

Partnerships to Promote Public Health-Health Care Collaboration and Reimbursement of Preventive Asthma Control Strategies

Air Pollution and Respiratory Health Branch

CDC Strategic Directions

Improve health security at home and around the world



LEADING CAUSES OF DEATH



Better prevent the leading causes of illness, injury, disability, and death

PUBLIC HEALTH-HEALTH CARE COLLABORATION



Strengthen public health/
health care collaboration



3 Buckets of Prevention

Traditional Clinical Prevention



Innovative Clinical Prevention



Total Population or Community-Wide Prevention

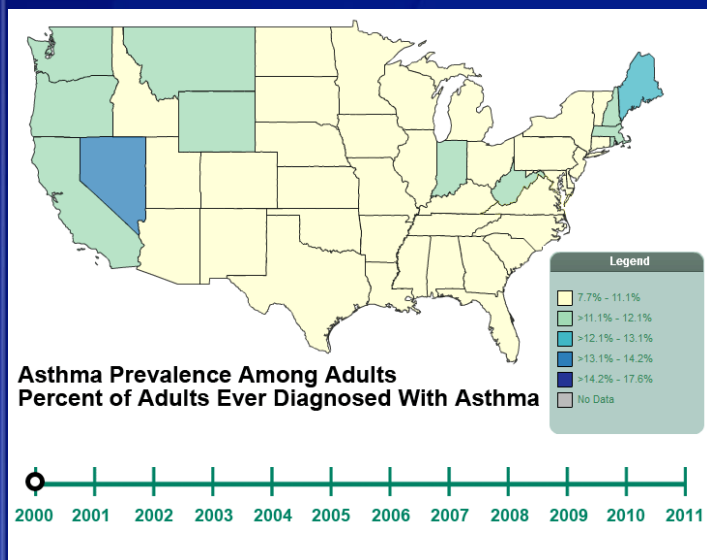


Health Care

Public Health



Asthma's Impact on the Nation



- Over 22 million affected
- Costs ~\$63 billion annually
- Higher prevalence: Black Americans (9.9%), Hispanics of Puerto Rican descent (14.6%), <100% of federal poverty level (10.9%)
- Asthma burden
 - 1.8 million emergency department (ED) visits
 - 439,000 hospitalizations
 - About 9 people die from asthma each day
- Burden can be reduced by controlling asthma

Sources: www.cdc.gov/asthma/most_recent_data.htm; Jang J et al., *Ann Allergy Asthma Immunol*, 2013; www.cdc.gov/asthma/impacts_nation/asthmafactsheet.pdf

Background

Comprehensive asthma control strategies can:

- ❑ Reduce emergency department visits by as much as 68%**
- ❑ Reduce hospitalizations by as much as 85%**
- ❑ Show a short-term positive return on investment**

