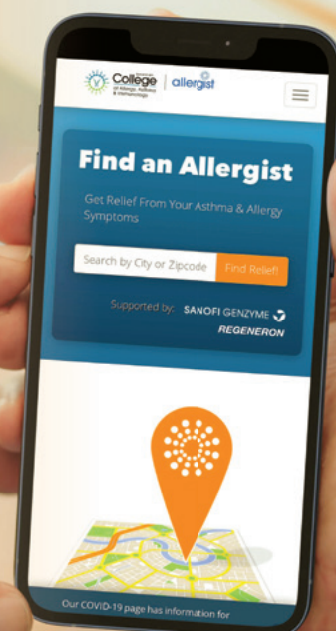
Six months later, numbers still rising  
Yep, masks, shields, gloves we're  
despising  
COVID's rules reemphasizing

Yep, not really too surprising  
CAAC is still prescribing  
Thanks to ya'll, we are surviving  
Thanks to our boys, we're still thriving  
CAAC still strong and steady  
For the vaccines, we are ready

Life will return to normal ya'll  
Never promised life would be dull  
So, thank you, thank you, thank you all  
CAAC, do love you all

**Can new patients  
find you?**

Thousands of prospective patients visit the "Find an Allergist" tool on the College's public website each year to search for an allergist near them. They can search with their ZIP code or city to find ACAAI member allergists located close to home or workplace. Make sure you can be found! It's vital that your contact information is accurate! It's important - the "Find an Allergist" tool is one of the most frequently visited resources on the College's public website. Last year there were more than 113,000 "Find an Allergist" searches. Update your profile at [college.acaa.org/profile](http://college.acaa.org/profile).





COMMUNITY ADVANTAGE

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## Continuing support

### The College continues to respond to members' needs for COVID-19 information and resources.

Since the beginning of the pandemic, the College has been adapting our communications and providing resources for our members and patients. As vaccines have become a top priority, the College's COVID-19 Vaccine Task Force has been providing timely recommendations and support on approved vaccines.

We continue to provide information with special focus on concerns of A/I patients and practices. Check out the College's resources for members:

**The College's COVID-19 resource page** - Updated regularly with links to information on vaccines, tests and treatments, financial help for practices, and keeping medical offices safe for patients and staff. The page is supported by Sanofi Genzyme and Regeneron Pharmaceuticals, Inc. Find it at [education.accai.org/coronavirus](https://education.accai.org/coronavirus).

**Federal Response Updates** - Summaries of COVID-19 developments in federal agencies and Congress. Find the page at [college.accai.org/topics\\_columns/summation-of-covid-19-federal-responses](https://college.accai.org/topics_columns/summation-of-covid-19-federal-responses).

**COVID-19 NewsBrief** - Sent weekly for the most relevant information and opportunities for members.

**DocMatter** - Exclusively for College members, scroll through the feed on this secure forum for discussions on a wide variety of A/I issues, including COVID-19. Members of our vaccine task force address questions and concerns about approved vaccines.

**Patient information** - The College also has information for patients, including frequently asked vaccine questions, recommendations about face coverings, asthma medication and more.

Continue to watch your email and College social media feeds for ongoing updates on information and resources related to COVID-19.



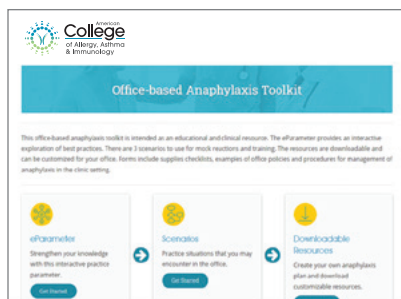


# Education the way you want it

Check out the College Learning Connection for a wide variety of educational opportunities

With literally hundreds of offerings from webinars to podcasts to OnDemand education, you might have overlooked some of the College's newer educational offerings. Here's a quick update on some new things you might want to check out in the College Learning Connection (CLC).

**Anaphylaxis toolkit:** Brought to you by the Clinical Programs, Patient Safety and Quality Committee, this new toolkit on office-based anaphylaxis is designed as a both a training and clinical resource for your practice. The eParameter provides an interactive exploration of best practices. There are three scenarios to use for mock reactions and training. The resources are downloadable and can be customized for your office. Forms include supply checklists, examples of office policies and procedures for management of anaphylaxis in the clinic setting. Find it at [education.acaai.org/anaphylaxistoolkit](http://education.acaai.org/anaphylaxistoolkit).



