



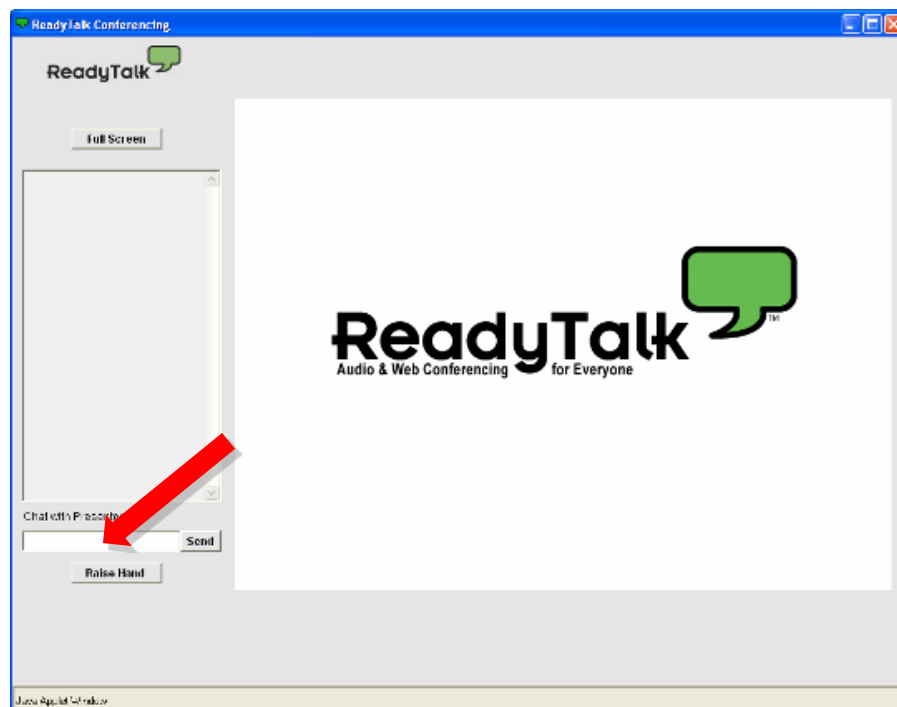
# National Quality Strategy Webinar: **BEST PRACTICES TO IMPROVE COMMUNITY HEALTH**

August 6, 2015



# Housekeeping

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# Agenda

- **Introduction to the National Quality Strategy**

Nancy Wilson, Executive Lead, National Quality Strategy

- **Community Health and the National Quality Strategy**

Nazleen Bharmal, Director of Science and Policy, Office of the Surgeon General of the United States

- **Spotlight: Boston Children's Hospital Community Asthma Initiative**

Ayesha Cammaerts, Manager, Programs and Population Health, Office of Community Health, Boston Children's Hospital

- **Discussion/Question and Answer**



# Introduction to the National Quality Strategy

Nancy Wilson, B.S.N., M.D., M.P.H.



# Background on the National Quality Strategy

- Established by the Affordable Care Act to **improve the delivery of health care services, patient health outcomes, and population health**
- The Strategy was first published in 2011 and serves as a **nationwide effort** to improve health and health care across America
- The Strategy was iteratively designed by public and private stakeholders, and provides an opportunity to **align quality measures and quality improvement activities**
- Now in its 4<sup>th</sup> year, public and private organizations of all sizes have adopted the National Quality Strategy to drive health improvement

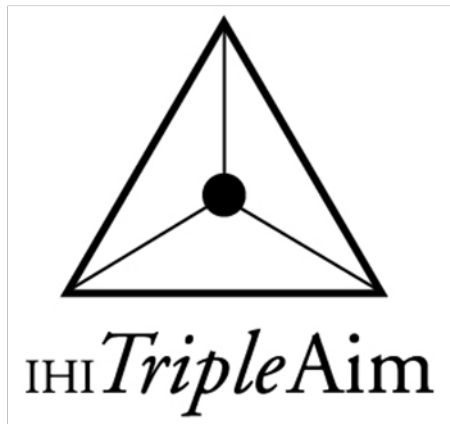


The strategy is to concurrently pursue three aims:



# The Relationship Between the Institute for Healthcare Improvement's Triple Aim and NQS Three Aims

Improving the  
patient experience  
of care  
(including quality and  
satisfaction)



Improving the health  
of populations

Reducing the per capita  
cost of health care

**Better Care:** Improve overall  
quality, by making health care  
more patient-centered,  
reliable, accessible, and safe.



**Healthy People/Healthy  
Communities:** Improve the  
health of the U.S.  
population by supporting  
proven interventions to  
address behavioral, social  
and, environmental  
determinants of health.

**Affordable Care:** Reduce  
the cost of quality health  
care for individuals,  
families, employers, and  
government.





