Where Financial Sustainability Exists and Why

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Where Financial Sustainability Exists and Why

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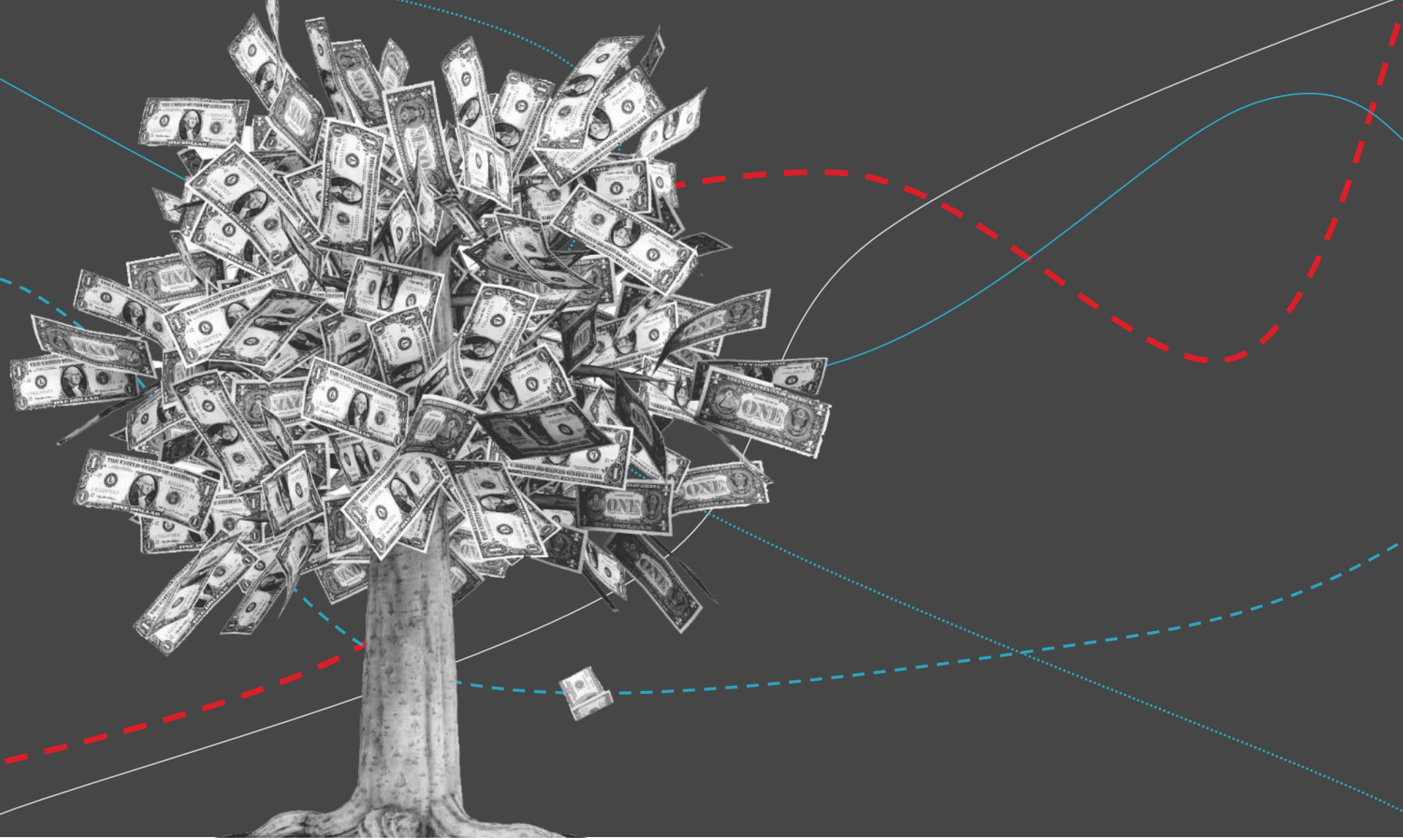


September 2015

The Healthcare Financing Landscape for Healthy Homes Services

HOME-BASED ENVIRONMENTAL ASTHMA INTERVENTIONS:
A Key Component of Evidence and Guideline-Based Care

Better, evidence-based care

Improved quality of life

Reduced costs

Improved morbidity

Reform:
Healthcare Financing of Healthy Homes Services

- 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?

The resource library, technical briefs and survey were made possible through a contract between the American Public Health Association and the National Center for Healthy Housing, funded through cooperative agreement 1U38OT000131 between the Centers for Disease Control and Prevention and the American Public Health Association. The contents of the resource library, technical briefs and survey are solely the responsibility of the authors and do not necessarily represent the official views of the American Public Health Association or the Centers for Disease Control and Prevention.

