

Patients with asthma give doctors their thoughts on treatment goals

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There is increasing emphasis on the importance of measuring patient-centered outcomes of emergency care; however, the existing and most commonly used discharge metrics, which were developed outside of the emergency department setting, have limited applicability to emergency care and fail to capture the concepts that are most important to patients and families. That is the finding of a study to be published in the May 2017 issue of *Academic Emergency Medicine (AEM)*, a journal of the Society for Academic Emergency Medicine.

The study, by Dr. Margaret Samuels-Kalow, et al, uses extensive interviewing and focus group methods to explore what patients and/or parents of patients want from [asthma](#) treatment and suggests that a three-step qualitative process can identify patient-relevant concepts, rank them, and refine assessment questions for concept measurement, beyond the standard interview and focus group techniques.

Their research data suggest that a patient-centered outcome measurement for [emergency department](#) patients being discharged with asthma should include assessment of symptom improvement, medication access, medication use, and asthma knowledge. Such a new, patient-centered measurement can also improve the ability to test interventions aimed to improve emergency department discharge success and post emergency department outcomes. It also formulates the basis for better communication between doctors and patients.

"This study represents an important conceptual advance in the care of

emergency department patients with acute asthma, where worsening symptoms often result from poorly controlled, poorly managed chronic asthma, and where persistence of symptoms, relapse and long term recidivism is common after the emergency department visit," said Robert Silverman MD, MS, Department of Emergency Medicine, Northwell Health, New York and associate professor at Hofstra Northwell School of Medicine.

"The study outcome-measure tool focuses on a limited number of practical items that are not usually identified in the emergency department but are important for both short term recovery and better long term asthma control. This tool potentially provides another meaningful measure of the success of the emergency department visit including how the patient feels after leaving the emergency department. Importantly, the tool also assesses whether the provider-encounter helped patients to better care for themselves at home, Silverman said.

"Moving forward, an ideal emergency department visit could both hasten recovery from worsening symptoms and help [patients](#) with chronic disease take steps to prevent future [emergency](#) department encounters. This patient-centered measurement approach is another step in the right direction."

Provided by Society for Academic Emergency Medicine

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