



Improving Asthma Care for Children
Controlling Asthma in Rochester, New York


THE
MONROE PLAN
FOR MEDICAL
CARE

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Controlling Asthma in Rochester, New York

Monroe Plan serves over 99,000 lives in 13 counties in upstate New York

- A mix of both rural and urban communities

Monroe Plan began work to refine its' asthma management approach:

- Asthma Incidence in Monroe Plan service area: Total of 5633 children (< 19 with any asthma diagnosis in the last 12 months)
 - This population is mainly low income insured through Medicaid Managed Care or Child Health Plus
- Initial efforts to support this population resulting in successful collaboration with local partners: ViaHealth and the local asthma coalition

Monroe Plan was awarded a grant by the RWJ:

- Program started in Upstate New York (Rochester) in 2001
- Led by Monroe Plan in collaboration with ViaHealth & local coalition

After pilot grant funding, the project was sustained through Monroe Plan

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- **Our goals:**
 - To improve the identification, diagnosis of children with asthma
 - To support patients/family in better managing the disease
 - To coordinate care in primary & specialty care, home and school settings
 - To improve quality of life and functional status
 - To improve collaboration and coordination among providers
 - To increase utilization rates and patterns of effective care
 - To identify system-wide changes that can be sustained
- **Program Components:**
 - Provider education for primary care providers regarding NHLBI-based Community Practice Guidelines
 - Diversion of moderate to severe patients to specialty care
 - Outreach & Case Management
 - Bilingual and Culturally Appropriate Services
 - Transportation and support to ensure patient attended appointments
 - Home-based support and education
 - Integrating disease, treatment, care, and benefit information
 - Home assessment & education/intervention to mitigate triggers
 - Community partnership

***Improving Asthma Care for Children* - The Key Drivers in Action**

✓ **Effective Leaders & Champions**

- Joe Stankaitis, CMO; Bob Thompson, CEO; Monroe Plan Board of Directors

✓ **Strong Community Ties**

- Hired & trained local people to meet patient needs, promoted program through Health Fairs & community events & Partnerships with providers & Rochester Outreach Workers Association, provided culturally competent education

✓ **High-Performing Collaborations**

- ViaHealth System, NYS DOH, Preferred Care (Competitor), Regional Community Asthma Network of the Finger Lakes, School Nurses

✓ **Integrated Health Care Services**

- Monthly meetings, data sharing enabled coordination of care delivery and communication across all partners
- Model for Improvement: PDSA Cycles facilitated learning and sharing

✓ **Tailored Environmental Interventions**

- Home assessment, trigger identification & mitigation: supplies and education

Building the System

- **Step 1** – Identifying Leaders
- **Step 2** – Recruiting Partners – passion!
- **Step 3** – Apply CHCS BCAP Typology to plan interventions
- **Step 4** – Use the Improvement Model to learn and stay flexible
- **Step 5** – Measure results, stay focused on aim and modify approach

Getting Results – Evaluating the System

- **Identifying Goals - Process & Health Outcomes:**
 - Improve quality of life and decrease cost of care
- **Where You Started – Show Baseline**
- **Defining the Measures and Methods**
 - The Improvement Model & PDSA Cycles
- **The Results You Can Demonstrate**
 - Regularly review performance
- **Using the Data**
 - Frequent meetings with all involved to share performance & focus on learnings to modify moving forward

