At the Intersection of Public Health and Health Care: CDC’s National Asthma Control Program

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Disclaimer

The information in this presentation does not necessarily represent the official policy of the Centers for Disease Control and Prevention.
Topics Covered

- Overview of CDC FOA EH14-1404: Comprehensive Asthma Control through Evidence-based Strategies and Public Health – Health Care Collaboration
- Funded Non Governmental Organizations
- Michigan's Asthma Program Evaluation Highlights
- CDC's 6|18 Initiative
Comprehensive Asthma Control through Evidence-based Strategies and Public Health – Health Care Collaboration

- **FOA EH14-1404**
  - Aligns with CDC strategic directions to strengthen collaboration between public health and healthcare
  - Aligns with IOM’s Primary Care and Public Health: Exploring Integration to Improve Population Health
Comprehensive Asthma Control through Evidence-based Strategies and Public Health – Health Care Collaboration

- The purpose of this FOA is to maximize the reach, impact, efficiency and sustainability of comprehensive asthma control services.
Key Strategy: Infrastructure

Occurs Statewide - Ongoing and tailored to support the Services and Health Systems strategies.
Key Strategy: Services

School-based Services
SME and link with health care services first, then other services (staff training, environmental, policy) as appropriate

Home-based Services
Assure interventions provide SME, identify and act on appropriate triggers, link with medical care and refer to social services as needed
Key Strategy: Health Systems

- Promote guidelines based care through QI, decision support tools, EHR, quality measures, team-based care
- Facilitate/Make the case for providing or linking to and reimbursing for SME and home-based trigger reduction services
Step-Wise Approach: Complementary Evidence-Based Interventions

Guidelines Based Medical Management
Self Management Education
Multi-component multi-trigger home-based interventions

Comprehensive Asthma Control Services
Outcomes

Short-term outcomes — Improved collaborations, strategic communications and increasing self-management knowledge.

Intermediate outcomes — Increased self-management behaviors and increased asthma management capacity within schools, community and health care settings.

Long-term outcomes — Reduced deaths and hospitalizations from asthma, increased quality of life of people living with asthma and sustain comprehensive asthma control services.
CDC’s National Asthma Control Program
Currently Funded Grantees

Funded by CDC’s National Asthma Control Program
Non-Governmental Organization (NGOs)

- In 2015 NACP funded 4 NGOs to implement communication and education strategies to audiences, including people experiencing a high burden of asthma, caregivers, school personnel, employers, and other supporters.

  - The American Lung Association (ALA)
  - The Asthma and Allergy Foundation of American (AAFA)
  - The National Environmental Education Foundation (NEEF)
  - The Asthma and Allergy Network (AAN)
Non-Governmental Organization (NGOs): ALA

- **(ALA)** - Conducting key informant discussions with adults, community health workers, housing providers and employers to understand their current knowledge, attitudes, practices, and barriers to recognizing and requesting appropriate care and to living and working in supportive environments.

- **(AAFA)** - Conducting environmental scan and querying peer-reviewed studies and gray literature for current evidence on asthma interventions.
THANK YOU

- Questions will be held until all CDC Guest present.
Program Evaluation
and the
National Asthma Control Program

Maureen Wilce
Evaluation Technical Advisor
What is Program Evaluation?

- Evaluation is the systematic investigation of the structure, activities, or outcomes of asthma control programs.
- Program evaluation explores how and why those activities and outcomes are occurring.
- It builds on existing program strengths and promotes effective change.
Benefits of Program Evaluation

• Provides information to guide and advocate for program improvement
• Validates successes
• Systematizes good management practices
• Even a little can go a long way
Quite Simple Really….

• Are we doing the right things?

• Are we doing things right?
Evaluation: Locally Owned & Operated

“Evaluation is something you do, not something that is done to you”

Who are the stakeholders for the program evaluation?
• Those interested in program operations
• Those served or affected by program
• Those who will make decisions based on evaluation findings to improve or enhance program
Involving Stakeholders Throughout the Evaluation

• Describing the program and context
• Prioritizing evaluation questions
• Collecting data
• Interpreting findings and developing recommendations
• Implementing results
CDC’ Framework for Program Evaluation in Public Health

Steps

Engage stakeholders

Gather credible evidence

Justify conclusions

Ensure use and share lessons learned

Describe the program

Focus the Evaluation design

Standards

Utility
Feasibility
Propriety
Accuracy

Describe the program

Ensure use and share lessons learned

Gather credible evidence

Justify conclusions

Engage stakeholders
Using Evaluation to Improve Programs

• Highlight effective program components
  – Recognize achievements
  – Replicate successes
• Assess and prioritize needs
• Target program improvements
• Advocate for the program
Resources

