EPA

National Environmental Leadership Award

in Asthma Management

Building a Star Asthma Care Team:
Best Practices From the 2016 Asthma Award Winners

Welcome to the Webinar

Building a Star Asthma Care Team: Best Practices From the 2016 Asthma Award Winners

Moderator:

- **Tracey Mitchell**, U.S. Environmental Protection Agency

Presenters:

- **Stacey Chacker**, Asthma Regional Council of New England
- **Samuel DeLeon, M.D.**, Urban Health Plan
- **Bradley Kramer**, Public Health—Seattle & King County
- **Andrea D. Gelzer, M.D.**, AmeriHealth Caritas

Wednesday, May 25, 2016
Webinar 2:00 p.m. – 3:00 p.m. EDT
Live Online Q&A 3:00 p.m. – 3:30 p.m. EDT on AsthmaCommunityNetwork.org

Operator Assisted Toll-Free Dial-In Number: (800) 374-0278
Conference ID: 97484833

Introduction

Tracey Mitchell, RRT, AE-C

U.S. Environmental Protection Agency

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Polling Question 1

What type of organization do you represent?

1. Government agency
2. Health care provider
3. Health plan
4. Community-based program
5. Other

Polling Question 2

What are your main challenges in facilitating communication across your care team(s)?

1. Communication channels unclear
2. Delays in sharing important information
3. Difficulty connecting with various care providers to discuss patient cases
4. Other

Agenda

1. EPA's National Environmental Leadership Award in Asthma Management
2. Hear From Speakers
   - **Stacey Chacker,** Asthma Regional Council of New England
   - **Dr. Samuel DeLeon,** Urban Health Plan
   - **Bradley Kramer,** Public Health—Seattle & King County
   - **Dr. Andrea D. Gelzer,** AmeriHealth Caritas
3. Q&A Session in AsthmaCommunityNetwork.org Discussion Forum

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 from 3:00 p.m. to 3:30 p.m. EDT.

To post a question in the **Discussion Forum**, follow these directions:

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   Not a member? *Create an account at **AsthmaCommunityNetwork.org** by clicking the "**Join Now**" link at the top of the page. Your account will be approved momentarily and you can begin posting questions.*

2. Click on the "**Discussion Forum**" button on the home page.
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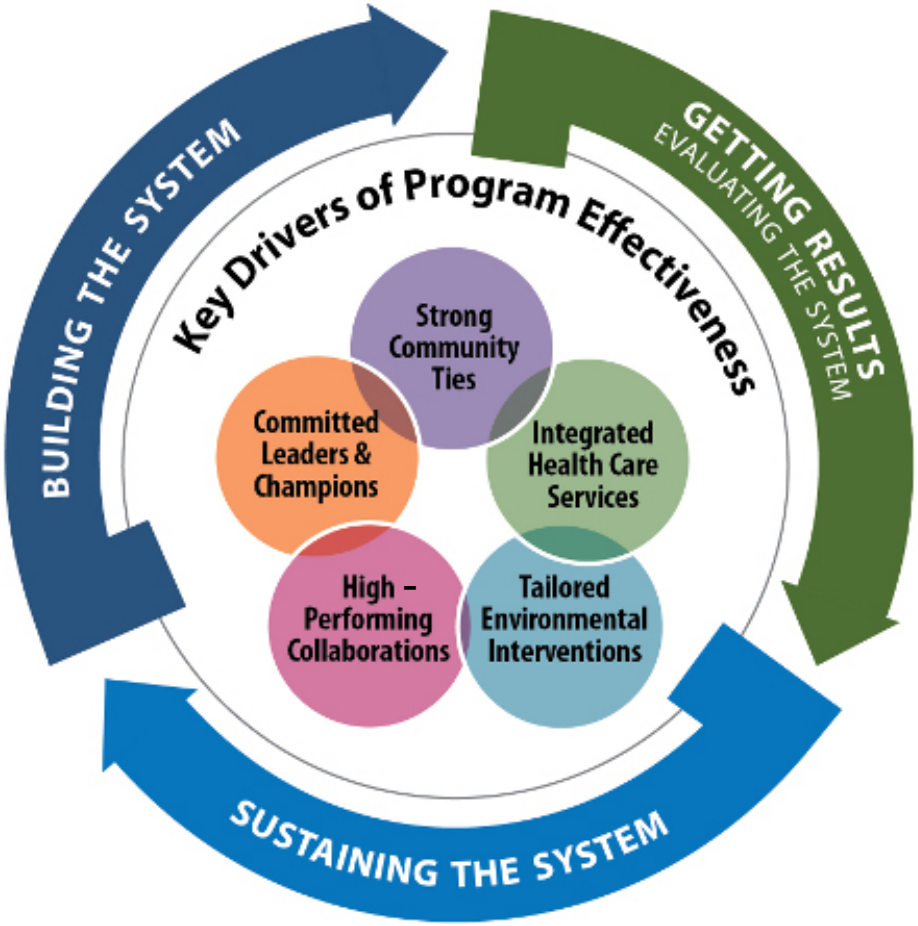
4. Click on the "**Post to the Forum**" link to post your question.
5. Enter your question and click the "**Save**" button at the bottom of the page.

