Planning Care for Children with Asthma in your Medical Home:
Addressing Common Concerns of Primary Care Providers

By Jennifer Lail, MD, FAAP and Jim Stout, MD, MPH, FAAP

Caring for children and youth with asthma in a primary care, non-specialty setting requires creation of office protocols to permit scheduled and planned asthma visits. In contrast with the acute care setting, chronic care management visits permit non-emergent assessment of the child's condition and family/child asthma education.

Common concern: Not enough time

Solutions:

- *Restructure visits: get out of an acute care cycle and cluster asthma visits*

  Chronic care management visits are a great way to incorporate the six Guidelines Implementation Panel (GIP) priority messages from the National Heart, Lung, and Blood Institute (NHLBI) guidelines for optimal asthma care. In a non-acute visit, asthma control and allergen/irritant exposures can be assessed, asthma severity and medications adjusted, spirometry obtained (if indicated) and the child's asthma plan and school medication authorization forms can be completed. For providers who see many patients with asthma, grouping such visits into a single clinic day can streamline care flow and enhance staff familiarity with needed forms and procedures. These visits can be scheduled in longer time slots and coded for time spent in care. By asking your patient to schedule their asthma management visit with you before they leave, they are more likely to return, and you can better predict your workflow.

- *Know who needs care:*

  When a child is actively suffering with an asthma exacerbation, both you and the family are alerted to the need for planned asthma care. As the child is in the process of care for symptoms, you can enter the child into your Asthma Registry and schedule a visit soon with the child's primary provider—underscoring the importance of follow-up. Identifying your population of children with asthma through asthma registry development can begin by conducting a retrospective review of one's office management system, by diagnosis. Using codes for wheezing (786.07) or asthma (493.XX) to identify children with asthma also helps identify those needing an influenza vaccine. Provider recall also identifies children with asthma; pediatricians can often remember which children were admitted to the intensive care unit or transported from our office by ambulance! Insurers often provide practices with Emergency Department claims, offering yet another way to identify which of your children with asthma most need chronic care management. If your office works primarily with one hospital or emergency room system, you could also request such a report from their information technology or medical records department.

Common concern: There are not enough asthma patients to see for planned care

Solutions:

- *Immediate: utilize claims data, enlist colleagues to identify their patients with asthma who are difficult to control*
- *Long term: utilize a reminder system, registry or electronic health record (EHR)*
- *Use asthma as a template for other chronic conditions:*

  Whether you care for a few or many children with asthma, developing a process for chronic care management in your office is strategic. The Asthma Prevalence report of the Center for Disease Control (CDC) May 6, 2011 Morbidity and Mortality Weekly Report (MMWR) showed a steady increase in asthma, with childhood prevalence data between 9.6 and 17%. Pediatricians are managing many chronic conditions, and asthma care can be an excellent pilot project for improvement, such as the Cincinnati Children's Hospital asthma improvement project[i,ii]. Finding a champion in your practice who sees many children with asthma can provide the needed leadership and energy to make incremental improvements in your asthma care. Whether you use paper or electronic records, there is a visible benefit to the clinician and the family when a cross-covering physician can find the medications and a plan for use in the chart. If using paper records, consider an asthma section in the chart for these patients.

Common concern: It's too hard to make changes in my practice

Solutions:

- *Start small and utilize quality improvement (QI) tools*
- *Support teamwork in your medical home for chronic care management visits:*

  As your practice begins to address improvements in asthma care processes, don't try to change the entire system at once. A practice might begin to improve asthma care with just one metric; having an asthma plan in every chart for each child with asthma might be an initial goal. Using "Plan-Do-Study-Act" cycles, you and your colleagues can find out what works, what obstructs, and make the tiny changes in your system that encourage asthma care plan completion. As you test a new way of addressing a problem area, study and measure it to see if it works, then refine it and try again. When plans for a chronic care visit have been defined, a trained staff member can handle many parts of the care. Before the physician enters the exam room, your staff can give the family/child the Asthma Control Test for your review, reconcile and document current medications, and compliance, and check if the child has had their influenza immunization. For practices with patient portals in place, such information may be obtained online before the family arrives for their visit! This is also a great time to review metered-dose inhaler (MDI) and spacer use. It is also possible to distribute spacers at the point of care and get reimbursed for this equipment. If spirometry is indicated, staff may perform the study while collecting other vital signs in advance for your review. Educational materials for the family and forms for B-agonist administration at school can be assembled pre-visit to permit the maximum amount of time to evaluate and refine the child's asthma care plan.

- *Locate your asthma allies:*

  Much work has been done to create tools, educational modules and templates for great asthma care—your medical home does not have to re-invent them! One of your staff can do an internet search to begin a customized asthma database for your families, in addition to compiling names and contact information for pulmonologists and allergists to whom you refer. Other resources to include are local smoking cessation programs, local stores who carry dust-mite covers, equipment for environmental controls, and asthma education websites (see listing below).

  Just as we ask our families to think ahead to assure medications are filled and given, allergens avoided and a flu shot administered, we clinicians must be well-prepared to care for children with asthma in our offices. Planned chronic care management visits impact ED utilization and hospitalization and improve care for our children and youth with asthma.

Additional Asthma Educational Resources for Families

- American Academy of Pediatrics: www.aap.org; www.HealthyChildren.org
- Allergy & Asthma Network Mothers of Asthmatics: www.aanma.org
- Family-to-Family Health Information Centers (F2F HICs): www.familyvoices.org/states
- Asthma and Allergy Foundation of America: www.aafa.org

[i] Mandel KE, Kotagal UR. Pay for performance alone cannot drive quality. *Arch Pediatr Adolesc Med*. 2007; 161(7) 650-655.

[ii] Bunik M, Fredrico MJ, Beaty B, Rannie M, Olin JT, Kempe A. Quality improvement for asthma care within a hospital teaching clinic. *Acad Peditrics*. 2011; 11(1):58-65.