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

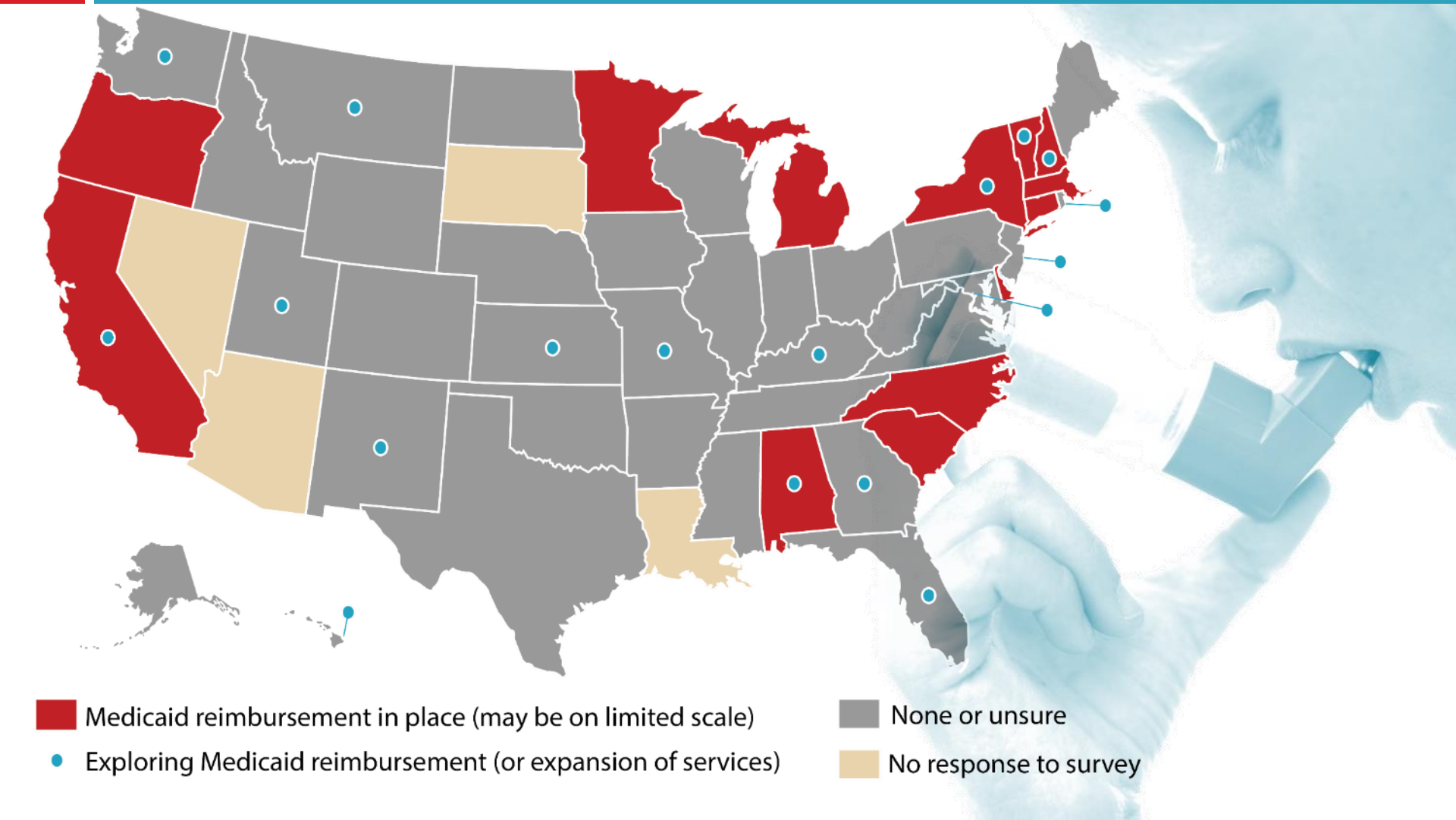
19

states are exploring Medicaid reimbursement for home-based asthma services (or an expansion of existing

37

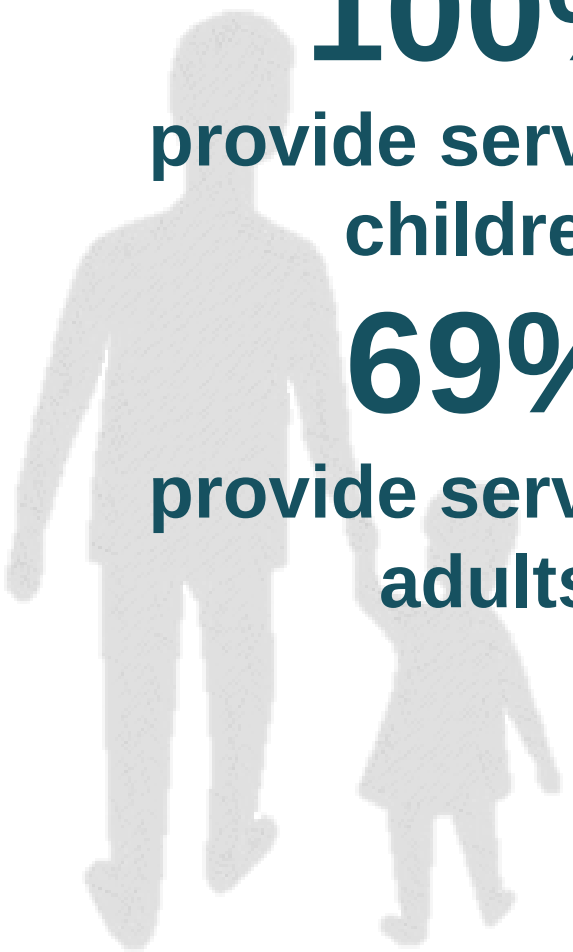
states reported that no services are in place or the respondent was not sure whether services were in place or the state did not respond to the survey

Current State of Play: ASTHMA



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%

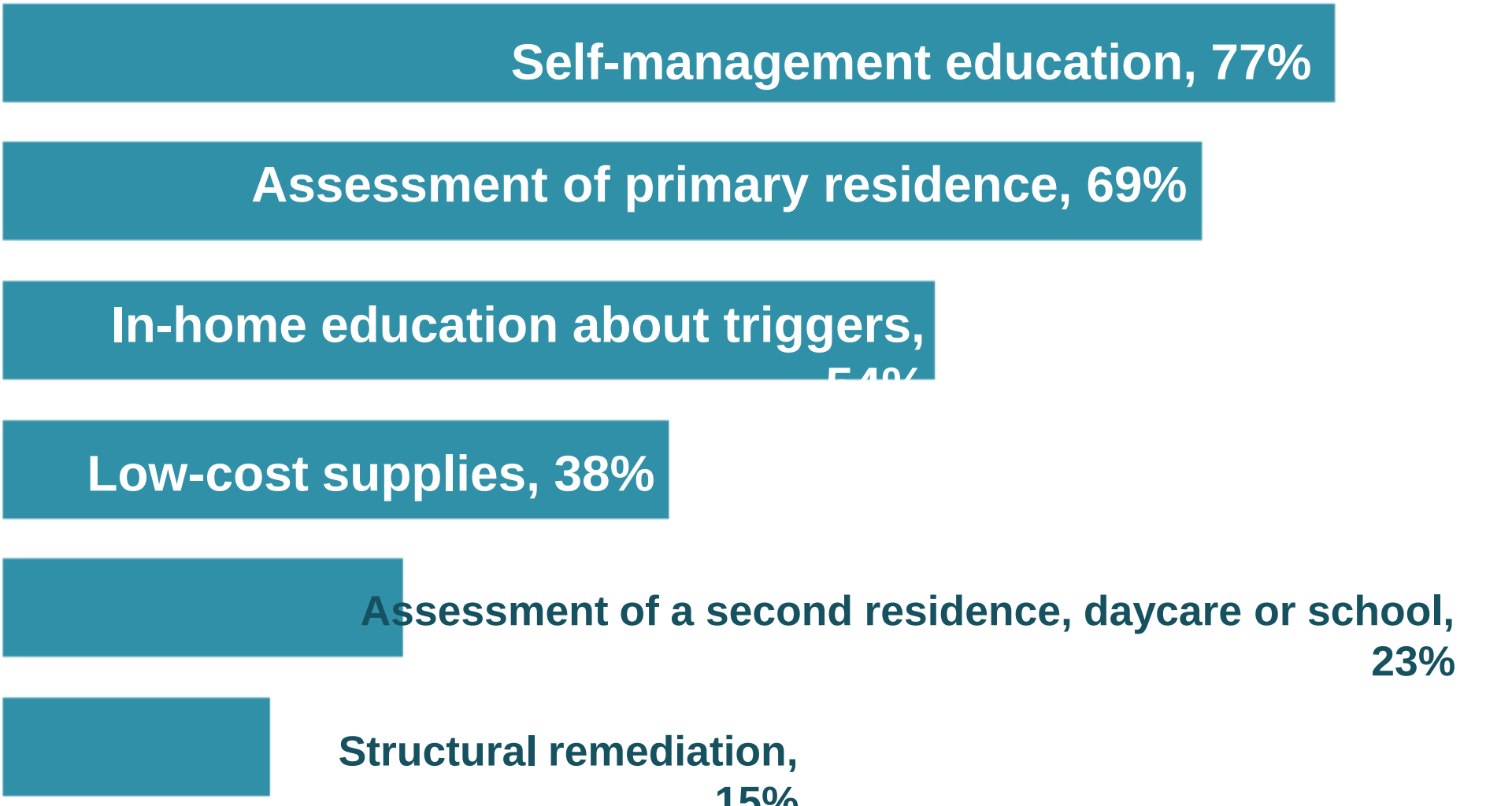
provide services to adults

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)



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,
- 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%

How many visits?
How much reimbursement?

