Developing Mechanisms for Sustainable Funding of Community Asthma Management

Live Webinar
Wednesday, February 6, 2013

Childhood Asthma Leadership Coalition
Webinar Instructions

• **Audio**: Throughout the webinar, your phone line will be muted.

• **Questions**: If you have a question during the webinar, please click on the “Notes” tab at the top of your screen and send it to “All Moderators.” If you are directing your question to a specific presenter, please write their name before the question (e.g., Jean, Monica, Stacey).

Due to the large number of participants, we will answer as many questions as possible within the timeframe allotted for this webinar. If your question was not answered, we encourage you to reach out to the individual presenter via e-mail following the webinar (email addresses will be provided at the end of the presentation).
Today’s Agenda and Speakers

- Overview of MCAN and Coalition
  *Floyd Malveaux, MD, PhD, Merck Childhood Asthma Network, Inc.*

- Efforts to Sustain Asthma Education Interventions in Massachusetts
  *Jean Zotter, JD, Massachusetts Department of Public Health*

- MassHealth CHABP Pilot Project
  *Monica H. Le, MD, MPH, Massachusetts Medicaid (MassHealth)*

- New England Asthma Innovation Collaborative
  *Stacey Chacker, Health Resources in Action*

- Q&A
Mission
Enhance the quality of life for children with asthma and their families, and reduce the burden of the disease on them and society.

Strategic Priorities
1. Fund implementation of Evidence Based Interventions in health care settings and communities to enhance access to and quality of care
2. Advocate for policies that are science-based and cost-effective
3. Enhance awareness and knowledge of quality asthma care

Goals
Through research, community programs and partnerships, MCAN is working to:
– Improve access to and the quality of asthma healthcare services for children, especially those who are vulnerable and medically underserved
– Advocate for policies that expedite implementation, dissemination and sustainability of science-based asthma care
– Increase awareness and knowledge of asthma and quality asthma care
The Childhood Asthma Leadership Coalition is a multi-sector group of advocates and experts dedicated to raising awareness and advancing public policies to improve the health of children with asthma.

- Funded by the Merck Childhood Asthma Network, Inc. and led by The George Washington University School of Public Health and Health Services and First Focus, the Coalition includes a cross-section of experts from a range of fields including housing, environmental health, health care delivery, health economics and public policy.

- Goals of the Coalition include:
  - Ensuring the availability of stable and continuous health insurance for children with asthma
  - Developing high-quality clinical care, case management and asthma education for all children
  - Reducing asthma triggers in homes and communities
  - Creating a nation-wide strategic plan for asthma research to develop new and effective treatments
  - Identifying new opportunities to improve asthma care that arise from the implementation of the Affordable Care Act
Efforts to Sustain Asthma Education Interventions in Massachusetts

Jean Zotter, JD
Director, Office of Integrated Policy, Planning and Management
Division of Prevention and Wellness
Overview

• Background on efforts to fund asthma interventions in Massachusetts
• How the MA Asthma Prevention and Control Program has approached CHW asthma interventions in MA
• Preliminary Results from CHW study
• Developing an Infrastructure to support this Intervention
Background on Efforts in Massachusetts to Sustain Asthma Education
MA Efforts to Sustain Asthma Education

• Strong group of committed asthma coalitions, providers, and advocates
  – Raised awareness
  – Support legislation
  – Developed best practices/business case
  – Coordinated efforts

• Massachusetts Health Care Reform
  – Increased coverage and focused on containing costs

• Evidence-base for interventions increased
Organizations Involved

- Asthma Regional Council of New England
- Boston Public Health Commission
- Boston Urban Asthma Coalition
- Children’s Hospital Boston
- Massachusetts Asthma Action Partnership
- Many others
Timeline of MA Legislative Efforts

• 2002 Post Audit and Oversight issues asthma report
  – Brought attention to issue
  – Filed legislation establishing statewide registry and coverage for education and supplies
• 2004 Revised bill with new sponsors
  – Mandated coverage for asthma education
• 2006 Re-filed slightly different bill
• 2010 Outside Section 154 added to budget and passes
Timeline of MA/US Evidence Development