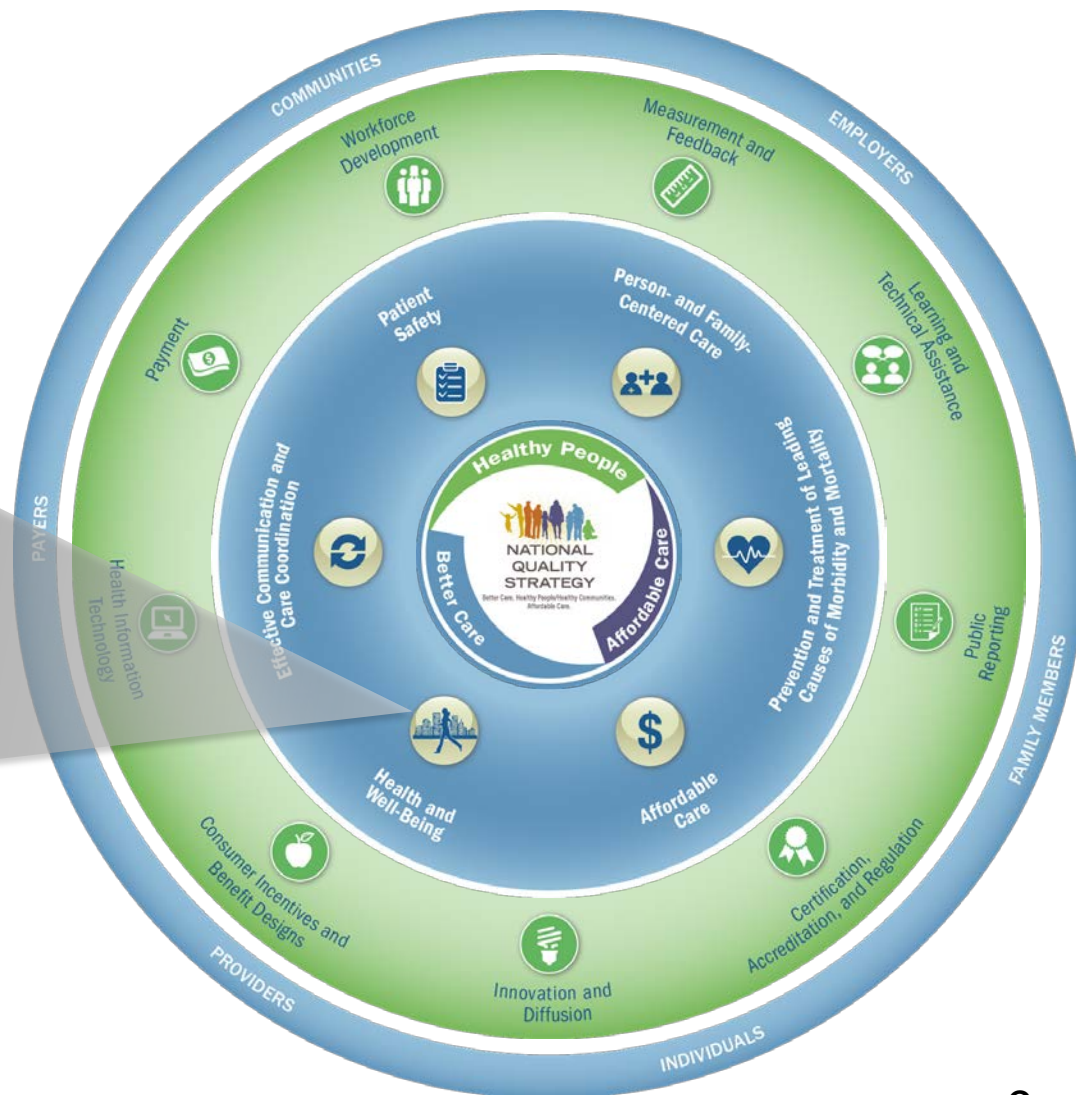
# The National Quality Strategy: How it Works





# The National Quality Strategy Priorities

## Health and Well-Being



## Priority 5: Working with communities to promote wide use of best practices to enable healthy living

### LONG-TERM GOALS

1. Promote healthy living and well-being through community interventions that result in improvement of social, economic, and environmental factors.
2. Promote healthy living and well-being through interventions that result in adoption of the most important healthy lifestyle behaviors across the lifespan.
3. Promote healthy living and well-being through receipt of effective clinical preventive services across the lifespan in clinical and community settings.

View the 2014 Quality and Disparities Report Chartbook on Healthy Living:  
<http://www.ahrq.gov/research/findings/nhqrdr/2014chartbooks/healthyliving/index.html>



# Surgeon General's Priorities

Nazleen Bharmal

Director of Science and Policy

# CULTURE OF PREVENTION

Community Prevention

Health Equity

# CAMPAIGNS

- Active Living
- Tobacco and Drug-Free Living
- Emotional and Mental Well-Being
- Healthy Eating
- Ending Violence

# Boston Children's Hospital Community Asthma Initiative

Agency for Healthcare Research & Quality  
National Quality Strategy  
Priorities in Action Webinar

