

5041.1: Wednesday, November 8, 2006 - Table 6

Abstract #140900

Improving outcomes for pediatric patients with asthma by incorporating sub-specialty medical care in the primary care practice

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Washington DC has the one of the country's highest childhood asthma rates, with dramatic racial-ethnic disparities. In 2000, the asthma hospitalization rate for African-Americans was 27.7 per 10,000 population compared with 2.7 for whites. The Anacostia community is >90% African-American with a poverty rate of 37.7%. Asthma in Anacostia is exacerbated by environmental pollutants including power plant fumes and surrounding superfund sites. Families in this isolated community have difficulty accessing care because of transportation restrictions. The Children's Health Fund's (CHF) Children's Health Project of DC (CHP-DC) provides a medical home to medically underserved children in Anacostia. CHP-DC replicated CHF's Childhood Asthma Initiative, which successfully reduced asthma severity and preventable hospital use in medically underserved pediatric populations in New York City by incorporating best practice NHLBI asthma guidelines into primary care. During its first year of implementation, CHP-DC provided care to 533 pediatric patients with asthma and offered asthma seminars to 47 families. All pediatricians in this practice became able to accurately assess asthma severity. Data collection was enhanced by a uniform protocol for baseline and outcome questions. Chart review (N=100) demonstrated that 100% of patients with persistent asthma were prescribed a controller medication. For patients whose families complied with medication instructions, there were no hospitalizations or emergency room visits. Those few patients who continued to use the hospital and ER were in families with psychosocial issues that interfered with medication continuity. Our data suggest that parent education and psychosocial services are important adjuncts to successful asthma treatment for this population.

Learning Objectives: At the end of this presentation, participants will

- \* Demonstrate that incorporating best practice guidelines into primary care for medically underserved pediatrics populations is critical to improved asthma outcomes
- \* Recognize the role of health education and psychosocial services in comprehensive asthma treatment for high-risk, medically underserved children