- 1999 ICAS Phase II results published
- 2005 Krieger RCT with CHWs published
- 2007 – 2010 ARC releases series of reports: business cases and analysis of coverage by insurers
- 2008 ARC releases MA provider consensus statement
- 2011 CDC releases Community Guide
MA Association of CHWs forms in 2000

2006 MA Health Care Reform law includes reference to CHW
  – Tasks MA DPH to conduct CHW workforce study

Study released in 2010 and includes recommendations on workforce sustainability

CHW certification law passed 2010
Current Efforts of MDPH Asthma Program
MA Asthma Prevention and Control Program (APCP)

- Committed to addressing disparities and supporting sustainable funding for asthma education in Strategic Plan by:
  - Developing best practices
  - Disseminating models
  - Encouraging insurers to adopt best practices
Developing Best Practices

- Reducing Ethnic/Racial Disparities in Youth (READY) study
  - Funded by HUD Healthy Homes Technical Studies and ARRA R01 NIH grants

- Asthma Disparities Initiative (ADI)
  - Similar clinic-based CHW home intervention
  - Linked to policy efforts at local level
  - Evaluation: how CHWs create bridges between families/clinics/communities
  - Funded by CDC Negotiated Agreement
READY Study – Cost Analysis

• An intervention:
  – Based in the medical home
    • With large Black and Hispanic pediatric patient population
    • Boston Medical Center and Baystate Medical Center
  – Integrates Community Health Workers (CHWs) into medical team
    – CHWs conduct in-home environmental assessment and education over multiple visits
    – CHWs provide low cost tools to family
    – CHWs’ link visit findings back to medical team
• Purpose is to conduct a cost analysis of the intervention
MDPH Asthma Home Visiting Training for Community Health Workers

• Training and support developed and implemented for MDPH by Boston Public Health Commission’s CHEC Program

• Included:
  – Comprehensive Outreach Education Certificate Program offered by CHEC
  – 4 Day Asthma Home Visitor Training developed by CHEC, 2 day “refresher” training annually
  – 2 day Supervisor Training
  – Quarterly in-person support meetings
  – Study specific training (e.g., use of questionnaires, study protocols) done by PIs at study sites
Preliminary Results of READY Study
## Preliminary Health Outcomes of READY Study Participants

<table>
<thead>
<tr>
<th>Health Outcomes</th>
<th>READY Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N = 65</td>
</tr>
<tr>
<td></td>
<td>Baseline N (%)</td>
</tr>
<tr>
<td><strong>Asthma symptom days (Mean. (SD))</strong></td>
<td>4.34 (4.1)</td>
</tr>
<tr>
<td><strong>Asthma control level</strong></td>
<td></td>
</tr>
<tr>
<td>Well controlled</td>
<td>8 (12.3)</td>
</tr>
<tr>
<td>Not well controlled</td>
<td>37 (56.9)</td>
</tr>
<tr>
<td>Very poorly controlled</td>
<td>20 (30.8)</td>
</tr>
<tr>
<td>ER visit</td>
<td>35 (53.9)</td>
</tr>
<tr>
<td>Hospitalization</td>
<td>17 (26.2)</td>
</tr>
<tr>
<td>Urgent care use*</td>
<td>48 (73.9)</td>
</tr>
<tr>
<td>Oral Steroid medication used</td>
<td>48 (73.9)</td>
</tr>
<tr>
<td>Rescue medicine used</td>
<td>53 (81.5)</td>
</tr>
<tr>
<td>Received Asthma Action Plan (AAP)</td>
<td>44 (67.7)</td>
</tr>
<tr>
<td>Actually used the AAP</td>
<td>30 (47.7)</td>
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</tbody>
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Note: * Urgent care use: visit an emergency room or urgent care center or stay overnight in a hospital or unscheduled office visit
Other Preliminary Outcomes of READY Study

• Composite Environmental Trigger Score decreased 22%
• Juniper Caregiver Quality of Life Score increased 15%
• Parental Worry about Child’s Asthma decreased 35%
• Parental Expectations for Good Asthma Control increased 28%
Developing a State Infrastructure
Moving Forward: From Demonstration Project to Policy

• Response from Insurers to Asthma CHW Intervention
  – Openness to payment
    • Some convinced it works
    • Some still need more cost benefit analysis