About the Awards

1. It is the Nation's highest honor for exceptional asthma management programs.
2. The goal of the Awards program is to showcase best practices in asthma care and management.
3. To be eligible, applicants must use the National Institutes of Health (NIH) *Expert Panel Report 3 (EPR-3): Guidelines for the Diagnosis and Management of Asthma*.
4. Join the Hall of Fame: Apply in 2017! www.asthmacommunitynetwork.org/awards

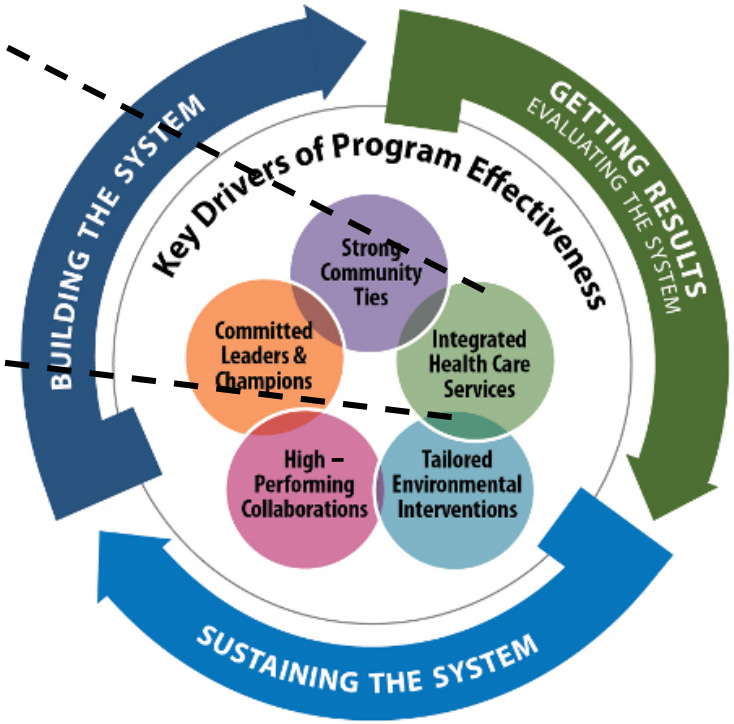
Award Winners Hall of Fame

The System for Delivering High-Quality Asthma Care



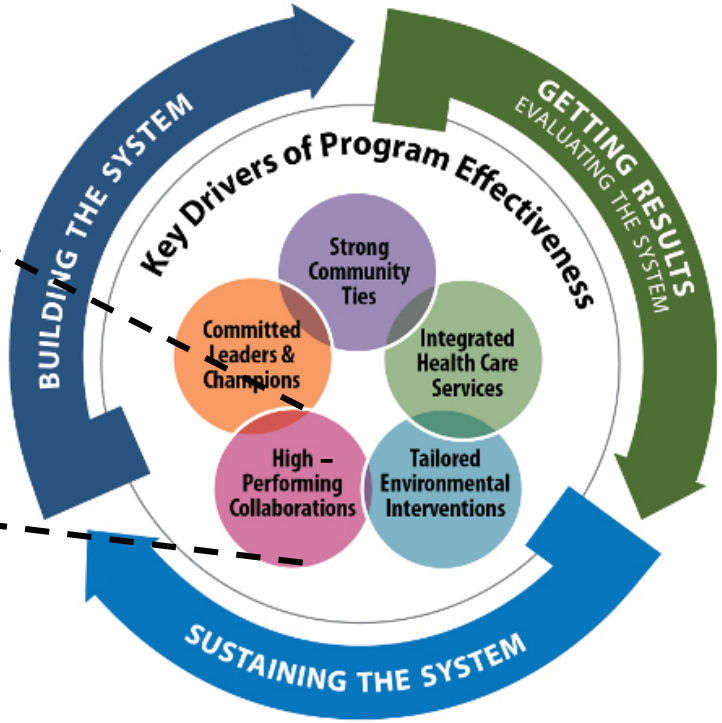
Connecting to the System

Integrated Health Care Services



Connecting to the System

High-Performing Collaborations



Sustaining the System

Financing In-Home Asthma Care

Learn more about—

- The Value of Asthma Home Visits
- Building Your Workforce
- Effective Reimbursement Strategies
- Understanding the Options
- How to Make Your Case to Funders

Visit www.AsthmaCommunityNetwork.org/Financing

Health Resources in Action's Asthma Regional Council of New England

—

New England Asthma Innovation Collaborative

Stacey Chacker

Project Director and
Co-Principal Investigator of NEAIC

Health Resources in Action
Advancing Public Health and Medical Research

New England Asthma Innovation Collaborative

NEAIC is a project of the Asthma Regional Council of New England, a program of Health Resources in Action.

- Established in July 2012 with a $4.2 million award from Centers for Medicare and Medicaid Innovation

