



Health Resources in Action
Advancing Public Health and Medical Research

**Healthy Homes
Health Care Financing:
Promoting Policy Change
*A New England Regional Approach***

National Healthy Homes Conference
June 20, 2011

Presented by:

Stacey Chacker, Director of Environmental Health
Health Resources in Action
and the Asthma Regional Council of New England

Funded by the Kresge Foundation

Asthma Regional Council of New England

a program of Health Resources in Action

HRiA Mission: To help people live healthier lives and create healthy communities through prevention, health promotion, policy and research.

ARC's Mission: To reduce the impact of asthma across New England, through collaborations of health, housing, education, and environmental organizations with particular focus on the contribution of schools, homes, and communities to the disease and with attention to its disproportionate impact on populations at greatest risk.

History of ARC

- In existence for more than a decade
- Founded by Federal Region I Administrators of HHS, EPA and HUD
- Comprised of about 85 public agencies, health care providers, private organizations and researchers
- Started with environment; kids
- Expanded to comprehensive asthma management - clinical and environmental contributors; kids and adults
- Unique in that we work across the six New England States on joint strategies.

The Burden of Asthma

- Rates of asthma have doubled in the U.S. in the last few decades; cost U.S. more than \$30 billion/year for direct expenditures.
- Burdens young and old
 - 9.1 % of children; 7.3% of adults have current asthma
- In New England:
 - symptoms in 66% are “not well-controlled” or “very poorly controlled”
 - people of color have higher hospitalization rates

Challenges to Delivering Home-Based Environmental Interventions

- ***Biggest challenge is lack of sustainable funding sources:*** The majority of Healthy Homes initiatives are funded through grants. Typically, when the grants disappear, so do the programs.
- ***Lack of capacity to deliver services.***

Current funders include:

- Federal Grants
- State & Local Health Departments
- Some Private Foundations
- Some Health Plans (clinic-based education)

Addressing the Problem

ARC has developed a long-term strategy for promoting the financing and delivery of home visiting programs – including environmental assessments and interventions through healthcare payers and purchasers, as well as the promotion of holistic healthy homes programs

ARC's Three Prong Strategy

- Developing Tools
- Providing Technical Assistance
- Convening Stakeholders
 - Payers/Purchasers
 - Providers
 - Policy Makers

ARC's History Working with Payers

- In 2003, with U. Mass Lowell, interviewed Medical Directors of insurance companies.
- Held Symposium for Payers in 2004.
- Developed first “Business Case for Payers” in 2007.
- Subsequently, developed other tools for “Making the Case”, including Business Cases for Payers (2010) and Purchasers, MA Provider Consensus Statement, Insurance Coverage Check List, and Insurance Gap Analysis.
- Worked with two payers who were ready to work with ARC to develop pilots and work on policy change.

- Held second Symposium in 2010.
- Worked with New England Asthma Programs to recruit payers from across New England
- Succeeded in fostering openness to change in policies and practices.

Improving Asthma Management in a Changing Healthcare System



Focusing on Cost Effectiveness, Performance Measures, and Models of Care



**A Symposium for
New England
Healthcare Payers and
Policy Makers**

November 19, 2010

**Sponsored by the Asthma Regional Council,
a program of Health Resources in Action**

www.asthmaregionalcouncil.org

Thank you to The Kresge Foundation for supporting the costs of this symposium.

Symposium Cosponsors:

U.S. Department of Health and Human Services, Region I
Connecticut
Department of Public Health
New Hampshire Department of Health and Human Services

U.S. Environmental Protection Agency, Region I
New England States Consortium Systems Organization
Maine Department of Health and Human Services
Rhode Island Department of Health

Environmental Health Program at the University of MA - Lowell
Massachusetts
Department of Public Health
Vermont Department of Health

Symposium Highlights included:

- Overview – how shifting healthcare environment creates opportunities and challenges for both commercial and Medicaid payers to provide more effective care to high-risk patients;
- Promising models for delivery and financing;
- A dialogue about how best to foster and invest wisely in an environmental management approach to asthma, and an open discussion of the catalysts and barriers to such service deliver;
- Update on National Center for Quality Assurance's *Healthcare Effectiveness Data and Information Set*;
- Overview of ARC tools

New Challenges and Opportunities

- Cut to CDC Asthma and Lead Program
- National Health Care Reform, and health care reform at the state level – lots of policies also changing
- Individual insurers are reticent about making changes to their coverage policies until payment reform efforts and regulations are better sorted out on the national level.
- Asthma is not a priority on the federal health agenda in the first year

Challenges and Opportunities

- Medicaid Managed Care and other capitation payment systems offer the most opportunity. – they can move money around as they see fit.
- Fee for Service payers are much more restricted.
- Promoting employee alignment of benefits with Purchasers - in collaboration with NE Asthma Programs

With Health Care Reform, Expanded Focus:

- Continuing to promote best practices to Health Care Payers (both insurers and purchasers).
- Promoting opportunities through state health care reform.
- Opportunities through Federal Health Care Reform

State-based Opportunities

Massachusetts

- Legislation passed in 2010 with budget line item which called for a pilot program to test “bundled payments” for high-risk pediatric asthma Medicaid patients on
- ARC convened stakeholders to deliver common message to MassHealth (Medicaid).
- ARC now serving on MassHealth Pediatric Asthma Bundled Payment Pilot Advisory Committee.
- MA has unique opportunity to be a national leader in improving the quality and cost of asthma care, through Medicaid coverage for home-based interventions for low income individuals.

