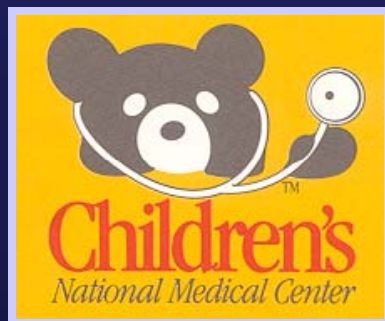


Pediatric Asthma and the Urban Emergency Department: *Challenge and Opportunity*

Stephen J. Teach, MD, MPH

June 6, 2011



IMPACT DC

- *“Improving Pediatric Asthma Care in the District of Columbia”*
 - Founded in 2001 with funding from the Robert Wood Johnson Foundation
 - Focused on urban kids with high ED recidivism for asthma
 - Evolved into a highly collaborative program:
 - Clinical Care
 - Advocacy & Outreach
 - Surveillance
 - Clinical & Translational Research (T1 – T4)

IMPACT DC

- *Mission Statement:*
 - To improve the care and outcomes of disadvantaged, urban, and largely minority children and adolescents with asthma in the DC metro region while serving as a model program for the nation

Medical Director/Principal Investigator
Stephen Teach, MD, MPH

Project Director
Deborah Quint, MPH

Clinical Coordinator
Molly Savitz, MSN, FNP

Associate Clinicians/Investigators

Hemant Sharma, MD, MHS
Molly Savitz, MSN, FNP
Mark Weissman, MD
Rhonique Shields-Harris, MD, MHA
Jamilla Marcus, MD
Robert Freishtat, MD, MPH
Melanie Rosenberg, MD
Craig DeWolfe, MD, MEd
Ivor Horn, MD
Jeremy Kerns, MD

Care

IMPACT DC
Asthma Clinic at
*CNMC ED
*THEARC

Advocacy

School-Based
Education

Community
Outreach

Research

IMPACT DC

Collaborations

Inner City Asthma
Consortium

IMPACT 
Improving Pediatric Asthma Care in the District of Columbia

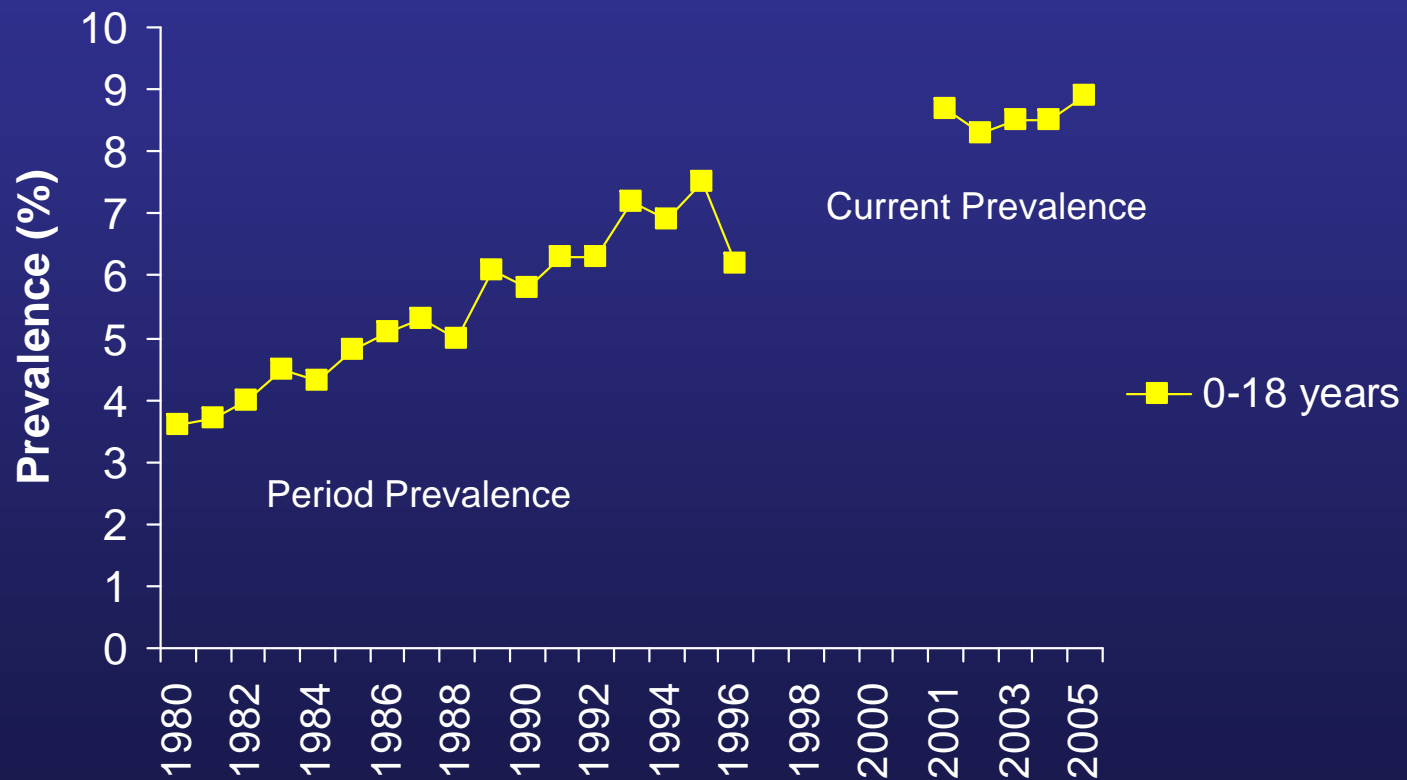
National Experience with Pediatric Asthma

- 6.1 million children <18y living with asthma in the US in 2002*
 - 730,000 ED visits**
 - 196,000 hospital admissions**
 - 14.7 million annual lost school days*