Collaboration Within CDC

THE 6|18 INITIATIVE

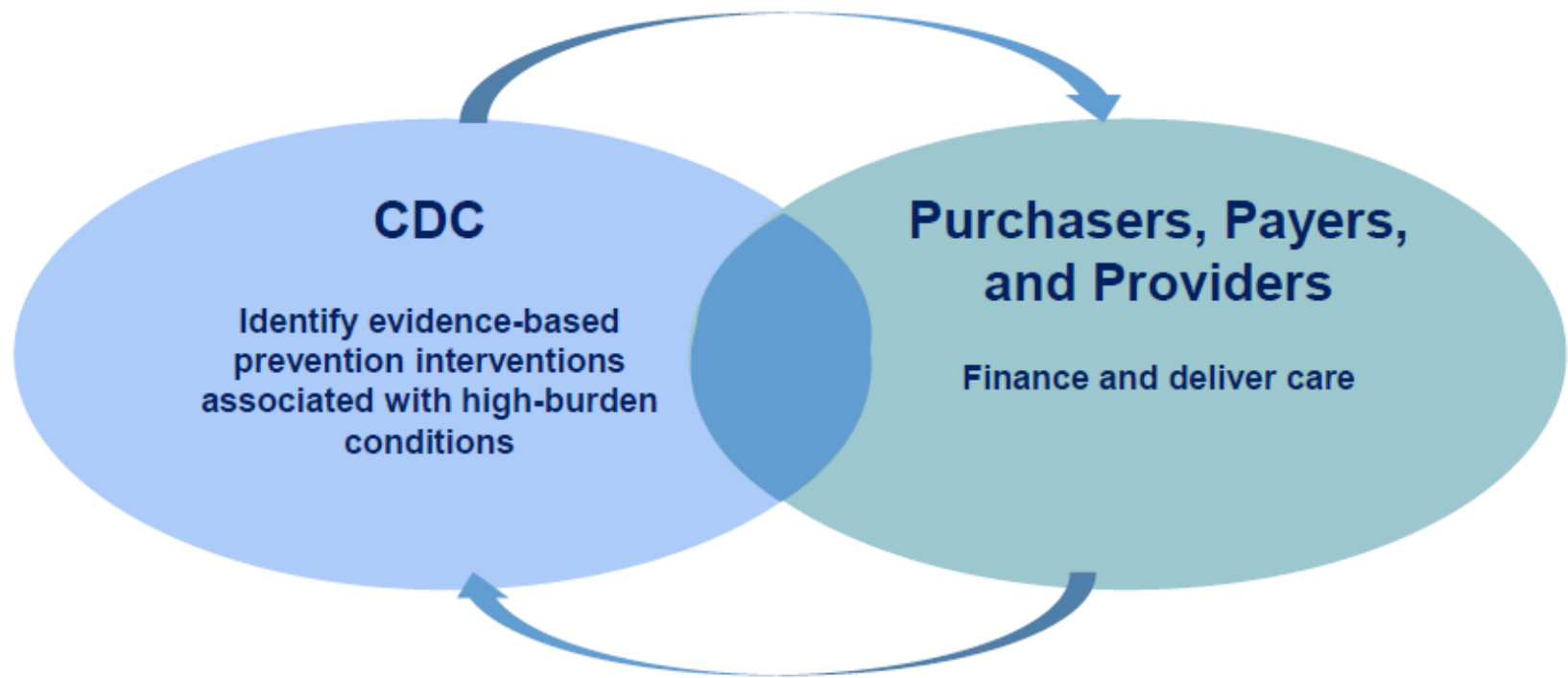
DIVISION OF ENVIRONMENTAL
HAZARDS AND HEALTH EFFECTS

Control Asthma



SIX WAYS TO SPEND SMARTER
FOR **HEALTHIER PEOPLE**

Promoting Collaboration Between Public Health and Health Care



Collaboration Within CDC to Engage Payers: Asthma Control Strategies

Promote evidence-based medical management following 2007 NAEPP guidelines

Promote strategies that improve access and adherence to asthma medications and devices

Expand access to intensive self-management education

Expand access to home visits by licensed professionals or qualified lay health workers

Collaboration Within CDC to Engage Payers: Asthma Control Strategies

Key Accomplishments

- Established and published evidence base for this approach
- National Governors Association Paper “Health Investments That Pay Off: Strategies for Addressing Asthma in Children”
- CDC’s National Asthma Control Program White Paper “Developing a Business Case for Asthma Services in Your State”

Lessons Learned

- Both cost and quality can be valuable to health plans
- Building on existing partnerships and infrastructure can facilitate progress
- Using health plan analytics can be helpful to identify those at high risk
- Targeting individuals at higher risk can yield a higher ROI

Visit the 6|18 Website

[CDC.gov/SixEighteen](https://www.cdc.gov/SixEighteen)

Evidence Summaries

Detailed summaries of the 6|18 interventions, based on scientific studies and expert consultations

FAQs

Answers to common questions about the 6|18 Initiative including goals, strategy, and the intervention selection process

Coming soon!

Additional Tools:
Readiness checklist
How to be a 6|18 Partner

The screenshot shows the CDC.gov/SixEighteen website. At the top is the CDC logo and the text "Centers for Disease Control and Prevention" and "CDC 24/7: Saving Lives. Protecting People™". A search bar is on the right. Below the header is a purple banner that reads "The 6|18 Initiative: Accelerating Evidence into Action". To the left of the main content is a sidebar menu with the following items: "The 6|18 Initiative", "Reduce Tobacco Use", "Control High Blood Pressure", "Prevent Healthcare-Associated Infections", "Control Asthma", "Prevent Unintended Pregnancy", "Control and Prevent Diabetes", "About the Evidence Summaries", and "Frequently Asked Questions". The main content area features a large graphic with the text "THE 6|18 INITIATIVE" and "Accelerating Evidence into Action". To the right of this graphic is a section titled "SIX WAYS TO SPEND SMARTER FOR HEALTHIER PEOPLE" which includes six icons and their corresponding interventions: "REDUCE TOBACCO USE" (cigarette icon), "CONTROL BLOOD PRESSURE" (blood pressure cuff icon), "PREVENT HEALTHCARE-ASSOCIATED INFECTIONS (HAI)" (bacteria icon), "CONTROL ASTHMA" (lungs icon), "PREVENT UNINTENDED PREGNANCY" (pregnancy icon), and "CONTROL AND PREVENT DIABETES" (glucose meter icon). At the bottom of the page, there is a paragraph of text: "CDC is partnering with health care purchasers, payers, and providers to improve health and control health care costs. CDC provides these partners with rigorous evidence about high-burden health conditions and associated interventions to inform their decisions to have the greatest health and cost impact. This initiative offers proven interventions that prevent chronic and infectious diseases by increasing their coverage, access, utilization and quality. Additionally, it aligns evidence-based preventive practices with emerging value-based payment and delivery models." The CDC logo is in the bottom right corner.

CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives. Protecting People™

SEARCH

CDC A-Z INDEX

The 6|18 Initiative: Accelerating Evidence into Action

The 6|18 Initiative

Reduce Tobacco Use

Control High Blood Pressure

Prevent Healthcare-Associated Infections

Control Asthma

Prevent Unintended Pregnancy

Control and Prevent Diabetes

About the Evidence Summaries

Frequently Asked Questions

THE 6|18 INITIATIVE

Accelerating Evidence into Action

SIX WAYS TO SPEND SMARTER FOR HEALTHIER PEOPLE

REDUCE TOBACCO USE

CONTROL BLOOD PRESSURE

PREVENT HEALTHCARE-ASSOCIATED INFECTIONS (HAI)

CONTROL ASTHMA

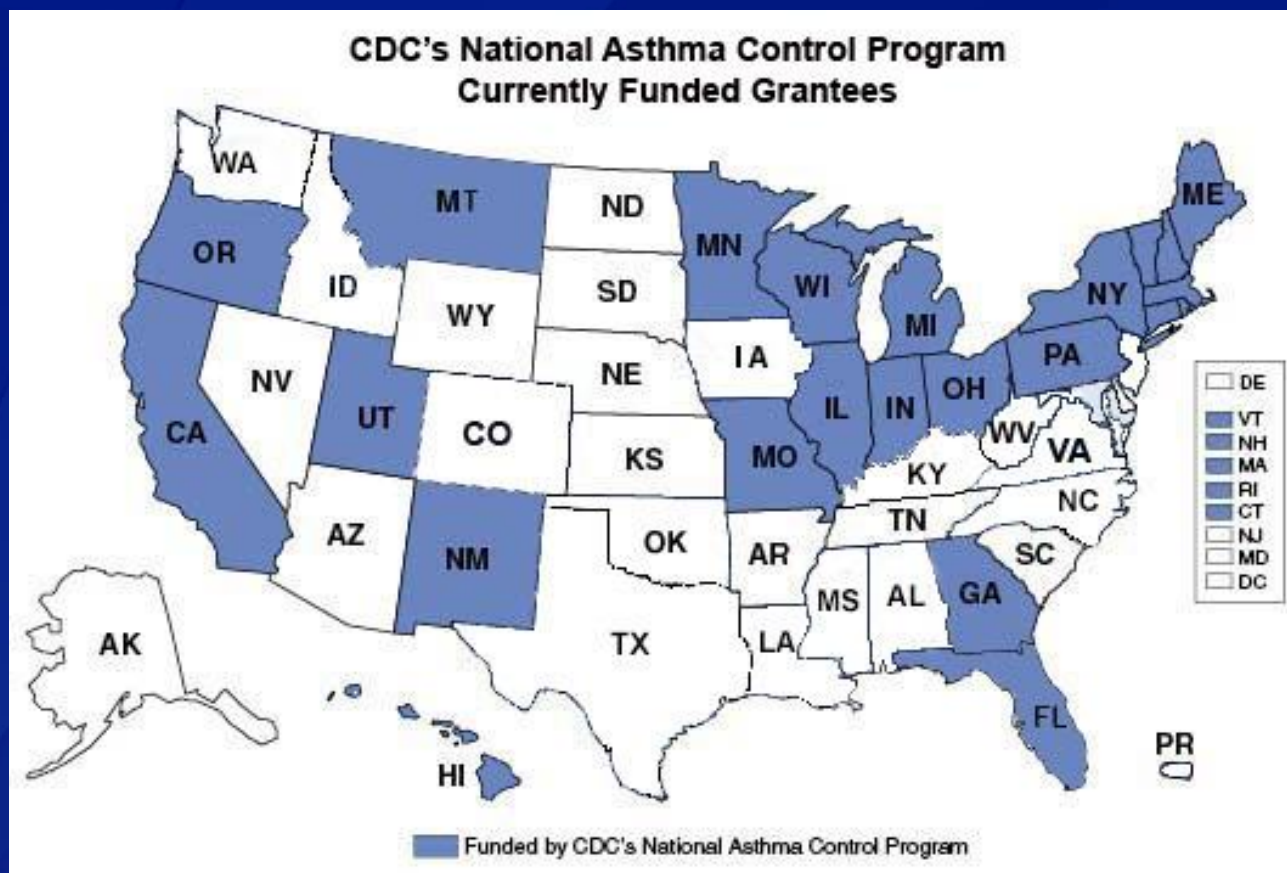
PREVENT UNINTENDED PREGNANCY

CONTROL AND PREVENT DIABETES

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CDC

Collaboration With Funded State Asthma Control Programs



Next Steps

- ❑ **Continue collaboration within CDC to engage payers**
- ❑ **Continue collaboration with external partners**
 - President's Task Force on Environmental Health Risks and Safety Risks to Children
www.epa.gov/childrenstaskforce
 - National Center for Healthy Housing
www.nchh.org/program/equippingstatesforreimbursement.aspx
 - State asthma programs
www.cdc.gov/asthma/contacts/default.htm

Next Steps

- ❑ Create, disseminate, and regularly update resources for states and other partners**
- ❑ Identify and disseminate other relevant documents and trainings regarding asthma-related reimbursement**

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The findings and conclusions in this report are those of the author and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

National Center for Environmental Health

Division of Environmental Hazards and Health Effects





Return on Investment for Intensive Asthma Self-Management Education

Return on Investment (ROI)	# of Programs ¹
>\$1 per \$1 (for all participants)	6
>\$1 per \$1 (for some participants ²)	2
<\$1 per \$1	1

Estimated time to achieve ROI = 1–3 years

¹ As of March 2016

² For example, ≥ 1 hospitalization or ≥ 2 unscheduled visits within a certain timeframe prior to program participation

Return on Investment for Home-Based Interventions for Asthma

Return on Investment (ROI)	# of Programs ¹
