Asthma Coalition Meeting

LAC+USC Medical Center Breathmobile Program July 26, 2010

Marilyn Li, M.D.
Division of Allergy and Immunology
Department of Pediatrics

COMMUNITY BASED OUTREACH PROGRAM

Integration of Existing Resources for Sustainability

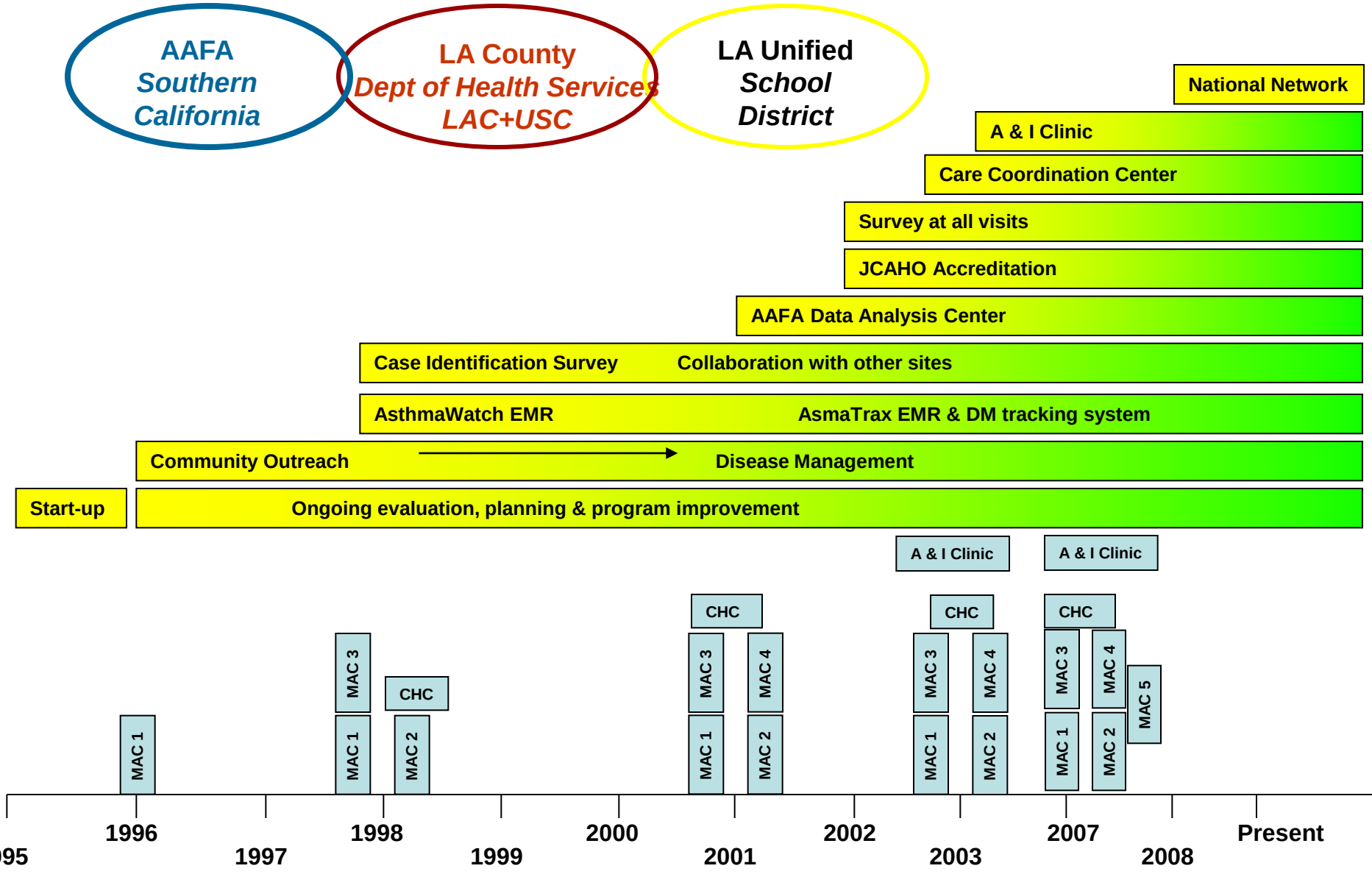
PARTNERSHIP FOR COMMUNITY HEALTH

Program History

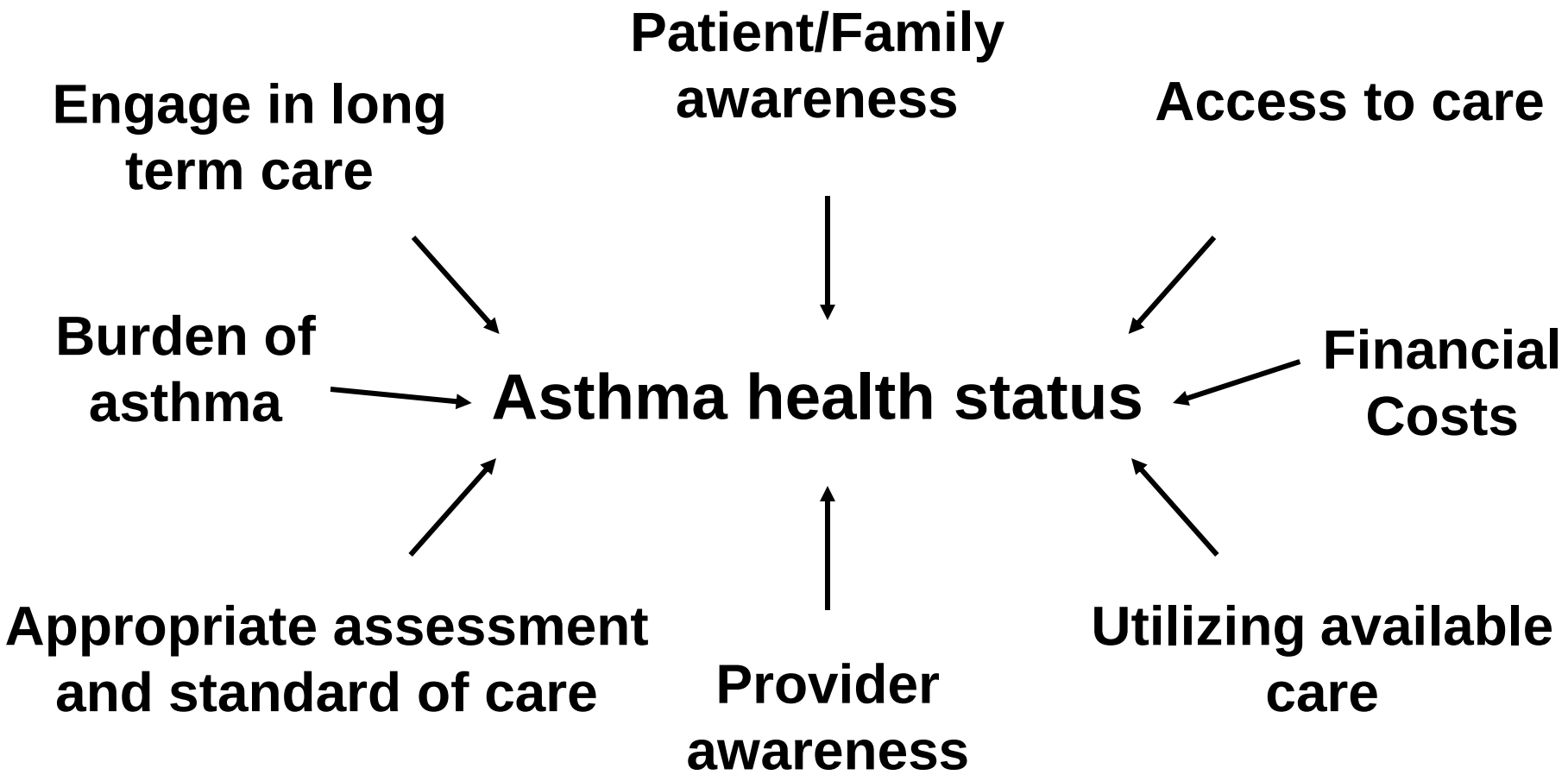
- Breathmobile Program- started 1995
- 60,000 patient follow-up visits
- 10,000 patients
- Successful replication of program nationwide
- Original certification by Joint Commission 2002

Pediatric Asthma Disease Management Program

Program building thru partnership



BARRIERS TO EFFECTIVE ASTHMA CARE



PEDIATRIC ASTHMA DISEASE MANAGEMENT PROGRAM

Program Objectives

The objectives of this program are to integrate existing community resources with disease management principles order to:

