

Great Lakes Regional Summit for Sustainable Funding of In-Home Asthma Interventions

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GHHI - A Model That Benefits Families



- Learning Network & Collaborative
- Single Intake System
- Comprehensive Assessment
- Coordinated Services
- Integrated Interventions
- Cross-Trained Workers
- Shared Data

- Root cause remediation for:
- Indoor air quality
 - Pest Management
 - Mold/mildew/moisture
 - Other environmental health triggers

Healthy Homes Demonstration Project

Mean Change & Percent Reduction of Key Outcomes

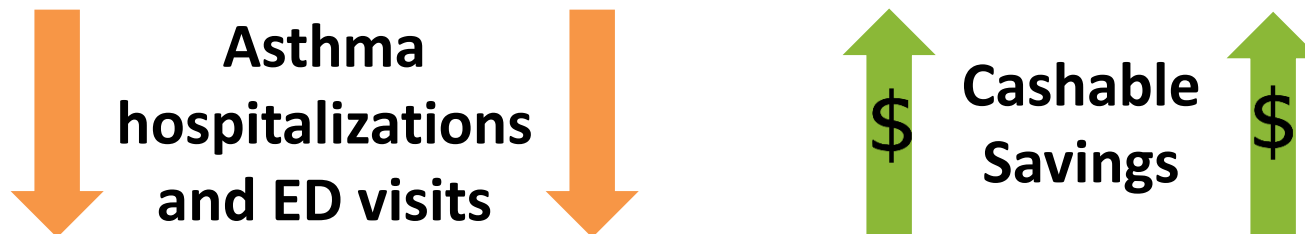
200 units completed with 139 respondents completing 6 month post intervention health surveys

In the past 6 months (N=139)	Intake Mean (StdDev)	6 Month Mean (StdDev)	Pre Post Mean Change (StdDev)	One-sided <i>t</i> test	Percent Reduction
Hospitalizations	0.364288 (0.923013)	0.141791 (0.53667)	0.238806 (0.824248)	0.0008	65.5%
ER Visits	0.942857 (1.22193)	0.701493 (1.097022)	0.261194 (1.250137)	0.015	27.7%
Physician Visits	1.76258 (1.462491)	1.340909 (1.413293)	0.389313 (1.460098)	0.002	22%
Calls to Physicians	2 (1.498792)	1.481203 (1.490381)	0.515152 (1.565296)	0.0002	26%
Work days missed	2.76259 (1.954492)	1.736842 (1.85413)	1.037879 (2.057959)	0.0000	37%
School/ daycare missed	2.372093 (2.008069)	1.787402 (2.091669)	0.647059 (1.998254)	0.0002	27%

Environmental Justice, Vol 7. Number 6, 2014

Reduced Costs = Cashable Savings

- 1 asthma-related hospitalization on average costs **\$7506** in Baltimore
- 1 asthma-related emergency room visit on average costs **\$820** in Baltimore



[2009-10 data]

What is Pay For Success?

Pay for Success (PFS) models are cross-sector partnerships in which private investors pay upfront for a social service and then government or healthcare payors repay the investment ***if and only if*** agreed-upon outcomes are met.

If outcomes are not met, investors lose money

What are the Benefits of Pay for Success?

Payer

- Realize cost savings
- No financial risk - only pay for what works
- Learn what programs are effective
- Bridge timing gap between services and cost savings

Beneficiaries

- **Better outcomes with a broader reach**
- **Progress toward systemic change**

Service Providers

- Obtain new flexible funding
- Build program capacity
- Scale services
- Grow evidence base
- Strengthen partnerships

Investors

- Catalyze and expand social impact
- Receive return on investment

The PFS Opportunity for Asthma

SOCIAL IMPACT

6.8M kids with asthma in U.S. (18.7M adults)

14M missed school days due to asthma

9M families living in unhealthy homes

CASHABLE SAVINGS

\$56B spent on asthma annually

\$5k - \$15k per hospitalization

\$500 - \$5K per ED visit

Other Rx & urgent care costs

PROVEN INTERVENTION

40% of asthma episodes caused by home-based triggers

GHHI Healthy Homes Demonstration Project:



