

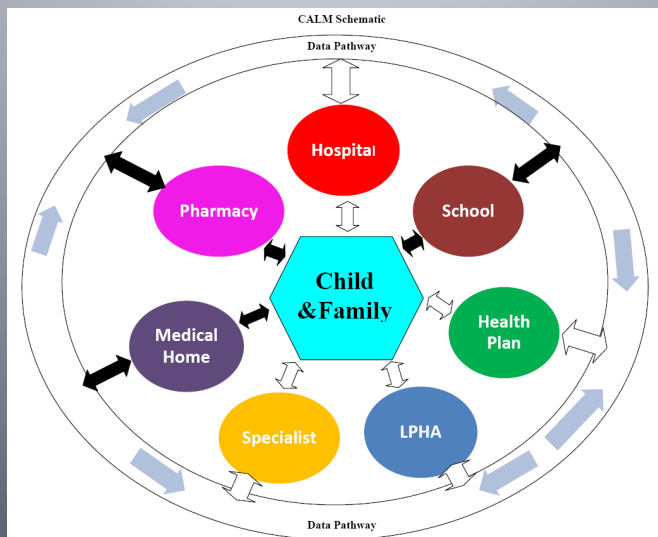
Asthma Ready® Communities
University of Missouri Health Care

Reimbursement for "Asthma Education"



Clinical and Community Care Collaboration
Ben Francisco, PhD, PNP, AE-C





Insurer-Prompted Interventions

Missouri Department of Social Services

Jay Nixon, Governor
Alan O. Freeman, Director

Home Children Families Health Care Youth Local Offices

MO HealthNet for Kids

The Department of Social Services provides many services for Missouri children through the MO HealthNet for Kids (MHK) Program, the state's healthcare program for children. Two divisions within the department, the **Family Support Division** and the **MO HealthNet Division** coordinate to provide these services.

Through the MO HealthNet for Kids program, children receive full, comprehensive coverage including primary, acute and preventative care, hospital care, dental and vision care as well as prescription coverage. Whether your child is currently enrolled in MO HealthNet for Kids or you're interested in learning more about the program, this portal page has been created to help you find information from all three divisions including how to apply, who is eligible, what benefits are offered and how to find a doctor in your area.

Four Ways to Apply

Apply **online**, **Download** and print an application to fill in and mail. Call toll free at **1-888-275-5908** to request an application. Visit your local **Family Support Division office** to apply.

Childhood Resources

Immunization Schedule for 0-6 years

Catch up Immunization Schedule for 4 months - 18 years

Childhood Lead Testing

DSS Support Programs

- Child Support
- Child Care Assistance
- Blind Services for Children
- Pregnant Women and Newborns

Application Eligibility

Providers FAQ Premiums

Array of Clinical & Preventive Services*

Service Type	Eligible Group	Service Cost
1) Asthma Literacy	Uncontrolled asthma	Low, \$9441*
2) Key Messages	Everyone w/asthma	Bundled w/OP visit
3) Inhalation instruction	Everyone w/asthma	Low, 94664
4) PMC, risk reduction	Uncontrolled asthma	Medium, 99402,1
5) Medication Therapy Management	Claims alerts at point of dispensing Rx	Medium, 99605,6,7
6) Self-management	Very poor control-VPC	Moderate, 98960,1,2*
7) Home Trigger Reduction	VPC, good ICS adherence/technique	Moderate, T1028*
8) Coach/counselor	VPC, failed 1-7	High, CPT-?????

Asthma Ready® Communities 2014

MO Medicaid Reimbursement Plan

- Childhood asthma as a qualifying condition for health home services (PMPM allocation for patients receiving a “touch” that month)
- Community preventive asthma services – CPT codes approved for reimbursement: S9441, T1028, 98960.61, 62 (with Rx)
- Clinical asthma educational services – CPT codes approved for reimbursement: 99401, 99402, 98960 (61, 62), 94664

