| <u>Purpose</u> : E | ncourage | rm Opportunities: broad, strategic thin y and describe top 4 | king about the a | sthma program' | s place in the n | ew health (| care reform co | ontext; to sup | | anning | | re reform | | Form Approved OMB No. 0920-0853 Exp. Date xx/xx/201x |
|-------------------------------|-----------------|--|--|---------------------------------------|--|---|--|---|--|---------------------------|---|---|---|--|
| Your state (Select one) | Year (Select | Opportunity re Opportunity related to | If "other" is | | Encourage | Develop, | | | Advance the | Other | Description of | Brief description of opportunity (250 characters limit) | Status (Select one) | Comments (750 characters limit) |
| | | | selected in column C, describe here | medical services through training, | provision of or reimbursement for asthma SME | include, or collect asthma quality measures | asthma in training or certification of | implement mechanisms for linking PH- HC services | evidence base for implementation of comprehensive asthma services | | "Other" anticipated outcomes of the opportunity (250 characters limit) | | | |
| of informa | tion. An age | rage public reporting burd ncy may not conduct or s en to CDC/ATSDR Informat | ponsor, and a person | is not required to re | spond to a collection | on of informa | tion unless it disp | lays a currently | valid OMB control nu | ing data/ir umber. Ser | nformation sources, § | gathering and maintaining the data/in ng this burden estimate or any other | formation needed, ar aspect of this collection | d completing and reviewing the collection on of information, including suggestions |

Attachment 3a. AIRS Performance Measure B. High-level Meetings

| B. High-l | level mee | etings: Num | ber and descrip | tion of meet | ings to educat | high-leve | el decision ma | kers about a | sthma burden | and evidence- | based strateg | ies | | | | | | | | | | | | | | |
|------------------|----------------------------|---------------------------------------|---|--------------------------------|-----------------------------------|-----------------------------------|---|---------------------------------------|-----------------|-------------------------------|------------------------------|--|---|--|--------------------------|--------------------------------|---|---|----------------------|--------------------------------|--------------------------|--|---------------|---|--|-------------------------------------|
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>Purpose</u> : | To encou | ırage state p | rograms to eng | age partners | across multipl | e sectors d | and at a high l | evel to expan | d comprehensi | ve asthma con | trol services | | • | | | | | | | | <u>'</u> | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Instructio | ons: List a | all high-leve | meetings for | vhich an ast | nma "ask" is o | the ager | da. For recur | ring meeting | , list those wi | h a significant | outcome. | | • | | | | | | | | ' | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Your state | Funding Year (Select | High-level decision maker(s) at | Person(s) representing the State Asthma | | Sector(s) | epresented (check (| by high-level dec x) all that apply) | ision makers | | | | | Meeting outco (check (x) all tha | omes at apply) | | | | | Desired out (chec | come(s) of c k (x) all that | collaboration apply) | | Level of prop | oosed outcome | Meeting Date (mm/dd/yyyy) Separate | Comments (1000 characters limit) |
| (Select one) | one) | the meeting (title not name) | Program (title, not name) | SHD State Medical agency | Other payers FQH0 Safet Net | h Care (HC) s/ Other H Orgs | Dept of Housing Ed agenci | ng NGO/ Ott ies Founda sec tion | | of info Info shared gather | Agreed to pilot intervention | Declined to participate ons in pilot | Agreed to share costs of intervention | Other specific actions identified (specify) | Plan to meet again | "Other" meeting outcomes or | Reimburse- ment of asthma services | Clinical quality improve- ment | | Quality measures | Expansion of services | Description of "Other" desired outcome (250 characters limit) | | Description of "Other" level (250 characters limit) | multiple meeting dates with ";" | |

