

REVIEWER COMMENTS. This was a large study encompassing >17 000 pairs of patients, and while there was a statistically significant difference between Medicaid and non-Medicaid patient hospitalization costs, the differences were insignificant from the clinical and economic perspectives. While some studies report that hospital length of stay is greater for Medicaid patients, this study did not find this to be the case, concluding that insurance status does not significantly impact expenses, length of stay, or ICU use.

URL: [www.pediatrics.org/cgi/doi/10.1542/peds.2017-2475YYY](http://www.pediatrics.org/cgi/doi/10.1542/peds.2017-2475YYY)

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### Parental Decision-Making Associated With Pediatric Emergency Department Use for Asthma

Mudd SS, Ogborn CJ, Bollinger ME, et al. *Ann Allergy Asthma Immunol.* 2016;117(5):490-494

PURPOSE OF THE STUDY. To identify common caregiver factors contributing to emergency department (ED) utilization for asthma care among inner city children.

STUDY POPULATION. One hundred and fifty children aged 3 to 12 years were recruited during an ED visit for acute asthma care. Inclusion criteria were physician-diagnosed persistent and uncontrolled asthma, 2 or more ED visits or 1 or more hospitalizations for asthma during the past year, and living in the Baltimore metropolitan area. Children were primarily African American (95%) with male predominance (64%) and a mean age of 6.4 years (SD 2.7 years), and the majority of caregivers were single mothers (85.2%).

METHODS. After obtaining institutional review board approval, surveys were administered to caregivers during the initial ED visit to collect sociodemographic information, health characteristics including the child's asthma symptoms, inhaler use, and perceived asthma control, as well as recent health care visits for asthma. Additionally, caregivers were asked to rank 11 items regarding their decision to use the ED for their child's asthma care. Correlations among factors were identified by using cluster analysis.

RESULTS. Three clusters were identified in caregiver decision-making factors: urgency, preference for use of ED, and access to care issues. Urgency, primarily because of parental anxiety, was reported by 91% of caregivers. Urgent reasons were correlated with low controller medication use ( $P < .05$ ). Thirty-seven percent reported preference for the ED based on trust and confidence in ED doctors, with a second ED visit within 3 months significantly more likely to occur in this cluster (odds ratio [OR] 3.7;  $P \leq .5$ ). Access to care issues were identified as significant factors in 31% of caregivers, notably the inability to get a same-day appointment with their primary care physician (PCP). Lack of health

insurance was insignificant in caregiver decision-making, as 99% of the children reported insurance coverage.

CONCLUSIONS. The majority of caregivers indicated urgency as the most important reason in their decision to use the ED for asthma care, but preference for ED physicians and lack of same-day appointments with their PCP also played a significant role.

REVIEWER COMMENTS. Asthma disproportionately affects low-income minority children, a population with high frequency ED use for asthma care. This study highlights important caregiver factors in this population that contribute to ED utilization and points to opportunities for targeted interventions. The correlation between both low income and low controller medication use with ED visits because of caregiver anxiety demonstrates the importance of providing resources and education to improve controller medication use leading to better asthma control and decreased reliance on ED visits for nonurgent care. Additionally, improved access and positive relationships with PCPs could play an important role in reducing ED visits.

URL: [www.pediatrics.org/cgi/doi/10.1542/peds.2017-2475ZZZ](http://www.pediatrics.org/cgi/doi/10.1542/peds.2017-2475ZZZ)

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### MEDICAL THERAPIES

#### Has Asthma Medication Use Caught Up With the Evidence?: A 12-Year Population-Based Study of Trends

Sadatsafavi M, Tavakoli H, Lynd L, FitzGerald JM. *Chest.* 2017;151(3):612-618

PURPOSE OF THE STUDY. Both national and international guidelines on the treatment of asthma emphasize the use of controller medications in persistent asthma and discuss the role of controller versus rescue medications. This study looked at 12 years of data to study the extent and trends of inappropriate or excessive use of SABAs.

STUDY POPULATION. The study used a health database in British Columbia (population 4.67 million). They created a cohort of patients with asthma, aged 15-55 years. Asthma was defined as meeting at least 1 of 3 criteria over 12 months: (1) use of 3 asthma-related medications, (2) two outpatient visits, or (3) one hospitalization with the primary code for asthma.

METHODS. Data were collected from 2002-2013. Three metrics were defined: (1) inappropriate prescriptions of SABAs (>2 puffs of a SABA per week if no ICS was used and  $\geq 9$  canisters of SABA and no more than 100  $\mu\text{g}$  [beclomethasone equivalent] per day of ICS), (2) excessive prescription of SABAs (filling prescriptions for  $\geq 12$  canisters during a year regardless of ICS use), and (3) the ratio of ICS to total asthma-related prescriptions.

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