

Asthma Community Network – Conversations for Advancing Action Podcast Series

Episode Transcript

Episode 9 – Working towards Reimbursement: The Experience in Kansas City

Narrator: Welcome to “Asthma Community Network – Conversations for Advancing Action” – a podcast series from AsthmaCommunityNetwork.org, an online Network designed for people committed to improving asthma outcomes in their community. This podcast series shares best practices for reducing the impact of asthma through delivery of comprehensive, community-based care, especially in underserved communities. In these podcast series you’ll learn about strategies for managing effective program delivery systems, addressing environmental triggers, and leveraging community assets through partnerships.

Today we’ll be speaking with Mr. Kevin Kennedy, Environmental Hygienist and Managing Director at the Center for Environmental Health at Children’s Mercy Hospitals and Clinics in Kansas City, Missouri. Mr. Kennedy will describe how his program is engaging State Medicaid Offices as he prepares to eventually receive reimbursement for home assessments.

Welcome, Mr. Kennedy. Tell us a little bit about your program.

Kevin Kennedy: Thank you for inviting me.

The Center for Environmental Health at Children’s Mercy Hospitals and Clinics in Kansas City has been in existence since 2010. We originally were a environmental health program that started in 2001 and the program has done home visits. We do school assessments, childcare assessments. We support research in all of those indoor environments, and then we have an extensive education and training program that does provider education, community education and then healthy home training. We are a regional training center for the National Center for Healthy Housing.

Narrator: Thank you, Kevin

What is your vision for receiving reimbursement for asthma care services?

Kevin Kennedy: Our vision would be that we can identify those families that we think would really benefit from a home visit. That the home visit would involve a form of case management interacting with the families over time to try to provide self-efficacy and empower them to do a better job of managing their home with the idea that there are triggers in that home environment that they need to be careful to take care of. That way, they are empowered to do a better job taking care of the asthma themselves, and our goal would be—in doing that interaction, that case management—that we would be reimbursed for providing that kind of service.

What the literature shows and what our own literature shows is that there’s a significant drop, typically, in their utilization, and then because of that drop in utilization, they’re saving the health care system.

We think that the overall benefit to the families is tremendous, but also the benefit to the healthcare system because you're providing really better care at a much lower cost overall.

Narrator: What approach have you taken to get the right infrastructure in place in preparation to receive reimbursement?

Kevin Kennedy: So, the model for us that we have worked on is to first try to create awareness in the community of the importance of good home assessment services and the community recognizing the role the home environment or really any indoor environment can play in managing asthma. We've done lots of community outreach, lots of community education, health fairs, training events, school related training events, education events, PTO meetings, just anywhere we could go and promote the idea that a healthy indoor environment was essential to good asthma care.

And then we reached out to local press. We did some stories about the indoor environment. We had families that agreed to let the local press come in along on a home assessment and see what one is like, see what kind of things we're looking at to try to educate more of the public.

We also at the same time reached out to local providers and did a whole series of Lunch and Learns that were supported by Continuing Medical Education credits so that physicians got continuing education credit, but also a free meal! And then we talked specifically about the role environment plays in managing asthma, and that we had this program available that their patients could take advantage of.

Narrator: Last year, Medicaid came out with a new provision on reimbursement for non-medical providers. How does this fit into your vision?

Kevin Kennedy: The other key part for us was recognizing we couldn't do it alone. So, that's where we got involved more in training of other community organizations in asthma education and in how to do home visits.

Our goal is not to be the sole provider of home assessment services, but really to create a whole workforce, a whole network of people who could provide these services. And then, because we're at a pediatric hospital, we want to be really the provider that people refer that are more difficult, more challenging, more complex cases to.

Narrator: And how are you engaging your State Medicaid Office?

Kevin Kennedy: Well, in our case we're engaging two state offices. Being a bi-state community, we have two Medicaid offices that have slightly different approaches to how they reimburse for asthma services. And in both instances we really recognize two key points.

One of the key points is to let Medicaid know there are groups that have services and best practices in place. So, engaging them and telling them there are people doing this, there are people who have shown that it can be both effective in improving the care for patients, but also effective in saving money and saving the cost of healthcare, and reducing utilization, and those are very important things that the

Medicaid offices are interested in, obviously. Their goal is better care at lower cost, and that's certainly part of the new Affordable Care Act philosophy is to try to provide more efficient healthcare services.