2 of 24 FOA 2014 Reporting Template

| C. School Enrollment Covered by Formal Agreements: Total enrollment, including racial, ethnic, and SES breakdown of students in schools or districts covered by MOAs, MOUs, or | | | | | | | | | | | | OUs, or other formal a | agreements | | | | | | |
|--|---|---|--|---------------------|--|----------------------------------|-------------|-------------------------------|-----------|---------------------------------|--|------------------------|------------------------|------------------------------------|----------------------------------|--|---|--|-----------------------------------|
| | | | | | | | | | | | | | | | | | | | |
| <u>Purpose</u> level po | pose:To encourage state asthma programs to formalize relationships, processes, and protocols supportive of asthma control with appropriate educational entities at the highest administratel possible. To estimate program reach (both overall and to groups experiencing a disproportionate burden of asthma). | | | | | | | | | | | ighest administrative | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| V | | | | | | | | | | | | | | | | | | | |
| your state (Select | Funding Year (Select | Name or Brief Description of Formal | | | | ormal Agreen (x) all that app | | | | Description of "Other" level | School/ District/Other Entity Name | | | | Number of school districts | Provide a brief description of the racial/ethnic | Percent of students receiving free or | Percent of students with asthma in | Comments (750 character limit) |
| | | Description of Formal | | Linkages to care | | (x) all that app | y) Other | Description of Other topic | agreement | | | agreement | enrollment of students | schools covered by agreement | school districts | description of the | | students with | |

| E. Alignm data: | nent betwe | en program a | activities and b | urden | | | demonstrating the most recentsury | | | ivities and area | as or populations with poor asthma | |
|--------------------------|----------------------------|-------------------------------------|------------------------------------|--------------|----------------------|---------------|--------------------------------------|----------|---|--------------------------------------|---|---|
| <u>Purpose</u> : | Ensure pro | gram resourc | es are focused | on areas and | d populations | with poor ast | hma outcomes | | | | | |
| | | | fficer a map(s) vities that are | | | documenting | g alignment bet | ween bui | rden data and program focus. | Provide additi | onal information below. Disinguish | |
| Your state (Select | Funding Year (Select | Map, chart, or tool submitted | | | Mea | | thma outcome uall that apply) | ısed | | Map, chart, or tool covers the | Rationale for selection of sites for program activities (1250 characters limit) | Comments (750 characters limit) |
| one) | one) | | | | ED visits for asthma | | School absenteeism | | Description of "Other" measure of asthma outcome | entire state population? | | |

Attachment 3a. AIRS Performance Measure F. Use of Evaluation Data

| F. Use of | Evaluation D | ata: Descriptions of actions ta | aken during the reporting | period to improve program activit | ties and increase program effective | eness based on evaluation findi | ngs. | |
|----------------------------------|------------------------------------|---------------------------------|--|--|--|---|---|---|
| | | | | | | | | |
| Purpose: | Encourage a | feedback loop for use of evalu | iation data in program ded | cision making. | | | | |
| | | | | | | | | |
| Instruction | ons: Describe | e the actions taken during the | | | regardless of when the evaluation t on your program. You may cut ar | | | have already been implemented and that |
| | | | | | | | | |
| Your state (Select one) | Funding Year (Select one) | Type of action taken | Actual programmatic action (1250 characters limit) | Recommended programmatic actions based on findings (1250 characters limit) | Evaluation finding on which action was taken (1250 characters limit) | Main evaluation question(s) that produced findings (750 characters limit) | Evaluation name (200 characters limit) | Comments (500 characters limit) |

Attachment 3a. AIRS Performance Measure G. Self-management Education

G. Self-management Education: Number and demographics of participants (a) initiating and (b) attending at least 60% of sessions of guidelines-based intensive asthma self-m

Purpose: To monitor and document the success of state asthma programs and their partners in enrolling people with asthma in intensive self-management education and in sus

| Your | Funding | Partner delivering | SME curriclum name | Curriculum setting | Description | Number of | Type of | Description | Does the SAP | Contributions | Test used to | Description of |
|---------|---------|--------------------|------------------------|--------------------|-------------|---------------|-------------|-------------|--------------|---------------|--------------|-----------------|
| state | Year | intensive asthma | (limit 250 characters) | | of "Other" | sessions (use | instructors | of "Other" | provide | of the SAP | | "Other" test of |
| (Select | (Select | self-management | | | setting | numeral) | | instructor | funding? | other than | asthma | asthma control |
| one) | one) | education | | | (limit 250 | | | | | funding | control | (limit 500 |
| | | | | | characters) | | | | | (limit 250 | | characters) |
| | | | | | | | | | | characters) | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

