

Improving Asthma Control Affinity Group FACT SHEET

The Center for Medicaid and CHIP Services (CMCS) is pleased to announce the **Improving Asthma Control Affinity Group** to support states in implementing quality improvement (QI) activities to improve health outcomes among Medicaid and Children's Health Insurance Program (CHIP) beneficiaries with asthma.

Why Asthma?

Asthma is one of the most common chronic illnesses in the US, especially among children.¹ Medicaid is the most common primary payer for asthma-related hospital stays for children age 18 and younger and for adults age 19 to 44.² Adult Medicaid beneficiaries are 1.5 times more likely to have asthma compared to adults with private health insurance.^{3,4} As asthma is most prevalent among children, minority populations, and low-income families, reducing the impact of asthma is a top priority for Medicaid. While there is no cure for asthma, it can be effectively managed to prevent exacerbation. Furthermore, there are evidence-based strategies that can improve health and reduce Medicaid and CHIP costs associated with the treatment of uncontrolled asthma.

The Medicaid and CHIP Core Set measures include Asthma Medication Ratio, Asthma in Younger Adults Admission Rate, and Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate. For more information and state performance on these measures, visit: <https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/index.html>.

The Opportunity

The **Improving Asthma Control Affinity Group** will provide technical assistance (TA) to state Medicaid and CHIP agencies and their partners through group webinars and one-on-one meetings. QI advisors and subject-matter experts (SME) will provide state teams with individualized guidance including QI tools to identify, implement, and test asthma initiatives and then scale those that prove successful. Participating states will meet monthly from April 2020 through December 2020 to design, prototype, and test data-driven interventions. States will have the option for extended assistance in the following year to continue implementation, evaluate efforts, and plan to sustain and spread successful activities.

This affinity group is part of a larger Improving Asthma Control Learning Collaborative, which includes a series of webinars covering the role of Medicaid and CHIP in asthma control, the use of asthma quality measures for QI initiatives, and state case studies for how to identify and design effective change activities to improve asthma outcomes. While listening to the webinars is not a pre-requisite for the affinity group, the [webinar materials](#) are available on-demand.

State Team Learning Objectives

As a part of the affinity group, state teams will:

- Meet virtually, on a monthly basis, alternating between peer learning workshops and one-on-one state coaching calls, learning from QI advisors and SMEs.
- Create a driver diagram to help focus and plan initiatives, identify and design evidence-based change activities supported by data tools, and utilize storytelling for impact, all guided by QI advisors.
- Test, implement, and evaluate a data-driven QI intervention informed by their state driver diagram.
- Improve QI skills through individual coaching and participation in the peer learning workshops.

Application and Selection

To participate in the affinity group, please complete and submit the [Expression of Interest \(EOI\) form](#) by **8:00 pm EST on Wednesday, March 4, 2020**. In addition to the relevant state Medicaid staff, states are encouraged to include staff from Medicaid managed care plans, providers, the department of health and other public health entities, and other relevant partners, such as the department of education and school systems, as part of the affinity group team.

Upon receipt of the EOI, CMCS and the technical assistance team will contact the state team lead to schedule a call to discuss the state's asthma improvement goals. Affinity group selection criteria include demonstration of:

- Well-articulated goals for participation in the affinity group
- An understanding of the state's challenges and opportunities related to asthma control in the target population
- Access to asthma-related data
- Identification of a well-rounded state team for participation
- Commitment to action with support from Medicaid and/or CHIP leadership

References:

1. https://www.urban.org/sites/default/files/publication/93881/the-relationship-between-housing-and-asthma_1.pdf
 2. <https://www.lung.org/about-us/media/top-stories/expanding-nationwide-medicare-asthma-care-coverage.html>
 3. <https://news.gallup.com/poll/161615/preventable-chronic-conditions-plague-medicare-population.aspx>
 4. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5479677/>
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