

A Health Reform Update for Childhood Asthma Advocates

An Insider View

September 17, 2009

Health Reform and Childhood Asthma – Opportunity or Obstacle?

Prescriptions
Making Sense of the Health Care Debate

September 14, 2009, 8:15 AM

It's Showdown Week for the Baucus Six, With a Medicaid Fight Looming

By DAVID M. HERZBERG

Senator Max Baucus, develop bipartisan he "mark" — the propos which he is chairman

Reaction to his plan o whether the "bipartis Mr. Baucus has been months will stick toge Democrats will head

The big question mar Republicans, Senator Iowa and Michael B. third Republican, Sen of Maine, has sounde achieving a comprom

Mr. Grassley and Mr. to avoid showing that the bill, Democrats w Enzi and Mr. Grassley

The Washington Post
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Obama Readies Reform Specifics

In Health-Care Address, President Is Expected to Take Firmer Position

By Cecil Conolly
Washington Post Staff Writer
Monday, September 7, 2009

Looking to rescue his signature domestic policy initiative with a midline address to Congress on Wednesday, Obama is expected to "drive some lines" on the health care bill.

Until now, Obama has revised his approach has left several ambitious approaches, Obama has not indicated to the president's readiness, but

People will leave [Wednesday] the president is ready, but

Obama is not inclined to make any preliminary draft decision the president will

"Let's see what the Finance Committee Chairman says," Obama spokesman said.

THE WALL STREET JOURNAL POLITICS

Americans, While Sympathetic, Worry About Cost

By DOUGLAS BELKIN, MIKE ESTERL and AVERY JOHNSON

A small crowd gathered at the marble bar in the Vila Maero Ristorante in Mahwah, Ind.

Tim Held, a Republican who employs seven people at a sports apparel store, said he was listening to the president's speech with an open mind.

"Tim all for coverage for everybody," he said. "But as a small-business owner I can't want to pay for it."

Audio
• Hear reader comments about President Obama's speech outlining his plans for health reform. Powered by BlogTalkRadio.com

President Barack Obama's ability to sell his health-care overhaul relies heavily on convincing voters like Mr. Held. The 47-year-old man said he used to offer health insurance to his employees, but not anymore. It was too tough finding a decent plan.

As Mr. Obama spoke about small businesses banding together to shed for insurance he stopped chewing his roast beef sandwich long enough to say, "I like that."

- Debate and interest at an all-time high
- How much will it cost?
- How will it change life for people with insurance, or those without?
- Will it improve quality of life for millions of Americans living with chronic disease?

What will it mean for children, particularly those with chronic diseases like asthma?

Overview of Childhood Asthma in America

- *A new policy reform initiative*

Insider View on Health Reform

- *The current state of play*

Key Provisions and The Childhood Asthma Impact

- *Coverage, prevention, system reform, research*

Expert Roundtable Discussion

Participant Q&A and Closing Comments

Your Panel Today



Sara Rosenbaum, JD
George Washington University
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Services



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The Number One Chronic Disease Affecting America's Children

**Most people think they know asthma,
but they have no idea just how costly and life threatening
it can be – especially when it comes to children.**

- Affects 6.7 million American children currently
- Sends millions of parents racing to the hospital each year with their children
- One of the principal contributors to child health disparities
- New government estimates say it costs our health care system \$8 billion annually, more than almost any other childhood condition
- Indirect costs total \$10 billion, including school absenteeism and lost wages

Not the Common Cold – A Time to Shift Our Thinking and Approach

We Know Enough to Know Better

- Research has revealed a great deal about asthma's causes, severity and costs
- Evidence-based interventions exist showing effective treatment, management, and in some cases, prevention

YET

Asthma tends to get treated like the common cold - a minor and episodic irritant rather than a serious and widespread public health threat.

**Some programs are making a difference for children and families...
and strengthening the evidence base along the way**



“**WIN** for Asthma has been a lifeline for Maria and her husband who **no longer feel alone**.

And the **best** news? Juan **hasn't been** back to the hospital since.”

Maria Tarez' cell phone rang while she was at work, a 45-minute commute from where her 4-year old son Juan was under the care of her sister-in-law. On the other end of the line was an EMT who reported that Juan had been admitted to the hospital after being revived with CPR following a life-threatening asthma attack...

