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WHAT'S NEWS

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Practices Eye Playing Field for Accountable Care Organizations

BY MARY ELLEN SCHNEIDER

The medical model of "the more you do, the more you make" is out, according to Dr. William Chin, and so is the idea that the physician needs to do everything personally. If a service can be provided more efficiently by a nurse or social worker, that may be the way to go under the next big thing in health care – the accountable care organization.

Dr. Colleen Kraft, a pediatrician for Carilion Clinic in Roanoke, Va., has participated in an integrated health system since 2007. The Epic care system links the Carilion Clinic's pediatric specialists with a hospital, therapists, and care coordinators. While participating in an ACO-modeled system, Dr. Kraft said she has noticed a significant improvement in quality of care.

"Our ability to communicate with each other about common patients is extensive and streamlines patient care, especially for children with special health care needs," Dr. Kraft said. "Parents from all socioeconomic groups are better informed about following asthma action plans, healthy eating, and the importance of prevention. This makes compliance with medications and anticipatory guidance much easier."

Dr. Chin, executive medical director for HealthCare Partners, an independent physician association

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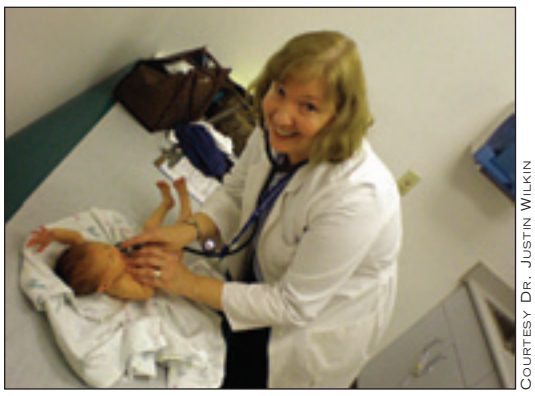

COURTESY DR. JUSTIN WILKIN

"Physicians who choose to become part of an ACO have to want to work more collaboratively. Technology alone doesn't provide better patient care; physicians who ... communicate with each other as well as the families improve patient care," according to pediatrician Colleen Kraft.

Teen Vaccine Recs Had Little Impact on Preventive Visits

'The data seem to show ... pediatricians focused on fitting vaccinations into existing visits.'

BY DOUG BRUNK

FROM THE ANNUAL MEETING OF THE PEDIATRIC ACADEMIC SOCIETIES

DENVER – Although new adolescent vaccine recommendations disseminated between 2005 and early 2007 for meningococcal, tetanus-diphtheria-pertussis, and human papillomavirus vaccines were anticipated to increase the proportion of adolescents with an annual preventive visit, no such impact has occurred, results from a large national survey demonstrated.

However, the rates of vaccination-only visits did increase, researchers led by Christina S. Albertin, reported during a poster session at the meeting.

The findings suggest that patterns of primary care delivery did not appear to change as a result of the new recommendations for this population.

"Additional methods, such as reminder recall interventions for annual well care visits, may be needed to bring additional adolescents in for recommended preventive care," the researchers wrote.

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The percentage of teens who reported a visit with a vaccination increased from 8% to 11%, according to the national survey findings.

Ms. Albertin and her associates from the division of general pediatrics at the University of Rochester (N.Y.) analyzed Medical Expenditure Panel Survey data for any medical visits, well-care visits, and vaccine-only visits made by adolescents, aged 11-21 years, during two time periods: 2004-2005 (before the vaccine recommendations) and 2007-2008 (after the recommendations).

They compared visit rates overall and by age group (11-13 years, 14-17 years, and 18-21 years), sex, race/ethnic group, insurance status, and household income. They used chi square

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Vaccine-Only Visits Jumped

Vaccine Recs *from page 1*

analysis to compare rates between the two time periods, controlling for the complex sample design.

Ms. Albertin presented findings from 2,693 adolescents studied in 2004-2005 and 1,988 adolescents studied in 2007-2008.

Between the two time periods, no significant changes in the percentage of adolescents with any medical visit overall were observed (73% vs. 72%, respectively), nor were any changes seen among any of the subgroups following the recommendations, the researchers reported.