## MicrōCME

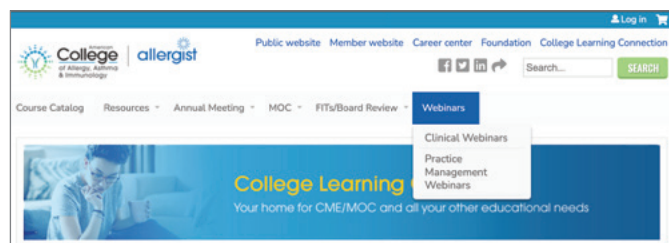
**MicroCME:** Microlearning is here! Take advantage of these small but mighty learning activities. They're brief enough to fit into the nooks and crannies of your busy schedule. This

bite-size learning content provides short, focused learning and CME credit all in the space of 15 to 30 minutes. Have a look at our introductory collection of topics. We will be adding new titles throughout the year and best of all, they are FREE to College members! Find MicroCME at [education.acaai.org/microcme](http://education.acaai.org/microcme).



**AIM Spring Offer:** Now through June 30, FIT Members can save 30% on the new Allergy & Immunology Medicine (AIM) Self-Assessment Program. With over 100 case-based multiple choice questions, AIM is a perfect learning/study tool for FITs. The comprehensive discussions provide evidence-based explanations regarding all answer options, as well as providing supporting references from the current literature. The questions address two areas of study (basic science and clinical science) and nine categories (immune mechanisms, cells involved in immune response, immunological disorders, non-disease specific pharmacology/therapeutics, anatomy/physiology/pathology, research principles, hypersensitivity disorders, specific diagnostic modalities, and allergens/antigens). There are four modes within this module: Pretest, Learn, Posttest and Comparison. FIT membership is FREE so join now to take advantage of this limited time offer and earn credit. Find it at [education.acaai.org/aimselfassessment](http://education.acaai.org/aimselfassessment).

**Webinar Recordings:** Did you know we have more than 50 webinars on clinical and practice management topics? Members have FREE access to the recorded webinars and some offer credit as well. Find webinars at [education.acaai.org](http://education.acaai.org).



# Working with your local media: Getting the allergist message out

**The idea of working with the media can be intimidating. You may wonder: How do I approach the media if I have a story in mind? How do I get their attention and/or persuade them to listen to what I have to say? Will they get the story right?**

The good news is, as an allergist, you are someone with insider knowledge on a topic that interests the media. Reporters and editors understand millions of people suffer from allergies and asthma and those people are in search of guidance on how to treat their symptoms. You are a scientist with facts and figures at your fingertips. You can answer their questions!

Once you have a topic in mind, consider the six tips below when reaching out to local media on allergy issues:

- 1. Know who covers allergies and asthma in your community** - Keep an eye out for local stories on allergies and asthma and note the reporter(s) covering the topic. Reach out to them with newsworthy ideas and tell them you've seen their past stories and think they'd be a good person to cover it. Be sure to include your contact information and let them know you're available to comment on future news stories. Make yourself a resource!
- 2. Have all the facts going in** - Know in advance what kind of angle the reporter will likely take and how you fit into the story. Will they be interviewing other experts? If it's radio or TV, find out if the piece will be taped or live. Will there be questions from listeners? If you ask in advance, most reporters will send you their questions prior to the interview so you know what information they're looking for and can be prepared.
- 3. Get your speaking points lined up** - Have two or three main points you want to make and that you want the audience to remember. Repeat them throughout the interview. Emphasize them by saying things like, "The most important thing to remember..." "What we want people to know..." and "I always tell my patients..."
- 4. Tell a story** - Both reporters and their audiences love to hear stories that involve people in life situations they can relate to. It helps give more impact to what you are saying and can enhance facts and figures. Also, avoid jargon, acronyms, and big words. They will make your audience lose interest.
- 5. Remember that it's your interview** - You have the facts. You're the expert. Too often, people being interviewed hand over the interview to the reporter rather than understanding that it is a conversation, and they have the

needed facts. If the reporter isn't asking questions that will lead to your speaking points, bridge to the information YOU want to include.