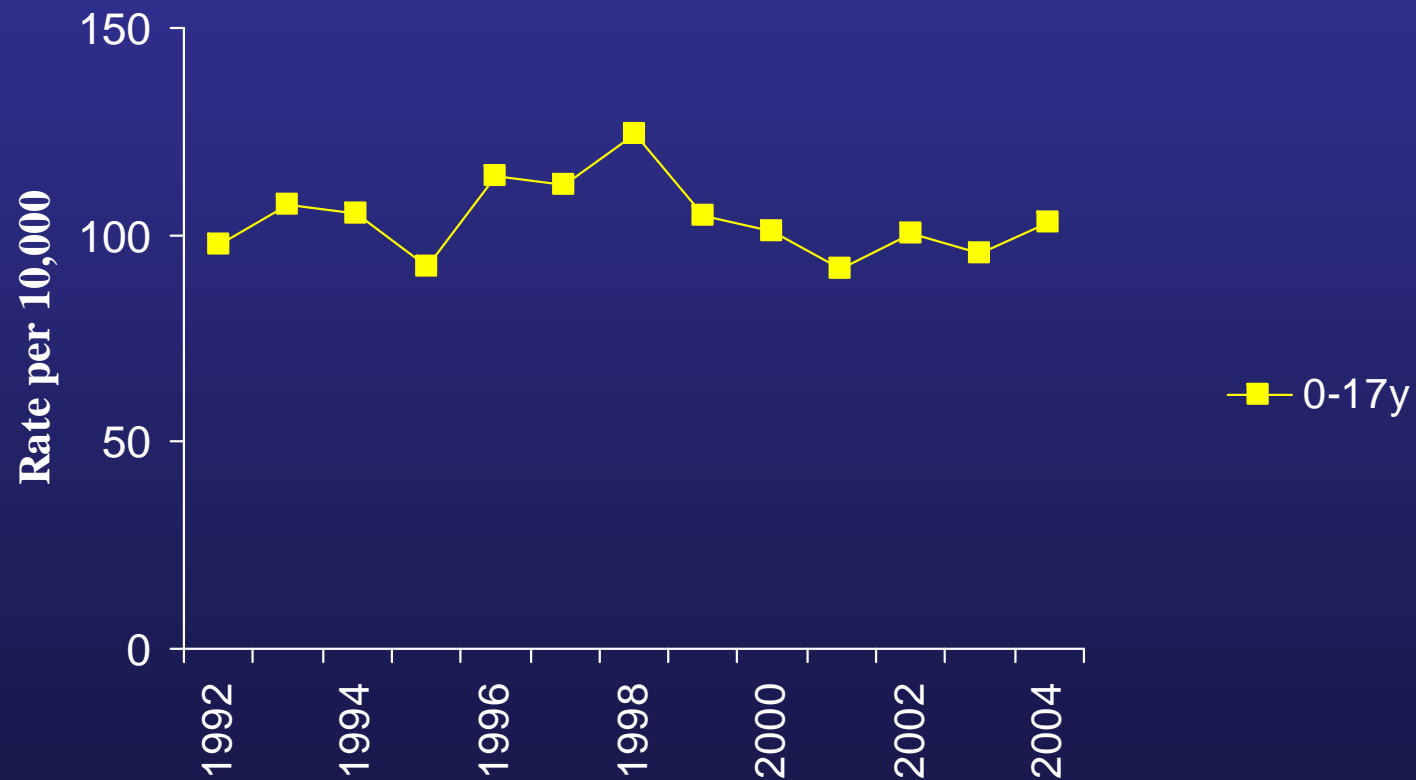
*National Health Interview Survey

**National Hospital Medical Care Survey

Prevalence of Asthma

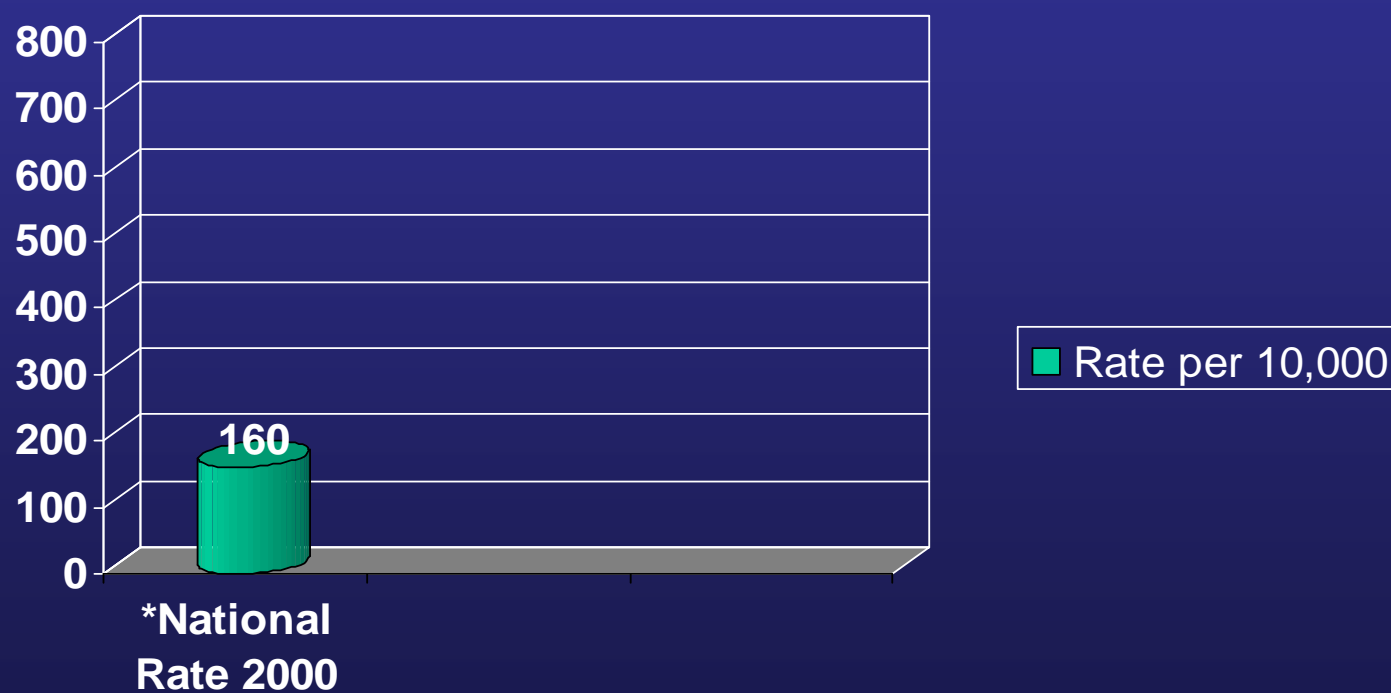


Pediatric ED Visits for Asthma



Pediatric ED Visit Rates for Asthma

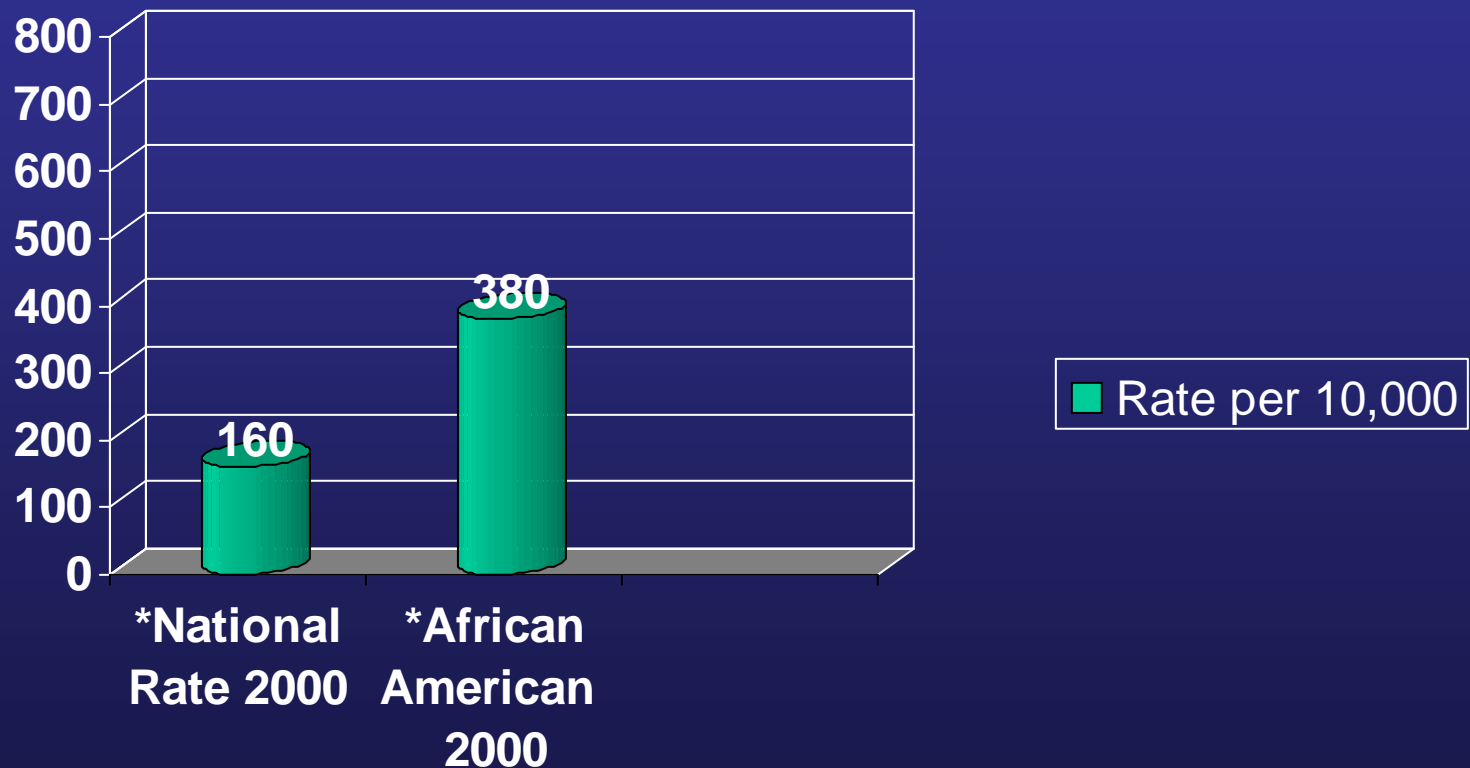
0-4y, inclusive



*National Hospital Ambulatory Medical Care Survey

