

PM A: PM A: Analysis and Use of Core Data Sets

Number and percentage of core measures updated, analyzed and disseminated

CDC estimates the average public reporting burden for this collection of information as 15 minutes per response, including the time for reviewing the collection of information, completing and reviewing the collection of information. An agency may not conduct or sponsor a collection of information that it does not display a unique identification number, and you may refuse to provide information for this collection of information, including suggestions for reducing the burden. Send comments to Washington, DC 20543-0182.

Required Field

	Core Data Sets	Was this dataset analyzed during this reporting period?	Most recent year of data analyzed (drop-down for Year:
Response type	These are label	Drop down	This is a drop down
Response options (if applicable)	n/a	Y/N	2024, 2023, 2022, 2021, 2020, 2019, 2018, 2017, 2016, 2015, 2014, 2013)
	Hospital Discharge	Y/N	
	Emergency Department Visits	Y/N	
	Mortality	Y/N	
	BRFSS Core	Y/N	
		Y/N	
	BRFSS Child Prevalence Module	Y/N	
	Asthma Call-Back Survey- Adult	Y/N	

Asthma Call-Back Survey - Child	Y/N	

ed/used during the reporting period.

as 150 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information, 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 to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0853).

Required Field

Corresponding Core Measures	Was this measure updated and reported during the reporting period?	Most Recent Result
These are label	Drop down	Data field
n/a	Options are either Y/N or Y/N/Insufficient sample size	% should not exceed 100% or be less than 0% For figures /10,000 or 1,000,000, number should not exceed the denominator also no negative numbers
Hospital Discharge Rate	Y/N	/10,000 pop
Emergency Department Visits Rate	Y/N	/10,000 pop
Mortality Rate	Y/N	/1,000,000 pop
Adult Lifetime Asthma Prevalence	Y/N	%
Adult Current Asthma Prevalence	Y/N	%
Child Lifetime Asthma Prevalence	Y/N	%
Child Current Asthma Prevalence	Y/N	%
Adult		
Asthma Control	Y/N	%
Asthma Attacks (in the past 3 months)	Y/N	%
Asthma Attacks (in the past 12 months)	Y/N	%
Activity Limitations	Y/N	%
Missed Work Days	Y/N	%
Self-management Education		
Taught to recognize signs/symptoms	Y/N	%

Taught what to do during an asthma attack	Y/N	%
Taught to use a peak flow meter	Y/N	%
Ever been given an asthma action plan	Y/N	%
Ever taken an asthma management Course	Y/N	%

Child

Asthma Control	Y/N/Insufficient Sample Size	%
Asthma Attacks (in the past 3 month)	Y/N/Insufficient Sample Size	%
Asthma Attacks (in the past 12 months)	Y/N/Insufficient Sample Size	%
Activity Limitations	Y/N/Insufficient Sample Size	%
Missed School Days	Y/N/Insufficient Sample Size	%

Self-management Education

Taught to recognize signs/symptoms	Y/N/Insufficient Sample Size	%
Taught what to do during an asthma attack	Y/N/Insufficient Sample Size	%
Taught to use a peak flow meter	Y/N/Insufficient Sample Size	%
Ever been given an asthma action plan	Y/N/Insufficient Sample Size	%
Ever taken an asthma management course	Y/N/Insufficient Sample Size	%

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ation needed, and
this burden estimate

Required Field

**Year(s) of most recent
result**
Select all that apply.

Checkbox

2024, 2023, 2022,
2021, 2020, 2019,
2018, 2017, 2016,
2015, 2014, 2013)

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PM C: Comprehensive Service Expansion in High Burden Areas

Number and description of existing, new, and discontinued services supported by recipient

	Response type
Title of Intervention required field	Drop-down or radio button
Title of Intervention Other optional field	Open Text
EXHALE Intervention Type required	Drop-down or radio button
Intervention Status optional	Drop-down or radio button
Implementation status	Drop-down or radio button
Populations Targeted Required	Checkbox*

Setting required	Checkbox*
Other Setting Description optional	Open Text
What state is intervention located in? required	drop-down
What county is intervention located in? required	Dropbox
Start date (year required)	Date field drop-downs
End date (year required)	Date field drop-downs
Supported (fully or partially) by: required	Checkbox*

ent and partners, by geographic area and intervention type; and alignment of services with high burden geographic areas.

