
Physicians' Views on Incentives for Adherence in Childhood Asthma

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Asthma is the most common chronic illness of childhood and leading cause of pediatric hospitalization. Patient/parent adherence rates to medications and home-management recommendations are low. The provision of incentives for adherence to parents has had limited consideration. The objective of this study was to assess physician views regarding appropriateness and effectiveness of incentives for adherence in the management of childhood asthma. We performed a cross-sectional, web-based anonymous survey of Pennsylvania pediatricians and specialists caring for children with asthma. Three hundred and twenty-nine physicians responded, reflecting demographic characteristics of the state's physicians. Overall, 61% agreed incentives for adherence would be appropriate, 77% agreed they would be effective, and 50% agreed they would be both appropriate and effective. Among 287 respondents supporting incentives as appropriate and/or effective, 4 activities were endorsed by a majority for linkage to incentives: scheduled asthma checkups (85%), annual influenza shot (78%), refill of controller medicines (71%), and proven adherence to controllers with electronic monitoring devices (58%). Refund of co-payments was the most supported method to deliver incentives. A minority of all respondents agreed with statements that incentives would threaten patient/parent autonomy (15%), undercut social fairness (20%), or interfere with patient–doctor relationships (20%). Bivariate analysis did not reveal significant differences in reported attitudes by physician demographic or practice characteristics. Comments from respondents revealed a wide range of opinions about the role incentives in childhood asthma. Respondents were mostly open-minded to incentives for adherence in childhood asthma, though some respondents had concerns about the specific program design and implementation. These findings should be linked with surveys of other clinicians and parents in helping with a pilot to evaluate the real-world ability of incentives to improve adherence and outcomes in childhood asthma.

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Authors:

Fieldston ES, Puig A, Shea JA, Metlay JP, Pati S