

Asthma QI Fund Project

The purpose of the Asthma QI Project is to improve asthma management by increasing the percentage of asthmatic members 5 - 56 years of age who receive written asthma action plans and who had an assessment of asthma control. Starting in 2008, asthma action plans and assessment of asthma control were to be provided within the current year to be counted for the HMO Asthma QI Fund Project. The project goal for the percentage of members who received a written asthma self-management plan was $\geq 70\%$. The project goal for the percentage of members who received a written asthma self-management plan and had at least one assessment of asthma control was to establish baseline.

The 2008 Network rate for the percentage of members with asthma who received a written asthma self-management plan is presented in the following table.

Year	Initial Population	Exclusions	Final Population	# of Members with an Acceptable Asthma Action Plan	% of Members with an Acceptable Asthma Action Plan
2008	6,867	44	6,823	5,073	74.4%

The following table summarizes the Network rate for the percentage of members who received both an acceptable asthma action plan and had at least one assessment of asthma control in 2008.

Year	Initial Population	Exclusions	Final Population	# of Members with an Acceptable Asthma Action Plan and Assessment of Asthma Control	% of Members with an Acceptable Asthma Action Plan and Assessment of Asthma Control
2008	6,867	44	6,823	4,612	67.6%

Annually, the HMO selects a random sample of adult and pediatric members identified with asthma. The Asthma Care Survey is mailed to obtain the member's perspective of their asthma care. 2008 survey results are displayed in the table below.

2008 Asthma Care Survey (Adult) - Survey Question	Result
Written asthma self-management plan	82%
Self-reported controller medication use rate	87%
Overall asthma care scale	82
Provider communication/skill scale	78

2008 Asthma Care Survey (Pediatric) - Survey Question	Result
Written asthma self-management plan	75%
Self-reported controller medication use rate	87%
Overall asthma care scale	81
Provider communication/skill scale	71

Identified Barriers to Asthma Care:

Members:

- May not seek routine follow-up care when they are asymptomatic
- May be non-compliant with PCP recommendations regarding follow-up visit frequency
- May not realize the diagnosis of asthma requires frequent evaluation and possible updating of treatment plans
- May not be aware of their diagnosis

- May not understand the importance of frequent assessment of asthma symptoms can assist the practitioner with treatment options

Physicians:

- May lack systems to promote non-symptomatic care
- May not be convinced of the effectiveness of the NAEPP Guidelines that recommend written asthma action plans
- May lack systems to encourage routine review of asthma care
- May be using the RAD (reactive airway disease) and/or chronic bronchitis diagnosis, and not treating members with asthma in accordance with evidence-based guidelines.
- May not have a system in place to outreach to members who have not been seen

IPAs:

- May not have a process in place to encourage the use of the written Asthma Action Plan and/or assessment of asthma control
- May not have a method to motivate their physicians to improve care

Interventions Implemented to Address Identified Barriers:

Members:

- Provided online resources, including Personal Health Manager and Ask a Nurse
- Offered Asthma Care Kits to identified asthmatics free of charge through June 2008

2008	All Asthmatics
Asthma Care Kits Distributed	78

Members identified as asthmatic were sent mailings in 2008.

2008	All Asthmatics	Newly Diagnosed Asthmatics
Asthma Care Diary	NA	5,262
Personal Asthma Management brochure	9,029	NA
Flu Shot Reminders	7,740	NA

Physicians/IPAs:

- Awarded an Asthma Blue Star to IPAs with a 2007 asthma care rate of $\geq 75\%$
- Made a QI Fund payment to IPAs with project results that met or exceeded established thresholds
- Continued the Asthma Action Plan QI Project and provided feedback to IPAs
- Updated and made available the Guidelines for the Diagnosis and Management of Asthma to all network physicians
- Provided IPAs with a training in March 2008 on the QI Fund Project , the importance of an Asthma Action Plan the assessment of asthma control
- Met with physicians of two IPAs and conducted individual training for several IPAs
- Quality Improvement staff held Quarterly QI Forums