- CDC Framework for Program Evaluation in Public Health

- Practical Evaluation Using the CDC Evaluation Framework—A Webinar Series
  - 5 webinars with expert evaluators and tutorials for self learning
  - http://www.cdc.gov/asthma/program_eval/evaluation_webinar.htm

- Learning and Growing through Evaluation
  - 6 Modules covering evaluation planning and implementation
  - http://www.cdc.gov/asthma/program_eval/guide.htm
CDC 6|18 INITIATIVE
ACCELERATING EVIDENCE INTO ACTION:
CONTROL ASTHMA

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CDC Strategic Directions

**Health Security**

Improve health security at home and around the world

**Leading Causes of Death**

Better prevent the leading causes of illness, injury, disability, and death

**Public Health-Health Care Collaboration**

Strengthen public health – health care collaboration
Accelerate Evidence Into Action

CDC
Identify evidence-based prevention interventions associated with high-burden conditions

Purchasers, Payers, and Providers
Finance and deliver care
3 Buckets of Prevention

1. Traditional Clinical Prevention
   - Increase the use of evidence-based services

2. Innovative Clinical Prevention
   - Provide services outside the clinical setting

3. Total Population or Community-Wide Prevention
   - Implement interventions that reach whole populations
The “6 |18” Initiative

Goals:
Provide partners with rigorous evidence to inform their decisions to have the greatest health and cost impact. Facilitate partner implementation.

High-burden health conditions

6 | 18

Evidence-based interventions that can improve health and save money

Improve population health through
Increased coverage, access, utilization, and quality of prevention
SIX WAYS TO SPEND SMARTER FOR HEALTHIER PEOPLE

- REDUCE TOBACCO USE
- CONTROL BLOOD PRESSURE
- PREVENT HEALTHCARE-ASSOCIATED INFECTIONS (HAI)
- CONTROL ASTHMA
- PREVENT UNINTENDED PREGNANCY
- CONTROL AND PREVENT DIABETES
Asthma’s Impact on the Nation
Aligning Burden of Disease with Target Population

- Over 22 million affected
- Costs ~$63 billion annually
- Higher prevalence: Black Americans (9.9%), Hispanics of Puerto Rican descent (14.6%), <100% of federal poverty level (10.9%)

- Asthma burden
  - 1.8 million emergency department (ED) visits
  - 439,000 hospitalizations
  - About 9 people die from asthma each day

- Burden can be reduced by controlling asthma

Target Population: Persons at high risk of ED visits or hospitalizations for asthma

Sources: [http://www.cdc.gov/asthma/most_recent_data.htm](http://www.cdc.gov/asthma/most_recent_data.htm); Jang J et al., Ann Allergy Asthma Immunol, 2013; [http://www.cdc.gov/asthma/impacts_nation/asthmafactsheet.pdf](http://www.cdc.gov/asthma/impacts_nation/asthmafactsheet.pdf)
Promote evidence-based medical management following 2007 NAEPP guidelines

Promote strategies that improve access and adherence to asthma medications and devices

Expand access to intensive self-management education

Expand access to home visits by licensed professionals or qualified lay health workers

Reported ROI

$3–4 per $1

$2–44 per $1

$2–14 per $1

NAEPP, National Asthma Education and Prevention Program; ROI, return on investment

Sources: [http://www.cdc.gov/sixeighteen/asthma/index.htm](http://www.cdc.gov/sixeighteen/asthma/index.htm); Taitel MS et al., JACI, 1995; Karnick P et al., J Asthma, 2007; Nurmagambetov TA et al., AJPM, 2011; Meyerson KL, Nurs Clin North Am, 2013
Key Accomplishments

• Established and published evidence base and economic evidence for this approach

• National Governors Association Paper “Health Investments That Pay Off: Strategies for Addressing Asthma in Children”

• CDC’s National Asthma Control Program White Paper “Developing a Business Case for Asthma Services in Your State”

Lessons Learned

• Both cost and quality can be valuable to health plans

• Building on existing partnerships and infrastructure can facilitate progress

• Using health plan analytics can be helpful to identify those at high risk

• Targeting individuals at higher risk can yield a higher ROI
First agreement between community asthma coalition and health plan to reimburse home visits at the Medicaid rate for skilled nursing visits (1999)

Services provided:
- home-based self-management education
- home environmental assessments
- resources to reduce exposures to environmental asthma triggers

Utilization data showed reductions in asthma-related ED visits and hospitalizations

Return on investment of $2.10 for every $1 of program costs

As a result of the success of this partnership, the Michigan Department of Health and Human Services convened a payer summit in 2008 where insurers agreed to reimburse asthma self-management education home visits, expanding access to asthma home visits in the state.

Sources:
THANK YOU!

For more information please contact Centers for Disease Control and Prevention

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