Using Data to Engage Partners and Focus Interventions:
Lessons from New Mexico

A Presentation for the National Asthma Forum
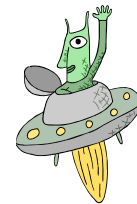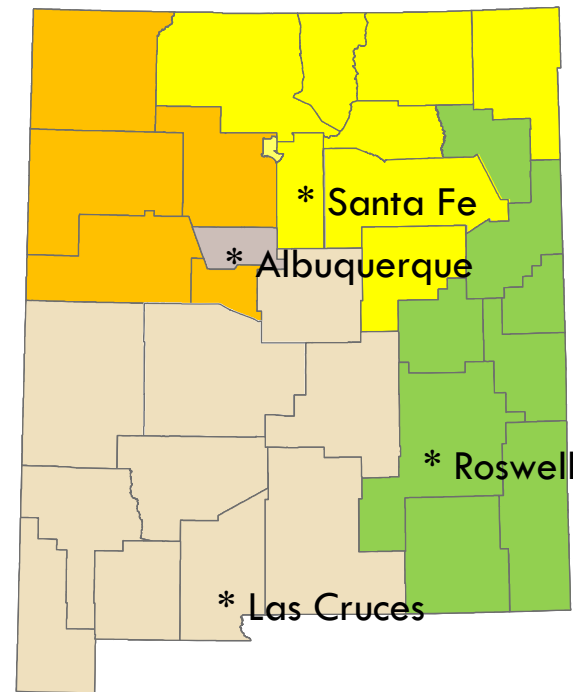Washington, DC
June 10, 2011

Session Title: "Mapping Your Program – Measuring Your Impact and Connecting to Broader Community Goals"

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New Mexico Background Facts

- State population: 2.1 million
- 5th largest state in size
- Low density
- Minority majority state
- Poor

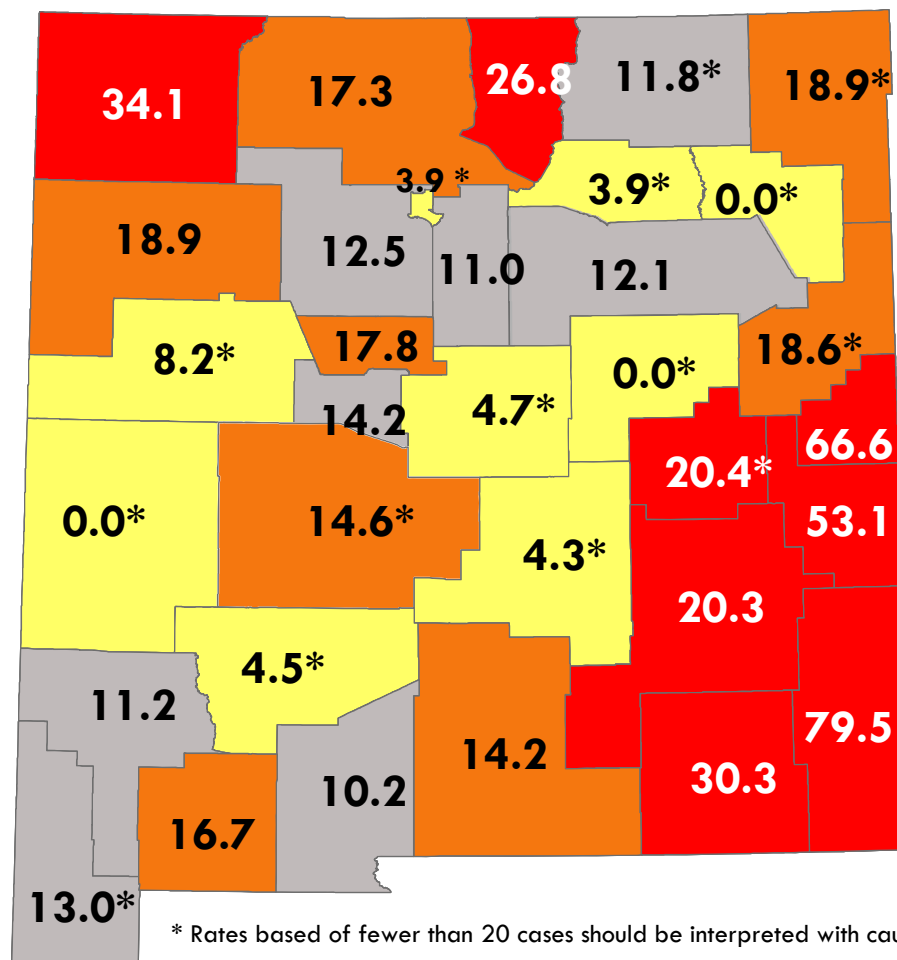- Huge regional disparity in southeastern NM

Quantitative Measures of Disparity

- BRFSS – no significant difference in youth Asthma prevalence by region.