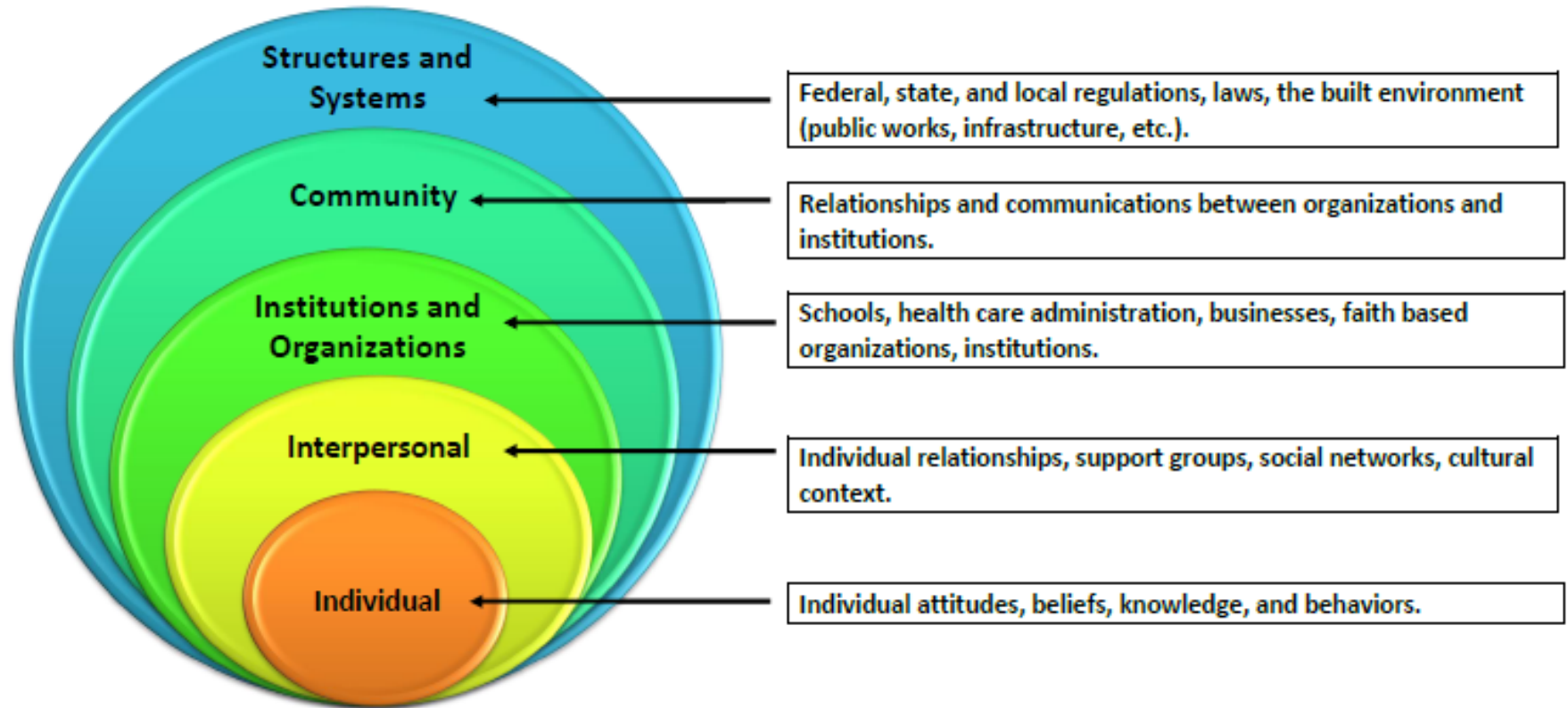
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**Ayesha Cammaerts, MBA**  
**Manager of Programs and**  
**Population Health**



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# Community Asthma Initiative (CAI): Impacts Multiple Levels of the Socio-Ecological Model

