Welcome to the Webinar

Securing Coverage for In-Home Asthma Care Services

Featuring:

Amanda Reddy, National Center for Healthy Housing

Abby Hugill, U.S. Department of Housing and Urban Development

Jill Bednarek, Healthy Living Branch, Colorado Department of Public Health and Environment

Wednesday, February 18, 2015
Webinar 2:00 – 3:00 p.m. EST
Live Online Q&A 3:00 – 3:30 p.m. EST on AsthmaCommunityNetwork.org
Purpose of the Webinar

Learn more about the changing landscape of healthcare coverage and how to prepare your own organization for existing opportunities in sustainable financing.

- Develop an understanding of Medicaid reimbursement.
- See a critical path to help programs prepare for reimbursement.
- Learn about the key partnerships, conversations and infrastructure needed by a program to prepare for reimbursement.
Your Questions

• Where do I start?
• What partnerships should I focus on establishing?
• How do I prepare a business case?
• What types of services are covered?
• Who is qualified to be reimbursed for in-home asthma services?
• Which states have successfully secured sustainable coverage for in-home services?
Poll Question

What type of organization do you represent?

- Community Asthma Program: 33%
- Health Department: 20%
- Housing-focused Program: 6%
- Federal, State, or Local Government: 18%
- Other: 23%
Poll Question

What are you excited to learn about that will advance your efforts to secure funds for in-home asthma services?

- The pathways to reimbursement: 37%
- State reimbursement activities currently underway: 13%
- Services that are reimbursable: 14%
- Building effective partnerships: 13%
- Communicating the business case: 13%
Amanda Reddy
National Center for Healthy Housing
Healthy Homes and Healthcare Reform: Healthcare Financing of Healthy Homes Services

- APHA/CDC funded project
  - What is the current reimbursement landscape?
    - Through lens of asthma and lead
  - What opportunities exist for state/local agencies or organizations interested in exploring healthcare financing of healthy homes services?
Medicaid Reimbursement Policies:
2014 Survey

- Online surveys
  - Home-based asthma services
  - Lead poisoning follow-up services
- Sent to program contacts and Medicaid Directors in Spring 2014
- Responses from 46 states for asthma and 49 states for lead
Reimbursement by the numbers:
Home-based asthma services

- 13 states have some Medicaid reimbursement for home-based asthma services in place (may be on very limited scale)
- 3 additional states expect to have some Medicaid reimbursement for home-based asthma services in place within a year
- 19 states are exploring Medicaid reimbursement for home-based asthma services (or an expansion of existing services)
- 37 states reported that no services are in place or the respondent was not sure whether services were in place or the state did not respond to the survey
Current State of Play: ASTHMA

- **Medicaid reimbursement in place (may be on limited scale)**
  - Exploring Medicaid reimbursement (or expansion of services)
- **None or unsure**
- **No response to survey**
Who is eligible for these services?
Among 13 states with home-based asthma services in place (select all that apply)

100% provide services to children
69% provide services to adults

OTHER REQUIREMENTS
- Recent hospitalization or ED visit (62%)
- Other healthcare utilization (38%)
- ACT score (15%)
- Location of patient’s residence (15%)
- Allergen testing, screening questions about home environment, referral from school/daycare (8%)
What services are reimbursable?
Among 13 states with home-based asthma services in place (select all that apply)

- Self-management education, 77%
- Assessment of primary residence, 69%
- In-home education about triggers, 54%
- Low-cost supplies, 38%
- Assessment of a second residence, daycare or school, 23%
- Structural remediation, 15%
What type of staff provide services?
Among 13 states with home-based asthma services in place (select all that apply)

- Nurses, 77%
- Certified Asthma Educators, 54%
- Respiratory Therapists, 38%
- CHWs, 31%
- Housing Professional, 15%
- Sanitarian/Environmental Health Professional, 15%
- Social Workers, 15%
Who is billing for these services?