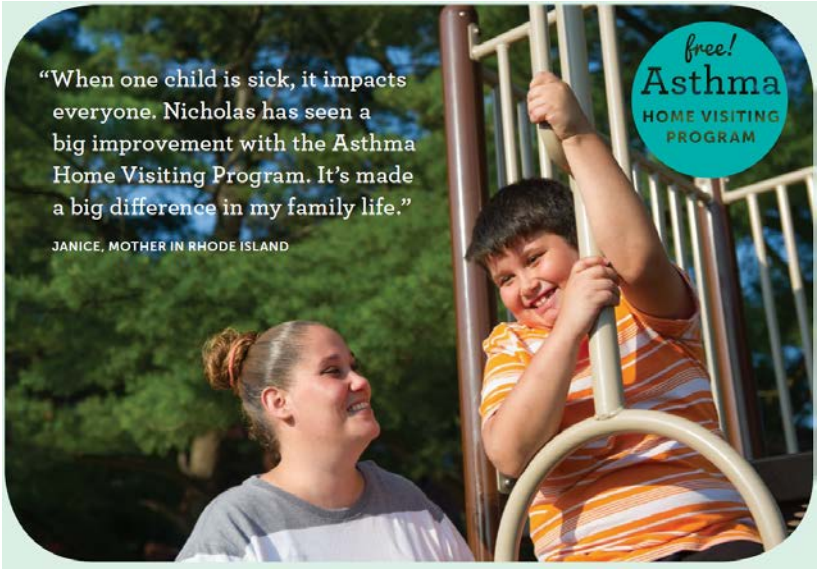
"The project (NEAIC) described is supported by **Grant Number 1C1CMS331039 from the Department of Health and Human Services, Centers for Medicare & Medicaid Services**. The contents of this publication are solely the responsibility of the authors and do not necessarily represent the official views of the U.S. Department of Health and Human Services or any of its agencies."

Health Resources in Action
Advancing Public Health and Medical Research

NEAIC Goals and Partners

For children with poorly controlled asthma—

- Improve quality of care
- Improve health and quality of life outcomes
- Decrease health care utilization costs
- Advance sustainable payment systems



NEAIC is in VT, RI, MA and CT.

Health Resources in Action
Advancing Public Health and Medical Research

NEAIC Is a Collaborative Partnership

Convening Organization/Evaluator:

- Health Resources in Action/Asthma Regional Council of New England

Clinical Providers

- Boston Children's Hospital (Boston, MA)
- Baystate Children's Hospital (Springfield, MA)
- Boston Medical Center (Boston, MA)
- Children's Medical Group (Hamden, CT)
- Middlesex Hospital (Middletown, CT)
- Rhode Island Hospital / Hasbro Children's Hospital (Providence, RI)
- Rutland Regional Medical Center (Rutland, VT)
- St. Joseph's Health Clinic (Providence, RI)
- Thundermist (Woonsocket, RI)

Medicaid Payers

- BMC Healthnet Plan (Boston, MA)
- MassHealth (MA Medicaid))
- Department of Vermont Health Access (VT)
- Community Health Network/Department of Social Services (CT Medicaid)
- Health New England (Springfield, MA)
- Neighborhood Health Plan of Rhode Island (Providence, RI)
- Neighborhood Health Plan of Massachusetts (Boston, MA)

Workforce Development Partners

- Central Massachusetts Area Health Education Center of Central MA, Outreach Worker Training Institute (Worcester, MA)
- American Lung Association of the Northeast (Waltham, MA)
- Boston Public Health Commission, Community Health Education Center (Boston, MA)
- Massachusetts Association of Community Health Workers (Worcester, MA)

Health Resources in Action
Advancing Public Health and Medical Research

NEAIC Intervention:
Community Health Worker-Led Asthma Home Visits

- **Assess** patients' needs and home environment
- **Provide** asthma self-management education
- **Deliver** cost-effective environmental supplies
- **Improve** quality and experience of care:
  - o Client-centered, use of motivational interviewing
  - o Promote asthma action plans
  - o Promote connections to primary care & prevention
  - o Referrals for social services

Target Population

- Ages 2–17 years old
- Medicaid or CHIP beneficiary
- Diagnosis of asthma from an authorized clinician
- Poorly controlled asthma

Health Resources in Action
Advancing Public Health and Medical Research

Preliminary Results are Promising!

1,145 children served from 2012 to 2015

Data from home intervention show—

- Improvements to
  - Home environment
  - Quality of life
  - Asthma control
- Decrease in ER visits and number/length of hospital stays = cost savings!

Preliminary economic evaluation — ***Decreases***:

- 90% in asthma-related ER visits (26% greater than comparison)
- 60% in overall ER visits (14% greater than comparison)
- 80% in use of oral corticosteroid (23% greater than comparison)
- $1,104 in total health care costs

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Advancing Public Health and Medical Research

Pursuing Sustainable Financing

Current sustainability

- Community benefits
- DPH and donor funding

Continuing efforts

- Final economic analysis
- State meetings with payers and ACOs
- Providers seeking funding—NIH, HUD
- CPT Code changes
- Negotiations with MMCO and State Medicaid
- CDC's 6|18 Initiative in Rhode Island
- Feasibility study for asthma home visiting

Health Resources in Action
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Takeaways

- Engaging payers—critical and takes persistence
- Engaging providers key—value-based payments
- Financing uptake takes time
- Home visiting models need flexibility
- Learning communities support replication

Health Resources in Action
Advancing Public Health and Medical Research

Thank You!

- Stacey Chacker, Project Director and Co-PI schacker@hria.org
- Heather Nelson, Ph.D., M.P.H., Senior Research Scientist and Co-PI hnelson@hria.org
- Annie Rushman, M.S.P.H., Program Associate arushman@hria.org

"The project described is supported by Grant Number 1C1CMS331039 from the Department of Health and Human Services, Centers for Medicare & Medicaid Services. The contents of this publication are solely the responsibility of the authors and do not necessarily represent the official views of the U.S. Department of Health and Human Services or any of its agencies."

Health Resources in Action
Advancing Public Health and Medical Research

Urban Health Plan, Inc.

Samuel DeLeon, M.D.