• To expand reimbursement wanted:
  – Standardized training
  – Standardized skill assessment/evaluation
  – Easy referral system
Major Recommendations

• Training:
  – Include a mentorship or practicum phase
  – Explore hybrid training (in person and on-line)

• Skill Assessment:
  – Develop performance-oriented assessment that includes home visit observations and preceptor evaluation

• Referrals:
  – Explore community/regional CHW cooperatives that offer supervision, promote intervention standardization, serve as referral agency
Conclusion

CHWs “get into homes to get a real sense of what is happening and bring that knowledge back into the clinic, both directly through patient records and indirectly as a member of the clinical team... With the CHW intervention, families are more proactive in managing their child’s asthma. They come in when their child’s well to review medications and to prepare for the start of school.”

- Dr. Matt Sadof, Baystate Medical Center
This presentation was supported by the federal agencies listed below. The content of the presentation is solely the responsibility of the presenter and does not necessarily reflect the views of those agencies:

- National Institute of Environmental Health Sciences (NIEHS); R01 ARRA Award; READY Study; #5R01ES017407-02
- Housing and Urban Development; Healthy Homes Technical Studies Award; READY2 Study; #MALHH0227-10
- Centers for Disease Control and Prevention; National Center for Environmental Health; Addressing Asthma from a Public Health Perspective; #5U59EH000501-3
Contact Information and Resources

• Jean Zotter, jean.zotter@state.ma.us, 617-994-9807
• APHA Community Health Worker Section
  http://www.apha.org/membergroups/sections/apha_sections/chw/
• MDPH Office of Community Health Workers
  http://www.mass.gov/dph/communityhealthworkers
• CDC E-Learning CHW
  http://www.cdc.gov/dhdsp/pubs/chw_elearning.htm
• Seattle King County CHW Resources
  http://www.kingcounty.gov/healthservices/health/chronic/asthma/resources/tools.aspx
MassHealth Children’s High Risk Asthma Bundled Payment (CHABP) Pilot Project

Monica Hau Le, MD, MPH
Associate Medical Director
UMass Medical School, Commonwealth Medicine (CWM), Office of Clinical Affairs
Massachusetts Medicaid (MassHealth)
February 6, 2013
Caveats

- Request for Response (RFR) has not yet been disseminated, so details of the program cannot be discussed
- The program is not yet in the implementation phase
EOHHS “shall develop a global or bundled payment system for high-risk pediatric asthma patients enrolled in the MassHealth program, designed to prevent unnecessary hospital admissions and emergency room utilization.”

“The global or bundled payments shall reimburse expenses necessary to manage pediatric asthma, including, but not limited to, patient education, environmental assessments, mitigation of asthma triggers and purchase of necessary durable medical equipment.”

“The global or bundled payments shall be designed to ensure a financial return on investment through the reduction of costs related to hospital and emergency room visits and admissions not later than 2 years after the effective date of this act.”

EOHHS “shall consult with the providers that manage the Community Asthma Initiative at Children’s Hospital Boston and with other relevant providers in the commonwealth in designing and implementing” and “evaluating the efficacy of” the pilot.
A bundled payment is a method of reimbursing a provider, or group of providers, for the provision of multiple health care services associated with a defined episode of care under a single fee or payment.

Episodes of care can be either acute or chronic, and
- include clinically related services, such as: hospital admission, ambulatory care, pharmacy, and other clinical and professional services,
- over a defined period of time with a clear beginning and ending (acute conditions) or annually (chronic conditions).

Multiple goals: Achieve better coordinated and higher quality care at lower total costs

*Source: DHCFP Overview of Bundled Payment Methodologies, 2/28/11
On December 20, 2011 CMS Approved Massachusetts Medicaid’s request to extend its 1115 Demonstration Waiver through June 30, 2014.

Waiver allows MassHealth to make “Expenditures related to a pilot program … focused on pediatric asthma that will provide:
- a payment such as a per member/per month (PMPM) payment to participating providers
- for asthma-related services, equipment and supports for management of pediatric asthma
- for Demonstration eligible children, age 2 through 18 at the time of enrollment in the pilot, who have high-risk asthma.