Response options (if applicable)

Breathe Well, Live Well
Kickin' Asthma
Open Airways For Schools
You Can Control Asthma
Wee Breathers
Wee Wheezers
Other [describe]

Open Text

- o Education on asthma self-management (AS-ME)
- o eXtinguish smoking and secondhand smoke
- o Home visits for trigger reduction and asthma self-management education
- o Achievement of guidelines-based medical management
- o Linkages and coordination of care across settings
- o Environmental policies or best practices to reduce asthma triggers from indoor, outdoor, and occupational sources

- o Intervention is active at the same level as last period
- o Intervention has been expanded since last reporting period to more areas or to reach more people
- o This is a new activity

Select the option that best describes the status of the implementation of the program or policy:

1. Exploration / Community assessment
2. Develop implementation plan and build capacity
3. Initial implementation
4. Full implementation
5. Expansion / Scale-up

Age

- 0-4 years of age
- 5-11 years of age
- 12-17 years of age
- >18 years of age

- School or school district
- Medical or Medicaid
- Hospital / hospital system
- Health plan
- Multi-unit Housing
- Other [describe]

Open Text

Select state first to prepopulate the correct counties, then county. Statewide will be first option listed for each list of counties so states can indicate a statewide intervention

Use counties that Sandhya put on SharePoint

Month, day and year fields, and they can fill out as much detail as they can

Month, day and year fields, and they can fill out as much detail as they can

- Recipient
- Partner

PM H: Changes in Population-level Outcomes

PM H: Changes in Population-level C

Documented changes in intermediate and long-term outcomes (e.g., attack prevalence, h

<Linkage Activity Selection - no actual title>	Check all outcomes on which there are documented changes at a population level <i>(have check-boxes for each, plus open-ended box for Other)</i>
Checkbox	Attack Prevalence
Checkbox	Hospitalizations
Checkbox	ED visits
Checkbox	Lower costs
Checkbox	Other (+ field to describe)

Outcomes

ospitalization or ED visits for asthma, lower costs) at a population level (e.g. county, state, health plan)

Describe baseline estimates This should list the label 'baseline' and have open text field	Describe baseline date This should list the label 'baseline date' and have open text field	Describe follow-up estimate This should list the label 'follow-up' and have open text field
Baseline _____	Baseline Date: ____	Follow-up: _____
Baseline _____	Baseline Date: ____	Follow-up: _____
Baseline _____	Baseline Date: ____	Follow-up: _____
Baseline _____	Baseline Date: ____	Follow-up: _____
Baseline _____	Baseline Date: ____	Follow-up: _____

over time.

Describe follow-up date This should list the label 'follow-up' and have open text field	Population level Select the level of change these estimates describe. This should be drop down or radio button	Describe the selected population. This should be open text	Source of data This should be open text
Follow-up Date: _____	-County -state -health plan -school -other	Open-ended	Open-ended
Follow-up Date: _____	-County -state -health plan -school -other	Open-ended	Open-ended
Follow-up Date: _____	-County -state -health plan -school -other	Open-ended	Open-ended
Follow-up Date: _____	-County -state -health plan -school -other	Open-ended	Open-ended
Follow-up Date: _____	-County -state -health plan -school -other	Open-ended	Open-ended

PM E: Use of Evaluation Findings

Actions taken or decisions made during the reporting period to improve program activities

Response type	
Type of action taken Required	Checkbox
Evaluation name(s) Required	Open Text
Evaluation Topic(s) Check all that apply. Required	Checkbox

Evaluation Question(s) Required	Open Text
Evaluation Findings Required	Open Text
Programmatic Action(s) Required	Open Text
Was a written action plan developed with program staff to address the evaluation findings? Required	Drop-down or radio button

es and increase program effectiveness as a result of evaluation findings.

