AHRQ STATE HEALTHCARE QUALITY IMPROVEMENT WORKSHOP:	
ASTHMA RETURN-ON-INVESTMENT CALCULATOR	
WHAT DOES THIS TOOL DO?	The Asthma Return-On-Investment (ROI) Calculator helps State leaders estimate the financial benefits of asthma quality improvement programs in their State. The calculator combines information from the literature and with real-world data about patients to estimate the net impact of an asthma care quality improvement program. It includes information on medical utilization, cost of asthma, and asthma prevalence, with particular focus on programs that highlight patient and provider education on how to better manage the disease.
WHO SHOULD USE THIS	This tool should be used by:
TOOL?	State health department officials and executive branch officials, including State health departments, Medicaid officials, and benefit managers for State employees.
	State governors and legislators. New years and a color of the co
	 Nongovernmental State and local health care leaders (professional societies, provider associations, hospital associations, quality improvement organizations, voluntary health organizations, health plans, business coalitions, community organizations, and consumer groups).
HOW DOES THIS TOOL WORK?	 The tool uses an Excel spreadsheet model, guiding users through six main steps: Users select the <i>population</i> for which the intervention is being designed. The calculator helps estimate the number and demographic characteristics of <i>participants</i> in the asthma program. The calculator estimates the <i>baseline</i> utilization of medical services and missed workdays for participating patients at baseline (i.e., without the asthma program). Using impact estimates from the review and analysis of the literature, the calculator estimates the asthma <i>program impact</i> in terms of reduction or increase in hospital visits, emergency department visits, etc. The calculator provides <i>program cost</i> estimates from the literature or allows the user to enter estimates from program vendors. The calculator estimates results of savings, costs, and overall ROI by comparing the savings of the program (in terms of saved medical costs and/or fewer missed workdays) with the cost of implementing the program.
WHAT TYPE OF	The Asthma ROI Calculator includes:
INFORMATION IS INCLUDED IN THIS	 A synthesis of 52 research studies on improving asthma care and implications for cost savings.
TOOL?	 Knowledge of how asthma-related costs are likely to change for emergency department visits, hospital stays, outpatient visits, medications, ancillary tests, and missed schooldays or workdays.
	 Options to describe benefits and costs from a third-party payer or societal perspective.
	 Ability to test strategies in designing an asthma care improvement program based on: Children, adults, or both. All asthma patients or only those with persistent asthma. Medicaid, employer-sponsored insurance, or State insurance. Savings of direct medical costs and/or productivity gains. Length of the program. Vendor cost of the program.
	Default population and asthma prevalence data for the 50 States and D.C. Default population and asthma prevalence data for the 50 States and D.C. Default population and asthma prevalence data for the 50 States and D.C. Default population and asthma prevalence data for the 50 States and D.C. Default population and asthma prevalence data for the 50 States and D.C. Default population and asthma prevalence data for the 50 States and D.C. Default population and asthma prevalence data for the 50 States and D.C. Default population and asthma prevalence data for the 50 States and D.C. Default population and asthma prevalence data for the 50 States and D.C. Default population and asthma prevalence data for the 50 States and D.C. Default population and asthma prevalence data for the 50 States and D.C. Default population and asthma prevalence data for the 50 States and D.C. Default population and the formal prevalence data for the 50 States and D.C. Default population and the formal prevalence data for the 50 States and D.C. Default population and the formal prevalence data for the 50 States and D.C. Default population and D.C. D
	Flexibility to enter baseline data for specific populations (a State program, national program, or private health insurance plan). Ability to change the right of the research design to use in actimating equipment.
Haman Larry	Ability to choose the rigor of the research design to use in estimating savings. This to divide a virtual by the Agamest for Health again. Because and Overline and by the production of the research and overline and by the production of the research design to use in estimating savings.
HOW CAN I OBTAIN THE TOOL?	This tool was supported by the Agency for Healthcare Research and Quality and built by Thomson Healthcare (formerly Medstat). For more information, contact Ginger Carls ginger.carls@thomson.com , Ron Ozminkowski