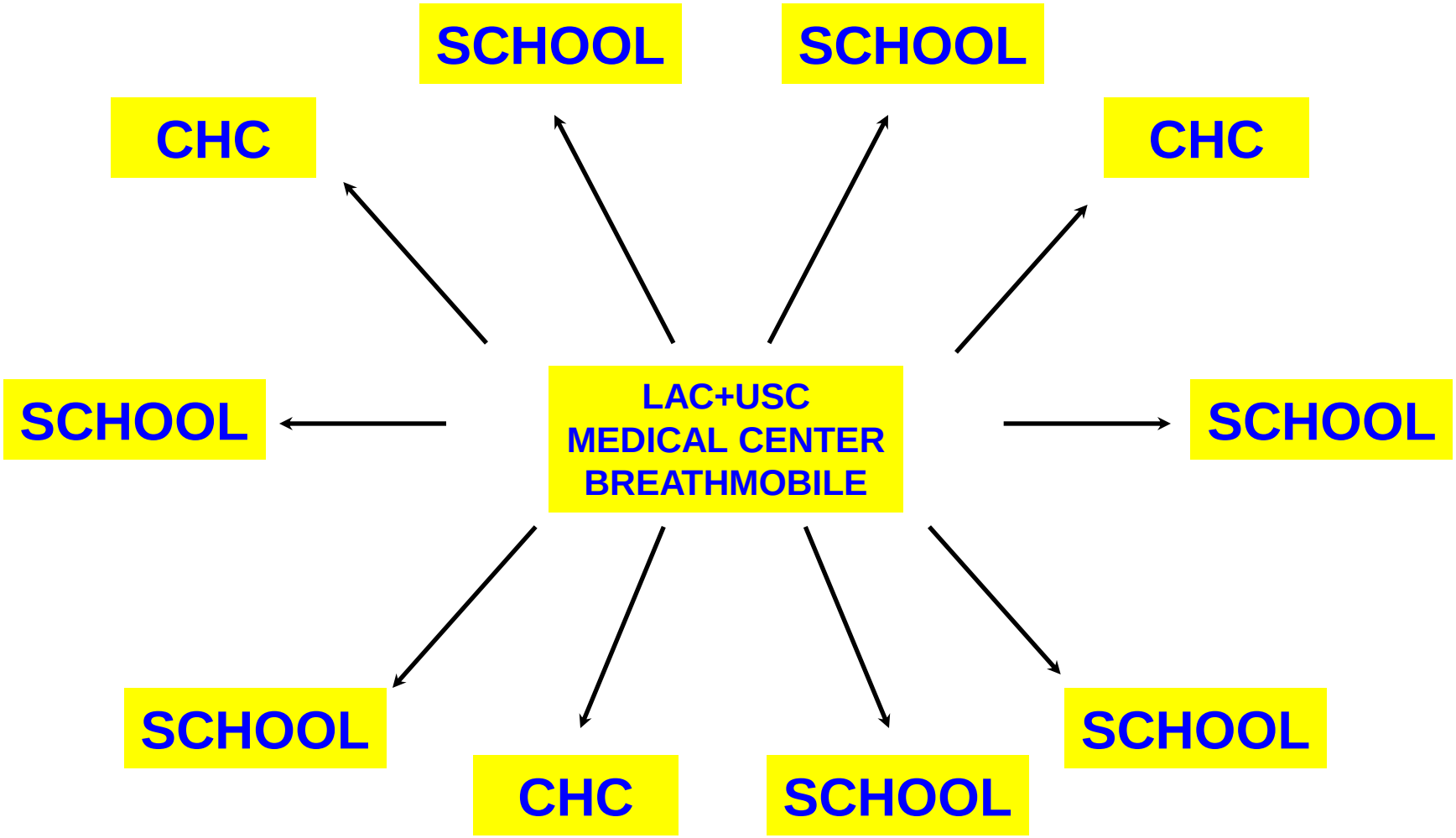
1. Deliver sub-specialty care to underserved children with asthma living in Los Angeles County.

2. Improve public health resource utilization by shifting care emphasis from an acute episodic care to a preventative health care model.

3. Demonstrate cost effective health care through a decrease in utilization of acute care costs related to asthma exacerbations.