Variable data quality. Interpret with caution!

NUMBER OF VISITS:

1-10 visits

Most states reported a range of possible number of visits. The minimum number of visits reported was 1 and the maximum number was 10 visits.

REIMBURSEMENT AMOUNT:

$80.98-$200 per visit

Most states reported a range of per visit reimbursement levels. Combined with the range of possible number of visits, this translates roughly into a total reimbursement range of $162-$1,000 per

ratings)

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

- Credible information about potential costs and savings (3.7)
- Credible information about 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)

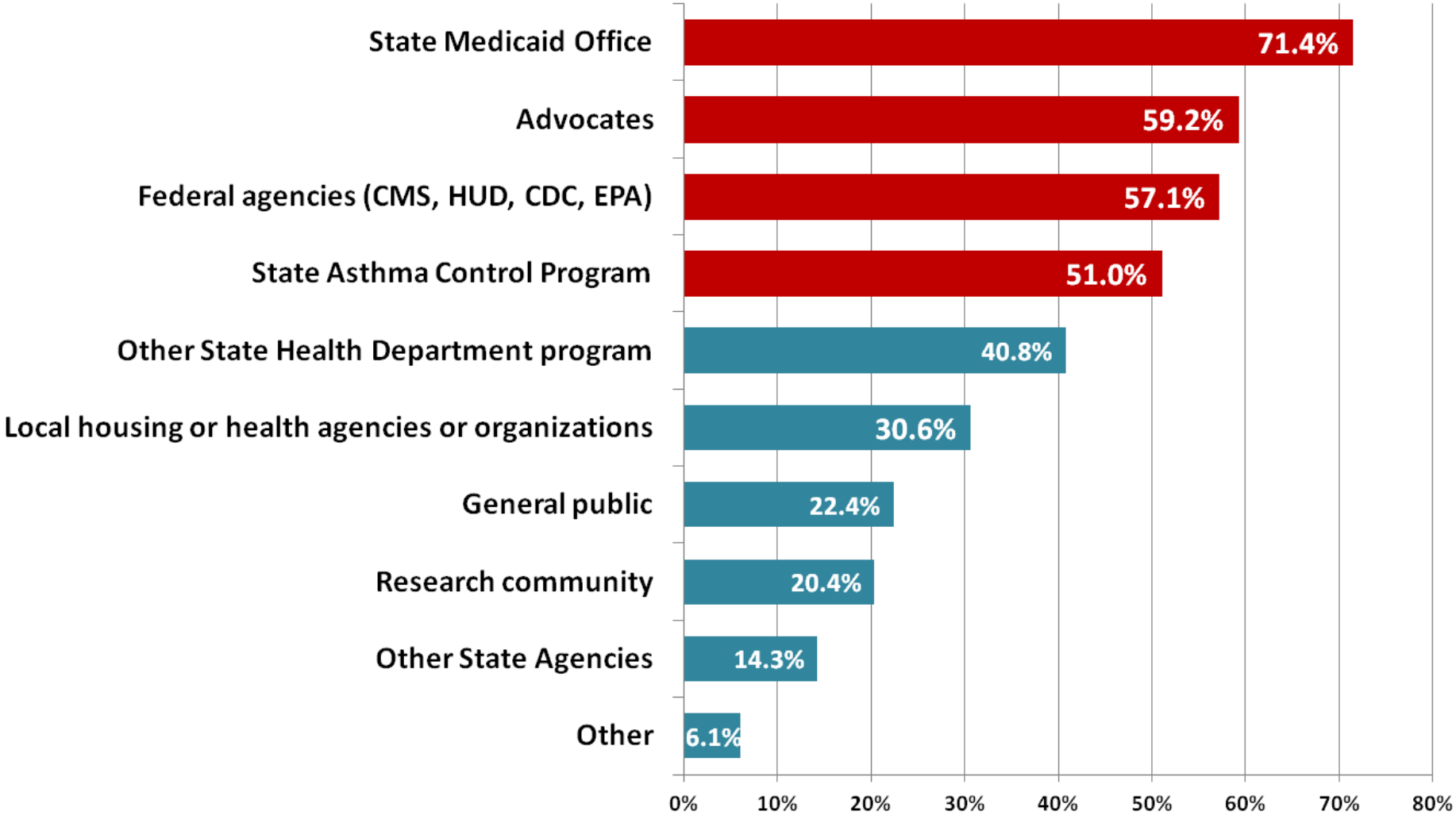
- Promotion of service by State Asthma Control Program (3.3)
- Established workforce infrastructure to deliver services (3.3)
- Information/evidence from local/regional pilots (3.3)
- Credentialing infrastructure for eligible providers (3.3)

- 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 from external stakeholders (3.0)
- NAEPP clinical guidelines (3.0)
- CDC Community Guide (3.0)

Most influential groups



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

Typical Avenues

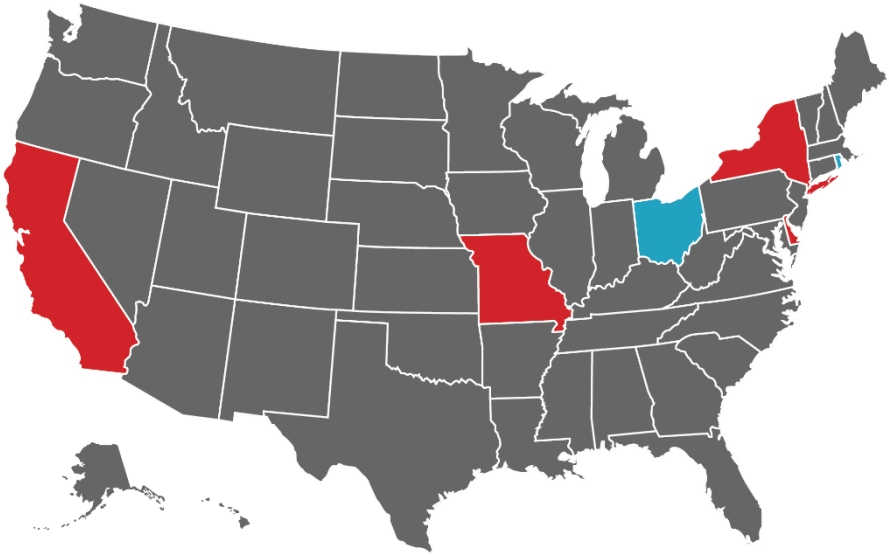
Healthcare Financing of Healthy Homes Services

- Medicaid Managed Care contracts or incentives
- Reimbursement for direct services
- Medicaid Administrative Claiming
- Other programs and emerging opportunities
  - EPSDT
  - Health homes
  - Accountable Care Organizations (ACOs)
  - Essential Health Benefits Rule change
  - Hospital Community Benefits
  - Social Impact Bonds

SOME, BUT NOT ALL, OF THESE AVENUES REQUIRE CHANGES TO A STATE MEDICAID PROGRAM (THROUGH A SPA OR WAIVER).

