

**Title of Intervention:** Provider Peer Education and Planned Asthma Care for Children with Asthma

**Intervention Strategies:** Provider Education

**Purpose of the Intervention:** To increase provider knowledge of asthma and treatments in order to improve outcomes in children

**Population:** Health care providers who work with children ages 3-17 with asthma

**Setting:** Forty-two primary care pediatric practices; health care facility-based

**Partners:** Clinic administrators and staff

**Intervention Description:**

- Provider Education:
  - Intervention One: The peer leader education intervention consisted of training one provider in each practice site to serve as an asthma "champion." The champion shared guidelines and other information with colleagues and encouraged their implementation. The training included two workshops, central support by an educational coordinator and an ongoing learning network for peer leaders through national and local teleconferences. Each peer leader received a provider tool kit containing a variety of materials including the Expert Panel Report 2 (EPR2) from the National Asthma Education and Prevention Program Guidelines, one-page evidence-based summaries of key targets for provider behavior change, reference articles supporting the recommendations and laminated pocket cards summarizing the EPR2 approach to diagnosis and treatment. A tool kit of patient education materials was also provided to each practice. The educational coordinator attempted contact with each peer leader every few months to provide ideas, materials and support; identify and resolve barriers to change; and encourage less active peer leaders to participate more.
  - Intervention Two: Asthma nurses were trained in EPR2 and in self-management support techniques. In addition to reading the intervention manual and other written materials, the nurses attended a full-day training session to learn motivational enhancement and problem-solving techniques. Nurses attended weekly one-hour conference calls for 10 weeks to review written materials. The asthma nurse attempted to proactively schedule asthma care visits in conjunction with visits to the primary care physician. At each patient visit, the asthma nurse conducted a standardized assessment of asthma symptoms, medication use, environmental control and self-management skills. They also provided support and participated in care planning in conjunction with the primary care physician with emphasis on the use of controllers for persistent disease. Other asthma nurse activities included reviewing quarterly registry-based asthma panel reports with physicians, arranging for allergists to visit the primary care site for case discussions and providing self-management support to families.

**Theory:** Chronic Care Model

**Resources Required:**

- Staff/Volunteers: Providers, facilitators
- Training: Peer leaders received training
- Technology: Not mentioned
- Space: Meeting space
- Budget: Not mentioned
- Intervention: Provider toolkit, Expert Panel Report 2
- Evaluation: Surveys

**Evaluation:**

- Design: Randomized controlled clinical trial
- Methods and Measures:

- Children's Health Survey for Asthma assessed asthma symptom days, asthma-specific functional health status and frequency of brief oral steroid courses.

**Outcomes:**

- Short Term Impact: Not measured
- Long Term Impact: Children whose provider was part of the peer leader intervention had fewer symptom days and a lower oral steroid burst rate. Children whose provider was in the planned asthma care intervention had fewer symptom days than the peer leader intervention and greater controller adherence than the control group. Both interventions had a statistically significant effect on the Children's Health Survey for Asthma outcomes.

**Maintenance:** Not mentioned

**Lessons Learned:** Planned care that includes asthma care and peer leader education may provide an effective model for improving asthma care in the primary care setting. Peer leader education on its own may also serve as a useful model for improving asthma care.

**Citation(s):**

Lozano, P., J. A. Finkelstein, et al. (2004). "A multisite randomized trial of the effects of physician education and organizational change in chronic-asthma care." *Arch Pediatr Adolesc Med* 158(9): 875-83.