State-based Opportunities

Connecticut

- Moving from Medicaid Managed Care System to self-insured Administrative Service Organization or ASO. An ASO is an organization or organizations providing utilization management benefit information and intensive care management services within a centralized information system framework.
- ARC convened leaders from the American Lung Association, and other stakeholders in CT to develop a strategy to change the way that CT Medicaid covers asthma services during this health care reform, and continues to provide technical assistance.

Other New England Opportunities

- Vermont - supporting pilot program in Rutland
- Rhode Island Asthma Emergency Department Diversion Pilot Project
- Massachusetts- Reducing Ethnic/Racial Asthma Disparities in Youth (READY) study

Addressing National Priorities and Trends

- ARC partially shifted our efforts to influence national priorities and trends which will ultimately have impacts on the local level and with individual insurers.
- Particularly focused on the U.S. Preventive Services Task Force, Centers for Disease Control, and the Centers for Medicare and Medicaid Services Centers. We are collaborating with national partners such as the National Center for Healthy Housing (NCHH) and the Asthma and the Allergy Foundation of America.

Addressing National Priorities

- Asthma is off the federal radar screen
- Health care reform needs to deal with the home environment as well – not just clinical aspects of disease. Taking more medication is not going to help when you have mold, pests or other triggers that you are allergic to in your home (or school, or workplace).
- Need to encourage different kinds of providers – not just physicians – in order to get into peoples' homes.

Addressing National Priorities

- Nominated asthma as a disease of interest for New Clinical Preventive Health Topics to be considered for review by U.S. Preventive Services Task Force (basically to have asthma management as a “preventative” service to be covered under the Affordable Care Act for waived out of pocket patient payments such as deductibles and co-payments.
- Recommended to the federal CMS that comprehensive asthma management be included in guidance letter to the State Medicaid Offices, regarding asthma services. ARC Business Case cited in Secretary Sebelius letter to governors re: Medicaid for cost savings.

Conclusions

- The U.S. Healthcare System is a patchwork with different payers – all with different policies and procedures and what they cover and how they cover it.
- The Healthcare System is currently in upheaval due to changes in National Health Care Reform.
- It is a time of both opportunity and challenge to be doing this work. Again – trying to convince traditional health payers that it is beneficial to include non-traditional care (non-clinical; in the home).
- ARC's makes the case that environmental interventions are just as cost effective and improve health outcomes as clinical visits, and critical component of comprehensive asthma care.



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Health Resources in Action
Advancing Public Health and Medical Research

Strategic Planning for Healthy Homes

***Starting Where Your At,
Getting to Where You Want To Go***

National Healthy Homes Conference
June 20, 2011

**Presented by: Eileen Gunn, Healthy Home Project Director, Asthma
Regional Council of New England, a program of Health Resources in
Action**

Funded by the Kresge Foundation

Why we plan?

- **Community conditions that require new responses and alliances**
- **Desire for greater impact**
- **Changing funding streams**
- **To align missions, programs, resources and relationships**

Why we Plan?

Gives direction, focus and momentum

The process of determining:

1) What your organization or group intends to accomplish, and

2) How you will direct the organization or group and its resources toward accomplishing these goals over a given time period.

Improve Public Health

Vision

Mission

**Goal
Objectives**

**Goal
Objectives**

**Goal
Objectives**

Strategies

Federal Healthy Homes Planning

Surgeon General's Call to Action ~ June 2009

"A Comprehensive, coordinated approach to healthy housing will result in the greatest public health impact."

CDC Action Plan for Healthy Homes

"Our approach will focus on coordinating new and existing resources to simultaneously address a range of risk factors in ways that are comprehensive and holistic. This approach should create economies of scale."

Federal Healthy Homes Planning

HUD's Strategic Plan - Transitioning Lead Program to Healthy Homes

Among their goals –

- *"Mainstreaming the Healthy Approach by incorporating healthy homes principles into ongoing practices and programs," and*
- *"To build sustainable local healthy homes programs."*

