Improved Preventive Care for Asthma: A Randomized Trial of Clinician Prompting in Pediatric Offices


PURPOSE OF THE STUDY. To determine if clinician prompting regarding asthma severity and guideline recommendations at the time of an office visit improves the delivery of preventive asthma care.

STUDY POPULATION. Children aged 2 to 12 years (N = 226) with persistent asthma from 2 inner-city pediatric practices in Rochester, New York. Children were at the clinic for a well-child check, asthma care, or non–asthma-related illness care and were randomly assigned to 1 of 2 groups: clinician-prompting group (CPG) or standard-care group (SCG).

METHODS. A baseline survey was conducted to obtain information regarding household demographics, medication use, and environmental tobacco-smoke exposure. Parents of the children who were randomly assigned to the CPG were instructed to give a prompt sheet to their clinician along with a blank asthma action plan form. Parents of the children who were assigned to the SCG did not have follow-up–visit recommendations (46.4%), received no asthma action plan (50%), and received no discussion related to asthma (25%). This study demonstrates that a better system needs to be implemented to increase the rate of delivering appropriate preventive care for patients with asthma.

Improve Asthma Outcomes in a High-Morbidity Pediatric Population: Results of an Emergency Department-Based Randomized Clinical Trial


PURPOSE OF THE STUDY. To determine if an emergency department–based asthma follow-up clinic could improve outcomes within a high-morbidity pediatric population.

STUDY POPULATION. Four hundred eighty-eight patients (aged 12 months to 17 years) from an emergency department at an urban tertiary care pediatric hospital with previous physician-diagnosed asthma and ≥1 unscheduled visit in the last 6 months and/or ≥1 hospitalization in the last 12 months.

METHODS. The subjects were recruited while they were still in the emergency department for their acute care visits. The subjects were randomly assigned to either a single visit to an asthma clinic located in the emergency department, where they met with an asthma educator and a physician, or the control group, which received printed information about asthma. Follow-up telephone interviews were conducted at 1, 3, and 6 months after enrollment.

RESULTS. One hundred seventy-two (70.5%) of the subjects who were randomly assigned to the intervention attended the clinic, and 167 of these subjects were prescribed inhaled corticosteroids. Compared with children in the control group, those in the intervention group had significantly fewer unscheduled visits for asthma care (mean: 1.39 vs 2.34; relative risk: 0.60); at 6 months, reported significantly more use of inhaled corticosteroids (49.3% vs 26.5%; relative risk: 2.03); reported “no limitation in daytime quality of life” significantly more often than control group subjects (53.6% vs 36.8%).
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