Monroe Plan: Improving Asthma Care for Children

Key Process and Health Outcome Goals

Process Outcome Goals

- Appropriate Use of Asthma Medications
- Primary and Specialty Care Visit Rates

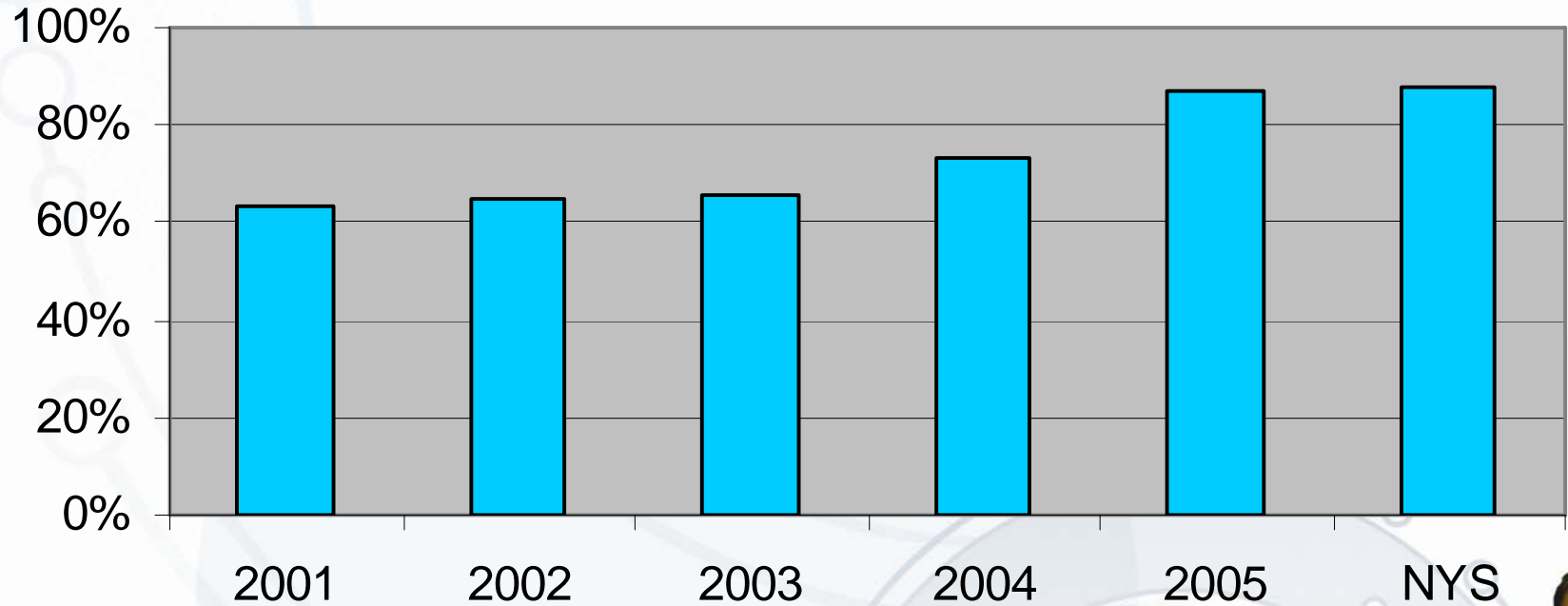
Health Outcome Goals

- Decreased Disease Burden
- Improved Quality of Life
- Enhanced Health Status
- Reduced Inpatient and ED visits
- Positive Return on Investment