- 6. Use the College's resources** - Our social media posts share allergy and asthma news, research, seasonal topics, and public awareness campaigns. It is easy to follow our accounts and share this great content on your own social media feeds, or with local journalists.

Check the ACAAI newsroom at [acaai.org/news](http://acaai.org/news) for our latest press releases on topics of interest to the public. We encourage you to repost the releases on your website. Or you can rework them and send to your local media, offering your services as an expert on the topic.

If you want to dig further into public relations and marketing, the College's Practice Management Center has a marketing toolkit with news release templates, community outreach ideas and much more. Find the Toolkit at [college.acaai.org/toolkits/marketing-and-patient-materials-toolkit/](http://college.acaai.org/toolkits/marketing-and-patient-materials-toolkit/).





## COMMUNITY ADVANTAGE

# Take a deep dive into AllergyWatch and more



## The College's popular podcasts delve deeper into topics covered in AllergyWatch and other A/I topics

Do you like what you're reading in AllergyWatch, the College's bimonthly

roundup of journal articles in the field? Dive deeper into this popular publication with AllergyTalk, the College's podcast. Episodes feature discussions of important articles from AllergyWatch and other relevant topics for practicing allergists. New episodes are added regularly!

Podcasts' portability makes them easy to access, no matter where you are. It's an efficient way to stay up to date on allergy/immunology issues. Many podcasts offer CME.

College members like what they're listening to. Our podcasts have been listened to more than 15,000 times.

Recent episodes include:

- Asthma severity and difficulty in learning to read
- Using fractional exhaled nitric oxide to guide step-down treatment decisions
- Prenatal exposure to air pollution

- Comorbid laryngeal dysfunction in asthma
- Reintroduction failure after negative food challenges

Join hosts Stanley Fineman, MD, FAAAAI, Gerald Lee, MD, FAAAAI, and Merin Kalangara, MD, FAAAAI and special guests for topical conversations. Subscribe to AllergyTalk today! Search for AllergyTalk in iTunes, Google Play, or wherever you listen to podcasts. For more information, go to [college.acaaai.org/allergytalk](http://college.acaaai.org/allergytalk).







COMMUNITY ADVANTAGE

## Be a part of National Asthma and Allergy Awareness Month

May is Asthma and Allergy Awareness Month! It is an ideal time to join the conversation about allergies and asthma. The College's Allergy and Asthma Awareness Toolkit makes it easy for you to share information with the public.

### Resources include:

- Does your practice give talks to the public or to health care colleagues? Check out our PowerPoint presentations geared to both audiences. These can also be used during virtual talks. For example, many libraries are still holding virtual programs each month. Or your local school might welcome a talk for the students.
- Promote allergy and asthma awareness on your practice website or in your waiting room! The College offers dozens of patient videos on our YouTube channel at [youtube.com/allergists](https://youtube.com/allergists). Topics include how to breathe if you have a respiratory infection, what happens during an asthma attack, and more.
- Give informative take-home information to your patients. Order College brochures on a wide variety of allergy topics.
- Looking for some great links for your patients? We have informative web articles about asthma, all types of allergies, treatments and management on our public website, [acaai.org](https://acaai.org)
- If active on social media, you can help spread the word. Follow the College on Facebook, Twitter, LinkedIn and Instagram, and "Like," "Retweet" or "Share" our Awareness Month content during May. Join the conversation by using the hashtags #AllergyAndAsthma and #FindRelief.
- While many community events are still on hold this spring, health fairs and health outreach activities may be happening later in the year. Check with your local hospital, YMCA or other community organization. Health fairs are great opportunity to offer free asthma screenings. Our Toolkit offers ideas and free printable materials, including posters and screening questionnaires.

These resources and more can be found at [college.acaa.org/toolkits/allergy-asthma-awareness-toolkit](https://college.acaa.org/toolkits/allergy-asthma-awareness-toolkit). Help your community find relief! The Allergy and Asthma Awareness Toolkit is supported by AstraZeneca.





## THE ALLERGISTS' FOUNDATION

of the American College of  
Allergy, Asthma & Immunology

**The Allergists' Foundation** is empowering community allergists to help ensure everyone has access to quality care.

We fund innovative projects that address health disparities and other challenges faced by the allergist community. Your gift can make a big difference in expanding our reach.

**Join Us! Donate at [college.acaai.org](https://college.acaai.org)**



American College of Allergy, Asthma & Immunology

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