Chief Medical Officer

Organization Overview

- New York City: South Bronx and Corona, Queens
- Population(s) served in 2015:
  73,000 patients; more than 366,000 visits
- Staffing: More than 800 associates and providers

Urban Health Plan, Inc.

Asthma Program Overview

- Focuses on empowering patients to manage disease and prevent future episodes
- Multifaceted implementation strategy
- Asthma management at every visit
  - Medical Assistant gathers signs and symptoms
  - Provider reviews MA's findings;
    Provider interviews on medication adherence
  - Education by Health Educator at point of care

Urban Health Plan, Inc.

Our Star Asthma Team

- Providers
- Health educators
- Medical assistants
- Social intervention for patients and parents
- Integrated pest management

Urban Health Plan, Inc.

Collaborative Partnerships

- EPA: EPA-HHS-HUD Regional Summit on Pediatric In-Home Interventions and Reimbursement Opportunities
- Coalition of Asthma-Free Homes
- South Bronx Rising Together
- Delivery System Reform Incentive Payments (DSRIP)

  Asthma home-based self-management program
- RESPIRAR: New York State Regional Asthma Network

Urban Health Plan, Inc.

Program Results

March 2016

- 12,784 patients
- 11 symptom-free days
- 99% prescribed anti-inflammatory
- 86% severity assessment
- 3% with ED/Urgent care visit in last 6 months
- 0.14 lost work/school days in past 6 months
- Business Case: 2008 quality study
  - Adults: 22% less cost than rest of providers
  - Children: 39% less cost than rest of providers

Urban Health Plan, Inc.

Pursuing Sustainable Financing

- What steps is your program taking to ensure sustainable financing?
  - Increase in case load
  - Gradual transition to a value-based payment system

Urban Health Plan, Inc.

Public Health – Seattle & King County

Bradley Kramer, MPA

Community Health Worker Program Manager

Public Health
Seattle & King County

Organization Overview

Seattle & King County:

- 2.04 Million people
- Geographic area: about the size of Delaware

Population(s) served:

- Low-income, underserved, poorly controlled asthma

Website:

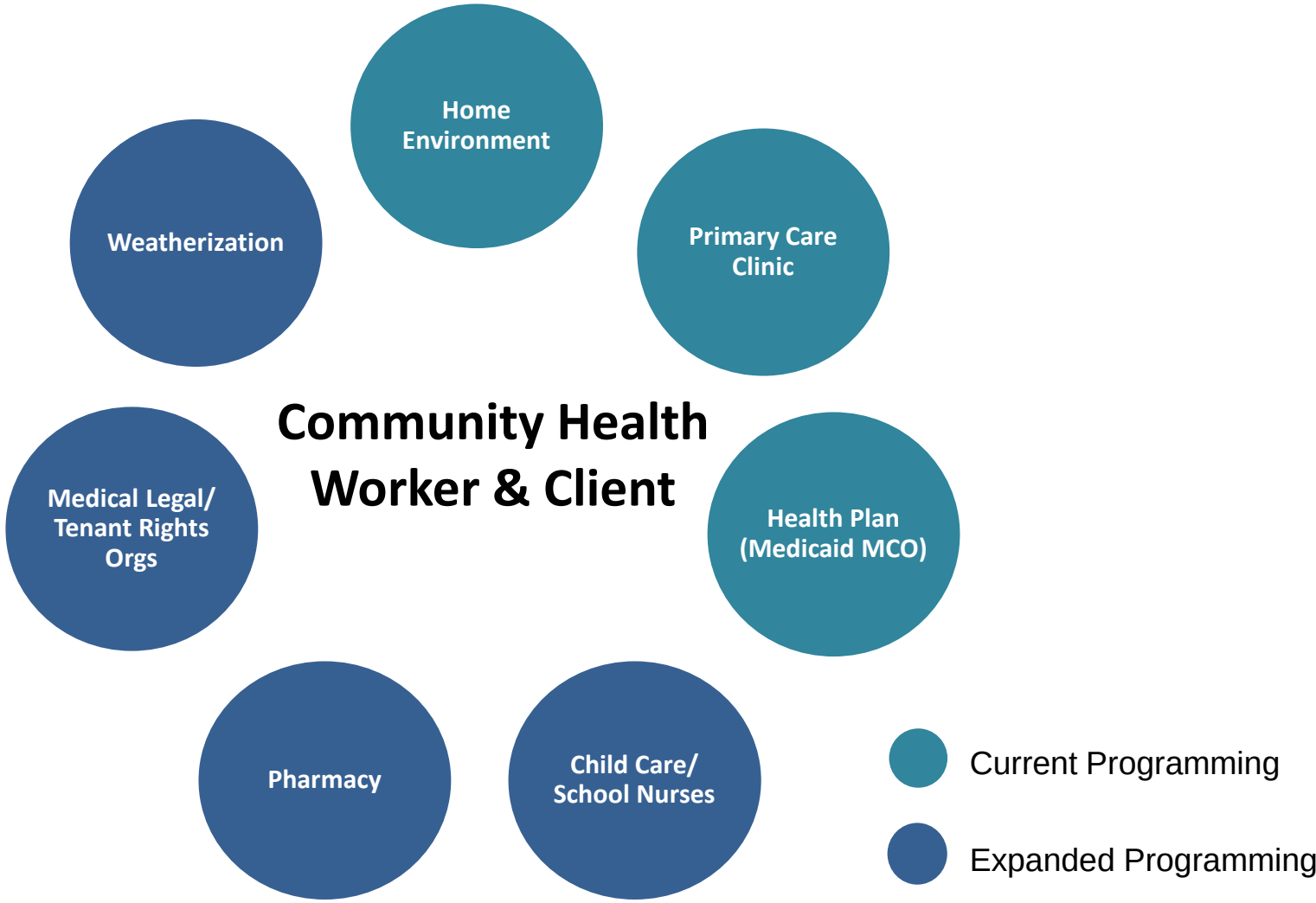
http://www.kingcounty.gov/depts/health/chronic-diseases/asthma.aspx

