

**Office of Medical Assistance Programs and Oregon Asthma Program**  
**Statewide Quality Improvement Workshop**  
**“What Does Good Asthma Care Look Like?**  
**The Roles of Health Plans and Providers”**  
**September 14, 2004, 10:15am-3:30 pm**  
**Human Services Building, 500 Summer St NE, Room 137 A-D**  
**Salem, Oregon**

**Meeting Summary**

Attendance: Over 57 attendants were present, representing Office of Medical Assistance Programs (OMAP), Medicaid and commercial health plans, county health departments, medical clinics, pharmacies, schools, the Department of Human Services, and the Department of Education.

Overview: This workshop was co-sponsored by Oregon Asthma Program (OAP) and the Office of Medical Assistance Programs (OMAP). Our primary audience included Oregon Health Plan (OHP) and commercial health plan administrators, quality improvement coordinators, medical directors, healthcare providers, clinic staff, evaluation coordinators, the Physician Advisory Council to the Oregon Asthma Program, and members of the Oregon Asthma Network, Oregon’s statewide asthma coalition. This workshop served as the OAP’s primary asthma network meeting and we worked with OMAP to put together an informative workshop that brought together key stakeholders for health systems change.

**The objectives of this workshop were to:**

1. Discuss current best-practices, models, and guidelines that shape quality asthma care
2. Learn about the differences between individual-based and population-based asthma care
3. Discuss the roles of providers, health plans, and public health in population-based asthma care

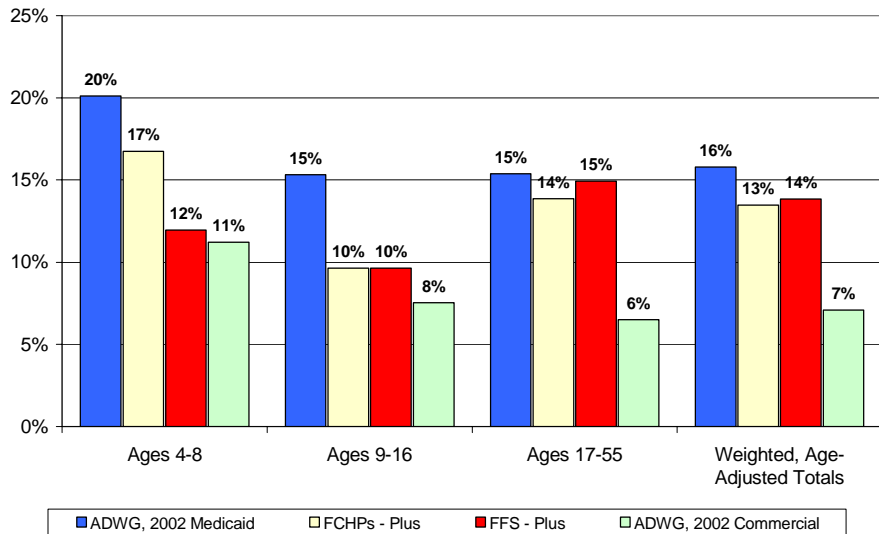
Program Highlights:

Judy Helstrom (OMAP) convened the workshop by welcoming everyone at 10:45am. Dr. Tom Turek, MD, OMAP Medical Director, gave further welcoming remarks.

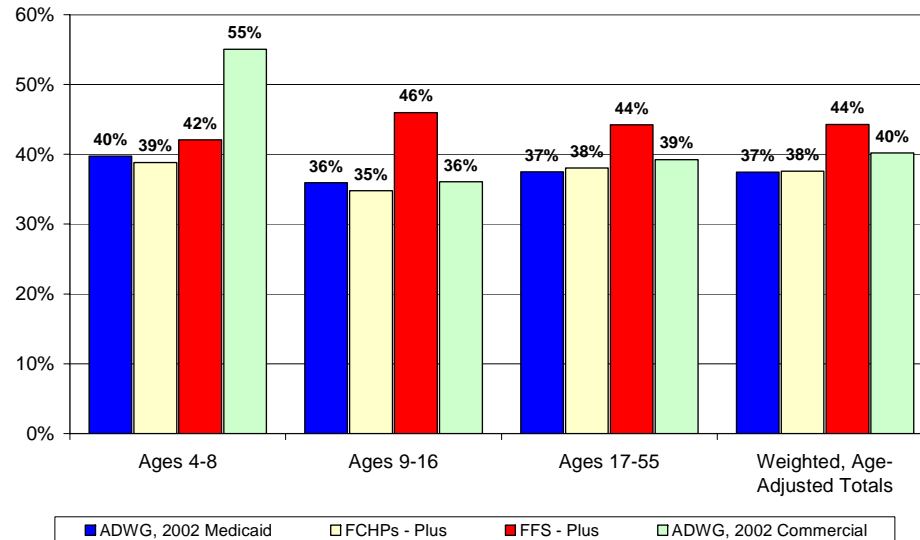
**Dr. Craig Jones, MD**, medical director of the Los Angeles County Pediatric Asthma Disease Program and the Breathmobile Program, provide the keynote address. Our valuable partnership with Dr. Jones was established through his tireless work with the Asthma Friendly Schools initiative in LaPine, Oregon. Dr. Jones shared results of the Asthma Friendly Schools project in La Pine, including the burden of asthma, barriers and assets to improving asthma care, and the rationale for a school-based clinic. Dr. Jones also provided an update on the latest clinical research on asthma.