The pilot may include multiple phases and may include non-traditional services, supplies, and community supports for environmental home mitigation associated with pediatric asthma.

The authority for this pilot program to receive FFP is not effective until CMS approval of the [required] protocols. [Currently PENDING]
Process

- **Advisory Panel** convened to address current practices, collaborations, and implementation strategies (multi-stakeholder groups)
- **Strategic partnership** development to support and inform the process (DPH, UMMS CWM)
- **Evidence-based intervention:** Define high-risk population, include strategies shown to work
- **Data analysis** to establish historically high-risk asthma patients and cost
- Engage **Leadership**
CHABP Benefit Package

May vary over the course of the pilot, and may include:

- Home visits, asthma education, and care coordination provided by Community Health Workers (CHWs)
- CHWs may also support families’ advocacy with landlords and property managers to promote healthy environmental conditions in the home
- Non-traditional services and supplies to mitigate environmental triggers, such as:
  - Hypoallergenic mattress and pillow covers
  - Vacuum with HEPA filter
  - Cleaning and pest management supplies
  - Air conditioner units
  - Training by a CHW to use these supplies correctly
Program Payment & Services

Phase 1 bundled payment*: “Virtual Bundle”

- Fee-for-Service is still being paid to providers
- An additional PMPM amount is paid to practices for services to manage high-risk pediatric asthma: community health worker home visits, environmental mitigation supplies

Phase 2 bundled payment: “True Bundle”

- Payment TBD based on Phase 1
- All Phase 1 services
- Other Medicaid ambulatory services required for both the effective treatment and management of pediatric asthma for high-risk patients: MD, NP, RN visits, care management, DME, etc.

*May include a stipend for infrastructure required to manage a bundled payment:
  - systems to coordinate services provided by other entities
  - financial, legal and information technology systems needed to accept and redistribute the bundled payment
Cost & Savings Opportunity

- Expect to enroll 100-200 high-risk pediatric asthma patients at 2-6 practice sites
- Program cost in Phase 1 will be $80,000 - $140,000 per year, depending on enrollment
- Expect to generate savings by preventing expensive inpatient hospitalizations and emergency department visits
- Positive return on investment expected within 3 years
Issues

1. **Timing**: Advisory panel, CMS waiver, legal review, CMS protocol approval, clinical factors

2. **Practice inclusion and exclusion criteria**: Specifically interaction with other federal grants (e.g., NIH, HUD) and plan for avoiding duplication of payments

3. **Evaluation plan**: Must evaluate Phase 1 before Phase 2 (CMS to approve)

4. **Bundled payment methodology**

5. **Operations**: IT, staffing, programs

6. **Sustainability**
A New England Regional Approach
and the
New England Asthma Innovation Collaborative
an initiative of Health Resources in Action’s
Asthma Regional Council of New England

Presented for the Childhood Asthma Leadership Coalition’s
“Developing Mechanisms for Sustainable
Funding of Community Asthma Management” Webinar

February 6, 2013
Stacey Chacker, Director of the Asthma Regional Council
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 help people to live full and active lives by reducing the impact of asthma 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 12 years
• Founded by Federal Region I Administrators of HHS, EPA and HUD
• Comprised of 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
ARC’s History Working with Payers (Insurers)

• Interviews with Medical Directors
• Symposium in 2004
• First “Business Case for Payers” in 2007
• Worked with two payers to develop pilots and work on policy change
• Working in collaboration with CDC-funded NE State Asthma Programs to continue to promote financing
Six Tools Developed

- Business Case for Health Care Payers
- Business Case for Employers & Purchasers
- Business Case for Integrated Pest Management
- Insurance Purchasing Checklist
- Provider Consensus Statement
- Insurance Coverage Gap Analysis
NEAIC builds on a decade of ARC’s work promoting practice and policies.

