

Insurance, medical provider do not assure asthma control

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It is widely believed that providing better access to medical care can improve the health of Americans. New research at National Jewish Health indicates, however, that having insurance and a medical provider is not enough to improve asthma control among elementary and middle school students. National Jewish Professor of Pediatrics Stanley Szefler, MD, and his colleagues report in the August 2009 issue of the *Journal of Allergy and Clinical Immunology* that asthma control was poor among 155 students with asthma, regardless of whether they had medical insurance or an identified medical provider.

"Our findings suggest that having access to medical care does not guarantee optimal care," said Dr. Szefler. "[Chronic diseases](#), such as asthma, require consistent, responsive management. It is up to patients and parents to recognize when their asthma management is not optimal, and to seek help to improve asthma management.

"This study may also highlight a larger issue about the challenges of managing chronic diseases in general, and the limitations of merely providing access to medical care. "

Dr. Szefler and his colleagues operate the Denver Public Schools Asthma Program, which seeks to identify students with asthma, teach them how to manage their disease, and connect them with physicians to assure ongoing, effective management of the disease. Initial findings, which will be reported later, suggest the approach helps. The current report emphasizes the need for better asthma control among all students.

The researchers examined demographic, [medical care](#) and asthma control factors for 155 students with asthma in 19 elementary and middle schools in the Denver Public School system. Most, 79 percent, qualified for free or reduced price lunch. In spite of low incomes, 90 percent had health insurance and 92 percent had a physician caring for their asthma.

Asthma control among the students was generally poor, but similar among students with and without health insurance. Thirty percent of those with insurance had persistent daytime symptoms, while 25 percent of those without insurance did. Fifty-seven percent of those with insurance had sought emergency care for their asthma, while 63 percent without insurance had sought emergency care. Only 30 percent of those with insurance used controller medications, the most effective method for managing asthma. There was no difference in asthma control between those who had private insurance and public insurance, such as Medicaid.

Having a medical provider also did not appear to improve asthma control. In fact, those with doctors more frequently reported persistent daytime symptoms and emergency care. Only 25 percent of those with doctors were on regular controller therapy compared to 20 percent of those with out a physician.

"In this study, 90 percent of students had medical insurance coverage, and 94 % had accessibility to health providers, but there were still high percentages of students with uncontrolled asthma and no differences on the basis of type of [insurance](#) or practitioner," wrote the authors in the study.

The authors hypothesized that the intermittent nature of pediatric asthma might be part of the problem. Children with asthma are often asymptomatic for extended periods, which can be interrupted by severe

asthma attacks. As a result, patients and their families may not seek regular asthma care.

"Patients need to realize that they can greatly reduce the symptoms of asthma and visits to the emergency room by properly and consistently managing their asthma," said Dr. Szeffler. "If they have frequent shortness of breath or have had an emergency room visit, they need to ask their doctors how to better manage their disease. The vast majority of [asthma](#) patients should be able to live symptom-free and not have to limit their activities."

Source: National Jewish Medical and Research Center

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