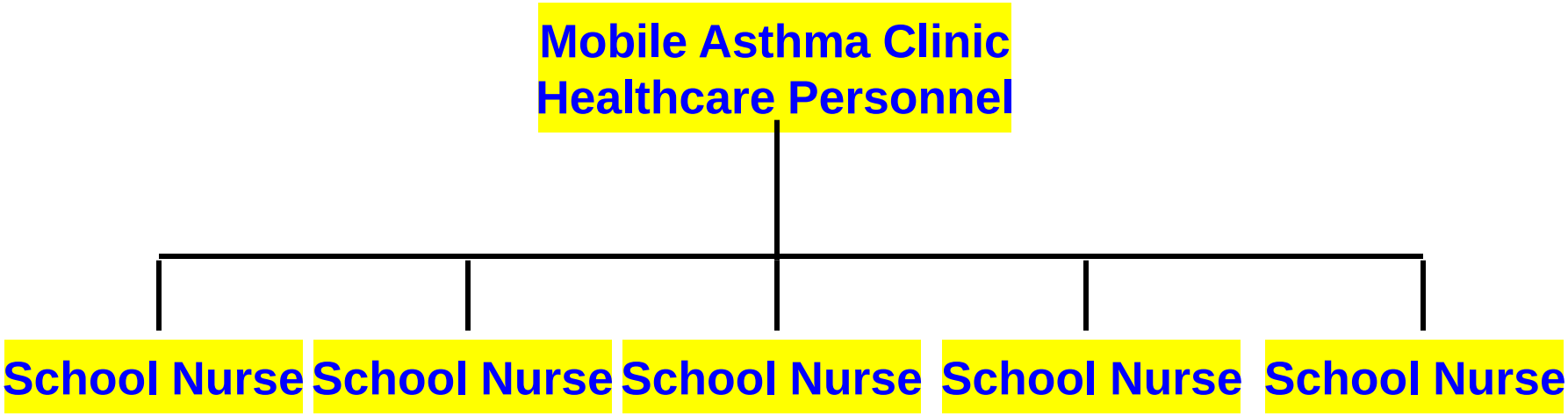
COMMUNITY BASED OUTREACH PROGRAM

Integration of Existing Resources To Form A Healthcare Networ



COMMUNITY BASED OUTREACH PROGRAM

Integration of Existing Resources To Form A Healthcare Team



- **Identify students with asthma**
- **Coordinate scheduling and communication**
- **Monitor patients status**

DISEASE MANAGEMENT PRINCIPLES

Long term care to achieve & maintain control of asthma

THOROUGH EVALUATION

- Disease activity (Day/night Sx, BD use)
- Morbidity (ED/Hosp, OCS bursts)
- Co-morbidities (AR, CS, GER)
- Exposures & triggers
- Targeted physical exam
- Pulmonary function
- Skin testing
- Assess clinical control of asthma
- Assess whether goals are met