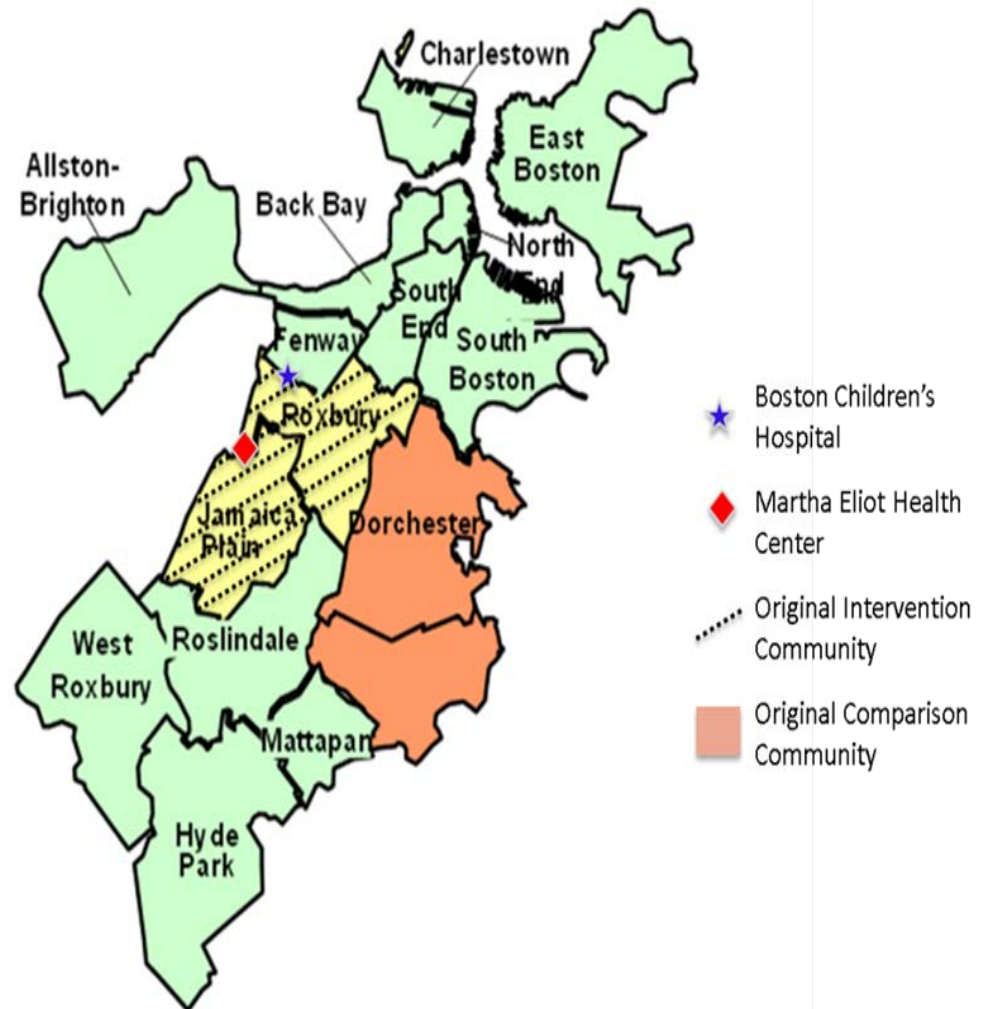


Source: Center for Disease Control and Prevention: Addressing Obesity Disparities  
[http://www.cdc.gov/obesity/health\\_equity/culturalRelevance.html](http://www.cdc.gov/obesity/health_equity/culturalRelevance.html)



# Patient Population

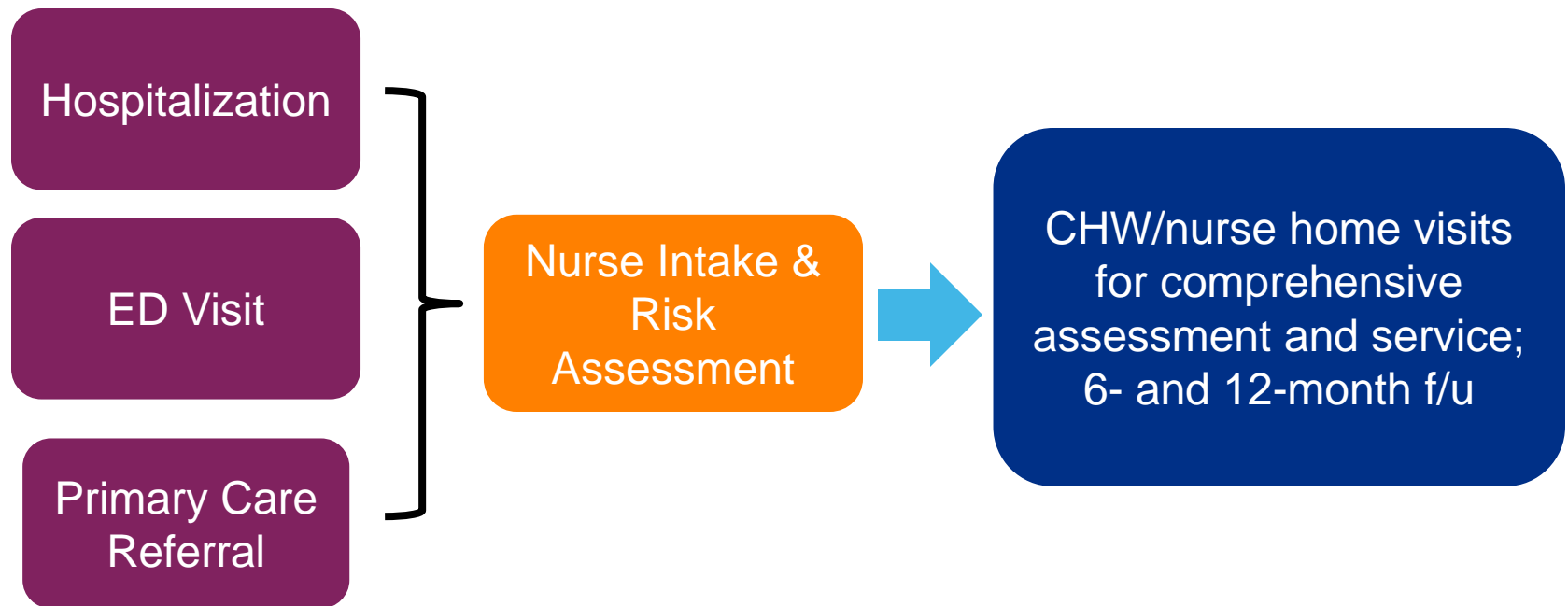
- 70% of children hospitalized for asthma came from five low-income Boston neighborhoods
- Predominately African-American and Latino
- At initiation of CAI Boston Schools had 16% asthma prevalence, with 5 schools >24%



