Affinity Studies and Partnerships

Through collaborative efforts and clinical studies, Affinity is better able to understand our target populations and continually learn about current medical trends, treatment protocols and best practices, enabling us to deliver, relevant care to our Members. Please note our recent studies and collaborations below.

Improving Dental Health Care for Children and Pregnant Women July 2010 – June 2012

Affinity Health Plan is participating in the New York City Department of Health and Mental Hygiene's *Take Care New York* Quality Improvement Project. The two year project is designed to:

- increase dental visit rates among children and adolescents aged younger than 21 years and pregnant women enrolled in Affinity's health plan, and promote the establishment of a dental home for these members;
- increase the application of fluoride varnish by pediatricians among children aged younger than seven years.

Affinity Health Plan is partnering with our dental provider, Healthplex, to implement this multifaceted project, which focuses on:

- Ensuring an adequate supply of dental providers who can and will see young children through quantification of those dentists who presently see children and, if necessary, using educational programs to expand dental resources.
- Educating pediatric and obstetric providers on the importance of determining dental risk and dental referrals. Encouragement/education by the Primary Care Provider on the importance of oral health has proved effective in getting children to go to the dentist. Affinity's dental partner, Healthplex, incentivizes medical providers to speak with Affinity children/adolescents on this subject.
- Affinity outreaching to educate members on the importance of regular dental care during childhood, adolescence and pregnancy and facilitating finding a dentist.
 Additional outreach is made to members that have not had a dental visit in the past year.
- Affinity conducting a 1 year pilot study on the application of fluoride varnish by pediatricians among children younger than seven years of age. Additional reimbursement is provided for the fluoride application. Depending on results, plans may expand the initiative in the second year.

Diabetic Retinopathy Screening Program November, 2010

Affinity, in partnership with Allergan's ProSight Diabetic Retinopathy Program, hosted retinopathy screenings at Affinity customer service centers in the Bronx and Queens.

Better Living Now, a managed care provider of healthcare products and services, also participated by providing Affinity members with a free diabetes monitoring device and 30 day supply of test strips and a session with a diabetes health educator.

A regional mailing was sent to Affinity members with diabetes who had not received an eye exam in the past two years. While walk-ins were accepted, Members could also make an appointment online or by phone. The members' eyes were dilated via a darkened room, rather than using medication. The exam took only minutes. Photographs were taken by optical technicians, and results were later read by an ophthalmologist. All members were notified by mail of the test results.

The screening program was a big success. Affinity and Allergan plan to expand the offering in the latter half of 2011 by reaching out to provider sites who would like to have the program. If you are interested in having a diabetic retinopathy screening at your site, please contact Carrie Edwards, Allergan Senior Regional Account Manager, 516 359-6138, or Judith Frederic, Affinity Quality Improvement Coordinator, 718 794-6037.

Improving Asthma Medication Utilization in a Pediatric Medicaid Population Affinity Health Plan 2010-2011

Asthma is the leading cause for pediatric hospitalization in the United States and disproportionately affects ethnic minority groups. Children in the Bronx were hospitalized for asthma more often than any other NYC borough. Approximately 25% of children living in the Bronx have asthma. Current guidelines recommend regular use of anti-inflammatory controller medications with less reliance on short-acting beta agonist inhalers for management of persistent asthma.

A two prong approach is needed to improve asthma outcomes with education of both the member and their provider. The goal of this study will be to evaluate if a combination of written and oral interventions with member parents and their providers improves outcome measures related to asthma management as compared to academic detailing alone. The objectives to be measured will include: increase utilization of inhaled corticosteroids (ICS) and decrease utilization of inhaled short-acting beta agonists (SABA), nebulizers and albuterol syrup.

Child Health Plus parents received written communication about asthma including a brochure and Asthma Action Plan erasable magnet. The importance of medication adherence will be stressed. Children will be included in the outreach if they have claims for 3 or more SABA or any long acting beta agonist with no steroid controller OR leukotriene use with 3 or more SABA in last 120 days.