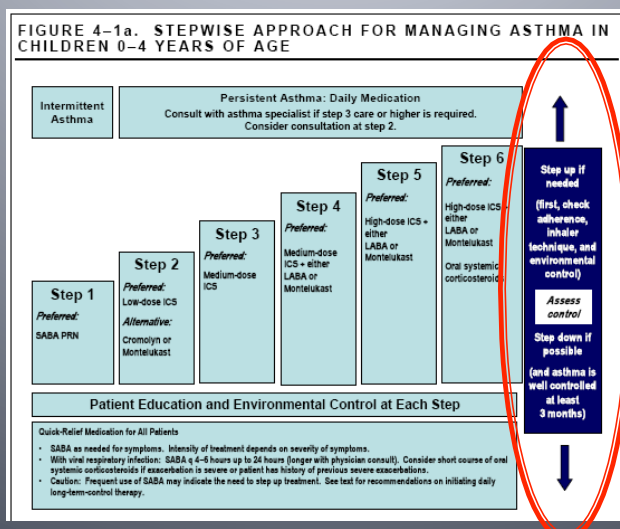


Data-driven Care & Evaluation

Service & Data Linkages

- All interventions are coupled with EPR₃-complaint assessments (impairment and risk)
- All paid encounters (clinic or community) generate EPR₃-compliant assessment data
- Claims and assessment data are merged to stratify risk, assess impairment and prompt a cost-effective intervention

Clinicians Adjust Rx Therapy Based on...



EPR₃ Guide to Stepping Therapy Up or Down

- Step up IF needed
- FIRST, check adherence
- THEN, check inhaler technique
- AND, check environmental control
- **Step Down**, IF asthma is well controlled for 3 months or longer

Must base therapy step changes on **assessment** of adherence, inhalation technique and triggers



Recognizing Uncontrolled Asthma

Clinical

Ill child, short of breath, wheezing, coughing, fever?

Allergy season?

GERD flare?

(MD, NP, PA)

Lens 1

Clinicians Assess Impairment & Risk

FIGURE 4-3b. ASSESSING ASTHMA CONTROL AND ADJUSTING THERAPY IN CHILDREN 5-11 YEARS OF AGE

Components of Control		Classification of Asthma Control (5–11 years of age)		
		Well Controlled	Not Well Controlled	Very Poorly Controlled
Impairment	Symptoms	≤2 days/week but not more than once on each day	>2 days/week or multiple times on ≤2 days/week	Throughout the day
	Nighttime awakenings	≤1x/month	>2x/month	≥2x/week
	Interference with normal activity	None	Some limitation	Extremely limited
	Short-acting beta ₂ -agonist use for symptom control (not prevention of EIB)	≤2 days/week	>2 days/week	Several times per day
	Lung function <ul style="list-style-type: none">• FEV₁ or peak flow• FEV₁/FVC	>80% predicted/ personal best >80%	60–80% predicted/ personal best 75–80%	<60% predicted/ personal best <75%
Risk	Exacerbations requiring oral systemic corticosteroids	0–1/year	≥2/year (see note)	
	Reduction in lung growth	Consider severity and interval since last exacerbation		
	Treatment-related adverse effects	Evaluation requires long-term followup.		
Recommended Action for Treatment (See figure 4–1b for treatment steps.)		Medication side effects can vary in intensity from none to very troublesome and worrisome. The level of intensity does not correlate to specific levels of control but should be considered in the overall assessment of risk.		
		<ul style="list-style-type: none">• Maintain current step.• Regular followup every 1–6 months.• Consider step down if well controlled for at least 3 months.	<ul style="list-style-type: none">• Step up at least 1 step and• Reevaluate in 2–6 weeks.• For side effects: consider alternative treatment options.	<ul style="list-style-type: none">• Consider short course of oral systemic corticosteroids.• Step up 1–2 steps, and• Reevaluate in 2 weeks.• For side effects, consider alternative treatment options.

Recognizing Uncontrolled Asthma

Claims

↑ SOS (systemic oral steroids)
 ↑ SABA (quick relief inhaler)
 ↑ Acute care days (ER, hospital stays)

? ICS

(↑ antibiotics)
 (Too many doctors)

Lens 2

Successful Strategies & Promising Interventions

just do it.



