Title of Intervention: Provider Education in Public Children's Health Clinics

Intervention Strategies: Provider Education

Purpose of the Intervention: To improve access, continuity and quality of care for children with asthma

Population: Health care providers from New York City Department of Health's Bureau of Child Health (BCH) clinics and African American children with asthma

Setting: New York City Department of Health’s Bureau of Child Health (BCH) clinics; health care facility-based

Partners: New York City Department of Health’s Bureau of Child Health (BCH), Pediatric Pulmonary Division of the Columbia University College of Physicians and Surgeons (CU), the Medical and Health Research Association of New York City, INC

Intervention Description:

- Provider Education: In the first component, health care providers received five training sessions. Session one introduced the Medical Home for Asthma Program and its rationale and mission. Session two featured a skit to model how the program would work and an interactive exercise called force field analysis to help clinic teams plan how to start the program in their clinics. Session three introduced prevention and treatment protocols for childhood asthma based on the National Asthma Education and Prevention Program Guidelines. Session four modeled optimal communication skills for medical interviews and family education, using videotapes, and introduced medical record forms and written treatment plans with an easy-to-read matrix format to improve the family's adherence to prescribed therapy. Session five introduced a screening process for identifying children with asthma in the clinic population and inviting them to receive treatment in the clinics. Providers received continuing medical education credit for attending the five sessions. In the second component of the intervention each provider spent three hours observing a faculty professional treating children with asthma. The third component of the intervention was monthly visits to the clinics by a full-time educator to help solve problems and continue the educational process. Telephone consultation with program faculty for difficult problems was made available and strongly encouraged.

Theory: Not mentioned

Resources Required:

- Staff/Volunteers: Educators, facilitators, faculty physicians
- Training: Not mentioned
- Technology: Not mentioned
- Space: Meeting space
- Budget: Not mentioned
- Intervention: Educational materials, National Asthma Education and Prevention Program Guidelines, video, example forms, telephone
- Evaluation: Progress reports, attendance records, logs, access to patient records, interview protocol

Evaluation:

- Design: Randomized controlled trial
- Methods and Measures:
  - Progress reports from steering committee, attendance records and educator logs assessed the degree to which the intervention in training was actually implemented by the clinic staff.
  - Patient records tracked hospital visits.
  - Caregiver interviews assessed quality of care, use of new medications and delivery devices and how much education they received.

Outcomes:

- Short Term Impact: All staff from the intervention clinics received the full training. The number of scheduled appointments increased, indicating continuing care. The intervention clinics had substantially
higher scores than the control clinics on indicators of quality of care, including use of inhaled anti-inflammatory therapy, inhaled rather than oral bronchodilators and teaching of the family during clinic visits.

- Long Term Impact: Not measured

**Maintenance**: Not mentioned

**Lessons Learned**: Training in current guidelines for asthma care, coupled with administrative support for change in practice behavior, increases the number of patients with asthma receiving continuing care and improve the quality of care they received.