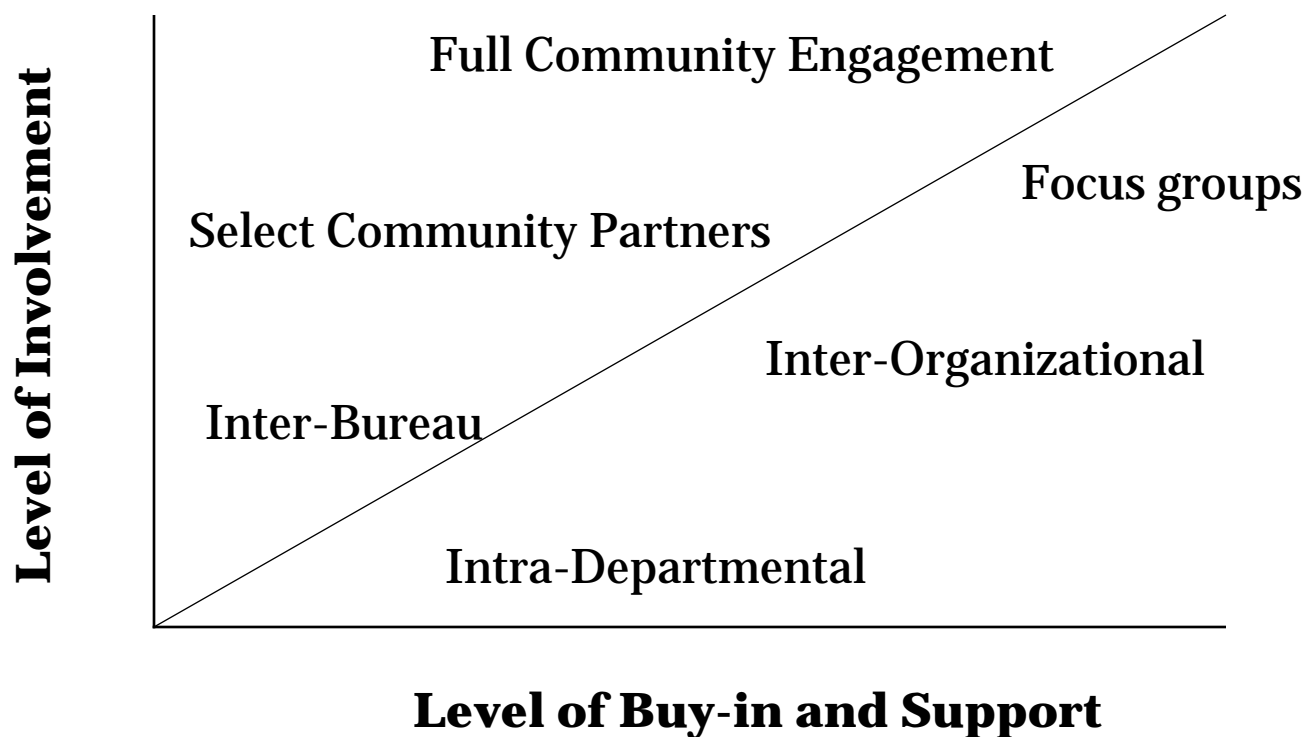
General Planning Process

1. Establish the Healthy Homes Team
2. Pre-Planning
 - Scope and Process Agreements
 - Building Relationships and Common Understanding
3. Assessment Phase/Environmental Scan
4. Strategic Plan Development Phase
 - Vision, Mission, Goals and Objectives and Strategies*
5. Action Planning Phase

Important Considerations through the Planning Cycle



1. Who will be on your Healthy Homes Team? What is the appropriate level of involvement? How will you decide?



2. Pre-planning

What is the scope of your effort?

- **Geographic:** Statewide, citywide, regional
- **Level:** Individual Homes (rental, private, public), Neighborhood
- **Scope of Issues:** Traditional home-based hazards, Social (Access to food and health care, Violence, Determinants of Health), Economic (Affordability)

Opportunities at Every Level

– **Public Health and Housing Agency Level**

- Policy, Program Support, Technical Assistance

– **Intervention Level**

- Local health and building departments (code), Service Providers - Community health workers – lead and asthma, early intervention, weatherization and energy efficiency services.

– **Education, Outreach, and Advocacy Level**

- Public health NGOs, community-based orgs., education, institutions, other

2. Pre-planning

Building Relationships and Common Understanding



3. Assessment Phase

- **Baseline – Compile Health and Housing data sets**
- **Resource Mapping/Environmental Scan**

Who is doing what? What hazards do they address? Do they do home visiting? Who do they target?

What data is available?

- **Key Informant interviews to get input on:**

Perspectives on and opportunities for a coordinated approach

Critical issues to prioritize, barriers, solutions

Vision, Goals – Strategies

Key Partners and Resources

What they can do?

4. Strategic Plan - *Vision, Mission, Goals and Objectives, Strategies*

Vision: *Every Connecticut resident lives in a healthy and safe home environment.*

Mission: *The mission of the Connecticut Healthy Homes Team is to develop statewide partnerships and implement comprehensive policies and coordinated program activities that foster a healthy and safe home environment, reduce housing related health disparities, and improve the public's health.*

Common Goal Areas

- **Increase Public Education and Awareness**
- **Create a standardized system** (*multi-disciplinary, coordinated system to more effectively address housing conditions that impact health, safety and well-being.*)
- **Optimize policies, standards, and regulations**
- **Sustainable Financing**
- **Workforce Development** (*to conduct assessment, remediation, and referral.*)
- **System Assessment and Continual Improvement**

Types of Successes

Baseline Development and Target Setting

- Healthy Housing Databooks
- Utilized public water supply data to target risk communication for private well testing.

Policy Change and Program Integration Activities

- Change contract language to specify healthy homes work.
- **Flexible funding - CDC Public Health and Health Services Block Grant changed to allow local health agents to focus on at least three home hazards rather than the typical single hazard focus.**
- Include a Healthy Homes expense line into single-hazard program grant applications.
- Modify State Consolidated Plan which describes address lead hazards will be addressed. The Plan now indicates that additional home hazards will be addressed as described by HUD's Healthy Homes Strategic Plan.

