Communities in Action

NATIONAL ASTHMA FORUM

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Communities in Action – Assets for Delivering High Quality Asthma Care

A System Mindset

Changing pO_2licy:
The Elements for Improving Childhood Asthma Outcomes

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RESEARCH BY

THE GEORGE WASHINGTON UNIVERSITY
SCHOOL OF PUBLIC HEALTH AND HEALTH SERVICES

SUPPORTED BY

Merck Childhood Asthma Network

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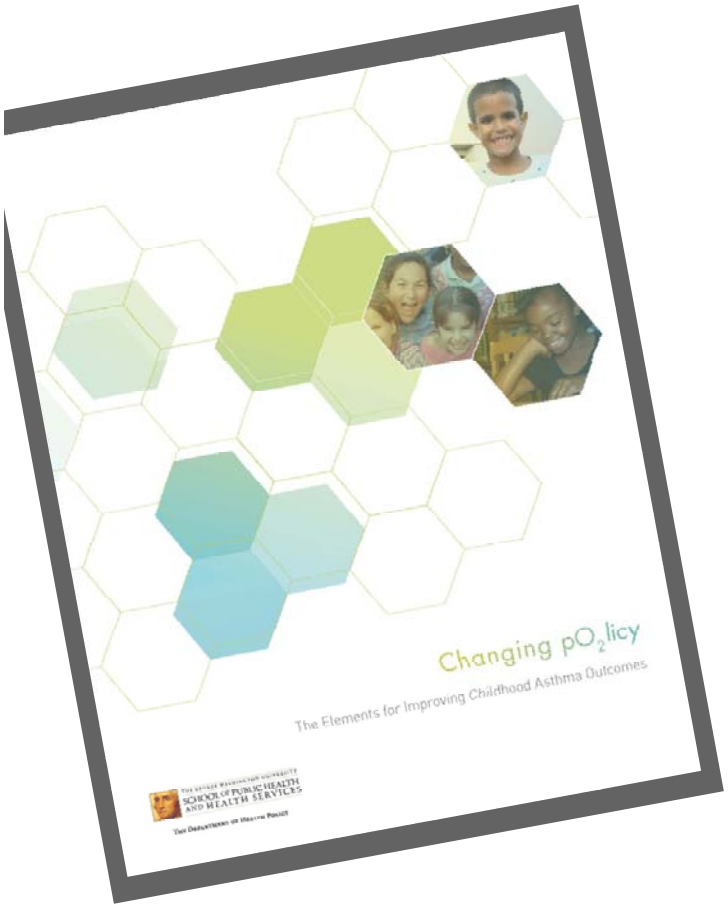