- MEDICAID—significant difference in Medicaid prevalence (NM: 16.9%/SE NM 22.0%)

- HID (Hospital Inpatient Discharge data), ED (Emergency Department data), VR Death data)—significant difference
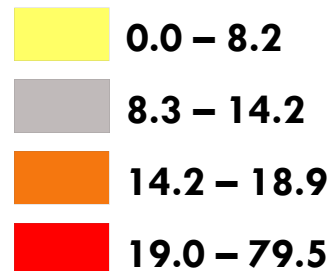
Quantitative Measures of Disparity

Combined Hospital Inpatient Discharge (Non-federal) and Navajo Area Indian Health Service Hospital Discharge Rates for Asthma (Ages<15), 2007-2009 Average

Rates are per 10,000 population.

STATE RATE: 20.1

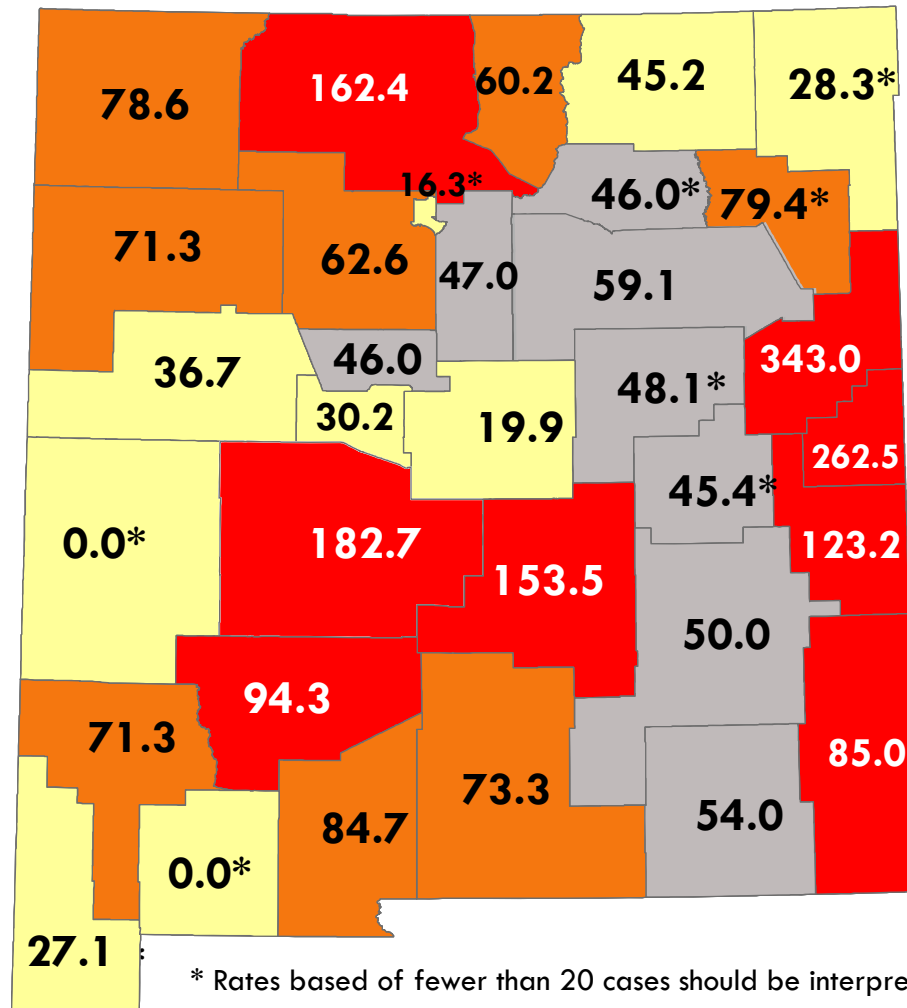|	
🟨	0.0 – 8.2
⬜	8.3 – 14.2
🟧	14.2 – 18.9
🟥	19.0 – 79.5

These data include hospitalizations to in-state residents in which the first-listed diagnosis was asthma (ICD-9: 493-493.92). These rates were produced from a combined dataset that include both non-federal hospitals in New Mexico and federal Indian Health Service hospitals within the Navajo Area jurisdiction. These two data sources are estimated to represent 98% of all hospitalizations to New Mexico residents.