Types of Success

Program Integration Activities, cont.

- Integrate radon testing into lead inspections
- Community Health Nurse working with Environmental Health Professional on the medical and home aspects of lead and asthma control.
- Incorporate healthy homes principles into Lead Inspector annual refresher course, and other professional trainings.
- Integrate healthy homes messaging into all programmatic activities.
- Healthy Homes Website linking all programs, common brochure.

Types of Success

Inter-Organizational Cooperation

- Buy-in for the Strategic Plan among governmental and non-governmental agencies
- Recognition of common Missions and a commitment to work together on shared goals.
- Development of Action Plans to meet shared Goals and Strategies.
- Alignment of resources and relationships toward a shared agenda.

Keys to Success

- Having Top Management Vision and Support
- Having the right team and the right representation early and consistently
- Structured meetings, neutral facilitation
- Checking in on process and expectations, course correction when needed
- Being fluid and embracing planning as a iterative process

Health Impact Pyramid

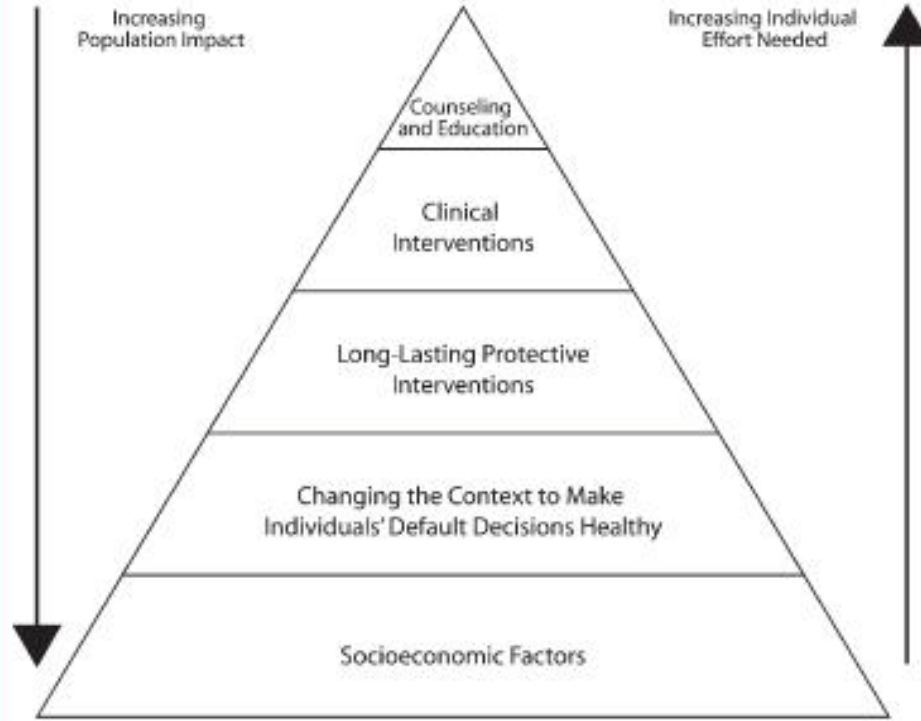


FIGURE 1—The health impact pyramid.

What does this mean in terms of our work to make homes and people healthier?

by Thomas Frieden



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Advancing Public Health and Medical Research

Health Payer Financing of Health Homes

Tools for Making the Case

National Healthy Homes Conference

June 20, 2011

**Presented by: Laurie Stillman, Chief Strategy Officer
Health Resources in Action
*on behalf of the Asthma Regional Council***

Acknowledgements

- Funded by the Kresge Foundation
David Fukuzawa and Tamra Fontaine
- Business Cases for Payers and Employers, Asthma Insurance Checklist, Provider Consensus Statements in partnership with
Dr. Polly Hoppin and Molly Jacobs
University of Massachusetts-Lowell
- With guidance from
Stacey Chacker, ARC; Betsy Rosenfeld at DHHS
Reg. I.

Why Tools for Policy Change

Payers want to know:

- Evidence-base for best practices
- Expected outcomes
- Anticipated costs
- What providers and purchasers want
- What is the standard practice
- What models are out there

Six Tools Developed

- Business Case for Health Care Payers (insurers)
- Business Case for Employers & Purchasers
- Business Case for Integrated Pest Management
- Insurance Purchasing Checklist
- Provider Consensus Statement
- Insurance Coverage Survey



Investing in Best Practices for Asthma: A BUSINESS CASE

August 2010 Update

AUTHORS:

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Health Resources in Action



Produced for the
Asthma Regional Council of New England (ARC) at
Health Resources in Action (HRIA), in partnership
with the University of Massachusetts Lowell.