Among 13 states with home-based asthma services in place (select all that apply)

- Medicaid Managed Care Orgs, 54%
- Visiting Nurse/Home Health Agencies, 46%
- Hospitals/Clinics, 38%
- Local Health Dept, 31%
- Other Healthcare Providers, 15%
- State Health Dept, 8%
- Community-Based Orgs, 8%
- Other, 8%
Most influential drivers (average ratings)

(4=Very important, 3=Important, 2=Somewhat Important, 1=Not important)

- Credible information about potential costs and savings (3.7)
- Credible information about potential improvements in health outcomes (3.6)
- Political will/leadership (3.5)

- Federal funding for State Asthma Control program (3.4)
- Relationships/partnerships to get issue on table (3.4)

- Promotion of service by State Asthma Control Program (3.3)
- Established workforce infrastructure to deliver services (3.3)
- Information/evidence from local/regional pilots (3.3)
- Credentialing infrastructure for eligible providers (3.3)

- Advocacy/interest from healthcare community (3.2)
- Change in EHB rule (3.2)

- Healthcare reform (e.g., ACA) (3.1)
- Individual champions within state agencies (3.1)

- Advocacy/interest from local or external partners/stakeholders (3.0)
- NAEPP clinical guidelines (3.0)
- CDC Community Guide (3.0)

- …
Most influential groups

- State Medicaid Office: 71.4%
- Advocates: 59.2%
- Federal agencies (CMS, HUD, CDC, EPA): 57.1%
- State Asthma Control Program: 51.0%
- Other State Health Department program: 40.8%
- Local housing or health agencies or organizations: 30.6%
- General public: 22.4%
- Research community: 20.4%
- Other State Agencies: 14.3%
- Other: 6.1%
Other healthcare financing

- **7 states** reported at least one private/commercial payer in their state; an additional 7 are aware of pending efforts
- **6** Hospital Community Benefits
- **2** ACOs
- **1** Social Impact Bond
- **12** State-funded programs
Next Steps for NCHH

- Year 2 of APHA/CDC funding focused on interviews with key state-level staff
  - Clarify questions raised by survey
  - Develop detailed case studies
- New cooperative agreement with EPA to fund targeted technical assistance and training
- Other funding in place to support advocacy and dissemination
  - E.g., clarifying EPSDT, Bright Futures, Preventive Services and Community Guide to Preventive services guidance
If you’re interested in learning more:

Read about the project: www.nchh.org/Program/EquippingStatisticsforReimbursement.aspx

Keep your relevant agencies in the loop (e.g., CDC project officer, EPA Regional Office)
Next Steps for You?

- **Start (or advance) a conversation in your community**
  - What are some unique features about the administrative or regulatory landscape in your state?
  - Who is working on or might be interested in this issue in your state?
  - What would an ideal program look like for your state?
  - What needs to happen to make this a reality?
  - What is the first step? What can you do within the next month?
Considerations

- **Translating a program/project into a service**
  - Who can order the service? Who can provide the service? What additional training/certification do they need? Who will be eligible for the service? Will you stratify services? What activities will be covered? How will supplies and services be paid for or provided? How will patients get connected to other community resources? How will the service deal with special situations (e.g., lifetime limits, multiple residences, multiple patients in the same residence)? Who can bill/be reimbursed for the service? How will reimbursement rates be determined?

- **Building the business case**
  - Perspective (e.g., payer, societal); impact of targeting, intensity, staffing, scope, number of visits; timeframe of measurement; benefit structure (e.g., lifetime limit, multiple residences, multiple patients in same residence); some costs may go up, but net benefit likely to be savings; role of cost-neutral/cost-effective interventions in achieving the triple aim; ability to leverage other funding

- **The process takes time, but every conversation is an opportunity to refine your pitch!**
Some Useful Tools

- NCHH Healthcare Financing Resource Library
- CDC Community Guide to Preventive Services
- CDC Approaches to Reimbursement Report
- ARC Business Case
- EPA Award Winners Hall of Fame
- EPA’s Value Proposition Toolkit
- AHRQ’s Asthma ROI Calculator

Expert reports +
real-world examples +
these tools +
your own program’s information/experience =

A compelling (and fundable) story
Abby Hugill
U.S. Department of Housing and Urban Development

Jill Bednarek
Healthy Living Branch, Colorado Department of Public Health and Environment
Actions to promote healthy housing can yield dramatic improvements in the health and safety for individuals and families in Colorado.
Colorado Healthy Housing Coalition

Our Beliefs:

• Low-income families - especially children and the elderly - suffer disproportionately from substandard housing.

