



Welcome to the Webinar

Exploring Pathways to Reimbursement for In-Home Asthma Interventions

Welcome

- **Sheila Brown**, U.S. Environmental Protection Agency, Washington D.C.

Moderator

- **Kate Hastings**, The Scientific Consulting Group, Inc.

Presenters

- **Julian Rodriguez-Drix**, Rhode Island Department of Health
- **Eric Armbrecht**, Missouri Asthma Prevention and Control Program
- **Cliff Mitchell**, Maryland Department of Health and Mental Hygiene

Thursday, May 3, 2018

Webinar: 1:00 p.m. – 2:00 p.m. EDT

Live Online Q&A: 2:00 p.m. – 2:30 p.m. EDT on AsthmaCommunityNetwork.org

Operator-Assisted Toll-Free Dial-In Number: 866-527-8921

Conference ID: 7588408



Question & Answer Session on AsthmaCommunityNetwork.org Discussion Forum

Immediately after the webinar, join us in the AsthmaCommunityNetwork.org Discussion Forum for a live online Q&A Session:

2:00 p.m. – 2:30 p.m. EDT

To post a question in the [Discussion Forum](#), follow these directions:

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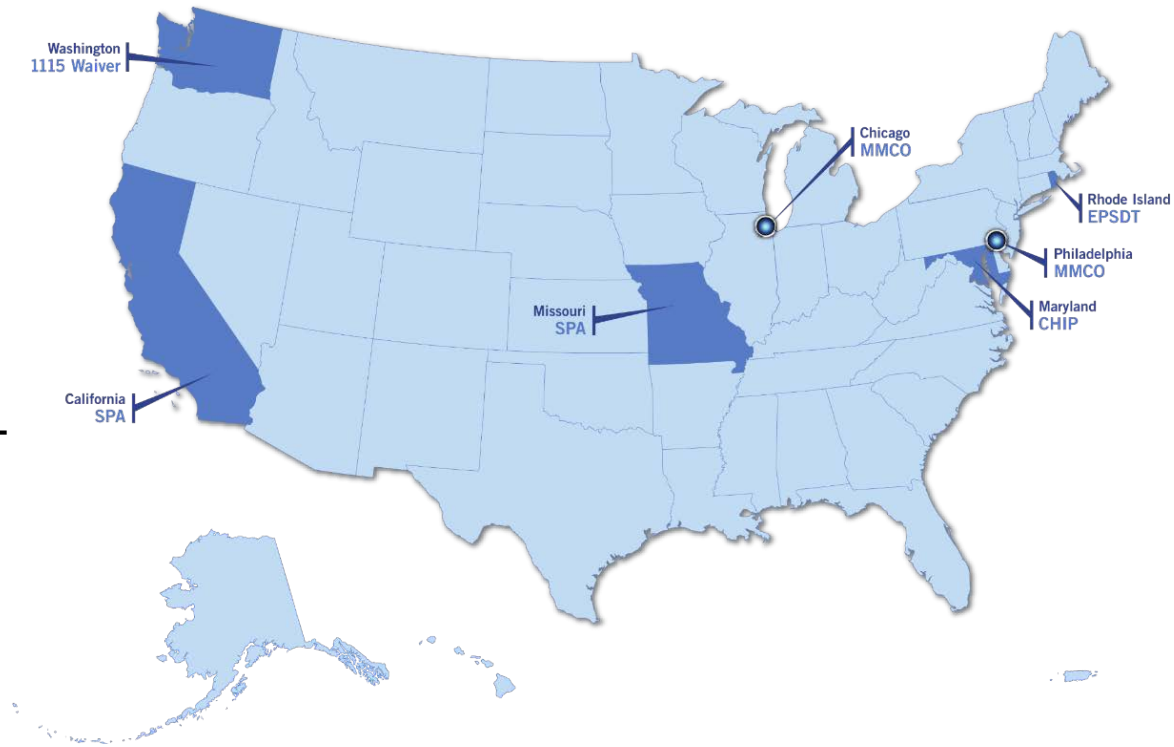
Learning Objectives

Attendees will learn about—

- The current state of reimbursement nationally.
- The diverse pathways to reimbursement through Medicaid.
- How local programs can begin or continue their journeys toward sustainable financing, and resources to help along the way.

