



**Children's Mercy Hospitals & Clinics and  
Children's Mercy Family Health Partners**  
**Kansas City Children's Asthma Management Program**  
 Reduce asthma-related ER and hospital visits,  
 provide asthma case management, increase  
 Medicaid patients' quality of life

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### Scope of Program

- **Population Served:**
  - Asthma affects approximately 80,000 people in Kansas City area including 23,500 children
  - Approximately 45,000 members in Children's Mercy Family Health Partners (CMFHP); 16.8% are children with asthma diagnosis (65% of members in asthma program are African-American; 27% Caucasian; 4.7% Hispanic)
- **Type of Organization: Health Provider-Plan Collaboration**
  - CMFHP serves Medicaid & SCHIP members in eastern two-thirds of Kansas
- **Year First Established: 2001**

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#### Program at a Glance –Key Drivers of Program Effectiveness

- ✓ **Effective Leaders & Champions**
  - Decision-makers within CMFHP led program development and supported its growth; asthma educators trained PCPs and staff to provide improved care
- ✓ **Strong Community Ties**
  - CMFHP partners with KC schools to deliver asthma care and promotes close ties between PCPs and patients by improving PCP's asthma care delivery
- ✓ **High-Performing Collaborations**
  - Partners include FHP (activated CPT codes to support program); CMH (staffing); Robert Wood Johnson Foundation (start-up funding); Allergy/Asthma/Immunology Dep't (leadership and resources)
- ✓ **Integrated Health Care Services**
  - Central asthma registry allows for asthma patient segmentation for severity and interventions and outcomes tracking
  - Educators visit PCPs up to 8 times over 3 years to provide education; PCPs are eligible for reimbursement after training
- ✓ **Tailored Environmental Interventions**
  - Frequent flyers receive case management incl. env. interventions if necessary

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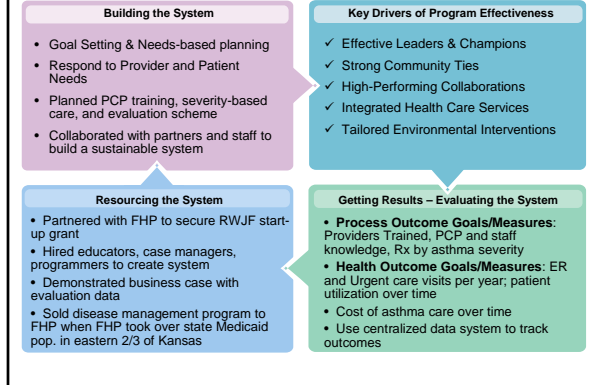
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## A Systems-Based Approach for Creating & Sustaining Effective Asthma Programs




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### Building the System

- State Medicaid MCO found care deficient in 1996
- Needs-based planning:** Patient and provider focus groups to hear about asthma care needs
- Respond to needs:** Partnered with FHP to secure RWJF grant to support case managers, educators, programmers, and env. specialist
- Planned Interventions:** Training and incentives for provider behavior change; case management, social and env. interventions for frequent flyers
- Build a Sustainable System:** Stratify members' asthma and develop database to track education, action plans, controller meds, case mgmt, and env. interventions

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### Getting Results – Evaluating the System

- Set Goals to reach providers and asthma patients (measure % of patients with asthma diagnosis and providers trained vs. total # of providers)
- Process Measures:** Track PCP and staff knowledge and satisfaction pre and post-training
- Process Measures:** Track Prescriptions by severity
- Health Outcome Measures:** Track ER and urgent care visits per year (% and no.)
- Health Outcome Measures:** Track Patient utilization (by place of service) over time (% and no.)
- Business Case :** Track Total costs PMPM by place of service; Total asthma costs PAMP; Quality of Life