Pharmacy Claims

Service Date	Drug Name	Quantity	Days Supply	Refill	Therapeutic Class	MPR % Description		
						MPR%	Alerts Physician	Pharmacy
10/05/2011	FLUTICASONE PROP 50 MCG SPRAY	16	30	0	Eye, Ear, Nose & Throat Preparations	181%	C	A
10/05/2011	RANITIDINE 150 MG TABLET	60	30	0	Gastrointestinal Drugs	90%	C	A
10/05/2011	FLOVENT HFA 220 MCG INHALER	12	30	0	Hormones and Synthetic Substitutes	-	B	C
10/04/2011	IPRATROPIUM BR 0.02% SOLN	125	30	1	Autonomic Drugs	102%	A	A
10/04/2011	ADV AIR HFA 230-21 MCG INHALER	12	30	1	Hormones and Synthetic Substitutes	91%	B	C
09/28/2011	NAPROXEN 500 MG TABLET	60	30	0	Analgesics and Antipyretics	103%	A	A
09/24/2011	TRAZODONE 50 MG TABLET	30	30	1	Psychotherapeutic Agents	105%	O	A
09/22/2011	CEFUROXIME AXETIL 500 MG TAB	28	14	0	Antibiotics	-	C	A
09/20/2011	CEPHALEXIN 500 MG CAPSULE	30	10	0	Antibiotics	-	D	B
09/12/2011	CYCLOBENZAPRINE 5 MG TABLET	28	14	0	Autonomic Drugs	-	A	A
09/01/2011	IPRATROPIUM BR 0.02% SOLN	125	30	1	Autonomic Drugs	-	A	A

	A	B	C	D	E	F	G	H	I	J	K	L		
1	Sample FQHC										March 2014 - February 2015			
2	N = randomized listing number													
3	DCN = Medicaid number													
4	ACD = Acute Care Days = ED visits + inpatient days										ACD	≤ 1	2 to 3	≥ 4
5	ED = # times in emergency room										ED	≤ 1	2 to 3	≥ 4
6	SOS = Systemic or Oral Steroid = # times steroids taken										SOS	≤ 1	2 to 3	≥ 4
7	SABA = # of inhalers obtained Short-acting Beta Agonist										SABA	0 to 4	5 to 7	≥ 8
8	ICS = # / 12 as a % of expected refills										ICS	> 80%	80% to 40%	< 40%
9	(all calculations are for the preceding 12 months)													
10														
11	N	DCN	ACD	Hospital	ED	SOS	SABA	ICS						
228	217	####	0	0	0	1	0	0%						
229	218	####	8	0	8	2	4	33%						
230	219	####	4	0	4	10	9	42%						
231	220	####	4	0	4	0	5	25%						
232	221	####	0	0	0	0	0	0%						
233	222	####	1	0	1	0	1	0%						
234	223	####	2	0	2	1	11	58%						
235	224	####	2	0	2	0	3	33%						
236	225	####	2	0	2	1	1	17%						
237	226	####	6	0	6	2	14	17%						
238	227	####	0	0	0	0	3	25%						
239	228	####	0	0	0	0	3	33%						
240	229	####	1	0	1	0	5	58%						
241	230	####	0	0	0	0	2	17%						
242	231	####	6	0	6	3	3	50%						
243	232	####	0	0	0	1	3	8%						
244	233	####	6	0	6	1	3	0%						
245	234	####	0	0	0	0	1	17%						
246			498	140	358	108	595	20%						
247														
248														
249	Mean					Risk Profile (Zero equals No Risk)								
250	ACD rate			2.1	SOS/ICS ratio			0.19						
251	SOS rate			0.5	ACD/ICS ratio			0.90						
252	ICS rate			2.4	SABA/ICS ratio			1.07						
253	SABA rate			2.5										
254														
255														

Recognizing Uncontrolled Asthma

<https://www.youtube.com/user/AligningForces>

Community

Impaired student

↑ Absence from school

“Sick House”

“Sick Building”

Lens 3

Successful Strategies & Promising Interventions

just do it.

School nurses assess impairment & risk

FUNCTIONAL IMPAIRMENT ASSESSMENT

To be completed at the beginning of VISIT ONE.

In the past two weeks, did asthma keep you from doing these things ...?

	Not at all	A little bit	Some	A lot	Totally
Playing at friends', neighbors', or relatives' houses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Running fast or playing hard (things that use a lot of energy or action)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shooting hoops, bike riding, walking up stairs, jumping rope, dancing, or playing an instrument (things that use less energy or action)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walking (things that use a little energy or action)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleeping all night (not awakened by coughing or difficulty breathing)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do people SMOKE around you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

VISIT ONE (Week 1)

NOTE: Please use "Respiratory Inhaler" poster and "Poster Update" to assist student with identifying ICS medication.

NOTE: Please use POKET GUIDE for step by step instructions for both Asma-1 and In-Check Dial.