Primary care providers (PCP) with asthmatic children who have not been prescribed inhaled steroids will be targeted for academic detailing. A Pediatric Allergist/Pulmonogist shall review the asthma guidelines, address any patient specific concerns and share asthma resources. The PCP received patient specific medication

claims, asthma ED visits and/or hospitalizations. Providers had an opportunity to obtain CME by completion of DOH self study. Key messaging during the academic detailing shall include:

- 1. Assess inhaled corticosteroid adherence during each visit. Review medication profile and include with records.
- 2. Discourage use of nebulizers and encourage metered dose inhalers with spacers.
- 3. Encourage use of preventative immunizations.
- 4. Assess smoking status and refer to NY Quit line.
- 5. Complete Asthma Action Plan and instruct who to call after hours.

References

- 1. Asthma in Primary care Practice Video. Available at http://nypep.nysdoh.suny.edu/asthma. Accessed March 8, 2011.
- 2. National Institutes of Health National Heart, Lung, and Blood Institute. National Asthma Education and Prevention Program Guidelines (NAEPP). NAEPP Expert Panel Report 3. Revised August 28, 2007. Available at http://www.nhlbi.nih.gov/guidelines/asthma/asthgdln.htm. Accessed April 9, 2010.

Grants

While we are not currently accepting grant applications, please know that Affinity Health Plan has partnered with community-based organizations, providers, public health researchers and others in the past to test *outside-the-box* ideas that have the potential to generate new knowledge and improve the health and healthcare of our communities. We have funded projects that represent all of the stakeholders needed to solve a complex problem. Please see two such initiatives below that are currently in the evaluation phase.

Txt Now 2 Decrease Pregnancies L8r

Columbia University Department of Obstetrics and Gynecology Division of Family Planning and Preventive Services

The project team is studying the use of cell phone text messaging technology in a novel way: they are providing daily oral contraceptive dosing reminders and educational messages to teens. Many teens elect to use oral contraceptives for birth control but they often forget their daily doses. Cell phones are a widespread technology that is increasingly being used as a primary means of communication. Teen cell phone users in particular frequently use text messaging. The primary study endpoint is oral contraceptive continuation at six months. The project team will also assess pill taking behaviors and changes in health knowledge. They aim to use the information obtained to develop specific, practice-based interventions to improve reproductive health programs and policies. They will disseminate this information and collaborate with other researchers and clinicians to decrease the numbers of unintended teen pregnancies nationwide.

Asthma Early Intervention For You (AEI For YOU)

Long Island College Hospital Asthma Center

This grant funds the evaluation of a comprehensive asthma intervention program conducted in day care and Head Start centers in the Bushwick and Bedford-Stuyvesant neighborhoods of Brooklyn. The overall goals of the project are to decrease hospitalization, emergency department visits, school absenteeism and mortality related to childhood asthma. The project's contribution to community health focuses on increased tracking and information about the connection between absenteeism and ER visits for children with asthma at different severity levels. This project will track the children at a very early age and provide comprehensive services and education to the kids, parents and day care staff. Probability is high that this intervention could be spread to other urban day care centers.

HealthCorps Program Effectiveness Evaluation HealthCorps

HealthCorps is a peer mentoring program created by surgeon Mehmet Oz to promote and facilitate wellness behaviors in children and adolescents. The aim of HealthCorps is to provide students with knowledge that will empower them to create healthy environments for themselves at home, at school, and at work. Recent college graduates ("HealthCorps Coordinators") are paid an annual stipend and given an educational award at the end of their tenure to dedicate two years of service to their community via *HealthCorps*. This two-year project assessed the impact of HealthCorps on teenagers' health attitudes, knowledge, risk behavior and their physical health indices. During the study, HealthCorps coordinators worked in NYC schools serving primarily lower income Hispanic students to promote the concept of holistic health, develop and nurture community partnerships (community-parents-teachers) and lead students in seminars on nutrition, physical fitness, mental resilience and other pertinent health issues. At the conclusion of the evaluation project, significant benefits of the program were found and documented in a manuscript that is presently being peer-reviewed. More specific details regarding the findings will be released to the general public once the manuscript is accepted for publication.