Response options (if applicable)
<p>Checkboxes (underlines are for headings for categories, and not to have checkboxes):</p> <p><u>Accountability</u> Improvements to contract monitoring Commitment to equity issues Developing or reaching program targets</p> <p><u>Program Improvement</u> Revise future program plans Specific improvements to existing interventions</p> <p><u>Surveillance or Evaluation Improvements</u> Enhance surveillance systems or reports Specific improvements to data collection or program monitoring</p> <p><u>Infrastructure Improvement</u> Address policy gap/issue Expand partnerships Increase collaboration Scaling up intervention Enhance or revise communication plans</p> <p><u>Resource Allocation / Sustainability</u> Changes to funding allocation or expenditure Steps to ensure sustainability of intervention Economic evaluation (e.g., planning, conducting, or using results of)</p> <p>Other</p>
n/a
<p>Checkboxes: E: Asthma self-management education X: Reducing smoking and exposure to secondhand smoke H: Home visiting programs A: Achieving guidelines-based medical management L: Linkages across settings, including care coordination E: Environmental strategies to reduce asthma triggers from indoor, outdoor, and occupational sources</p> <p>Infrastructure Partnerships Communications Surveillance Other</p>

n/a
n/a
n/a
Yes/No

PM B: Linking Activities and Outcomes

Documented activities of the recipient, and outcomes achieved, to establish :

<Linkage Activity Selection - no	Linkage Activities
Checkbox	<p>Linkages around coverage or reimbursement of services (i.e., worked with a payor(s) to provide or reimburse for asthma self-management education and/or home visits)</p>
Checkbox	<p>Linkages between health care and community services. The recipient facilitated linkages between health care systems, providers or payor(s) and other service providers (other than coverage or reimbursement)</p>
Checkbox	<p>Linkages with other state-level programs or agencies. The recipient engaged other state-level programs or agencies to expand access to and coordination of EXHALE strategies</p>

Linkages with systems providing comprehensive, coordinated care. The recipient worked to incorporate comprehensive asthma care into existing mechanisms for care coordination.

Checkbox

and/or expand linkages between components of the EXHALE t

Status of Efforts These should be drop downs or radio buttons
<ul style="list-style-type: none">-New linkage effort-Expanded existing effort to provide coverage or reimbursement of more services ot to more payors-Linkages haven't changed since previous reporting
<ul style="list-style-type: none">-New linkage effort-Expanded existing effort to provide coverage or reimbursement of more services ot to more payors-Linkages haven't changed since previous reporting
<ul style="list-style-type: none">-New linkage effort-Expanded existing effort to provide coverage or reimbursement of more services ot to more payors-Linkages haven't changed since previous reporting

- New linkage effort
- Expanded existing effort to provide coverage or reimbursement of more services or to more payors
- Linkages haven't changed since previous reporting

Technical package at the organizational level (e.g., linkages that promote reimbursement or referrals; systems to share information ;

<title varies by linkage activity>

These options should be checkboxes

Associated Payors? Check all that apply

State Medicaid;
Medicaid Managed Care plan(s);
State employees health plan;
Private health plan;
Other (+ field to describe)

Efforts are to link which health care providers and community services?

Check all that apply .

Health care organizations or providers and schools,
Health care organizations or providers and community asthma services
Health care organizations or providers and other community services (transportation, housing, legal, etc)
Other [describe]

With what state-level program or organization did you link?

Check all that apply:

Department of Education
State housing authority
Tobacco control program
Another public health program: [Open-ended]
Other: [open-ended]

What was the existing mechanism or organization for care coordination?