WIN for Asthma in New York City

- Funded by the Merck Childhood Asthma Network, Inc., WIN for Asthma is a hospital-community partnership that takes a comprehensive approach to managing asthma, including home health assessments, education and goal setting.
 - One of five sites MCAN funds across the country
- WIN community health workers make home visits to teach families easy ways to manage their child's asthma, like identifying and removing household asthma triggers like dust, peeling paint, garbage, perfume and other allergens.
- Program includes monthly WIN asthma education courses and access to a network of people available through the program – from community health workers to a pediatrician.

Leveraging the Evidence to Advance Policies, Reduce Symptoms and Assure Effective Management

The New Childhood Asthma Policy Reform Initiative will:

- Use extensive research findings to develop an Asthma Policy Reform Roadmap and Action Plan for reducing and controlling the prevalence and symptoms of childhood asthma
- Develop concrete strategies and recommendations that can be put to work by federal, state and local policymakers
- Strengthen asthma prevention and management at the nation's more than 1,200 community health centers, which served one in four low income children in 2007

Founded by:

- The Merck Childhood Asthma Network, Inc.
- George Washington University School of Public Health and Health Services, Dept of Health Policy
- RCHN Community Health Foundation



Guided by a national advisory committee:

- Leaders in asthma research, health and health care disparities and national health policy

The State of Play on Health Reform – What's On and Off the Table...Today...



✓ Coverage



✓ Prevention



✓ System Reform



✓ Research





FOCUS *on Health Reform*



HEALTH CARE REFORM PROPOSALS

Achieving comprehensive health reform has emerged as a leading priority of the President and Congress. This summary of the Senate HELP Committee Affordable Health Choices Act and the House Tri-Committee America's Affordable Health Choices Act of 2009 (H.R. 3200) describes the key components of these leading health reform proposals. The House Tri-Committee summary incorporates the major amendments to the legislation adopted by the three committees of jurisdiction during their mark-ups of the bill. These amendments are identified using an abbreviation for the House panel that approved it — "E&C" for the Committee on Energy and Commerce; "E&L" for the Committee on Education and Labor; and "W&M" for the Committee on Ways and Means.

	Senate HELP Committee Affordable Health Choices Act	House Tri-Committee America's Affordable Health Choices Act of 2009 (H.R. 3200)
Date plan announced	June 9, 2009	June 19, 2009
Overall approach to expanding access to coverage	Require individuals to have health insurance. Create state-based American Health Benefit Gateways through which individuals and small businesses can purchase health coverage, with subsidies available to individuals/families with incomes up to 400% of the federal poverty level (or \$73,240 for a family of three in 2009). Require employers to provide coverage to their employees or pay an annual fee, with exceptions for small employers, and provide certain small employers a credit to offset the costs of providing coverage. Impose new regulations on the individual and small group insurance markets. Expand Medicaid to all individuals with incomes up to 150% of the federal poverty level.	Require all individuals to have health insurance. Create a Health Insurance Exchange through which individuals and smaller employers can purchase health coverage, with premium and cost-sharing credits available to individuals/families with incomes up to 400% of the federal poverty level (or \$73,240 for a family of three in 2009). Require employers to provide coverage to employees or pay into a Health Insurance Exchange Trust Fund, with exceptions for certain small employers, and provide certain small employers a credit to offset the costs of providing coverage. Impose new regulations on plans participating in the Exchange and in the small group insurance market. Expand Medicaid to 133% of the poverty level.
Individual mandate	<ul style="list-style-type: none"> Require individuals to have qualifying health coverage. Enforced through a minimum tax penalty of no more than \$750 per year. Exemptions to the individual mandate will be granted to residents of states that do not establish an American Health Benefit Gateway, members of Indian tribes, those for whom affordable coverage is not available, and those without coverage for fewer than 90 days. 	<ul style="list-style-type: none"> Require all individuals to have "acceptable health coverage". Those without coverage pay a penalty of 2.5% of modified adjusted gross income up to the cost of the average national premium for self-only or family coverage under a basic plan in the Health Insurance Exchange. Exceptions granted for dependents, religious objections, and financial hardship.
Employer requirements	<ul style="list-style-type: none"> Require employers to offer health coverage to their employees and contribute at least 60% of the premium cost or pay \$750 for each uninsured full-time employee and \$375 for each uninsured part-time employee who is not offered coverage. For employers subject to the assessment, the first 25 workers are exempted. Exempt employers with 25 or fewer employees from the requirement to provide coverage. 	<ul style="list-style-type: none"> Require employers to offer coverage to their employees and contribute at least 72.5% of the premium cost for single coverage and 65% of the premium cost for family coverage of the lowest cost plan that meets the essential benefits package requirements or pay 8% of payroll into the Health Insurance Exchange Trust Fund. [E&L Committee amendment: Provide hardship exemptions for employers that would be negatively affected by job losses as a result of requirement.]