How We Will Guide Today's Conversation

- Background on Asthma Reimbursement
- Hear from Leaders About Pathways They Have Pursued
 - Rhode Island – EPSDT
 - Missouri – SPA
 - Maryland – CHIP





Rhode Island's Story— HARP: Home Asthma Response Program

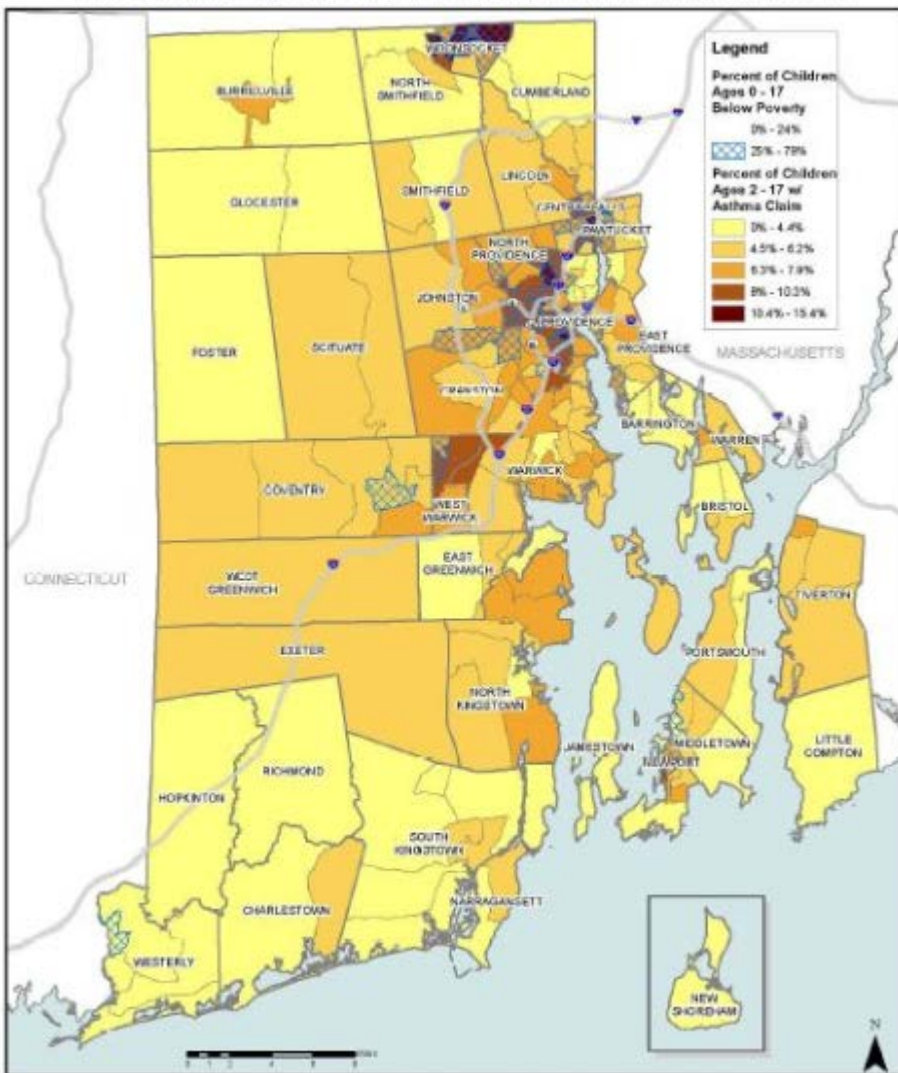
Julian Rodríguez-Drix, Asthma Program Manager