EXAMPLES
Other Sustainable Financing

- **New York**
  - State General Fund
    - Healthy Neighborhoods Program
    - Regional Asthma Coalitions
- **Montana**
  - Tobacco Master Settlement Agreement
    - Awarded by state legislature
- **Massachusetts**
  - Prevention and Wellness Trust
    - Part of state healthcare reform, funded by tax on hospitals



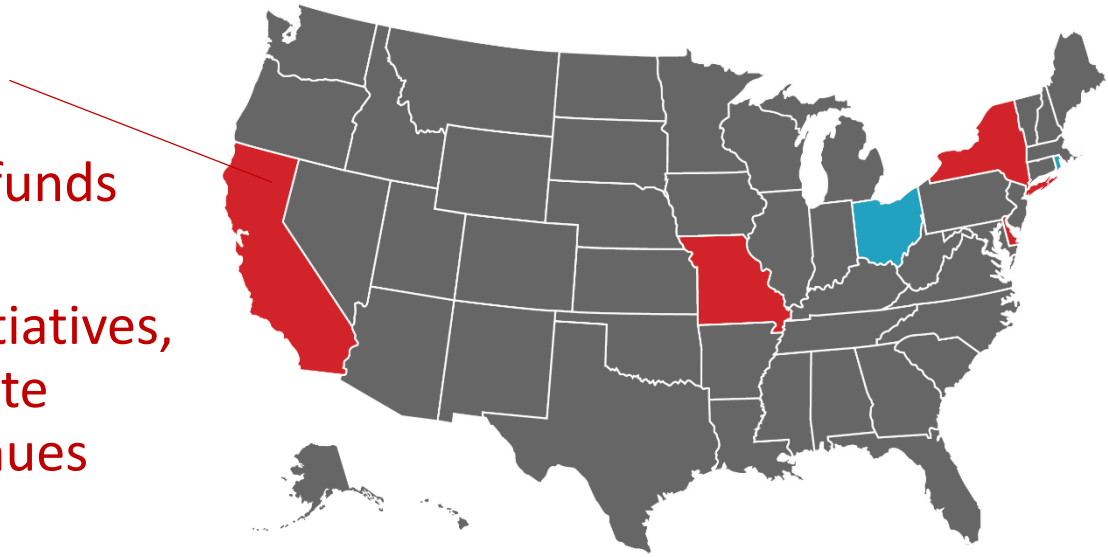
Case Studies in Progress

Healthcare Financing of Healthy Homes Services

Four more asthma case studies to be developed

CA

Asthma



Payment type: Administrative funds

Other funding sources: grants, hospital community benefit initiatives, social impact financing, and state funding from tobacco tax revenues and a 2005 settlement with BP

Geographic coverage: Select number of managed care plans

Eligibility: Adults and children; generally targeted to higher-risk patients

Services covered: Assessment, education, referrals, supplies through other funds

Staffing: Nurses, RTs, AE-Cs, CHWs, MSWs

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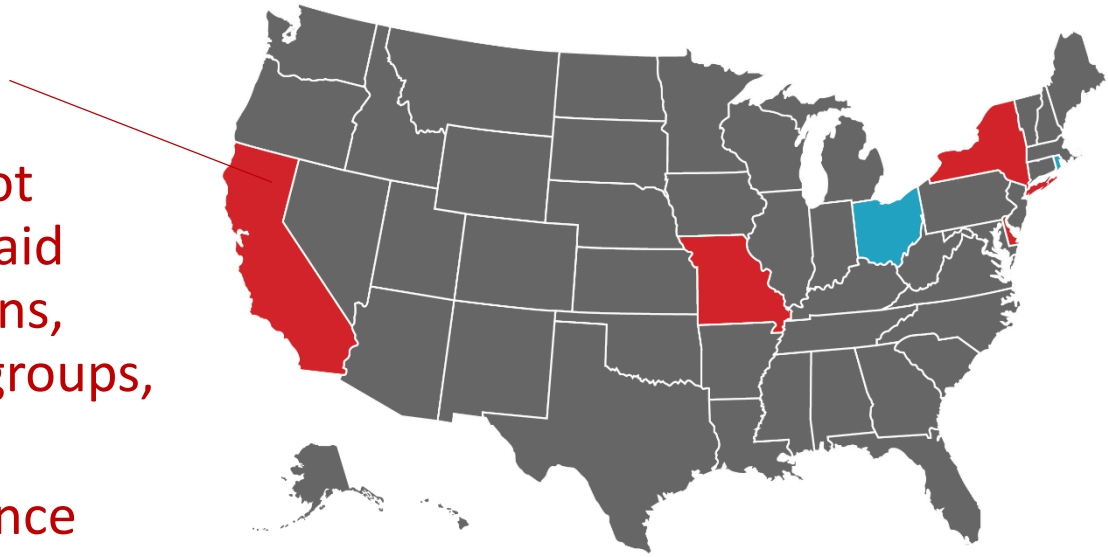
Asthma



Barriers: lack of funding for pilot projects, confusion over Medicaid billing codes, workforce concerns, MCO contracts with Medicaid groups, and insufficient infrastructure

Lessons learned: need for balance between scaling up and maintaining local flexibility

Emerging opportunities: 1115 waiver renewal,discussions about expanding the role of nontraditional workers, initiatives funded by the CDC National Asthma Control Program, and the state's plan for implementing Health Homes for Patients with Complex Needs

Case Studies in Progress

Healthcare Financing of Healthy Homes Services

Four more asthma case studies to be developed

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www.nchh.org/resources/healthcarefinancing.aspx
www.nchh.org/Resources/HealthcareFinancing/Snapshot.aspx

National Center for Healthy Housing

Where Financial Sustainability Exists and Why

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Multnomah County Healthy Homes

Sustaining Healthy Homes Programs
California Asthma Forum

Kim Tierney, Program Supervisor,
Healthy Homes and Families
Multnomah County
Environmental Health Services

Healthy Homes Program Models:

- ***2005 HUD Demonstration Grant - Healthy Homes Asthma Program*** - Six month nursing case management program serving low income children with asthma. The nurse serves as the case manager and community health worker provides environmental interventions. Both refer and link to community services. Program is largely funded through Targeted Case Management through Medicaid.

