



## OPEN ACCESS

## EDITED BY

Bülent Taner Karadağ,  
Marmara University, Türkiye

## REVIEWED BY

Cory E. Cronin,  
Ohio University, United States

## \*CORRESPONDENCE

Farhad Shaker  
✉ farhadshaker780@gmail.com

RECEIVED 11 April 2023

ACCEPTED 15 May 2023

PUBLISHED 30 May 2023

## CITATION

Shaker F (2023) Commentary: Impact of integrated care coordination on pediatric asthma hospital presentations. *Front. Pediatr.* 11:1202602. doi: 10.3389/fped.2023.1202602

## COPYRIGHT

© 2023 Shaker. This is an open-access article distributed under the terms of the [Creative Commons Attribution License \(CC BY\)](#). The use, distribution or reproduction in other forums is permitted, provided the original author(s) and the copyright owner(s) are credited and that the original publication in this journal is cited, in accordance with accepted academic practice. No use, distribution or reproduction is permitted which does not comply with these terms.

# Commentary: Impact of integrated care coordination on pediatric asthma hospital presentations

Farhad Shaker<sup>1,2\*</sup>

<sup>1</sup>School of Medicine, Tehran University of Medical Sciences, Tehran, Iran, <sup>2</sup>School of Public Health, Tehran University of Medical Sciences, Tehran, Iran

## KEYWORDS

socioeconomic, asthma, integrated care, respiratory disease, pediatric

## A Commentary on

### Impact of integrated care coordination on pediatric asthma hospital presentations

By Shaker F. (2023) *Front. Pediatr.* 11:929819. doi: 10.3389/fped.2022.929819

Dear Editor,

With great interest, I have read the article entitled “Impact of integrated care coordination on pediatric asthma hospital presentations” by Homaira et al. (1), which describes a novel integrative model for managing asthma in pediatrics that has improved clinical outcomes in this population. However, there are some concerns about the reliability and feasibility of this model. Here we have discussed potential obstacles to this model being utilized as a population-based system; moreover, some action to be taken as solutions to the mentioned obstacles have been suggested.

According to the prior investigation (2), performing primary care and developing long-term interactive relationships is more challenging in low SE populations; this accentuates the importance of investigating the effect of integrated care in low SE (socioeconomic) populations, including SEIFA (Socio-Economic Indexes for Areas) decile 1–7, which are in the minority in this study sample. Utilizing the four different indexes of SEIFA, including IRSD (The Index of Relative Socio-economic Disadvantage), IRSAD (The Index of Relative Socio-economic Advantage and Disadvantage), IEO (The Index of Education and Occupation), and IER (The Index of Economic Resources) (3), can provide a better comprehension of the main obstacles that lead to lower efficacy of integrated care in this population.

In addition, an efficient collaboration of different care providers depends on the well-established electronic health record system, which is not available in all countries. As Sadoughi et al. illustrated in their study, some crucial asthma-related data elements are unavailable in Iran’s electronic health records, significantly affecting the clinical and management outcomes (4). Concerning this limitation, defining and categorizing an abridged version of essential data that must be available in an information system to perform integrative models can make it more conductible in underdeveloped and developing countries.

Such integrative management should be cost-effective, which is influenced by different factors such as the simplicity of the model, scalability of the target population, and applicability of the model to be implemented as a management program for further indications. Combining currently available integrative models for the different diseases

that are similar based on the human resources involved in their management can reduce the overall cost of educating healthcare providers and decrease total infrastructure development. A primary care integrative service for COPD patients has been developed, showing considerable enhancement in the clinical outcome, while no significant increase in health care cost was observed (5). By merging this program with the asthma-related integrative model, a more feasible model can be obtained due to sharing resources for integrative health record system development and defining a more inclusive target population.

## Author contributions

The author confirms being the sole contributor of this work and has approved it for publication.

## References

1. Homaira N, Dickins E, Hodgson S, Chan M, Wales S, Gray M, et al. Impact of integrated care coordination on pediatric asthma hospital presentations. *Front Pediatr.* (2022) 10:929819. doi: 10.3389/fped.2022.929819
2. Mounier-Jack S, Mayhew SH, Mays N. Integrated care: learning between high-income, and low- and middle-income country health systems. *Health Policy Plan.* (2017) 32(Suppl\_4):iv6–iv12. doi: 10.1093/heapol/czx039
3. Statistics ABO. *Socio-economic indexes for areas (SEIFA)*. Canberra: Australian Bureau of Statistics. (2011).
4. Sadoughi F, Yazdani A, Hamedan F. Provision of the minimum dataset of asthma for electronic health record. *J Family Med Prim Care.* (2018) 7(6):1309–13. doi: 10.4103/jfmpc.jfmpc\_46\_18
5. de Jong C, van Boven JFM, de Boer MR, Kocks JWH, Berger MY, van der Molen T. Improved health status of severe COPD patients after being included in an integrated primary care service: a prospective cohort study. *Eur J Gen Pract.* (2022) 28(1):66–74. doi: 10.1080/13814788.2022.2059070

## Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

## Publisher's note

All claims expressed in this article are solely those of the authors and do not necessarily represent those of their affiliated organizations, or those of the publisher, the editors and the reviewers. Any product that may be evaluated in this article, or claim that may be made by its manufacturer, is not guaranteed or endorsed by the publisher.