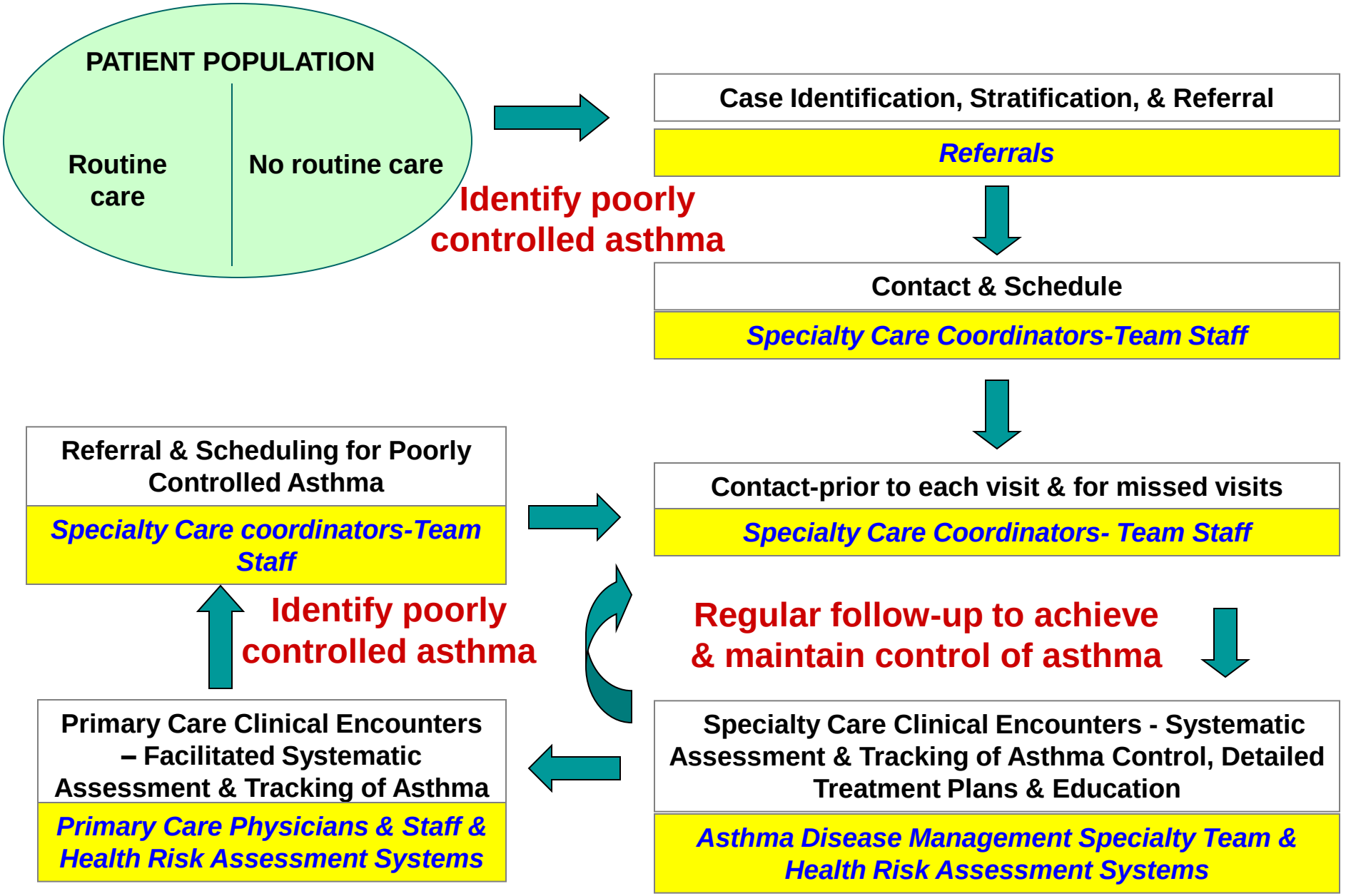
THERAPEUTICS

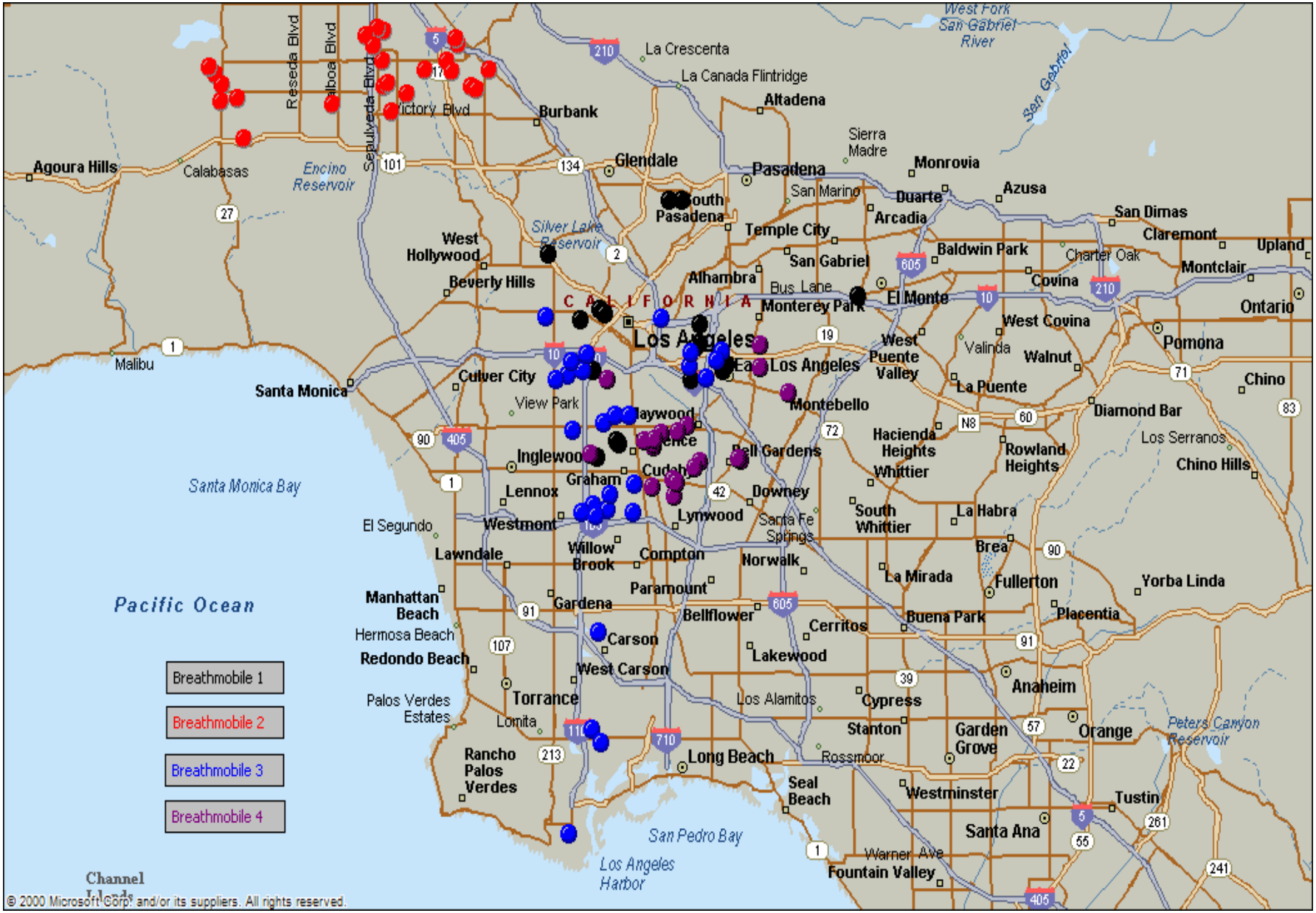
- Environmental Controls
- Daily Management Plan
- Medications (controllers & relievers)
- Patient / Family Education
- Set goals (clinical control of asthma)
- Set goals (patient & family)

ROUTINE FOLLOW-UP

- Regular intervals
- Intensity/frequency of follow-up that is necessary to achieve & maintain control
- Track clinical control carefully
- Track whether goals are being met
- Phone call follow-ups