* Rates based of fewer than 20 cases should be interpreted with caution.

SOURCES: New Mexico Health Policy Commission and the Navajo Area Indian Health Service.
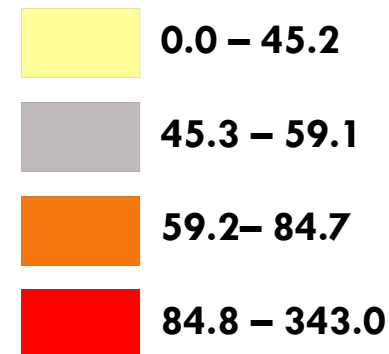
Quantitative Measures of Disparity

Asthma Emergency Department Rates (Ages<15), 2008-2009 Average

Rates are for asthma as a first-listed diagnosis and are per 10,000 population.

STATE RATE: 67.9

(yellow)	0.0 – 45.2
(grey)	45.3 – 59.1
(orange)	59.2 – 84.7
(red)	84.8 – 343.0

ED rates include those asthma patients that were treated in the emergency room and discharged. They do not include those patients that were subsequently admitted as inpatients.

* Rates based of fewer than 20 cases should be interpreted with caution.

SOURCE: NM Non-federal Emergency Departments.

Quantitative Measures of Disparity

- Low ICS (Inhaled Corticosteroid) use rate
  - Medicaid—All regions less than 55% for those with persistent asthma
  - BRFSS Child Call-back Survey (CCBS)—34.8% statewide
- Low use of Asthma Action Plans
  - BRFSS Child Call-back Survey—45.0%
- Low level of Asthma Control (CCBS)
  - Missed school in past year: 55.6%
  - Had attack in past year: 59.1%
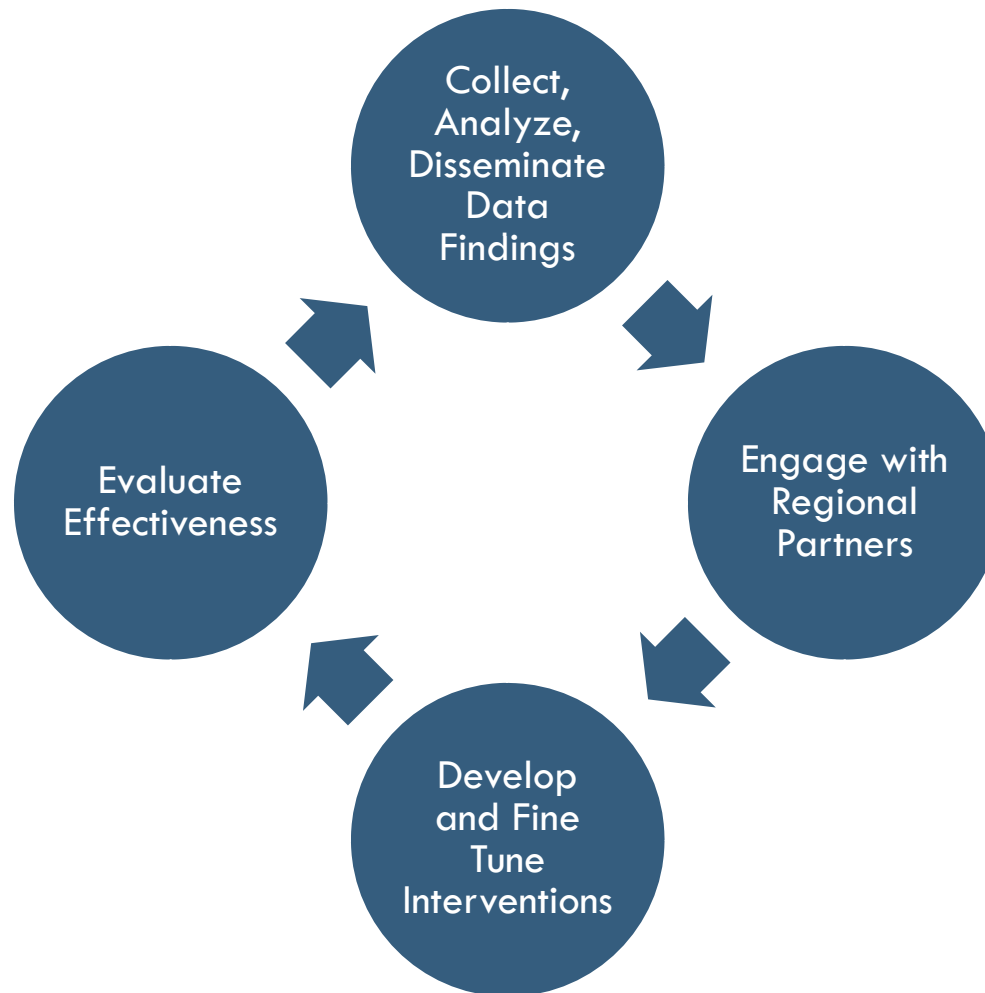
Qualitative Measures of Disparity