• Policy makers and environmental and public health advocates can address this inequity by taking action to ensure healthier, safer homes.

• Investments to improve the quality of housing can save billions in health care costs.
Purpose:

Mission:
Working together to promote strategies that advance healthy housing

Goals:
Promote the incorporation of healthy homes principles into ongoing programs and practices
Focus attention on the relationships between housing and health impacts
Coordinate and leverage state-wide healthy homes activities

Outcome:
Reduce public health inequities and improve health outcomes related to housing
Colorado Healthy Housing Coalition

Colorado Department of Public Health and Environment
Colorado Division of Housing
Colorado Energy Office
Colorado Health Care Policy and Financing
U.S. Environmental Protection Agency
U.S. Housing and Urban Development
U.S. Department of Health and Human Services
Local Public and Environmental Health
Local Community Representatives
Overview of Collaboration

• Collaborations and Healthier Homes
  – Top 3 housing related health issues (Asthma/Childhood Lead Poisoning/Unintentional Injuries) are preventable and can be mitigated through home repairs/corrections
  – The economic burden of hazards in lower-income homes is significant (costs from asthma due to home dampness and mold was estimated at over several billion $ annually)
  – Targeted interventions based on household health issues result in measurable/repeatable outcomes
  – All in-home programs shall encourage staff to maximize relationships/referrals enhance customer service
Guiding resources

Colorado Healthy Housing Coalition:
A Call to Action

- The Community Guide Toolbox

Advancing Healthy Housing
A STRATEGY FOR ACTION
2012
A Report from the Federal Healthy Homes Work Group

- Housing Interventions and Health:
A Review of the Evidence

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

National Center for Healthy Housing
Coordinated Federal Action Plan to Reduce Racial and Ethnic Asthma Disparities
Asthma-related emergency department hospitalization rates by age group and expected payer source (2012)

Source: Hospital Emergency Department Dataset, Colorado Hospital Association. Prepared by Health Statistics Section, Colorado Department of Public Health & Environment
CDC estimates the national average cost for Medicaid/Children’s Health Insurance Program (CHIP) asthma-related pediatric Emergency Department (ED) visit at $433 and estimated in 2010, Colorado spent approximately $4,451,000 for such visits for children aged 0–17 Years.
Starting a Coalition

Build Relationships

State and Local Environmental Health Programs - find a few champions with each agency that are passionate about providing evidenced-based services to this population.

State and Local Affordable Housing Entities - link addressing health to their fiscal bottom line.

Medical providers and hospitals - improve health outcomes and reduce duplication.

Insurers - explain how your efforts can save them money.
Colorado Landscape

- Colorado Department of Healthcare Policy and Financing (HCPF)
- Accountable Care Collaborative (ACC)
- Managed Care Organizations (MCO)
- Fee for Service (FFS)
- 7 Regional Care Collaborative Organizations (RCCO)
How do we bring reimbursement to Colorado?

To date, we have:

- Determined the key players & gauged interest
- Identified existing approaches, evidence base, and business case
- Brought the players together - Asthma Summit
- Created actionable next steps with partners identified
- Documented the value proposition, logic model, and evaluation tools
Where we are now

• In talks with the Accountable Care Collaborative to gain approval for reimbursement

• Working with Children’s Hospital Colorado to as they begin a 3 year pilot which includes home visits

• Discussing home assessment capacity with local health departments
What we have yet to do

• Obtain approval for reimbursement
• Determine training/certification of home assessors that will be acceptable to the ACC
• Determine what reimbursement will cover
• Expand partnerships with CDBG/other funding sources to refer extensive home remediations
• Scale model to entire state
Tools, Resources and Processes we are using

