Abstract Group: 1.1. Clinical Problems

Keyword 1: Asthma - management  Keyword 2: Chronic disease  Keyword 3: No keyword

Title: The impact of a specialist multi-disciplinary approach to difficult asthma on healthcare outcomes in a district hospital

Dr. Veeresh 3227 Patil VeereshkPatil@yahoo.com MD ¹, RN. Christine 3228 Townshend Christine.Townshend@iow.nhs.uk ¹, Dr. Ramesh 3229 Kurukulaaratchy Ramesh.Kurukulaaratchy@uhs.nhs.uk MD ¹, Dr. Bernard 3230 Dyke bernard.dyke@gmail.com MD ², Dr. Tasneem 3231 Rahman tasneem.rahman@hotmail.co.uk MD ² and Dr. Vijay 3232 Joshi vbj_@hotmail.com MD ². ¹ The David Hide Asthma and Allergy Research Centre, St Mary's Hospital, Newport, Isle of Wight, United Kingdom, PO30 5TG and ² Respiratory Medicine, Southampton General Hospital, Southampton, Hampshire, United Kingdom, SO16 6YD.

Body: Background: Guidelines advise that patients with Difficult Asthma are managed by an experienced Specialist Multidisciplinary Team (MDT). That often requires referral to a Tertiary Centre. Can such care address Difficult Asthma in a District Hospital (DGH) setting? Aim: To assess impact on healthcare utilization (HCU) of creating DGH outpatient access to a Difficult Asthma MDT. Methods: A Difficult Asthma MDT was created in a pre-existing DGH Allergy Clinic. This included Consultant, Nurse Specialist, Dietitian and Respiratory Physiotherapist. Retrospective study of referred patients (n= 19) compared HCU for the 12-months prior to referral against the 12-month period that followed being under the MDT for 6-months. Measures assessed included Accident & Emergency (A&E) use, General Physician (GP) visits, Inpatient (IP) days and Intensive Care (ITU) admissions. Results: All patients were on BTS Step 4/5 treatment at referral (mean age 51.9 years, 73.3% female and 68.4% atopic). High asthma associated Secondary HCU costs were present at baseline. After being under the MDT for 18 months, (mean follow-up every 4.1 months) there was a 50.4% reduction in mean annual GP asthma visits (from 5.63 to 2.79), 68.8% reduction in mean annual asthma A&E visits (from 1.6 to 0.5), 80.4% reduction in mean annual asthma IP days (from 5.6 to 1.1) and a 100% reduction in mean annual asthma ITU days (from 1.6 to 0). Estimated savings for reduced Secondary Care asthma usage were £67,265.74 for the 12-month observation period. Conclusion: An MDT approach can be successfully applied to Difficult Asthma patients in a DGH setting leading to significantly reduced HCU and associated costs.