- ***2009 Asthma Inspection and Referral Program (AIR)*** 2009 – One time visit by EHS with report to families and referring providers – funded through county general fund

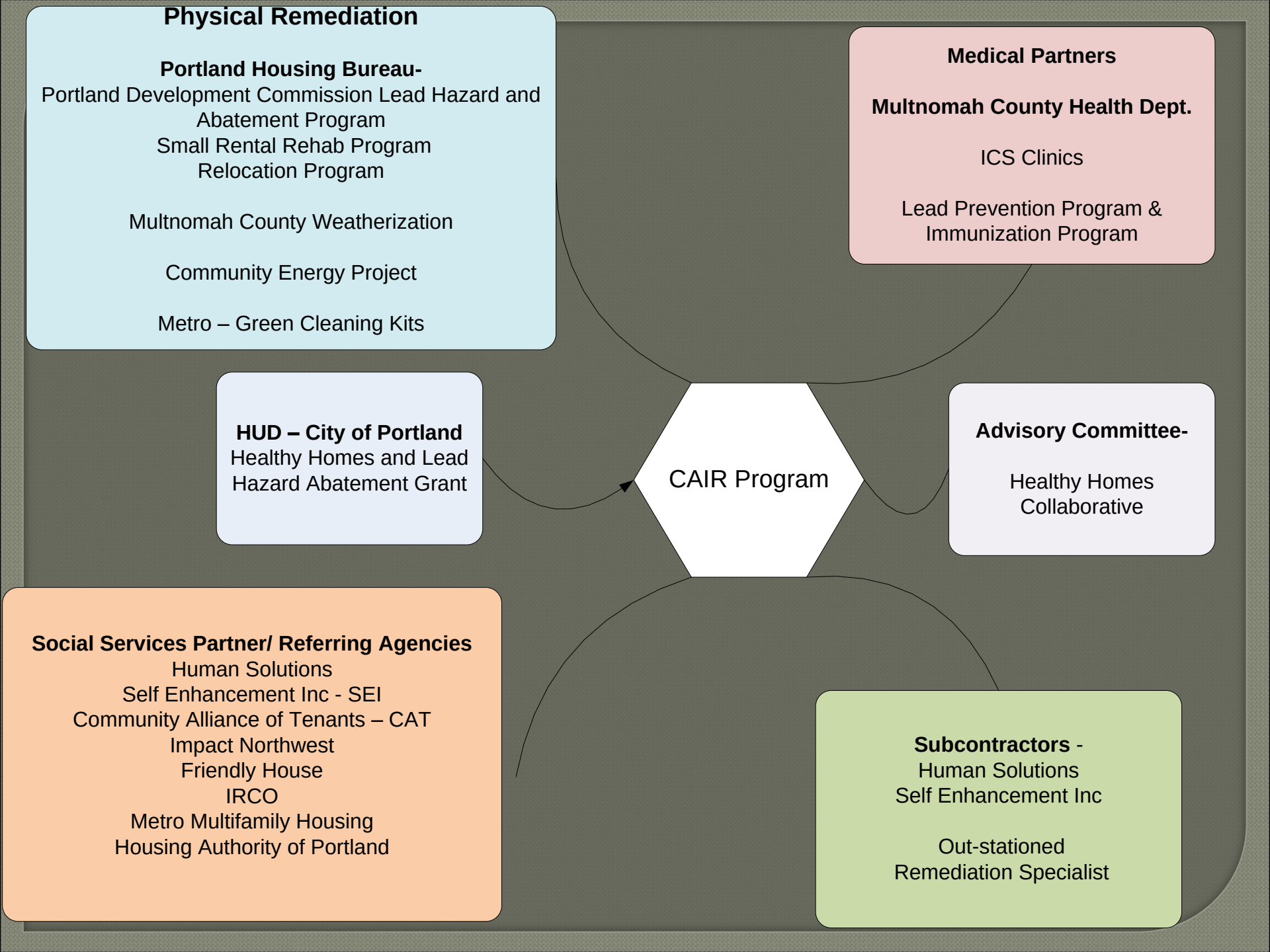
- ***2009 HUD Healthy Homes Demo Grant – CAIR*** – Six month program served children with asthma and other environmentally caused health conditions. CAIR program worked with community partners to provide small home repair, access to medical care, and linkages to social services, including relocation. The case manager was a community health worker who referred to a nurse for health care concerns and an EHS for physical home repair. Like Healthy Homes there was a budget for supplies.

Healthy Homes Program

- Multidisciplinary team with a nurse case manager and CHW
- Provision of supplies including vacuum cleaners, green cleaning kits, encasements ($336)
- Environmental education & behavioral intervention
- Linkage and referral to community partners who assist with weatherization or relocation
- Evaluation component that measures return on investment, cost savings, and quality of life.

CAIR Program

CAIR was a Healthy Homes program that works with community partners to provide small home repair, access to medical care, and linkages to social services, including relocation. The case manager was a Community Health Worker who referred health care concerns to a nurse and physical home repair needs to an REHS/Housing Insp.

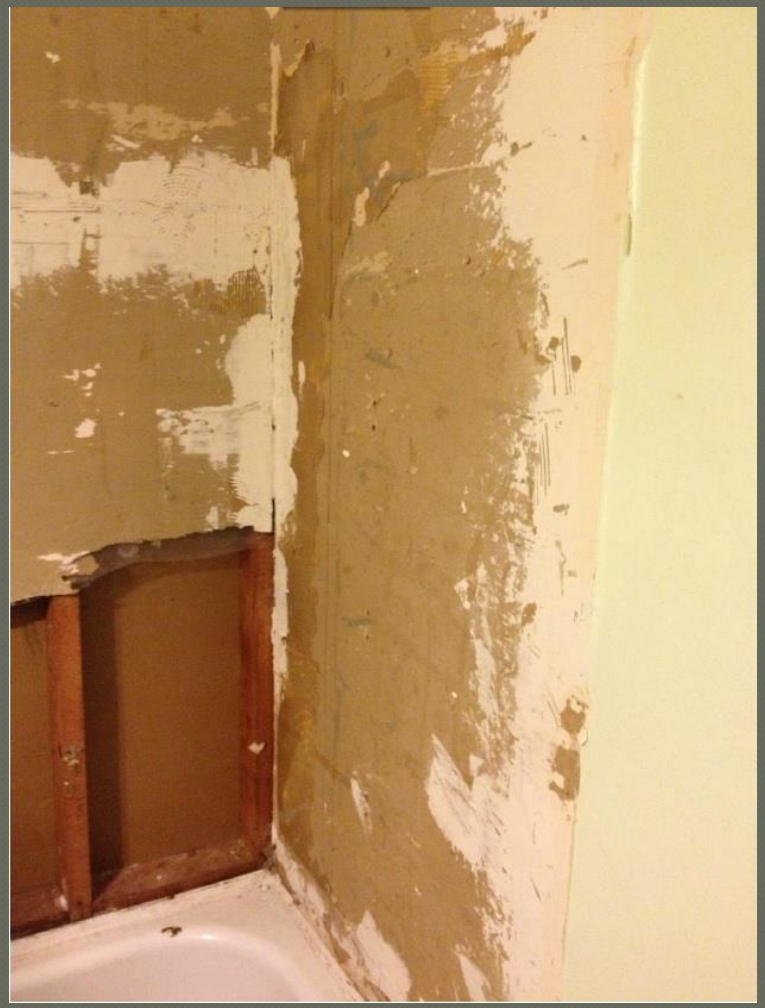

Physical Remediation
Portland Housing Bureau-
Portland Development Commission Lead Hazard and Abatement Program
Small Rental Rehab Program
Relocation Program
Multnomah County Weatherization
Community Energy Project
Metro – Green Cleaning Kits
Medical Partners
Multnomah County Health Dept.
ICS Clinics
Lead Prevention Program & Immunization Program
HUD – City of Portland
Healthy Homes and Lead Hazard Abatement Grant
CAIR Program
Advisory Committee-
Healthy Homes Collaborative
Social Services Partner/ Referring Agencies
Human Solutions
Self Enhancement Inc - SEI
Community Alliance of Tenants – CAT
Impact Northwest
Friendly House
IRCO
Metro Multifamily Housing
Housing Authority of Portland
Subcontractors -
Human Solutions
Self Enhancement Inc
Out-stationed
Remediation Specialist