We had to reach out across both states to try to identify partners who believe in the same goals and messages that we have to offer to Medicaid offices about the importance of following the asthma guidelines, the importance of home visits, what the evidence says about home visits.

Narrator: So the first step is to ensure your State Medicaid Office is aware that there are groups throughout the state that have services in place.

And what is the second step?

Kevin Kennedy: The Medicaid offices don't necessarily have the expertise on every possible chronic health condition that they're trying to provide management services for, so it's important that, if we can, if we try to advise them on what best practices are, make them aware of what kind of services we're providing within our region and also what people in other parts of the state are doing that are very similar to what we're doing.

And then by engaging with other partners across the state, we also can create a uniform message to Medicaid that we all agree on what we think are the important components of good asthma management and good asthma practice. And then we can also share with each other what practices we're following to try to improve the kind of services we provide and make them more consistent with those of our partners across the state. And the importance of that is that then what Medicaid sees is an effort to provide uniform services, uniform care across the state, because that is also one of their charges. They have to try to provide uniform access to consistent practice in disease management so that a patient in the southern part of our state isn't getting completely different disease management services there than they are from here in Kansas City or in the northern part of the state.

So we've reached out, and they, are aware of what the evidence says about different types of professions and we've been able to indicate we understand that that profession is one that you would like to see more of those people in the state, and we have worked to create that workforce for you through training programs and education programs.

Narrator: And what is the outlook for establishing a process for reimbursement in Kansas and Missouri in 2014?

Kevin Kennedy: Well I can tell you that right now, in both states, right now, there are proposals that are circulating.

In the state of Kansas, a proposal I believe has gone from the state Medicaid Director to the legislator for approval. Then you're into the politics of the legislature and will that Bill get passed during the session. If it is passed in the state of Kansas, a service would be established July 1 of this year.

In the state of Missouri, they're taking a slightly different approach. A proposal has been drafted. The proposal doesn't quite match what would be ideal for what the evidence says, what the guidelines say. So, there are different stakeholder groups in the state of Missouri that are advocating and working with state Medicaid to try to modify and enhance that proposal that still would have to go, I believe, before the Legislature for approval. And right now, I'm predicting that's going to probably be a little bit farther out. If we're lucky, it'll be sometime late summer, early fall before that actually gets approved and implemented.

But the important thing is that right now my positive outlook is I think both states here might have a reimbursement process in place by the end of this year!

Narrator: And what tips would you share with other programs who might be looking to establish systems to gain reimbursement in their states?

Kevin Kennedy: First creating some kind of awareness through media messages, through reaching out to your local press and just start telling stories; stories about patients you've worked with successful stories.

And then as part of that, reaching out across your state or across your region to form networks. Reach out through the asthma community networks and form coalitions or have meetings to make sure there's an agreement and a consensus of the groups within a region or within your state on what changes need to be put in place.

And then once you've made all of those connections and you create that awareness, reaching out directly to the state or to the Medicaid office. And when you do that, you're reaching out as a unified group and saying this isn't just us, is group in Kansas City, this is a coalition; this is a network across the state that believes in the value of home visits, the value of interventions. We have seen firsthand the impact on patients. We have the stories. We can tell you and we could show you the data that shows the reduction in utilization, but also just the overall improvement in care and quality of life for these patients.

And when you do that as a unified group it's much more powerful and much more compelling for a Medicaid office, and at the same time, in collecting that information, you've also collected evidence, and they like to see that evidence.

One of the things that we have done that has been valuable is actually to have a forum and bring people who represent other models from other states who have implemented some kind of program so that you can show to the audience that there are successful models that specifically show effectiveness, show a return on investment, show a reduction in utilization. It gives people an opportunity to talk directly with those that have implemented a model that have direct experience in the challenges associated with implementing a model. And they also have a good sense of the economics, the fee structure, how to stratify the level of services that are offered based on the asthma risk, and there's no reason to reinvent the wheel for these things.

And that’s a quick way to learn some strategic steps that people have taken to get a reimbursement model in place.

Narrator: Thank you, Mr. Kennedy, for sharing these valuable insights.

To learn more about describing your return on investment and value proposition, visit asthmacommunitynetwork.org/valueproposition.

Or for additional resources and to hear other podcasts in this series, visit asthmacommunitynetwork.org/podcasts.

And for more information on asthma management, go to AsthmaCommunityNetwork.org – an online Network for people committed to improving asthma outcomes in their community.