Title of Intervention: Easy Breathing

Website: http://www.connecticutchildrens.org/body_dept.cfm?id=380

Intervention Strategies: Provider Education, Individual Education

Purpose of the Intervention: To improve the health status of children with asthma and reduce medical care expenditures

Population: Health care providers, children with asthma and their parents

Setting: Six urban primary care clinics in Hartford, CT; health care facility-based

Partners: Clinic administrators

Intervention Description:
- Provider Education: Before implementing Easy Breathing, providers at each site participated in four hours of training. Approximately 90 minutes of each training session was spent on how to use the Easy Breathing forms. The remainder of the time was spent discussing asthma demographics, pathophysiology and rationale for the recommendations for asthma management, as outlined in the National Asthma Education Prevention Program guidelines.
- Individual Education: The program consisted of a validated survey to be completed by the parents of all children who received care for any reason. The survey consisted of four questions related to asthma symptoms, six questions about triggers for symptoms, previous diagnosis of and treatment for asthma and family history and eight demographic and environmental exposure questions. Based on the feedback from the survey, a comprehensive management plan consisting of a daily sick and emergency treatment plan was developed using a severity-specific treatment selection guide and color-coded (by severity) peel away labels. Labels were placed on a standardized, field-tested, written asthma treatment plan that told the parent when to use the sick plan, what medications to use and whom and when to call. Providers could also prescribe asthma therapies not listed in the treatment selection guide.

Theory: Not mentioned

Resources Required:
- Staff/Volunteers: Facilitators, health care providers
- Training: Not mentioned
- Technology: Not mentioned
- Space: Meeting space
- Budget: Not mentioned
- Intervention: Training materials, survey, management plans with peel away labels
- Evaluation: Questionnaire

Evaluation:
- Design: Pre- and post-test
- Methods and Measures:
  - Questionnaires assessed provider asthma knowledge and practices.

Outcomes:
- Short Term Impact: Provider knowledge of asthma increased significantly. Adherence to prescribing guidelines after implementing Easy Breathing was 93% to 99% and was associated with a three-fold increase in inhaled prescriptions. Physicians reported that they had integrated Easy Breathing into practice but did not think this represented a substantial change in practices.
- Long Term Impact: Not measured
**Maintenance:** Studies using the program in other communities and in private practice settings are currently under way.

**Lessons Learned:** The Easy Breathing program improved provider adherence to asthma guidelines, increased inhaled corticosteroid therapy and decreased the need for oral corticosteroids in an urban community with a high prevalence of poverty and asthma.

**Citation(s):**