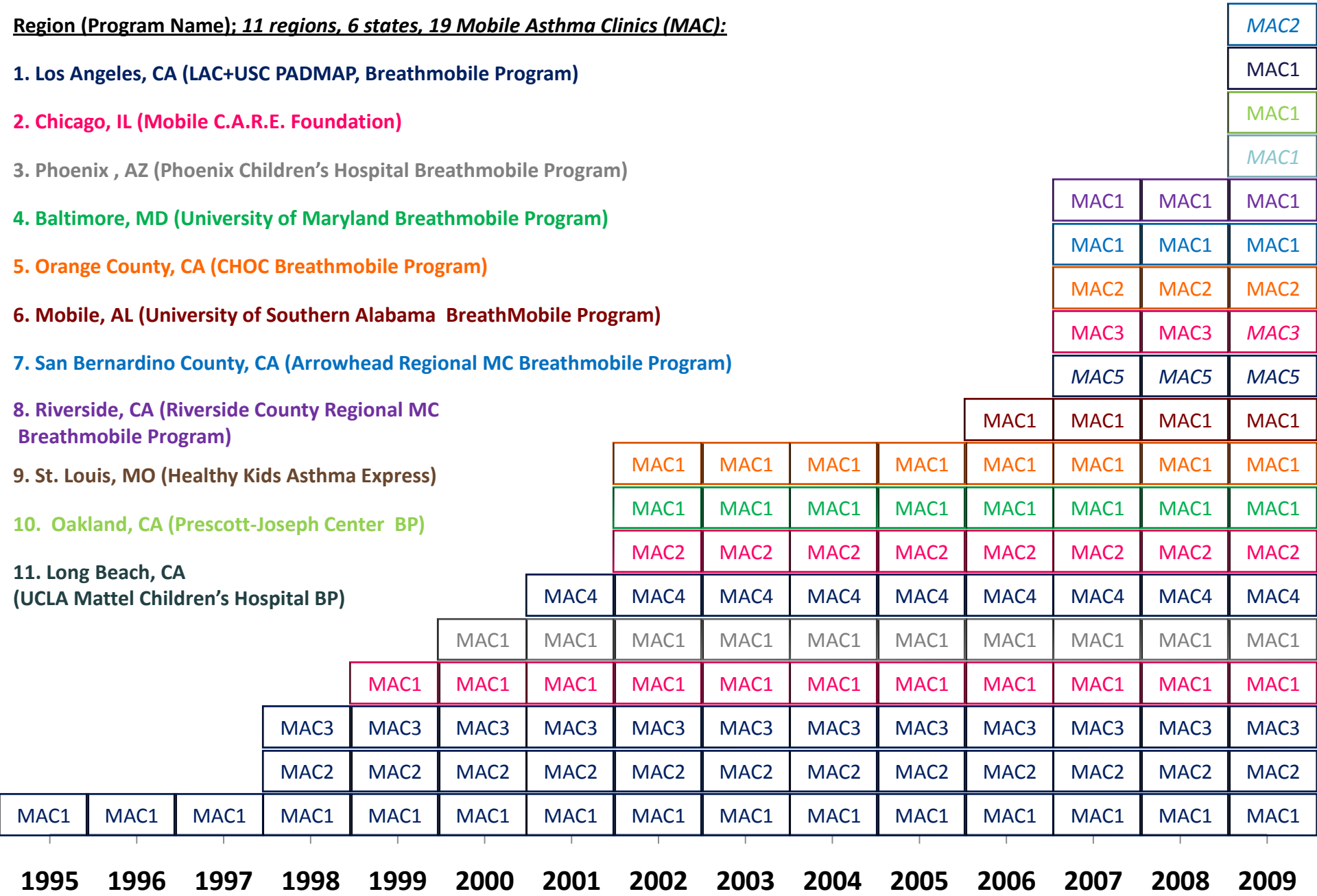
MODEL FOR ROUTINE CARE TO CONTROL ACTIVE ASTHMA
Application of Disease Management Principles