Attachment 3a. AIRS Performance Measure G. Self-management Education

nanagement education

staining their participation

| Number of participants initiating | Number of participants attending at | Number of participants attending | | participant (pe | erson with asth | ma) upon enro | llment | Provide a brief description of the racial/ethnic characteristics of the | | rol status on Iment | Number of participants (upon enrollment) with any | Comments (750 character limit) |
|---|---|--|--|---------------------------|----------------------------|----------------------------|--------------------------|---|----------------------------|------------------------|---|-----------------------------------|
| intensive | least 60% of | _ | Number of | Number of | Number of | Number of | Number of | participants | | | hospitalizations OR ED | |
| asthma SME | sessions | sessions (optional) | participants aged 0-4 | participants aged 5-11 | participants aged 12-17 | participants aged 18-65 | participants aged 65+ | (limit 500 characters) | participants with well- | | visits for asthma in the 12 months prior to | |
| | | (, | , and the second | J | | · · | | | controlled | controlled | enrollment | |
| | | | | | | | | | asthma | asthma | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

H. Demonstration of basic asthma self-management knowlege and skills: Number of participants attending at least 60% of intensive asthma self-management education sessions who successfully complete a return demonstration of basic asthma self-management knowledge and skills

<u>Purpose</u>: To monitor whether asthma self-management education programs as administered by the states or their partners are successfully teaching basic asthma self-management knowledge and skills.

| Funding Year (Select one) | Partner delivering intensive asthma self- management education | SME curriculum name (limit 250 characters) | Number of participants initiating intensive asthma SME | Number of participants attending at least 60% of sessions | | Number of participants attending at least 60% of sessions who successfully demonstrate basic knowledge and skills | Number of participants attending 100% of sessions who successfully demonstrate basic knowledge and skills (optional) | Knowledge and skills test/instrument submitted to project officer? | Comments (750 character limit) |
|------------------------------|---|---|--|---|---|---|---|--|--|
| | 0 | 0 | 0 | 0 | 0 | | | | |
| | 0 | 0 | 0 | 0 | 0 | | | | |
| | 0 | 0 | 0 | 0 | 0 | | | | |
| | 0 | 0 | 0 | 0 | 0 | | | | |
| | 0 | 0 | 0 | 0 | 0 | | | | |

Attachment 3a AIRS Performance Measure I. Referral to a primary care provider

I. Referral to a primary care or specialty care provider: Number of participants attending at least 60% of intensive asthma self-management education sessions w

<u>Purpose</u>: To assure that groups implementing intensive asthma self-management education refer participants without a primary care provider to primary or speciall

| Your state (Select one) | Funding Year (Select one) | Partner delivering intensive asthma self- management education | | Number of participants initiating intensive asthma SME | Number of participants attending at least 60% of sessions | at least 60% of sessions who are | Number attending at least 60% of sessions, without a PCP at enrollment, and are provided a referral | referral process to PCP or specialty care (limit 250 characters) |
|----------------------------|------------------------------|---|---------|--|---|----------------------------------|---|--|
| | | 0 | 0 | 0 | 0 | | | |
| | | 0 | 0 | 0 | 0 | | | |
| | | 0 | 0 | 0 | 0 | | | |
| | | 0 | 0 | 0 | 0 | | | |
| | | 0 | 0 | 0 | 0 | | | |
| | | 0 | Err:509 | 0 | 0 | | | |
| | | 0 | Err:509 | 0 | 0 | | | |
| | | 0 | Err:509 | 0 | 0 | | | |
| | | 0 | Err:509 | 0 | 0 | | | |
| | | 0 | Err:509 | 0 | 0 | | | |

Attachment 3a AIRS Performance Measure I. Referral to a primary care provider

ho are without a primary care provider at the time of enrollment and are a) referred to (required) and b) access (optional) primary or specialty care for asthma

ty care for asthma.

| Brief description of the mechanism of tracking access to care (optional) (limit 1000 characters) Type of provider to which participants are referred | Description of "Other" type of provider | Comments (750 character limit) |
|---|---|--|
|---|---|--|

Attachment 3a AIRS Perfomance Measure J. Asthma-related Educational and housing Agencies Policies

J. Asthma-related Educational or Housing Policies: Description of existing (for year 1) and new (for years 2-5) policies supportive of comprehensive asthma control adopted by educational or housing agencies prior to/during the reporting period and influenced by the state asthma program

