

IMPROVING ASTHMA CONTROL AFFINITY GROUP Q&A

01/23/2020

Chris Talbot:

Hello, and welcome to today's CMCS Improving Asthma Control Learning Collaborative webinar. Today's topic is the Improving Asthma Control Affinity Group question and answer. My name is Chris Talbot, and I'll be your technical host for today's session. Before we begin, I wanted to cover a couple of housekeeping items with you. First off, I wanted to let you know that, as we logged into the WebEx event today, your phones were muted. We ask that you please keep them muted to prevent background noise from impacting others on the call.

During today's session, we do have the question and answer pod available on the right-hand side of your screen, where you'll be able to submit any questions that you might have for our presenter during today's session. If you should experience any technical difficulties during today's session, please reach out to me directly by using the chat. You'll find an icon of a cartoon balloon, where you can click on that icon and send a chat directly to me as the host.

Again, my name is Chris Talbot. I will do anything I can to make sure that the technology works well for today's session. Finally, I do want to let you know that today's session is being recorded for those attendees that cannot join us today. I'd now like to turn things over to Deirdra Stockmann from CMCS to give us an introduction. Deirdra, the floor is yours.

Deirdra Stockmann:

Thank you so much, Chris. Hello, everyone, my name is Deirdra Stockmann and I am the Technical Director for Quality Improvement here in the Division of Quality and Health Outcomes at the Center for Medicaid and CHIP Services, and I am really pleased to welcome all of you to the webinar today. This webinar kicks off the next section of our Improving Asthma Control Learning Collaborative, which is the affinity group portion, and we are thrilled and very excited to hopefully have the opportunity to work with many of you in a very action-oriented way, as part of the affinity group through much of the remainder of 2020.

The affinity group is an opportunity to get more hands-on, direct technical assistance to support your state's efforts in improving – or, in implementing quality improvement activities aimed at improving the quality of care, as well as the outcomes for people with asthma in your state. So, we'll give you an overview of the affinity group, what it'll look like, what kind of technical assistance will be available, and what kind of time commitment will be expected of you and your team to get the most out of your opportunity. Then we'll talk about how to express interest in participating in the affinity group and what the selection criteria will be for the state teams, and then, we'll have time for FAQs that we expect many of you may have.

We will then open the floor for audience questions that we have not anticipated and already answered. As Chris mentioned, you can enter questions at any time to the question and answer panel on the side, and we'll be sure to answer them as the right time comes. So, thank you again for joining us. I look forward to getting to know and working with you in the coming year. I will

hand it over to Natasha Reese-McLaughlin from Mathematica who will lead us in the rest of the webinar.

Natasha Reese-McLaughlin:

Great, thank you, Deirdra. My name is Natasha Reese-McLaughlin, and I am a health researcher at Mathematica. Mathematica is supporting CMCS with the Asthma Learning Collaborative and the Improving Asthma Control Affinity Group. Before we begin, let's learn about who you, our webinar participants are. Please let us know what type of organization you represent. Please submit your answers through the poll on the side of your webinar console. We will keep the poll open for about 45 seconds. You can select one answer from the list that includes Medicaid and CHIP agency, department of public health, other state or local agency, health plan, healthcare provider, community asthma program, or other. Please don't forget to hit submit once you've selected an answer.

Great. So, the results of the poll, which are shown on the right of your webinar console, indicate that we have many participants from the department of public health, Medicaid and CHIP agencies, health plans, community asthma providers, and other. It's so great to see such a variety of organizations represented on the call today. Next slide. To kick off the webinar, I will provide an overview of the upcoming CMCS Improving Asthma Control Affinity Group.

As many of you know, affinity groups offer a combination of facilitated peer-to-peer learning and one-on-one technical assistance to both increase knowledge in an identified topic, such as asthma control, and support states in identifying and implementing change activities. Affinity groups are action-oriented, and therefore include project identification or implementation. Meetings create an opportunity for participants to learn from other state teams and subject matter experts. Topics for the meetings are tailored to match the interests and needs of the participants. Next slide.