Pediatric ED Visit Rates for Asthma

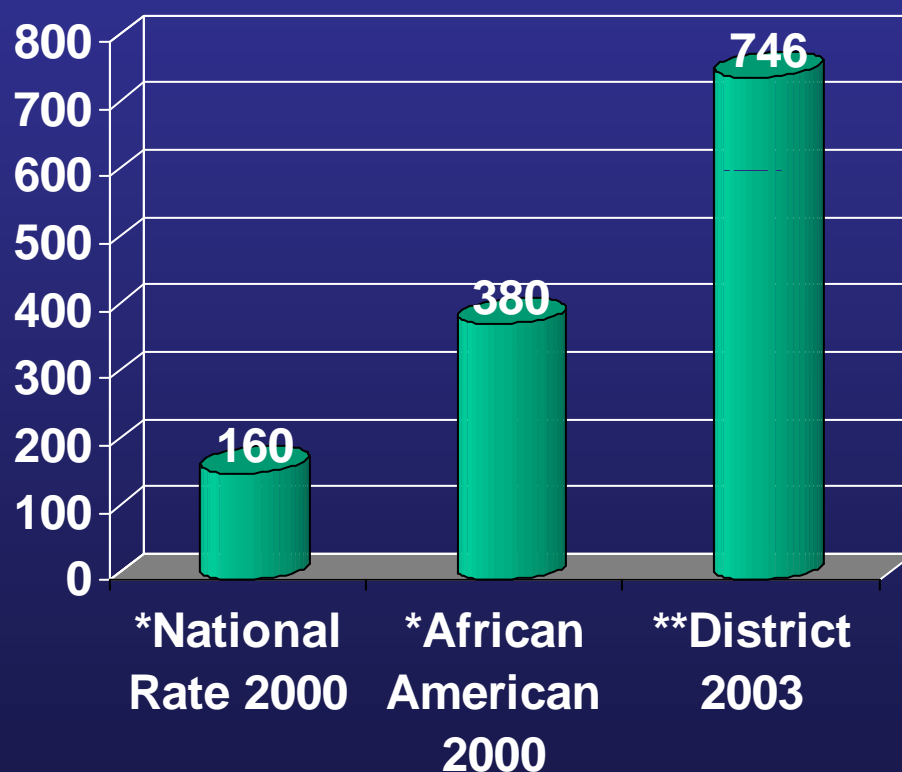
0-4y, inclusive



*National Hospital Ambulatory Medical Care Survey

Pediatric ED Visit Rates for Asthma

0-4y, inclusive

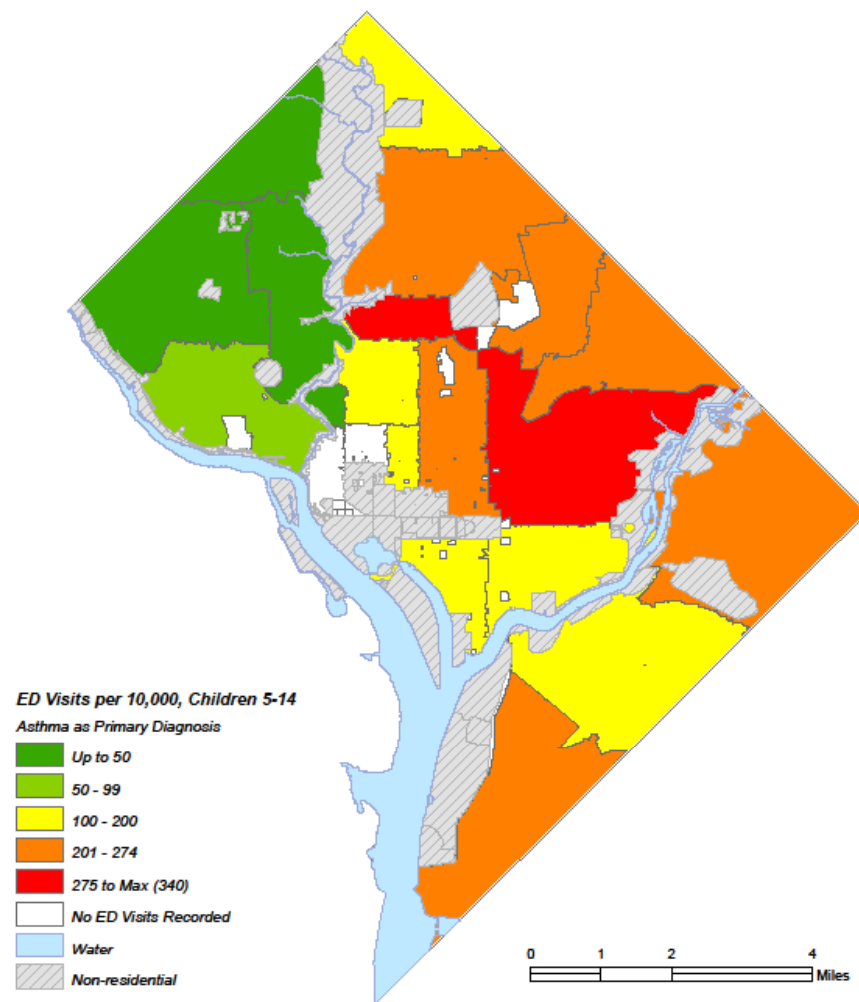


**Healthy People
2010 Target:**
80 per 10,000

*National Hospital Ambulatory Medical Care Survey

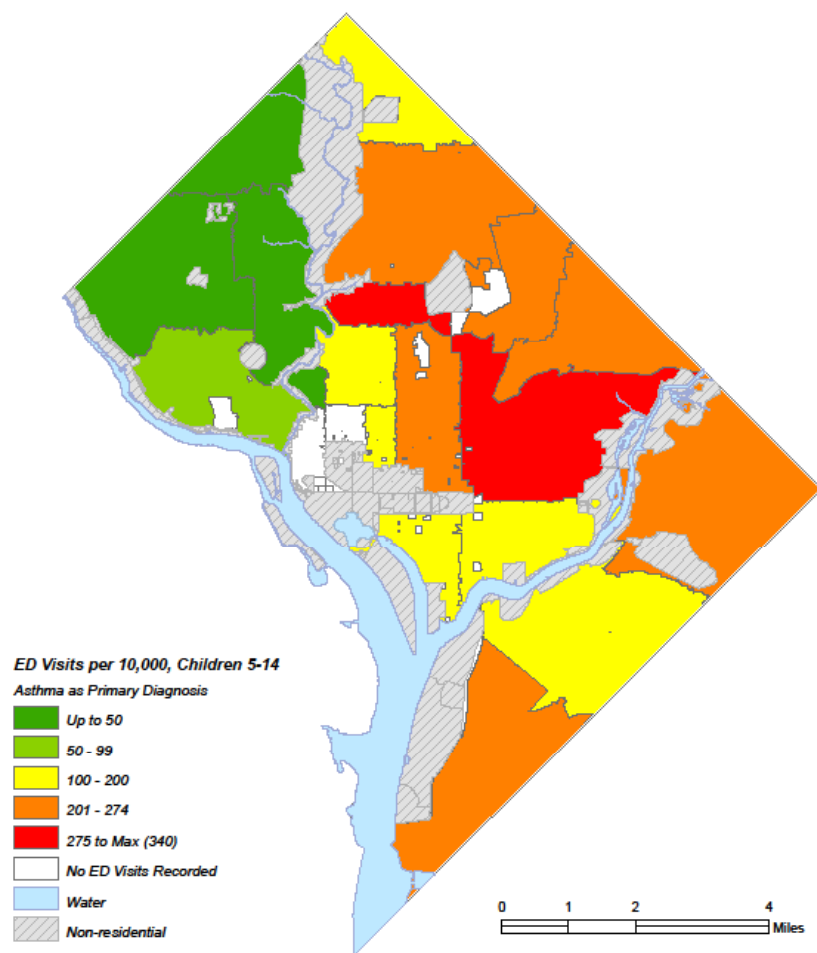