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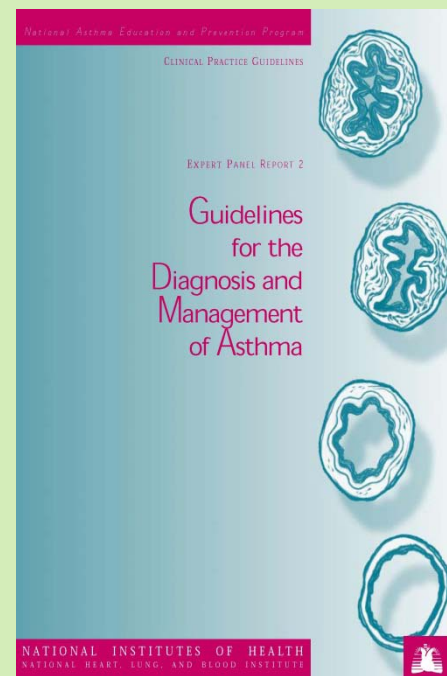
University of
Massachusetts Lowell

Take-aways

Investing in Best Practices for Asthma

Best Practices for Asthma Management: NAEPP/NHLBI Guidelines

1. Measures of assessment and monitoring
 2. Education for a partnership in asthma care
 3. Control of environmental factors
 4. Pharmacologic therapy
- *New guidelines underscore importance of patient education & environmental interventions*



Take-aways

Investing in Best Practices for Asthma

Effectiveness of Asthma Education & Environmental Interventions on Health Outcomes Established:

- Across risk levels
 - Increased symptom free days & other quality of life measures
 - Improved lung function
 - Reduced use of rescue medications

Take-aways

Investing in Best Practices for Asthma

Establishing a Business Case for Health Care Decision Making

- *Are there cost savings?*
 - Savings from reduced health expenditures exceed the cost of the program (ROI)
- *Is there cost-effectiveness?*
 - Investments in a new service are reasonable for a given health outcome

Take-aways

Investing in Best Practices for Asthma

Health sector stands to benefit from investing in asthma education & environmental interventions

— Education

- COST SAVINGS: (~\$7 to \$36 for every \$1 invested)

— Home-based environmental interventions

- Assessment, services & supplies
- COST EFFECTIVE: (\$2-\$28 per symptom free-day gained)

Comparison with accepted pharmacotherapy:

- \$7.50 per SFD for inhaled corticosteroid
- \$11.30 per SFD for budesonide
- \$523 per SFD for Xolair

Take-aways

Investing in Best Practices for Asthma

Evidence on Costs: Practice Based Models

- Combining asthma education & environmental interventions in comprehensive asthma management
 - Optima Health: saved \$4.10 for every \$1 spent on their high-risk member program
 - Monroe Plan for Medical Care: realized a 20% reduction in total asthma-related medical costs
 - Asthma Network of Western Michigan: comprehensive care costs \$2,500 per person annually; saves \$800 per child per year.

Take-aways

Investing in Best Practices for Asthma

TABLE 1:

MODEL INTERVENTIONS

Asthma Education and Environmental Interventions

LOW INTENSITY

SETTING

Individual or Group; Clinic and/or Phone-based (1+ visits)

STAFFING

Nurse, Respiratory Therapist or Health Educator

EDUCATION

Address asthma physiology; medical self-management, written asthma management plan, & control of triggers

SERVICES

Smoking cessation and referrals to other programs/resources

SUPPLIES

Peak flow meters, spacers, environmental supplies as needed

HIGH INTENSITY

SETTING

Individual; Clinic then Home-based (1-5 visits); phone calls to supplement

STAFFING

Nurse, Respiratory Therapist, Medical Social Worker or Health Educator (Medical Education); Community Health Worker or Environmental Counselor (Environmental Interventions); Staffing combinations may be appropriate.

EDUCATION

Same as low intensity

SERVICES

Same as low intensity as well as in-home environmental assessment and remediation services as indicated (e.g. IPM or Mold)

SUPPLIES

Same as low intensity, plus environmental trigger source reduction (e.g., HEPA air filter for smoking, pest control).

A POLICY AND PRACTICE REPORT
LOWELL CENTER FOR SUSTAINABLE PRODUCTION
ASTHMA REGIONAL COUNCIL



Asthma: A Business Case for Employers and Health Care Purchasers

Polly Hoppin, ScD • Laurie Stillman, MMHS • Molly Jacobs, MPH

JANUARY 2010



The Lowell Center for Sustainable Production helps to build healthy work environments, thriving communities and viable businesses that support a more sustainable world. The Asthma Regional Council is a coalition of public agencies, NGOs and researchers that brings together the diverse organizational perspectives and resources of health, housing, education and environment to reduce the burden of asthma.

Take-aways

Business Case for Employers/Purchasers

COST Implications

- **Direct (health care) Costs: \$15 billion**
 - o **physician visits; emergency room; hospital**
 - per capita employer expenditures 2.5 times higher than for employees without asthma
- **“Indirect” (productivity) Costs:**
 - o **short term disability, absenteeism, presenteeism**
 - 4th leading cause of absenteeism
 - 7th leading cause of presenteeism
 - \$5 billion (ALA) to \$23 billion (AHA)
 - leading cause of school absences

Take-aways

Business Case for Employers

Employers: A Business Case for Decision making

Will a new service/coverage:

- o improve health?
- o be profitable (ROI), taking into account absenteeism and presenteeism
- o be cost-effective (reasonable cost for health improvement)
- o increase morale, loyalty, retention

Conclusion:

Employers can cost effectively improve asthma outcomes by ensuring insurance coverage for education and env interventions in home

Useful tool:

AHRQ Asthma Return on Investment Calculator

(<http://statesnapshots/ahrq.gov/asthma>)