May 3, 2018

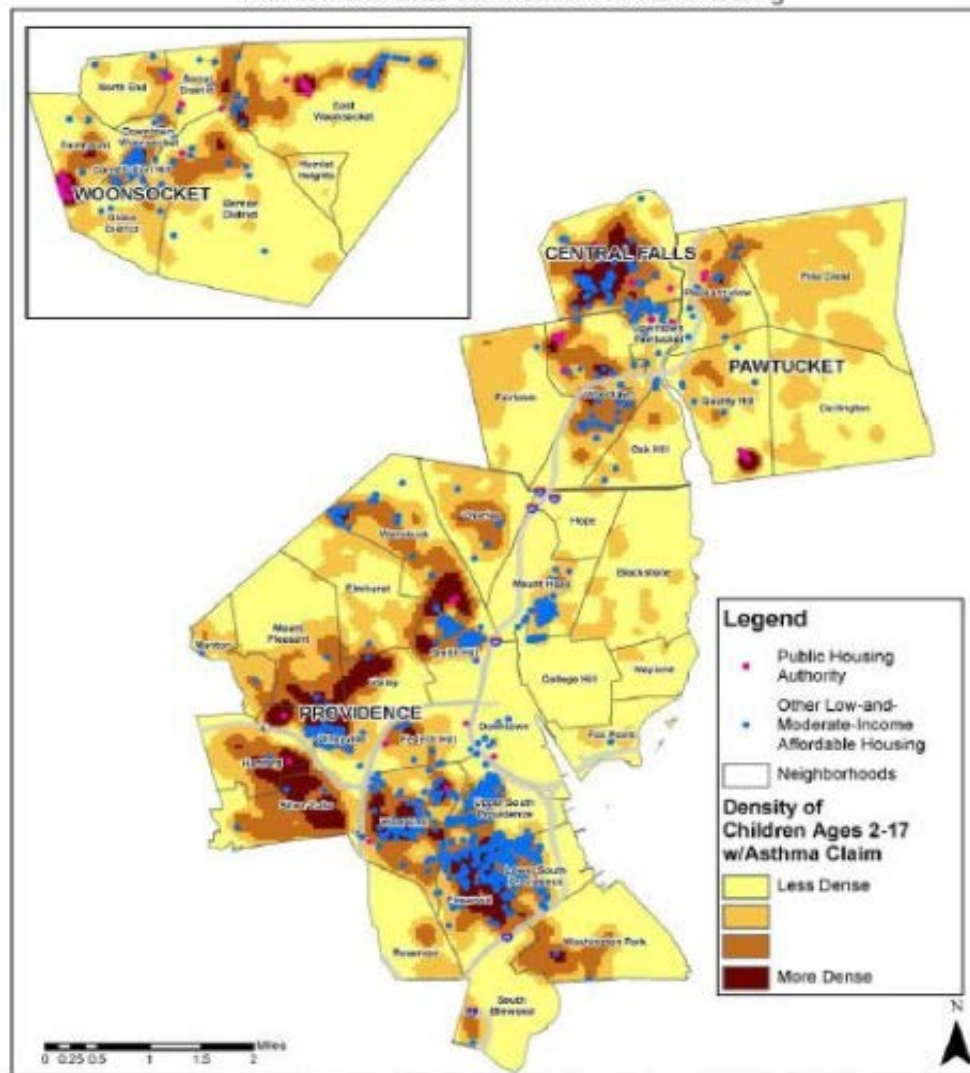
**Exploring Pathways to Reimbursement for In-Home
Asthma Interventions**

Asthma, Poverty and Housing in RI

Percent of Children Ages 2-17 with an Asthma Claim*, 2010-2012,
Three-Year Average, with Percent of Children Under 18 Living Below Poverty



Density of Children Ages 2-17 with an Asthma Claim*, 2010-2012,
with Low-and-Moderate-Income Affordable Housing



* Asthma diagnosis in diagnosis fields 1-6 (UHC) or 1-4 (BCBSRI and NHPRI) on any claims form, ICD-9-CM 493.xx

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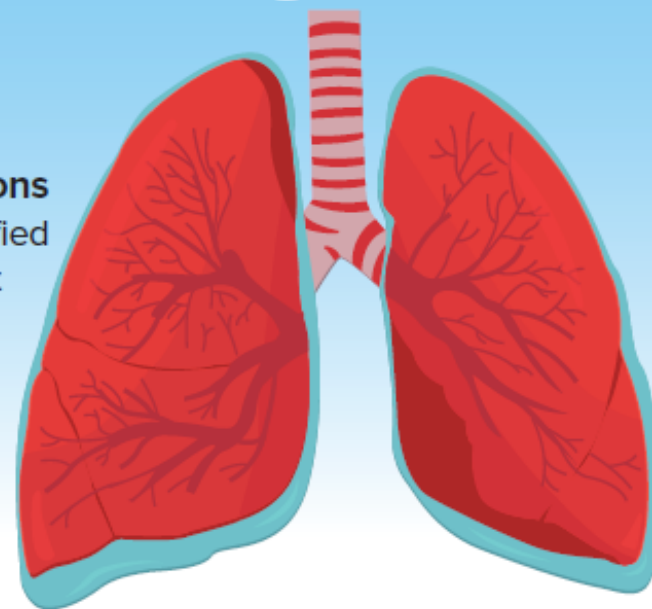
Rhode Island's Asthma Intervention



