Asthma CarePartners Program

Sinai Urban Health Institute
AAAAI Meeting
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Asthma CarePartners: An Innovative Care Management Collaboration

• Asthma CarePartners (ACP) program started in August of 2011 by Sinai Urban Health Institute (SUHI)
• Established contractual partnerships to embed the Community Health Worker (CHW) model into standard healthcare delivery
• Based on four previous asthma interventions by SUHI, utilizing the CHW model, with rigorous results and demonstrated cost savings
• Partnerships were formed with Family Health Network (FHN), a Medicaid funded managed care organization, and Blue Cross Blue Shield of Illinois (HMO)
• Currently in second two-year contract with FHN, whose case managers refer children and adults with uncontrolled asthma

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• Participants receive six home visits during the year-long intervention
• CHWs complete extensive evaluation forms, collecting data at home visits and via follow up phone calls
• ACT (Asthma Control Test) administered monthly
• Asthma education, home environmental assessment, medical device training
• Development of Asthma Action Plan (AAP)
• Participants encouraged to visit primary care physician consistently
Community Health Worker (CHW) Model

- CHWs are trusted members of their community and have an unusually close understanding of the people they serve
- CHWs are immensely effective in establishing honest relationships with the people they work with
- The CHW in-home visits are indispensable since the condition of a person’s home can heavily impact asthma symptoms
- Many children and adults are in need of individualized education on how best to control asthma since the issues that impede a person’s ability to manage asthma are complex and often require varying areas of expertise

ACP Program Outcomes

- 265 participants were enrolled in the program from its inception on 8/16/11 and through 8/27/13
- Of those participating in the program, 52 had thus far completed the 12-month intervention
- Health care utilization was decreased dramatically and symptoms were reduced

ACP Outcomes: Symptom Frequency

Figure 1: Symptom Frequency in the past 2 weeks at Baseline vs. average during follow-up period (12 months) (n=52)

* Statistically significant difference (p<.05) from baseline score. Wilcoxon signed-rank non-parametric test used to assess statistical significance.
ACP Outcomes: Health Resource Utilization

Figure 2. Asthma-related Health Resource Utilization in the Year Prior to and Following the Intervention (n=52)

* Statistically significant difference (p<.05) from baseline score. Wilcoxon signed-rank nonparametric test used to assess statistical significance.

ACP Program Conclusions

- Program data demonstrates dramatic and life-changing improvement in asthma management resulting in:
  - Reduction in asthma symptom frequency
  - Reduction in health resource utilization
  - Improved quality of life scores
- Findings regarding urgent health resource utilization support assertion that ACP is resulting in significant healthcare cost-savings, estimated at $3,200 saved per patient/year over costs incurred during the baseline year. This translates to $5.79 saved per dollar spent on the intervention.
- Partnership between an asthma program and a health plan is a win-win for all! The lives of patients and families are improved, health care costs are reduced and money is saved.

ACP Wins URAC Award

The Asthma CarePartners program won the 2013 URAC Gold Best Practices Award in health care consumer engagement and protection

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