Changing pO$_2$licy: The Elements for Improving Childhood Asthma Outcomes
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
Anne Markus, JD, PhD, MHS
Co-Lead Author
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

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Prevention

Diagnosis & Treatment

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

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

Source: Kim et al. (2009). Health Care Utilization by Children with Asthma, Preventing Chronic Disease Vo. 6:No. 1
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

- 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

Stable and continuous health insurance
Improving Quality: Specific Recommendations

• 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
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

- 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

- 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

Panelists

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

Feygele Jacobs
RCHN Community Health Foundation

Floyd Malveaux, MD, PhD
Merck Childhood Asthma Network, Inc.

ACAP
Association for Community Affiliated Plans

Deborah Kilstein
Association for Community Affiliated Health Plans

Karen Redlener
The Children’s Health Fund
Q & A

Please type your questions in the “Questions” box.
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