In addition, the percentage of well-child visits did not change significantly overall (they remained at 41% for both time periods), or among any of the subgroups.

The average number of visits with a vaccination overall increased significantly from 0.08% in 2004-2005 to 0.14% in 2007-2008.

'I'm surprised by the results given that there are Tdap vaccine requirements in many states.'

MS. ALBERTIN

Likewise, the percentage of adolescents who reported a visit with a vaccination increased from 8% to 11%.

The subgroups with significant increases included adolescents aged 14-17 years, females, whites, those who were privately insured, and those from families with the highest income level.

"The data seem to show that in the initial 21 months or so following the recommendations, pediatricians focused on fitting vaccinations into existing visits, not expanding the number of [patient] visits," Ms. Albertin said in an interview.

"I'm surprised by the results given

that there are Tdap vaccine requirements in many states, " the investigator commented.

She went on to explain that through 2008, only 16 states had school requirements for the Tdap vaccine.

"Now, projected through 2011 it looks like that's going to more than double," she said.

"As a result, I think that we will slowly see an increase in both immunization-only and preventive visits," Ms. Albertin noted.

Ms. Albertin said she had no relevant financial conflicts to disclose. ■

Long-Acting Beta-Agonists Plus Inhaled Steroids Combo Appears Safe for Kids

BY DOUG BRUNK

FROM THE ANNUAL MEETING OF THE AMERICAN ACADEMY OF ALLERGY, ASTHMA, AND IMMUNOLOGY

SAN FRANCISCO – Adding long-acting beta-agonists to a regimen consisting of inhaled corticosteroids did not increase the rate of admissions to the pediatric intensive care unit, results from a year-long study showed.

"This supports the guidelines from the National Asthma Education and Prevention Program," Dr. Tammy S. Jacobs said in an interview during a poster session at the meeting. "When you fail to have adequate control with inhaled corticosteroids alone, long-acting beta-agonists can be a very good medication to add."

While results from the U.K. Serevent Nationwide Surveillance study and the U.S. Salmeterol Multicenter Asthma Research trial suggested that long-acting beta-agonists (LABAs) increase the risk of asthma-related mortality, neither trial was adequately powered to study the safety of LABAs when used in conjunction with inhaled corticosteroids (ICS), said Dr. Jacobs, a resident at Children's Hospital of Pittsburgh.

In an effort to evaluate the impact of LABA use in conjunction with inhaled corticosteroids on the risk of near-fatal asthma in children, she and her associates reviewed the medical charts of 363 children aged 4-18 years who were admitted for asthma exacerbations to Children's Hospital of Pittsburgh in 2005.

Cases and controls were determined by pediatric intensive care unit (PICU) and floor admissions, respectively. Exposure was defined by LABA use in combination with ICS vs. ICS alone.

When you fail to have adequate control with inhaled steroids alone, LABAs can be a very good medication to add.

DR. JACOBS

After exclusion of patients with non–asthma-indicated admissions, complicated pneumonias, debilitating comorbid disorders, and multiple admissions, 85 PICU admissions and 96 floor admissions were included in the final analysis. The mean age of patients was 9 years, 54% were male, and 51% were white.

Dr. Jacobs reported that the use of LABA in conjunction with ICS did not significantly increase the risk of PICU admissions (odds ratio, 1.07), compared with ICS alone. After the researchers adjusted for demographics, asthma severity, history of PICU admissions, and concurrent infection, they found that the use of LABA in conjunction with ICS may have decreased the risk of PICU admission, compared with ICS alone (OR, 0.85). No deaths occurred during the study period.

"Although this [study] does not directly evaluate increase in mortality (as in previous trials), risk of ICU admission may actually be a more clinically relevant outcome to evaluate LABA safety," the researchers concluded in their poster. "Findings are generalizable to a population of children with relatively higher-risk asthma/poorer asthma control since all subjects were admitted, and no outpatient subjects were included."

Dr. Jacobs acknowledged certain limitations of the study, including the fact that it was a retrospective chart review with the potential for missing data.

She said that she had no relevant financial conflicts to disclose. ■