In February 2011, HHS Secretary Sebelius cited “Investing in Best Practices for Asthma” in a guidance letter to all Governors regarding Medicaid cost-saving opportunities.
• ARC tools and Gap Analysis
• Shifting healthcare environment: opportunities and challenges to providing more effective care
• Promising models for delivery and financing
• Open dialogue: fostering and investing in an environmental management approach; barriers to delivery
• NCQA HEDIS measures
$1 billion to implement the most compelling new ideas for delivering the three-part aim:

- Improved care
- Better health
- Lower costs
New England Asthma Innovation Collaborative

Funded by the Center for Medicare and Medicaid Innovation Center Health Care Innovation Challenge, Grant # 1C1CMS331039-01-00

Goal: Create *New England Asthma Marketplace*

Projected Outcomes:

- Enhanced quality of life and success of children with asthma
- Reduced disparities
- Demonstrated health cost savings
- New workforce (particularly Community Health Workers)
- Policy change, long-term sustainability: insurance payment for asthma home visiting services
New England Asthma Innovation Collaborative
Project Components:

- **Asthma Education and Home Visiting Service delivery expansion (1,462 children)**
- **Workforce development**
- **Committed Medicaid payers**
- **Payer and Provider Learners Community**
Three Service Models

- **MA:** Duplication and Modification of Krieger model:
  - 3-4 home visits by a CHW, overseen by an asthma nurse trained in CHW supervision.

- **RI, CT and VT:** Modification of Krieger: three visits:
  - 1\textsuperscript{st} home visit conducted by CHW and an AE-C.
  - 2\textsuperscript{nd} & 3\textsuperscript{rd} – only CHW.

- **CT:** Test a stand-alone clinic-based asthma education, delivered by an AE-C to patients with poorly controlled asthma, referred by community pediatricians.
Asthma Home Visits

- Assess patients needs and home environment, focusing on addressing barriers to good asthma control
- Provide asthma self-management education
- Promote asthma action plans
- Deliver cost-effective supplies to help families remEDIATE environmental health threats (e.g., HEPA vacuum)
- Referrals for urgently needed social services
- Review of needs and progress
- Client-centered, use of motivational interviewing
Services Recommended in:

President’s Task Force on Environmental Health Risks and Safety Risks to Children

Coordinated Federal Action Plan to Reduce Racial and Ethnic Asthma Disparities
CMS Funding: $4,040,657 over three years

Projected health care savings $4.1 million
- Reduction in costs 57%
- Based on calculations in AHRQ’s Asthma ROI Calculator

Projected Return on Investment:
- $1.54 to $5.22
NEAIC Partners: Health Care Providers

**MA:**
- Children’s Hospital Boston
- Boston Medical Center
- Baystate Children’s Hospital

**RI:**
- RI/Hasbro Hospital
- St. Joseph’s Health Services

**CT:**
- Middlesex Hospital
- Children’s Medical Group

**VT:**
- Rutland Regional Medical Center
NEAIC Partners: Health Care Payers

**MA:**
- Neighborhood Health Plan
- BMC HealthNet
- Health New England

**RI:**
- Neighborhood Health Plan, RI

**CT:**
- CT Department of Social Services/Children’s Health Network (ASO) (Medicaid)

**Others pending:**
- VT Medicaid, MassHealth (Medicaid)
Policy and Training Partners

- American Lung Association, New England
- Boston Public Health Commission’s Community Health Education Center
- Central MA – Area Health Education Center’s Outreach Worker Training Institute
- MA Department of Public Health
- MA Association of Community Health Workers
- CDC-funded New England State Asthma Programs
Our Success

A testimony to the innovative policy and practice work, and collaborative spirit in New England, and to the open-minded health care payers.
Opportunities for HHS, CMS, CDC and others to promote best practices in comprehensive asthma care

• Require that comprehensive asthma care be included in each state’s “essential health benefits” package as part of the ACA
• Include asthma in integrated prevention-based approach to chronic disease
• Support infrastructure and workforce development:
  - Help disseminate and fund training programs for CHWs and CHW Supervisors
  - Encourage the National Asthma Educator Certification Board to include testing on environmental assessments and to have “2nd tier certification” for CHWs
  - Develop on-line continuing education for CHWs
  - Develop CHW credentialing program
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  o Polly Hoppin, ScD – U of MA, Lowell
  o Laurie Stillman, MMHS - HRiA
  o Molly Jacobs, MPH - U of MA, Lowell

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Developing Mechanisms for Sustainable Funding of Community Asthma Management

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