Asthma is within the top 3 most common diagnostic categories of ED use\(^2\). ED recurrence rates of asthma management can exceed 25%, with most recurrences occurring within 30 days of discharge\(^1\). Recurrence rates are highest among low socioeconomic status groups along with Black and Latino populations (Hispanic population of Southbridge area is 26.6%). Medicare Readmission Reduction Program penalizes for excess readmission rates\(^8\). Each ED visit for asthma costs on average $1,500 resulting in increased healthcare-related financial burden for both the patient and provider\(^9\).

Studies have shown that educational interventions targeting common recurrence factors have reduced ED recurrence rates\(^6\). Medications and treatment plans also vary widely from region to region, which could be the reason for this variability.

### Recommendations for Reducing Asthma Readmission Rates

**Recommendation #1: Better Evaluation of Symptom Control**
- Use of Asthma Control Test (ACT) in the ED to assess control of symptoms
- ACT is an objective assessment of symptoms

**Recommendation #2: Simplify Patient Education**
- Simplify important (e.g. Long vs Short term Meds.) information for patients
- No more than a 6th grade reading level
- Easy to read one page "Fridge Sheet"

**Recommendation #3: Standardize Education Materials**
- Standardize asthma education materials between providers
- From presentation in the ED to primary-care follow-up in the Harrington system, providers will know what materials patients were given, and will be better able to assess a patient’s understanding of their asthma

**Recommendation #4: Multilingual and Multi-Platform Educational Outreach**
- Short, age-appropriate educational videos in the ED to increase education
- Implementation of SMS message reminders/education
- Ability to distribute resources in multiple languages

---

**References**