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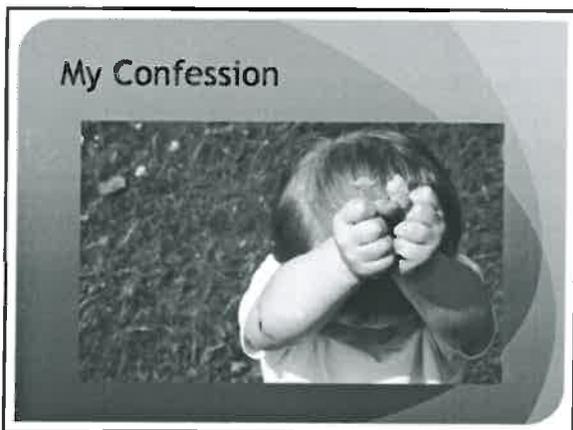
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### So... What's the Story?

- Response by Dr. Gully to "Call to Action" from Asthma Alliance to fine tune asthma in summer before return to school
- Asthmatics in general have major flares from August to September just as they return back to school
- August to September shows 40% increased Medicaid expenditures for asthmatics (\$1.2 million)
- MUSC has 4-7 fold increase in asthma admissions during August and September
- YouTube video with Dr. Gully and Dr. Bowman is available on SCAAP website

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### What we did

- AnMed hosted a daylong Asthma Meeting for local physicians, respiratory therapists and other care-providers with Dr. Gully and Dr. Bowman on Asthma to learn about AIRS visits
- Darcey Ipock, Kayla Tulloch, Jae Sohn and Deandra Clark attended the meeting from the Children's Health Center
- We arranged to pilot AIRS visits during summer 2014 with 2 other PNS family medicine practices
- Deandra Clark piloted the program at Children's Health Center

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### What an AIRS visit is

- Asthma follow-up sheet
  - filled out by parent/patient pre-visit
- History and Physical
  - Includes day and night time symptoms, compliance with meds, ER/urgent care visits, and recent need for steroids
- Asthma management plan:
  - Classification of asthma (if not already done)
  - Adjustment of meds for control
  - Asthma education
    - Includes discussion of triggers and asthma prevention
    - Spacer training
  - Asthma Action Plan
  - Determination of appropriate follow-up

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### Every child had at the end of the visit:

- Refills for all asthma and allergy medicine
- Asthma Action Plan
- 2 spacers (1 for home and 1 for school)
- Forms for school
- Asthma education
- Spacer training
- A follow up visit in 3-4 months (to include a flu shot)

*The AAP and the school forms were faxed to the school by nursing staff*

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### Limitations

- **A lot of No-Shows:** To combat this, during an appointment for another issues, if they said they needed refills of asthma medicines, they had asthma in the problem list, or they asked for school forms during the visit, their visit would be convert to an AIRS visit too.
- **Fatigue:** A lot of ADHD appointments, depression appointments, etc. were converted to AIRS appointments too. After doing this multiple times in a day, it was tempting to ignore that the 4:30 appointment also needed to have his/her asthma addressed.

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### Successes

- It's just GOOD medicine... and that makes me happy!
- A lot of parents thanked me
  - For being so thorough
  - For the Asthma Action Plans
  - For taking the time to explain things in a way they could understand
- Asthmatics who had AIRS visits this summer are more likely to keep asthma follow-up appointments
- If you do it right, it's a level 4 or 5 visit at a time of the year when things are slow

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### QJ Successes

Asthma Chart Review for August:

- Categorized: 7/7
- Asthma Action Plan: 6/7 (other patient for adol WCC- asthma addressed but AAP not done due to time)
- Day time Symptoms: 6/7 (other patient acute asthma visit)
- Night time Symptoms: 6/7
- F/U set: 7/7

*Registry chart reviews and November Asthma Chart review does show spread. Nearly half charts have AAP*

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### Next Steps

- Our goal is to spread this to the other physicians in the practice this upcoming summer

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