>\$1 per \$1 (for all participants)	14
>\$1 per \$1 (for some participants ²)	1
<\$1 per \$1	2

Median estimated time to achieve ROI = 3 years (range, 1–11)

¹ As of March 2016

² Positive ROI for participants aged <6 years, negative ROI for participants aged ≥6 years (McQuaid EL et al., *Pediatr Pulmonol*, 2012)

Collaboration With External Partners

- ❑ **President's Task Force on Environmental Health Risks and Safety Risks to Children (Asthma Disparities Work Group)** www.epa.gov/childrenstaskforce
- ❑ **American Lung Association**
- ❑ **National Center for Healthy Housing**
www.nchh.org/program/equippingstatesforreimbursement.aspx
 - Case studies
 - Training

Creating Resources for Dissemination



- ❑ **National Governors Association paper**
www.nga.org/files/live/sites/NGA/files/pdf/2015/1504HealthInvestmentsThatPayOff.pdf
- ❑ **White paper on developing a business case for payers**
- ❑ **Database of evidence for asthma control strategies**
(in preparation)

MICHIGAN'S 6 | 18 ASTHMA ACTIVITIES

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SPACER BARRIERS

- MDHHS Asthma Program and partners identified barriers to Medicaid clients getting spacers/valved holding chambers
 - Misinformation at many levels: clinician, patient, pharmacist
 - Confusion about dispensing at pharmacy or DME
 - Pharmacy rejection messages unclear
- 6 | 18 Initiative: state Medicaid + asthma public health
 - Survey health plans on where they dispense spacers, and what their rejection messages say
 - Use the survey to identify plans: dispensing at DME, with poor rejection messaging, that require a prior authorization, other barriers
 - Meet with plan administrators to encourage improvements



MANAGING ASTHMA THROUGH CASE MANAGEMENT IN HOMES (MATCH)



IN-HOME CASE MANAGEMENT (MATCH)

- MDHHS and MATCH programs want to increase access and sustainability
 - Referrals
 - Contracts
- 6 | 18 Initiative: state Medicaid + asthma public health
 - Medicaid distributed info about MATCH programs to plans
 - Survey health plans about their current in-home asthma self-management and education programs
 - Use the survey to identify plans that do not provide in-home asthma self-management, promote MATCH referrals/contracting where appropriate