New England Asthma Innovation Collaborative (NEAIC): 2012 CMS Health Care Innovation Challenge

Project Components:

• **Service delivery expansion (rapid)**
  – Pediatric High-Risk Asthma
  – Home Visits
    • Intensive self-management education
    • Environmental remediation of known triggers

• **Workforce development**
  – RN/PNP, AE-C (Team Leader)
  – CHW (Bilingual)

• **Committed Medicaid payers**
  – Advance sustainable payment systems

• **Payer and Provider Learners Community**

Nine New England Sites:

• Hospitals, FQHC, Primary Care
  • MA (3)
  • CT (2)
  • RI (3)
  • VT

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NEAIC: How This Works

**Referral Considerations**
- Engage the PCP/Medical Home
  - Build Trust
  - Establish Credibility
  - Prompt communication and problem-solving
  - Unique written reports

**HV 1: RN & CHW**
Needs Assessment
- Asthma History and Educational priorities
- Home Environment
  - Trigger exposure
- Social and Economic
- Care Coordination
- Allergy testing
- Spirometry
- What else do you need help with?

**HV 2: CHW**
Environmental Supplies
- Demonstration
- Application
- Integrated Pest Management
- Review AAP
- Inhalation Technique
- Follow-ups
  - Confirm PCP connection

**HV 3: CHW**
Optimize self-management capacity
- Trigger remediation
- Inhalation technique
- Following AAP
- School management
- Housing issues
- Close the loops with PCP and Specialists

Nurse/AE-C available to help anytime, including additional HVs

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The Power of NEAIC

• Total number of children enrolled: 1145
  – Number of siblings and other family members who benefit – “countless”
• Completion rate once enrolled: 79%
• Achieved multiple statistically significant and similar results across all 9 sites in 4 states
• Higher utilizers (2+ Asthma ED visits) had the greatest ROI
  – RI DPH analysis
The Payer Source ($64K) Question

- How much would you need to save to invest into a program that could:
  - Improve asthma control
  - Improve possession and use of Asthma Action Plans
  - Decrease missed school (50%) and work days (65%)
  - Decrease Oral Steroid Use (43%)
  - Decrease E.D. utilization (56%)
  - Decrease Hospitalization (52%)
  - Improve medication adherence
    - HEDIS Asthma Medication Ratio measure
  - Improve quality of life
    - Juniper’s Pediatric Asthma Quality of Life Scale

- And have data that demonstrates statistical significance

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Building the Business Case

• So what’s the answer to the $64k question?
  – Do you want to spend your money and get better outcomes?
    • **Short-term**: acute care utilization, improved care experience (patient and provider)
    • **Long-term**: QOL, social determinants, lifelong trajectory to manage chronic conditions

• Continue to share (market) our Vision

• Continue to strengthen partnerships (replace silos with bridges):
  – Medicaid / ASO / MCO
  – DPH / CDC
  – SIM / CHW
  – CHA / Hospitals / ACOs

• Invest in additional analysis of existing data