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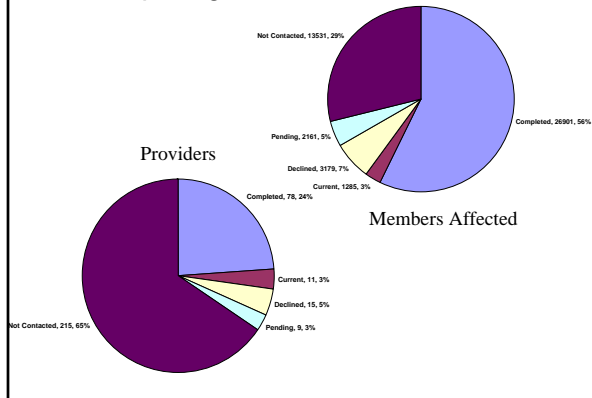
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### Participating Providers and Members




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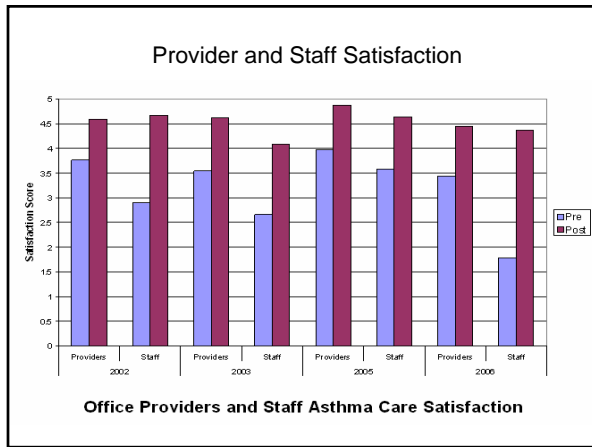
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### Provider and Staff Satisfaction




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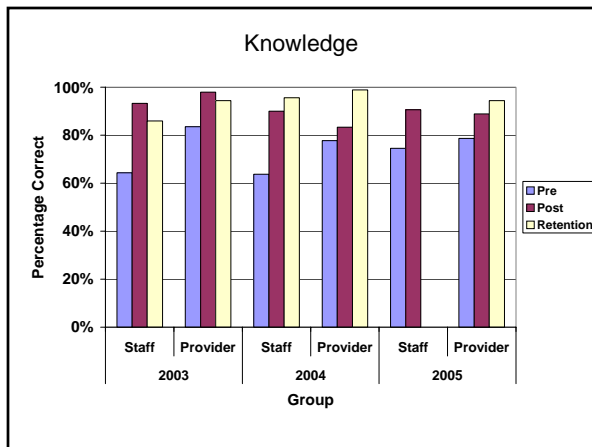
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### Knowledge




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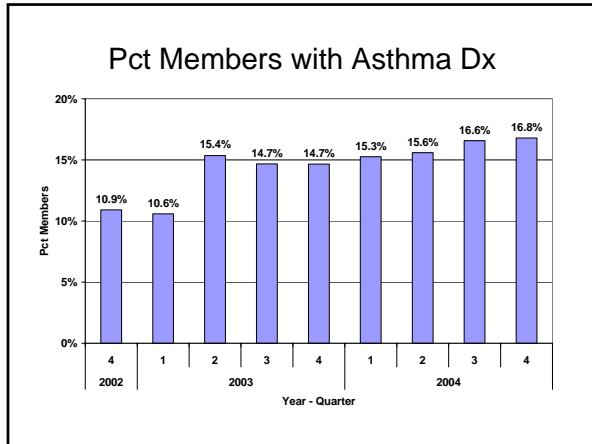
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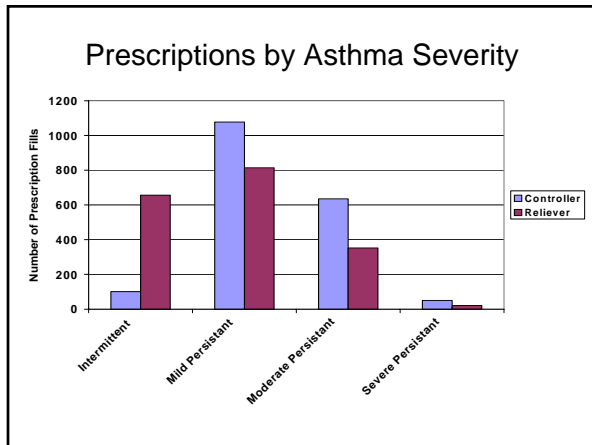
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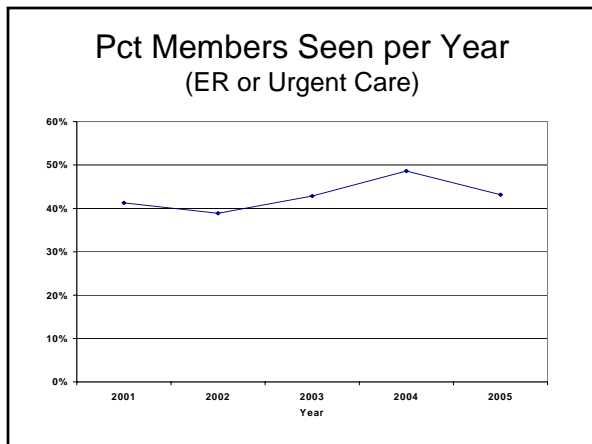
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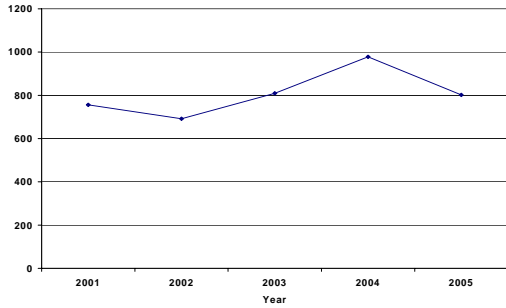
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### Total ER and Urgent Care Visits (per 1000 members)




