

Changing Policy: The Elements for Improving Childhood Asthma Outcomes

RESEARCH BY

THE GEORGE WASHINGTON UNIVERSITY
SCHOOL OF PUBLIC HEALTH
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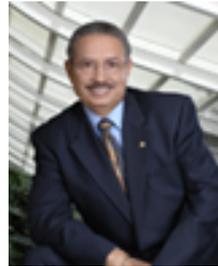




Video

View the “Changing pO₂ policy video at
http://www.mcanonline.org/policy_video/index.html

Welcome



Floyd J. Malveaux, MD, PhD
Executive Director of the
Merck Childhood Asthma Network, Inc.



Feygele Jacobs, MPH, MS
Executive Vice President/COO of the
RCHN Community Health Foundation





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Co-Lead Author

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The Epidemic of Childhood Asthma

Widespread and Serious

- 1 in 7 ever diagnosed
- 9% currently have it
- 60% will have at least 1 attack in past year
 - Preventable



Very Costly

- \$8 billion in medical expenditures ('06)
- Additional \$10 billion in indirect costs
- 40% higher ED costs
 - Avoidable





Evidence-Based Clinical Guidelines Emphasize Proper Medication, Environmental Control Measures and Patient Education

Environmental & Housing Interventions

Clinical & Health Interventions

Prevention

Policy changes to address remediation of triggers in home and community environments

Appropriate medications
Healthy self-management behavior of children and families

Diagnosis & Treatment

Access to medical home, specialty care, and medications

Asthma action plan

Management

Periodic environmental risk assessment

Environmental remediation in the home to address triggers

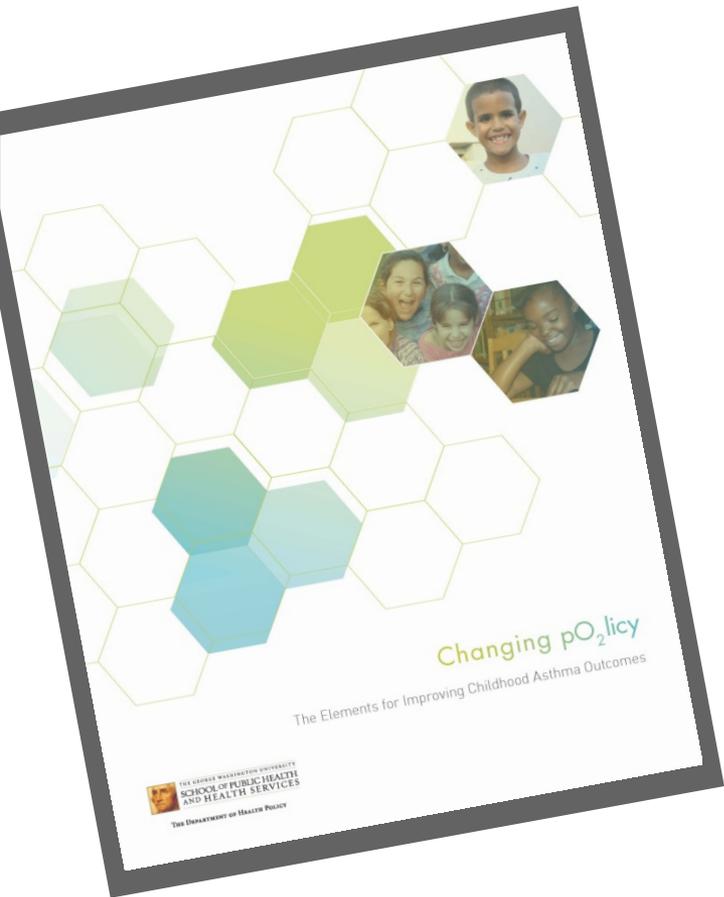
Ongoing asthma care, education and trigger avoidance for children and families; case management when necessary

Asthma is Emblematic of the Need to Collaborate & Coordinate

Treating, managing, and ultimately preventing and reducing the burden of asthma represents a critical test of the ability of the U.S. health system – health insurers, clinical care providers, and public health agencies – to **work together**.



Addressing asthma demands a focus on the crucial intersection between health care and public health and the environment, a true test of nation's ability to **coordinate** available tools to improve population health.