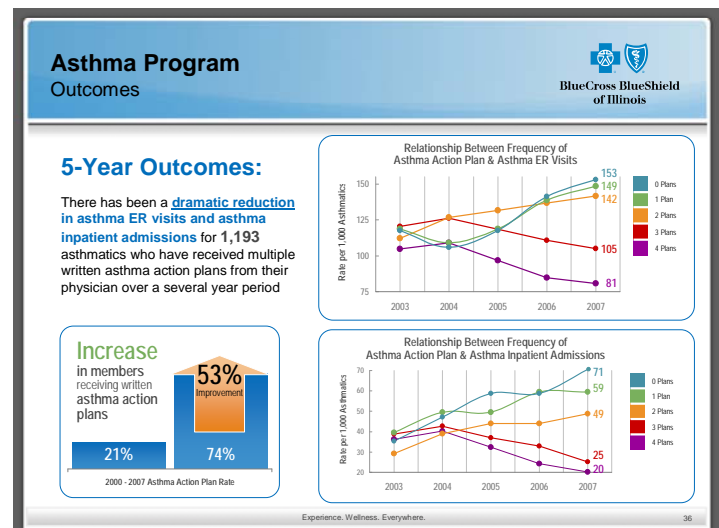
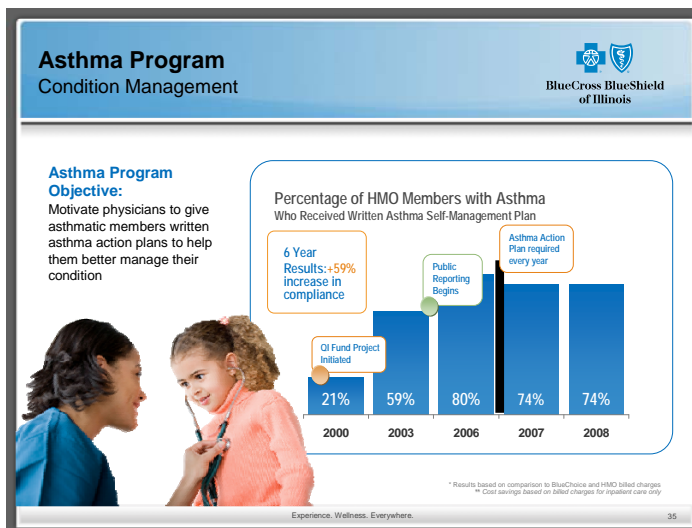
The percentage of members who receive an asthma self-management plan has significantly increased from 2000-2008. Analysis of the data for the Asthma QI Fund Project demonstrates that 74.5% of members received an asthma action plan in 2008. This rate exceeds the 2008 goal of $\geq 70\%$ for the Asthma QI Fund Project. The baseline rate of 67.6% was established in 2008 for the percentage of members who received a written asthma action plan and had at least one assessment of asthma control. Overall, the QI Fund Project and interventions implemented have had a positive effect on the clinical care of asthmatic members by educating members and

providers on the current guidelines for asthma and self management through the use of an agreed upon self management plan.

To further evaluate the possibility that the impact of asthma action plans came from receiving multiple plans, BCBSIL needed to track a population over a period of time. Therefore, utilization was assessed for the cohort of members who met asthma identification criteria and were included in the asthma program each year from 2003 through 2007. For the 1,154 members who met these criteria, utilization data (based upon BCBSIL claims) and clinical information (presence or absence of an acceptable asthma action plan based upon IPA QI Fund project submissions) were available for each of five years (2003-2007). Asthmatics who received a written asthma action plan in 3 of the years from 2001- 2007 have a:

- 26% to 47% lower ER visit rate
- 48% to 71% lower hospital admission rate
- 42% to 54% lower likelihood of an ER visit and
- 53% to 80% lower likelihood of a hospital admission

compared to asthmatics who received a written action plan in zero to two of the years. (Presence or absence of an asthma action plan and utilization rates are calculated using the definitions and data sources described above.) The Asthma QI Fund Project has stimulated improvements in quality that are correlated with lower utilization.



Asthmatics who received a written asthma action plan in 3 of the years from 2001- 2007 have a:

- 26% to 47% lower ER visit rate
- 48% to 71% lower hospital admission rate
- 42% to 54% lower likelihood of an ER visit and
- 53% to 80% lower likelihood of a hospital admission