66% asthma hospitalizations

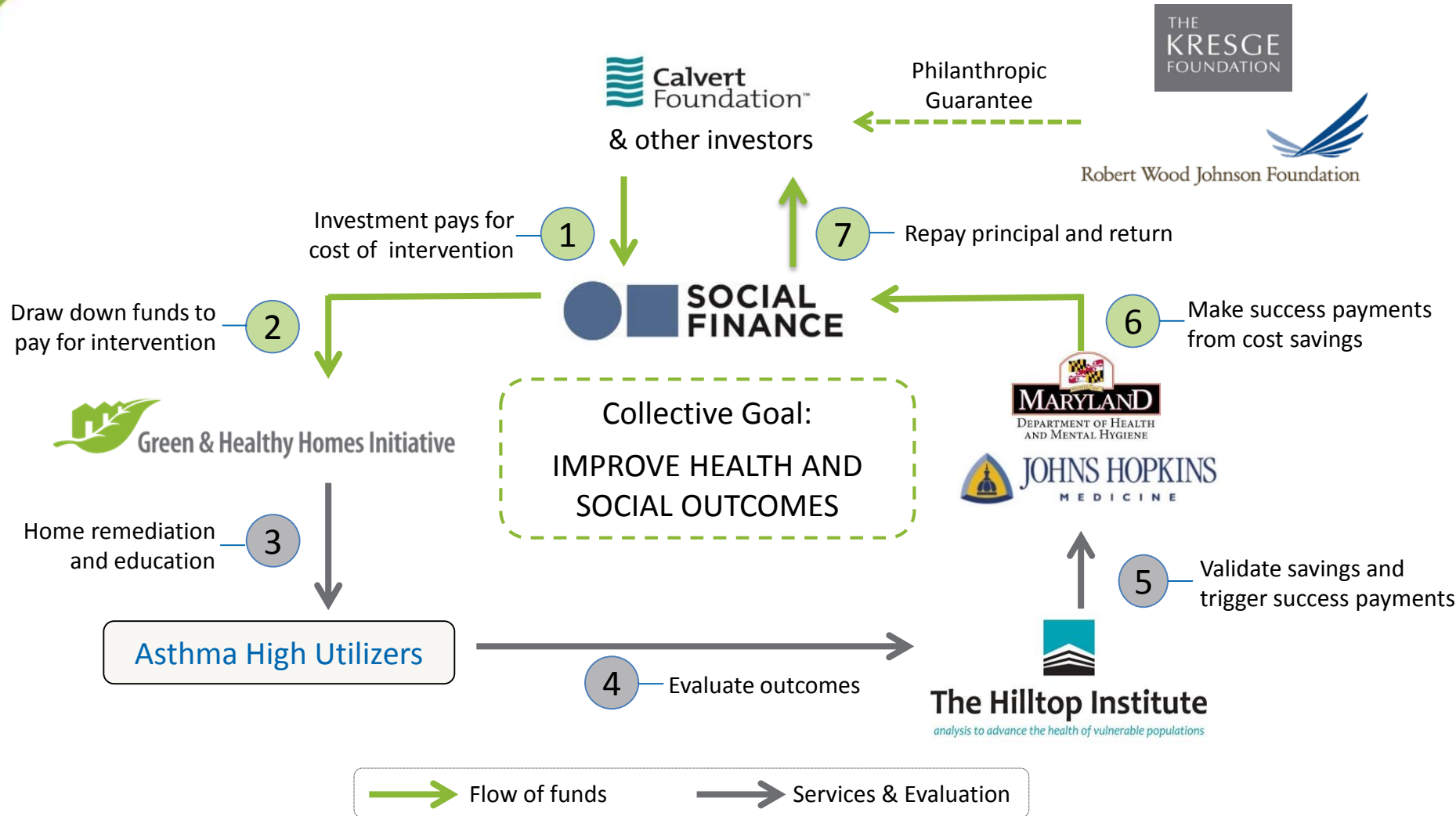
28% asthma ED visits



62% participants with 0 absences

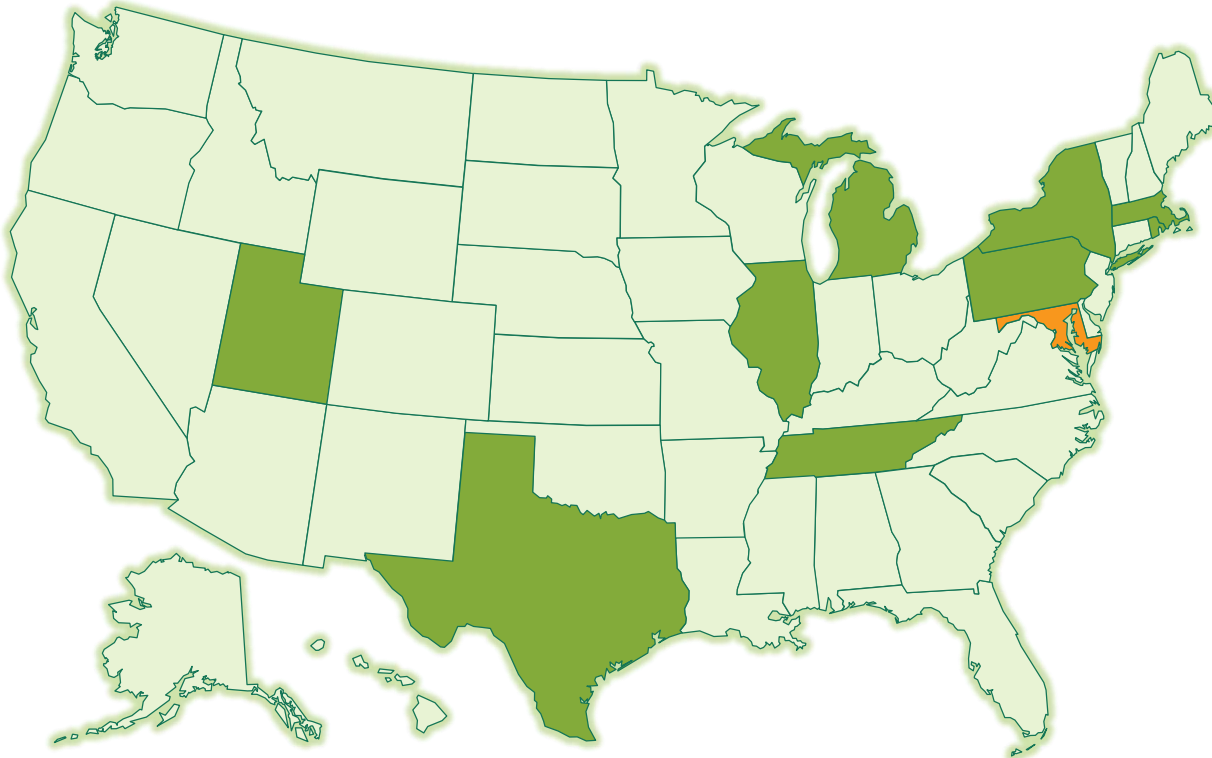
88% participants with 0 missed work days

GHHI Maryland PFS Model



GHHI's PFS work across the country

Leading 10 asthma-focused PFS feasibility studies with healthcare and service provider partners across the country.



Funders of asthma PFS feasibility studies:

Corporation for
**NATIONAL &
COMMUNITY
SERVICE**


Robert Wood Johnson
Foundation

 GHHI feasibility studies

 GHHI transaction structuring

Feasibility studies

- Bronx, NY
- Buffalo, NY
- Chicago, IL
- Grand Rapids, MI
- Houston, TX
- Memphis, TN
- Philadelphia, PA
- Rhode Island State
- Salt Lake City, UT
- Springfield, MA

Transaction structuring

- Baltimore, MD

Key Questions

- **Is there a business case?**
 - Financial model built off of evidence base of the intervention, actuarial projections
- **Can Medicaid and their managed care organizations enter into these transactions?**
 - New managed care regulations
 - Involving state Medicaid programs and federal CMS

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