

Colorado Healthcare Provider Perspectives on a School-Based Asthma Program

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Abstract:

Background: The burden of uncontrolled asthma in school-aged children is significant, with asthma exacerbations causing disruptions in learning and more than 10 million missed school days annually. Better Asthma Control for Kids (BACK) is a school-based asthma program that pairs an asthma navigator with a school nurse to improve asthma self-management and care coordination.

Purpose: To explore the context for implementing BACK in new regions of Colorado, the study sought to assess outpatient healthcare leaders, clinicians and staff perspectives on coordinating asthma care and social determinants of health (SDOH) management in these regions.

Setting/Population: A needs assessment survey was conducted among healthcare professionals that see children across five regions of rural and urban Colorado.

Methods: A purposive sampling method was used to distribute surveys among clinics who treat pediatric asthma. The survey questionnaire domains were informed by the determinants of implementation success identified by the Pragmatic Robust Implementation Sustainability Model (PRISM). These determinants include leader, clinician, and staff perspectives on both intervention and SDOH needs, and characteristics of health care teams, in terms of the strength of relationship between healthcare and school nurse teams.

Results: The survey response rate was 36%; respondents included 169 healthcare providers and clinic staff. Among respondents, 77% were prescribing providers, 70% identified as women, 79% and 8% identified as non-Hispanic white and Hispanic, respectively. Among all survey respondents, particular focus was given to primary care (family practice, pediatrics, other primary care) prescribing providers. Primary care

prescribing provider perspectives clustered into three domains: priority and resources/needs related to childhood asthma care, care coordination, and SDOH needs. Forty seven percent of these providers said childhood asthma care was a high or top priority at their clinics. Only 47% of these providers reported having adequate time to address childhood asthma, and 37% reported having adequate asthma education resources for patients. Most of these providers reported infrequent contacting (never = 60%; 1-2 times/year = 32%) of school nurses regarding patients with asthma. Overall, 49% of HCPs reported having no relationship or a poor relationship with school nurses in their communities, and only 15% reported having a good or excellent relationship. In total, 96% of the HCPs agreed that addressing SDOH needs should be a standard of care, and 83% agreed that having access to SDOH needs information would directly affect a patient's asthma care. However, 61% of providers did not use a screening tool or standardized form for addressing social needs in childhood asthma.

Conclusions: These findings emphasize that childhood asthma and SDOH needs are high priority for providers, but they need assistance to provide optimal management of childhood asthma. There is a high need for improved collaboration between providers and school nurses. The BACK program will use these findings to improve the network of care for children with asthma in rural Colorado.