

Asthma Ready<sup>®</sup> Communities

**Improving Patient and Clinician  
Decision-Making in Asthma Care –  
the Asthma Control Monitor<sup>©</sup>**

Reduce Risk, Impairment and Cost

## What Would an Efficient Health System Do?

Merge clinical and community assessments with claims data to 1) support the medical home by improving decision making, 2) help patients maintain asthma self-care skills, & 3) prompt delivery of standardized special care and education that lower costs and improve patient outcomes?



# Education for self-care based on Real Need, Right Service, Reasonable Cost...

Message Type	Eligible Group	Service Cost
1) Asthma Literacy	Everyone w/asthma	Low
2) Key Messages	Everyone w/asthma	Bundled w/OP visit
3) Inhal. instruction	Everyone w/asthma	Low, 94664
4) PMC, risk reduction	Not well controlled	Medium, 99402,1
5) Rx Therapy Manag.	Claims alerts – POD	Medium, 99605,
6) Self-management	Very poorly controlled	Moderate, 98960,1,2
7) Home Trigger Red.	VPC, step 5, good IHT	High, CPT- 95199(?)
8) Coach/counselor	VPC, VH\$, refractory	Very high

**Stratified**= intensity (cost) of care is appropriate for burden of disease (not just the \$ spent on health care)

# Service & Data Linkages

## Increase the Quantity & Quality of Assessments

- All interventions are coupled with EPR<sub>3</sub>-complaint assessments (impairment and risk)
- All paid encounters (clinic or community) generate EPR<sub>3</sub>-compliant assessment data
- Claims and assessment data are merged to stratify risk, assess impairment and prompt a cost-effective intervention

