Using Data to Improve Asthma Control: Asthma Quality Measures

Center for Medicaid and CHIP Services (CMCS)
Improving Asthma Control Learning Collaborative: Webinar #2

November 21, 2019

Deirdra Stockmann, Center for Medicaid and CHIP Services (CMCS)
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Housekeeping Instructions
Webinar Logistics

- Mute phone, unless speaking
- Q&A
- Chat

Chat

Q&A

Enter chat message here

Select a panelist in the Ask menu first and then type your question here. There’s a 255-character limit.
Welcome and introductions
Use of data in asthma control quality improvement initiatives
State panel discussion
Q&A
Objectives

- Support state Medicaid agencies’ efforts to reduce the impact of asthma among Medicaid and CHIP beneficiaries
- Expand state Medicaid agencies’ knowledge of evidence-based asthma interventions
- Discuss the importance of using data-driven approaches to focus asthma improvement efforts
- Learn from states’ experiences implementing asthma interventions
Using Data to Improve Asthma Control: Asthma Quality Measures

Natasha Reese-McLaughlin, MPP
Health Researcher
Mathematica
Poll Question #1

Which type of organization do you represent?

a) Medicaid agency
b) Department of public health
c) Other state or local agency
d) Health plan
e) Health care provider
f) Community asthma program
g) Other
Poll Question #2

How do you currently use data in your asthma program? Select all that apply.

a) Use data to target high-risk individuals or identify areas of need
b) Use data to monitor health outcomes
c) Use data to assess return on investment (ROI)
d) Collect data but do not use data to track results
e) Other
Use of Data in Quality Improvement

• Quality improvement (QI) is initiated and sustained with data and effective quality measures.

• Analysis of data can answer key questions, such as:
  – How are we performing on asthma care?
  – What should the goal and aim of the QI initiative be?
  – Which factors or populations should we focus on to drive improvement?
  – Is the QI initiative being implemented as intended?
  – How successful was the QI initiative?
Use of Data During QI Lifecycle

**Plan**
- Use data to identify the problem and population to target QI efforts
- Develop aim statement based on an asthma measure

**Do**
- Monitor output measures to ensure proper implementation of initiative
- Use data to measure small tests of change

**Act**
- Analyze findings and implement effective activities
- Identify additional data to collect during next round

**Study**
- Use data to evaluate longer term outcomes of initiative
- Measure progress on the original aim statement

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Medicaid/CHIP Health Care Quality Improvement
Considerations for Selecting Asthma Measures

- **Dimensions of asthma measures**
  - **Stratification**: Ex: By age, race/ethnicity, region, etc.
  - **Asthma measure types**: Ex: Quality measures, utilization, cost measures, prevalence, patient self-care/experience
  - **Level of measurement**: Ex: State level, plan level, provider level, beneficiary level
  - **Source**: Ex: Administrative data, surveillance data, medical records, health surveys
  - **Accessibility**: Ex: Availability, data sharing, data quality
  - **Frequency**: Ex: Annual, monthly
State Panel Discussion
Introductions

**California**

Ashley Kissinger  
Program Manager  
CA Department of Public Health

**New York**

Ryan Ashe  
Director of Value Based Payment & Healthcare Innovation  
NYS Department of Health

Stephanie Mack  
Population Health Data Manager  
NYS Department of Health

**Rhode Island**

Dr. Jerry Fingerut  
Associate Medical Director  
RI Executive Office of Health & Human Services

Julian Rodríguez-Drix  
Asthma Control Program Manager  
RI Department of Health

**Utah**

Holly Uphold  
Epidemiologist  
UT Department of Health
What asthma measures are you using to drive and demonstrate improvement?

- Ashley Kissinger
  California DPH
- Ryan Ashe & Stephanie Mack
  New York DOH
- Dr. Jerry Fingerut & Julian Rodríguez-Drix
  Rhode Island EOHHS & DOH
- Holly Uphold
  Utah DPH
Question #2

What were some challenges your program faced with obtaining and using asthma data for quality improvement?

How did you overcome these challenges?

Ryan Ashe & Stephanie Mack
New York DOH

Ashley Kissinger
California DPH

Dr. Jerry Fingerut & Julian Rodríguez-Drix
Rhode Island EOHHS & DOH
Question #3

What tips can you share for identifying, selecting, and using asthma measures?

Holly Uphold
Utah DPH

Dr. Jerry Fingerut & Julian Rodríguez-Drix
Rhode Island EOHHS & DOH

Ryan Ashe & Stephanie Mack
New York DOH

Ashley Kissinger
California DPH
How do you stratify the data in order to target interventions, address disparities, or monitor impact?

Ashley Kissinger
California DPH

Holly Uphold
Utah DPH
If you used benchmarks, how did you choose them?

