Asthma Management and Education

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Background

- One in 12 people in the United States — 8%, or approximately 25 million people total — suffer from asthma
- In a 2008 study, less than half of people with asthma reported being taught to avoid triggers
- Of those educated, 48% did not follow advice
- Over the 2001 - 2009 period, primary care visits for asthma declined and emergency room and hospital rates remained the same
- The majority of asthma deaths are avoidable
    - Approximately 250,000 premature deaths per year
- While research has been done to establish that adults use emergency and urgent care rather than go to their own physicians for non-emergent visits, none has been done into *why*

What non-economic reasons do asthmatic adults in New York City have to forego primary care management in favor of using urgent care and/or emergency rooms for month-to-month prescription and disease management?

Methods & Data Collection

- Participants were recruited from those patients attending the CityMD urgent care on 42nd St and 8th Avenue who came in for refills on their asthma medications in the end of October and into early November of 2017.

- Eligibility criteria:
  - Participants were required to be between the ages of 18-65
  - Participants must not have had a mental illness
  - Participants must have health insurance
  - Participants must not see a primary care provider for their asthma management
  - Participants must have used a rescue inhaler in the last year
  - Participants must live or work in New York City

Data Collection: The Interviews

- Interviews took place at Westway Diner near the urgent care facility
- The average interview length was thirty minutes
- Participants were offered payment via a meal at the diner, though all chose to pay for their own meals
- Interview was semi-structured
    - Allows for participant to take some lead in conversation but without eliminating researcher's ability to be sure specific information is covered
    - Open-ended questions and a semi-structured basis can encourage the participants to more thoroughly consider the issue at hand

Results

- All participants discussed the issue of access to primary care as a contributing factor.
  - Between costs and difficulty getting appointments
- Patients believe they have no need for primary care when their health is good
  - “I think I’m healthy and young enough to not have to go to primary care.”
  - “Usually the doctors are all, “if it gets any worse,” and it never gets any worse, it just stays the same. So I don’t go.”
- Asthma patients believe they should be able to purchase rescue inhalers over the counter rather than requiring the extra step of getting a prescription

Results

- Participants are aware of the need for preventive medical care in regard to other conditions but not with asthma
  - One participant said he would be getting primary care when he was a little older because he would need a colonoscopy and PSA testing
  - Another answered "turning 50" in response to the question of "could anything make you get a primary care provider?"
- No participants had received asthma education, which includes teaching of how to handle chronic care, as adults, and those diagnosed in adulthood did not receive it at all
- Participants expressed some degree of dissatisfaction with previous asthma care from doctors they saw regularly
- One participant had *never* seen anyone but emergency medicine physicians for his asthma

Themes

Themes that appeared interviews include:

- The expense of primary care visits and of asthma care in general
- The ease of access for the ER
  - No one seemed concerned with wait times at ER/UC, though they were concerned with wait times at primary care offices
- The lack of quality asthma education available to adults for themselves rather than as parents
  - "There were handouts, and urgent care gives me paperwork when I leave with the visit summary," says the man who also reported he would attend free asthma education for adults, "I'd definitely want that if I didn't have to pay for it. Like, I care, but I don't fifty dollars care."
- An insistence that they were 'too healthy' for primary care doctors despite having a chronic illness - asthma is downplayed

Study Limitations

- Most limitations are due to small sample size
  - Analysis is not robust when results are regularly 100%, 50% or 0% of participants
- Small sampling pool - only pulled patients from one specific urgent care center
- Findings cannot be generalized to asthmatic population
- Participants were all the same race
- Participants came from very different backgrounds and may have dramatically different environmental influences that did not come up in interview
- Participants were not stratified for seriousness of condition or asthma type

Implications

- More asthmatics would go to primary care doctors and/or pulmonologists if they had better access
- One subject highlighted the issues with one available primary structure she had experienced in the past:
  - "I mean, unless it's for STDs you probably don't want to go to university health but I didn't have much of a choice because I was on school insurance ... university health thought I didn't need Advair. Maybe they just wanted to save money."
  - This indicates a need for university health facilities to offer better support
- **Care costs of asthma are rising faster than available research reports and have gone beyond manageable for some patients**
  - "I'm not sure I'd trust Mexico, but I have another friend with asthma, he buys Advair things, the round things, disks, gets those for $250 a pop in Mexico because they're even more expensive here."

Implications

- Participants are more worried about developing cancer in the future (as seen in discussions of when they will get primary care doctors) than about managing their asthma now
  - Downplaying of risks indicates that asthmatics in wealthy first world nations may not be aware of how dangerous asthma is
  - While odds ratio is low, asthma has been known to cause lung cancer, the subject of several studies
- Analysis leaves the general idea that asthmatic patients do not know how sick they may become
  - “I’m a pretty healthy guy [...] Not even obese or anything.”
- Adults with asthma receive little to no education about their condition even when it is serious

Next Steps: Interventions

- Some practices do well with “clinics” for specific times; providers may consider having walk-in “asthma clinic,” or booking aside hours to deal with asthma patients
- Public education campaigns about the long-term risks and dangers of asthma and seriousness of asthma attacks
- Better education in asthma management to university health providers and being sure pediatricians encourage patients to seek adult primary care for help with asthma care
- Move toward making rescue inhalers (albuterol sulfate) available over the counter — it is a viable method in other countries
- Much improvement remains tied up in the US political climate, as many factors tie directly back into health costs and lack of adequate benefits

Next Steps: Research

- Further study into:
  - Urgent care/ED use vs. primary care or specialist use is needed with larger sampling and changes to study design to create generalizability
  - *Do* people with asthma realize how dangerous it can be? Does being ventilated as a child change one's view of this as an adult?
  - A cost-benefit analysis of making albuterol over the counter, as this also carries risks -- such as patients not seeing doctors at all outside of acute attacks
  - Available resources to adult asthmatics and ways to expand these resources

References

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