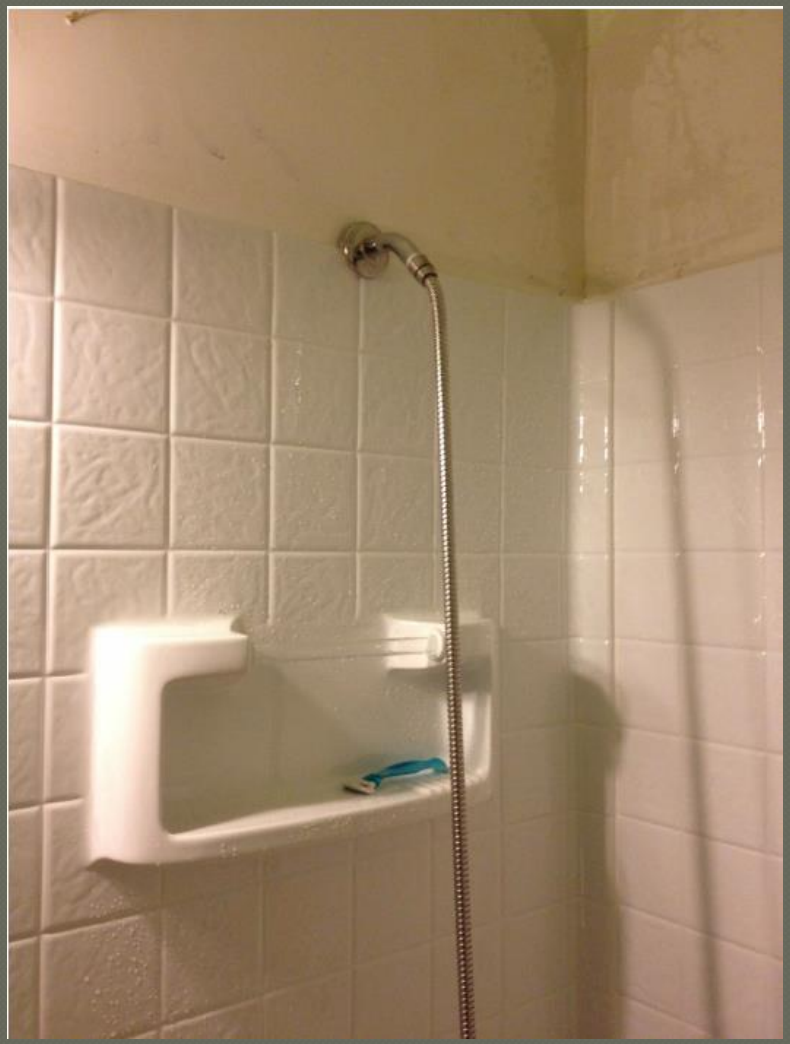
Partnership Success Story

- **CAIR Program**
  - Conducted Nursing Case Management. •Provided medical supplies. • Dust containment. • Mold and moisture mitigations, increase ventilation, monitor humidistat. • Childproofing, smoke alarms, and general home safety.

- **Partner Support:**
  - **OHP Transportation –** medical transportation
  - **Community Warehouse –** Replaced moldy household furnishings
  - **SEI –** Energy assistance
  - **REACH - Physical repair** - Replaced kitchen sink drain, bathtub and bath vanity lines.• Replaced old gutter to direct water to front yard.• Replaced foundation vent screens with 1/4" mesh.• Replaced broken vinyl window sash. Replaced window.

Before and After Intervention





Multnomah County's Lessons Learned

- Outline how each partner benefits
- Develop streamlined referrals between agencies
- CDBG dollars may be available for help with repairs, relocation, flexible use
- Not all partners have the same timelines
- Work together to eliminate leverage resources
- Job shadow when possible
- Sharing staff increasing access to resources and referrals
- Much greater need for nursing and home repair

Goal: Secure Sustainable Funding for Healthy Homes Interventions

Method:

- To develop a Healthy Homes Targeted Case Management by amending the State Health Plan
- Provide opportunities for other Health Departments to provide this service

Key steps to sustainable funding

- Research national efforts
- Measure outcomes
- Communicate Return on Investment (ROI)

- Convene and enlist support from:
  - Directors of Managed Care Plans
  - Politicians
  - Champion within Medicaid Program

- Identify key steps to implementing Targeted Case Management

Key steps to sustainable funding

- Develop a plan and timeline and coordinate monthly meetings with DMAP staff.
- Review other TCM programs
- Analyze policy to determine billable activities
- Submit a State Plan Amendment (SPA) waiver to Center for Medicaid Services
- Implement immediate time study
- Negotiate rate with DMAP
- Begin TCM!

Targeted Case Management (TCM) Implementation

- Develop TCM Chart Forms/Standards
- Develop Billing System
- Develop Workflow
- Quarterly Time Studies
- Evaluate Program
- Audit Charting
- Revise Productivity down
- Revise Costs upward

TCM Healthy Home - Risk Criteria

Target group: Medicaid eligible children with poorly controlled asthma or a history of environmentally induced respiratory distress which can result in a life threatening asthma exacerbation or exacerbation of respiratory distress.

Risk factors could include, **but are not limited to**:

- (a) Unscheduled visits for emergency or urgent care;
- (b) One or more in-patient stays;
- (c) History of intubation or Intensive Care Unit care;
- (d) A medication ratio of less than or equal to .33;
- (e) Environmental or psychosocial concerns raised by medical home;

TCM Healthy Home – Description of services

Comprehensive assessment of individual needs:

- Taking client history;
- Evaluation of the extent and nature of recipient's needs (medical, social, educational, housing, environmental, including assessment for risk of lead exposure and existence of second hand smoke and other specified asthma triggers and irritants, and other services) and completing related documentation;
- Gathering information from other sources to complete assessment

Development of specific care plan

Monitoring and follow-up activities

Linking/Referral, etc

Reassessment

Healthy Homes TCM– Provider Requirements

- Licensed Registered Nurse
- Registered Environmental Health Specialist,
-
- Asthma Educator certified by the National Asthma Education and Prevention Program,
- Community Health Worker certified in the Stanford Chronic Disease Self-Management Program, or
- Worker working under the supervision of a licensed Registered Nurse or a registered Environmental Health Specialist.