**IMPACT DC

Visit Rate by Zip Code, 2006

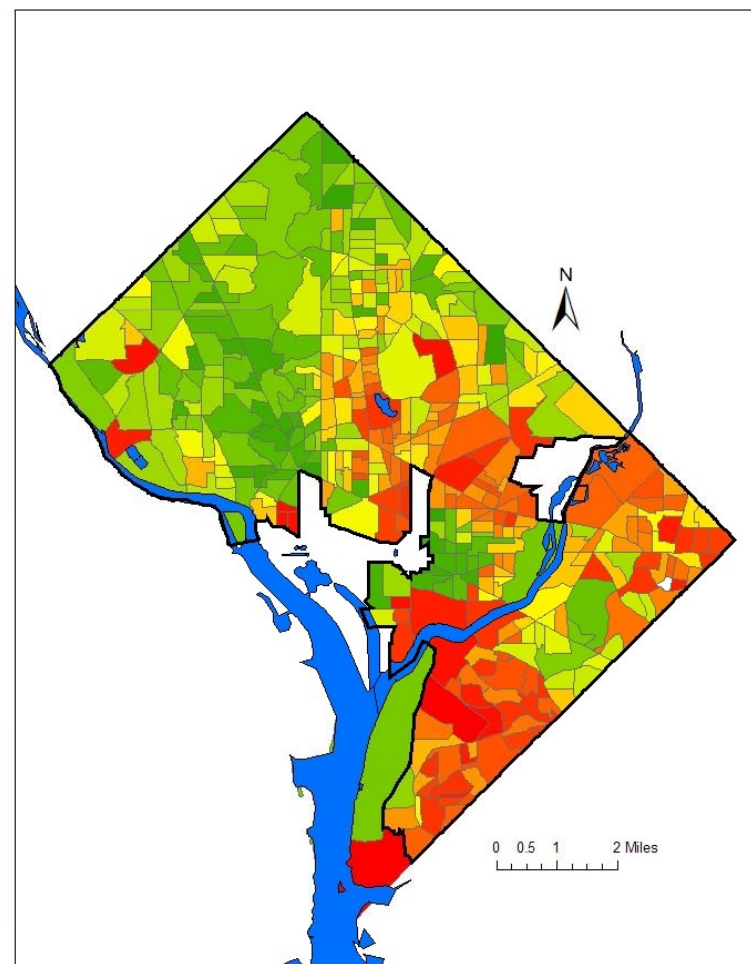


>10 fold Difference in Rate

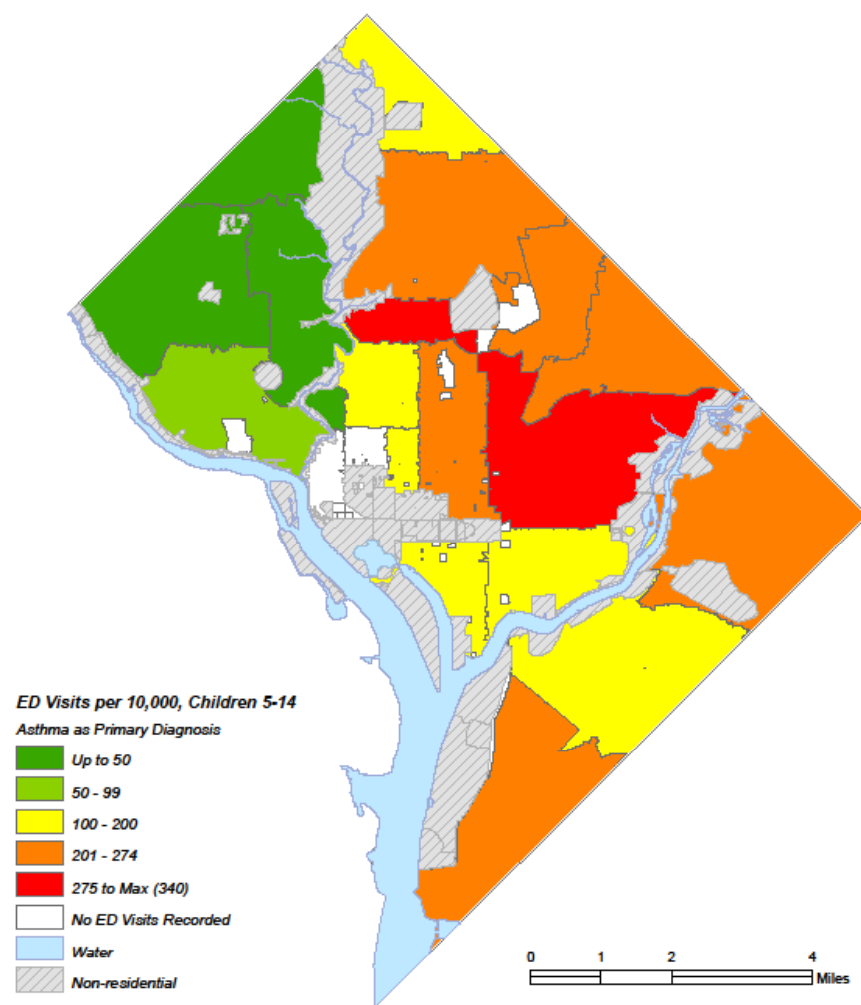
Visit Rate by Zip Code, 2006



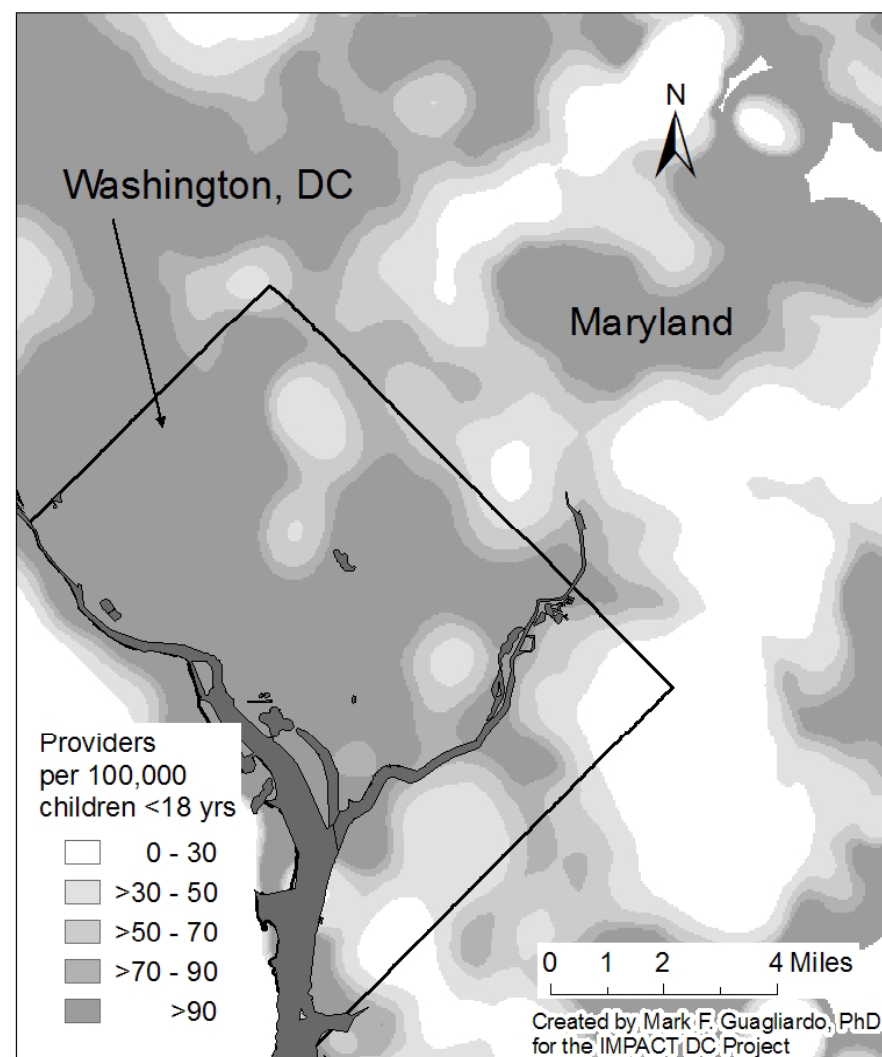
Poverty in DC, 2000



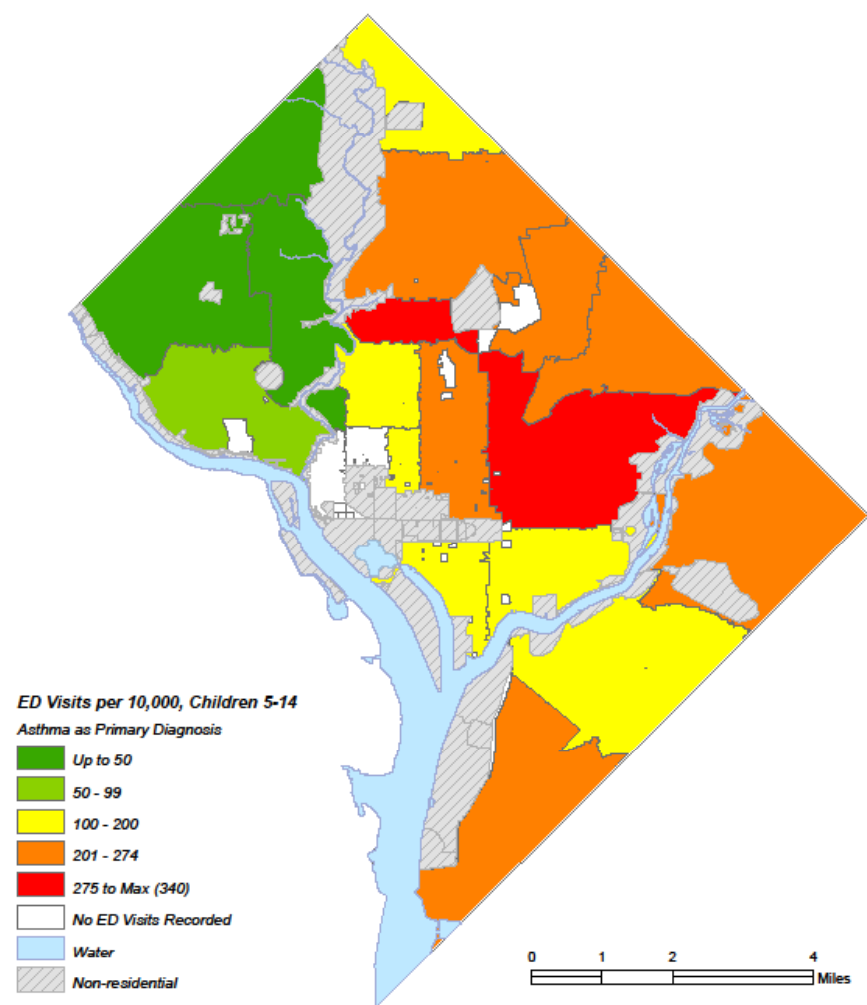
Visit Rate by Zip Code, 2006



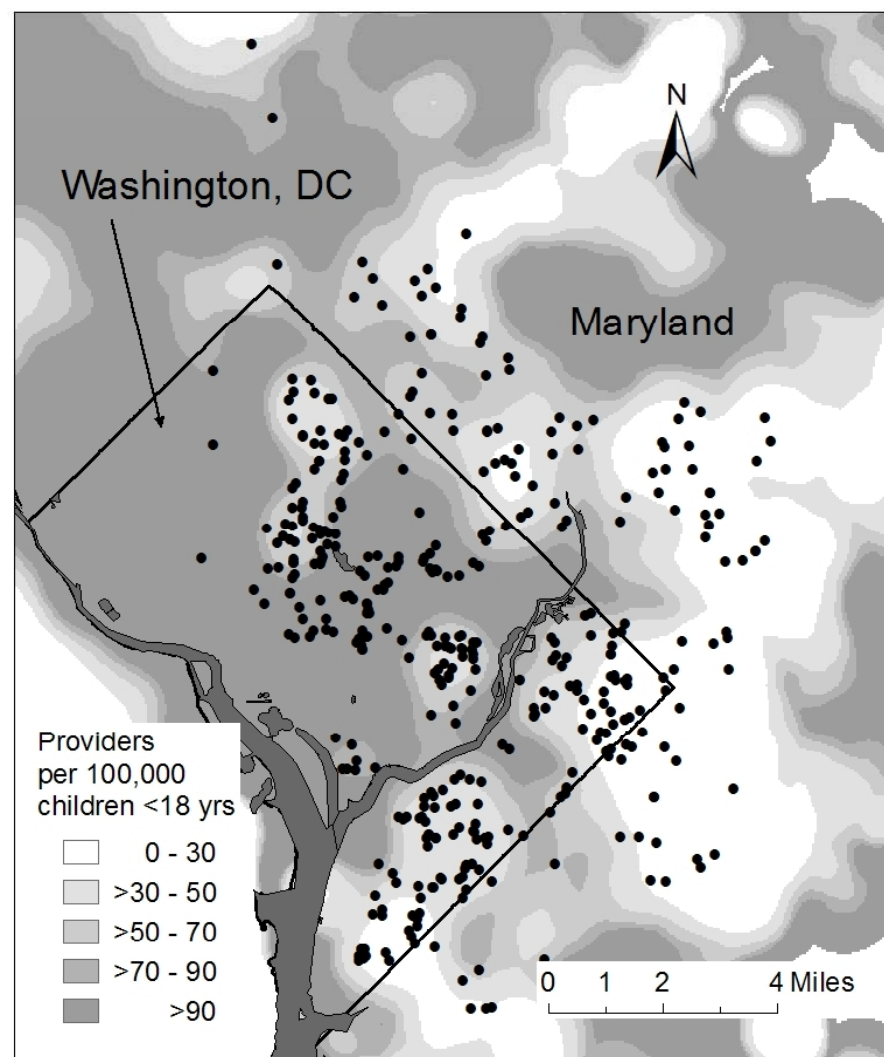