Date of Visit 1			Does student take ICS medication?	Weekly ICS Doses	Device	Asma-1	In-Check Dial
Month	Day	Year	Yes <input type="radio"/> No <input type="radio"/>	1 2 3 4 5 6 7 8 9 10 11 12	MDI or DPI	Best FEV1	Target Time (minutes)
01	01	01	<input type="radio"/>	01	<input type="radio"/>	01	01
02	02	02	<input type="radio"/>	02	<input type="radio"/>	02	02
03	03	03	<input type="radio"/>	03	<input type="radio"/>	03	03
04	04	04	<input type="radio"/>	04	<input type="radio"/>	04	04
05	05	05	<input type="radio"/>	05	<input type="radio"/>	05	05
06	06	06	<input type="radio"/>	06	<input type="radio"/>	06	06
07	07	07	<input type="radio"/>	07	<input type="radio"/>	07	07
08	08	08	<input type="radio"/>	08	<input type="radio"/>	08	08
09	09	09	<input type="radio"/>	09	<input type="radio"/>	09	09
10	10	10	<input type="radio"/>	10	<input type="radio"/>	10	10
11	11	11	<input type="radio"/>	11	<input type="radio"/>	11	11
12	12	12	<input type="radio"/>	12	<input type="radio"/>	12	12

NOTE: Please use POKET GUIDE for step by step instructions for both Asma-1 and In-Check Dial.

Before Coaching

IFR	IFT
01	01
02	02
03	03
04	04
05	05
06	06
07	07
08	08
09	09
10	10
11	11
12	12

After Coaching

IFR	IFT
01	01
02	02
03	03
04	04
05	05
06	06
07	07
08	08
09	09
10	10
11	11
12	12

For Example: Taking Flovent HFA, 2 puffs twice a day for one week equals 14 doses (A.M. dose + P.M. dose x 7 days = 14 doses)

Recognizing Uncontrolled Asthma



3 Lens View

Progress to date in Missouri

- 3 year, CDC-funded study demonstrated ROI 8:1 for school based intervention for Medicaid
- AAFA and local legislator advanced a preventive asthma services proposal (2014)
- Governor signed Budget Bill 2011 (2015)
- Missouri Medicaid (MO MC) convened statewide group to determine rules & process
- MO MC added Childhood Asthma as a qualifying condition for Health Home

Progress to date in Missouri (2)

- IMPACT Asthma© ECHO® was funded by the Missouri legislature, PCP expert support & CME (Extension for Community Healthcare Outcomes)
- Asthma Risk Panel reports were approved by MO MC, clinics serving >5000 children have received reports, many more waiting
- FQHC network has approved work plan to deliver claims and community risk reports as "Patient Visits Summaries" at point of care
- Pending CMS approval PAS, HH amendment

Thank you to the

Centers for Disease Control & Prevention

Missouri Foundation for Health

**Health Care Foundation
of Greater Kansas City**

Project ECHO

(hub-and-spoke knowledge-sharing network)

<https://www.youtube.com/watch?v=VAMaHP-tEwk>

www.asthmaready.org

Asthma Ready Communities

Asthma Ready® Communities (ARC) is an overarching endeavor to provide standardized, evidence-based educational programs for children with asthma, families and health professionals. These programs enhance the readiness of health care professionals and facilities to provide cost-efficient care that is compliant with the Guidelines for the Diagnosis and Management of Asthma: Expert Panel Report 3. For parents and caregivers, these programs provide comprehensive steps to improve asthma control in infants and children. For facilities, Asthma Ready® is a designation indicating that the facility has participated in asthma training, has the resources and is committed to delivering appropriate services, maintaining communication standards, and conducting quality improvement efforts to ensure best practices for the care of children with asthma. Asthma Ready® is a registered federal trademark owned by the University of Missouri.

The ARC team is located in the division of Pulmonary Medicine & Allergy, Department of Child Health, University of Missouri (MU), School of Medicine, Dr. Francisco and the clinical staff are members of University Physicians practice group, providing specialty care at MU Women's and Children Hospital, Pediatric Specialty Clinic. Other staff represents disciplines ranging from social health science to epidemiology. The central office is located in Columbia, MO 65212.

Contact Us
info@asthmaready.org
 Phone: 573.884.8629
 FAX: 573.884.8629

Thank you!