Key Findings

Focus on Controllable Factors

Factor #1

Inadequate access to insurance coverage that pays for appropriate, high quality comprehensive health care and case management

Children with asthma more likely to have insurance but 9% still uninsured
1.17 million children with asthma and without coverage

Nearly 600,000 uninsured children with asthma are eligible for MA/CHIP *at current eligibility levels* but not enrolled

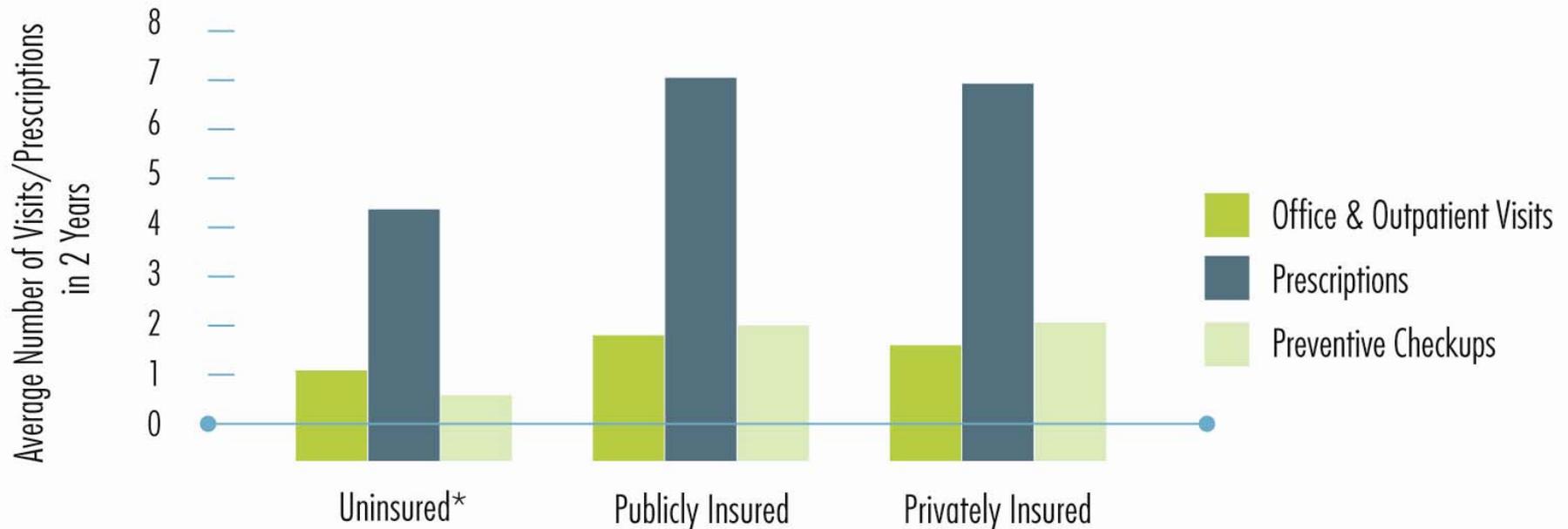
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Extending eligibility to 300% FPL – as in 7 states now – covers an additional 1 million, including 180,000 with asthma

These two steps would cut the total # uninsured children with asthma by 75%

Factor #2

Suboptimal quality of clinical care, case management, asthma education for many children, including those ineligible for insurance coverage





Factors #3 - #5

Failure to address the indoor air environment and other indoor asthma triggers as well as outdoor environmental triggers that affect communities in which children live and grow

Absence of systematic means for monitoring asthma prevalence and treatment effectiveness and for deploying targeted resources

Lack of a coordinated research strategy

Identified Priority Elements for Improvement



Stable and continuous health insurance

High quality clinical and case management

Continuous information exchange and progress monitoring

Asthma trigger reduction in homes and communities

Research to learn more about what works

Improving Coverage: Specific Recommendations



Stable and
continuous
health
insurance



- Encourage all states to expand MA/CHIP up to at least 300% FPL
- Increase and target outreach, enrollment and retention efforts in MA/CHIP
 - FQHC outstationing
 - Schools and other community-based locations
- Encourage providers to make MA/CHIP enrollment a part of the individual asthma treatment plan for every child with asthma who is eligible for coverage

Improving Quality: Specific Recommendations

High quality
clinical and case
management



- Develop an HHS-led, cross-agency, Administration-wide guidance on how to comprehensively address quality asthma care
- Make all recommended care a focus of quality performance improvement for MA/CHIP, health centers, and IHS
 - MA/CHIP cover 30 million children and 1 in 6 has asthma
 - CHCs serve 7 million children and 1 in 5 has asthma
 - IHS serves approximately 660,000 children and roughly 80,000 have asthma