Core Asthma Service – Community Health Worker model

- CHWs provides 3-5 visits over a four month period.
- Guided by cultural competence, motivational interviewing, and self-management goal setting
- Provide tools and resources. Either supplies or community referrals

Asthma Program Team

Asthma Program Overview

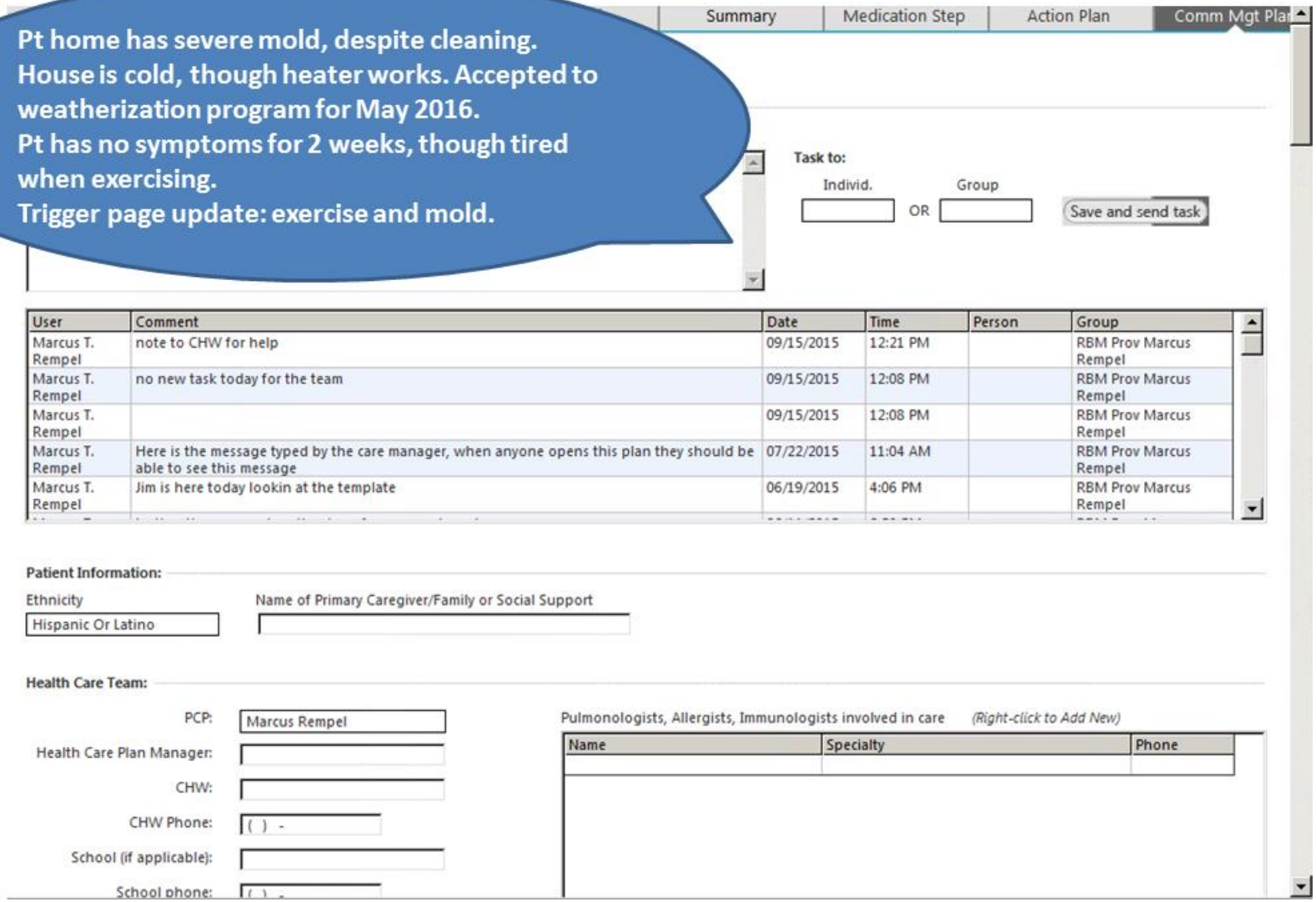


Partnerships

- 2009 HUD grant – partner with Weatherization (Wx) service provider
- Wx + plus health growing nationally
- 2015 State legislative bill directing funding through Department of Commerce
- 2016/2017: 6 asthma teams across the state piloting this partnership between Wx service providers and asthma programs

Best Practice Example: Cross Care Team Communication

Pt home has severe mold, despite cleaning.
House is cold, though heater works. Accepted to weatherization program for May 2016.
Pt has no symptoms for 2 weeks, though tired when exercising.
Trigger page update: exercise and mold.



