**EXSUM Population Health Best Practice Paper**

**Improving Asthma Care in Children**

**Group Project Durando, Eppes, Ochoa**

**Problem:** Look at a best practice being done to improve asthma care in children

**Method of research/Model:** Literature Review/Donabedian Model

**Domain:** Military Medical/Performance Measurement and Improvement

**Overview:**

The Robert Wood Johnson Foundation funded a program titled, *Improving Asthma Care for Children*, which tested new approaches in managing children with asthma. The goal of this program was to improve the quality of care and health outcomes for children with asthma. The program ran between 1999 and 2005. The economic impact of treating asthma is over $3.2 billion a year, and accounts for nearly two million emergency room visits. Reducing emergency room utilization and the cost to care for asthma was a major goal of this initiative.

The program funded 5 sites across the US to develop new techniques to manage asthma care in children. These programs all relied on critical clinical evidence that supports the notion that quality of care can be improved by; reducing environmental triggers, increasing patient and clinical staff education to include the creation of asthma action plans; and the practice of utilizing case management strategies to improve outcomes.

The RWJF chose five Medicaid managed care programs with varying organizational structures to issue the grants ($500,000 each) to. All five demonstration sites reported significant improvement in at least one area of childhood asthma management. Across the five sites, 55 sustainability goals were originally proposed. Of those 55 goals, 38 were fully achieved and 12 were partially achieved.

In regards to asthma-related emergency room visits, Affinity Health Plan saw a decline in the emergency room visits by 400 percent and Family Health Partners saw a decline of 40 percent. Asthma-related hospitalization was also reduced by 50 percent at Family Health Partners. Affinity Health Plan saw asthma related hospitalization costs reduced by 50 percent.

**Findings:**

This study demonstrated that Medicaid managed care organizations can develop and implement interventions that have a favorable impact on the cost of asthma care and the health care of children. Medicaid managed healthcare plans, particularly those serving at-risk members with asthma, are in a position to improve asthma management and promote better member outcomes and quality of life. These healthcare organizations were successful in achieving their asthma quality improvement goals by carefully documenting innovative new strategies using outcome based results.

**Lessons Learned:**

Applying the Donabedien Model of Structure-Process-Outcome we saw that changing the *structure* of how asthma patients are managed, and developing new *processes* (patient registry/improved case management/reducing environmental triggers/provider incentives/increasing education for patients) resulted in higher quality care being delivered. We saw measureable *outcomes* though the reduction in ER utilization and the decline in the cost per patient to manage asthma patients.