Evidence of Success: **Key Process Outcomes**

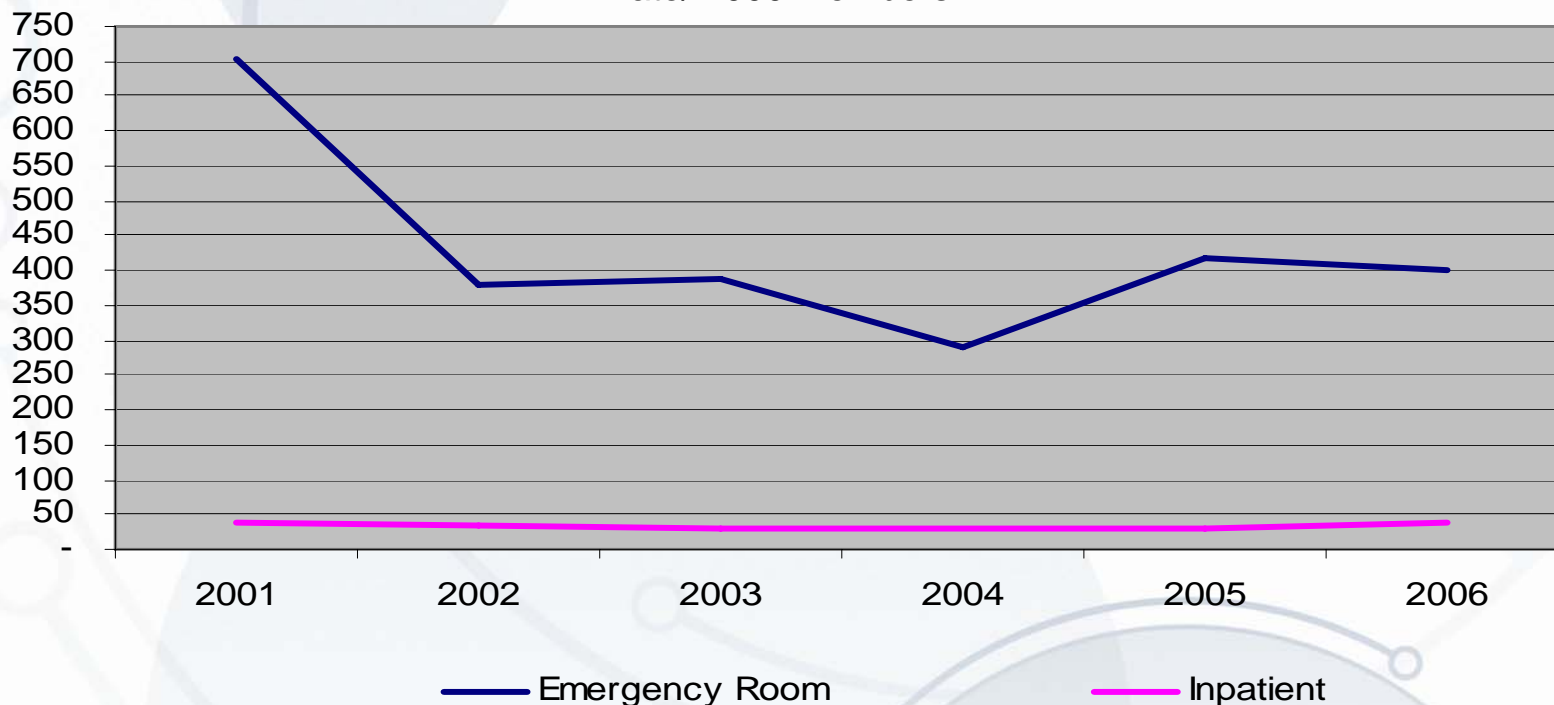
Use of Appropriate Asthma Medications



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Key Health Outcomes

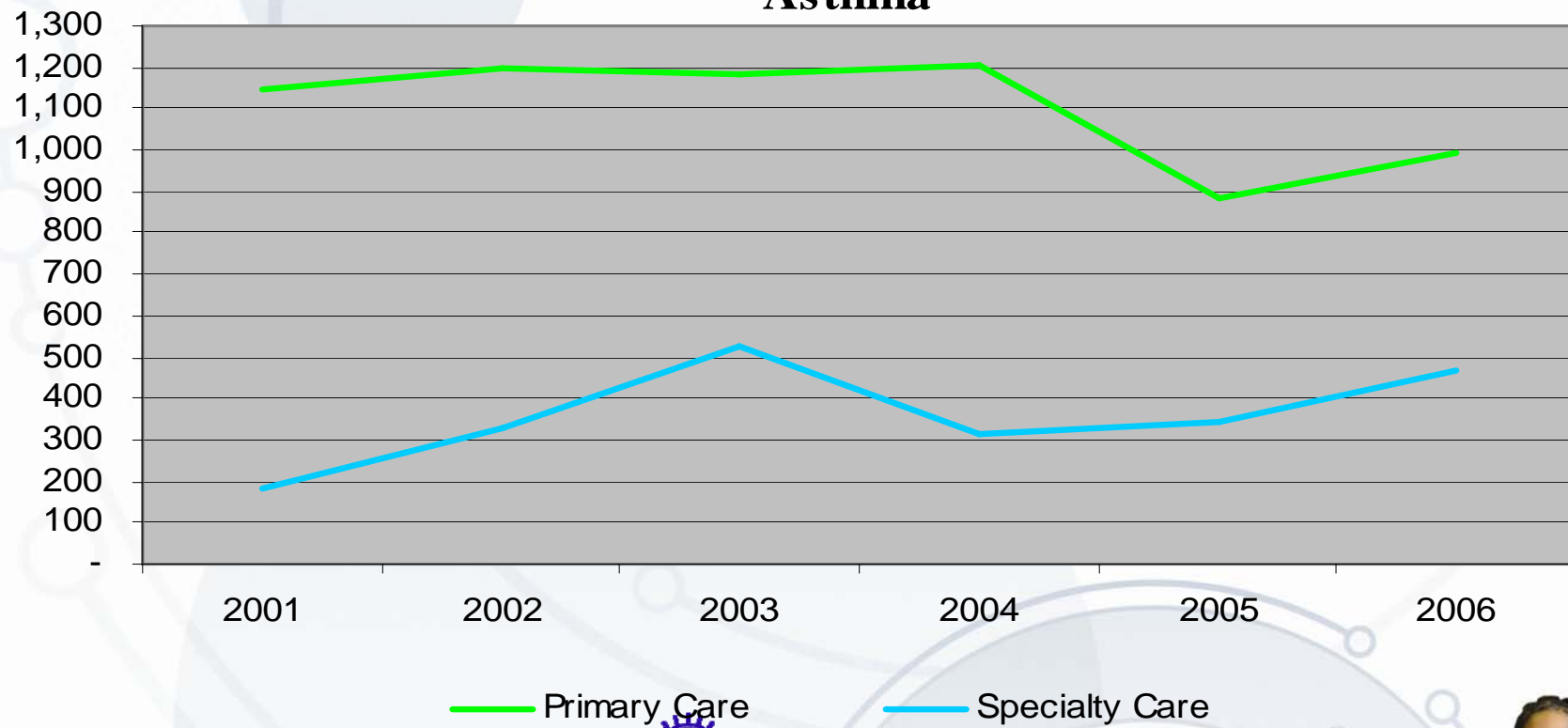
ED & Inpatient Utilization for Patients with Asthma
Rate/ 1000 members