CMCS has conducted several affinity groups in the past on a variety of topics, such as postpartum care, HIV, and tobacco cessation. In closing discussions, participants highlighted several benefits from participation. While there are many advantages noted, the most common key advantages we've heard were that regular meetings helped the state teams remain on track with their goals, the affinity group provided a unique opportunity to learn about and share best practices with peer states, and that collaboration with a QI advisor and subject matter experts allowed states to pursue high-impact structural and policy changes with increased support. Next slide.

We are thrilled to kick off CMCS' next affinity group, which focuses on asthma control. As one of the most common chronic illnesses in the US, especially among children, asthma control is a high priority area for CMCS and states. Medicaid is the most common payer for asthma-related hospital stays for children 18 and younger, and for adults ages 19-44. Adult Medicaid beneficiaries are 1.5 times more likely to have asthma compared to their privately insured counterparts. Despite a high prevalence among Medicaid and CHIP beneficiaries, asthma can be effectively managed to prevent avoidable healthcare utilizations, such as asthma-related ED visits. Better asthma control is possible and provides Medicaid and CHIP agencies with an opportunity to improve population health. Next slide, please.

To that end, the Improving Asthma Control Affinity Group aims to drive measurable improvement on asthma control for Medicaid and CHIP beneficiaries. Progress on this goal may be shown through improved performance on the Asthma Medication Ratio measures in the Core Sets, or reduced asthma-related hospitalizations or ED visits. Next slide.

There are also five main objectives for the affinity group. These objectives include (1) to expand state Medicaid and CHIP agencies' knowledge of evidence-based asthma interventions and best practices for implementation, (2) to learn from state experiences implementing asthma interventions, (3) to use data-driven approaches to identify, test, implement, and evaluate an asthma-related QI project, (4) to improve states' QI skills, and (5) to support state strategies to work with providers and communities to improve asthma control. Next slide.

The Asthma Affinity Group will take place over the course of nine months, from April 2020 to December 2020. Ongoing support will then be available to interested state teams through 2021. The affinity group includes monthly meetings, which mostly alternate between group workshops with state teams some months, and one-on-one calls between individual state teams and QI advisors other months. The workshops will be peer-driven and facilitator-led. Facilitators include QI advisors and asthma experts who will guide the meeting discussions on topics such as the selection, implementation, and assessment of evidence-based interventions to promote asthma control. Next slide.

This slide shows a roadmap for the Asthma Affinity Group. The curriculum is designed to provide state teams with the tools needed throughout a QI project lifecycle, from identifying an area of need, to implementing a QI project that addresses that need, to completing an objective assessment of whether a project initiated change.

Starting with the top-left box in April, we will kick off the affinity group with workshop one. Workshop one focuses on the process for selecting a project's aims and identifying drivers of asthma control that support that aim. Next, in May, each state will participate in a one-on-one call with a QI advisor who will support the team to finalize their project aim and hone their asthma control driver diagram.

During workshop two, a QI advisor will demonstrate the process for selecting a family of measures and identifying project stakeholders. The one-on-one calls after this workshop will focus on reviewing the state's baseline data, developing the state's measurement strategy, and planning the state's plan, do, study, act – or PDSA – framework for the project.

Moving to the box at the bottom of the middle column, the third workshop in August will have state teams share their PDSA strategy and discuss change activity selection and work plan development. The fourth workshop will further support data efforts by helping states think through how to work with stakeholders and how to create data tools such as run charts. During the two sets of one-on-one calls after workshops three and four, states will continue to work on change activity selection and data collection, utilization, and implementation.

The final workshop in December will review stakeholder implementation and spread strategies

for scaling interventions. In the final one-on-one call of 2020, QI advisors will be on-hand to help address any implementation challenges. From January 2021, through September 2021, interested states will have the opportunity to receive ongoing support for implementing, evaluation, adjusting, and scaling initiatives. Next slide.

On this slide, we show an example of what a state team might experience by participating in the affinity group. At the first workshop, a QI advisor coached the state on identifying a QI goal. In this example, the state team selected improving performance on the Asthma Medication Ratio Core Set measures. During the first one-on-one call, the QI advisor then reviewed the state's data with the team and assisted them in finalizing their driver diagram. In this example, the QI advisor and the team identified drivers that the state could address to improve medication management. Based on those drivers, the QI advisor and the state team also began to outline the stakeholder engagement strategy needed for a successful project.