The Role of Pest Control in Effective Asthma Management: A Business Case



Produced by the Asthma Regional Council of New England
for the Boston Public Health Commission
AUTHORS: Molly Brett and Laurie Shilman of Health Resources in Action

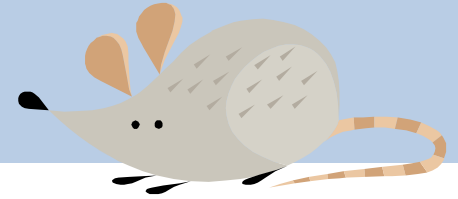
Building a Healthier Boston
Mayor Thomas M. Worcester



Funded by Boston Public Health Commission via WK Kellogg grant

Take Aways

A Buz Case on IPM



- Pest important and pervasive asthma triggers
- IPM more effective; offers significant health benefits for asthma patients w/ pest allergies
- Pest allergen reductions = fewer missed school days, symptom days; fewer unscheduled asthma-related visits to ED or clinic/child/year
- Is reasonable: IPM costs less than many medications and hospital visits for allergic asthma
- Conclusions: Is a warranted intervention for certain high-risk asthma patients

INSURANCE COVERAGE FOR ASTHMA

A Value and Quality Checklist for Purchasers of Health Care

APRIL 2010

This Checklist is a companion to "Asthma: A Business Case for Employers and Health Care Purchasers," which reviews cost-effective strategies for reducing the burden of asthma in employees. The 2010 report is available at www.asthmaregionalcouncil.org and www.sustainableproduction.org.

Asthma: Health Insurance Coverage Can Reduce its Burden

Asthma burdens employers and employees alike. Symptoms unnecessarily interrupt daily routines, causing millions of adults and children to miss work and school, have lowered productivity, and use costly urgent medical services. Yet there is good news about asthma: multiple research studies and real-world programs show that high quality prevention-oriented services are cost-effective, improve health, and often reduce overall costs associated with the disease.

Insufficient or unaffordable health coverage prevents many people with asthma from accessing services and supplies that would keep their symptoms under control. Purchasers of health care can help overcome this barrier. By designing benefits appropriately, employers, brokers or other large health care purchasers can give people with asthma access to evidence-based best practices. When people with asthma access the elements of best practices appropriate for their disease status, their asthma can be brought under control, and so can the costs of their care.

Insurance Coverage Checklist for Quality Asthma Care

This Checklist is intended to support employers and other purchasers of health care as they design health benefits on behalf of employees. *It focuses on evidence-based proactive asthma care services and supplies that prevent disease exacerbations and use of urgent care services.* The Checklist, including the details in italics, reflects current science on cost-effective care, as reviewed by the National Asthma Education Prevention Program (NAEPP) Expert Panel¹ and supplemented by reviews conducted by the Centers for Disease Control and Prevention (CDC).² The Checklist also draws on the experience of programs around the U.S. that have translated research into practice.

The Checklist is organized in four sections, consistent with the four best practice elements that comprise the widely-respected asthma management guidelines issued by the NAEPP (the NAEPP Guidelines): (1) assessment and monitoring; (2) comprehensive pharmacologic therapy; (3) education for a partnership in asthma care; (4) control of environmental factors and co-morbid conditions that affect asthma. Successfully controlling asthma requires multi-faceted interventions tailored to the individual. Thus, while not all people with asthma will need all the services and supplies listed below, benefits packages must be structured to facilitate access to all four best practice elements.

Coverage policies for medications and equipment should be consistent with updates to the NAEPP Guidelines and can be found on the National Heart, Lung and Blood Institute's website: <http://www.nhlbi.nih.gov/guidelines/index.htm>.

¹ U.S. Department of Health and Human Services, National Heart, Lung and Blood Institute, National Asthma Education and Prevention Program. *Expert Panel Report 2: Guidelines for the Diagnosis and Management of Asthma*. 2007.

² Centers for Disease Control and Prevention's Task Force on Community Preventive Services. *Asthma Control: Home-based Multi-Step, Multi-component Environmental Interventions*. Available at <http://www.thecommunityguide.org/asthma/multi-component.html>.

A Consensus Statement from
Health Care Providers in New Hampshire:

**WHAT THE HEALTH SECTOR NEEDS
TO IMPLEMENT BEST PRACTICES FOR
ASTHMA**



JUNE 2010



Health Resources in Action
Advancing Public Health and Medical Research

POLICY REPORT

Insurance Coverage for Asthma: A New England Gap Analysis

DECEMBER 30, 2010

Authors: Laurie Stillman, Xin Lu, Kathleen McCabe

Overarching Findings

- Many instances where policies do not align with best practices
- Coverage inconsistencies extend within and across all payer types
- Inconsistencies symptomatic of lack of alignment with science and national recommendations