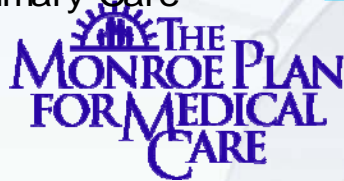
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Key Health Outcomes

Primary & Specialty Care Utilization for Patients with Asthma

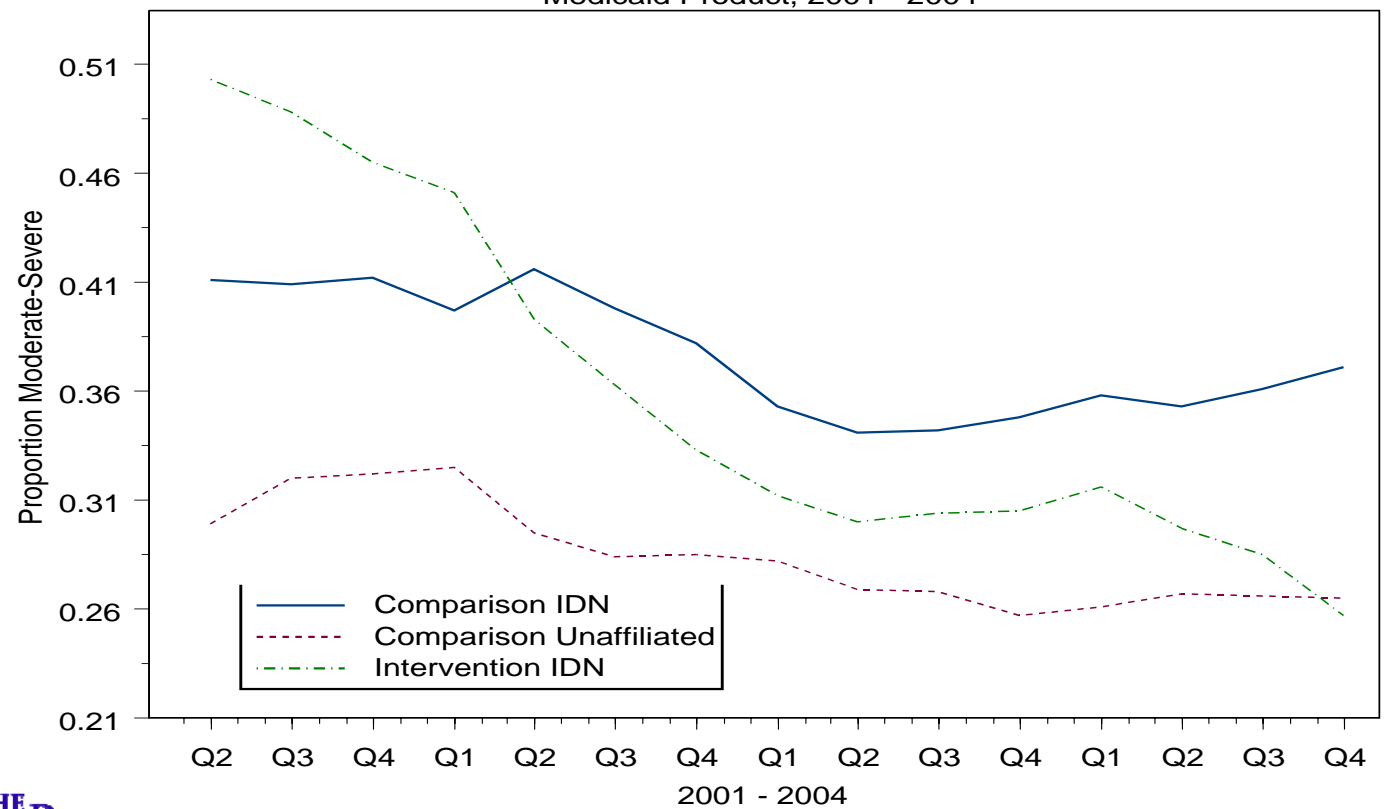


Rate/ 1000 members



Evidence of Success: Key Health Outcomes

Proportion of Moderate-Severe Patients Across Comparison Groups
Medicaid Product, 2001 - 2004