Pursuing Sustainable Financing

- Weatherization plus health
- Medicaid 1115 Waiver
- Healthy housing partnerships
- Medicaid Managed Care Organizations

Thank You!

bradley.kramer@kingcounty.gov

AmeriHealth Caritas' Comprehensive Asthma Management Program

Andrea D. Gelzer, M.D., M.S., F.A.C.P.

Senior Vice President, Corporate Chief Medical Officer

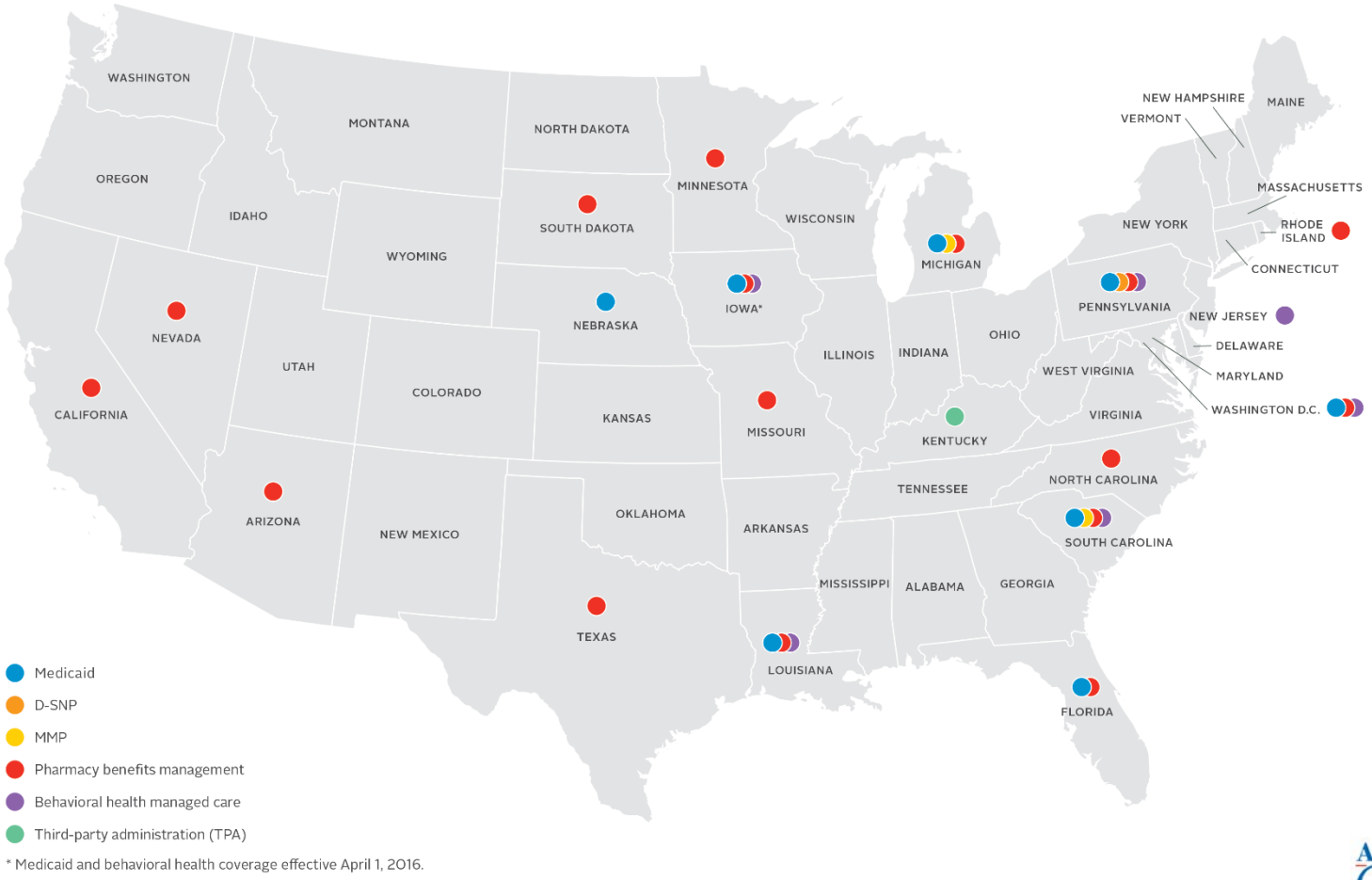
AmeriHealth Caritas Family of Companies

AGelzer@amerihealthcaritas.com

Who We Are

AmeriHealth Caritas Coverage Area

Touching the lives of more than 5.9 million members nationwide



* Medicaid and behavioral health coverage effective April 1, 2016.

The Problem Before Us

- Our members live in some of the worst cities for asthma in the United States[1]:
  - Philadelphia, PA (#3)
  - Detroit, MI (#4)
  - New Orleans, LA (#9)

- In inner city Philadelphia, one out of four children has diagnosed asthma and/or was admitted to the hospital for wheezing.[2]

- Inner city homes nationwide have unsafe levels of cockroach or dust mite allergens, increasing the risk of developing a positive allergic response by 40 to 50 percent.[3]

- For our members, asthma is among the top conditions treated by providers and for non-urgent emergency department visits.[4]

1. Asthma and Allergy Foundation of America, 2015; 2. Bauer. *The Philadelphia Inquirer*, April 18, 2015; 3. Rosenstrich. *N Eng J Med*, 1997; AmeriHealth Caritas claim data, 2014-2015.