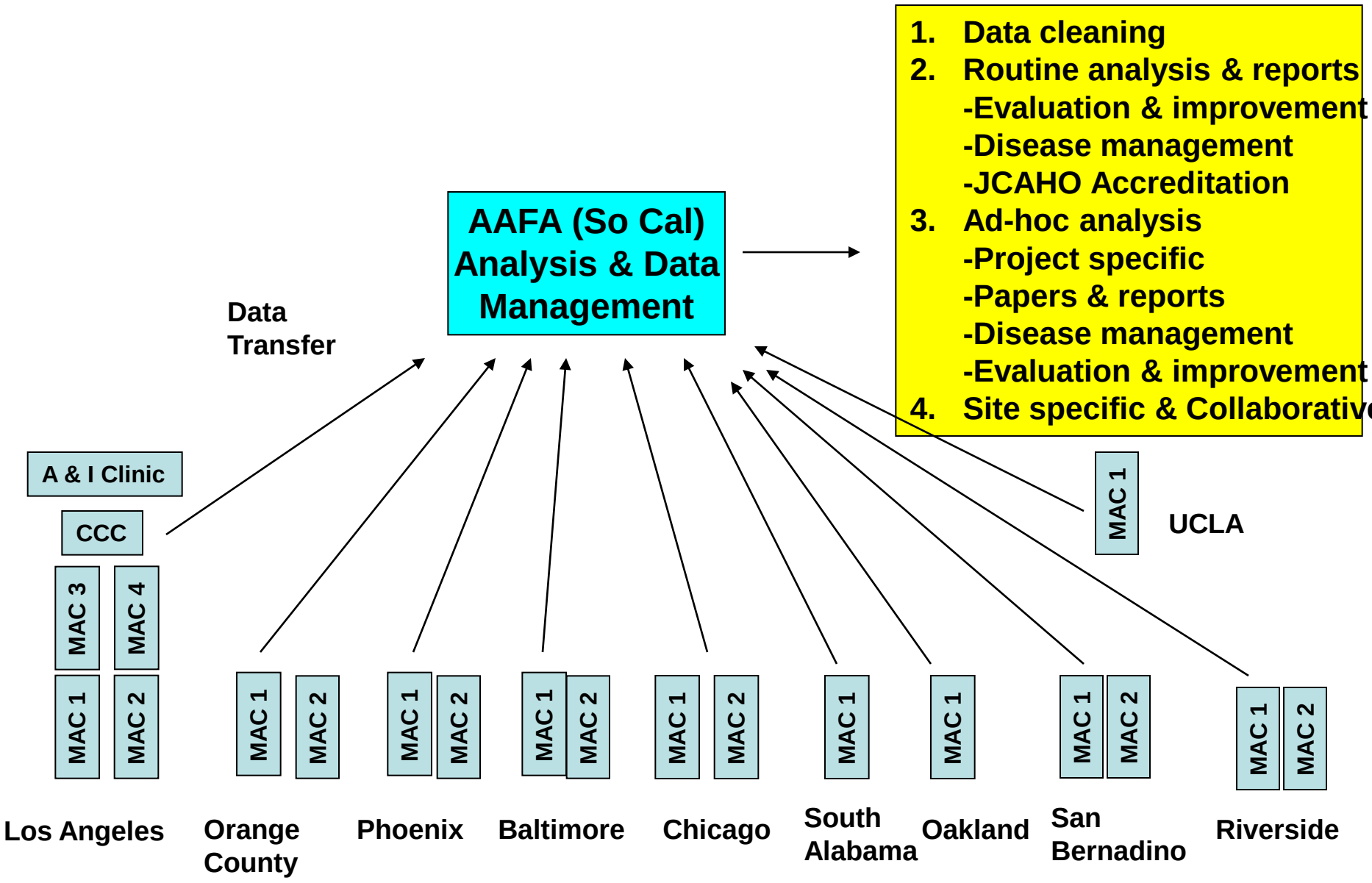
Region (Program Name); *11 regions, 6 states, 19 Mobile Asthma Clinics (MAC):*

1. Los Angeles, CA (LAC+USC PADMAP, Breathmobile Program)
2. Chicago, IL (Mobile C.A.R.E. Foundation)
3. Phoenix , AZ (Phoenix Children's Hospital Breathmobile Program)
4. Baltimore, MD (University of Maryland Breathmobile Program)
5. Orange County, CA (CHOC Breathmobile Program)
6. Mobile, AL (University of Southern Alabama BreathMobile Program)
7. San Bernardino County, CA (Arrowhead Regional MC Breathmobile Program)
8. Riverside, CA (Riverside County Regional MC Breathmobile Program)
9. St. Louis, MO (Healthy Kids Asthma Express)
10. Oakland, CA (Prescott-Joseph Center BP)
11. Long Beach, CA (UCLA Mattel Children's Hospital BP)



