

Attachment 3a. AIRS Performance Measure A. Health Care Reform Opportunities

A. Health Care Reform Opportunities: List and description of priority opportunities for expansion of comprehensive asthma control services by leveraging health care reform												Form Approved OMB No. 0920-0853 Exp. Date 06/30/2019	
<i>Purpose: Encourage broad, strategic thinking about the asthma program's place in the new health care reform context; to support program planning</i>													
Instructions: Identify and describe top 4-6 opportunities for expansion of comprehensive asthma control services by leveraging health care reform.													
Your state (Select one)	Funding Year (Select one)	Opportunity related to...		Anticipated outcome of the Opportunity (check (x) all that apply)							Brief description of opportunity (250 characters limit)	Status (Select one)	Comments (750 characters limit)
		Opportunity related to... (Select one)	If "other" is selected in column C, describe here	Improve quality of medical services through training, QI, or decision support	Encourage provision of or reimbursement for asthma SME and/or home visits	Develop, include, or collect asthma quality measures	Include asthma in training or certification of CHWs	Develop or implement mechanisms for linking PH-HC services	Advance the evidence base for implementation of comprehensive asthma services	Other			
<p>CDC estimates the average public reporting burden for this collection of information as 150 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0853).</p>													

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

B. High-level meetings: Number and description of meetings to educate high-level decision makers about asthma burden and evidence-based strategies																														
<i>Purpose: To encourage state programs to engage partners across multiple sectors and at a high level to expand comprehensive asthma control services</i>																														
<i>Instructions: List all high-level meetings for which an asthma "ask" is on the agenda. For recurring meetings, list those with a significant outcome.</i>																														
Your state (Select one)	Funding Year (Select one)	High-level decision maker(s) at the meeting (title not name)	Person(s) representing the State Asthma Program (title, not name)	Sector(s) represented by high-level decision makers (check (x) all that apply)										Meeting outcomes (check (x) all that apply)							Desired outcome(s) of collaboration (check (x) all that apply)						Level of proposed outcome		Meeting Date (mm/dd/yyyy) Separate multiple meeting dates with ",."	Comments (1000 characters limit)
				SHD	State Medicaid agency	Other payers	Health Care (HC) FQHCs/ Safety Net	Other HC Orgs	Dept of Ed	Housing agencies	NGO/ Foundation	Other sector	Description of "other" sector (250 characters limit)	Info shared	Info gathered	Agreed to pilot interventions	Declined to participate in pilot	Agreed to share costs of intervention	Other specific actions identified (specify)	Plan to meet again	Other	Description of "Other" meeting outcomes or specific actions (250 characters limit)	Reimbursement of asthma services	Clinical quality improvement	Certification/training of non-clinical providers	Quality measures	Expansion of services	Other		

Attachment 3a. AIRS Performance Measure C. School Enrollment Covered by Formal Agreements

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 other formal agreements																				
<i>Purpose: To encourage state asthma programs to formalize relationships, processes, and protocols supportive of asthma control with appropriate educational entities at the highest administrative level possible. To estimate program reach (both overall and to groups experiencing a disproportionate burden of asthma).</i>																				
Your state (Select one)	Funding Year (Select one)	Name or Brief Description of Formal Agreement (250 characters limit)	Topic of Formal Agreement (check (x) all that apply)							Level of agreement	Description of "Other" level	School/District/Other Entity Name	Date agreement went into effect (mm/yyyy)	Total enrollment of students covered by the agreement	Number of schools covered by agreement	Number of school districts covered by agreement	Provide a brief description of the racial/ethnic characteristics of the student population (limit 250 characters)	Percent of students receiving free or reduced school lunches (if available)	Percent of students with asthma in participating schools (if available)	Comments (750 character limit)
			SME	Linkages to care	Education of school personnel	Policy	Data sharing	Other	Description of Other topic											

E. Alignment between program activities and burden data:			Map, chart, or other tool demonstrating the overlap between existing program activities and areas or populations with poor asthma outcomes as indicated by most recent surveillance data available								
<i>Purpose: Ensure program resources are focused on areas and populations with poor asthma outcomes</i>											
<i>Instructions: Submit to project officer a map(s), chart(s), or other tool(s) documenting alignment between burden data and program focus. Provide additional information below. Distinguish currently implemented from activities that are in the planning stage.</i>											
Your state (Select one)	Funding Year (Select one)	Map, chart, or tool submitted to project officer? (Y/N)	Measure(s) of asthma outcome used (check (x) all that apply)						Map, chart, or tool covers the entire state population? (Y/N)	Rationale for selection of sites for program activities (1250 characters limit)	Comments (750 characters limit)
			Asthma hospitalizations (population-based)	Asthma hospitalizations (risk-based)	ED visits for asthma (population-based)	ED visits for asthma (risk-based)	School absenteeism due to asthma	Other			

F. Use of Evaluation Data: Descriptions of actions taken during the reporting period to improve program activities and increase program effectiveness based on evaluation findings.								
<i>Purpose: Encourage a feedback loop for use of evaluation data in program decision making.</i>								
<i>Instructions: Describe the actions taken during the reporting period that were based on evaluation findings, regardless of when the evaluation was done. Include only those actions or changes that have already been implemented and that you believe have had or will have a significant impact on your program. You may cut and paste from the evaluation action plan.</i>								
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)

H. Demonstration of basic asthma self-management knowledge 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

Purpose: 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.

Your state (Select one)	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 100% of sessions (optional)	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

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

financing agency (all that apply)			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

Purpose: To assess whether participation leads to an increase in the use of long-term control medication among participants with 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 at least 60% of sessions who had poorly controlled asthma on enrollment	Number of participants attending 100% of sessions who had poorly controlled asthma on enrollment (optional)	Number of participants attending at least 60% of sessions who, on enrollment, had poorly controlled asthma and were using long-term control medication less than 7 days per week	Number of participants attending 100% of sessions who, on enrollment, had poorly controlled asthma and were using long-term control medication less than 7 days per week (optional)	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					
				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

Purpose: To document the effectiveness of the asthma self-management education together with medical management in improving asthma control in people with 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 at least 60% of sessions who had poorly controlled asthma on enrollment	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)
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0	0	0	0	0	0
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Attachment 3a. AIRS Performance Measure L. Improved asthma control

12 month

Participants

Comments (750 character limit)

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

M. Reduction in hospitalizations and ED visits: Number of participants attending at least 60% of intensive asthma self-management education sessions who report a decrease

Purpose: To document the effectiveness of the self-management education program in reducing the number of asthma-related hospitalizations and emergency room visits.

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 at least 60% of sessions	Number of participants attending at least 60% of sessions with any asthma-related hospitalizations or ED visits in the 12 months prior to enrollment	Number of participants attending at least 60% of sessions with any asthma-related 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 and ED visits during the 12 months following the program. (supplemental measure/encouraged but not required)						
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 hospitalizations or ED visits 12 months prior to enrollment who report no change in these events in the 12 following the program (if available)	Number attending at least 60% of sessions who had any hospitalizations or ED visits 12 months prior to enrollment who report an increase in these events in the 12 months following the program (if available)	Source of information on hospitalizations/ED visits		Comments (750 character limit)	
			Source (select one)	Description of "Other" source of information (250 characters limit)		

ased asthma care

Role of SAP in influencing organization		Comments (limit 750 characters)
Role (Select one)	Description of "Other" role of SAP (250 characters limit)	