Improving Information Exchange & Progress Monitoring: Specific Recommendations



Continuous information exchange and progress monitoring

- Enhance asthma monitoring through local and regional model registries
- Encourage meaningful use of HIT among providers and link providers to public health agencies to facilitate continuous information exchange and communication of up-to-date data

Improving Environmental, School and Housing Air Quality: Specific Recommendations

Asthma trigger
reduction in
homes and
communities



- Encourage public health agencies, education authorities, housing authorities, and environmental agencies to promote evidence-based interventions and services that fall outside of the traditional health care interventions to reduce exposure to asthma triggers

Improving Research Agendas: Specific Recommendations

Research to
learn more
about what
works

- Promote a strengthened and diversified Administration-wide research agenda to include basic, clinical, and translational/implementation investigations to learn more about what works and what can be translated into policy change



Communication and Coordination are Key

Federal Agencies Involved in Research and Policy Initiatives That Address Childhood Asthma



Health and Human Services, including:

- Agency for Healthcare Research and Quality
- Centers for Disease Control and Prevention
- Centers for Medicare and Medicaid Services
- Food and Drug Administration
- Health Resources and Services Administration
- National Institutes of Health (NIH)
 - National Heart, Lung, and Blood Institute
 - National Institute of Allergy and Infectious Diseases
 - National Institute of Environmental Health Sciences
 - National Institute of Child Health and Human Development
 - National Center on Minority Health and Health Disparities
- Office of Minority Health
- ONCHIT



Environmental Protection Agency



Housing & Urban Development



Department of Education

President's FY 2011 Budget

- Important investments in policies that promote the prevention, treatment and control of asthma.
 - CMS launching of the Campaign to Cover Kids
 - Funding increases for health centers and the Corps, as well as IHS funding for CDC asthma control
 - HUD
 - ED
 - EPA ramping up of school-based asthma management by leveraging Communities in Action initiative and Indoor Air Quality Tools for Schools program
- But more is needed, particularly at the executive agency level, to make these programs work in concert with one another.



Panel Discussion

Moderator



Sara Rosenbaum, JD
George Washington University
School of Public Health and Health
Services

