

Helping Kids — and Families — Breathe Easier

A program to improve care for kids with asthma reaches across the community in Greenville, S.C.

In response to a growing number of pediatric asthma-related crises and treatment disparities, the Asthma Action Team at Children's Hospital Center for Pediatric Medicine was launched in 2008. The multidisciplinary, multicultural, family-centered program is housed within the largest outpatient primary care clinic of its kind in South Carolina, and provides ongoing care to approximately 18,000 patients.

Fully supported and funded by the Greenville Health System, the program educates local families about evidence-based asthma care and provides medical treatment, case management, school and day care visits, and environmental control home visits for children and teens with asthma. Because of higher risk factors, the program targets low-income and underserved populations. The program also teaches pediatric residents, medical students and other health care professionals how to care for children with asthma, with the ultimate goal of better coordination of patient care to enhance the family's quality of life and to prevent asthma-related emergency department visits and hospitalizations.

"Asthma is a big deal in pediatrics," notes William Schmidt, M.D., medical director at GHS Children's Hospital. "It really is labor-intensive and takes someone to sit down and listen to what is going on with the family to establish a plan that works."

In a majority of cases, that first someone may likely be Cheryl Foster Kimble, a registered respiratory therapist–neonatal pediatric specialist, certified asthma educator and the program coordinator. Running the program "takes lots of coordination and communication," Kimble says. "There must be consistency of messaging throughout the continuum of care — that's why we've embedded evidence-based guidelines in our electronic health record."

Schmidt notes that "with a combination of electronic tools, we can tell where patients are in real time. We know immediately if they've gone to the ED, for instance." Their data documents their success. In 2007, pediatric asthma patients generated 855 ED visits per 1,000 children. In 2012, that number had dropped to 267 per 1,000.



Photo courtesy of Greenville Health System

In conjunction with the EHR, the program's partnership with the Disease Management Care Network, a disease/case management software program, enhances the team's proactive and reactive approaches to care coordination, Kimble says. Reactively, the DMCN system sends out alerts when a patient experiences an asthma event. Proactively, DMCN acts as a patient registry, helping to manage ongoing care, she explains. The system currently tracks 4,338 children and teens with asthma.

As an additional resource for parents of children with asthma, the program's Family Connection Breathe Easy Coalition provides peer support. Families share their experiences and lessons learned caring for their children with asthma. "Parents don't feel threatened, because these are people who've been in the same situation," Kimble says. "And it lets everyone know that they're not in this alone."

Schmidt adds proudly, "One of the major strengths of the program is that it's not just a medical program; we have gone beyond that in collaborating with nonmedical providers. If you're willing to enlist the help of the whole community, it's pretty powerful." ●

BREATHING

LESSONS: Cheryl Foster Kimble, a registered respiratory therapist–neonatal pediatric specialist and certified asthma educator, supervises as a mother demonstrates how she administers asthma medications to her child with a spacer and mask.