Source: Health of Boston, Boston Public Health Commission:

<http://www.bphc.org/healthdata/archive/Documents/Health%20of%20Boston%202005.pdf>

# Service Model



- Establishing families' goals for asthma control
- Providing care coordination by bilingual and bicultural nurses and Community Health Workers

# Service Model *Continued*

- Identify and address barriers to good control
  - Provide patient-centered education about asthma and medications
  - Monitor medication adherence
  - Assess home/school environmental triggers
  - Navigate insurance coverage/benefits
- Environmental trigger remediation
  - Integrated Pest-management materials
  - HEPA vacuums, bed encasings
- Housing advocacy with inspection services:
  - Link to Boston Public Health Commission
  - Referrals to community resources



# Evaluation Framework

Data	Measures
From structured interviews in home-visits we obtain information about ED visits, hospitalizations, missed school days, and missed work days for the intervention group.	Health Outcomes Quality of Life
Boston Children's hospital administrative data provides information about ED visits, hospitalizations, and costs, this includes data from the comparison group	Health Outcomes Cost Analysis

# Return on Investment (ROI) Results:

$$\text{ROI} = \frac{\text{Cost savings from reduced ED visits + hospitalizations}}{\text{Program Costs}}$$

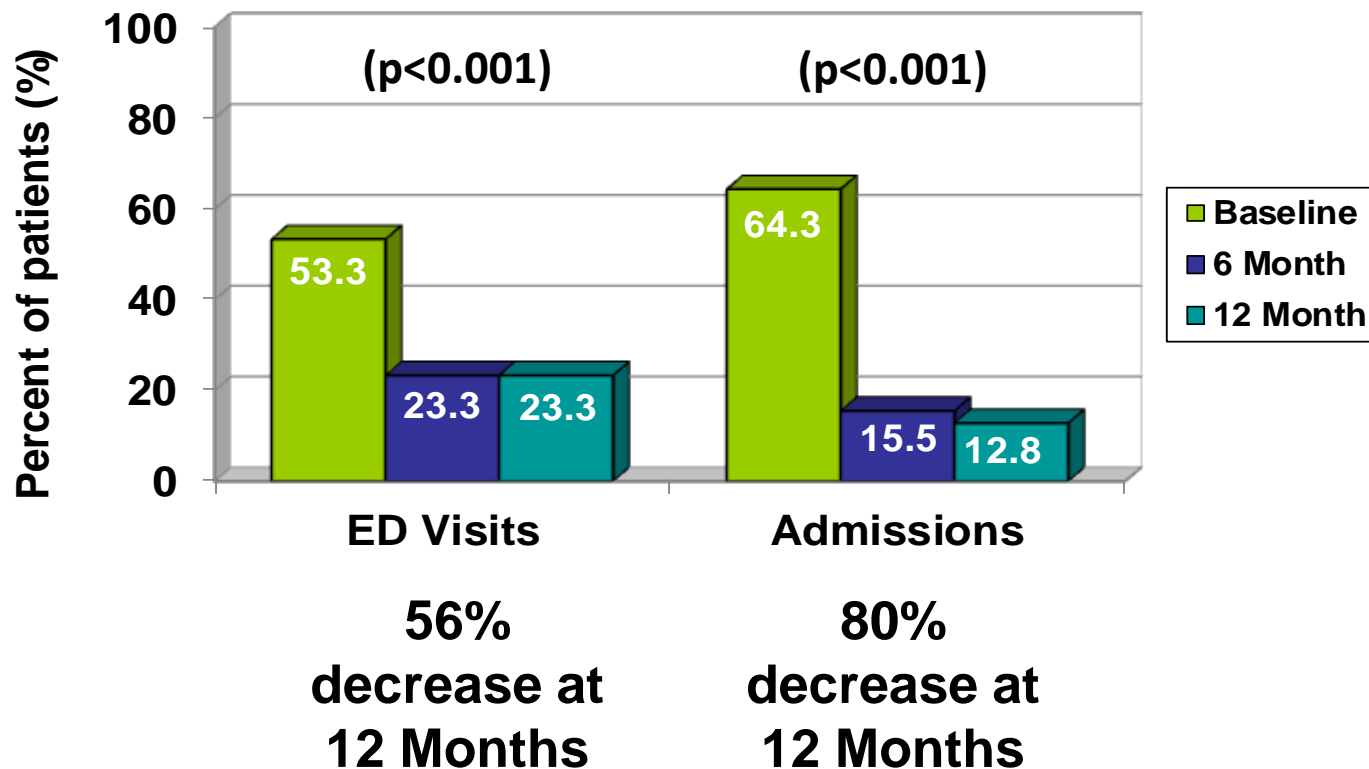
$$\text{Social ROI} = \frac{\text{Cost savings from reduced ED visits + hospitalizations} + \text{QOL Benefits}}{\text{Program Costs}}$$