Check all that apply

Patient-centered medical homes

Children's hospital

Other (non-children's) hospital or health system

Community Health Worker (CHW) training

Disease management or care coordination program

Other [describe]

across providers; mechanism to link health plans with home-based services or schools, data sharing across sectors)

Associated Outcomes

These options should be checkboxes

Check all that apply

- Established dialogue with specific payor around these issues
- Payor put mechanism in place to provide or reimburse for these services
- Criteria for referral to these services established
- Payor is providing or reimbursing for services
- Other [Describe]

Check all that apply

- '- Facilitated referrals and follow-up
- Facilitated systematic information sharing
- Other (describe)

Check all that apply

- '-Established systems to promote cross agency referrals of people with asthma
- Achieved adoption of asthma-friendly policies by the other program or agency
- Shared relevant data about program reach and activities between the recipient and other programs or agencies (e.g. children with asthma in smoke-free housing, completed referrals of people with asthma to smoking quit lines)
- Implemented HIPAA and FERPA compliant methods of sharing information about individuals with asthma across agencies
- '-Other [please describe]

Check all that apply

- Provided training or input into training materials around asthma
- Provided input into system flow or protocols for asthma
- Provided input or other TA on policies related to asthma
- Provided assistance with evaluation or quality improvement around asthma services
- Other [define]

PM D: Quality of Guidelines-Based Care

Documented improvements in the quality of care or health outcomes (e.g., asthma control; em Quality Improvement (QI) initiatives.

Data Field/Question	Response type
Are you reporting on a QI initiative with baseline and follow-up data?	Drop down or radio button
Name of HCO or entity conducting QI	Open text
Type of HCO	Checkbox
Type of HCO_other_description	Open text
Location of HCO	drop-down
Settings for QI - In how many settings (e.g., 2+ FQHCs)	drop-down
Approximately what proportion of the patients with asthma are children (0-17 years of age) in this setting?	drop-down

<p>Was the QI process facilitated by an outside contractor or organization?</p>	<p>drop-down</p>
<p>Role of recipient in this QI process Select all that apply</p>	<p>Checkbox</p>
<p>What did the QI process involve? Select all that apply.</p>	<p>Checkbox</p>
<p>Baseline and Follow-up time frame for QI evaluation Baseline dates covered by QI evaluation: _____</p>	<p>Open text</p>
<p>Follow-up dates covered by QI evaluation: _____</p>	<p>Open text</p>
<p>Does the time frame entered above apply to all process and outcome results provided?</p>	<p>Y/N</p>
<p>If follow-up data are not yet available, provide a date when they are anticipated: _____</p>	<p>Open text</p>
<p>Process measures collected</p>	<p>label</p>
<p>For each collected, indicate whether follow-up data indicated on Assessment of asthma severity</p>	<p>Dropdown or radio button</p>
<p>Assessment of asthma control</p>	<p>Dropdown or radio button</p>

Appropriate prescribing of asthma medications/devices	Dropdown or radio button
Use of spirometry	Dropdown or radio button
Provision of asthma action plans	Dropdown or radio button
Assuring effective inhaler technique	Dropdown or radio button
Provision of education around asthma triggers	Dropdown or radio button
Other asthma self-management education	Dropdown or radio button
Influenza vaccination	Dropdown or radio button
Measures to assure follow-up	Dropdown or radio button
HC facility compliance with care path or protocol	Dropdown or radio button
Referral to smoking cessation services	Dropdown or radio button
Referral to other home or community services	Dropdown or radio button