Karen Main, Stacey Schubert, Kirsten Jensen, and David Rebanal (**OAP**) shared a **lunchtime presentation** on the results of the asthma indicators reported by OHP plans, and shared the latest health provider and plan tools designed to support asthma management using the Chronic Care Model. The following graphs are the final versions of the aggregate data (updated since the meeting). To provide comments or to inquire about what tools were shared in the packets, please contact the Oregon Asthma Program at 503.872-6841.

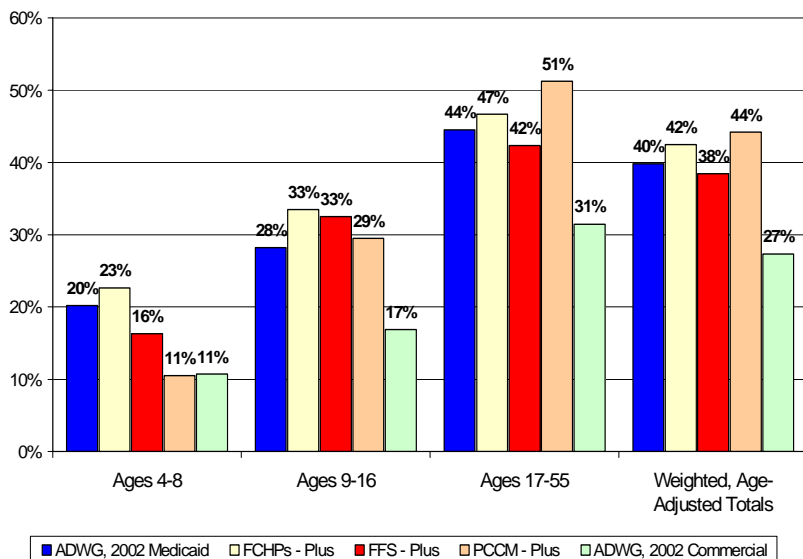
**Members with Asthma Who Had One or More Emergency Department Visits for Asthma: 2003**



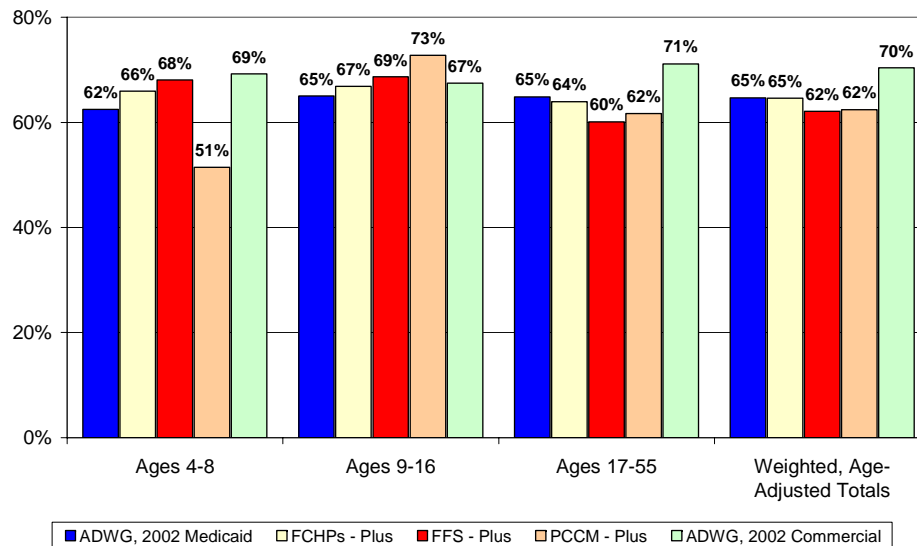
**ED Visits for Asthma That Were Followed Up by an Outpatient Visit Within 30 Days: 2003**



**Members With Persistent Asthma Who Averaged >1 Short-Acting Bronchodilator Canister/2 Mo.: 2003**



**Members With Persistent Asthma Who Have Rec'd >1 Daily Inhaled Anti-Inflammatory Medication: 2003**



An **expert panel** composed of representatives from seven health plans shared their highlights of their respective asthma management efforts. The purpose of the panel was to give real-world, practical examples of what health plans are doing to improve the quality of care and health outcomes for people with asthma.

