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and quality assurance to improve care of inner-city children with asthma

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Abstract:

Case management and quality assurance techniques were used in a program designed to improve the process and outcomes of care for inner-city children with asthma. The program had three major elements: assessment of the care of individual patients and feedback to their primary care providers, periodic contact with parents, and provision of educational materials about asthma to parents. Telephone interviews with parents were used to assess knowledge of home asthma care and the type of care prescribed by the child's physician. Medicaid and hospital records were used to measure acute care utilization. Eighty-eight children (aged 0 to 5 years) who had made more than two emergency room visits for asthma were recruited by telephone. Fifty-six prescribing errors were identified, 24 being failure to prescribe an additional drug for short-term use by children receiving continuous therapy. Acute care use dropped 50% compared with a control period. This type of program is feasible but may require in-person recruiting to reach high-risk families without telephones.