Improving Asthma Control Affinity Group Q&A

Center for Medicaid and CHIP Services (CMCS)
Improving Asthma Control Learning Collaborative: Webinar #4

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Housekeeping Instructions
Webinar Logistics

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

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<th>Agenda item</th>
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| Overview of the Improving Asthma Control Affinity Group (Asthma Affinity Group) | • Review Asthma Affinity Group goals, structure, and timeframe  
• Discuss the opportunities available to state teams through participation in the Asthma Affinity Group |
| Expression of Interest (EOI) form and selection criteria                  | • Provide an overview of the EOI form  
• Review Asthma Affinity Group selection criteria |
| Asthma Affinity Group FAQs                                                 | • Answer FAQs related to the Asthma Affinity Group |
| Q&A                                                                        | • Please submit your questions through the Q&A widget in the webinar platform **at any time** during the presentation |
Poll Question

Which type of organization do you represent?

a) Medicaid/CHIP 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
Overview of the Improving Asthma Control Affinity Group
What is an Affinity Group?

• Affinity groups offer a combination of facilitated peer-to-peer learning and one-on-one technical assistance (TA) to both increase knowledge in an identified topic and support states in identifying and implementing change activities.

• Affinity groups are action-oriented and include some aspect of project identification or implementation.

• Meetings create an opportunity to learn from other state teams and subject matter experts.

• Meeting topics are tailored to match the interests and needs of participants.
Benefits of Affinity Group Participation

• Participants from previous CMCS affinity groups have reported key advantages of participation, such as:
  – Regular meetings helped state teams remain on track with their goals
  – Affinity group provided a unique opportunity to learn about and share best practices with peer states
  – Collaboration with quality improvement (QI) advisors and subject matter experts allowed states to pursue high-impact structural and policy changes with increased support
Why Asthma?

• Asthma is one of the most common chronic illnesses in the US, especially among children\(^1\)

• Medicaid is the most common primary payer for asthma-related hospital stays for children age 18 and younger and for adults age 19 to 44\(^2\)
  – Adult Medicaid beneficiaries are 1.5 times more likely to have asthma compared to adults with private health insurance\(^3\)

• Asthma can be effectively managed to prevent exacerbation and avoidable asthma-related healthcare utilization

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Primary goal of the affinity group

- The purpose of the Asthma Affinity Group is to drive **measurable improvement** on asthma control for Medicaid and CHIP beneficiaries.

- For example, to improve performance on:
  - Asthma Medication Ratio (AMR) measures in the Core Sets
  - Reduce asthma-related hospitalizations
  - Reduce asthma-related emergency department (ED) visits
Objectives of the affinity group

- Expand state Medicaid and CHIP agencies’ knowledge of evidence-based asthma interventions and best practices for implementation
- Learn from states’ experiences implementing asthma interventions
- Use data-driven approaches to identify, test, implement, and evaluate an asthma-related QI project
- Improve states’ QI skills
- Support state strategies to work with providers and communities to improve asthma control
Structure of the Asthma Affinity Group

- Nine-month learning series that will run from April 2020 to December 2020, with ongoing support available through 2021

- Monthly meetings that alternate between group workshops and one-on-one state calls

- Group workshops will be peer-driven and facilitator-led with an emphasis on improvement and sharing
  - QI advisors and asthma experts will guide and support discussions on specific topics, such as the selection, implementation, measurement, and assessment of evidence-based interventions to promote asthma control
  - Opportunities for peer-to-peer learning across teams
Asthma Affinity Group Road Map

Workshop #1: Apr 2020
- Team introductions
- Identifying drivers of asthma control and project aims

1:1 State Calls: May 2020
- Developing asthma control driver diagram
- Clarifying project aims

Workshop #2: June 2020
- Share a driver diagram
- Selecting a project family of measures
- Identifying project stakeholders

1:1 State Calls: July 2020
- Interpreting state’s baseline data
- Developing a measurement strategy
- Planning family of measures PDSA

1:1 State Calls: Nov 2020
- Data collection, utilization, and implementation

1:1 State Calls: Oct 2020
- Sequencing change ideas with stakeholders
- Coaching on testing changes

Workshop #3: Aug 2020
- Sharing PDSA strategy
- Change activity selection and developing work plan

Workshop #4: Sept 2020
- Working with stakeholders on project progress
- Creating run charts and data visualizations

Workshop #5: Dec 2020
- Supporting stakeholder implementation
- Review scale up and spread strategies

1:1 State Calls: Dec 2020
- Problem-solving around implementation challenges
- Spread planning

Ongoing support to continue to implement, evaluate, adjust, and scale initiatives:
Jan 2021 - Sept 2021
Example State Experience

Workshop #1
- State informed on purpose and selection of project drivers
- State identifies goal of improving performance on Asthma Medication Ratio (AMR) measure

1:1 State Call
- QI advisor provides feedback on state’s data visualization and run charts and provides assistance with data challenges

Workshop #5
- State shares project progress
- Identifies implementation opportunities

1:1 State Call
- QI advisor reviews data with state to support identifying drivers associated with goal
- State brainstorms stakeholder engagement

Workshop #4
- State identifies potential data visualizations and run charts

1:1 State Call
- QI advisor supports identifying small tests of change implementing the follow-up visits measure
- QI advisor reviews stakeholder strategy

Workshop #3
- Shares work plan with others
- State shares draft PDSA using % of follow-up visits with a primary care provider within 30 days after asthma-related ED visit or inpatient stay

1:1 State Call:
- QI advisor provides suggestions for addressing implementation challenges

State continues to work on the post-discharge follow-up program with support from the affinity group QI advisors
Expression of Interest Form and Selection
EOI Form

• To participate in the Asthma Affinity Group, state teams must submit an EOI form that briefly explains the state goals and resources.