Primary Care Access, 2005



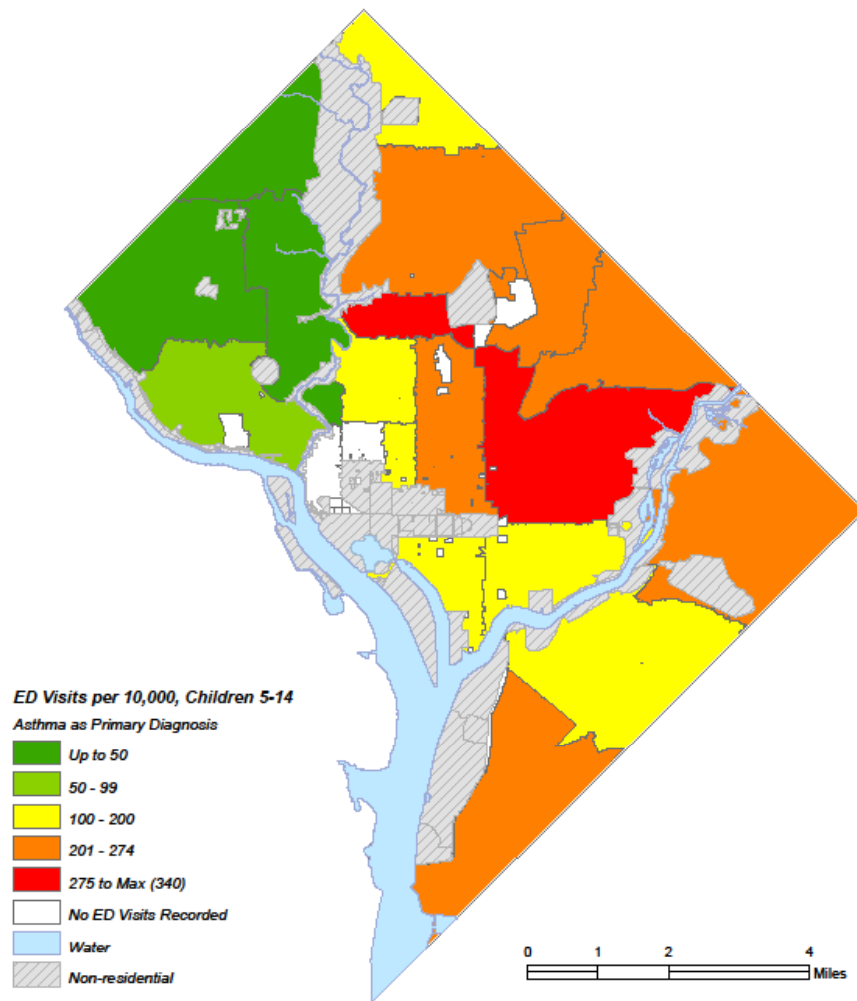
Visit Rate by Zip Code, 2006



Primary Care Access, 2005



Visit Rate by Zip Code, 2006



*Where to place
intervention?*



The IMPACT DC Intervention

ED-based Follow-up after Acute ED Visits for Asthma

Child in Community with Asthma Experiences Acute Attack



ED Visit and Discharge



