



Mount Sinai School of Medicine:

Improving Access to High Quality

Asthma Care in East Harlem

Grant Results Report – October 2008

BACKGROUND INFORMATION**Mount Sinai School of Medicine****Division of General Internal Medicine**

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Grant Title: Improving Access to High Quality Asthma Care in East Harlem

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Foundation Program Associate: Sara Timen

ABOUT THE GRANTEE

The Mount Sinai Medical Center consists of the Mount Sinai School of Medicine—with an enrollment of nearly 700 M.D. and Ph.D. students and a total faculty and staff of 6,100—and the Mount Sinai Hospital, a 1,171-bed tertiary care teaching hospital with a medical staff of more than 2,000. Each year, the hospital cares for more than 50,000 inpatients, and its clinics and emergency department have 400,000 outpatient visits. Mount Sinai is the largest provider of inpatient and outpatient care to the East Harlem community.

Improving Access to High Quality Asthma Care in East Harlem

THE PROBLEM ADDRESSED

East Harlem has the highest rate of hospitalization and death from asthma in New York State. With proven and effective therapies available for asthma care, many emergency room visits and hospitalizations are preventable. Many people with asthma do not realize the role they play in managing their own illness. Some 53% of hospitalized asthmatics do not believe they have a chronic disease, but view their asthma as an episodic ailment. After an emergency department visit or hospitalization, most patients receive vague discharge instructions and little help in negotiating a fragmented “system” of follow-up care. Lack of timely follow-up lowers patients’ chances of quick recovery and increases the likelihood of re-hospitalization.

PURPOSE OF THE PROJECT

This project sought to improve access to timely, high-quality follow-up care for adults with asthma in East Harlem who visit the emergency room or are hospitalized at Mount Sinai. By recruiting and training a bilingual “asthma navigator,” the project aimed to ensure that discharged patients would receive assistance with scheduling appointments, help in obtaining prescribed medications, and educational information on self-managing their asthma.

UNDER THE GRANT

Staff used the hospital’s daily computerized screening report for the asthma navigator to identify adults with asthma who had an emergency department visit or hospitalization.

Hospitalists and nurse practitioners who provide inpatient care—as well as emergency department staff, physicians, nurses, social workers, and discharge planners—were introduced to the navigator program and provided with contact information for the navigator.

Project staff developed the protocol for the program, which included the following steps:

1. Navigator calls patients one to two days after discharge or emergency department visit and administers a brief questionnaire to determine: whether they need urgent medical advice, received prescribed medicines and are able to pay for them, and whether they have scheduled an outpatient post-discharge visit or have any other unmet asthma needs.
2. Navigator makes follow-up appointment for patients, if needed.
3. Navigator asks permission to contact patients at a later date to inform them when a new asthma education program is developed.

BARRIERS TO ACHIEVEMENT AND CHANGES TO ORIGINAL WORK PLAN

Development of a patient-friendly asthma self-management website was delayed due to problems with the institution's main Web site, which is undergoing redesign.

Additionally, the project staff had envisioned a Web site where physicians could access resources and information to give to their patients. "In the Program Director's conversations with hospitalists at Mount Sinai, we found that an e-mail or a flyer would be more useful than a Web site," says Jessica Lorenzo, M.P.H., project manager. "The Project Director did e-mail all hospitalists, informing them about the program and how they could make referrals to the asthma navigator."

The asthma navigator found that many patients gave the hospital inaccurate or non-working telephone contact numbers, which made them difficult to reach.

"Patient phone numbers are disconnected, or they don't update information in their medical records, so there is no way to contact them," says Lorenzo. "We tried to overcome this by asking for a secondary contact number, but patients are sometimes wary of giving contact information for someone else."

PROGRAM ASSESSMENT

The asthma navigator screened 277 adult patients out of 1,035 potentially eligible for the service.

In 70 cases (25%), the navigator made timely outpatient appointments where previously either no appointment was given or it was scheduled many weeks later, neither of which is consistent with high-quality care.

Project staff had planned to seek institutional approval to access the Mount Sinai medical records system, in order to determine what percentage of patients contacted by the navigator had subsequent emergency department visits, indicating that their asthma remained uncontrolled. However, the Project Director left Mount Sinai in September 2008, and that evaluation could not be carried out.

“One-year grants are extremely challenging, because it often takes several months to receive the necessary Institutional Review Board approvals and hire personnel,” according to Ethan A. Halm, M.D., M.P.H., project director.

DISSEMINATION OF FINDINGS

The Project Director presented data from the program at the American Thoracic Society meeting in May 2008 and the International Congress of Behavioral Medicine in Tokyo in August 2008.

THE FUTURE

The formal program ended when the grant ended.