# Self-care

**Trained Clinical  
Teams Delivering  
Evidence-based  
Asthma Care**

**Community-based  
Standardized  
Assessments &  
Interventions**

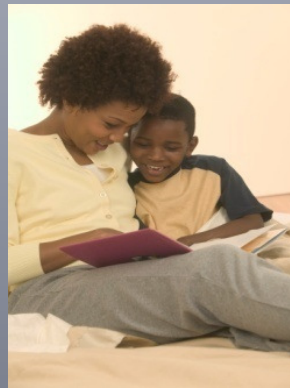
Home

Clinic

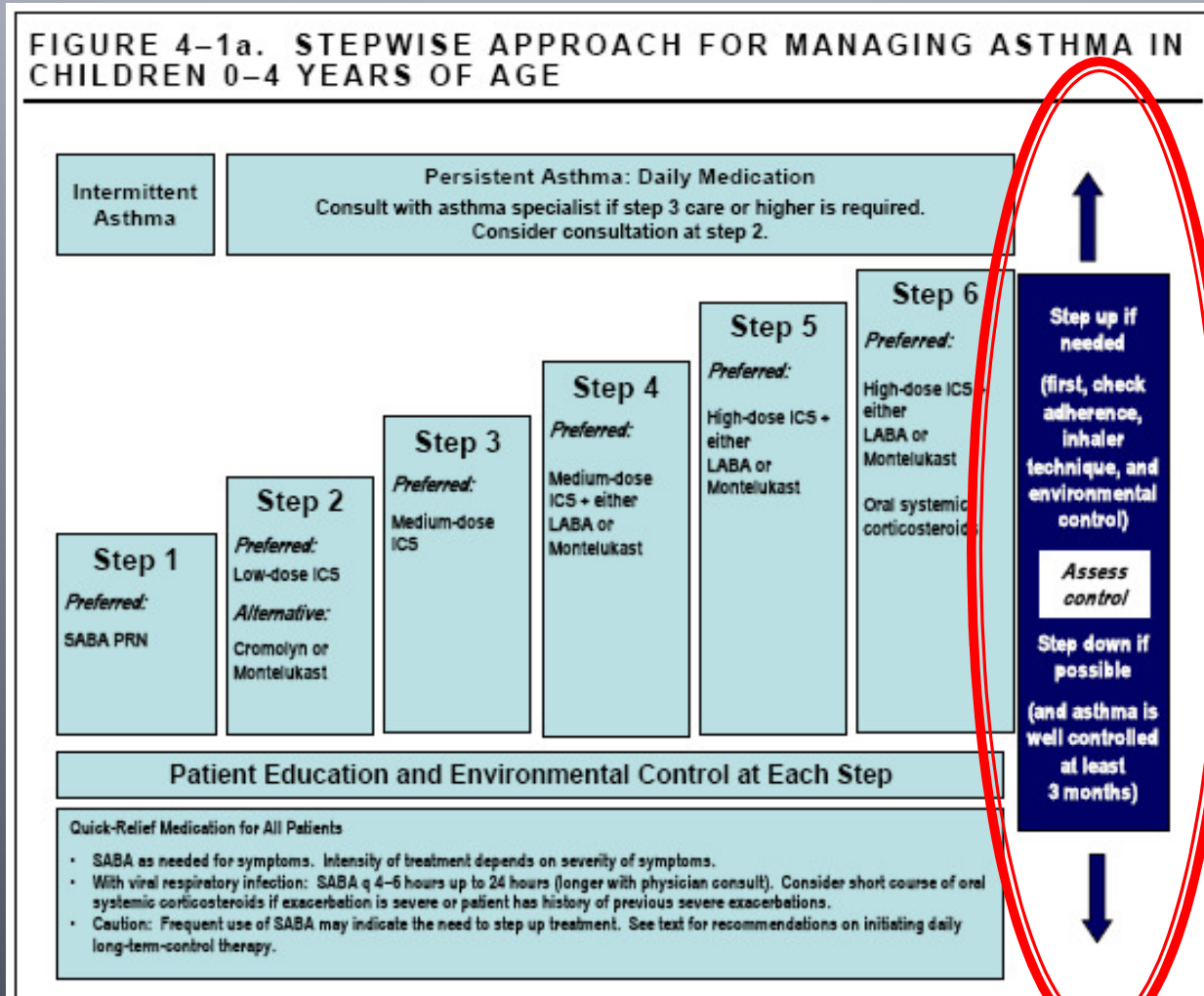
School

Community

**Asthma Care  
Management  
Technology**



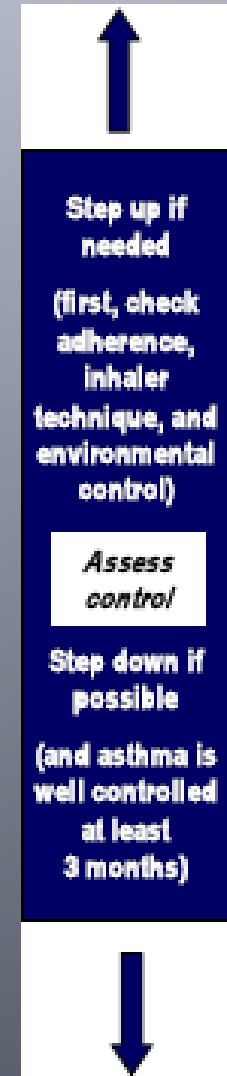
# 3/4 of Asthma Costs Are Pharmaceuticals! Clinicians Adjust Rx Therapy Based on...



## EPR<sub>3</sub> Guide to Stepping Therapy Up or Down


- Step up IF needed
- FIRST, check adherence
- THEN, check inhaler technique
- AND, check environmental control
- **Step Down**, IF asthma is well controlled for 3 months or longer

Must base therapy step changes on **assessment** of adherence, inhalation technique and triggers



## Asthma Control Monitor

Data refreshed: 2012-12-01

Choose a patient:  












Indicator/Measure	Well Controlled	Not Well Controlled	Very Poorly Controlled
FEV <sub>1</sub>	> 80% of personal best Or % predicted	60%-80%	< 60%
FEV <sub>1</sub> /FVC	Normal	reduced by 6%-10%	reduced by > 10%
Impairment Score	None	Some limitation	Extremely limited
Short-Acting Beta Agonist (SABA)	< 3 doses/week	3-8 doses/week	> 7 doses/week
Systemic Steroid Burst	< 2/year	2-3/year	> 3/year
Acute Care Days (ACD)	< 2 days/year	2-6 days/year	> 6 days/year
Inhaled Corticosteroids (ICS)	Low/Medium	High	Sub-therapeutic
Antibiotics	< 2/year	2-4/year	> 4/year
High Fidelity	< 2	2-3	> 3
Influenza Vaccine	< 1 year	1-2 years	> 2 years
Inhalation Technique (IT)	Good	Inadequate	Poor
Cost (Total Care)	< 120%	120%-200%	> 200%
Environmental Risk	> 65	50-65	< 50
Body Mass Index (BMI)	18-25	25-30	> 30
<b>Co-morbidities:</b>			
<p><b>Summary:</b> Very poorly controlled, high risk with impairment, urgent follow-up appointment indicated, inadequate ICS dispensing, impairment includes night awakenings, difficulty running/playing hard, etc. Total cost of care is very high with more than 6 days per year of acute care for asthma.</p> <p><b>Recommendations:</b></p> <ul style="list-style-type: none"> <li>• Increase ICS adherence</li> <li>• offer ICS STAR Chart incentive</li> <li>• schedule CPT 98960 (ACE)</li> <li>• complete Childhood Asthma Risk Assessment Tool</li> <li>• consider Home Trigger Reduction Visit</li> </ul>			

[Terminology](#)[Asthma Assessment Form](#)[Home Environment Assessment Form](#)