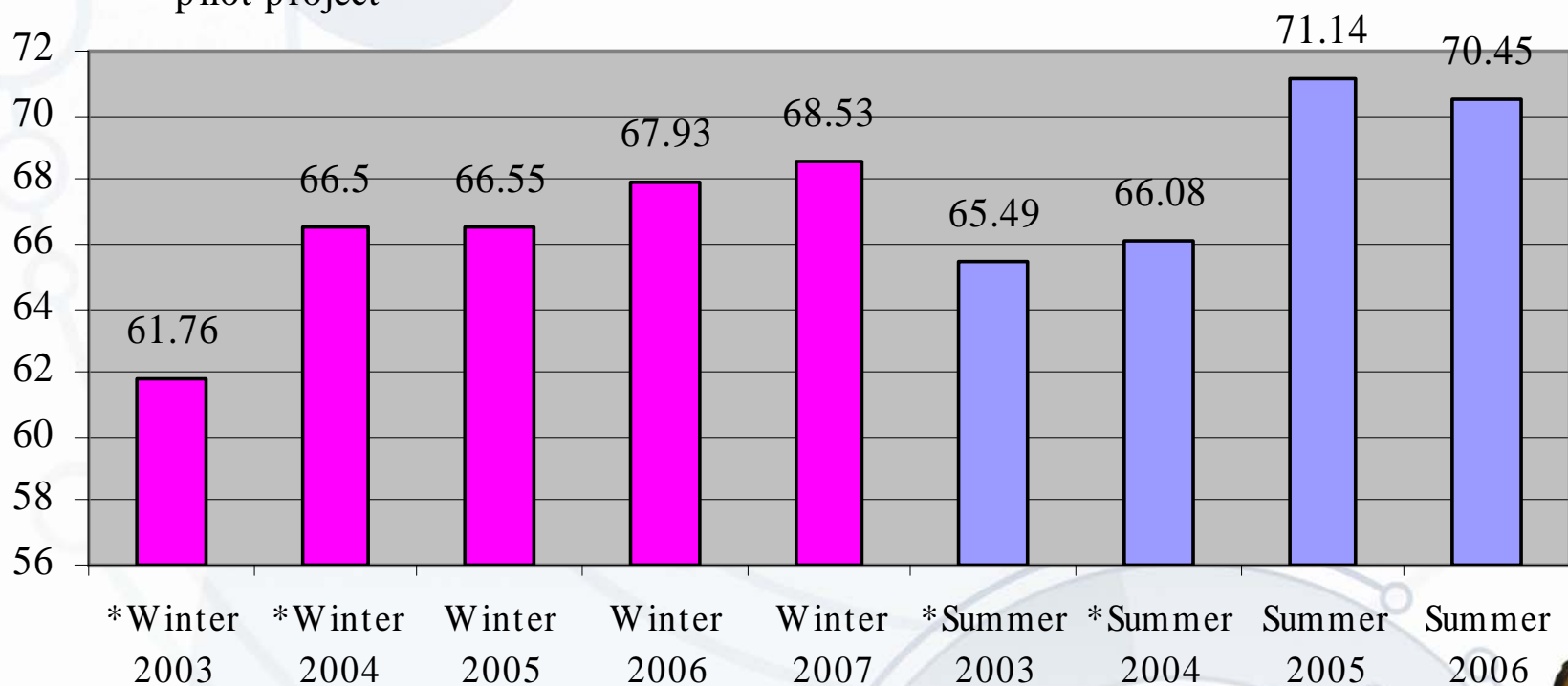
* Intervention IDN = ViaHealth Patients



Evidence of Success: Key Health Outcomes

ITG Survey Scale: Control of Daytime Symptoms

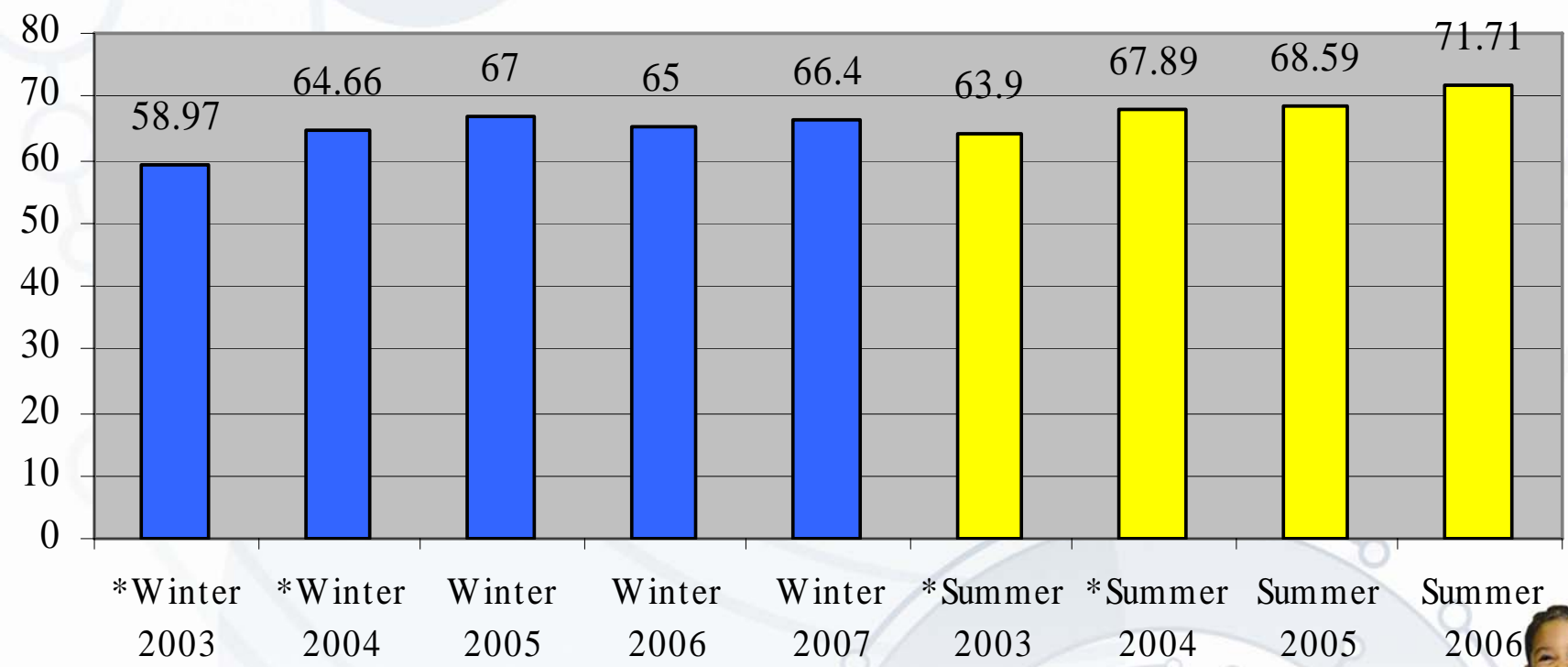
* = pilot project