The Home Asthma Response Program (HARP)

HARP is an evidence-based asthma intervention designed to **reduce preventable asthma emergency department visits and hospitalizations** among high risk pediatric asthma patients. The HARP model utilizes a Certified Asthma Educator (AE-C) and a Community Health Worker (CHW) to conduct three intensive sessions that:

- Assess patients' asthma knowledge and trigger exposure
- Provide intensive asthma self-management education
- Deliver cost-effective supplies to reduce home asthma triggers
- Improve quality and experience of care



Launched in 2011 in partnership with RI's Hasbro Children's Hospital and Saint Joseph's Health Center, HARP is a well-established intervention with strong partnerships and well-defined roles and responsibilities, curriculum, service delivery infrastructure, eligibility criteria, and evaluation framework.

Partnerships and Support



The CMS Innovation Center

The Center for Medicare & Medicaid Innovation (the Innovation Center) with CMS supports the development and testing of innovative health care payment and service delivery models.



Health Resources in Action®
Advancing Public Health and Medical Research



The “6|18” Initiative

Promote adoption of evidence-based interventions in collaboration with health care purchasers, payers, and providers

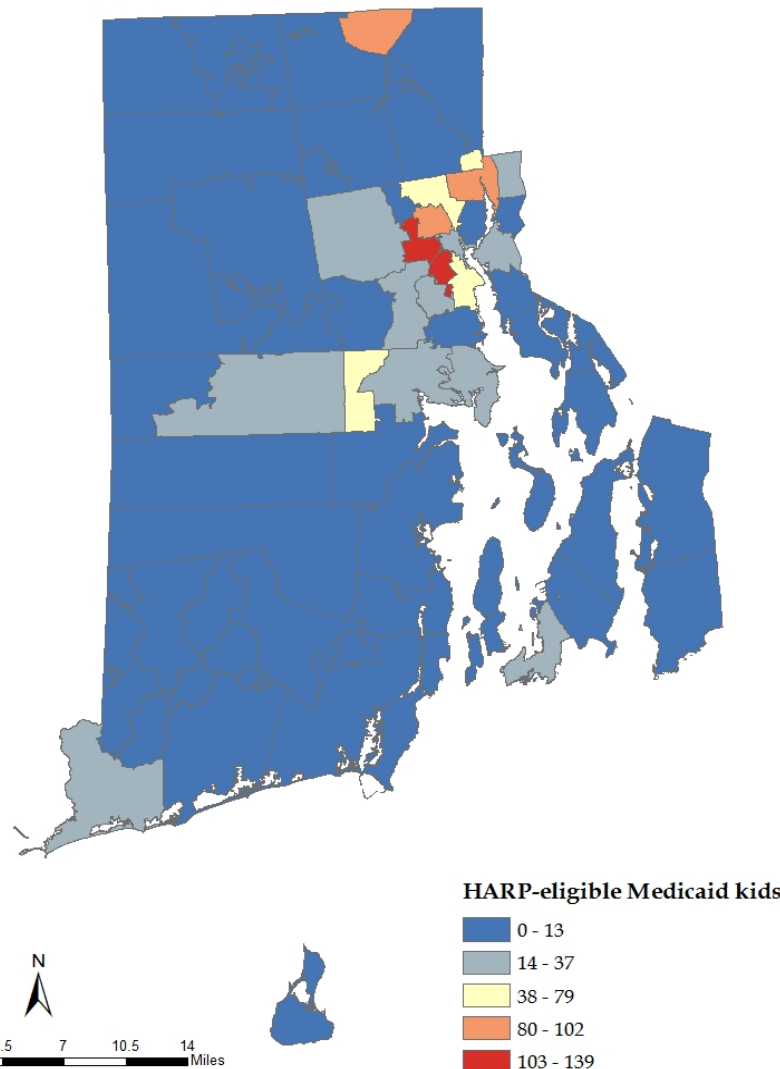
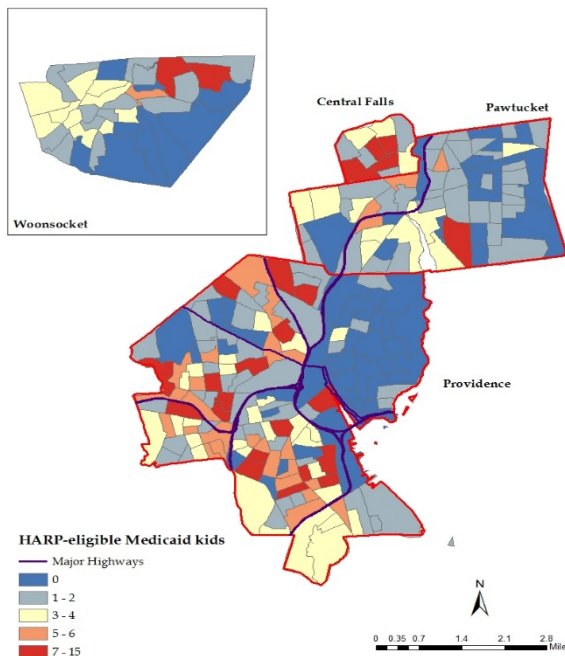
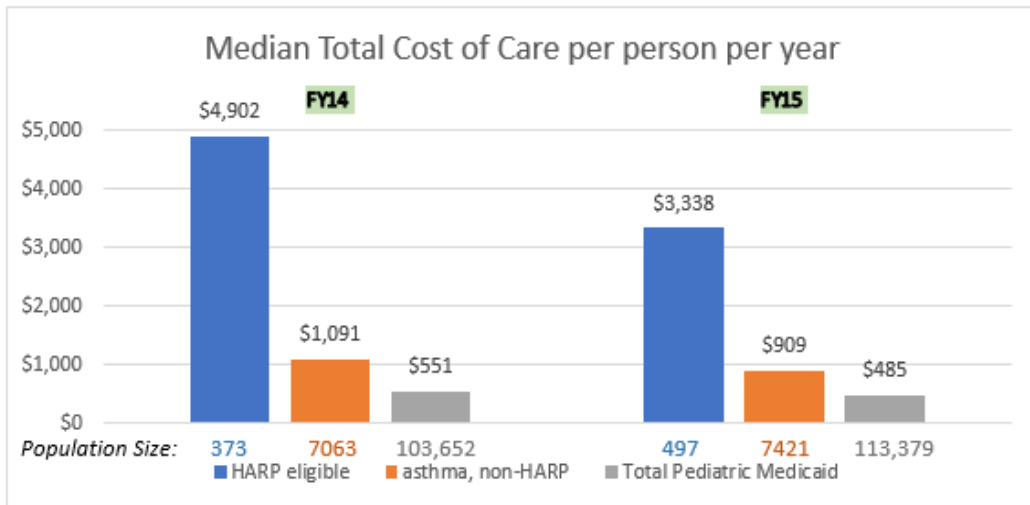