See complete analysis at <http://healthreform.kff.org>

The Latest on the Discussion Around Coverage for All Americans

Coverage



The Key Topics

- Expanded coverage for uninsured
- Operation of health insurance exchanges
- Eligibility
- Subsidy levels and amount
- Future role of CHIP and Medicaid

Looking at the Role Prevention is Playing in This Year's Debate

Prevention



- National Prevention Strategy
- Reliable funding stream through creation of a Trust Fund (mandatory appropriation) to support:
 - Core public health functions
 - Community prevention
 - Public health workforce
 - Public health and prevention research

Prevention is a Major Component of Both House and Senate Bills

Prevention



House



**Senate
HELP**

National Prevention Strategy

Yes

Yes

Trust Fund

Yes

Yes

Core public health functions

Yes

Possible

Community prevention

Yes

Yes

Public health workforce

Yes

Yes

Public health and prevention research

Yes

Yes

What are the Public Health Policy Implications for Asthma?

Prevention



Opportunity Assessment

- Opportunity to bring multiple players and funding streams to the table to assure a more coordinated approach to prevention
- Recognizes non-clinical interventions are critical to improved health and reduced health care costs – with potential for significant resources
 - Recognizes that physical environment and policy changes are needed at the community level to improve health
 - Recognizes need for a public health-oriented work force

Other Public Health Needs

- Real Time Surveillance
 - Improve data gathering to better identify and respond to serious “outbreaks”, understand them and work to reduce them

Congress is Considering Ways to Reform the System that Lowers Costs and Improves Quality

System Reform



Most People Focus on Coverage

- Less relevant for poor/low income kids with asthma
 - Most/all already have coverage
- Less pressure on families as they get coverage will help kids

Other Parts of Reform are More Relevant

- Delivery System Reform
 - Move to real/virtual integration
 - Increased emphasis on CHC's/RHC's imp
 - Pilots that reward more coordination
- Comparative Effectiveness Research
 - More focus on differential effectiveness of alternative science-based treatment strategies
- Increased Focus of Chronic Care Treatment
 - Most of the health care dollars
 - Current system designed for acute care
 - Pilots/Demonstrations with funding to try alternatives

System Reform for Childhood Asthma?

System Reform



For Childhood Asthma...

- Team Approach, Case Management
 - Including people outside of medical care system
 - Reimbursement and payment structures
- Community Health Centers
 - Schools and school nurses

Reform Must Include a Robust Research Agenda to Turn Science into Solutions for Health Care

Research



“Without research
there is no hope”

-Former Rep. Paul G. Rogers (D-FL)

- **The Role of Research to:**
 - Promote wellness
 - Prevent disease
 - Keep health care costs in check
 - Inform health policy-making
- **The Big Research Ideas:**
 - Competitiveness
 - Prevention and Public Health
 - Clinical
 - Genetic Information
- **Asthma-Specific Research Needs:**
 - Translational evidence-based research
 - Cross-cutting coordination among federal agencies
 - Federal plan

A Roundtable Discussion with the Expert Panel

Moderators



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



Feygele Jacobs
RCHN Community Health
Foundation

Panelists



Gail Wilensky, PhD
Project HOPE



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



Mary Woolley
Research!America



Jeff Levi, PhD
Trust for America's Health

Please type your questions
in the “Questions” box.

Making Progress on Raising Awareness with People Who Can Make a Difference – More Work to Do



HHS Secretary Sebelius Visited Philadelphia Childhood Asthma School-Based Program

- Administration's "Back to School" day helped to deliver positive messages about managing childhood asthma



Breaking Through...

- Briefings on childhood asthma with Secretary Sebelius Philadelphia Mayor Nutter and Senator Casey (D-PA)
- National news wire stories carried important asthma management messages from the Philadelphia visit
 - News reports ran on a number of consumer news sites including *U.S. News & World Report*, *NPR.org*, *USA Today*, *Yahoo!News* and *AOL News*

YAHOO! NEWS

npr

USA TODAY

upi

AOL news

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An Insider View

www.MCANOnline.org