Purpose: To monitor and report on the contribution of state asthma program efforts to the adoption of policies supportive of asthma control by housing and education agencies

Instructions: Describe each adopted policy and the SAPs contribution to its adoption.

| Your | Funding | Educational | Focus of policy (Select one) | Description of "Other" | Group(s) | Leve | el of policy | Name of | Policy name | Template | Brief narrative | Policy | | Role | e of SAP in in |
|---------|---------|--------------|------------------------------|------------------------|-------------|---------|-----------------|--------------|-------------|--------------|------------------------|-----------|--------------|----------------|----------------|
| state | Year | or Housing | | focus of policy | affected by | | | agency | (250 | or language | description of policy | effective | | | (check (x) al |
| (Select | (Select | agency? | | (limit 250 characters) | policy | | | adopting the | characters | available to | (1000 character limit) | date | | | |
| one) | one) | (Select one) | | | | Level | Description of | policy | limit) | share? | | | Provided | Provided | Provided |
| | Offic | | | | | (select | "Other" level | (250 | | (Y/N) | | | surveillance | information on | sample |
| | | | | | | one) | (250 characters | characters | | | | | data | evidence base | policies |
| | | | | | | | limit) | limit) | | | | | | | |
| | | | | | | | | , | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |

| fluencing agen II that apply) | су | | | Status | | Comments (750 characters limit) |
|----------------------------------|-------|---|--|-----------------------------|--------------------|------------------------------------|
| Commented on request | Other | Description of "Other" role of SAP (250 character limit) | In development, passed, implemented, or discontinued? | If implemented, describe | Evaluated (Y/N) | |

Attachment 3a AIRS Performance Measure K. Use of long-term control medication

K. Use of long-term control medication: Number of participants who: had poorly controlled asthma and were not using a long-term control medication regularly on enrollment; who reported better adherence to long-term control medication a month or more after attending at least 60% of intensive asthma self-management education sessions

<u>Purpose</u>: To assess whether participation leads to an increase in the use of long-term control medication among participants with poorly controlled asthma.

| | | (limit 250 characters) | Number of participants attending at least 60% of sessions who had poorly controlled asthma on enrollment | attending 100% of sessions who had poorly controlled asthma on enrollment (optional) | attending at least 60% of sessions who, on enrollment, had poorly | attending 100% of sessions who, on enrollment, had poorly controlled asthma and were using long-term control medication less than 7 days | Number of participants attending at least 60% of sessions who had poorly controlled asthma on enrollment who self-report better adherence | Number of participants attending 100% of sessions who had poorly controlled asthma on enrollment who self-report better adherence (optional) | Comments (750 character limit) |
|--|------------------|------------------------|--|--|---|--|---|--|-----------------------------------|
| | 0 0 0 0 | 0 0 0 0 | | | | | | | |

Attachment 3a. AIRS Performance Measure L. Improved asthma control

L. Improved asthma control: The number of participants with poorly controlled asthma on enrollment who report their asthma is "well-controlled" one or more after attending at least 60% of intensive asthma self-management education sessions

<u>Purpose</u>: To document the effectiveness of the asthma self-management education together with medical management In improving asthma control in powith poorly controlled asthma.

| Your state (Select one) | Funding Year (Select one) | Partner delivering intensive asthma self-management education | SME curriculum name (limit 250 characters) | | Number of participants attending 100% of sessions who had poorly controlled asthma on enrollment (optional) | Number of participants with poorly controlled asthma on enrollment who reported well-controlled asthma one month or more after attending at least 60% of sessions | Number of participants with poorly controlled asthma on enrollment who reported well-controlled asthma one month or more after attending 100% of sessions (optional) |
|----------------------------|------------------------------|---|---|---------|--|--|--|
| | | 0 | 0 | 0 | 0 | | |
| | | 0 | 0 | 0 | 0 | | |
| | | 0 | 0 | 0 | 0 | | |
| | | 0 | 0 | 0 | 0 | | |
| | | 0 | 0 | 0 | 0 | 1 | |
| | | 0 | 0 | Err:509 | Err:509 | • | |
| | | 0 | 0 | Err:509 | Err:509 | , | |

Attachment 3a. AIRS Performance Measure L. Improved asthma control

: month

articipants

Comments (750 character limit)