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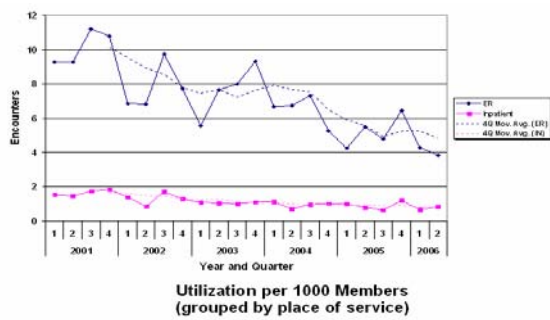
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### Asthma Utilization per 1000 Members (by place of service)




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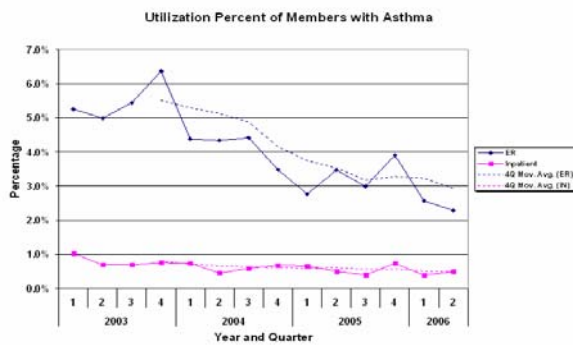
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### Percent Asthma Utilization (by place of service)




