

# Asthma Data Workgroup Minutes

4/26/07, 2:00 to 4:00 pm

Portland State Office Building, 800 NE Oregon Street, Portland, OR 97232

## ATTENDEES:

Susan Arbor (DMAP), Susan Boardman\* (Providence), Susan Bricker (CareOregon), Amy Brittan (ODS), Jody Carson (Acumentra), Chris Coon (DMAP), Mike Emerson (DHS), Donna Erbs (Kaiser Permanente), Susan Good (DMAP), Julie Guenette (Acumentra), Janet Kershner (Tuality), Thuy Kisselman\* (MPCHP), Prasad Ravi (Kaiser Permanente)

\* Attended by conference call.

## UPDATES AND ANNOUNCEMENTS:

- Onie Greiling, the health systems coordinator for the state asthma program, is leaving the program to go back to school.
- Susan Good introduced herself as the new Chronic Disease Management and Prevention coordinator at the Division of Medical Assistance Programs (DMAP).
- Susan Bricker reported that her former colleagues in the Asthma Coalition of Texas are developing their own set of technical specifications and indicators, and have borrowed heavily from Oregon's Asthma Data Workgroup (ADWG) technical specifications. The Texas folks will acknowledge the ADWG, and ADWG members should be proud that their work on the technical specifications and data analysis is being copied by other state asthma programs!
- Susan Arbor discussed the report provided to the Ways and Means Committee. The committee expressed interest in having performance measures for asthma and other chronic diseases included in the report. The committee is also interested in having the performance measures stratified by race and ethnicity.

## PEDIATRIC ASTHMA DISPARITIES PRESENTATION:

- Mike presented and ADWG members discussed initial findings for the pediatric asthma disparities project, a project with a diverse Leadership Team with members from many agencies and organizations and supported in part by the Agency for Healthcare Research and Quality (AHRQ). Below is a brief summary of the presentation. Please contact Mike (971-673-1121 or [michael.j.emerson@state.or.us](mailto:michael.j.emerson@state.or.us)) with any questions or to receive a copy of the PowerPoint presentation.
  - The Leadership Team has developed an action plan with three priorities outlined below. To see the action plan, please visit the pediatric asthma disparities webpage: <http://www.oregon.gov/DHS/ph/asthma/disparities.shtml>.
    1. Improve pediatric asthma surveillance.
    2. Increase awareness of and practices promoting asthma self-management.

3. Improve access to asthma care for low-income children.
- The Leadership Team's objective is to improve asthma outcomes and access to care for low-income children with asthma. The four steps identified by the Leadership Team to achieve this objective include the following:
    1. Identify communities with disproportionately worse asthma outcomes among low-income children.
    2. Work with communities to identify gaps in access to asthma care and self-management support.
    3. Assist communities in implementing interventions that address gaps.
    4. Improve asthma outcomes among low-income children.
  - Three maps were presented that show rates by county for ED visits for asthma, hospitalizations for asthma, and low asthma medication ratios. The maps were based on Medicaid claims data from 2005 for children age 0-17 years. There are several key differences compared to the usual asthma performance measures: (1) no continuous enrollment was required; (2) includes children served by FCHP, FFS, and PCM; (3) age range is 0-17; and (4) the denominator was the number of children served by Medicaid in each county.
    1. Asthma ED visits: higher rates observed for Clatsop, Lincoln, Union, Baker, Douglas, Jefferson, and Yamhill counties.
    2. Asthma hospitalizations: higher rates observed for Clatsop, Linn, Lane, Douglas, Coos, Malheur, and Yamhill counties.
    3. Low medication ratio (<0.33): higher rates observed for Clatsop, Columbia, Lincoln, Curry, and Coos counties.
    4. Overall: generally higher rates in Clatsop, Coos, Lincoln, Malheur, and Yamhill counties. Higher rates may be due to a number of factors such as lack of access to care, high smoking rates, high asthma prevalence, environmental factors, and any number of other factors.
  - The next step is to get communities interested in their data and assist them in assessing what's going on and how best to address the problem with interventions appropriate to the factors identified through an assessment process.

#### PLANS FOR ANALYSIS OF DATA FOR THE 2006 MEASUREMENT YEAR

- There was a brief discussion about the technical specifications for the 2006 measurement year. Below are some of the highlights:
  - There aren't any new performance measures for 2006.

- Mike will try to add steps to the DMAP-QPI performance measures specifications that address those measures used by ADWG but not necessarily for the DMAP-QPI FCHP plans. Susan Arbor suggested that the specifications would need to be clear as to which measures apply to the Medicaid plans and which specifications are to be followed by plans participating in the ADWG. These specifications are written in a concrete step-by-step format, which data analysts appear to find more useful compared to the original technical specifications derived for the ADWG. Mike will finish revision of the specifications in time for health plans to receive them by the middle of June.
- Mike will update the NDC list with help from participating health plan pharmacists. Amy Brittan volunteered the help of one of their pharmacists, and one of DMAP's pharmacists is also likely to help. The list will also be finished in time for distribution to the health plans by the middle of June.