The Multidisciplinary Approach to Pediatric Aerodigestive Disorders

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Multidisciplinary programs for the care of children with upper and lower respiratory and gastrointestinal tract disorders have emerged across the United States and become known as aerodigestive centers. This model is designed to improve clinical outcomes and healthcare value through a coordinated approach by a team that appreciates the inter-relatedness of these disorders. The primary elements include: (1) Interdisciplinary medical and surgical team, (2) Care coordination, (3) Team meeting, and (4) Combined endoscopic procedures. This article will describe the origin and current trends in the multidisciplinary approach to pediatric aerodigestive disorders.

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Advances in the care of critically ill children and neonates have created a growing population of children with complex chronic multi-system diseases. Their care is costly and complex, characterized by multiple procedures, heavy reliance on technology and multi-specialist care, and frequent hospitalizations. Parents and primary care providers experience frustration with lack of coordinated care plans and poor access to information. The imperative to improve the care of at-risk populations within a model that provides consistent, efficacious, cost-effective, outcomes-driven, patient-centered, family-focused care is widely recognized. This goal is exemplified by the triple aim proposed by the Institute for Healthcare Improvement: (1) improving the experience of care, (2) improving the health of populations, and (3) reducing the per capita costs of healthcare. Achieving these aims requires tightly integrated multidisciplinary care teams. Research evaluating the efficacy of this approach in reducing costs and improving outcomes in children has recently emerged. One study of the impact of a comprehensive primary care clinic for children with special healthcare needs demonstrated decreased non-ICU length of stay, but no improvement in cost of care (the cost shifted from inpatient to outpatient). Another study reported a reduction in hospitalization rates and total costs billed to Medicaid for medically complex patients in the year following enrollment compared to the prior year. Others have demonstrated improved parent satisfaction and decreased caregiver strain with this model. The only study available specifically investigating the impact of an interdisciplinary approach to pediatric aerodigestive care estimated a reduction in anesthetic episodes with an estimated reduction in associated cost as well as the parental burden of multiple trips to the medical center.

There is no better example of this need for integrated care than the “aerodigestive” patient. This term has no single accepted definition, but is taken to mean a child with complex congenital or acquired conditions affecting breathing, swallowing, and growth to various degrees. This includes structural or functional airway disease, chronic parenchymal lung disease, lung injury from aspiration or infection, chronic respiratory failure, chest wall disorders, central or obstructive sleep apnea, gastroesophageal reflux, eosinophilic esophagitis, esophageal dysmotility or stricture, swallowing incoordination, oral aversions, and behavioral feeding problems (Table 1). An example of such a child is a 16-month-old former 27-week premature infant with chronic lung disease, moderate tracheobronchomalacia, deep interarytenoid notch, tracheostomy for subglottic stenosis, mild oral aversions who takes some oral feeds and some via gastrostomy, has premature spillage and laryngeal penetration when drinking liquids, a prior fundoplication and small paraesophageal hernia, and develops tachypnea and...
A systematic search of the internet revealed 50 programs in 31 states that advertise or self-identify as "Aerodigestive" programs.
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