Attachment 3a. AIRS Performance Measure M. Reduce Hospitalization and Emergency Department

| | I. Reduction in hospitalizations and ED visits: Number of participants attending at least 60% of intensive asthma self-management education sessions who report a decreas a decreas a least 60% of intensive asthma self-management education sessions who report a decreas a least 60% of intensive asthma self-management education sessions who report a decreas a least 60% of intensive asthma self-management education sessions who report a decreas a least 60% of intensive asthma self-management education sessions who report a decreas a least 60% of intensive asthma self-management education sessions who report a decreas a least 60% of intensive asthma self-management education sessions who report a decreas a least 60% of intensive asthma self-management education sessions who report a decreas a least 60% of intensive asthma self-management education sessions who report a decreas a least 60% of intensive asthma self-management education sessions who report a decreas a least 60% of intensive asthma self-management education program in reducing the number of asthma-related hospitalizations and emergency room visits. | | | | | | | | | | | | |
|----------------------------------|--|--|--|---|--|--|--|--|--|--|--|--|--|
| <u>Purpose</u> : | | | | | | | | | | | | | |
| Your state (Select one) | Funding Year (Select one) | Partner delivering intensive asthma self-management education | SME curriclum name (limit 250 characters) | Number of participants attending at least 60% of sessions | | Number of participants attending at least 60% of sessions with any asthmarelated hospitalizations or ED visits in the 12 months prior to enrollment for whom 12 month follow up is available | Number attending at least 60% of sessions who had any asthma-related hospitalizations or ED visits in the 12 months prior to enrollment who report a decrease in the number of these events in the 12 months following the program | Number attending at least 60% of sessions who had any asthma-related hospitalizations in the 12 months prior to enrollment who report a decrease in the number of hospitalizations in the 12 months following the program (if available) | | | | | |

Attachment 3a. AIRS Performance Measure M. Reduce Hospitalization and Emergency Department

| e in the number of asthma-related hospitalizations a | nd ED visits during the 12 months following | g the program. (supple | emental measure/enco | ouraged but not requir | red) |
|--|---|---|---|-----------------------------------|------|
| Number attending at least 60% of sessions who had any asthma-related ED visits in the 12 months prior to enrollment who report a decrease in the number of ED visits in the 12 months following the program (if available) Number attending at least 60% of sessions who had any hos or ED visits 12 months the number of ED visits in the 12 to program (if available) | spitalizations sessions who had any hospitalizations or ED visits 12 months prior to loo change in ollowing the these events in the 12 months following the program | Source of information on I Source (select one) | hospitalizations/ED visits Description of "Other" source of information (250 characters limit) | Comments (750 character limit) | |

N. QI Processes in HC Organizations: Number of health care organizations (HCOs) influenced by the State Asthma Program to implement an asthma quality improvement process

Purpose: To encourage state asthma programs to assure that health care providers and organizations serving populations with a disproportionate burden of asthma provide guidelines-l

| Your state (Select one | Type of HC | со | Brief description of population served by the HCO | Name/description of QI process (limit 1000 characters) | Asthma-related QOC measures collected (if available) | | utcomes collection (check (x) all th | | able) | |
|---------------------------|------------|---------------------------|---|--|--|--------------------------------|--------------------------------------|--|-------|---|
| | | scription of ther" HCO | (limit 500 characters) | | (Limit 1500 characters) | Hospitalizations/ ED visits | Satisfaction with care | Asthma- related quality of life | Other | Description of "Other" health outcome |

pased asthma care

| Role of SAP in influencing organ | Role of SAP in influencing organization | | | | | | |
|----------------------------------|--|--|--|--|--|--|--|
| Role (Select one) | Description of "Other" role of SAP (250 characters limit) | | | | | | |

O. Team-Based Approach in Health Care Organizations: Number of health care organizations influenced by the state asthma program to implement a team-based approach to asthma

<u>Purpose</u>: To promote more efficient, comprehensive, and patient-centered care so as to align services across the asthma care continuum

| Your | Funding | Type of HCO | Name of HCO | | Composition of teams and | | Role of state asthma program in | | |
|---------|---------|----------------------|-------------|--------------------------|--------------------------|------------------------|---------------------------------|--------------------------|-----------------------|
| state | Year | | | population served by the | roles of team members | information among team | | cultural appropriateness | (750 character limit) |
| (Select | (Select | | | HCO | (500 character limit) | members | (500 character limit) | (if available) | |
| one) | one) | Type Descript | | (limit 500 characters) | | (500 character limit) | | | |
| | | (select one) "Other" | " HCO | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

