National Quality Strategy Webinar: BEST PRACTICES TO IMPROVE COMMUNITY HEALTH

August 6, 2015
Housekeeping

- Submit technical questions via chat
- If you lose your Internet connection, reconnect using the link emailed to you
- If you lose your phone connection, re-dial the phone number to re-join
- ReadyTalk support: 800-843-9166
Agenda

• **Introduction to the National Quality Strategy**
  Nancy Wilson, Executive Lead, National Quality Strategy

• **Community Health and the National Quality Strategy**
  Nazleen Bharmal, Director of Science and Policy, Office of the Surgeon General of the United States

• **Spotlight: Boston Children’s Hospital Community Asthma Initiative**
  Ayesha Cammaerts, Manager, Programs and Population Health, Office of Community Health, Boston Children’s Hospital

• **Discussion/Question and Answer**
Introduction to the National Quality Strategy

Nancy Wilson, B.S.N., M.D., M.P.H.
Background on the National Quality Strategy

• Established by the Affordable Care Act to **improve the delivery of health care services**, **patient health outcomes**, and **population health**

• The Strategy was first published in 2011 and serves as a **nationwide effort** to improve health and health care across America

• The Strategy was iteratively designed by public and private stakeholders, and provides an opportunity to **align quality measures and quality improvement activities**

• Now in its 4th year, public and private organizations of all sizes have adopted the National Quality Strategy to drive health improvement
The strategy is to concurrently pursue three aims:
The Relationship Between the Institute for Healthcare Improvement’s Triple Aim and NQS Three Aims

**Better Care**: Improve overall quality, by making health care more patient-centered, reliable, accessible, and safe.

**Healthy People/Healthy Communities**: Improve the health of the U.S. population by supporting proven interventions to address behavioral, social and, environmental determinants of health.

**Affordable Care**: Reduce the cost of quality health care for individuals, families, employers, and government.
The National Quality Strategy: How it Works
The National Quality Strategy Priorities

Health and Well-Being
Priority 5: Working with communities to promote wide use of best practices to enable healthy living

<table>
<thead>
<tr>
<th>LONG-TERM GOALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Promote healthy living and well-being through community interventions that result in improvement of social, economic, and environmental factors.</td>
</tr>
<tr>
<td>2. Promote healthy living and well-being through interventions that result in adoption of the most important healthy lifestyle behaviors across the lifespan.</td>
</tr>
<tr>
<td>3. Promote healthy living and well-being through receipt of effective clinical preventive services across the lifespan in clinical and community settings.</td>
</tr>
</tbody>
</table>

Surgeon General’s Priorities

Nazleen Bharmal
Director of Science and Policy
CULTURE OF PREVENTION

Community Prevention

Health Equity
CAMPAIGNS

• Active Living
• Tobacco and Drug-Free Living
• Emotional and Mental Well-Being
• Healthy Eating
• Ending Violence
Boston Children’s Hospital
Community Asthma Initiative

Agency for Healthcare Research & Quality
National Quality Strategy
Priorities in Action Webinar
August 6, 2015

Ayesha Cammaerts, MBA
Manager of Programs and
Population Health

Funding in part by: HRiA’s CMS Innovation Award #1C1CMS331039; CDC REACH U.S. #1U58DP001055-01; Healthy Tomorrows #H17MC21564; American Academy of Pediatrics (JPB Foundation); LEAH #T71MC00009, MCHB, HRSA; Ludcke, Covidien, & Boston Scientific Foundations
Community Asthma Initiative (CAI): Impacts Multiple Levels of the Socio-Ecological Model

Source: Center for Disease Control and Prevention: Addressing Obesity Disparities
http://www.cdc.gov/obesity/health_equity/culturalRelevance.html
Patient Population

- 70% of children hospitalized for asthma came from five low-income Boston neighborhoods
- Predominately African-American and Latino
- At initiation of CAI Boston Schools had 16% asthma prevalence, with 5 schools >24%

Service Model

- Establishing families’ goals for asthma control
- Providing care coordination by bilingual and bicultural nurses and Community Health Workers
Service Model Continued

• Identify and address barriers to good control
  ➢ Provide patient-centered education about asthma and medications
  ➢ Monitor medication adherence
  ➢ Assess home/school environmental triggers
  ➢ Navigate insurance coverage/benefits

• Environmental trigger remediation
  ➢ Integrated Pest-management materials
  ➢ HEPA vacuums, bed encasings

• Housing advocacy with inspection services:
  ➢ Link to Boston Public Health Commission
  ➢ Referrals to community resources
## Evaluation Framework

<table>
<thead>
<tr>
<th>Data</th>
<th>Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>From structured interviews in home-visits we obtain information about ED visits, hospitalizations, missed school days, and missed work days for the intervention group.</td>
<td>Health Outcomes Quality of Life</td>
</tr>
<tr>
<td>Boston Children’s hospital administrative data provides information about ED visits, hospitalizations, and costs, this includes data from the comparison group</td>
<td>Health Outcomes Cost Analysis</td>
</tr>
</tbody>
</table>
Return on Investment (ROI) Results:

ROI = \frac{\text{Cost savings from reduced ED visits + hospitalizations}}{\text{Program Costs}}

Social ROI = \frac{\text{Cost savings from reduced ED visits + hospitalizations} + \text{QOL Benefits}}{\text{Program Costs}}

Health Outcomes Results:
Decrease in % patients with any ED Visits or Admissions due to asthma
N=1470 (through March 2015)

- 56% decrease at 12 Months
- 80% decrease at 12 Months

(p<0.001)

Baseline 6 Month 12 Month

ED Visits

- Baseline: 53.3%
- 6 Month: 23.3%
- 12 Month: 23.3%

Admissions

- Baseline: 64.3%
- 6 Month: 15.5%
- 12 Month: 12.8%

ROI and SROI:
Total Cost Per Patient ED Visits + Admissions
N=102

Return on Investment = 1.46
Social Return on Investment = 1.73

Driving Financing Strategies

Alternative Payment Models

Hospital Community Benefits & Partnerships

Grant Funding
Providers continue to receive fee-for-service for asthma clinic visits

Monthly case review by asthma team to identify patients for follow-up

PMPM rate supplements reimbursement for services not typically covered
Future Efforts

CAI model adjusted for Medical Home practices, Community Health Centers

- Population management needed

Collaborate with insurers:

- Bundled or case-based payments for typically non-reimbursable services

Replication of CAI model manual:

- Alabama training and replication manual (American Academy of Pediatrics funding)
- UMass Memorial Medical Center training

http://www.childrenshospital.org/centers-and-services/community-asthma-initiative-program
Contact Information

Community Asthma Initiative (CAI) Team Contacts:
• Elizabeth R. Woods, MD, MPH
  Director of CAI and Associate Chief, Division of Adolescent Medicine
  Elizabeth.Woods@childrens.harvard.edu
• Susan J. Sommer, MSN, WHNP-BC, AE-C
  Clinical Director, CAI
  Susan.Sommer@childrens.harvard.edu
• Urmi Bhaumik, MBBS, MS, ScD
  Evaluation Manager
  Urmi.Bhaumik@childrens.harvard.edu

Presenter:
Ayesha Cammaerts, MBA - Office of Community Health
Manager of Programs and Population Health
Ayesha.Cammaerts@childrens.harvard.edu
References


Discussion/Question and Answer
Questions and Answers

- For users of the audio broadcast, submit questions via chat

- For those who dialed into the meeting, dial 14 to enter the question queue
What’s Next for the National Quality Strategy

- Updated toolkit and briefing slides available at http://www.ahrq.gov/workingforquality/toolkit.htm
- Release of the 2015 Annual Report to Congress (APR)
Thanks for attending today’s event

The presentation archive will be available on

www.ahrq.gov/workingforquality

For questions or high resolution graphics, please email

NQStrategy@ahrq.hhs.gov