If your asthma program has a performance target, how did you set that target?

Ryan Ashe & Stephanie Mack
New York DOH
Q&A

• To submit a written comment, click on the “Q&A” pod and submit your question in the text box provided. Please select All Panelists in the “Ask:” field when submitting your question or comment.

  Please note, your comments can only be seen by our presentation team and are not viewable by other attendees.
Wrap Up
Asthma Quality Measures Resources

• **CMS Core Set of Children and Adult Health Care Quality Measures:**
  – Each year CMCS publishes sets of core measures assessing the quality of care and health outcomes for adults participating in Medicaid and children enrolled in Medicaid and CHIP. The Core Sets include several measures related to asthma care (AMR-CH/AD, PQI05-AD, PQI 15-AD).

• **HCUPnet:** [http://hcupnet.ahrq.gov/](http://hcupnet.ahrq.gov/)
  – This website allows users to select national or state-level statistics, based on conditions and procedures. Users can compare types of patients and hospitals. Statistics are based on data received from statewide hospital discharge data programs.

• **MEPSnet:** [http://www.meps.ahrq.gov/mepsweb/data_stats/meps_query.jsp](http://www.meps.ahrq.gov/mepsweb/data_stats/meps_query.jsp)
  – This website offers statistics and trends about health care expenditures, utilization of health services, and health insurance coverage, including national and regional health insurance estimates.

• **Medicaid Claims, Uses for Asthma Surveillance:**
  [https://www.cdc.gov/asthma/data-analysis-guidance/medicaid-claims-data.htm](https://www.cdc.gov/asthma/data-analysis-guidance/medicaid-claims-data.htm)
  – This website provides guidance on how Medicaid claims can be used for asthma surveillance.

• **CDC Fastats:** [http://www.cdc.gov/nchs/fastats/asthma.htm](http://www.cdc.gov/nchs/fastats/asthma.htm)
  – This website provides easy access to asthma statistics and links to specific data sources for more information on national asthma data.
Upcoming Learning Collaborative Events

- Webinar #3: Models of Asthma Care: Successful State Case Studies – December 19, 2019
- Webinar #4: Improving Asthma Control Affinity Group Q&A – January 2020
- Affinity Group Expression of Interest Form posted – January 2020

To listen to the recording or view the slides from the introductory asthma control webinar (Webinar #1), please visit: https://www.medicaid.gov/medicaid/quality-of-care/improvement-initiatives/asthma/index.html
For questions related to the Improving Asthma Control Learning Collaborative, please submit your questions to the TA mailbox at:

MACQualityImprovement@mathematica-mpr.com
Thank you for participating in the webinar.

Please complete the evaluation as you exit the webinar.
## California DPH: Example Measures and Phases

### Baseline data for patients/clients who receive asthma SME

<table>
<thead>
<tr>
<th>ID*</th>
<th>Demographics</th>
<th>Smoking</th>
<th>PCP</th>
<th>Asthma control</th>
<th>Medication use</th>
<th>Action plan</th>
<th>Health care utilization</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Age of patient/client</td>
<td>Gender</td>
<td>Race/ethnicity</td>
<td>Language(s) spoken</td>
<td>Smokes or lives with smoker(s) (client smokes/client lives with smoker(s))</td>
<td>Has primary care provider at enrollment</td>
<td>Has poorly controlled asthma at enrollment</td>
</tr>
</tbody>
</table>

### 6-month follow-up data for patients/clients who receive asthma SME

<table>
<thead>
<tr>
<th>ID*</th>
<th>Referrals</th>
<th>Skills and knowledge</th>
<th>Asthma control</th>
<th>Medication use</th>
<th>Action plan</th>
<th>Health care utilization</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of asthma SME sessions attended</td>
<td>Referred to asthma services? (e.g., asthma management education, home visit, healthy housing, PCP)</td>
<td>Successfully demonstrated basic asthma knowledge and skills</td>
<td>How were asthma skills and knowledge assessed? (e.g., test, questionnaire, demonstration, etc.)</td>
<td>Self-reported that asthma is &quot;well-controlled&quot; one month or more after intervention</td>
<td>Scored &lt;19 on asthma control test after intervention</td>
</tr>
</tbody>
</table>

### 12-month follow-up data for patients/clients who receive asthma SME

<table>
<thead>
<tr>
<th>ID*</th>
<th>Asthma control</th>
<th>Medication use</th>
<th>Action plan</th>
<th>Health care utilization</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Self-reported that asthma is &quot;well-controlled&quot; 12 months after intervention</td>
<td>Scored &lt;19 on asthma control test after intervention</td>
<td>Number of controller medication refills in 12 months after intervention</td>
<td>Had written asthma action plan after intervention</td>
</tr>
</tbody>
</table>