

## ASTHMA

Asthma care has traditionally centered on the Emergency Department (ED). This was the primary entry point for the uncontrolled patient to access the system. The LSU Health Care Services Division has changed the entry point from the ED to alternative outpatient clinics for care. These alternatives allow us to offer patient education which engages patients in their own care and makes emergency care and hospital admissions much less frequent.

To minimize care variation among providers and assure quality care, providers base their care on the most recent National Institute of Health (NIH) evidence-based regimens.

To support our patients, asthma patients have access to LSU-HCSD Medication Assistance Program which provides medications to patients who could not otherwise procure them.

Basic medications are provided to patients who would otherwise not be able to obtain their medication. Partnerships with pharmaceutical companies have allowed our patients to obtain the latest medicines and medication delivery systems. Because our patients are able to better self-manage and have improved access to medications, we have been able to decrease emergency department visits, in-patient admissions, and the overall cost of asthma care.

When our Asthma program began, national benchmarks for asthma were difficult to obtain. At present, known national benchmarks have been surpassed by Asthma Disease Management programs at our hospitals. Our program strives to make each of our hospitals a center of excellence for asthma care based on the criteria established by the American Lung Association. At present, six of our facilities meet the criteria and the remainder will qualify shortly.

Asthma (N=5917)	2003	2006
# of patients with Respiratory ED visits/1000 per quarter	200	150
# of patients with Respiratory Admissions/1000 per quarter	50	25
% on Beta Agonist	95%	97%
% on Corticosteroids	84%	93%
% with current Pulmonary Function Test	35%	50%
% with Action Plans	30%	78%