21% within 30 days

*Liberman D.
[In submission]*

Primary Care
Follow-up

*Opportunities for
Improved Care*

The IMPACT DC Asthma Clinic

A Novel ED-based Follow-up Mechanism

Child in Community with Asthma Experiences Acute Attack

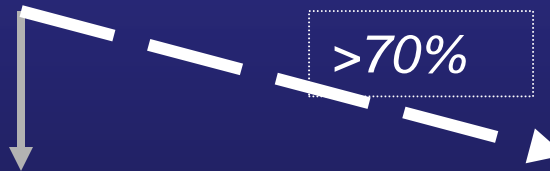


ED Visit and Discharge



Primary Care
Follow-up

>70%





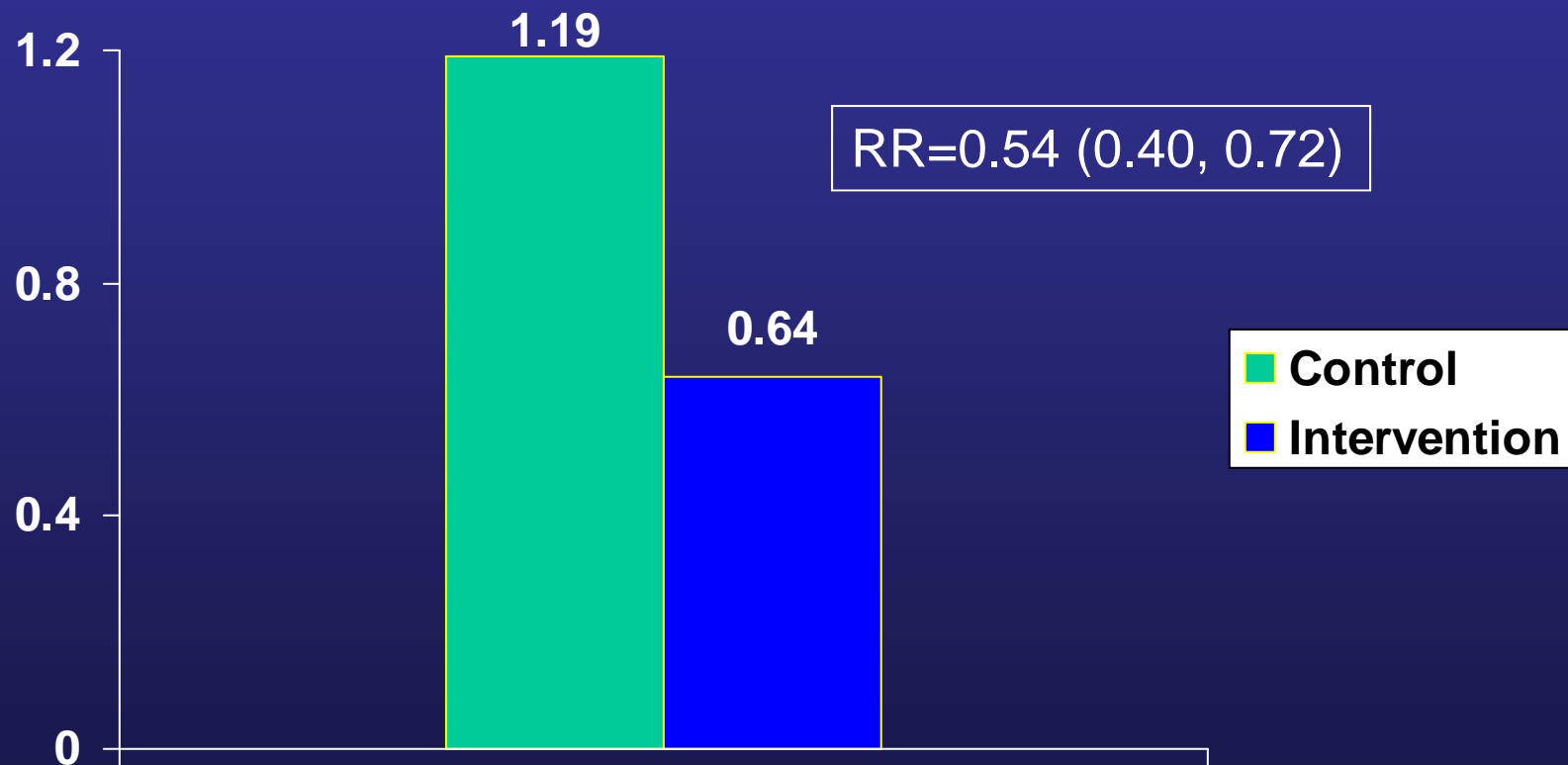
