

Preventing the September Spike through a Multi-Faceted Approach

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PURPOSE

The purpose of this intervention was to use an integrated health approach to deliver preventive therapy in time to prevent the September Spike of asthma exacerbations among children.

BACKGROUND

- » The "September Spike" is a well known phenomenon: there is an increased likelihood of an asthma exacerbation among children during first month of school. Likely triggers include a combination of environmental factors, such as the stress of starting a new school year, the exposure to classrooms and respiratory viruses from fellow classmates, and concurrent weather patterns due to a change in season.
- » Clalit Health Services (CHS), a payer/provider health service organization servicing over 4 million members, in concert with the Clalit Research Institute which accesses the CHS database that coordinates the comprehensive and universally adopted medical record system of CHS, set about to implement an integrated intervention.

QUESTION

Can we design an intervention combining electronic medical record (EMR) data together with direct to parent and direct to provider outreach (nursing coordinators and primary care physician) that will increase use of preventive therapy and reduce the September Spike?

COHORT

- » Children (2-17) with Asthma
 - Recent history of diagnosis of asthma/wheeze
- » Who have moderate disease
 - Have purchased both a bronchodilator and controller medications in the last year OR
 - Have been admitted previously for asthma
- » Who should consider controller medication as preventive therapy

CONCLUSIONS

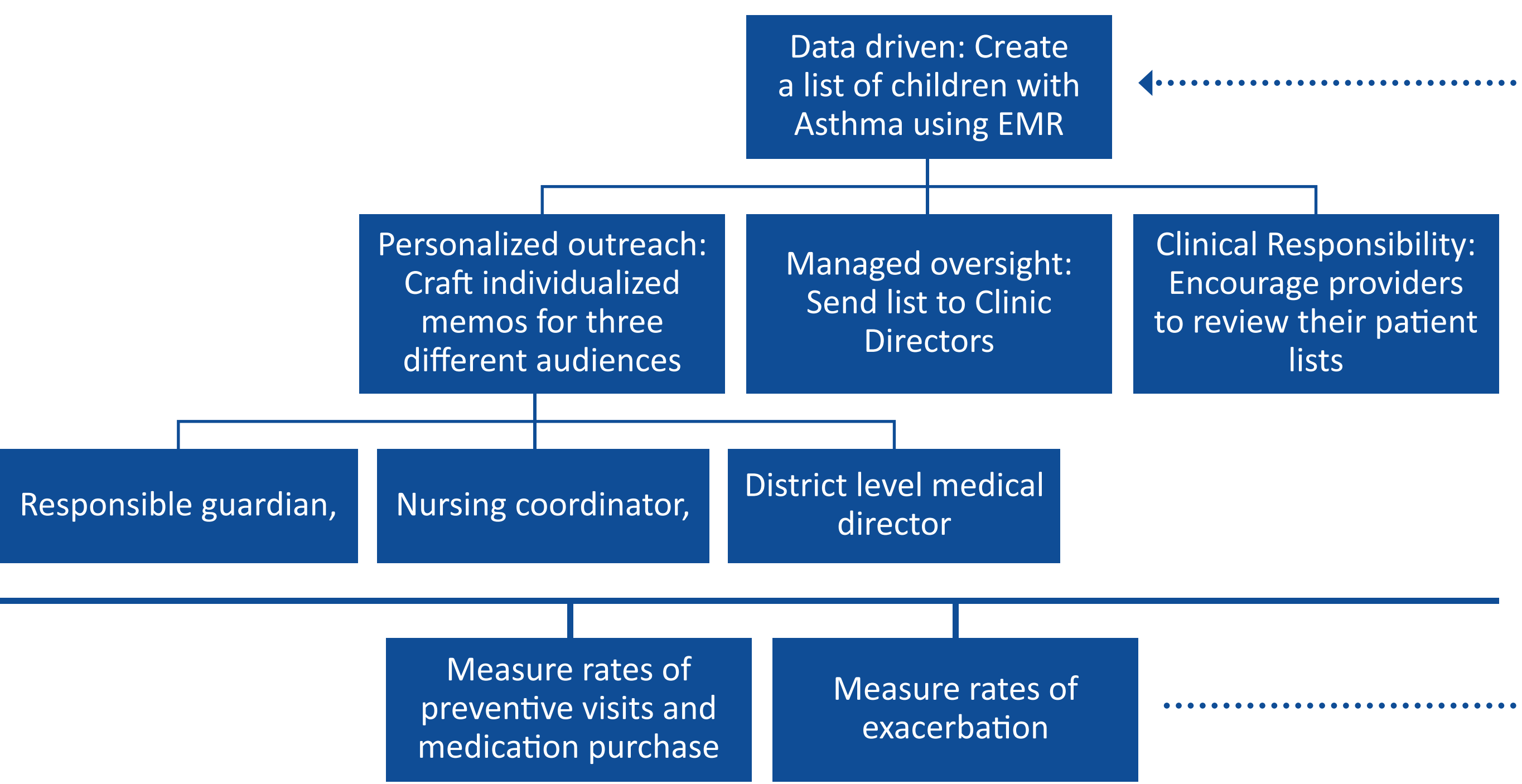
A payer/provider system is well positioned to use data-driven findings to inform and drive a targeted intervention. Health care use, like physician visits, can be signs of both the intervention (increase in preventive visits) and outcome (decrease in emergency visits). This intervention, while well designed and strategically implemented, was limited by the time to implementation and we were unable to determine its impact.

INTERVENTION

We identified which children had not purchased preventive therapy as of the end of July 2015, and implemented a simultaneous outreach at three levels:

- » A list of children was provided to the nursing coordinator for direct contact to responsible guardian and to the medical director for distribution to the responsible clinicians.
- » Primary care providers were encouraged to review their patients' medical records and consider prescribing controller medication prior to the start of the new school year (September 2015).
- » A short memo was sent describing the phenomenon, the risk factors, and the possible avenues for intervention at multiple levels.

Integrated data-driven and patient-centered care



DISCUSSION

This type of intervention can integrate multiple key stakeholders. Future analyses are of critical importance when advocating for future iterations of such a model.

References

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