

New Mexico Asthma Control Program

Partnering with Communities to Reduce the Burden of Asthma

Internal Program Evaluation Brief: Strategic Evaluation Plan 2015-2016

The New Mexico Asthma Control Program (NMACP) has concluded evaluation activities from program year 2015-2016. 2015-2016 evaluation activities include: Nor-Lea General Hospital Asthma Self-Management Program, La Casa Home Visiting Program, and Envision UNM QI Project.

Nor-Lea Asthma Self-Management Education (ASME) Program

The Nor-Lea Asthma Self-Management Education (ASME) Program is a referral based program providing asthma self-management education through a collaboration between the New Mexico Asthma Control Program (NMACP) and Nor-Lea General Hospital (NLGH).

2015-2016 Program Outcomes

In the 2015-2016 program year, data show that 100% of **caregivers** could demonstrate proper use of medicine, use an asthma action plan, and identify asthma triggers after their ASME visit(s). Of **patients** that completed **more than one** visit, 66% could name asthma triggers, and 78% could use an asthma action plan at the end of their visits. This is compared to the 24% of patients that completed **only one** visit that could name asthma triggers and could use an asthma action plan at the end of their visit. These data demonstrate the program resulting in better asthma management skills, especially for those patients that completed more than one visit.

Patients that completed more than one visit also reported increases in Quality of Life (QoL). 66.6% of these patients responded “a lot”, and 33.3% responded “somewhat” to the statement, “I feel that my quality of life has improved since learning more about my asthma and how to control it”. These response rates were comparable to responses in 2014-15 where 60% of participants responded “a lot” and 30% responded “somewhat”.

ACT (Asthma Control Test) score data were not analyzed due to the small sample size of poorly controlled patients completing more than one visit (n=2).

Process Improvements

In 2015-2016 there was a substantial decline in patient referrals and, the total number of patients seen. As a result, the program goals of increasing patients each year and referrals representing a range of possible avenues were **not met**. In addition to this, of the patients that were referred **and** completed 60% of ASME visits, 78% were well-controlled. This disparity between poorly controlled and well controlled patients attending ASME indicates the need for more poorly controlled patients attending multiple ASME visits in order to achieve the long term outcome of reduction in ED visits/hospitalizations.

Discussion/Recommendation

Recommended 2016-2017 program evaluation priorities include:

- 1) *Increasing referral sources and assessing barriers to receiving referrals, including researching the ability to develop an asthma registry*
- 2) *Assessing and reducing barriers to patient follow-up.*
- 3) *Assessing and reducing barriers in accessing ASME for poorly controlled asthmatics.*

Envision UNM Quality Improvement

The New Mexico Asthma Control Program (NMACP), part of the Environmental Health Epidemiology Bureau (EHEB), of the Epidemiology and Response Division (ERD), of the New Mexico Department of Health (NMDOH) partnered with Envision UNM to implement QI initiatives in health systems where the burden of asthma is disproportionately high. The goal of this partnership is to increase provider adherence to the National Asthma Education and Prevention Program (NAEPP) guidelines through QI coaching and medical record reviews. All of the following data are from the Envision UNM 2015-2016 annual summary report.¹

2015-2016 Program Outcomes

In the 2015-2016 program year data show increases in QI experience for all QI processes measured by pre/post-tests completed by providers. Although this QI experience did not translate into changes in clinic policy, clinic procedures have been strengthened through increased knowledge of NAEPP guidelines, and QI coaching. The primary example of this is, “sites improved their Asthma Control Test and severity documentation measures from approximately 70 to 95 percent.”

Another success was that patient follow-up increased from 70 to 100 percent. “The key to this increase was clinic-wide communication, scheduling follow up appointments, and sending patient reminders (sometimes multiple) before the appointment.”¹

Process Improvements

Envision UNM reported all clinics had difficulties getting patients to schedule and attend **asthma specific appointments**. Other clinic challenges included using the Teach-back method due to limited time for patient visits, focusing on asthma care during flu season due to constraints on clinical resources, and many clinics not allowing for follow up asthma care visits. These challenges are all related to time and resource constraints, and many could be reduced by increasing asthma self-

management education and other auxiliary asthma management programs.

Another challenge reported was the difficulty in manipulating electronic health records (EHRs) to include more pediatric specific features.

Discussion/Recommendations

The efficacy of this program in increasing provider knowledge and implementing QI processes is well documented by Envision UNM. Evaluating whether health systems maintain successes in clinical quality after the coaching year will help guide the focus of QI and clinical quality approaches.

As a result, the recommended program evaluation priorities in 2016-2017 include:

- 1) *Evaluating clinic policy changes and/or continuation of QI processes and adherence to NAEPP guidelines after the year of receiving QI coaching.*
- 2) *Promoting auxiliary programs such as ASME and home visiting programs to participating clinics to alleviate some of the burden of managing asthma from primary care providers.*
- 3) *Tracking patient outcomes in health systems/clinics after the year of receiving QI coaching.*

¹ Envision NM. 2016. NM DOH Asthma Control Program/Envision NM Quality Improvement Initiative. Santa Fe, New Mexico.

La Casa de Buena Salud- Home Visiting Program

The La Casa de Buena Salud- Home Visiting Program is an asthma management home visiting program serving client families from the Federally Qualified Health Center (FQHC) La Casa de Buena Salud in the Southeast region of New Mexico. Home visits are performed by promotoras (community health workers) to assess asthma triggers and perform asthma self-management education. This program also includes a training for the promotoras on asthma triggers and home visits.

2015-2016 Program Outcomes

Both quantitative and qualitative data show that the *promotoras* and their clients valued the program, demonstrated knowledge gains, and made pertinent suggestions for improvement.

Data show that the *promotoras* gained knowledge from the home visiting and ASME training. Of 5 **promotoras** the mean percentage increase between the pre and post-test was 28.4 percent. The mean of the percent correct on the post-test scores was 84.4%. **Clients** also showed significant gains in knowledge based on a pre/post test questionnaire administered by the *promotoras* about asthma triggers and Healthy Homes principles during home visits. The mean for the pre-test (N=71) was 74%, with a median of 75%. The mean for the post-test (N=66) was 86%, with a median of 90%.

The *promotoras* also successfully completed follow-up calls with 63 client families (95%) approximately one month after the end of the home visits. Clients were asked “Did you make any changes in the ways you clean and maintain your home?” A majority (58 out of 63, 92%) self-reported making changes in their cleaning practices, with 14 clients (22%) reporting a major change.

Process Improvements

Areas for improvement included access to housing resources; revising documentation; better timing, as contract delays led to a late start and compressed timeline, especially for the final follow-up calls; and amount of time/support provided by the instructor.

Other challenges faced during this pilot year were staff turnover at one partner organization and the quality of the healthcare data received.

While the *promotoras* and other staff who participated in the training made clear gains in their knowledge of Healthy Homes principles and asthma triggers, the concerns expressed by some about their ability to effectively work with client families and their depth of knowledge need to be addressed in future trainings.

Discussion/Recommendations

Recommendations for program improvement in 2016-2017 include:

- 1) *Annually review and revise documentation based on promotora input to increase usefulness and ease of reporting.*
- 2) *A mentorship model to partner highly effective promotoras with less experienced ones.*
- 3) *Extend length of training and help identify resources [housing and other] to support all promotoras after training.*

To learn more about the NMACP, visit <http://nmhealth.org/about/erd/eheb/ap/publications>