IMPACT DC ASTHMA CLINIC



Priorities of the NIH Guidelines

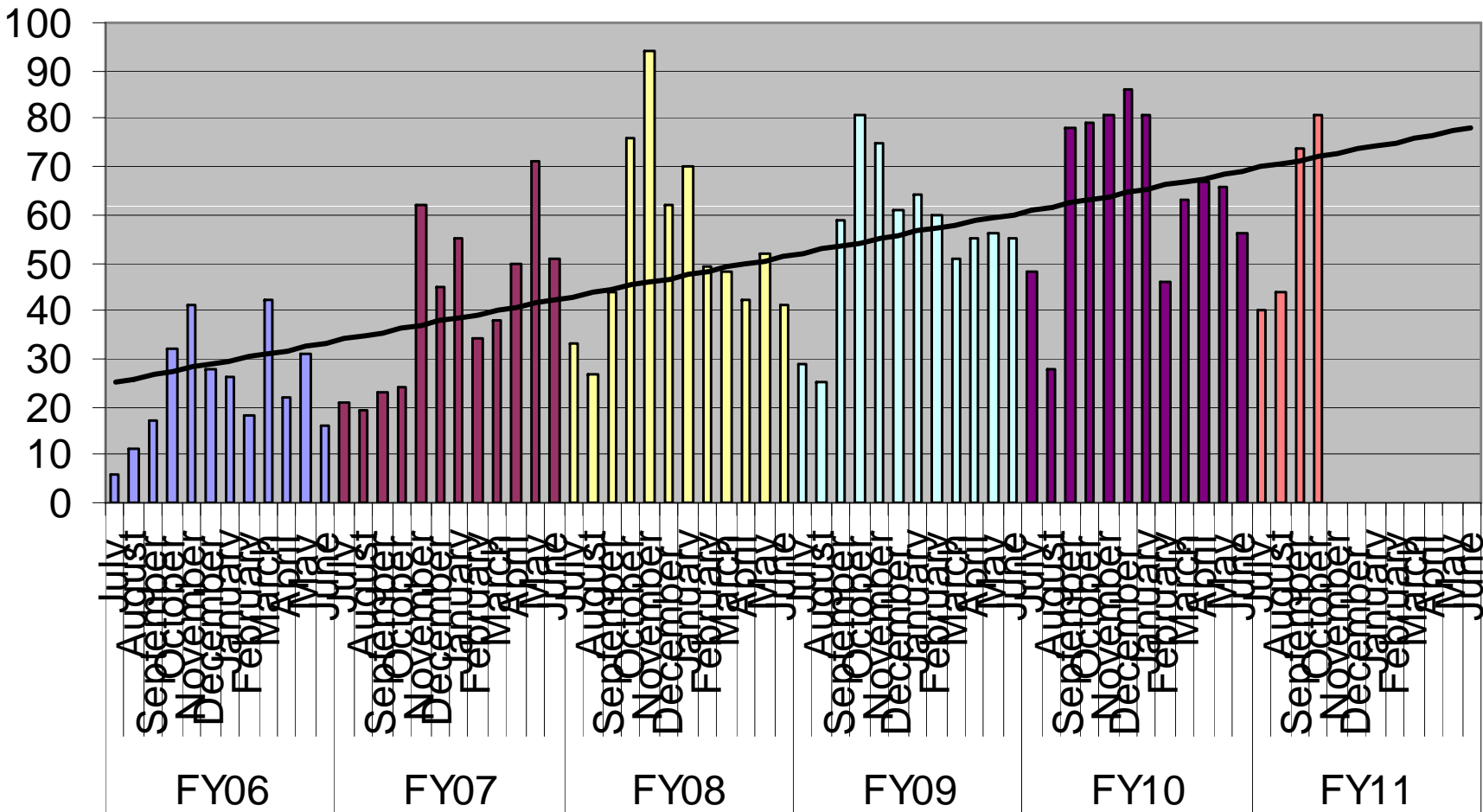
- Proper diagnosis
- Patient and family education
- Identification and control of triggers
- Clear medical plan
 - Inhaled Corticosteroids (ICS)
- Effective longitudinal care

ED Visits Over Following Six Months



Teach SJ. Arch Ped Adol Med. May 2006.