# Health Outcomes Results:

## Decrease in % patients with any ED Visits or Admissions due to asthma

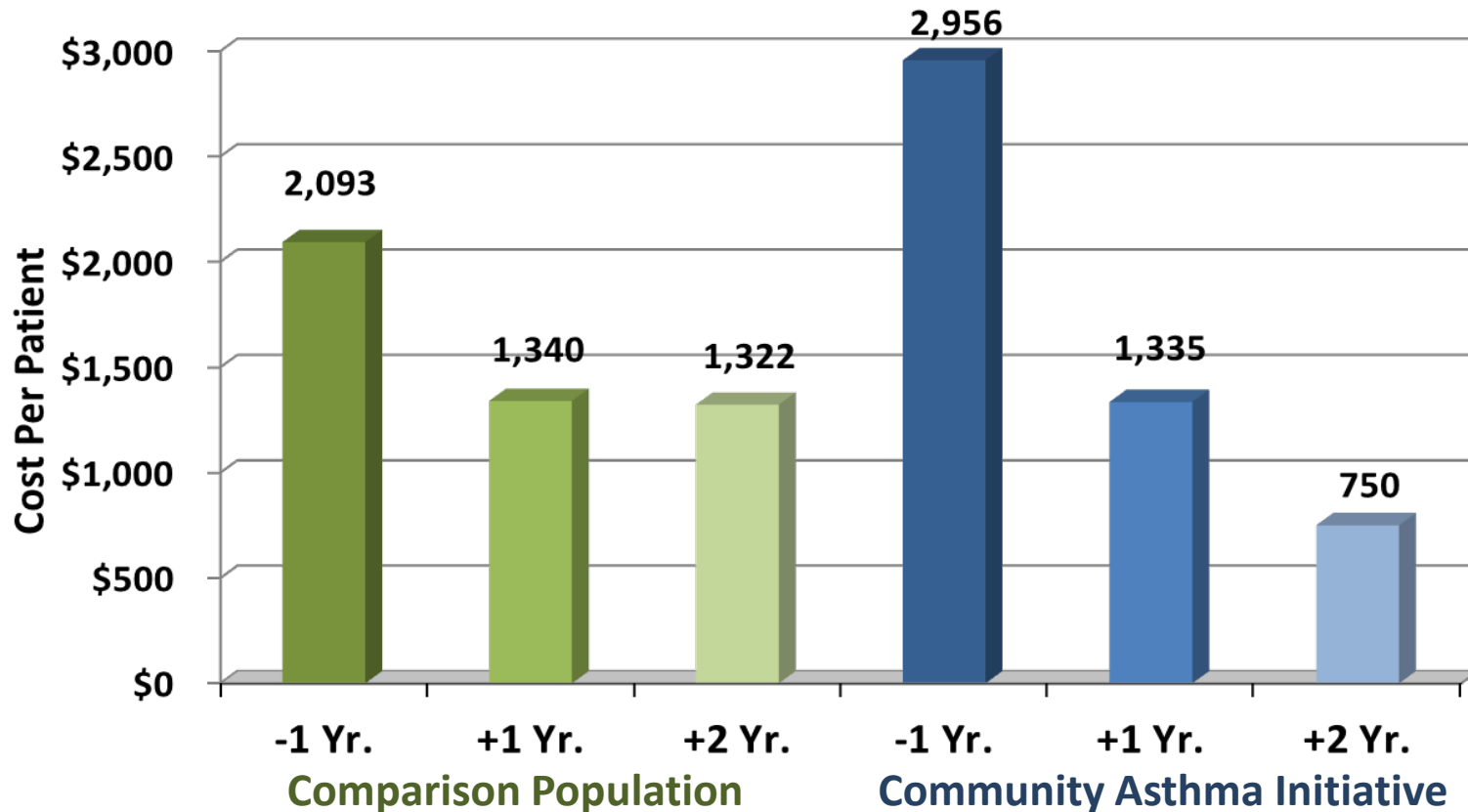
N=1470 (through March 2015)



