Pediatric Asthma

- Title - San Antonio: Patient-Centered Asthma Care Redesign
- PI - Pam Wood MD, Ed Brooks MD
- funding agency - Patient Centered Outcomes Research Institute (PCORI)
The purpose of this cluster randomized trial is to test the comparative effectiveness of practice facilitation with or without assisted navigation of the health care system vs Physician Asthma Care Education (PACE) training to improve asthma care management for children with poorly controlled asthma.
Research Plan

- <R> 18 practices [12 Fam Med, 6 Pedi]
- Grp 1: NHLBI PACE program
  - (Physician Asthma Care Education)
- Grp 2: PACE+Practice Redesign
  - spirometer, enhanced after-hours calls access
- Grp 3: PACE+Practice Redesign+Promotoras
  - Navigate med system, review meds, reduce home triggers
PACE

- All participating practices go thru PACE training
- Two 2 1/2 -hour training sessions
  - CME provided
- 6 key messages:
  - 1. prescribe inhaled corticosteroids
  - 2. written asthma action plan
  - 3. assess asthma severity
  - 4. assess asthma control
  - 5. schedule follow-up visits
  - 6. evaluate & control allergen/irritant exposures
Practice Redesign

- Practice Facilitator
  - Work with physician & staff to identify problems
- Spirometer
  - Train staff (4 hours) and physicians (1-2 hours)
  - 1-hour update yearly
- Improved access
  - After-hours calls
  - Reimbursement
Promotoras

- 4-step empowerment behavior change model:
  1. identify problem
  2. explore problem
  3. set goals
  4. develop and commit to a plan

- Home visits:
  1. Build relationships
  2. Review current medications
  3. Assess home environment
  4. Remove environmental triggers
  5. Follow-up with post-intervention assessment

- Quarterly meetings with physician and staff
Scope of Work

- IRB training
- Review Protocol, STARNet “welcome visit”
- PACE training, two 2 ½ hour training sessions
- Practice Redesign
  - Work with Practice Facilitator
  - Spirometry implementation
  - After-hours calls training and set-up
- Promotoras
  - Quarterly meetings with physicians & staff
Survey Instruments (administered by research asst.)
- demographics, healthcare utilization (ED visits, acute office care visits, hospitalizations), school days missed, asthma quality care markers
- Lara Asthma Symptom Scale
  - 8 items
- Pediatric Asthma Caregiver Quality of Life
  - 13 items
- Pediatric Asthma QoL c Standard’d’d Activities
  - 23 items
Expected Outcomes

- Improve mgmt of pediatric asthma
- Better adherence to asthma guidelines
- Better mgmt of after-hours calls
- Fewer ED visits
- Fewer hospitalizations
- Improved satisfaction
  - Working with Practice Facilitator
  - Working with Promotoras
Practice Compensation

- IRB training $150
- Review protocol $150
- Practice redesign / access $5000
- PACE training $250
- Other: spirometer for office (some groups); increase in billable services; free CME $250
- Compensation for patient recruitment
  - $50 per patient
- Compensation to patients: $25 gift card for each study visit and for home visits
How would this work in your office?

- Children with “poorly controlled asthma”
  - How many?
  - How to identify these children?
  - Willing to have research ass’t “consent” them?

1. PACE program training?
   - Two 2 ½ hour sessions: Do-able? Desirable? Worth it to you? Timing of sessions? Location?
How would this work in your office?

2. Practice Redesign?
   - Practice Facilitator?
   - Spirometer?
   - After-hours calls?

3. Promotoras
   - Quarterly meetings

Survey Instruments
   - Administered by research ass’t