**Panelists:**

<b>PLAN</b>	<b>NAME</b>
Lane IPA	Robert Wheeler, MD, Chief Medical Officer
ODS	Tanveer Bokhari, MBBS, QI Specialist
Tuality	Barbara Carey, RN, Medical Mgmt Coordinator
CareOregon	Kylie Street, asthma educator
Providence	Denise Halenz-Robinson, Project Mgr, QI
McKesson	Chris Barber, Disease Management Coord
Mid-Valley IPA	Rich Clark, MD, Director of Quality Management

Notes:

1. Patient identification for intervention.	Notes
<p>How do you identify your asthma patients (claims, pharmacy data, physicians, surveys)?</p>	<ul style="list-style-type: none"> <li>• Several plans reported using <b>claims</b> and <b>pharmacy</b> data.</li> <li>• Other types of mechanisms to identify their patients with asthma included: <ul style="list-style-type: none"> <li>○ Physician referral</li> <li>○ Electronic medical records</li> <li>○ Black box software —to stratify</li> <li>○ Hospitalized/ER next day</li> <li>○ New -member Survey</li> </ul> </li> </ul>
<p>Are you using a registry?</p>	<p>The following were the various types of responses by the panelists:</p> <ul style="list-style-type: none"> <li>• Used definitions from the <b>OR Asthma Program, HEDIS.</b></li> <li>• Claims data; <b>stratify by co-morbidity, ER.</b></li> <li>• LIPA looking at <b>ratio of controller and rescue</b> meds as a predictor for utilization</li> </ul>
<p>Do you stratify patients by risk in order to decide who needs services?</p> <p>How often do you do this?</p>	<p>The following were the various types of responses by the panelists:</p> <ul style="list-style-type: none"> <li>• Co-morbidity</li> <li>• Enrollment categories</li> <li>• Recent ED activity</li> <li>• Formula for level of claims data</li> <li>• Looking quitting data</li> </ul> <p>When asked how often they implemented risk stratification, answers included:</p> <ul style="list-style-type: none"> <li>• “Our strategy”: Treat everyone; use depression index and other co-morbidities;</li> <li>• “Every 6 months”,</li> <li>• “Quarterly”,</li> <li>• “Occasionally”</li> </ul>

2. Asthma support to members and providers	Notes
<p>How do you engage patients for improved self-management (e.g. case management, action plans, written material, phone support)?</p>	<p>The following were the various strategies identified by the panelists. Many plans did more than one of the following:</p> <ul style="list-style-type: none"> <li>• In-home assessment- bimonthly</li> <li>• Phone screening to determine problems and provider assessment</li> <li>• Mailings to patient—booklets, letters, newsletters, - Tailored or/and Staged (blanket mailing to everyone)</li> <li>• Phone scheduled counseling; ID tracking system; contacted every patient with asthma</li> <li>• Physician speakers</li> <li>• Library – video and web</li> <li>• Nurse triage line- for patients in trouble</li> <li>• Post educational follow-up</li> <li>• Peak flow meters/ tools, diaries</li> <li>• Surveys with incentives;</li> <li>• Provide asthma action plans</li> <li>• In-home visits</li> <li>• Spanish speakers</li> </ul>
<p>How do you support your medical providers (e.g. resources, action-alert lists, education, data, performance feedback)?</p>	<p>The following were the various strategies identified by the panelists. Many plans did more than one of the following:</p> <ul style="list-style-type: none"> <li>• Conduct series of educational sessions with MDs to get at borderline asthma (small groups)</li> <li>• Subjects include: Pathophysiology; treatment</li> <li>• Treatment cards/ pocket guides</li> <li>• Physician problem-based learning sessions</li> </ul>

The workshop was adjourned at 3:00pm.

For more information about the contents of the meeting, please contact David Rebanal, MPH CHES at the Oregon Asthma Program at 503-872-6841.