Demonstrate Return on Investment Collect Data

- Emergency Room Visits
- Hospitalization
- Medication Ratio – Control to Rescue
- Change in Environmental Scores
- ACT or TRACK Scores
- Quality of Life questions
- Work or School Days lost

Healthy Home Program Results

Cost Savings ED Utilization for 100 children (80 cases + 20 siblings)

- 1.0 visits reduction per child
- 105 prevented visits
- $760*105 = $79,800 (2009 dollars)
- Adjusted for Oregon medical inflation rate (8%) for four years = **$108,567 (2013 dollars)**

Cost Savings Hospitalization

- (105 visits x 38%) x $8,970 (2010 hospitalization visit cost) = $941,850(2010 dollars)
- Adjusted for medical inflation rate = **$1,281,377 (2013 dollars)**

Parental Lost Wages

- $285 per day in lost wages in 2003 dollars with applied inflation at 3.2% = $390 per day x 2.5 days lost per asthmatic child = **$976 (2013 dollars) 976 *100 = $97,600**

*65 visits x $760 (Center for Financing, Access and Cost Trends, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey, 2009.)

**Hospitalization admissions per emergency department referral for children 0-5 with an asthma diagnosis are 38% from Multnomah County discharge data

Lessons Learned

- Sicker kids
- Younger kids
- Siblings
- Source of referrals
- Reimbursement per visit/not time increments
- Avoid limits on time in program and # visits

Future Trends

PAST AND PRESENT

- Fee for Service
- Targeted Case Management
- Return on Investment
- More visits
- Less clients
- Specialized services

AFFORDABLE CARE ACT

- Capitated System
- Global Budget
- Performance Metrics
- Shared data systems
- Less visits
- More clients
- More service integration

Questions and feedback:

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503 988 3663 x 22850

http://web.multco.us/health/healthy-housing

Where Financial Sustainability Exists and Why

Questions?

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 <u>you</u> do within the next month?**

