



The Right Care, Right Now, Right Near You



Beating Asthma

A Medicaid home visitation model

prepared for

Disease Management Colloquium

presented by:

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Track A @ 9:00AM

Neighborhood's Headquarters



- Founded in 1993 by 13-community health centers in response to the initiation of RIte Care, the RI Medicaid managed care program.
- 75,000 Members
- Serves three Medicaid populations:
 - Low and moderate income families
 - Children with special health care needs
 - All children in the RI foster care system.
- In 2001, NHPRI became the first community health center based health plan in the country to be rated “Excellent” by the National Committee for Quality Assurance
- In 2005, NHPRI ranked 3rd in the nation by NCQA among Medicaid managed care plans.
- In 2005, Beating Asthma, celebrated as Honorable Mention by EPA for the National Environmental Leadership Award in Asthma Management

The Beating Asthma Project

Designed to test ‘three theories of action’

Health Outcomes will improve if:

Action Theory	Intervention
Everyone who provides asthma care (family members, school personnel, primary care providers) are ‘all on the same page’ regarding asthma care and management.	Share Asthma Action Plan with school nurse teachers and caregivers.
Communities and providers adopt a model of asthma management that empowers families to be the primary actor in providing asthma care.	Home visitation by bi-lingual, bi-cultural Asthma Advocates includes motivational interviewing and information tailored to meet members needs. Reports and emails shared with providers to help incorporate Asthma Advocates on the clinical team.
All healthcare providers adopt up-to-date clinical practice guidelines and use mechanisms to reflect on and improve their asthma care practices.	Up to date clinical practice guidelines shared with provider sites. CMEs brought to provider sites, provided by well-regarded asthma specialists.

Beating Asthma Program Elements

- Pilot intervention for persistent asthmatics (HEDIS definition) receiving primary care in communities with minimal asthma resources
- Education & Advocacy in the homes provided by bi-lingual, bi-cultural Asthma Advocates
- Primary care physician feedback
- Bi-lingual, bi-cultural environmental assessments

Testing Change Using Community Health Worker Model (CHW)

- Asthma Advocates (also known as Community Health Workers) are paraprofessionals trained in a specific health topic area
- CHWs are usually from the communities they serve.
- CHWs are often bilingual and bicultural, able to conduct:
 - ✓ Follow-up and follow-through for Providers
 - ✓ Social and Environmental Assessments
 - ✓ Member Education and Advocacy
 - ✓ Part of the clinical team

Beating Asthma Program Structure

Disease Management

Population-based
All persistent asthmatics
Provider reports
Member education

Care Management

At-Risk Persistent
Asthmatics
Hospitalized or ER
use
Provider Referral

Beating Asthma

Education&Advocacy
in the Homes
PCP Feedback
Bilingual/bicultural
Environmental
Assessments

- Fifteen (15) Member Community Advisory Board
- Two Asthma Advocates
- Two Hospital Partners
- Two Community Health Center Partners
- Two Community Agency Partners

Demographics for Beating Asthma Participants

NHPRI Members	Yes = 73%	No = 27%
Persistent Asthma	Yes = 88%	No = 12%
Gender	Female = 56%	Male = 50%
Adult/Child Status	Adult = 22%	Child = 78%
Ethnicity	Hispanic = 69%	Other = 31%

Home Visitation Elements

- Bilingual Curriculum
- During the First Home Visit
 - Builds rapport
 - Signs consent forms
 - Education of asthma as a disease
 - Proper use of asthma medications
 - Provide incentives: Phone Card, Asthma Computer Game
- During the Second Home Visit
 - Review asthma as a disease and use of medications
 - Discusses triggers
 - Conducts a home environmental assessment

Home Visitation Elements (continued)

- During the Third Home Visit
 - Reviews asthma management
 - Reinforces positive change
 - Requests feedback
 - Provide incentives: Phone Card, Asthma Computer Game
- Provider Reporting
 - Confirmation of referral and member contact
 - Fax back report after second home visit
 - Complete report after third home visit

Lessons Learned

- Field work, scheduling and completion of three home visits, requires perseverance and patience.
- Project team-building needs are on-going.
- Collaborations take time to establish and require dedicated and designated staff to champion referrals.
- Modest incentives produce large gains.
- Timely and succinct provider feedback supports ongoing referrals.
- Strong evaluation is needed to demonstrate to management the success of a pilot program
- Use of CHWs can be challenging to a traditional clinical model

Beating Asthma Analysis (N=70)

- Pre and Post test: 12 months before first home visit compared to experience since their second home visit (annualized), for asthma related codes.
- **Utilization & Costs**
 - **Emergency Room**
 - ↓ Average # of Emergency Room Visits
 - ↓ Emergency Room visit PMPM
 - **Hospitalizations**
 - ↓ Average number of hospital days per member*
 - ↓ Total number of hospital days*

* Significant

Beating Asthma Analysis (N=70) (con't)

- **Utilization & Costs**

- **Outpatient**

- ↑ Average # Outpatient visits

- ↑ Outpatient visit PMPM

- **Pharmacy**

- ↓ % Member with 2 or more beta agonists and average # of dispense dates

- ↓ % of members with one or more controller medications

- ↑ Average # of controller medications dispense dates total and PMPM cost

Next Steps/Questions

- Full evaluation of NHPRI's asthma continuum of services: disease management vs. case management vs. Beating Asthma
- Pursue funding opportunities to expand environmental mitigation component of Beating Asthma.

Your Questions Please

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