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Breathing Better: Asthma Quality Improvement on the NeighborhoodHelp Mobile Health Center

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Introduction

The NeighborhoodHELP™ Mobile Health Centers (MHC) are an innovative approach of the FIU College of Medicine to engage hard to reach populations. These populations are medically underserved, with poorer chronic disease management due to socioeconomic factors. Asthmatic patients are especially vulnerable since they require regular follow up care.

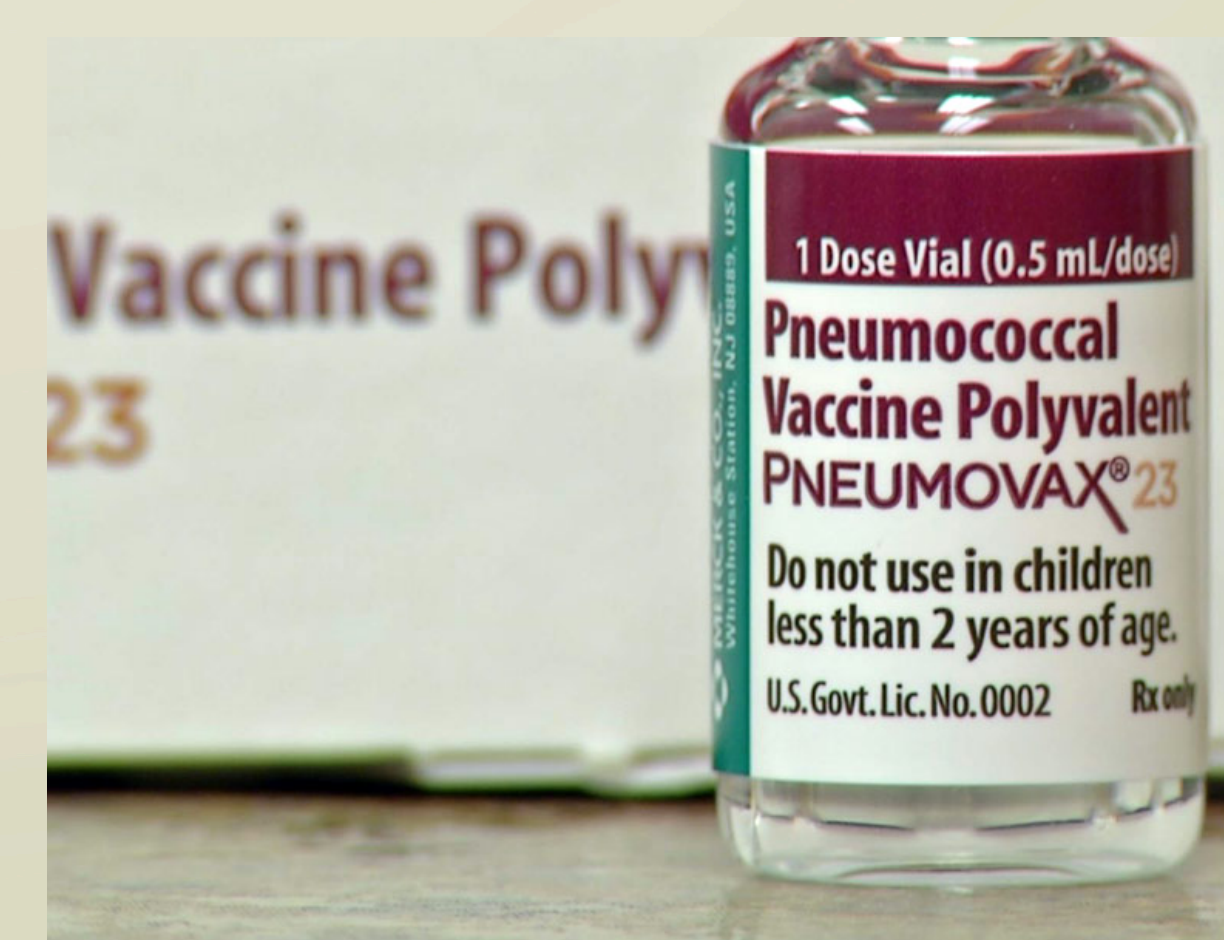
Purpose

This project's goal is to improve the asthma management in the active MHC population. The co-investigators plan to run several Plan-Do-Study-Act (PDSA) cycles examining the asthma control for MHC patients to evaluate and improve the patient's asthma management.