**Green & Healthy
Homes Initiative®**



United States
Environmental Protection
Agency

Utilizing Medicaid Data





Results

We have demonstrated—

- Consistent reductions in emergency department visits and hospitalizations, with larger (% and total) reductions for high utilizers
- Improved asthma control and quality measures
- Return on investment (ROI)

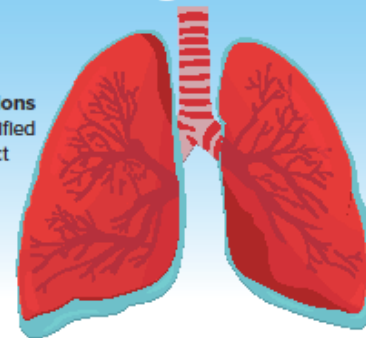
We have—

- Support from RI Medicaid
- Strong partnerships and ongoing data sharing/analysis
- Policy options for coverage

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ECONOMIC CASE: COST SAVINGS AND RETURN ON CLAIMS DATA: COST SAVINGS

HARP has consistently demonstrated reductions in asthma costs, driven by large decreases in hospital and emergency department asthma claims. Claims data comparing one year pre-HARP to one year post-HARP shows that participants had a 75% reduction in asthma-related hospital and ED costs. High utilizers showed even greater reductions close to 80% and average savings of \$2,700.