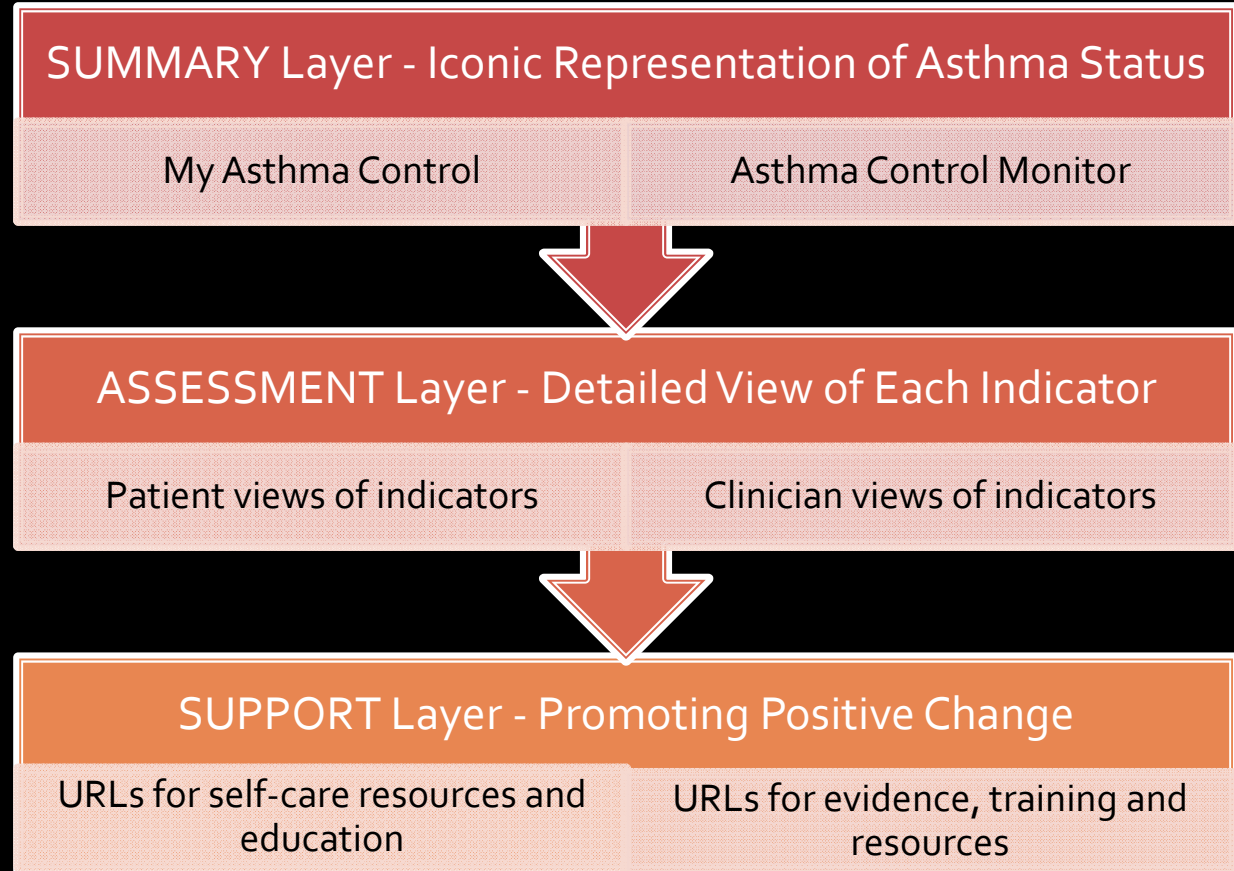


# My Asthma Control

Dennis Richie

How well am I breathing today? Am I able to empty air from my lungs as well as expected?	
How much is asthma disrupting my sleep or limiting my activities that require extra breathing?	
How many days have I required special care for serious asthma symptoms in the last 3 years?	
How many times have I taken large doses of steroids to stop serious asthma attacks in the last 3 years?	
How many bronchodilator inhalers have I used in the last year?	
How is my ICS (Drug name) supply? Are my refills enough to support airway healing?	
How much ICS have I really consumed? Do I have too many unused doses of my ICS at home?	
How close is my breathing effort to the technique required for getting the most ICS into my lungs?	
To what degree is my nose open and clear today, supporting a healthy breathing pattern?	
How many steps have I taken to reduce triggers in the air that I breathe? (Smoke, VOC, allergens)	
How well am I keeping other health problems from making my asthma worse? (GERD, allergic rhinitis)	
How is my intake of vegetables, fresh fruit and other anti-oxidant rich foods	
To what degree is my physical activity favoring an increase in lung capacity over time?	
How well am I keeping energy intake and output in balance? Is my weight change in the right direction?	

[Terminology](#)



**Asthma Control Monitor©**  
**My Asthma Control©**

# [www.asthmaready.org](http://www.asthmaready.org)



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Questions?

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## Asthma Ready Communities



Asthma Ready® Communities (ARC) is an overarching endeavor to provide standardized, evidence-based educational programs for children with asthma, families and health professionals. These programs enhance the readiness of health care professionals and facilities to provide cost-efficient care that is compliant with the Guidelines for the Diagnosis and Management of Asthma: Expert Panel Report 3. For parents and caregivers, these programs provide comprehensive steps to improve asthma control in infants and children. For facilities, Asthma Ready® is a designation indicating that the facility has participated in asthma training, has the resources and is committed to delivering appropriate services, maintaining communication standards, and conducting quality improvement efforts to ensure best practices for the care of children with asthma. Asthma Ready® is a registered federal trademark owned by the University of Missouri.

The ARC team is located in the division of Pulmonary Medicine & Allergy, Department of Child Health, University of Missouri (MU), School of Medicine. Dr. Francisco and the clinical staff are members of University Physicians practice group, providing specialty care at

MU Women's and Children Hospital, Pediatric Specialty Clinic. Other staff represents disciplines ranging from social health science to epidemiology. The central office is located in Columbia, MO 65212

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# Thank you!