P: Plans Reimburse for SME and Home Visits: Number of health plans influenced by the state program to cover or reimburse for (a) intensive asthma self-management education, or (b) home-based trigger reduction services, or (c) both (a) and (b)

<u>Purpose</u>: To monitor and increase the efforts of SAPs in promoting system-level changes to increase availability of intensive asthma self-management education and home-based trigger reduction services for people whose asthma is not controlled with medical management alone.

| Your state (Select | Funding Year (Select | Name of Health Plan | | | Description of services (limit 500 characters) | Eligibility for se | ervices | If services are contracted, what is the amount of | Role of state asthma program in influencing health plan (limit 500 characters) | Comments (750 character limit) |
|--------------------------|----------------------------|---------------------|--|--|--|--------------------|--|---|--|-----------------------------------|
| one) | one) | | Type Description of "Other type of plan (limit 250 characters) | | | (select one) | Description of "Other" eligibility criteria (limit 250 characters) | reimbursement? (limit 500 characters) | (| |

Q. HC Organizations Implement and Improve Referral Systems: Number of health care organizations influenced by the state asthma program to implement or improve systems to refer to home-based intensive self-management education and trigger reduction services or other community-based intensive asthma self-management education

<u>Purpose</u>: To monitor and improve the efforts of the state asthma program in promoting system-level changes to create a continuum of asthma services across the health care facility, school, home and community settings

| Your state (Select | Funding Year (Select | Type of HC | | Name of HCO | Description of referral process and the services referred to | Description of the assessment of referral timeliness and completion | Brief description of population served by the HCO | Role of state asthma program in influencing organization (500 character limit) | Comments (750 character limit) |
|--------------------------|----------------------------|----------------------|-------------------------------|-------------|--|---|---|--|-----------------------------------|
| one) | one) | Type (select one) | Description of "Other" HCO | | (limit 500 characters) | (if available) | (limit 500 characters) | | |

R. Referrals from HCOs: Number and percent of participants in intensive asthma self-management education sessions who were referred by a health care organization or provider

<u>Purpose</u>: To document progress in promoting linkages between intensive asthma self-management education providers and health care organizations at the local level.

| Your state (Select one) | Partner delivering intensive asthma self- management education | SME curriclum name (limit 250 characters) | Number of participants initiating intensive asthma SME | Number of participants referred from HCOs or providers | Comments (limit 750 chatacters) |
|----------------------------|---|--|--|---|------------------------------------|
| | 0 | 0 | 0 | | |
| | 0 | 0 | 0 | | |
| | 0 | 0 | 0 | | |
| | 0 | 0 | 0 | | |
| | 0 | 0 | 0 | | |
| | 0 | 0 | 0 | | |

S. Health care utilization in populations served by partnering health care organizations and health plans: Number of health care organizations (HCOs) or health plans in the state that are implementing comprehensive asthma control services (CACS) and sharing information on asthma-related hospitalizations and/or ED visits with the state asthma program. (supplemental measure/encouraged but not required)

<u>Purpose</u>: Promote engagement of the state asthma program with health care organizations and health plans around sharing of information about the provision of comprehensive asthma control services and health care utilization. Provide information toward a business case for the implementation of CACS

| Your | Funding | Type of HCO or hea | alth plan | | Description of CACS provided | | Description of state asthma | | Other outcomes (if any) | |
|-------------------------|------------------------|--------------------|----------------|-------------|------------------------------|--|-----------------------------|---|-------------------------|-----------------------|
| state (Select | Year (Select | | | health plan | (limit 500 characters) | program have some influence on the HCO's or | | asthma-related hospitalizations and/or ED visits reported, | plans that are | (750 character limit) |
| | | Type | Description of | • | | | | including decrease, increase, or | | |
| one) | one) | Type | | | | | | | | |
| | | (select one) | "Other" | | | asthma care? If "yes," | (500 character limit) | no change. | (limit 500 characters) | |
| | | | | | | describe. | | (limit 500 characters) | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |