Welcome and Introductions

Chris Regal
Senior Health Research Associate
America’s Health Insurance Plans

MODERATOR
Housekeeping

• Please place all phone lines on mute.
• Use the chat features to ask questions. Questions will be addressed periodically throughout the webinar as well as at the end.
• Slides will be made available and will be posted online at ahip.org/asthma.
Three-year Initiative with EPA

October 1, 2014 – September 30, 2017

- Identify and promote health plan best practices that align with the NIH EPR-3 asthma guidelines.
- Accelerate efforts to assess and disseminate health plan interventions that help prevent the onset of asthma episodes related to indoor environmental triggers.
- Compliment the EPA’s Indoor Environments Program priorities and goals of reducing environmental health risks by contaminants in indoor environments.

AHIP.org/asthma
Supporting Communities to Deliver Sustainable In-Home Environmental Asthma Interventions

Tracey Mitchell, RRT, AE-C
mitchell.tracey@epa.gov
U.S. Environmental Protection Agency
May 23, 2017
Asthma Is a Public Health Challenge

More than **6 million** children ages 0 to 17 in the United States have asthma.

**13.4%** of black, non-Hispanic children have asthma compared to **7.8%** of white, non-Hispanic children.

That’s **8.4%** or **1 in 12** children.

Poor and minority children are disproportionately affected.

**10.7%** of children living in poverty suffer from asthma.

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*2015 National Health Interview Survey Data, Table 3-1, www.cdc.gov/asthma/sites/2015/table3-1.htm
†2015 National Health Interview Survey Data, Table 4-1, www.cdc.gov/asthma/sites/2015/table4-1.htm
*Defined as living at or below 100% of the federal poverty level
Uncontrolled Asthma Drives Up Healthcare Costs

Asthma costs the U.S. over $50 billion in medical costs each year. *

Uncontrolled Asthma

Increased Healthcare Utilization

Increased Cost

Asthma symptoms are uncontrolled for an estimated 40% of children and 50% of adults with asthma in the United States. †

Uncontrolled asthma increases the frequency of expensive emergency department (ED) visits and hospitalizations. ‡

Medical care for a child with uncontrolled asthma costs nearly $5,000 more per year than medical care for a child with controlled asthma. **

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† CDC. AsthmaStats: Uncontrolled Asthma among Persons with Current Asthma. https://www.cdc.gov/asthma/asthma_stats/uncontrolled_asthma.htm
Environment Plays a Critical Role in Asthma Control

• Federal asthma guidelines recognize environmental trigger reduction as a critical component of comprehensive asthma care.*

• The evidence base demonstrates that in-home environmental interventions are effective at improving asthma control in children and adolescents.†

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**EFFECTIVE IN-HOME ENVIRONMENTAL INTERVENTIONS**

<table>
<thead>
<tr>
<th>Home-Based</th>
<th>Multi-Component</th>
<th>Multi-Trigger</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Includes at least one home visit by trained personnel to improve the home environment</td>
<td>• Includes at least two components, including at least one environmental component</td>
<td>• Targets two or more potential asthma triggers, including mice, cockroaches, dust mites, excess moisture and mold, household pets, tobacco smoke</td>
</tr>
<tr>
<td>• Examples: community health workers, clinicians, health care providers</td>
<td>• Activities may include asthma-related education, self-management training, environmental assessment and remediation, social services, coordinated care</td>
<td></td>
</tr>
</tbody>
</table>

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EPA’s Unique Contributions

• Technical expertise and tools to help address risks and develop services at the intersection of built environment – homes and schools – and health.

• Focus on the up-front prevention of asthma attacks in the home environment. Good health starts at home.

• Ability to convene stakeholders, synthesize cutting-edge learning, and translate it to the field through AsthmaCommunityNetwork.org.

• Immediate platform of 1000+ community programs leveraged by other feds, non-profits and states.
EPA Supports High Value, In-Home Environmental Interventions

Meeting Communities Where They Are

SYNTHESIZE AND SPREAD LEARNING
### Meeting communities where they are

| Provide learning space and facilitate network | AsthmaCommunityNetwork.org | 1000+ network of community programs |
| Recognize best practices | National Environmental Leadership Award in Asthma Management Communities, Providers, Payers | 41 award winners |
| Offer TA to communities and health payers | National Center for Healthy Housing America’s Health Insurance Plans | ~Growing available workforce and supporting community solutions ~Capturing and leveraging payer readiness ~1250 payer representatives educated on benefits and payment options |
| Pace action locally | Asthma Financing Summits | 11 summits impacting 16 states and reaching 700+ people |
| Synthesize and spread learning | Bringing it all together | 563 programs equipped to deliver and sustain in-home environmental asthma care |

### Results we see

**Goal:** By 2018, assist 1,000 programs in communities nationwide to deliver and sustain high-value, in-home, environmental interventions that reduce urgent healthcare use and costs & improve community asthma control.
Sherzod Abdukadirov, PhD

- Joined AHIP in January 2017
- PhD in Public Policy from George Mason University
- 15 years experience in social research and policy analysis
- Previous work in academia, policy think tanks and tech industries
Methodology: Surveys

<table>
<thead>
<tr>
<th></th>
<th>2015 Assessment Responses, # of plans</th>
<th>2015 Assessment Responses, enrollment</th>
<th>2016 Assessment Responses, # of plans</th>
<th>2016 Assessment Responses, enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial</td>
<td>32</td>
<td>75,046,772</td>
<td>22</td>
<td>59,880,801</td>
</tr>
<tr>
<td>Medicaid</td>
<td>28</td>
<td>18,887,982</td>
<td>20</td>
<td>16,867,322</td>
</tr>
<tr>
<td>Total</td>
<td>60</td>
<td>93,934,754</td>
<td>42</td>
<td>76,748,123</td>
</tr>
</tbody>
</table>
Methodology: Follow-Up Interviews and Roundtables

- Six follow-up interviews after Year 1 survey
  - Health plans that offered home-based assessment
  - Health plans that did not offer home-based assessment

- Three follow-up interviews after Year 3 survey
  - Health plan that started offering home-based assessments
  - Health plans that stopped offering home-based assessments

- Two roundtable meetings with 25 plan representatives
Key Findings

1. Racial and income-based disparities in asthma outcomes
2. Partnerships in environmental asthma management
3. Challenges with member engagement
4. Challenges with funding home-based assessment programs
5. Balancing program effectiveness and long-term financial sustainability
Racial and Income-Based Disparities in Asthma Outcomes

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Do not collect, %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alaskan Native or American Indian</td>
<td>65</td>
</tr>
<tr>
<td>Asian</td>
<td>65</td>
</tr>
<tr>
<td>Black or African American</td>
<td>63</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>67</td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td>68</td>
</tr>
<tr>
<td>White</td>
<td>63</td>
</tr>
</tbody>
</table>
# Racial and Income-Based Disparities in Asthma Outcomes

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Commercial 2016, %</th>
<th>Medicaid 2016, %</th>
</tr>
</thead>
<tbody>
<tr>
<td>High frequency of health care utilization for asthma related events</td>
<td>75</td>
<td>91</td>
</tr>
<tr>
<td>Poor medication adherence (both rescue and controller medications)</td>
<td>75</td>
<td>91</td>
</tr>
<tr>
<td>Common asthma comorbidities</td>
<td>50</td>
<td>73</td>
</tr>
<tr>
<td>Poor asthma trigger control behaviors</td>
<td>25</td>
<td>73</td>
</tr>
<tr>
<td>No usual source of care</td>
<td>0</td>
<td>64</td>
</tr>
<tr>
<td>Prevalence of specific environmental triggers</td>
<td>50</td>
<td>55</td>
</tr>
<tr>
<td>Psychosocial/mental health needs</td>
<td>25</td>
<td>55</td>
</tr>
<tr>
<td>Age</td>
<td>50</td>
<td>45</td>
</tr>
<tr>
<td>Geographic location</td>
<td>25</td>
<td>45</td>
</tr>
<tr>
<td>Lack of transportation</td>
<td>25</td>
<td>36</td>
</tr>
<tr>
<td>Poor health literacy</td>
<td>50</td>
<td>27</td>
</tr>
<tr>
<td>Missed days from school and/or work</td>
<td>25</td>
<td>27</td>
</tr>
<tr>
<td>Race/Ethnicity</td>
<td>25</td>
<td>27</td>
</tr>
<tr>
<td>English as a second language</td>
<td>25</td>
<td>27</td>
</tr>
<tr>
<td>SES status</td>
<td>0</td>
<td>9</td>
</tr>
</tbody>
</table>
Racial and Income-Based Disparities in Asthma Outcomes

Home-Based Asthma Management

- Home-Based Environmental Education
  - Commercial: 20%
  - Medicaid: 60%
- Home-Based Environmental Assessment
  - Commercial: 20%
  - Medicaid: 60%
- Home-Based Environmental Remediation
  - Commercial: 20%
  - Medicaid: 60%
Racial and Income-Based Disparities in Asthma Outcomes

Income-Based Disparities

- Offering home assessments at hours preferred by the member (or member guardian):
  - Medicaid: 60%
  - Commercial: 25%

- Providing transportation to health care appointments:
  - Medicaid: 70%
  - Commercial: 30%

- Offering vouchers for asthma friendly products:
  - Medicaid: 35%
  - Commercial: 15%
Racial and Income-Based Disparities in Asthma Outcomes

Racial Disparities

- Tailoring asthma materials to be culturally appropriate: Medicaid 45%, Commercial 65%
- Having community health workers from similar cultural/linguistic backgrounds: Medicaid 45%, Commercial 70%
- Providing a website translated in multiple languages: Medicaid 35%, Commercial 60%
- Providing printed asthma materials in multiple languages: Medicaid 55%, Commercial 70%
Partnerships in Environmental Asthma Management

Current Partnerships

- State and/or local health departments/agencies: 32% Medicaid, 45% Commercial
- Community-based asthma networks/coalitions: 40% Medicaid, 42% Commercial
- Member’s personal physician: 60% Medicaid, 60% Commercial
- Hospitals: 45% Medicaid, 40% Commercial
- Community Health Centers: 21% Medicaid, 40% Commercial
Partnerships in Environmental Asthma Management

Future Partnerships

- State and/or local health departments/agencies:
  - Medicaid: 90%
  - Commercial: 53%

- Community-based asthma networks/coalitions:
  - Medicaid: 85%
  - Commercial: 79%

- Member’s personal physician:
  - Medicaid: 90%
  - Commercial: 85%

- Hospitals:
  - Medicaid: 85%
  - Commercial: 80%

- Community Health Centers:
  - Medicaid: 80%
  - Commercial: 53%

Legend:
- Medicaid
- Commercial
## Partnerships in Environmental Asthma Management

<table>
<thead>
<tr>
<th></th>
<th>Commercial 2016, %</th>
<th>Medicaid 2016, %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home based asthma program developed by and/or alongside an outside organization</td>
<td>50</td>
<td>55</td>
</tr>
<tr>
<td>Implementation for home-based program was contracted out</td>
<td>75</td>
<td>64</td>
</tr>
<tr>
<td>Home-based asthma management services differ across geographic areas</td>
<td>75</td>
<td>27</td>
</tr>
</tbody>
</table>
### Challenges with Member Engagement

<table>
<thead>
<tr>
<th>Challenge</th>
<th>Commercial 2016, %</th>
<th>Medicaid 2016, %</th>
</tr>
</thead>
<tbody>
<tr>
<td>In order for our organization to be successful in environmental asthma management we need to see more engagement from our members with asthma</td>
<td>45</td>
<td>85</td>
</tr>
<tr>
<td>A significant number of our members continue to struggle with asthma medication adherence</td>
<td>59</td>
<td>85</td>
</tr>
<tr>
<td>A significant number of our members consider environmental asthma management a low priority given their social and economic burdens</td>
<td>41</td>
<td>85</td>
</tr>
<tr>
<td>A significant number of our members are hesitant to allow a health care worker into their home to conduct an asthma assessment</td>
<td>32</td>
<td>60</td>
</tr>
<tr>
<td>Members cancelling scheduled home assessments have been a recurring problem</td>
<td>27</td>
<td>50</td>
</tr>
</tbody>
</table>
Challenges with Member Engagement

• Lack of cooperation
• Hard to reach, transient population
• Asthma is low priority
• Assessment is not enough, need remediation
• Need to establish trust
Challenges with Funding Home-Based Assessment Programs

<table>
<thead>
<tr>
<th>Description</th>
<th>Commercial 2016, %</th>
<th>Medicaid 2016, %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home-based asthma management has the potential to improve outcomes and reduce costs</td>
<td>55</td>
<td>90</td>
</tr>
<tr>
<td>Providing environmental asthma management services can reduce unnecessary health care utilization among members with asthma</td>
<td>68</td>
<td>95</td>
</tr>
<tr>
<td>Our organization has seen a financial return on investment from providing environmental asthma management services</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Our organization has seen a financial return on investment from providing home-based asthma assessments</td>
<td>0</td>
<td>20</td>
</tr>
<tr>
<td>Our organization questions the financial value of environmental asthma management</td>
<td>32</td>
<td>15</td>
</tr>
</tbody>
</table>
# Challenges with Funding Home-Based Assessment Programs

<table>
<thead>
<tr>
<th></th>
<th>Commercial 2016, %</th>
<th>Medicaid 2016, %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Our organization has the necessary administrative budget funds to support environmental asthma management</td>
<td>23</td>
<td>10</td>
</tr>
<tr>
<td>Our organization has the necessary community benefit funds to support environmental asthma management</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Our organization has the necessary external grant funding to support environmental asthma management</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>The high cost to conduct home-based asthma assessments is a barrier</td>
<td>64</td>
<td>75</td>
</tr>
<tr>
<td>Our organization has the necessary internal staff to provide environmental asthma management</td>
<td>32</td>
<td>40</td>
</tr>
<tr>
<td>Home-based assessments are too time intensive for our employees</td>
<td>50</td>
<td>55</td>
</tr>
</tbody>
</table>
Program Effectiveness vs Financial Sustainability

Option #1: Partner with external providers (e.g. visiting nurses)

• Pros:
  • Can charge as medical expense
  • Financially sustainable

• Cons:
  • Members may not trust nurses and may not let them into the home
  • Asthma is low priority for members
Program Effectiveness vs Financial Sustainability

Option #2: Develop in-house

• Pros:
  • Can train/hire Community Health Workers
  • Can develop, capitalize on relationships
  • Can provide additional “goodies” to increase member engagement

• Cons:
  • Cannot charge as a medical expense
  • Need external funding or have to charge against administrative funds
  • May be more difficult to achieve financial sustainability
Questions?

Visit us online at: www.ahip.org/asthma