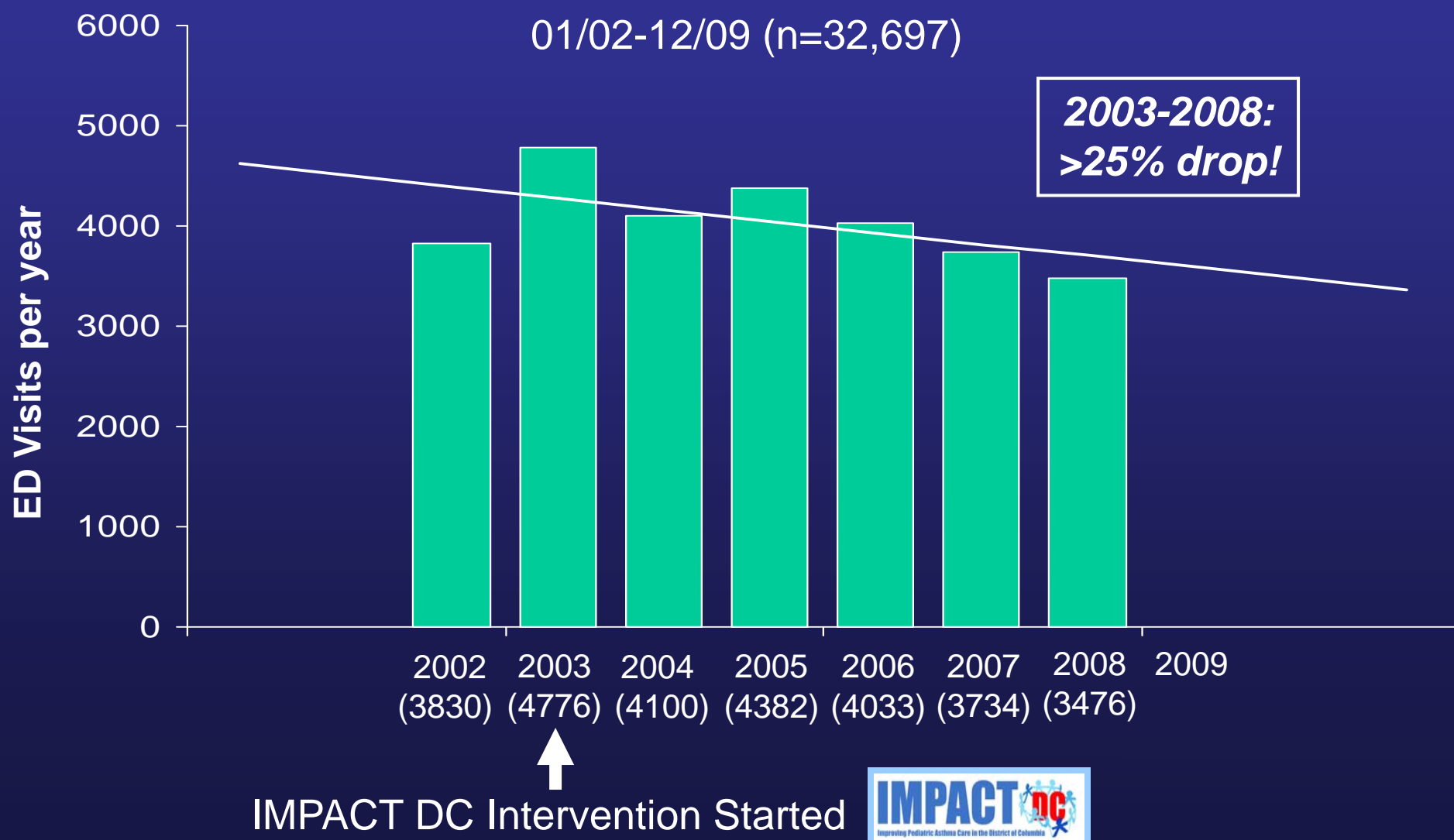
New Patient Visits per Month



Effect on ED Visits in the District as a Whole

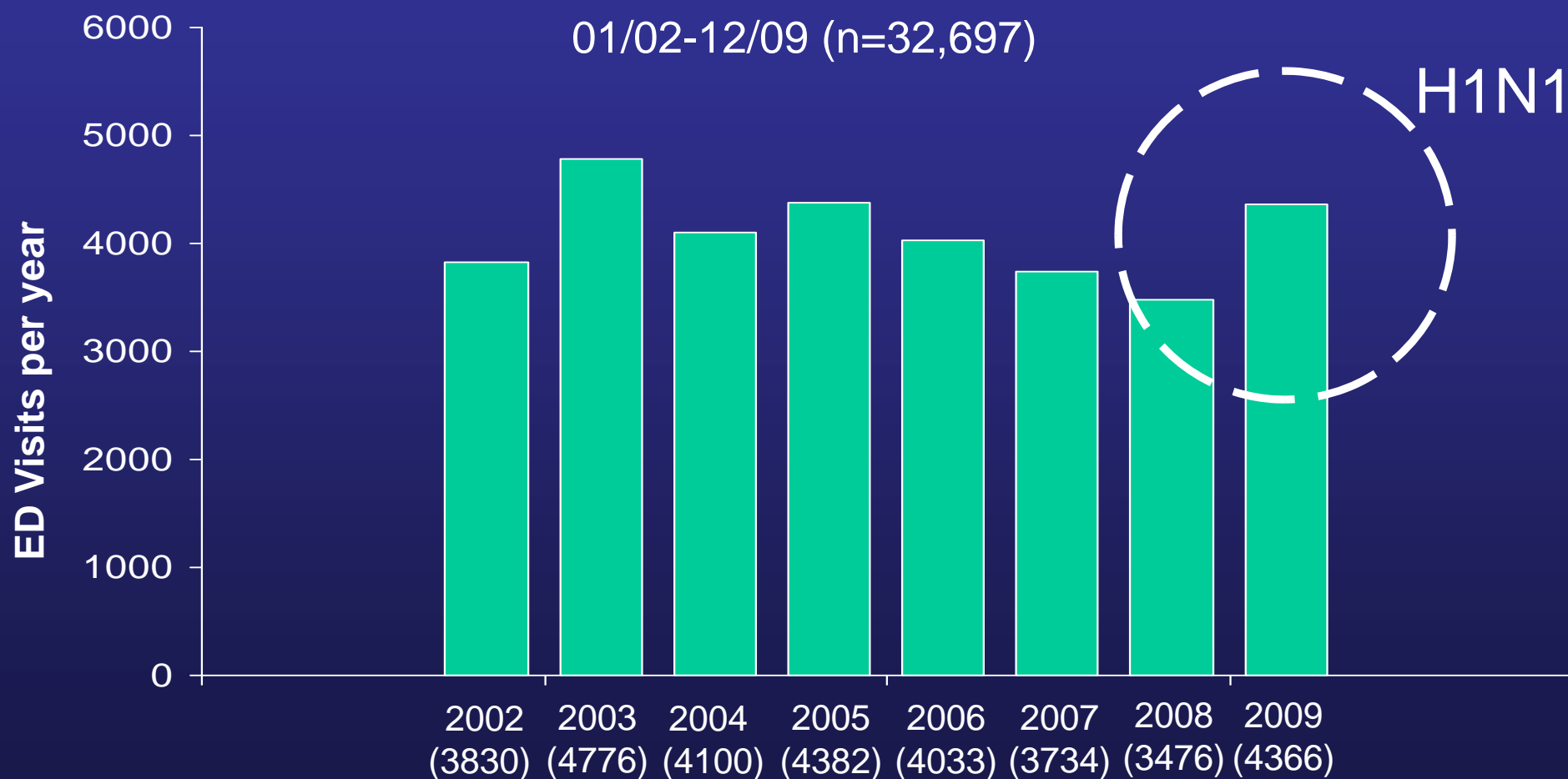
Pediatric ED Visits for Asthma

DC Zip Codes, Ages 12 mo-17 y



Pediatric ED Visits for Asthma

DC Zip Codes, Ages 12 mo-17 y



IMPACT DC Intervention Started