Panelists



Feygele Jacobs
RCHN Community Health
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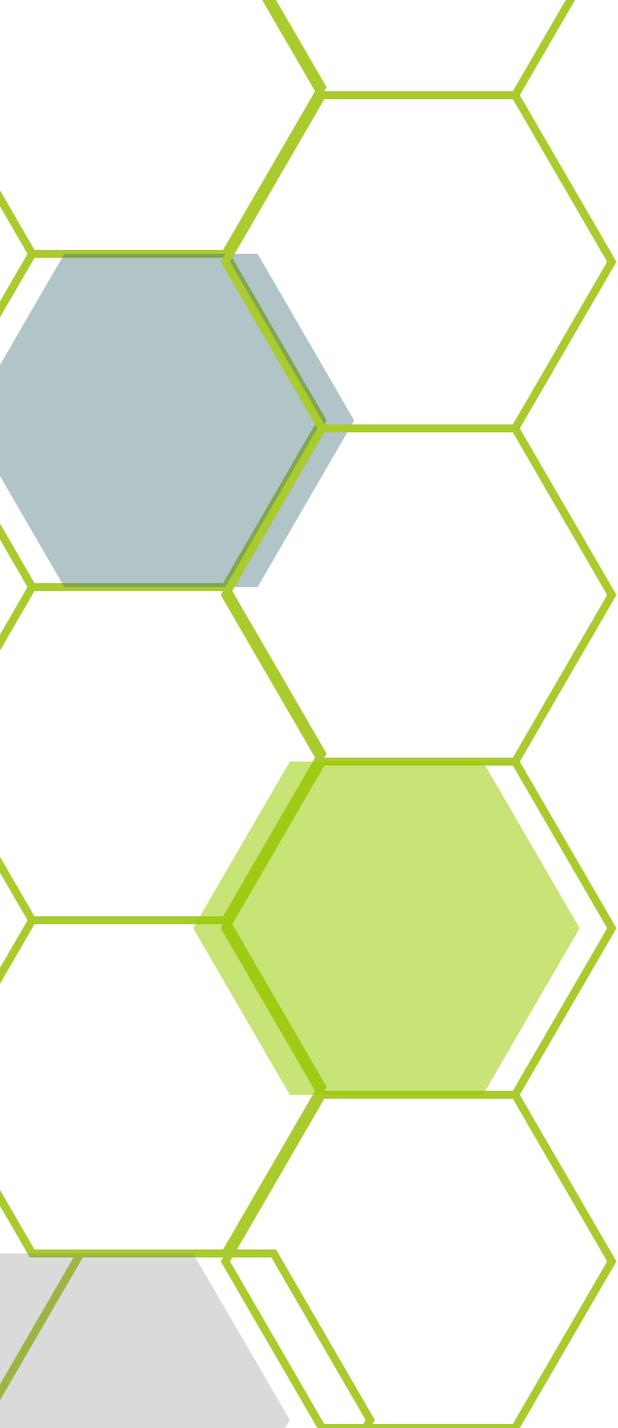
Floyd Malveaux, MD, PhD
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Deborah Kilstein
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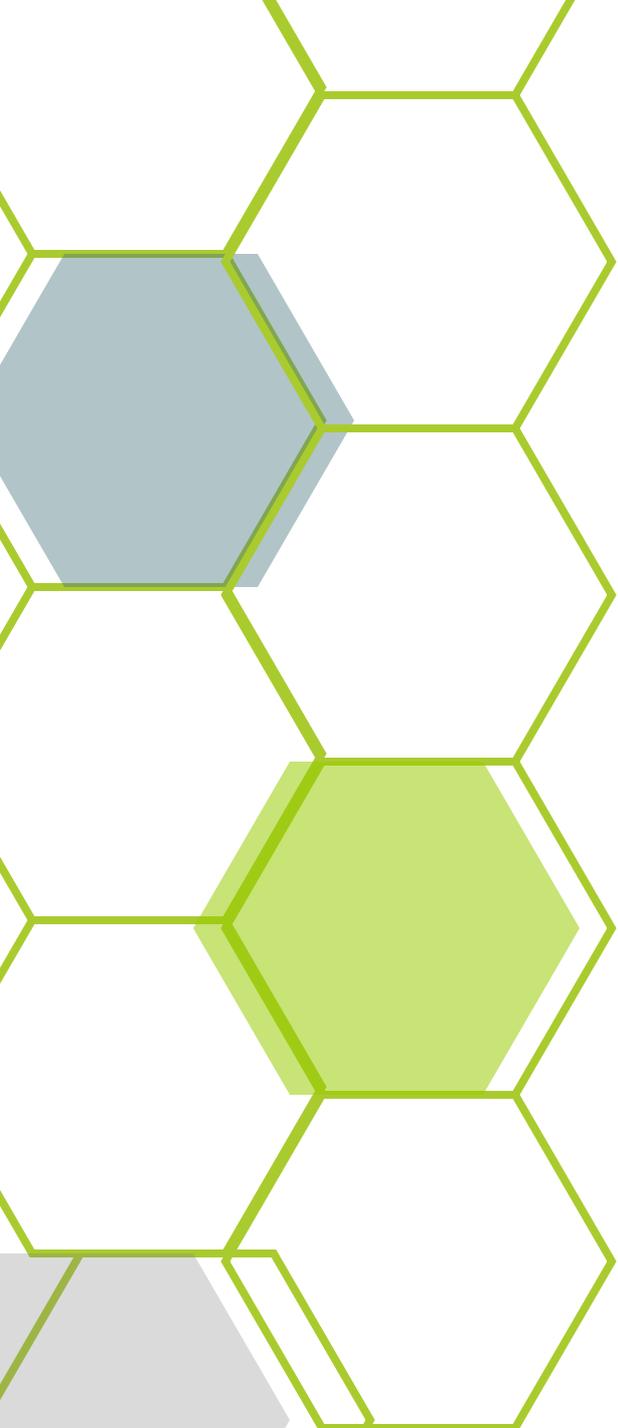


Karen Redlener
The Children's Health Fund

A decorative graphic on the left side of the slide consists of a grid of hexagons. Some hexagons are filled with colors: a light blue one in the upper left, a light green one in the lower middle, and a light grey one in the bottom left. The other hexagons are empty, showing only the green outline.

Q & A

**Please type your questions
in the “Questions” box.**



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