Vermont Asthma Program

The Vermont Asthma Program (VAP) works to reduce the burden of asthma in the state. In 2014, the VAP was awarded a new five-year grant from the Centers for Disease Control and Prevention (CDC), with a focus on expanding program functions and capacity (infrastructure strategies); expanding access to comprehensive asthma control services through home-based and school-based strategies (services strategies); and coordinating with health care organizations to improve coverage, delivery, and use of clinical and other services (health systems strategies).

VAP GOALS

The VAP has identified five goals in the 2013 Vermont State Asthma Plan to guide their strategies and activities:

- 1. Ensure proper diagnosis and treatment of asthma patients using National Asthma Education Program guidelines
- 2. Pursue sustained efforts to incorporate guideline-based asthma care into Vermont's health systems
- 3. Adopt reimbursement strategies for health care systems that lead to optimal asthma care
- 4. Improve both indoor and outdoor air quality for all Vermonters
- 5. Engage Vermonters with asthma, their families, and other caregivers in appropriate self-management

STRATEGIC PARTNERSHIPS

By building relationships and collaborations, the VAP has established a broad group of strategic partners that provide guidance and resources to support its strategies and activities. In addition to regular advisement from the Asthma Advisory Panel (AAP), the VAP has established partnerships with other state agencies and programs, health care organizations and payers, community-based partners, and school-based partners, including:

- Vermont Department of Health (VDH) and its Divisions of Environmental Health, Maternal and Child Health, Health Surveillance, and Health Promotion and Disease Prevention
- Vermont Agency of Education (AOE) and schools
- Department of Vermont Health Access (DVHA)/Medicaid
- Vermont Department for Children and Families (DCF)
- Vermont Department of Labor
- University of Vermont (UVM) Medical Center
- Rutland Regional Medical Center (RRMC) and Community Health Team (CHT)
- Springfield Hospital and Community Health Team
- Vermont Blueprint for Health (Blueprint)

The VAP engages partners across sectors to implement home and school-based service strategies, health systems strategies, and asthma-related policy strategies that target populations with disparate asthma burden. The Program's target populations include:

- Medicaid-eligible individuals, as Vermonter's of low socioeconomic status experience disproportionate asthma burden
- Individuals with asthma in the Rutland and Springfield regions where asthma burden is high
- Individuals with asthma that smoke

The VAP's infrastructure, services and health systems strategies are intentionally designed to reach these target populations. Representing this work is a logic model that provides a high level overview of the VAP's inputs, strategies and activities, outputs, and expected outcomes over the funding period, from 2014 to 2019.

Vermont Asthma Program Logic Model: 2014 –2019

Goal: Comprehensive Asthma Control Services in Vermont Supported by Evidence-based Strategies and Public Health-Health Care Collaboration

INPUTS

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STRATEGIES & ACTIVITIES



SELECT OUTPUTS



OUTCOMES

- CDC Funding & Technical Assistance
- Asthma Fvidence Base
- Asthma Advisory Panel (AAP)
- Vermont Asthma Program:
- Staff
- Surveillance & Health System Data
- · State Asthma Plan
- Asthma Burden Report
- JSI Evaluation & Technical Assistance
- HMC Advertising Communications

Strategic Partners

- VDH
- Environmental Health
- Surveillance
- MCH
- Tobacco
- AOE & Schools
- DVHA
- DCF
- DOL
- UVM Medical Center
- Rutland Hospital and CHT
- Springfield Hospital and CHT
- Blueprint

INFRASTRUCTURE

- Promote asthma as a priority & cultivate asthma champions across sectors
- Build & maintain a strategic partner network to advance the Program's multiple components
- Convene w/ state agencies, programs, & strategic partners to coordinate asthma initiatives & policies
- Facilitate adoption of evidence-based asthma strategies by health systems, payers & providers
- Promote comprehensive asthma care in health care reform initiatives
- Provide technical assistance to strategic partners on evidence-based asthma strategies
- Implement strategic communications targeting disparate populations
- Maintain/enhance asthma surveillance system
- Evaluate Asthma Program initiatives

SERVICES

- Provide funding, training, & technical assistance to integrate self-management education into home visiting & other community-based services
- Collaborate with schools to increase capacity in asthma management
- Coordinate w/ health systems to establish chronic disease patient information sharing agreements w/ schools, practices, & community health teams (CHT)
- Support training of home visitors, CHT providers, & others to serve as certified asthma educators

HEALTH SYSTEMS

- Implement quality improvement initiatives with Blueprint, providers, and hospital systems to increase access to guideline-based care
- Collaborate w/ Blueprint and hospitals to implement systems of team-based care to improve coordination of asthma care across settings
- Promote expanded asthma benefit among payers & providers

INFRASTRUCTURE

- Quarterly AAP meetings
- Meetings w/ state agency leadership & strategic partners
- Strategic partner data reports
- Surveillance briefs & communication products
- Asthma Burden Report 2018
- State Asthma Plan 2019
- Strategic Communications Plan
- Strategic Evaluation Plan

SERVICES

 Asthma assessment, education, & referral integrated into home visiting; statewide by 2019



- Scholarships to CHT providers & home visitors for certified asthma educator training, biannually
- School supervisory unions add asthma to electronic reporting systems, statewide by 2019
- UVM Medical Center establishes patient information sharing agreement

HEALTH SYSTEMS

- Asthma learning collaboratives, 2017 & 2019
- P.A.C.E. program delivered to hospitals annually
- Easy Breathing implemented in practices annually
- Hospital discharge protocol established in Rutland (2015) & Springfield (2017), statewide, by 2019
- Business case on Medicaid reimbursement for asthma selfmanagement education developed & presented to DVHA

SHORT-TERM

- ↑ awareness of the burden of asthma among asthmatics, providers, policy-makers & the public
- network of strategic partners addressing asthma control
- ↑ policies to support asthma management & control
- h knowledge about asthma self-management practices among people w/asthma & caregivers
- A expansion & promotion of Medicaid asthma benefit
- ^ capacity of health care organizations to provide quideline-based asthma care
- ↑ linkages to guideline-based care for people w/ asthma
- ↑ capacity for guideline-based asthma management in schools
- ↑ communication by health & human service providers on environmental asthma triggers in schools, worksites, & homes

INTERMEDIATE

- ↑ access to guideline-based care among Vermonters w/ asthma & those w/ disparate asthma burden
- self-management among Vermonters w/asthma
- percentage of Vermonters w/asthma action plans
- ↑ coverage for comprehensive asthma control services by VT health care payers

LONG-TERM

- ↑ asthma management & control among Vermonters w/ asthma
- V asthma burden, including:
- ED visits & hospitalizations
- School & work days missed
- Asthma deaths
- ↓ health care & economic costs
- ↓ asthma –related disparities in VT
- ↑ quality of life for Vermonters w/asthma