Evidence of Success: Key Health Outcomes

ITG Survey Scale: Control of Nighttime Symptoms

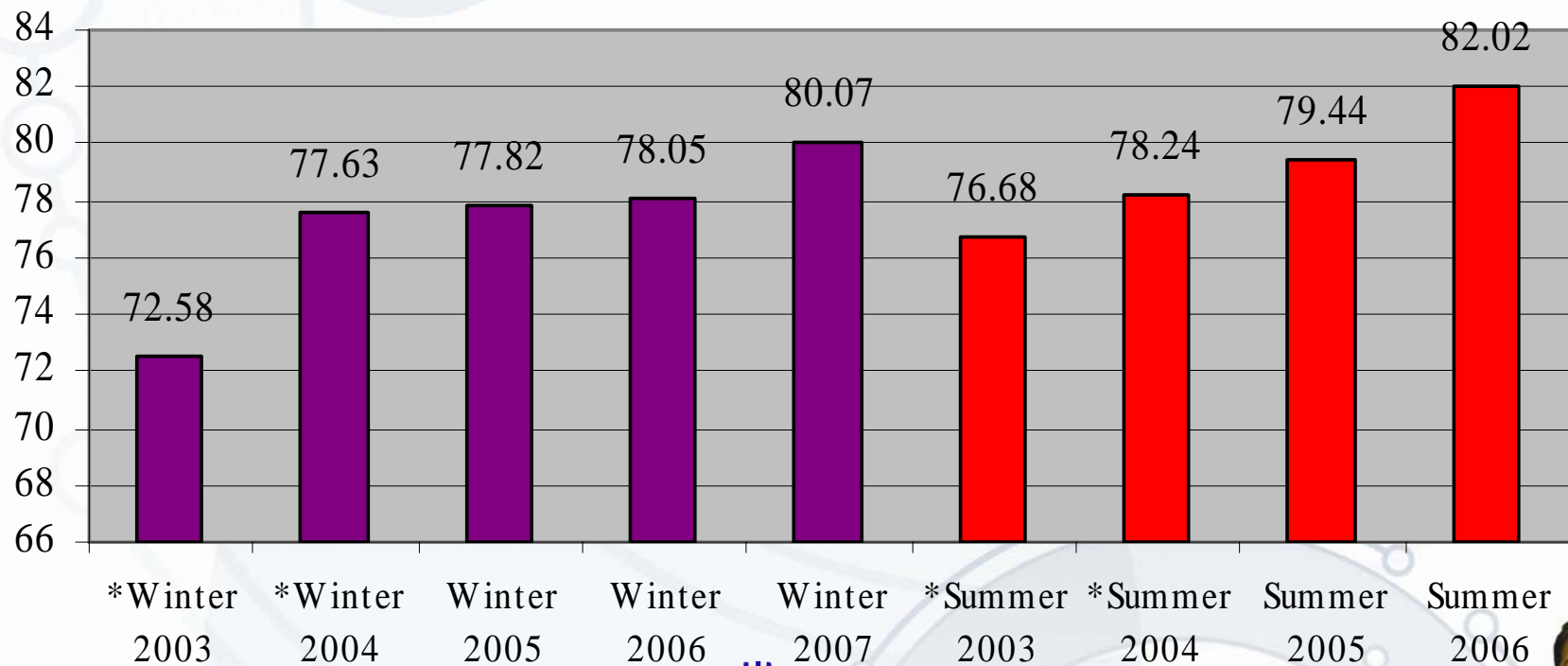
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Evidence of Success: Key Health Outcomes