Evidence

Asthma Self-Management Education

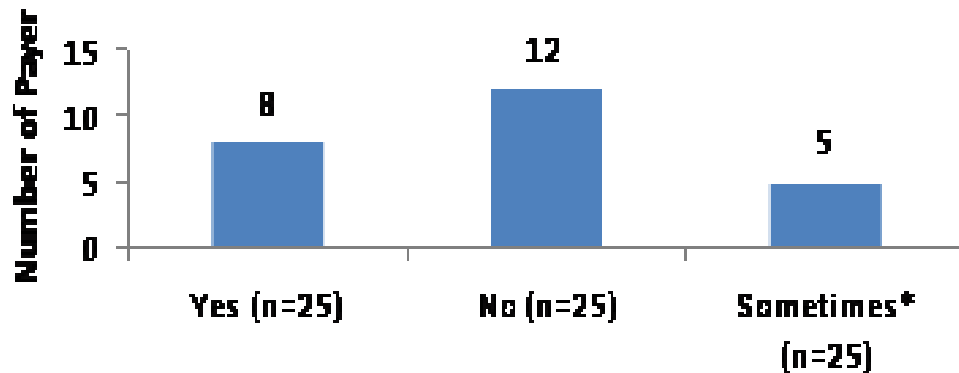
NAEPP Best Practice -.

Self-management education is an integral component of effective asthma care and should be treated as such by health care providers as well as by health care policies and reimbursements.

Findings

Asthma Education

Do you pay for a separate or extended patient asthma education visit that is provided directly or prescribed/referred by a primary care provider?



**In limited circumstances*

About 1/3 of all payers will reimburse for separate or extended asthma education sessions; others will only do so in limited circumstances

Evidence

Health Care Team Approach

NAEPP Best Practices

- A variety of members of a health care team can appropriately deliver asthma education services, including nurses, certified asthma educators, respiratory therapists, and pharmacists.

Findings

Eligible Practitioners

LACK OF CONSISTENCY

Clinical= Mid-level and Nurses

Home Visits= Home Visiting Agencies, VNAs

All payers that reimburse for education sessions*	Mid-level Practitioners (PAs and NPs)	Registered Nurses	Certified Asthma Educators	Respiratory Therapist	Licensed Social Worker	Chronic Disease Educator
TOTAL (13)	8	6	6	7	3	4

Evidence

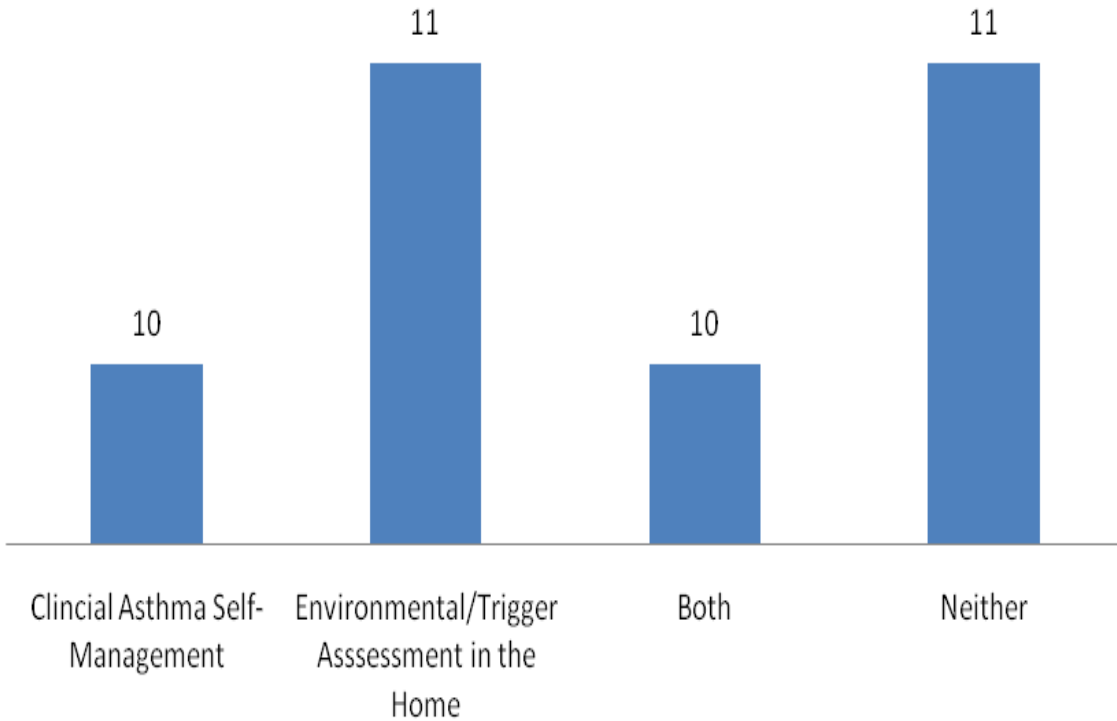
Home Based Services

NAEPP Best Practice –

- * Clinical education services in the home, if needed, as an adjunct to clinic-based education.
- * Multifaceted allergen-control education programs provided in the home setting can help patients reduce exposures to such allergens as cockroaches, dust-mites, rodents and mold can improve asthma control.

Findings

Reimbursement for Asthma Home Care, (n=25)



Home based clinical & environmental assessment provided by less than ½ of plans.

Evidence

Environmental Interventions

CDC Best Practice –

The combination of minor to moderate environmental remediation in the home, with an educational component, provides good value for the money invested, based on improvements in symptom-free days, savings from averted costs of asthma care, and improvement in productivity.