# ROI and SROI:

Total Cost Per Patient ED Visits + Admissions

N=102

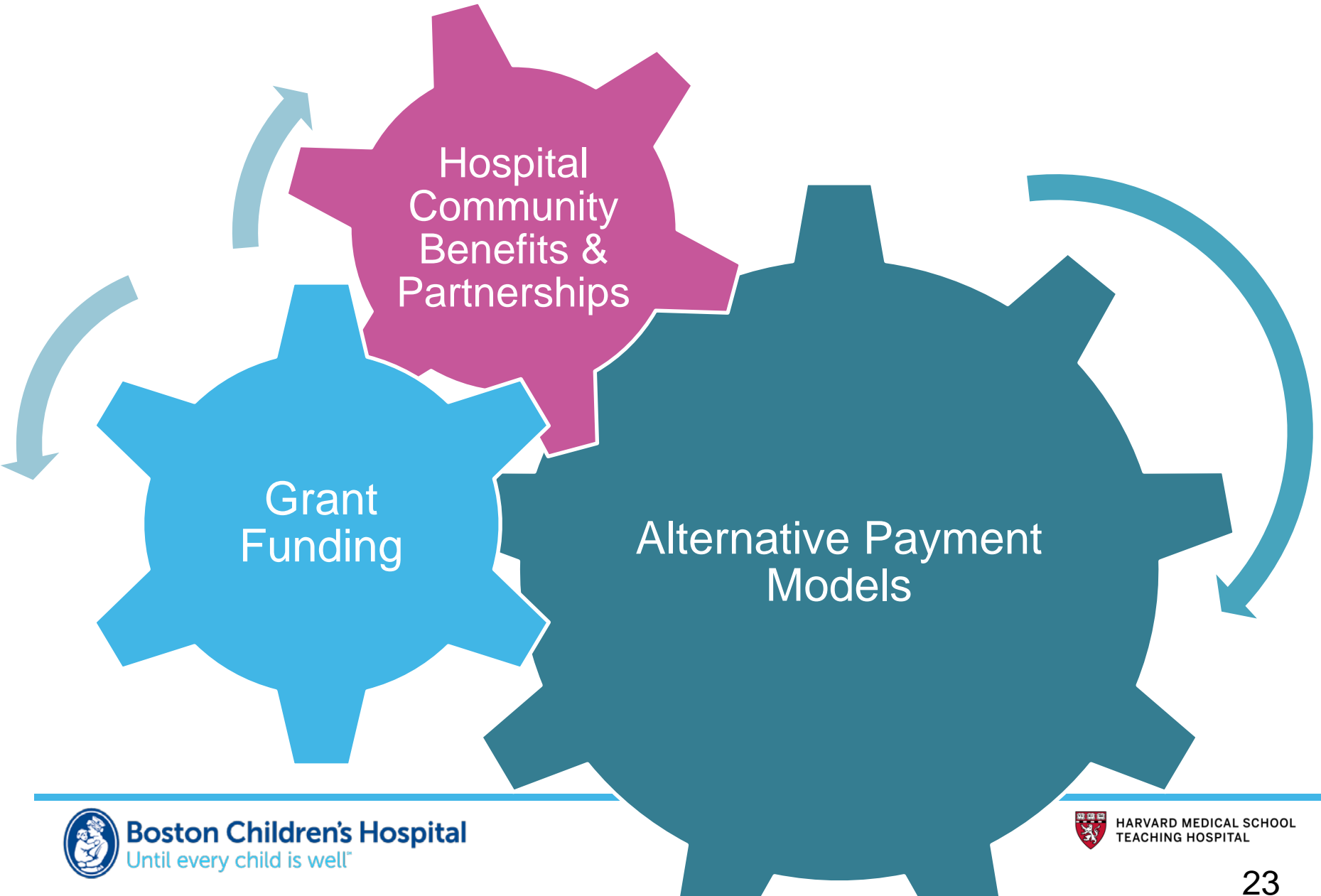


**Return on Investment = 1.46**

**Social Return on Investment = 1.73**



# Driving Financing Strategies



# Children's High-Risk Asthma Bundled Payment (Medicaid Pilot)



Providers continue to receive fee-for-service for asthma clinic visits



Monthly case review by asthma team to identify patients for follow-up



PMPM rate supplements reimbursement for services not typically covered

# Future Efforts

CAI model adjusted for Medical Home practices, Community Health Centers

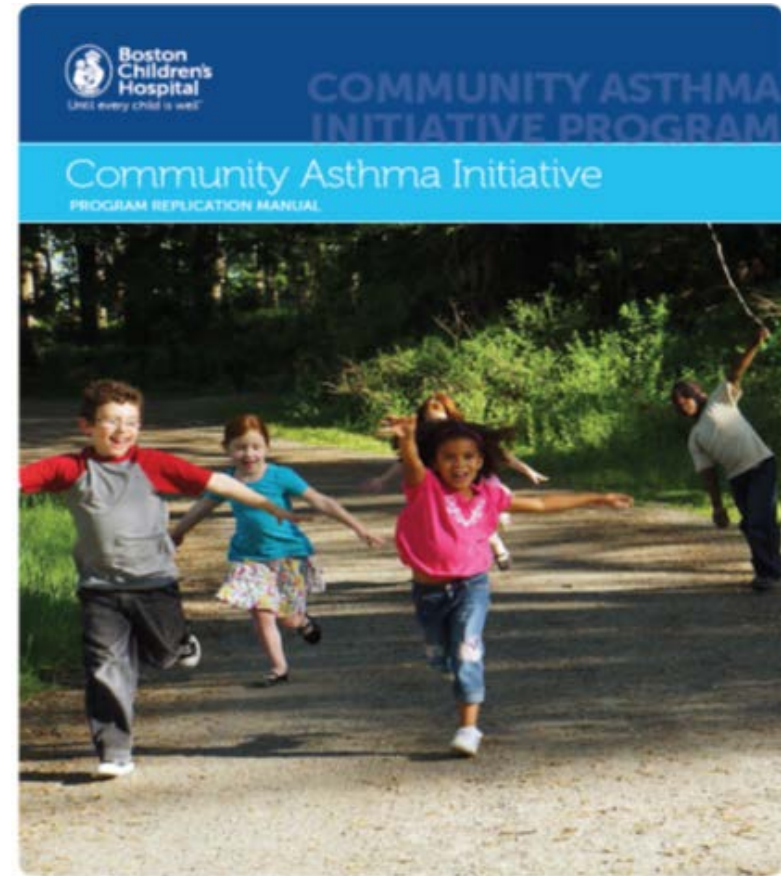
- Population management needed

Collaborate with insurers:

- Bundled or case-based payments for typically non-reimbursable services

Replication of CAI model manual:

- Alabama training and replication manual (American Academy of Pediatrics funding)
- UMass Memorial Medical Center training