Healthy Hoops®

- Program established in 2003
- Member and family-based asthma program
- Wellness and asthma screenings:
  - Blood pressure
  - Height, weight, BMI
  - Spirometry
- Asthma action plan consultation
- Asthma medication demonstration and education

AmeriHealth Caritas' Comprehensive Asthma Management Program

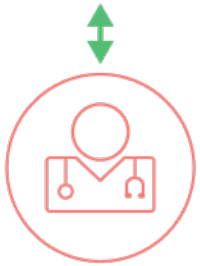
AmeriHealth Caritas Member With Asthma

Identification and risk stratification

Managed care organization
Integrated health care management

School
Charter school-based clinics

Community, home
Community health workers
Home environmental assessment



Provider office
Provider-based dispensing and education

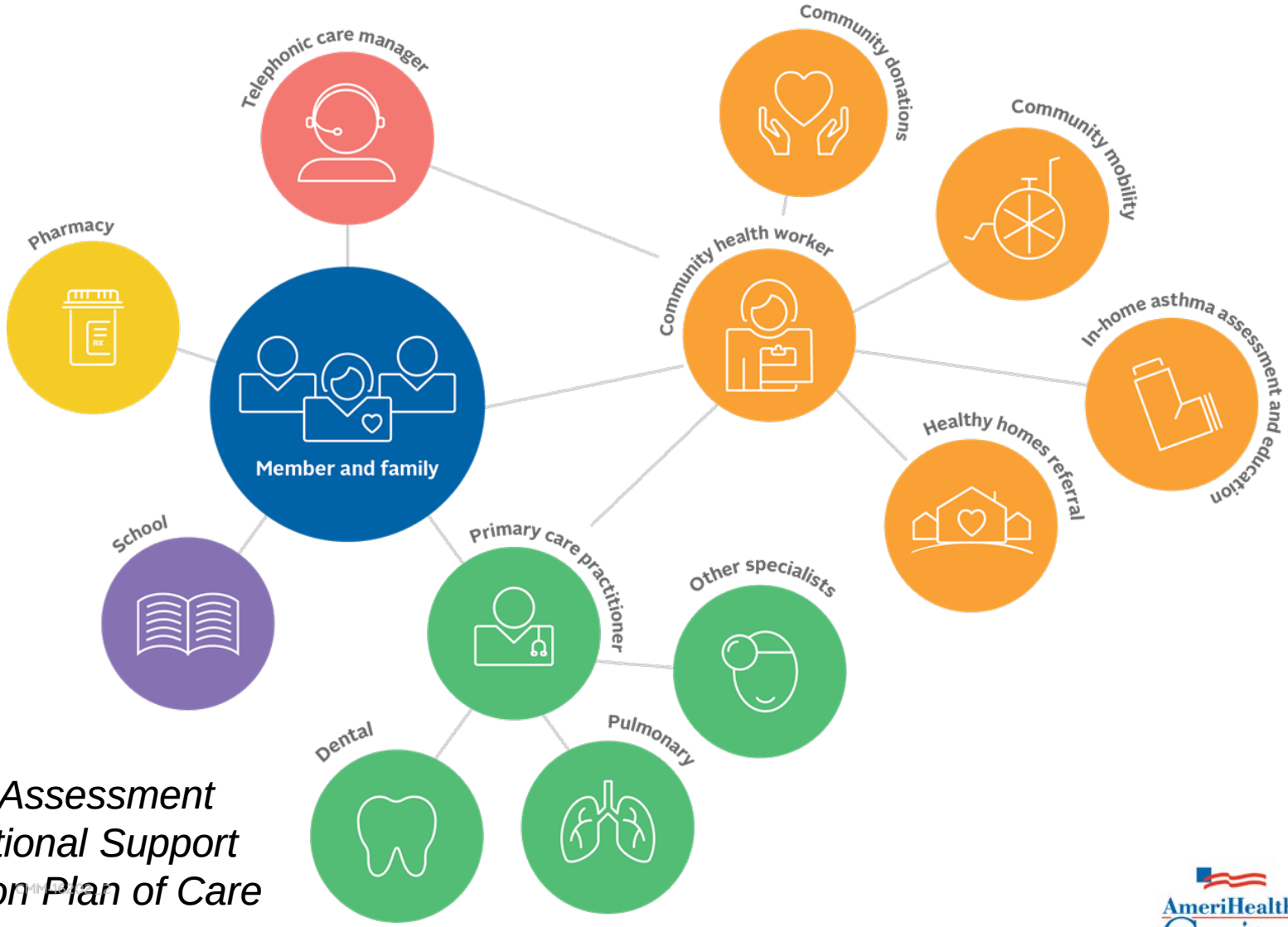
Programs
Asthma edutainment

Healthy Hoops

Enterprise quality goals

AmeriHealth Caritas
Care is the heart of our work

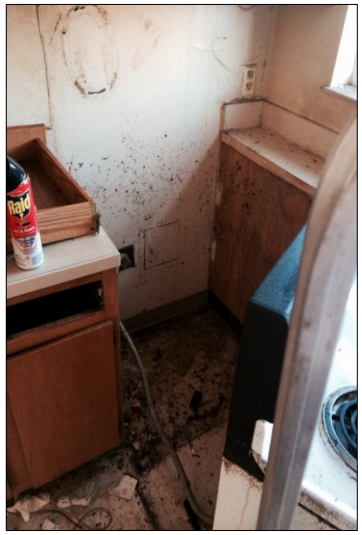
Coordinating a Patient-Centered Medical and Social Neighborhood



