Increasing Asthma Resources in the Bronx

J. Robin Moon, Bronte Kastenberg and Sandra Lobo

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Agenda

1. Welcome & Introductions
2. Asthma in the Bronx
3. Initial Approach / Project
4. New, Multi-faceted Approach
5. NWBCCC Partnership
   a. Healthy Buildings Program
   b. Place-based Intervention
6. Q&A
Introduction

J. Robin Moon, DPH is Senior Director of System Integration at Bronx Partners for Healthy Communities (BPHC) PPS, where she oversees integrated delivery system integration, network management and innovation fund initiatives for the PPS DSRIP.

Bronte Kastenberg is Project Manager of Clinical Improvement Projects at BPHC, where she manages the chronic disease projects and assists with the logistics and content of the Innovation Fund initiative.

Sandra Lobo is the Executive Director of the Northwest Bronx Community & Clergy Coalition, a 45-year-old grassroots, member-led community organization that unites diverse people and institutions to work for racial and economic justice.
Introduction *cont.*

### Bronx Partners for Healthy Communities PPS

<table>
<thead>
<tr>
<th>SBH Health System (lead)</th>
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<tbody>
<tr>
<td>• 150 years of serving the Bronx</td>
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<tr>
<td>• Over 70% Medicaid patients</td>
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#### Our largest 7 partners

<table>
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<tr>
<th>Member organizations</th>
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<tr>
<td>225 organizations, 1200 sites</td>
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<tr>
<td>~35,000 employees</td>
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- Hospitals
- FQHCs
- D&TCs
- Health Homes
- Home Care
- Behavioral Health
- TCs
- IPAs
- CBOs
- Hospices

<table>
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<tr>
<th>Patient Population</th>
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<td>• 357,424 attributed patients</td>
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Asthma Epidemic in the Bronx

Percent of Residents Who Rated Conditions of Residential Structures Fair or Poor
(2011, Community Districts)

Asthma Hospitalizations per 1,000 Children*
(2010, United Health Fund Districts)

* Children under age 15.

Source: Citizens’ Committee for Children of New York (2013), Keeping Track of New York City’s Children, Tenth Edition; Figure 3.12 and Figure 4.15.
Initial Approach: Home-Based Services

BPHC has partnered with community-based organizations to provide free home-based services for children and adults with asthma in the Bronx.

*BPHC launched the initial asthma program to equip partner orgs capacity to deploy CHWs to provide home visits to patients with partially controlled or uncontrolled asthma.*

→ Focus was solely on home visits.
Home-Based Services continued...

### April 2015-January 2019

<table>
<thead>
<tr>
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<th># of Patients Engaged</th>
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<tbody>
<tr>
<td>Referrals</td>
<td>4,858</td>
</tr>
<tr>
<td>Outreach – Successful</td>
<td>3,468</td>
</tr>
<tr>
<td>Outreach- Unsuccessful</td>
<td>1,390</td>
</tr>
<tr>
<td>Home Visits</td>
<td>1,858</td>
</tr>
<tr>
<td>Cost</td>
<td>$2,608,828</td>
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Success rate of 71%

Success rate of 38%

### March 2017-November 2018

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<tr>
<th></th>
<th># of IPM Visits</th>
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<tbody>
<tr>
<td>IPM Visits</td>
<td>269</td>
</tr>
<tr>
<td>Cost</td>
<td>$138,025</td>
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Success rate of 71%

Success rate of 38%

... Bronx children has asthma, triple the national average.
Transition from Initial Approach

Goal: Transition the program toward a population-oriented and place-based engagement strategy

Why: 1) Need to reach more patients; 2) Targeting more meaningful improvement; 3) Must be widely spread & sustainable; 4) Multi-faceted problem needs multi-faceted solution!

Transition Steps:
1. Only refer patients with severe asthma to home-based services
2. Address poor health outcomes of residents living in “sick buildings”
3. Diversify asthma resources by increasing partnerships
New, Diversified Asthma Resources

NWBCCC and Hostos Community College are working together to implement an IPM Vendor Certification Program

Pharmacy delivery health workers are educating patients on asthma medication use

SBH adopts RxUniverse, the prescription and patient engagement app platform
New, Diversified Asthma Resources *cont.*

1. **Conduct asthma education training for home care attendants so they can do home-based asthma education**

2. **Develop train-the-trainer resource at BCHN, to co-establish an asthma center of excellence**

3. **Place-based asthma education and community organizing at private and NYCHA buildings**

4. **Place a full-time PharmD in the EDs to provide asthma patients with on-site training**
Multi-Pronged Approach

Home Visits / IPM
Medication Delivery
Home Care

Education
Community Organizing
Home Visits / IPM

PharmD

ED

PCP

PCP link

PCP-Patient Engagement
NWBCCC Partnership

HEALTHY BUILDINGS

Overview:
Address housing conditions, health behaviors, and social and economic insecurity

- Reduce exposure to asthma triggers in apartment buildings
- Reduce greenhouse gas emissions and other pollutants
- Lower residents’ monthly energy bills
- Help residents build community power and leadership
- Create jobs and wealth in the community
Collaborative Place-Based Intervention

Steps:
1) Identify asthma hotspot target buildings
2) Outreach & organize buildings
3) Building analysis & baseline assessment
4) Capital improvements & home-based asthma intervention
5) Monitor & evaluate
6) Synthesize learnings & iterate
Pre-Survey Results

Child Asthma and Asthma-Related Health System Usage within the Last 12 months (400 surveyed)

- 25% Have Asthma
- 18% Had Asthma Attack
- 4% Asthma-related Hospitalization
- 8% Asthma-related ER Visit

BRONX PARTNERS FOR HEALTHY COMMUNITIES
Post-Intervention Findings

SBH Total Visits


SBH ED Visits

Q&A