Key Findings

Focus on Controllable Factors

COVERAGE: 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

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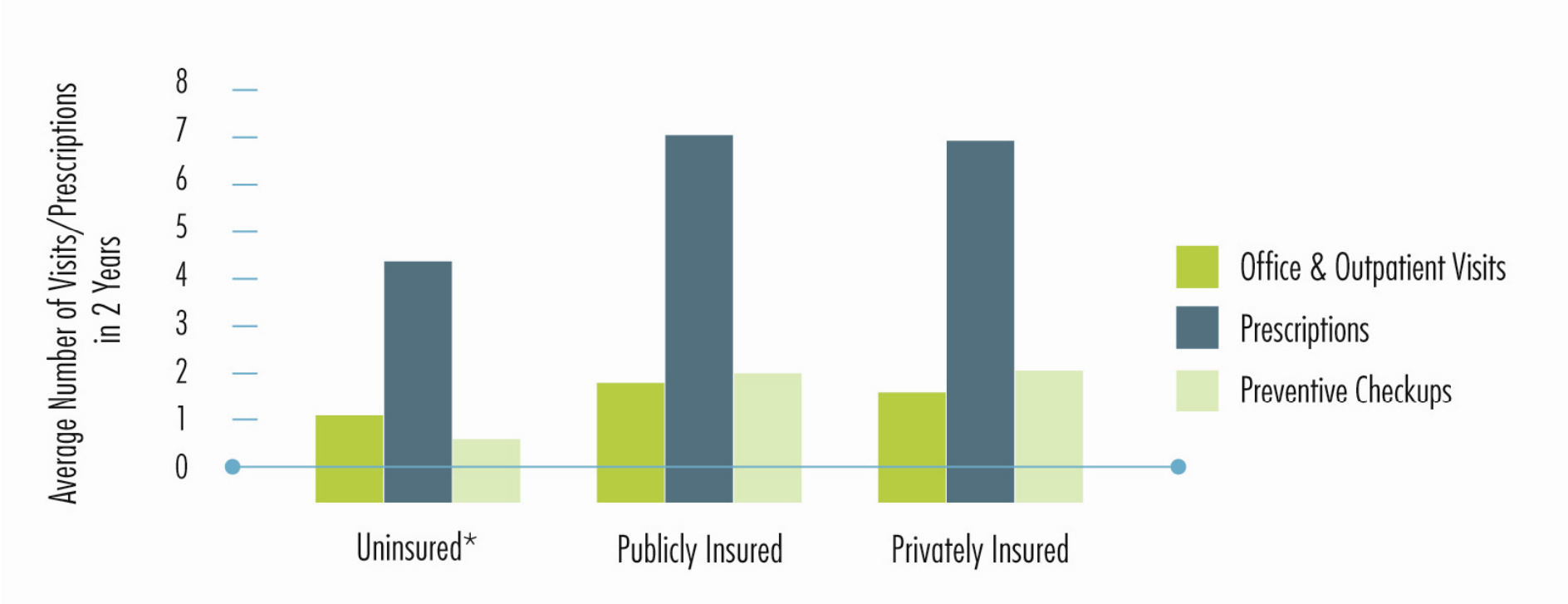
Extending eligibility to 300% FPL – as in 7 states now – covers an additional 1 million, including 180,000 with asthma

These two steps would cut the total # uninsured children with asthma by 75%

QUALITY: Factor #2

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

ENVIRONMENT: Factor #3

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

- Approximately 64% of children live in counties where the 8 hour ozone standard is violated at least 1 day annually
- Over 60% live in communities where 1 or more federal air quality standards are not met

DATA: Factors #4 and 5

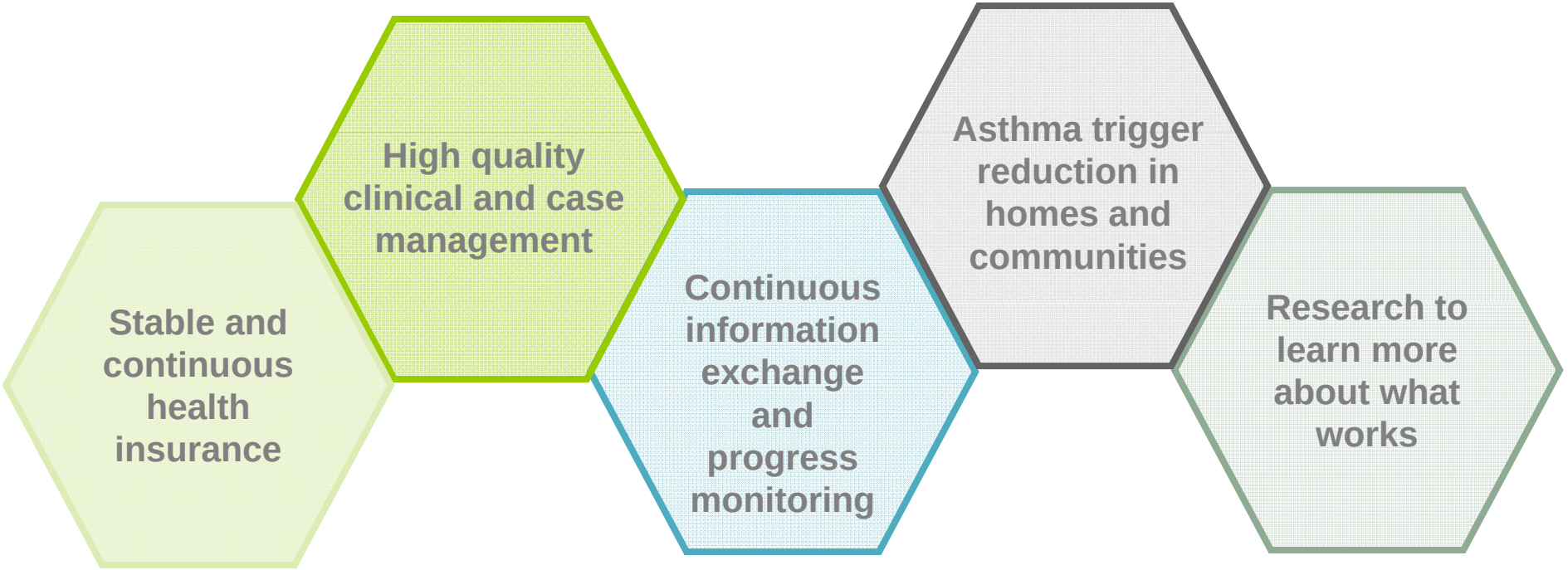
Absence of systematic means for monitoring asthma prevalence and treatment effectiveness at the local level and for deploying targeted resources to most burdened communities