Findings

- 1/3 of plans currently reimburse for environmental supplies and/or services
- Reimbursement more frequent in Medicaid agencies
- Bedding and air purifiers were most common, but vacuum cleaners and air conditioners as well.

Evidence

Smoking Cessation

Best Practice Smoking Cessation –

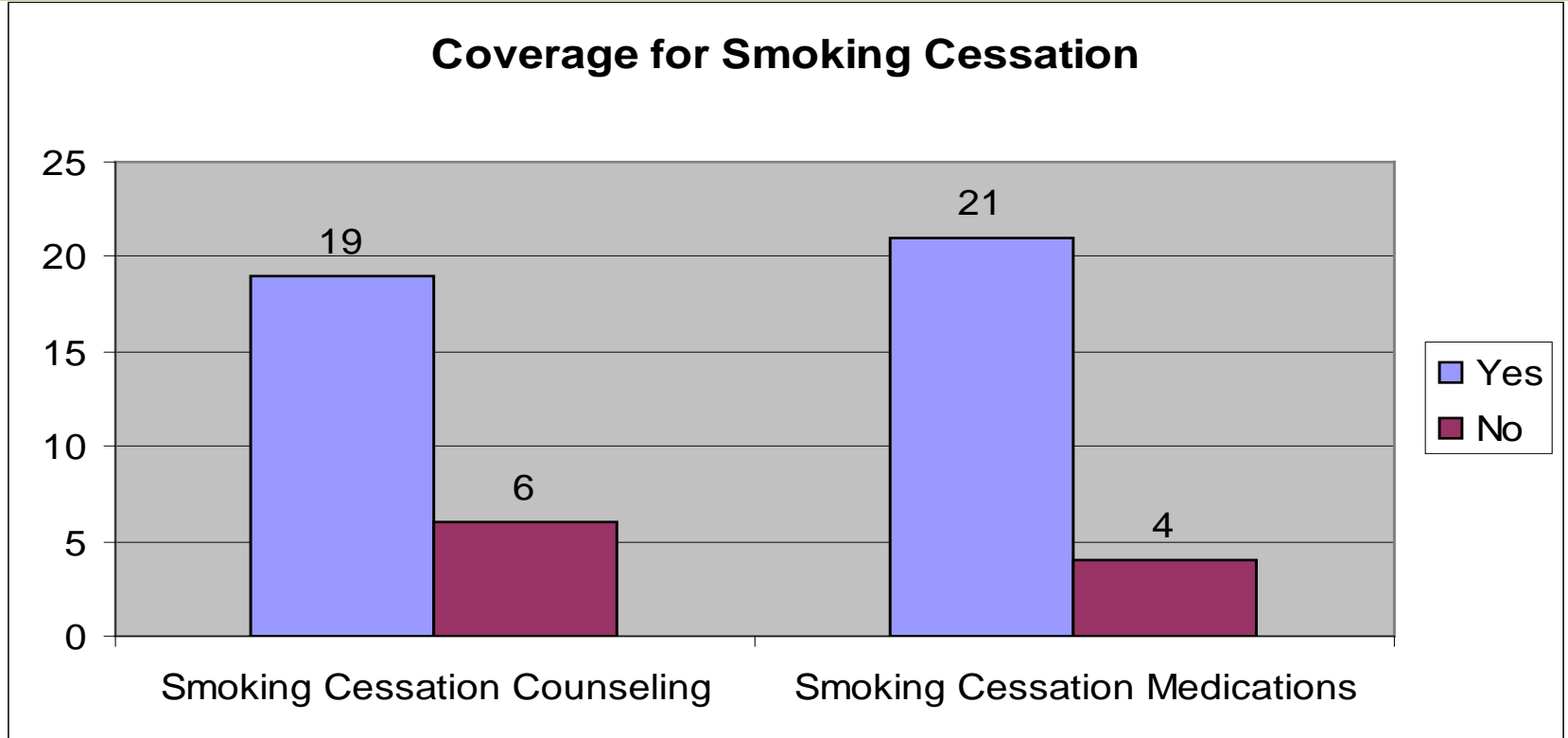
Smoking cessation counseling and FDA-approved medications improve asthma control, and when offered as a covered insurance benefit, can improve health outcomes and save on health care costs.

Recommended-

U.S. Preventive Services Task Force

Findings

- 24% of payers do not pay for smoking cessation counseling
- 16% of payers do not pay for any kind of FDA-approved pharmacotherapy
- Both prescribed and over the counter medications are reimbursed



National Reach

- Secretary Sebelius to state Medicaid agencies
- Dr. James Krieger, Seattle and King County Health Dept.
- Children's Mercy Hospital, Kansas City
- Multnomah County Health Dept.
- Chicago Asthma Consortium
- NYC.gov
- Integrated Pest Management Institute of North America
- National Center for Healthy Housing
- Department of Public Health and Human Services
- Asthma Community Network- U.S. EPA

Conclusions

- This is hard, frustrating, slow work
- Making the environmental case is an added dimension
- Business cases critical to payers and purchasers- ARC's tools used widely
- Efforts-- and some progress-- seen
- Insurers and Employers who have lower income populations have the most to gain
- Health Reform brings opportunities and challenges
 - Insurers are on hold
 - Opportunities for new lens: proactive, targeted, community approaches