During the second workshop, the state team shared their QI project idea with peer states and solicited ideas for next steps. In this example, the state team shared the idea for implementing a post-ED and inpatient discharge follow-up program. The QI advisor also worked with the state to identify a family of measures that aligned with this project idea. I'm not going to continue to review all of the workshops and calls in this example, but as you can see, the state worked in the group meetings and one-on-one calls with QI advisors to develop a work plan for the asthma hospital follow-up project, to identify data tools and a measurement strategy, and to outline an implementation strategy. At the end of the nine months, the state then continued to work on launching the asthma discharge follow-up program with the support of the QI advisors. I'm going to pause here so that you can digest the information on the slide. Next slide.

I will next introduce you to the expression of interest, or EOI form, and the criteria that CMCS will use when selecting the affinity group participants. To participate in the Asthma Affinity Group, state teams must submit an EOI form that briefly explains the state's goals for the affinity group. The EOI form will be distributed after this webinar, and is due by 8:00PM Eastern Standard Time, on Wednesday, March 4th, 2020. This date is one week after CMCS' quality conference, which I hope you will be able to attend. Representatives from the affinity group team are attending the conference and will be happy to answer any questions you may have about the affinity group. So, please come see us at the Mini-Plenary 3 QI TA session. We'll be available both Tuesday and Wednesday afternoon. Feel free to drop by, ask questions, and let us know what is going on in your state with regards to asthma. If you are not attending the conference, but have questions about the affinity group, you can e-mail our TA mailbox, which we will provide at the end of the webinar.

Please note, the EOI form should be submitted through a Google form that can be found at the link shown in the middle bullet. We will also provide the link via e-mail after this webinar. While the Google form will be used to formally submit the EOI, a PDF version of the EOI form and a fax sheet with more details on the affinity group are available at [Medicaid.gov](https://www.Medicaid.gov) for reference. You can find a link to the [Medicaid.gov](https://www.Medicaid.gov) Asthma Learning Collaborative page the bottom bullet shown on the slide. Next slide.

Now, I want to give you a very quick high-level overview of what will be included in the EOI

form. The EOI form consists of five questions. First, question one asks for state teams' participation goals and outcomes of interest. We encourage you to use data or performance measures in your response.

Question two asks about asthma-related covered services in your state, and any known challenges or opportunities related to asthma control. For question two, we know that all states cover physician visits, medications, and hospitalizations, so we're really looking for the extra services, such as community health worker visits, asthma educators, environmental control services, etc.

Question three asks teams to provide an early project idea for consideration. You don't have to have a fully formed project idea in mind. We'll work on that as part of the affinity group. But you are encouraged to think about a QI project that meets the needs of your state and that you'd like to work on.

Question four asks the team to provide basic information about who will be on a state team, and whether they have confirmed their participation. Many teams find it helpful to include a data analyst. This is not required but will be very helpful. We also encourage you to reach out to providers, your public health colleagues, school-based programs, or any other asthma stakeholders you will work with in order to have a positive impact.

Finally, question five requests senior leadership sign off on the project goals. Ideally, we'd like to see the Medicaid director sign off on your participation, but other leaders can provide this sign off as well. It should be someone who will support your work and ensure that the resources needed for your QI project are available. I know these images are a little small, but as a reminder, we'll be sharing a PDF of the EOI after this webinar. Next slide.

So, here, we show the criteria CMCS will use when selecting state teams for participation in the Asthma Affinity Group. These criteria include well-articulated goals for participation in the affinity group, an understanding of the state's challenges or opportunities related to asthma control in the target population, access to asthma-related data, identification of a well-rounded state team for participation, and commitment to action with support from Medicaid and/or CHIP leadership. Next slide.

In the next couple of slides we will review a few frequently asked questions related to the Asthma Affinity Group. We hope these FAQs will answer some preliminary questions you might have. For starters, we'll discuss the composition of the state team. So, who should be on the state team? State teams should be led by a Medicaid or CHIP staff member. As I mentioned earlier, we also recommend that the team includes at least one person who works with, or has access to, asthma-related data.