	N =	PRE	POST	% CHANGE	\$ CHANGE
BASE ELIGIBILITY (at least 1 asthma ER visit or hospitalization)	158	\$2,127	\$521	-75.5%	-\$1,606
HIGH UTILIZER (subset with 2+ ED visits)	51	\$3,398	\$690	-79.7%	-\$2,708

ELIGIBLE CHILDREN IN MANAGED CARE

796 children had at least one asthma emergency room visit or hospitalization, costing Medicaid over **\$1 million** at an average of **\$1,358** per person

A subset of **265 "high utilizers"** had 2+ asthma ER visits at a total cost of **\$695,000** and average per person cost of **\$2,624**

HARP has a positive return on investment. This means that every dollar invested into reducing preventable ED/hospital visits gets returned, with additional savings earned. Overall, HARP participants had a 33% ROI on ED/hospital costs (\$1 investment returned with extra 30 cents saved). The subset of high utilizers had an ROI of 126%. Including overall asthma costs which showed increased medication costs, HARP was still cost effective (i.e., investment equal to savings) and the high utilizer subgroup still had an overall ROI of 65%.

DEMONSTRATED OUTCOMES:

Quality Improvement: The asthma medication ratio HEDIS score for participants increased from 32% to 46%.

Improved Asthma Control: Patient population went from 20% well controlled to 51.5% well controlled.

Improved Quality of Life: Caregiver quality of life improved 17% on validated surveys.

Reduction of Environmental Triggers: Observed reductions in the presence of mold, dust, pests, pets, tobacco smoke, and chemicals.

Reduction in Missed School/Work Days: Caregivers report reducing missed work days due to asthma by 62%. Patients cut missed school days almost in half.

Increased Asthma Action Plans: Availability and patient use of asthma action plans created by providers increased from 20% to 80% of participants.

2015 Medicaid data, Dx asthma

HARP is part of the regional New England Asthma Innovation Collaborative (NEAIC). In Rhode Island, HARP is a partnership between the Rhode Island Department of Health, Hasbro Children's Hospital, Saint Joseph's Health Center, and Thundermist Health Center.





Julian Drix
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Division of Community Health & Equity
Rhode Island Department of Health
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Show-me Reimbursement

Missouri's Pathways to Reimbursement for In-Home Asthma Interventions

Eric Ambrecht, Ph.D.

Lead Evaluator

Peggy Gaddy, RRT, M.B.A.

Program Manager

EPA Asthma Program

May 3 Webinar

*Exploring Pathways to Reimbursement
for In-Home Asthma Interventions*



Missouri Asthma
Prevention and Control Program
focused for impact

What we learned on our bumpy, curvy road to reimbursement for asthma care support services

1 *A State Plan Amendment (SPA) is a starting line, not a finish line.*

1. State-specific data helped MO HealthNet pursue an SPA.
2. Be patient. SPAs take time. Chart an 18-month course of action to advance this option.
3. Take what you can get. Do not be greedy or overly prescriptive. Some wiggle room later *may* be very helpful.

2 *Managed Care Companies (aka managed Medicaid health plans) can make changes happen, with alignment around key performance indicators (KPIs).*

1. Change is made possible through managed care companies. Gain an understanding of their business and KPIs.
2. Approach managed care companies with a *mindset of helping*, not demanding a set of covered benefits.
3. An asthma clause in a Request for Proposals can be used to require coverage or promote asthma-specific KPIs.

What we learned on our bumpy, curvy road to reimbursement for asthma care support services (cont.)