National AsmaTrax Network

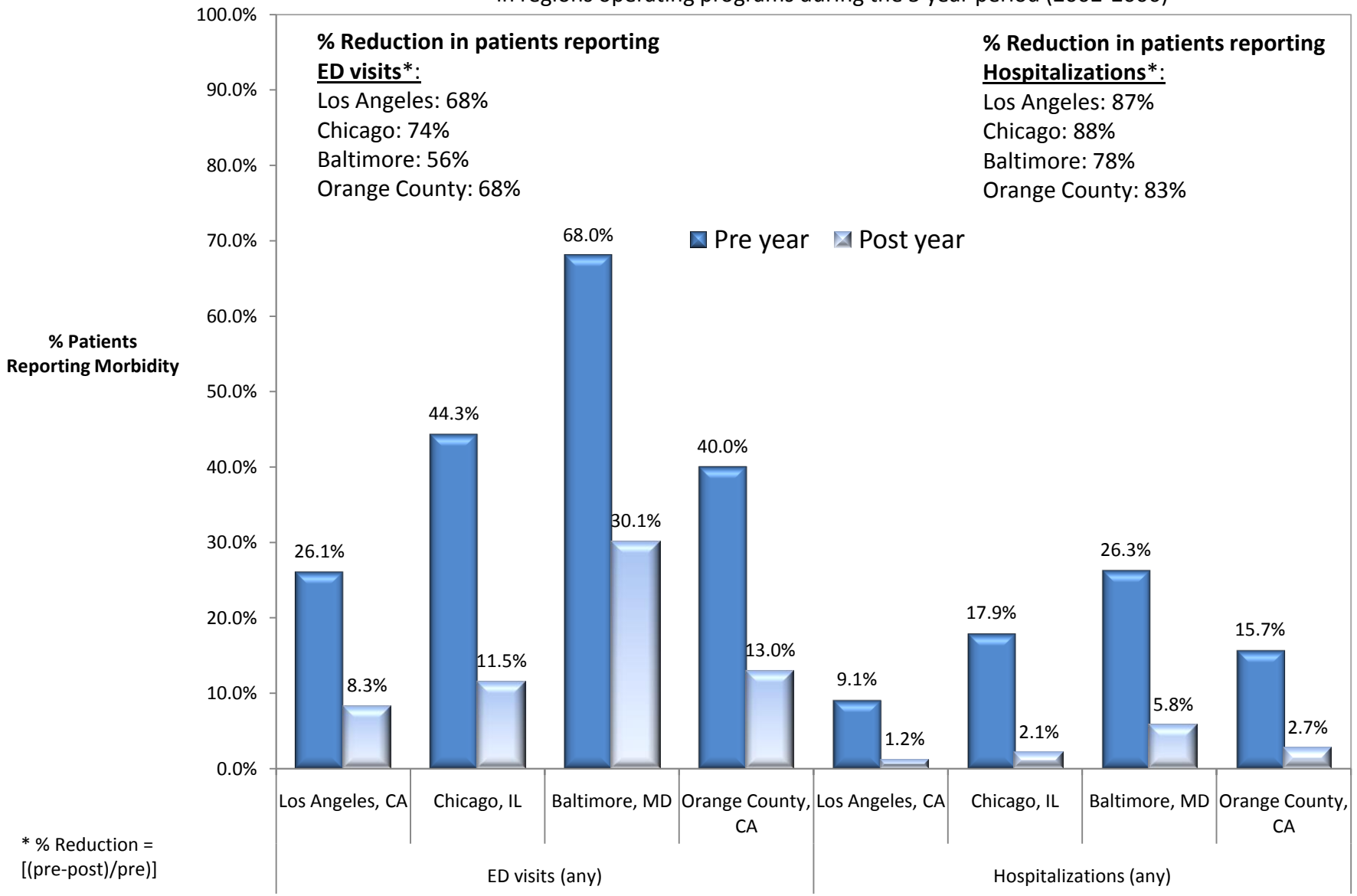
Data Management, Analysis, & Reporting



Draft Only- Not for Publication

Morbidity Pre vs. Post Year of Entry

Among study patients who entered and received ongoing care (>=1 year) in regions operating programs during the 5 year period (2002-2006)



* % Reduction = [(pre-post)/pre)]

Program Reach: National Level Collaborative: 11 Regions*, 6 States, 19 Units

~14 year period: November 16th, 1995- December 31st, 2009

National Level: Pediatric Patients:

- **N=25,192 Patients Treated (Los Angeles 8,834)**
- **N= 127,774 Health Encounters (Los Angeles 60,068)**
- **N= 454 Schools and Centers (Los Angeles 117)**

* Los Angeles CA, Chicago IL, Phoenix,AZ, Baltimore MD, Orange County CA, Mobile AL, San Bernardino County CA, Riverside CA, St Louis MS, Oakland CA, Long Beach CA

Outcomes 2009 (Asmatrax)

- Total Patients 1830
  - Average age 10.0 years (SD 4.0)
  - 82.5% Hispanic
  - 843 new, 987 return

- Total visits 5452 (average 1363 visits/mobile/year)
  - 7902 scheduled
  - 69% show rates overall (63% new, 70% return)
  - 87% of follow-up visits <90 days

2009 Outcome Measures

(pre vs. post entry into program for 2008-2009 for patients enrolled ≥1 year)

- Emergency Department Visits- reduction 64% (40% to 14%)
- Hospitalizations- reduction 68% (11.9% to 3.4%)
- Missed School Days ≥5 days- improvement by 84% (36.2% to 5.8%)

Thank You