



BlueCross BlueShield  
of Illinois

## 2009 HMO Asthma Condition Management Program Summary

The purpose of the HMO Asthma Condition Management Program is to improve asthma self-management by increasing the percentage of members with asthma age 5-56 who receive written asthma action plans and who have their asthma control assessed. A portion of the QI Fund is available to IPAs based on the percentage of members who receive a written asthma action plan that meets the required elements and who have had asthma control assessed in accordance with national guidelines. IPAs may also earn an Asthma Outreach QI Fund payment for providing PCPs with a list of identified members with asthma and for performing outreach to those members who have not had an assessment of asthma control and received a written asthma action plan in 2009. Additionally, IPAs will be eligible for an Asthma Blue Star in 2009 if at least 65% of identified asthmatics received a written asthma action plan and had assessment of asthma control in 2008.

In 2009, BCBSIL identified the population of members with asthma based on one of the following criteria sets.

The member met at least one of the following criteria in each of two years (2007 and in 2008)

- at least one Emergency Department (ED) visit with asthma as the principal diagnosis
- at least one acute inpatient discharge with asthma as the principal diagnosis
- at least four outpatient asthma visits with asthma as one of the listed diagnoses and at least two asthma medication dispensing events
- at least four asthma medication dispensing events (members who were identified only from leukotriene inhibitor claims are excluded)

OR

The newly identified members who met one of the following criteria in 2008:

- at least one Emergency Department (ED) visit with asthma as the principal diagnosis
- at least one acute inpatient discharge with asthma as the principal diagnosis
- at least four outpatient asthma visits with asthma as one of the listed diagnoses and at least two asthma medication dispensing events
- at least four asthma medication dispensing events plus one claim or encounter with asthma as one of the listed diagnoses

BCBSIL provides IPAs with their list of members, instructions and data collection criteria. Because this program is prospective, the IPA has several months to do member outreach and provide recommended services. IPAs develop interventions for their physicians and/or members and submit data along with supporting documentation.

The HMO Asthma QI Project includes a number of additional initiatives for members and IPAs.

Members identified as having asthma are sent the following information:

- a member version of the asthma guideline
- a copy of the *Personal Asthma Management* brochure, which includes information on asthma medications, how to use a peak flow meter, and asthma care tips. The brochure includes graphs on which to record peak flow readings, questions for assessing asthma control and a blank asthma action plan which the member can take to the doctor for completion. The brochure also includes information about the BCBSIL asthma program, how members were selected for the program and how to opt out of the program.
- a reminder to get a flu shot

In 2008, the focused outreach mailing for asthma was sent to members who did not fill a prescription for an asthma controller medication in 2007 based on pharmacy data.

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The BCBSIL Asthma Care Survey for adults and children is sent annually to a random sample of members identified with asthma.

Additional resources available to members include:

- information on managing asthma, available through the Personal Health Manager and “Ask a Nurse” on Blue Access® for Members at [www.bcbsil.com](http://www.bcbsil.com)
- “blueprints for health,” the HMO member newsletter, which includes articles on asthma

Additional resources provided to IPAs include:

- annual educational programs on the Asthma QI Fund Project
- quarterly QI Forums that include best practices
- information about the *Personal Asthma Management* brochure, which is available to IPAs for distribution to their members
- a list of current members identified as being at risk for complications of influenza (including members with asthma, diabetes and/or cardiovascular disease and those age 65 and older)
- sample asthma action plans
- sample asthma control assessment tools

The tables summarize the number of members who received asthma interventions and the program results.

<b>Interventions</b>					
<b>Year</b>	<b>Total number of unique asthmatics identified during the year</b>	<b>Number of newly identified members with asthma who received the <i>Asthma Care Diary</i></b>	<b>Number of members with asthma who received the <i>Personal Asthma Management</i> brochure</b>	<b>Number of members with asthma who received influenza vaccination reminders</b>	<b>Number of members with asthma who received focused outreach</b>
2008	13,983	5,262	9,029	7,469	424

<b>Results</b>			
<b>Year</b>	<b>Final number included in the Asthma QI Fund Project</b>	<b>Number and percentage of members with asthma who received a written asthma action plan</b>	<b>Number and percentage of members with asthma who received an asthma action plan and had an assessment of asthma control</b>
2008	6,823	5,079 (74%)	4,655 (68%)

Physicians may refer their HMO patients with asthma for the Condition Management Program by completing the enclosed “Physician Condition Management Enrollment Form.” Please fax the completed form to: HMO Quality Improvement at 312-228-9058. The form is also available at <http://www.bcbsil.com/provider/umqi/qualityimprovement.htm>