• The EOI form will be posted after this webinar and is due by 8:00 PM EST on Wednesday, March 4, 2020.

• The EOI form will be available at [https://docs.google.com/forms/d/e/1FAIpQLSchFmzfu6aRpn5Uzy7pRGSNCoyarlHd-eoLY93OZGbE-Csw/viewform](https://docs.google.com/forms/d/e/1FAIpQLSchFmzfu6aRpn5Uzy7pRGSNCoyarlHd-eoLY93OZGbE-Csw/viewform)

• For reference, a PDF version of the EOI form and a fact sheet with more details on the affinity group are available at [Medicaid.gov](https://www.medicaid.gov)
EOI Form (cont.)

• The EOI form includes five questions:
  
  • **Question 1**: Participation goals and outcomes of interest
  
  • **Question 2**: Asthma-related covered services and key challenges or opportunities related to asthma control
EOI Form (cont.)

- **Question 3:** Early project ideas
- **Question 4:** Asthma Affinity Group state team
- **Question 5:** Leadership sign-off
Selection Criteria

The following criteria will be considered when selecting participants for the Asthma Affinity Group:

- Well-articulated goals for participation in the affinity group
- An understanding of the state’s challenges or opportunities related to asthma control in the target population
- Access to asthma-related data
- Identification of a well-rounded state team for participation
- Commitment to action with support from Medicaid and/or CHIP leadership
Asthma Affinity Group FAQ’s
Asthma Affinity Group State Team

• Who should be on our state team?
  – State teams should be led by a staff member from the state’s Medicaid or CHIP program
  – We also recommend that the team include at least one member who works with or has access to asthma-related data

• Can we include partners outside of the state Medicaid or CHIP agency?
  – Yes! CMCS encourages states to partner with other asthma stakeholders
  – Partners could include staff from the state’s Medicaid managed care plans, health care providers, Department of Public Health/Asthma Control Program, and/or other stakeholders
Asthma Affinity Group Team Capabilities

• You mentioned including a team member who has access to data. What are the requirements around data?
  – Data is foundational to QI initiatives. For this reason, we strongly recommend the state team be able generate and share asthma-related data
  – Your stakeholder-partners will need to contribute leading measure data that reflects their improvement efforts on a monthly basis
Asthma Affinity Group Time Commitment

• What kind of a time commitment should state teams expect?
  – We estimate that state teams will devote between 6-12 hours per month to the affinity group (to attend workshops, participate in one-on-one calls, work on or prepare materials related to the affinity group, and work with stakeholder partners on the QI project)
EOI Leadership Signoff

• The EOI form requests that state teams provide the contact information for senior leadership in the agency who supports the project’s goals. Who would qualify as a senior official?
  – Senior officials may include the state’s Medicaid director, Medical director, or other senior leadership in the agency, such as Director of Medicaid Managed Care (if your QI project will be implemented as part of managed care work) or a Director of Quality Improvement
Q&A
Q&A

• To submit a written comment, click on the “Q&A” pod and submit your question in the text box provided
  – Please note, your comments can only be seen by our presentation team and are not viewable by other attendees
Wrap Up
Improving Asthma Control Learning Collaborative

• The Asthma Affinity Group is part of a larger Improving Asthma Control Learning Collaborative
  – Included a series of webinars covering the role of Medicaid and CHIP in asthma control, the use of asthma quality measures for QI initiatives, and state case studies for how to identify and implement effective change activities to improve asthma control

• Webinar materials, such as webinar slides, transcripts, and recordings, are available on-demand at Medicaid.gov

• Note: Listening to the webinars is not a pre-requisite for participation in the affinity group, but may be helpful for state teams
Other QI Resources: Medicaid and CHIP (MAC) Quality Improvement Open School

Complete self-directed, online courses, developed by the Institute for Healthcare Improvement, on key QI concepts and skills, such as:

- How to select measures for a QI project and become a QI leader
- How to lead QI projects
- How to scale and spread change

Earn a MAC Quality Improvement Open School certificate upon completion of seven core courses

Gain access to a library of QI resources (briefs, templates, case studies, etc.)

Receive support from QI advisors through office hours and individual coaching sessions

For more information or to get started, visit the MAC Quality Improvement Open School website:
http://www.ihi.org/education/IHIOpenSchool/Courses/Pages/MACQuality.aspx

Questions? Email MACQualityImprovement@mathematica-mpr.com
Contact

For questions related to the Improving Asthma Control Affinity Group, 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.