A GROUP VISIT FOR HIGH-RISK PEDIATRIC ASTHMA PATIENTS: A QUALITY IMPROVEMENT INITIATIVE TO IMPROVE ASTHMA CARE

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Background:
Asthma disproportionately affects poor and minority children. Limited parental knowledge and confidence in asthma management, as well as stress from chronic illness may contribute to poor outcomes. Novel approaches for providing care are essential for this vulnerable population. Our objective was to evaluate the feasibility and impact of an asthma group visit for high-risk children.

Study Objective:
The objective of this project was to determine the feasibility of providing education and parental support to high risk pediatric asthma patients through a group visit.

Methods:
Our primary care practice cares for over 2,600 children with asthma. The majority have public insurance. Children classified as high-risk (≥1 asthma-related emergency department visit/hospitalization in the preceding two years) were eligible. Children received brief physical exams, medication review, and updated Asthma Action Plans (AAPs). Educational sessions were held for children and parents. Pre and post surveys were used to assess parents’ experience and changes in confidence in asthma management.

Results:
Twenty children and their parents participated. Mean parent confidence scores (five-point Likert scale, 5 indicating greatest confidence) improved in: managing their child’s asthma symptoms (3.60, 4.40 p≤ 0.005), managing their child’s asthma medications (3.85, 4.30 p≤0.005), using their child’s AAP (3.79, 4.45 p≤ 0.02), communicating with the school about their child’s food allergies (4.32, 4.72 p≤0.03), and helping their child relax to reduce emotional triggers of asthma (3.25, 4.47, p≤0.01). All families reported that they would return to a group visit.

Conclusion:
Group visits are feasible for providing care, education, and peer support to a vulnerable population. Parents expressed satisfaction and improved confidence in aspects of asthma management. Group visits have the potential to improve asthma outcomes for high-risk families.