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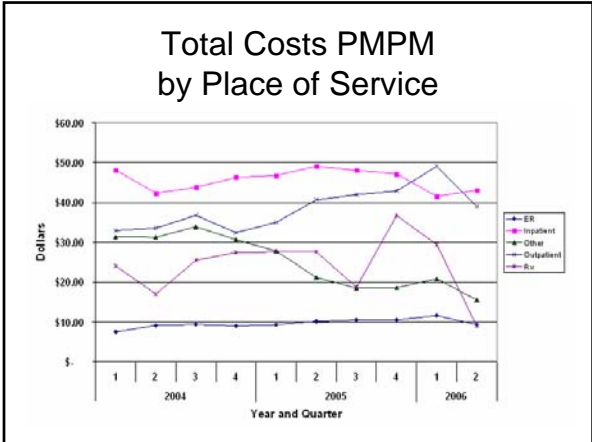
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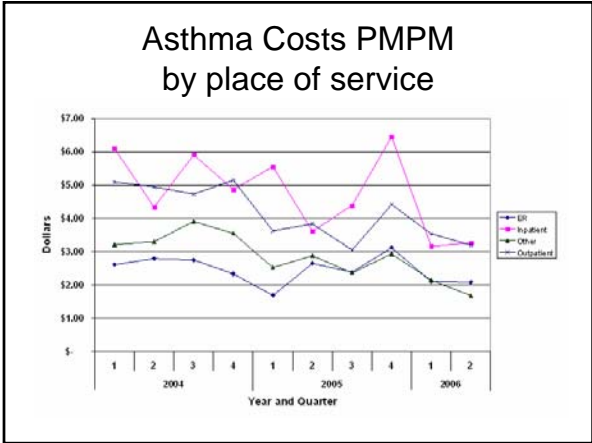
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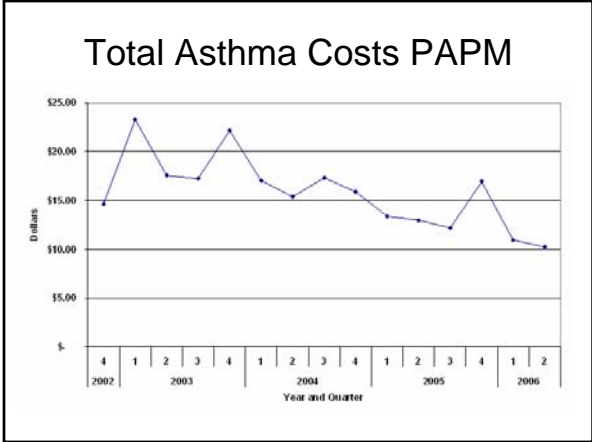
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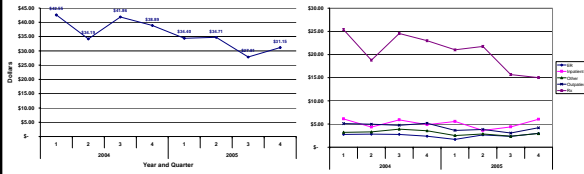
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## Costs PAPM




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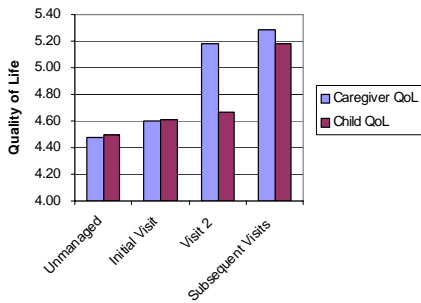
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## Quality of Life for Different Visits



Miller, et al. Current Allergy and Asthma Reports. 2003; 3(6), 491-500.

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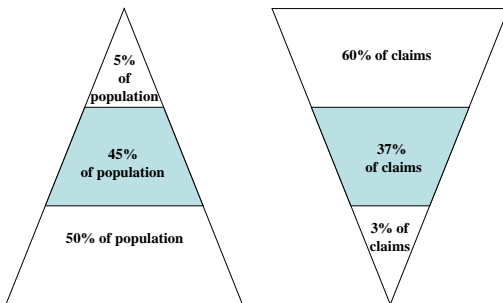
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## Utilization by Pct Population




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## Resourcing the System

- Major program costs are staffing, IT management
- Secured start-up funds from RWJF by demonstrating the need in our region and the provider-focused education plan we had for addressing it
- Demonstrated value of program through evaluation that showed health improvements, reduced utilization, and, over time, reduced health care costs
- In 2006, FHP received contract for Kansas Healthwave (adds 110,000 new members)
- In 2007, program is institutionalized as a department within CMFHP

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## Awards



EPA National Environmental Leadership Award



Allergy and Asthma Network Mothers of Asthmatics: Making a Difference Award

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## Epiphanies – Making it Last

### Building the System

Conduct Needs-Based Planning: "Don't assume you know what patients and providers need. Ask them and respond to what they request"

### Key Drivers of Program Effectiveness

Integrated Health Care Services: Aligned goals for provider behavior change with incentives (CPT codes); helped providers improve the quality of asthma care and, ultimately, led to improved results for patients

### Getting Results - Evaluating the System

"Measuring outcomes is extremely important—it's the key to expansion. ROI can be tough to measure, we focus on things we can directly affect, like patient and provider education, prescription usage and ER visits."

### Resourcing the System

Used grant money to build a system that could last without further funding. Began the grant with the understanding that we would not go back for a second one but would instead build a sustainable program from the start.

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