Next, can we include partners outside of the state Medicaid or CHIP agency? Yes, absolutely. CMCS encourages states to partner with other asthma stakeholders, which could include staff from the Medicaid managed care plans, healthcare providers, the department of public health, asthma control program, and others. We envision that collaboration with public health partners would be very helpful for state improvement projects. In fact, Mathematica and CMCS have

been working across the Medicaid and public health spheres at the federal level by collaborating with the CDC on the planning of the CMCS Asthma Learning Collaborative.

Next, I'll touch on the Asthma Affinity Group's team capabilities. In the previous slide, I shared a suggestion for including a team member who has access to data. A natural follow-up question we get is, "Well, what are the requirements around data?" As you know, data is foundational to QI initiatives. For this reason, we strongly recommend that state teams be able to generate and share asthma-related data. This ensures proper implementation of a project and concrete understanding of the outcomes from a project's implementation. Your stakeholder partners will also need to be able to contribute leading measure data to monitor improvement efforts on a monthly basis. Leading measures are indicators of performance that might predict future success. For example, an asthma-related leading measure could be the number of community health workers trained to provide asthma self-management education. Next slide.

The next question asks what kind of time commitment should state teams expect for participation in the Asthma Affinity Group? We estimate that state teams will devote between 6 and 12 hours per month to the affinity group. This time estimate includes attending workshops, participating in one-on-one calls, preparing materials related to the affinity group, and working with stakeholder partners on the QI project itself. We understand that schedules are quite full, so these hours can be spread across the members of the state team. Next slide.

Lastly, as we noted, the EOI form requests that state teams provide the contact information for senior leadership in the agency who supports the project's goals. You may be wondering who qualifies as a senior official. Senior officials may include the state's Medicaid director, medical director, or other senior leadership in the agency, such as the director of Medicaid managed care, if your project includes a managed care focus, or the director of quality improvement, for example.

At this point, we'd like to open the floor for any audience questions. Please submit your questions through the Q&A function in the corner of your screen. Great. We have received several questions about the EOI form. Just as a reminder, immediately after this webinar, we will be sending out an e-mail that includes a link to the EOI form and a link to where the EOI PDF can be found on Medicaid.gov.

We've also received a few of questions on when the EOI form is due. As a reminder, the EOI form is due by 8:00PM on Wednesday, March 4th.

The next question that we've received relates to if there will be in-person meetings. At this time, we're envisioning that all the affinity group meetings will take place over the phone.

We've received a question on when the slides from today's presentation will be available. The slides and recording of this presentation will be available on Medicaid.gov in the coming weeks.

We've also received questions about the types of projects that states might want to bring to the affinity group. What we would encourage you to do is look at your state's data and identify areas of need or opportunity for improvement, and to use that data in your expression of interest form

as you start to think about potential projects for improvement.

We've also received a question about whether or not state employees outside of the state Medicaid or CHIP agency can participate. As a reminder, yes, state employees outside of the Medicaid or CHIP agency can participate. In fact, we encourage state teams to participate with any asthma stakeholders in the state that might help the project succeed.

Thank you again for submitting all your questions. As a reminder, as you digest the material, if you have additional questions please feel free to reach out to our QI TA mailbox, which we will share at the end of this presentation.

I'd like to end today's webinar by sharing some resources that you might find helpful to review as you prepare your Asthma Affinity Group EOI form.

First, the Asthma Affinity Group is part of CMCS' Improving Asthma Control Learning Collaborative. Many of you have attended the previous three webinars, which explored 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 implement effective change activities to improve asthma control. If you're interested, the materials from these three webinars, including the slides, transcripts, and recordings, are available on-demand at [Medicaid.gov](https://www.Medicaid.gov). Reviewing these materials is not a prerequisite for participating in the affinity group. However, these foundational materials may be helpful for state teams. Next slide.

Additionally, I wanted to let you know of the QI resources available through the Medicaid and CHIP's Quality Improvement Open School. The Open School online courses provide an overview of QI building blocks. These courses and the Open School's library of resources can supplement the asthma QI work we will do through the affinity group. If your state decides to focus on a priority area other than asthma, you can take advantage of the Open School curriculum and improve your QI skills for another project. For more information, please visit the Open School website link at the bottom of this slide.

Finally, please reach out to our QI TA mailbox if you have any questions related to the affinity group. Thank you so much for joining us today, and we look forward to your participation in the Improving Asthma Control Affinity Group. Have a great rest of your day.