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

• **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
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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Improving Asthma Care for Children

Key Health Outcomes

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

Emergency Room
Inpatient
Evidence of Success:
Key Health Outcomes

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

- Comparison IDN
- Comparison Unaffiliated
- Intervention IDN

* Intervention IDN = ViaHealth Patients
Evidence of Success:
Key Health Outcomes

ITG Survey Scale: Control of Daytime Symptoms

* = pilot project

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Evidence of Success:
Key Health Outcomes

ITG Survey Scale: Control of Nighttime Symptoms

* = pilot project

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* = pilot project
Evidence of Success:
Key Health Outcomes

ITG Survey Scale: Decreased Functional Limitations

* = pilot project
Evidence of Success:
Key Health Outcomes

ITG Survey Scale: Optimal Family Life

* = pilot project

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NATIONAL ASTHMA FORUM
Communities in Action for Asthma-Friendly Environments
Evidence of Success:
Key Health Outcomes

ITG Survey Scale: Decreased Inhaler Interference

* = pilot project


76.7  79.9  79.44  80.53  83.14  80.78  78.88  79.89  85.2
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
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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