- Interviews with Regional Pediatricians
  - Docs said most patients did not understand their asthma
  - Docs said they did not have time to educate them
  - Some docs did not think Medicaid paid for ICS
  - Most did not give their patients Asthma Action Plans
  - Would welcome training on the NAEPP Asthma Guidelines

CONCLUSION

- Need more Asthma Education
- Need Provider Training

NM Asthma Program Process

Engage Partners Individually & Collectively

- Held Regional Asthma Summits (Inform community, provide qualitative data to AP)
- Nor-Lea Medical Group (Hosting CA-E)
- New Mexico Pediatric Council (Input on Doc survey)
- UNM's Project ECHO (Offers CA-E exam prep, PACE training)
- Presbyterian Medical Services (increased number of asthma clinics in region, will reimburse CA-E)
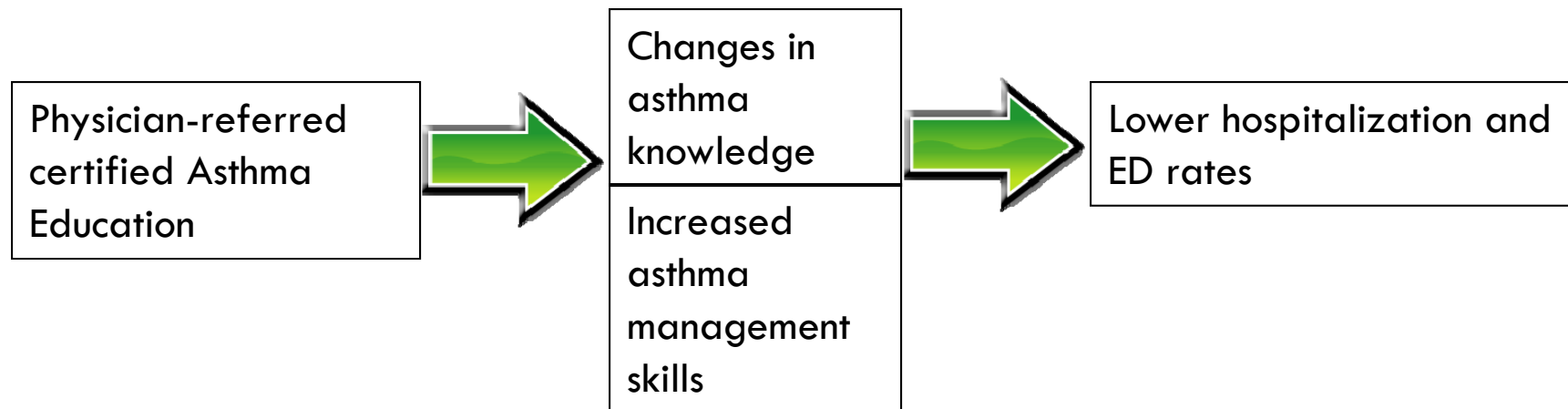
Develop Interventions with Partners

- Lovington Asthma Education Initiative
  - Provided bilingual certified asthma education in the county with the highest rates
  - Mentor local bilingual AC-E candidates
  - Work with health plans to reimburse
- Indoor Air Quality Tools for Schools
  - Focusing efforts in SE NM
- PACE (Physician Asthma Care Education) training
  - To improve medical practice in southeastern NM
- American Lung Association Open Airways (OA) training

Evaluate Effectiveness

☐ Interventions developed with Evaluation in mind

☐ Example: Lovington Asthma Education Initiative

Physician-referred certified Asthma Education	→	Changes in asthma knowledge	→	Lower hospitalization and ED rates
		Increased asthma management skills		

• Pre- and post-tests for patients

Thank You

I'd like to thank the rest of the New Mexico Asthma Program Staff for their contributions:

Shelly Moeller, Evaluator

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Martina Garcia, Clerk

Jan Frustaglia, Health Educator

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