- Prevalence of over 43% in West Brookfield in Massachusetts, compared to over 20% in 4 other communities and 5-15% in the remaining areas of the state

Lack of a coordinated research strategy

- NIH funding for asthma research decreased by 25% between 2005-2009 ($252 million in ’09)

Identified Priority Elements for Improvement



Improving Coverage: Specific Recommendations

Stable and continuous health insurance

- 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

Improving Quality: Specific Recommendations

High quality clinical and case management

- 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 or 1 in 8 have asthma

Improving Information Exchange & Progress Monitoring: Specific Recommendations

Continuous information exchange and progress monitoring

- Enhance asthma monitoring at the community level through linkages of existing data sources (e.g., vital statistics, hospital discharge data, Medicaid claims), local and regional model registries, uniform datasets
- 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

Asthma trigger reduction in homes and communities

- 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

Research to learn more about what works

- 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

State & Local Roles

- **Set Medicaid/CHIP eligibility** at least at 300% FPL
- **Eliminate waiting periods under CHIP** for any child with a clinical diagnosis of persistent or uncontrolled asthma
- **Guarantee 12-month continuous enrollment in Medicaid/CHIP**
- **Train and educate** clinical and non-clinical personnel about asthma
  - Assure that all children with asthma have an asthma management plan
  - Verify Medicaid and CHIP enrollment as part of every child's asthma management plan
  - Assure that all children with asthma have an asthma action plan as well as ongoing case management
- **Recognize payment of patient home visits** in cases where severity/control warrant trigger reduction
- **Include NAEPP guidelines** in managed care contracts
- **Require asthma management reporting** as a measure of clinical quality

State & Local Roles (Cont.)

- **Make asthma ED visit or hospital admission a reportable incident** to enable measurement of community-level severity
- **Use reported data** (1) to identify communities with highest pediatric asthma burdens for home, community/environmental and school health interventions and (2) to determine zoning and highway construction parameters
- **Deploy resources** related to the reduction of asthma triggers in home and community environments, including schools
- **Study**
  - **Effects** of medical home on ED visits, hospital admissions, treatment adherence for children with asthma
  - **Enablers/ barriers** to implementing science-based asthma guidelines and interventions in state-based health care systems; cost-effectiveness/savings associated with such implementations
- **Consider asthma as condition for pilot testing** pediatric Accountable Care Organizations (ACO), medical homes, bundled payment arrangements

Collaboration & Coordination are Key in More Effectively Addressing the Burden of Asthma

Primary Care
Specialty Care
Acute Care

Private Insurers
Public Payers

Education
School Health Services

CHILDHOOD ASTHMA PREVENTION DIAGNOSIS & TREATMENT MANAGEMENT

Environment

Housing

Public Health Surveillance
Public Health Programs
Public Health Research

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