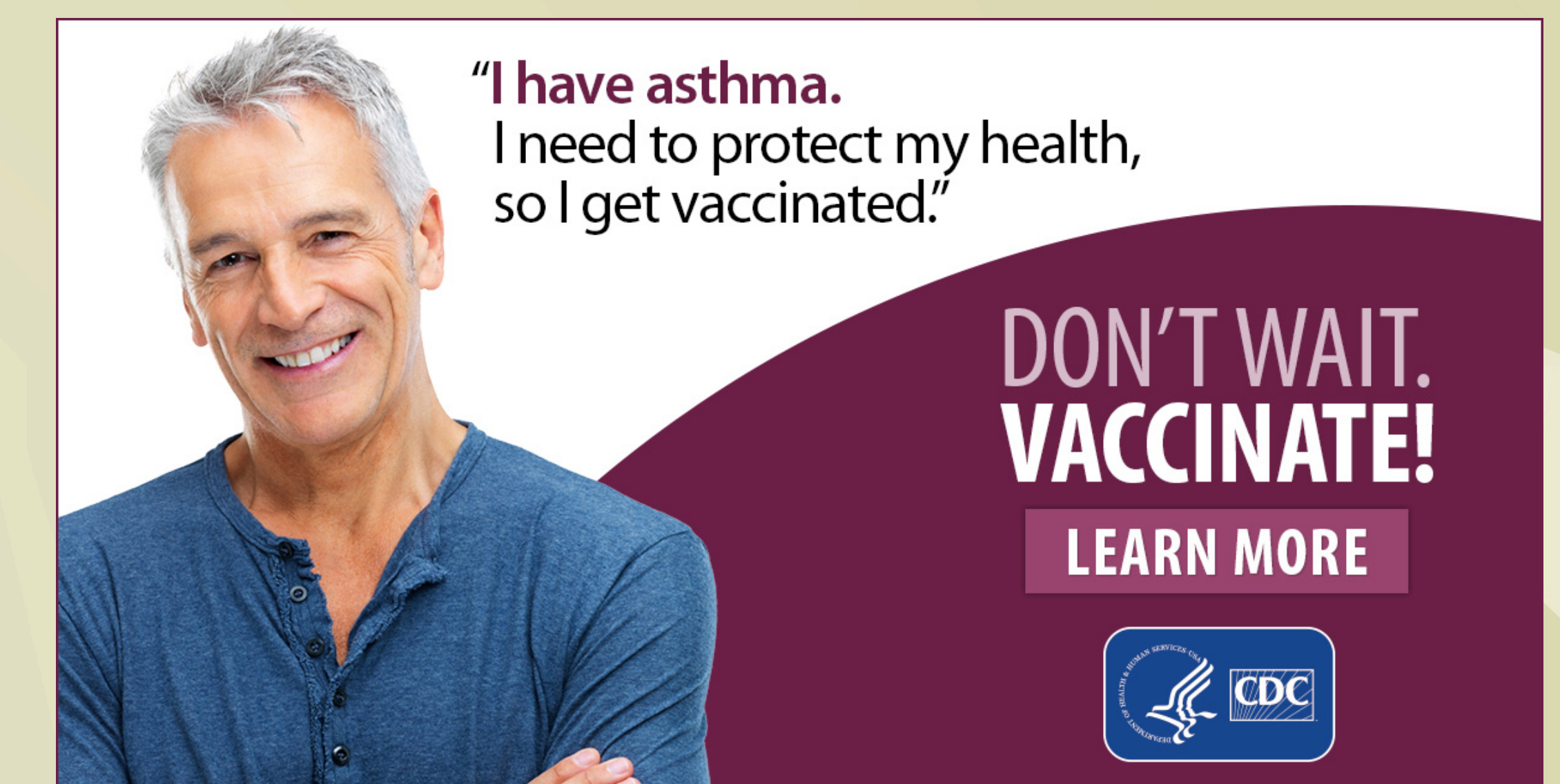
Methodology

A literature review examined national guidelines and other QI projects involving asthma management. After IRB approval, chart reviews were conducted using electronic medical records for adults with asthma. Patients not seen in the last 2 years and those with only childhood diagnosis of asthma were excluded. Thirty-four active MHC patients with asthma were identified. Vaccinations were noted as an area for improvement, because only 3 of these patients were up to date with both flu and pneumonia vaccines. Starting November 2016, an intervention of calling the remaining 31 patients was carried out. Patients were asked if they received the vaccine elsewhere or were offered a vaccine visit. Notifications were placed on all asthmatic patients' charts.



Results

- The intervention reached 84% of those targeted.
- Compliance with both vaccine recommendations has increased by 32%
- 16% of the target population were seen on the mobile clinic but vaccines were not updated (some did not document reason and some were due to lack of vaccine availability due to refrigeration issue on MHC)
- 4 patients have upcoming appointments pending



Conclusions

Calling asthmatic patients to ensure they received their vaccines was successful, raising the vaccine rates. These patients represent a vulnerable population that are often unable to afford necessary health care such as vaccines. It is unlikely that they would have received these vaccines without this intervention, unless they had an MHC appointment for other reasons. This population over-utilizes EDs due to lack of insurance, and it is possible that this intervention prevented ED visits and hospitalizations for influenza or pneumonia infection but the data is still preliminary. One limitation of this study is the difficulty in contacting patients; provided phone numbers are often unreliable, and patient no-shows are frequent. Future interventions will continue to focus on improving asthma control for these patients.

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