- *Barrier Assessment*
- *Navigational Support*
- *Common Plan of Care*

Community Health Worker Approach

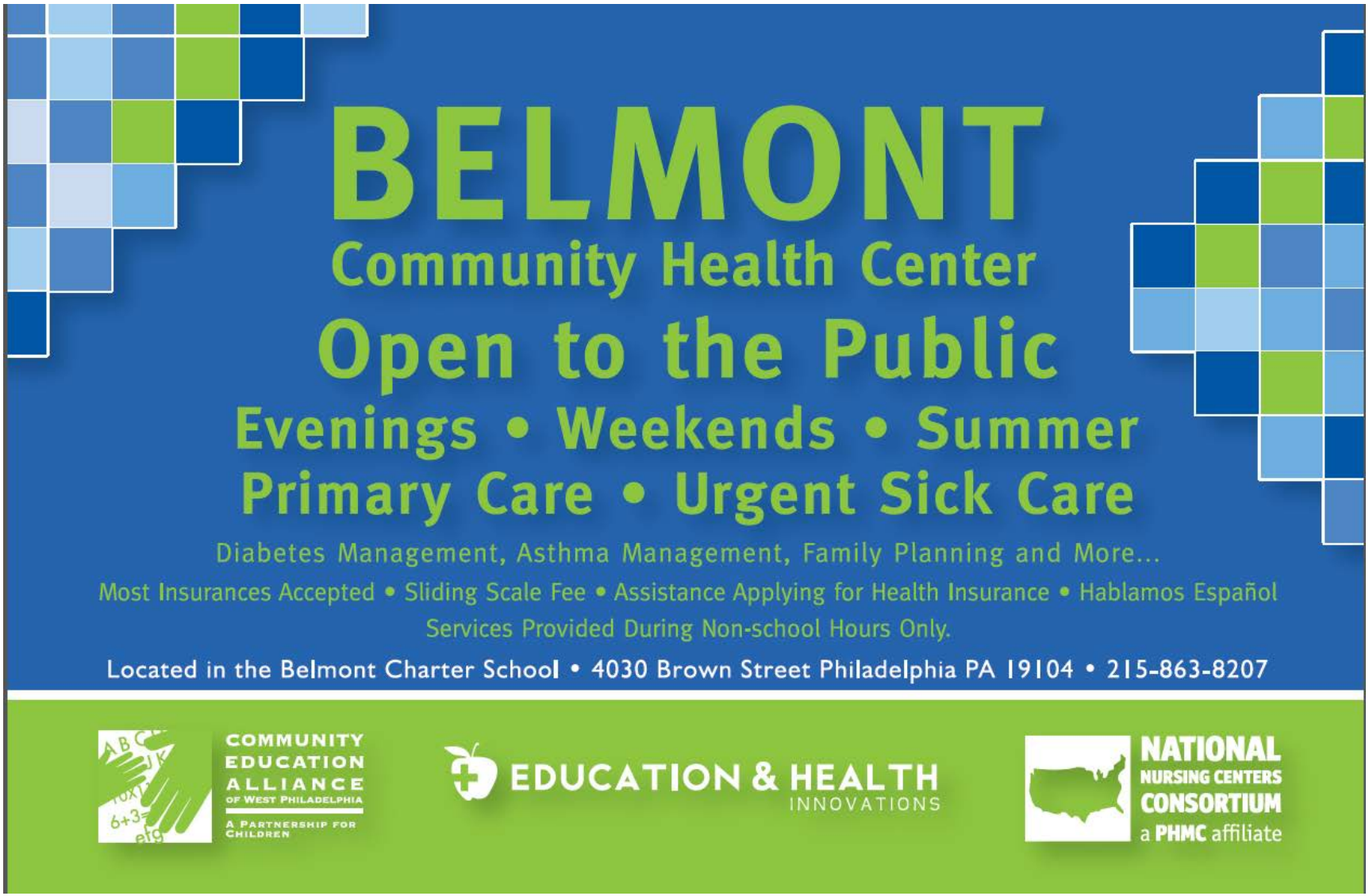
- Build trusting relationship with our members.
- Engage within the community and high-volume provider practices.
- Provide connections back to health plan and provider office.
- Perform in-home environmental assessment.
- Educate the member and family about asthma triggers and avoidance techniques.
- Connect the family to resources to make their environment more asthma-friendly, including an asthma home kit.



B.E.S.T. asthma program—Breathe Easy. Start Today®

Automated unit with medication stock cabinet, with computer system and prescription label-maker highlighted.

Partnering with School-Based Clinics



Lessons Learned

- Move toward a population-based program.
- No single program meets the needs of all members with asthma. A multi-pronged approach is the most successful.
- Adapt to the “local health ecosystem” to address member needs.
- Engagement within the community is key.

Questions?

Polling Question 3

After participating in this webinar, what would you like to hear more about in future webinars?

1. Building my program's workforce
2. Establishing collaborative partnerships
3. Creating a program infrastructure to prepare for funding
4. Making the business case for my program

Thank You to Our Winners

Asthma Regional Council of New England

Health Resources in Action®
Advancing Public Health and Medical Research

Urban Health Plan, Inc.

Public Health
Seattle & King County

AmeriHealth Caritas

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