Other	Dropdown or radio button
Health outcomes collected (if available) For each collected, indicate whether follow-up data indicated an improvement, no change, or worsening.	label
Asthma control using a standardized test	Dropdown or radio button
Appropriate medication use	Dropdown or radio button
Asthma attacks/episodes	Dropdown or radio button
Asthma Hospitalizations	Dropdown or radio button
Asthma ED visits	Dropdown or radio button
Other asthma-related urgent or unscheduled visits	Dropdown or radio button
Asthma related quality of life	Dropdown or radio button
Other	Dropdown or radio button
Is a report on the QI process/evaluation available?	Dropdown or radio button
if so, enter URL of online report (if applicable)	Open text

ergency department visits; hospitalizations; asthma self-management education) as a result of

Response options (if applicable)
-Yes -No, baseline and follow-up data for at least one process or outcome measure are not yet available. (Document activity in annual report)
n/a
<u>Hospital System</u> <ul style="list-style-type: none">• Inpatient hospital• Hospital-based outpatient• Health system• Emergency department
<u>Clinic or Community-based center</u> <ul style="list-style-type: none">• FQHC (Federally Qualified Health Center)• SBHC (School Based Health Care)• Community Health Center• PCMH (Patient-Centered Medical Home)• Private practice or group• Other primary care setting• Urgent care• Public health department
<u>Payers (private or public)</u> <ul style="list-style-type: none">• State Medicaid agency• Medicaid managed care organization• Other health plan
n/a
State and county
<ul style="list-style-type: none">• 1 setting• 2-4 settings• 5-7 settings• 8+ settings• Don't know
<ul style="list-style-type: none">• All or nearly all• Most• Less than half• None or very few• Information not available

- No, it was internal
- Yes, by the American Lung Association
- Yes, by the American Academy of Pediatrics
- Yes, by the American Academy of Family Medicine
- Yes, by the National Institute for Children's Health Quality (NICHQ)
- Yes, by another organization

- No specific role; received information from a partner
- Provided full or partial funding
- Advised on QI process
- Provided training
- Reviewed plans or provided other TA

- Changes to other (non-EHR) systems and processes
- Engagement of an interdisciplinary team in the QI process
- Use of PDSA (Plan, Do, Study, Act) cycles
- Expansion of team-based asthma care
- Training of health care providers
- Training of health care staff
- Eliminate barriers for obtaining and using asthma medications and devices
- Encourage use of administrative data to develop systems to improve asthma control
- Encourage shared decision making between patients and providers
- Other

n/a

n/a

NOTE: Default to Y

n/a

label

- Improvement
- No significant change
- Worsening
- Follow-up data not yet available

- Improvement
- No significant change
- Worsening
- Follow-up data not yet available

<ul style="list-style-type: none"> - Improvement - No significant change - Worsening - Follow-up data not yet available
label
<ul style="list-style-type: none"> - Improvement - No significant change - Worsening - Follow-up data not yet available
<ul style="list-style-type: none"> - Improvement - No significant change - Worsening - Follow-up data not yet available
<ul style="list-style-type: none"> - Improvement - No significant change - Worsening - Follow-up data not yet available
<ul style="list-style-type: none"> - Improvement - No significant change - Worsening - Follow-up data not yet available
<ul style="list-style-type: none"> - Improvement - No significant change - Worsening - Follow-up data not yet available
<ul style="list-style-type: none"> - Improvement - No significant change - Worsening - Follow-up data not yet available
<ul style="list-style-type: none"> - Improvement - No significant change - Worsening - Follow-up data not yet available
<ul style="list-style-type: none"> - Improvement - No significant change - Worsening - Follow-up data not yet available
<ul style="list-style-type: none"> - Report online - Available upon request
n/a

PM F: AS-ME Completion Rates

Number and demographics of people with asthma who initiated and attended curriculum of AS-ME courses.

PM G: Improvement in Asthma Control among AS-ME Completers

The number of participants with poorly controlled asthma on enrollment and 60% of asthma self-management education sessions.

