Improving the Quality of Life for Children with Asthma in Massachusetts: A Performance Improvement Initiative

Executive Summary

A significant gap remains between best practices for asthma care and the actual care delivered to children in the U.S., despite asthma being one of the most common chronic childhood medical conditions and the availability of evidenced-based guidelines since 1991 from the National Heart, Lung, and Blood Institute. Current research indicates that this practice gap results from disparities in clinicians’ knowledge, skills, and attitudes.

With a nationwide prevalence of pediatric asthma at 9.1%, over 6.7 million children currently have the condition, although 9.6 million (13.1%) have at one time received the diagnosis. In Massachusetts the rate is even higher with a prevalence of 10.8%. There are 47 communities in Massachusetts experiencing rates that are statistically significantly higher than that of the state overall. Within these communities, rates have been reported as high as 43.6%. Given such elevated rates, comprehensive educational programs in Massachusetts that focus not only on the most current assessment, treatment and prevention strategies, but also on interventions for clinicians to improve their performance, can help primary care providers more successfully treat children with asthma, thus decreasing morbidity and mortality and improving quality of life for their patients.

With these goals in mind, Boston University School of Medicine is creating a multidisciplinary and sequential educational program to be offered in 2 communities within Massachusetts, entitled Improving the Quality of Life for Children with Asthma in Massachusetts: A Performance Improvement Initiative. The cornerstone of this Continuing Medical Education (CME) program is a Performance Improvement activity, which is designed to help clinicians identify and address areas for improvement in their management of children with asthma.

Performance Improvement CME not only offers the opportunity for participants to learn more about evidence-based best practices, but also enables participants to evaluate their current practices, develop and actually implement changes in practice that improve their compliance with guidelines for managing pediatric asthma. Boston University School of Medicine (BUSM) CME developed a Performance Improvement CME model of education called MENTOR QI SM, which has demonstrated the ability to increase clinicians’ confidence and performance in the overall management of chronic diseases, such as chronic obstructive pulmonary disease.
(COPD), ADHD, osteoporosis and type 2 diabetes. This performance improvement initiative will address the main gaps in performance including knowledge and use of guidelines, testing and assessment, prescribing appropriate therapies and provision of education to patients and/or their caregivers. The program will provide the evidence behind the standards of care that participants should implement to support the management of children with asthma. Also, and most importantly, the program will motivate clinicians to make effective improvements in their practice to foster adherence to these evidence-based guidelines.

Participants in this series of educational activities will have the opportunity to:
1) Attend approximately eight live, local CME meetings at the recruited practice site to support the quality improvement process. This will include lectures, discussion groups, feedback from chart reviews, and consultation on practical ways to improve practice
2) Perform two sets of chart reviews
3) Develop and implement action plans to improve practice
4) Ask questions of pediatric asthma and quality experts during meetings or via email

Clinicians who participate in all components of this CME activity will earn approximately 25 AMA PRA Category 1 credits™. Since each credit is equivalent to about one hour of interaction with the participants, the provider who participates in all aspects of the program will be focusing on learning and improving his or her practice in managing pediatric asthma over an extended period of time. Unlike a single meeting or enduring material, performance improvement (PI) CME has, at its core, the expectation of multiple interactions with the educational material, supporting the provider throughout this path of learning and change.

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