<http://www.childrenshospital.org/centers-and-services/community-asthma-initiative-program>

# Contact Information

## Community Asthma Initiative (CAI) Team Contacts:

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# References

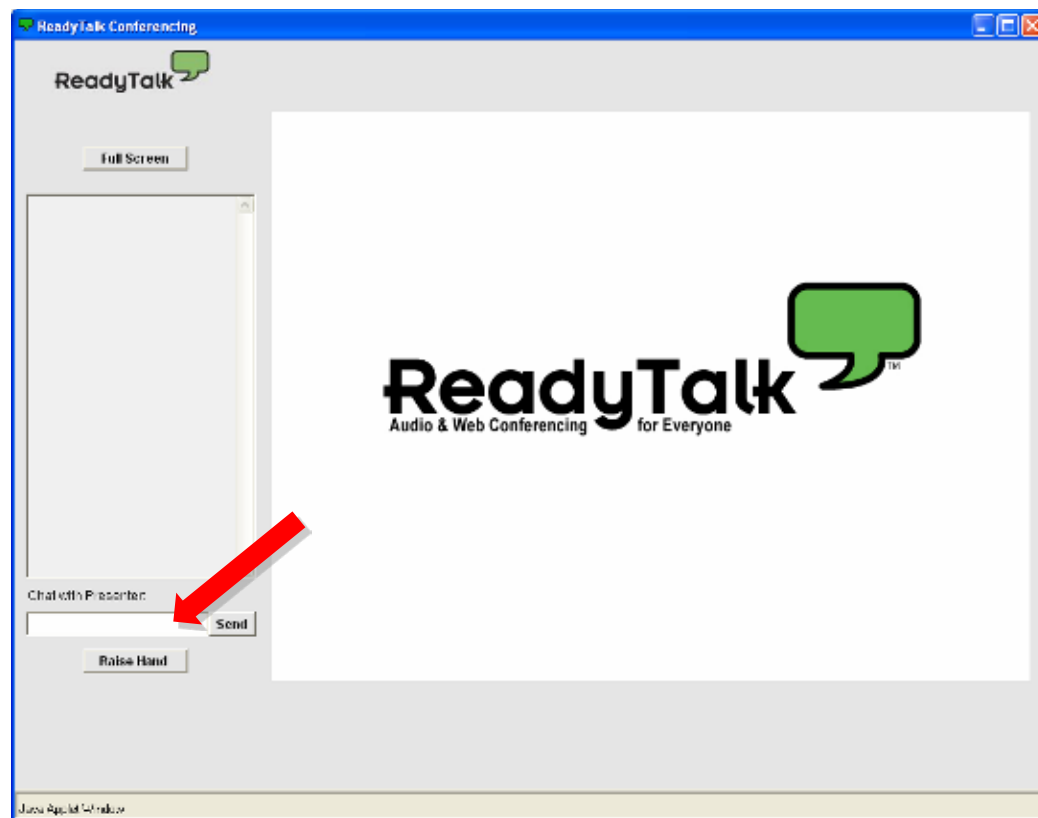
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# Discussion/Question and Answer



# Questions and Answers

- For users of the audio broadcast, submit questions via chat
- For those who dialed into the meeting, dial 14 to enter the question queue





# What's Next for the National Quality Strategy

- Updated toolkit and briefing slides available at <http://www.ahrq.gov/workingforquality/toolkit.htm>
- Release of the 2015 Annual Report to Congress (APR)
- Release of the 2015 Agency-Specific Plans at <http://www.ahrq.gov/workingforquality/reports.htm>



# Thanks for attending today's event

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