• Value Proposition - using Asthma Community Network’s example as our guide
• Assessment plan
• Logic Model
**Program: In-Home Environmental Assessments for Asthmatic Children Covered by Medicaid Logic Model**

**Situation:**

Colorado children who are covered by Medicaid are more likely than those with private insurance to have ED visits and inpatient hospitalization admissions related to asthma. Children less than 13 years old with Medicaid have higher rates of asthma-related inpatient hospitalizations compared to children with private insurance. The asthma-related ED hospitalization rates for children less than 18 yrs old with Medicaid are significantly higher (1.7 times) than children with private insurance.

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<thead>
<tr>
<th>Inputs</th>
<th>Activities</th>
<th>Outputs</th>
<th>Participation</th>
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<tbody>
<tr>
<td>Healthy Housing Coalition partner agencies</td>
<td>Home-based Assessments</td>
<td>Asthmatic Children in Colorado covered by Medicaid (under age 18)</td>
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<tr>
<td>Colorado Health Care Policy and Financing – HCPF (Medicaid)</td>
<td>Home Visits</td>
<td>Parents of children diagnosed with Asthma</td>
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<tr>
<td>Medicaid Providers</td>
<td>Patient/Parent/Family education</td>
<td>Health Care Providers</td>
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<td>Medicaid Case-management agencies, both public and private</td>
<td>Low level remediation</td>
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<td>Local Environmental Health Agencies</td>
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<td>Asthma Coalition</td>
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<th>Short</th>
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<th>Long</th>
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<tbody>
<tr>
<td>Establish a consistent protocol for in-home assessments</td>
<td>Increase access to evidence-based management practices for asthmatic children covered by Medicaid</td>
<td>Financial return for each dollar invested</td>
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<td>Parents increase understanding of how behavior and environment impacts asthma symptoms</td>
<td>Reduce number of days and nights with asthma symptoms</td>
<td>Fewer ED visits, hospital admissions/re-admissions, ICU admissions, &amp; unscheduled clinic/doctor’s visits</td>
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<td>Reduce asthma triggers in the home</td>
<td>Reduce number of school days missed among children</td>
<td>Improve parent and child quality of life</td>
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<tr>
<td>Increase adherence to asthma treatment action plan</td>
<td>Reduce number of missed work days among parents</td>
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**Assumptions**

Project outcomes will align with Colorado Health Care Policy and Financing (Medicaid) priorities; Affordable Care law will give more flexibility to Medicaid to allow case management agencies to participate; Medicaid Providers will recognize the intervention as an improvement to patient care.

**External Factors**

Time and availability for case management agencies or case managers to provide additional services/assessment.
Lessons Learned

• Be proactive, but allow the process to be organic
• Engage the right people
• Utilize the evidence base and best practices already out there
• Allow for variability based on unique state structures
• Maximize windows of opportunity
• Build effective coalitions
Coalition Contact Information

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Abby Hugill - Abby.D.Hugill@hud.gov

Colorado Healthy Housing Coalition - cohealthyhousing@googlegroups.com

Investments to improve the quality of housing can save billions in health care costs and improve quality of life.
Thank You!

“The connection between the health and the dwelling of the population is one of the most important that exists.” - Florence Nightingale
Speaker Insights
Poll Question

What actions will you take to secure coverage for your program?

- Research sustainable financing opportunities in my state: 29%
- Explore partnerships with programs in my community: 28%
- Reach out to state/local agencies to begin a dialogue: 25%
- Review the resources on AsthmaCommunityNetwork.org: 18%
Conclusion of the Webinar

Securing Coverage for In-Home Asthma Care Services

**Moderator:** Tracy Washington Enger, U.S. Environmental Protection Agency

**Presenters:**
- Amanda Reddy, National Center for Healthy Housing
- Abby Hugill, U.S. Department of Housing and Urban Development
- Jill Bednarek, Healthy Living Branch, Colorado Department of Public Health and Environment