3

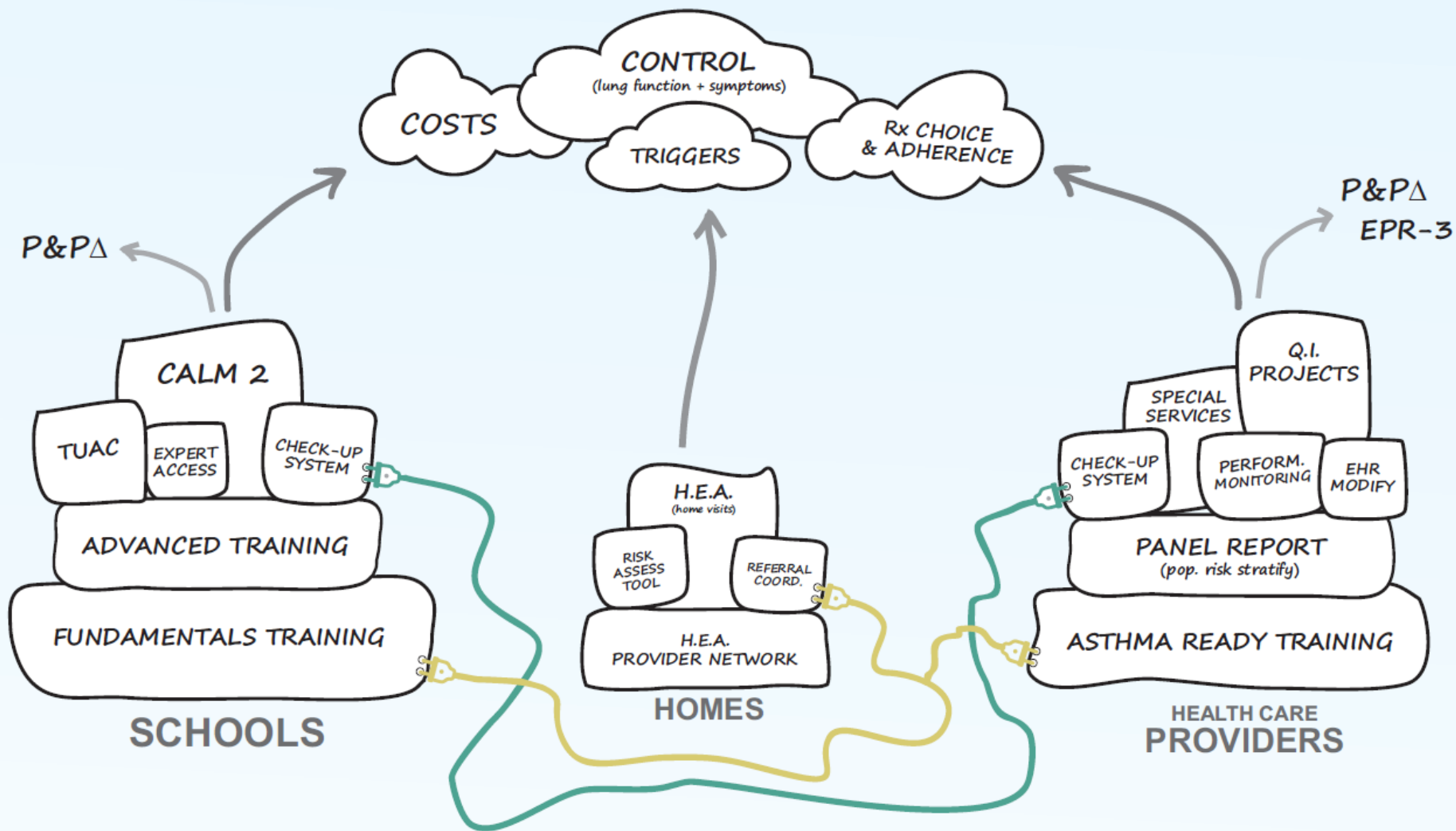
The Health Home Program (aka PMPM-funded care coordination by primary care sites) can increase provider demand for asthma interventions.

1. Get program eligibility for children with asthma.
2. Enrollment enhances clinic and outreach service capacity.
3. Increases provider interest in risk identification and referral for asthma care support interventions (e.g., self-management education, inhalation instruction, home environment assessment).

4

Return on investment (ROI) and risk stratification are your friends.

1. Risk stratification is critical for allocating services and controlling fear of cost explosion (related to adding new services).
2. Local data and experience are essential for estimating a believable ROI.



STACKS OF WORK

WHAT WE DO & PLAN TO ACCOMPLISH



www.SchoolNurseLink.com

Why connect with managed Medicaid health plans?

- **Get extra services and benefits for children.**
- **Save time for school nurses.**

Health plans can help school nurses—

1. **Communicate with physicians** and other health care providers.
2. Obtain same-day or next-day **transportation**.
3. Make **appointments with specialists** and primary care physicians.
4. **Make referrals** for self-management education or home visit programs.

New FERPA
template available

Maryland's Approach to Reimbursement for Asthma In-Home Interventions

Clifford Mitchell, M.D., M.P.H.

Director, Environmental Health Bureau
Maryland Department of Health and Mental Hygiene

May 3, 2018



Building Systems to Sustain Home-Based Asthma Services

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