



New evidence for treatment guidelines of recurrent wheeze, intermittent asthma, and viral-triggered wheezing

A recent meta-analysis in the journal Pediatrics has concluded that:

“there is strong evidence to support daily ICS for preventing exacerbations in pre-school children with recurrent wheeze, specifically in children with persistent asthma. For preschool children with intermittent asthma or viral-triggered wheezing, there is strong evidence to support intermittent ICS for preventing exacerbations.” Pediatrics, Vol 137, 6, June 2016

What does this mean for your patients with asthma? For preschool children with **persistent** disease and in line with the 2007 NAEPP guidelines and the Easy Breathing program, daily ICS remains first-line therapy.

What does intermittent ICS look like? Guidelines recommend initiating high-dose ICS (ie. at least 4 puffs) at the first sign of an upper respiratory tract infection that lasts for 7 to 10 days. This is in line with the Sick Plan instructions on the Easy Breathing Asthma Treatment Plan.

The authors recommend that with either treatment strategy:

- frequent reassessment of wheezing symptoms and pattern
 - episodic viral wheezing or severe intermittent wheezing
- close monitoring of growth
- active titration to the lowest ICS dose that is effective
 - * Use your Easy Breathing Asthma Treatment Selection Guide to help you step-down therapy

We want all Easy Breathing practices to know that this study was conducted by the AsthmaNET research group based on feedback and requests from YOU!

Highlights

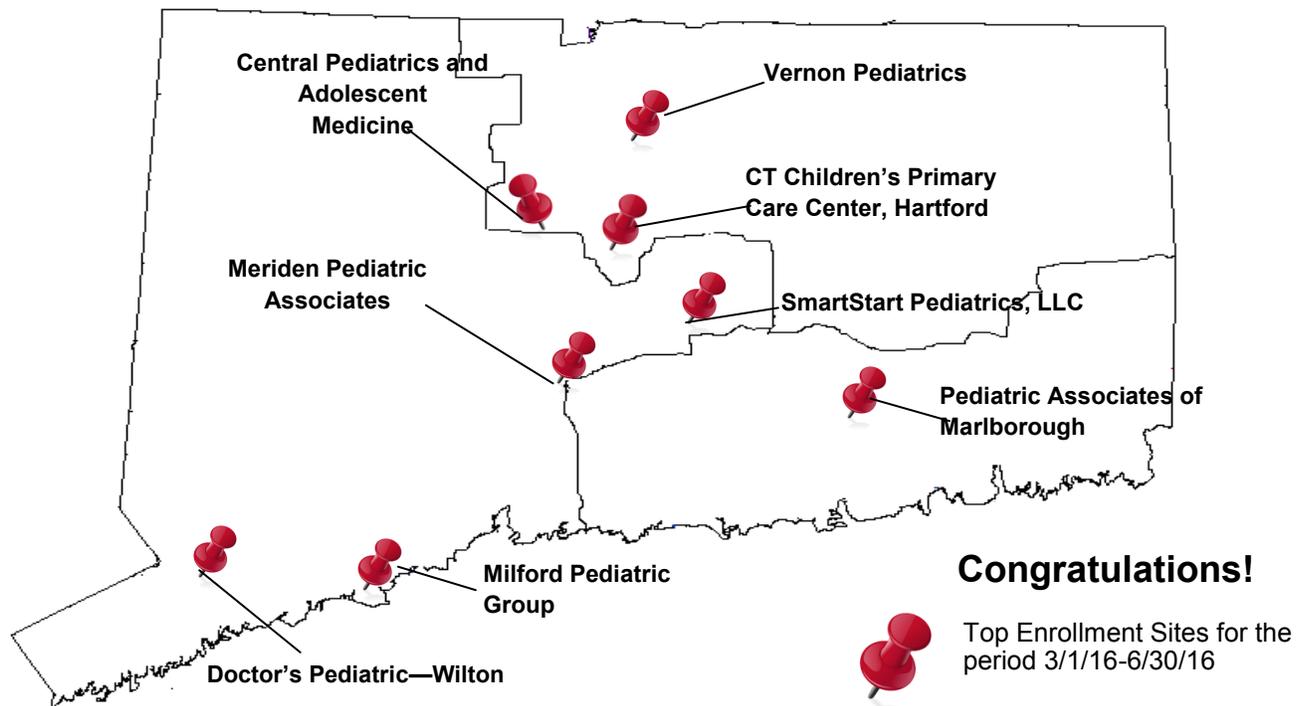
- Updated treatment evidence
- MOC update
- Tobacco Study Outcomes (pg. 2)
- Easy Breathing Enrollment Map (pg. 2)

Updates on Maintenance of Certification

We are aware of the ongoing national discussion on whether participation in MOC improves quality of care. It is clear that all insurers are looking at quality of care. We recognize that clinicians are busy and overburdened with quality improvement projects. The American Board of Pediatric's goal is to make QI less onerous. The good news is that participation in Easy Breathing MOC is both less onerous on the clinician and provides the highest quality of asthma care to your patients. We will continue to provide MOC services for all clinicians interested doing Easy Breathing MOC and are committed to providing high-quality feedback on your efforts in managing asthma.

Easy Breathing Enrollment

From July 2007 to June 2016, Easy Breathing[®] Statewide has surveyed 79,470 individuals. Of those surveyed, 26% have a diagnosis of asthma. In total, 150,931 individuals have been surveyed since 1998.



Tobacco Study Results

Thank you to all who participated in the tobacco cessation study to help us understand whether and how families and clinicians want information on tobacco smoking cessation. Between April and June 2016, we had outstanding participation from our Easy Breathing clinicians with **65%** completing the Clinician Smoking Survey. From this survey, we learned that 83% of clinicians counsel patients at least yearly on smoking behaviors that begins on average at 11 years of age. 36% of clinicians reported they referred parents who smoke to a smoking cessation program, while 36% reported not providing any smoking cessation services for parents. Unfortunately, 85% of clinicians reported that actions to help prevent and stop patients and families from smoking were at most only slightly effective. While only 34% of clinicians are confident in counseling *parents* about smoking cessation, 71% reported confidence in counseling *adolescents* against smoking cessation. Lastly, the majority of clinicians did not know how to code for reimbursement of tobacco related counseling services.

This tells us several things. The first is that though clinicians are counseling patients and families on tobacco smoking, they are not all referring families to cessation programs. Second, for those that do refer, most do not believe that it is effective. And finally, it appears pediatricians are not confident in counseling parents. Given that ~22% of families report smoking tobacco, we will use these results as feedback to the CT DPH and AAP to help refine an approach to tobacco cessation.



CONTACT EASY BREATHING

A Program of Connecticut Children's Medical Center
Children's Center for Community Research (C³R)
Michelle M. Cloutier, MD—Asthma Center Director
Jessica Hollenbach, PhD, AE-C—Director of Asthma Programs
282 Washington, St. Hartford, CT 06106
Phone: 860-837-5333 **Fax:** 860-837-5339
E-mail: jhollenbach@connecticutchildrens.org