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

CDC Community Guide

Minor to Moderate Intensity

COST: $231-$1,720 per participant

CBR: $5.30-$14.00:$1.00 invested

CER: $12-$57/Symptom-Free Day

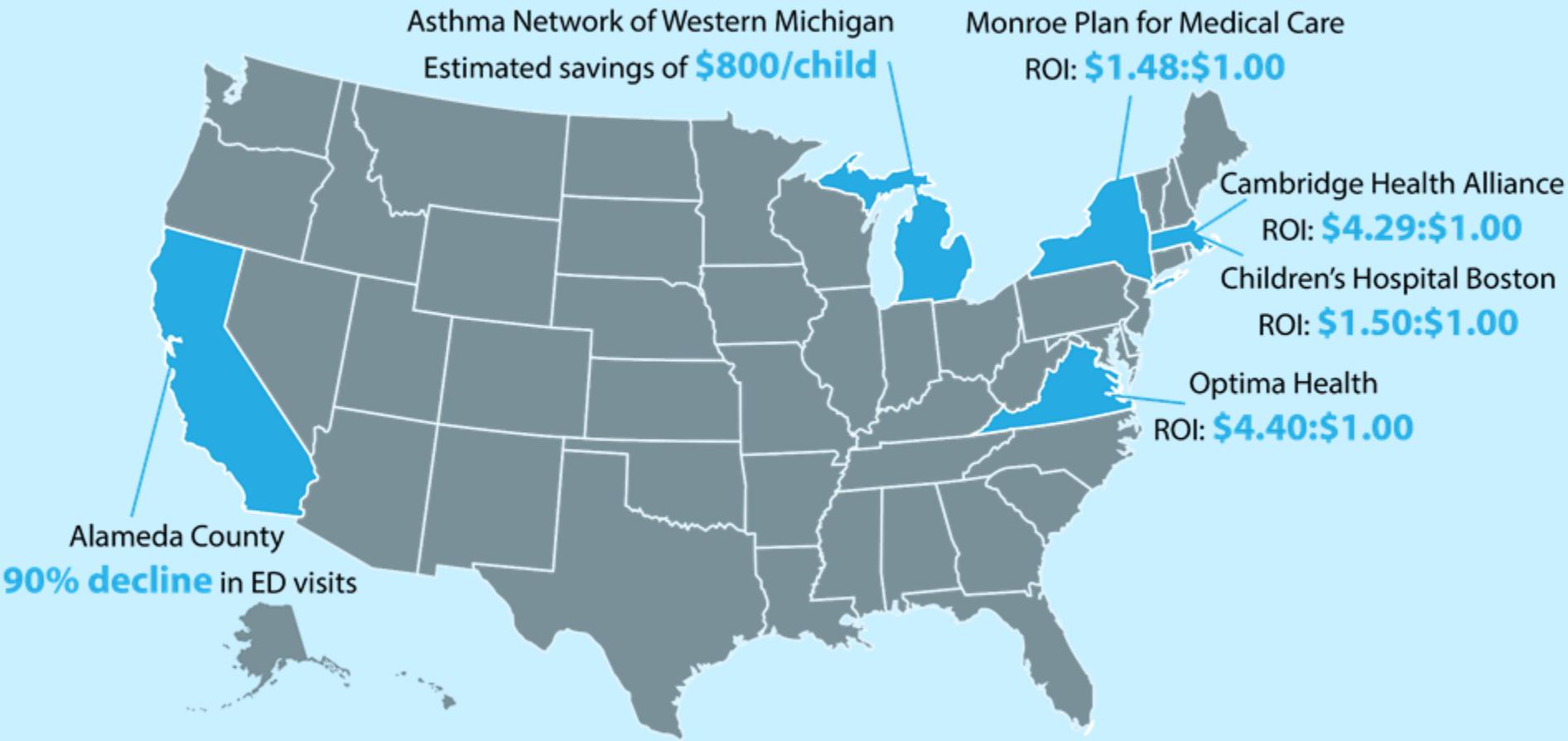
Major Remediation

COST: $3,796-$14,858 per participant

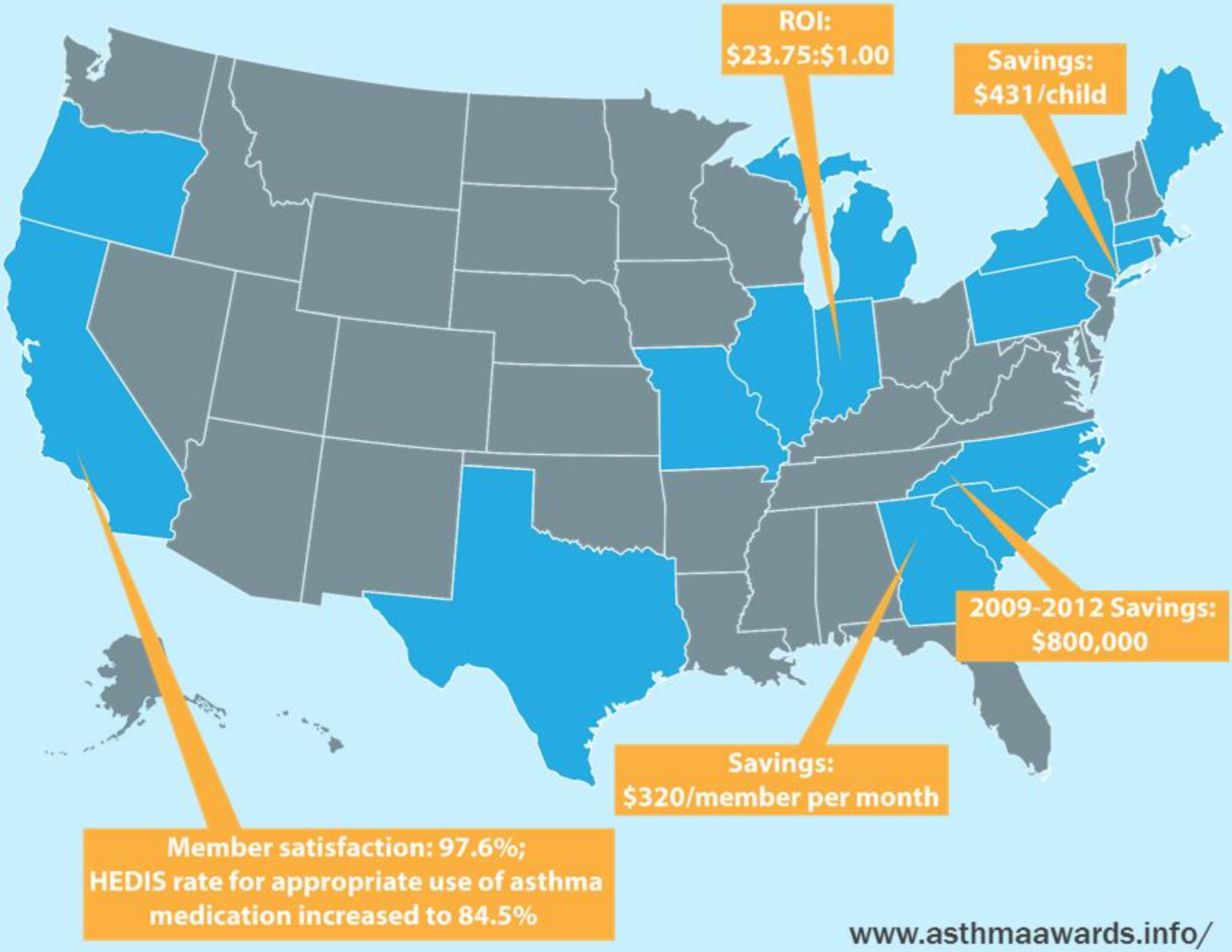
BENEFIT: More info needed.

www.thecommunityguide.org/asthma/supportingmaterials/Asthma%20Econ.pdf

ARC Business Case



http://asthmaregionalcouncil.org/wp-content/uploads/2014/02/2010_Investing-in-Best-Practices-for-Asthma-A-Business-Case.pdf


ROI:
$23.75:$1.00
Savings:
$431/child
2009-2012 Savings:
$800,000
Savings:
$320/member per month
Member satisfaction: 97.6%;
HEDIS rate for appropriate use of asthma medication increased to 84.5%
www.asthmaawards.info/

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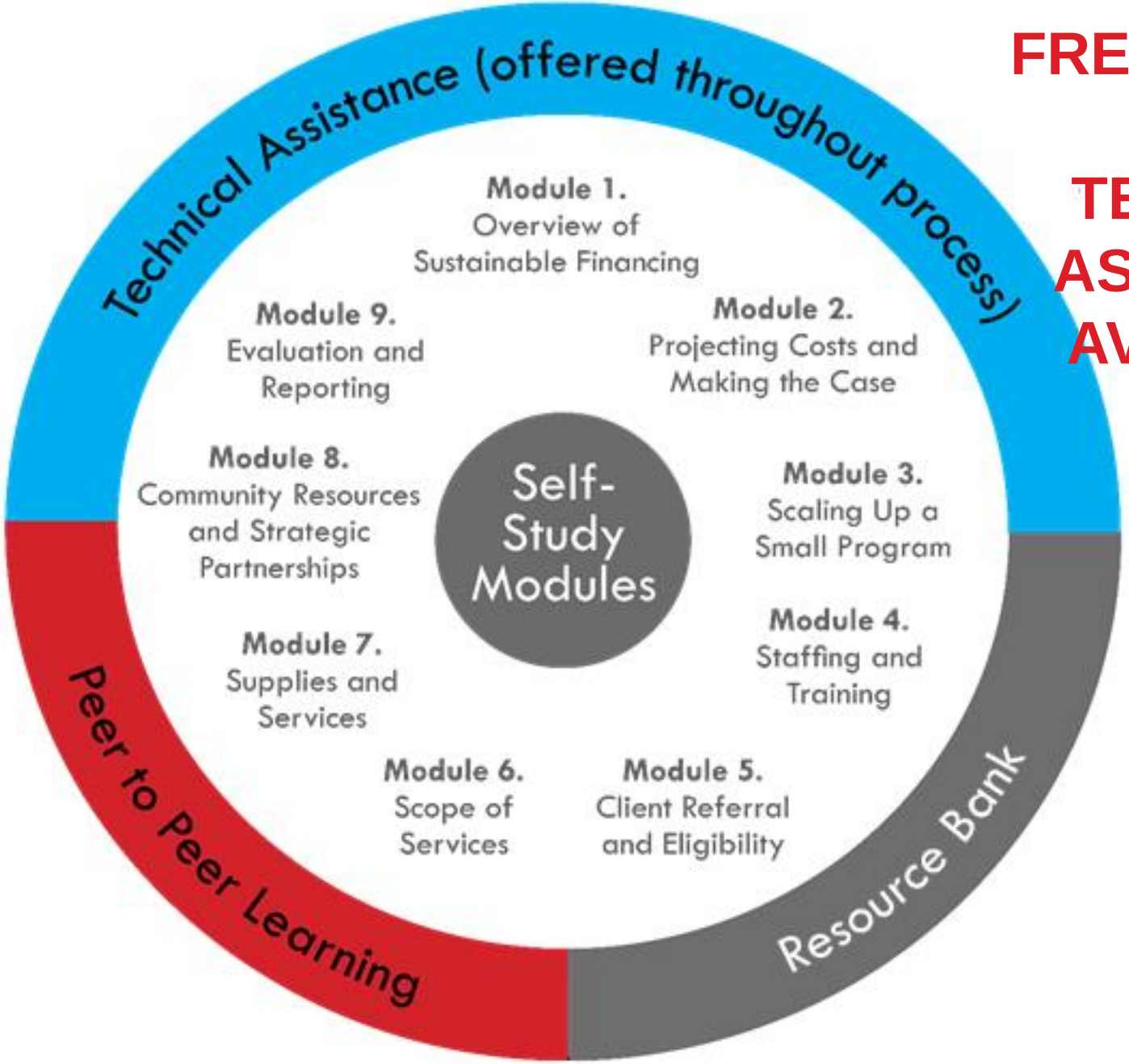

FREE TRAINING AND TECHNICAL ASSISTANCE AVAILABLE!

www.nchh.org/Program/EquippingStatesforReimbursement.as

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www.nchh.org/resources/healthcarefinancing.aspx
www.nchh.org/Resources/HealthcareFinancing/Snapshot.aspx

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