ITG Survey Scale: Decreased Functional Limitations

* = pilot project

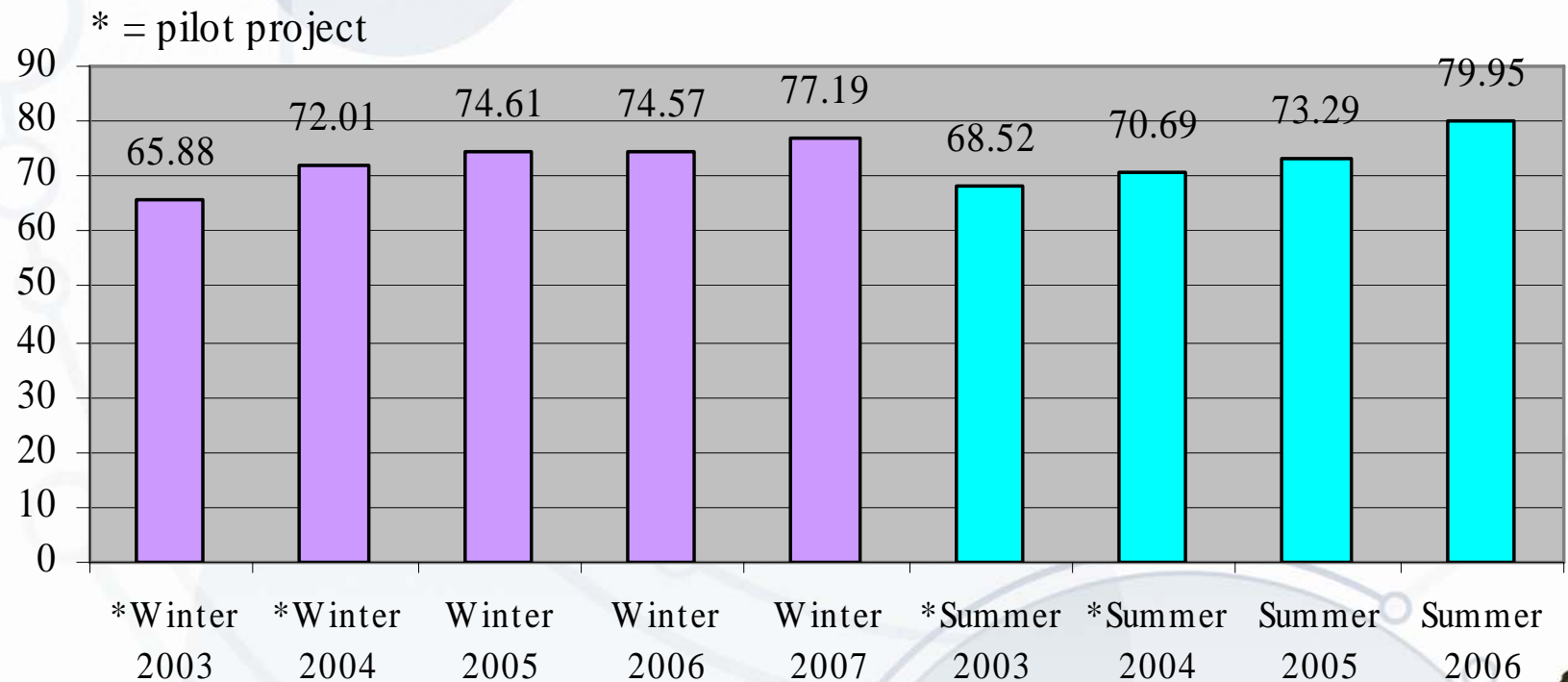


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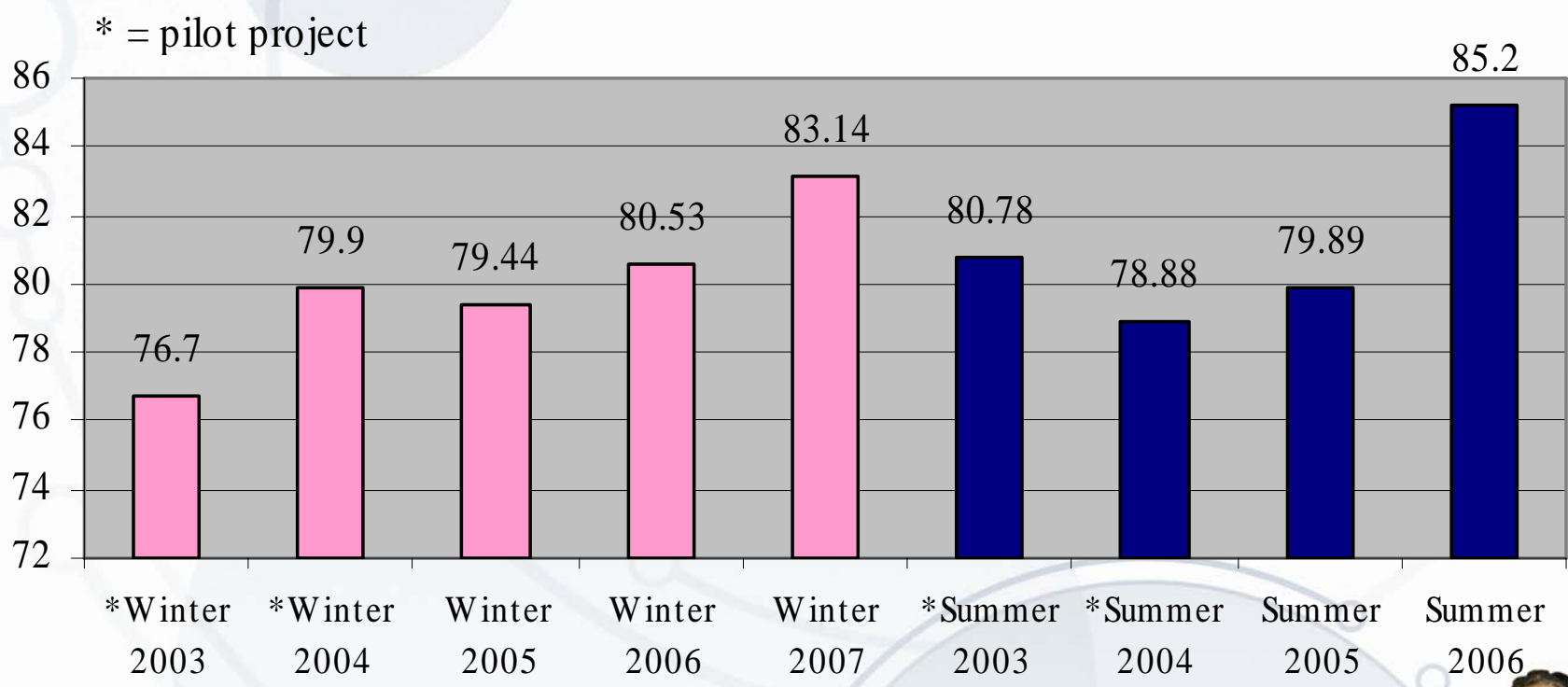
Evidence of Success: Key Health Outcomes

ITG Survey Scale: Optimal Family Life



Evidence of Success: Key Health Outcomes

ITG Survey Scale: Decreased Inhaler Interference



Resourcing the System

- **Major costs are...**

- PMPM Cost Trend 1.1% for children with asthma
- PMPM Cost Trend of 6.4% for Overall MMC/SCHIP Populations
- Reduced Trend = \$ 402,000 Savings Off of Trend
- Program Cost (Development and Operations) = \$ 272,000

- **Ratio**

$$\frac{(\text{Pre-Program Medical Costs}) - (\text{Post-Program Medical Costs})}{\text{Program Costs}}$$

$$\frac{\$ 402,000}{\$ 272,000} = 1.48$$

- **Resource plan**

- Secured new dollars through RWJ Grant
- Demonstrated 1.48 ROI
- Continued program through dedication of Quality Incentive funds received from NYSDOH and allocated by Board of Directors

Epiphanies – Making it Last

Building the System

- Single most important lesson about building a sustainable program – Committed leadership with sustained focus on quality improvement

Elements of the System - Key Drivers in Action

- Single most important lesson about the connection between the key drivers and sustainability – Connection to partners & community enabled program development to meet real needs and decrease barriers to good care

Getting Results - Evaluating the System

- Single most important lesson about the connection between evaluation and sustainability – Stay focused on performance to enable program modification

Financing the System

- Single most important lesson about the connection between financing and sustainability - capture pilot data and build business case to support sustaining and expanding the program

Improving Asthma Care for Children

Summary

- Start small and build off of pilots.
- Rome wasn't built in a day.
- Borrow liberally and steal shamelessly.
- Build a business case for sustainability.
- Never stop trying to improve.
- Use Center for Health Care Strategies as a Resource (www.chcs.org).



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