Partner Delivering Asthma Self-Management Education (AS-ME) Do not include AS-ME delivered as part of a home visit.
Program Used
Program delivery setting(s):
Choose the county in which the program was delivered
County - Latitude
County - Longitude
Were there two or more in-person sessions?
Was a return demonstration part of the curriculum?
Did the curriculum contain all of the components listed in the NAEPP guidelines (including basic asthma facts; understanding medication differences; and patient skills in taking meds, managing environmental exposures, action plan, and self-monitoring)?
State asthma program (SAP) support (Check all that apply)

<p>Test used to measure asthma control (Select all that apply):</p>
<p>NEW SECTION HEADER: Patient Enrollment Information - Enter the number of participants initiating AS-ME</p>
<p>Asthma control status on enrollment</p>
<p>Number of participants (upon enrollment) <u>with</u> any hospitalizations OR ED visits for asthma in the 12 months prior to enrollment</p>
<p>Number of participants (upon enrollment) <u>without</u> any hospitalizations OR ED visits for asthma in the 12 months prior to enrollment</p>
<p>Number of participants (upon enrollment) with no information on asthma control within the 12 months prior to enrollment</p>
<p>NEW SECTION HEADING: Patient Follow-up Information</p>
<p>Are follow-up data available?</p>
<p>If not, when are estimates expected? <Month field></p>
<p>If not, when are estimates expected? <Year field></p>
<p>Number of participants attending at least 60% of sessions</p>
<p>Number of participants at enrollment whose asthma is <u>Well-controlled</u></p>
<p>Number of participants at enrollment whose asthma is <u>Poorly-controlled</u></p>
<p>Number of participants at enrollment <u>with no information on asthma</u></p>
<p>Age of participant (person with asthma) upon enrollment:</p>
<p>Number of participants aged 0-4</p>
<p>Number of participants aged 5-11</p>
<p>Number of participants aged 12-17</p>

Number of participants aged 18-65
Number of participants aged 65+
Number with age unavailable
Of those attending at least 60% of sessions who had poorly controlled asthma at enrollment, how many reported well controlled asthma one month completion of the program?
New Section
How many individuals with asthma received AS-ME as part of a home visiting program during the performance year?

ended at least 60% of sessions of guidelines-based asthma self-management education (AS-ME); and description

(a subset of the previous measure) who report their asthma is “well-controlled” one month or more after atte

Response type	Response options (if applicable)
Open-ended	n/a
Drop down or radio button	<ul style="list-style-type: none"> - Breathe Well, Live Well - Kickin' Ashthma - Open Airways in Schools - You Can Control Asthma - Wee Breathers - Other
Checkbox	<ul style="list-style-type: none"> - School - Health care delivery setting (non-school setting) - Community setting (non-school) - Virtual/web-based
Drop down or radio button	State and county drop-downs
open text	n/a
open text	n/a
Drop down or radio button	Yes/No
Drop down or radio button	Yes/No
Drop down or radio button	Yes/No
	Options (check all that apply): Fully or partially funded by SAP Provide technical assistance, training, and/or resources

Checkbox	-ACT - Cact - ATAQ - ACQ - Other - Unknown
label	label
label	label
open text, if possible desingate as a number field	
open text, if possible desingate as a number field	
open text, if possible desingate as a number field	
label	label
Drop down or radio button	Yes/No
Drop down or radio button	Jan Feb Mar April May June July Aug Sept Oct Nov Dec
Drop down or radio button	2019 2020 2021 2022 2023
label	label
open text, if possible desingate as a number field	n/a
open text, if possible desingate as a number field	n/a
open text, if possible desingate as a number field	n/a
label	label
open text, if possible desingate as a number field	n/a
open text, if possible desingate as a number field	n/a
open text, if possible desingate as a number field	n/a

open text, if possible desingate as a number field	n/a
open text, if possible desingate as a number field	n/a
open text, if possible desingate as a number field	n/a
	Enter whole number, or option to click a dropdown for "data unavailable" or "data pending"
open text, if possible desingate as a number field	n/a

1 of the setting

ending at least

|

|