



America's Health
Insurance Plans

*Health Plan Strategies for Managing Asthma: Key Findings from
AHIP's Asthma Assessment*

May 23, 2017

U.S. Environmental Protection Agency
Cooperative Agreement #XA-83576401



Health Insurance Plan Strategies for Managing Asthma and Reducing Exposure to Environmental Triggers

In collaboration with the U.S. Environmental Protection Agency



Welcome and Introductions

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MODERATOR



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Housekeeping

- Please place all phone lines on mute.
- Use the chat features to ask questions. Questions will be addressed periodically throughout the webinar as well as at the end.
- Slides will be made available and will be posted online at ahip.org/asthma.



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Three-year Initiative with EPA

October 1, 2014 – September 30, 2017

- Identify and promote health plan best practices that align with the NIH EPR-3 asthma guidelines.
- Accelerate efforts to assess and disseminate health plan interventions that help prevent the onset of asthma episodes related to indoor environmental triggers.
- Compliment the EPA's Indoor Environments Program priorities and goals of reducing environmental health risks by contaminants in indoor environments.

AHIP.org/asthma



EPA'S ASTHMA PROGRAM

Supporting Communities to Deliver Sustainable In-Home Environmental Asthma Interventions

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U.S. Environmental Protection Agency
May 23, 2017

Asthma Is a Public Health Challenge



*2015 National Health Interview Survey Data, Table 4-1, www.cdc.gov/asthma/nhis/2015/table4-1.htm

†2015 National Health Interview Survey Data, Table 3-1, www.cdc.gov/asthma/nhis/2015/table3-1.htm

‡Coordinated Federal Action Plan to Reduce Racial and Ethnic Asthma Disparities.

www.epa.gov/sites/production/files/2014-08/documents/federal_asthma_disparities_action_plan.pdf

^Defined as living at or below 100% of the federal poverty level

Uncontrolled Asthma Drives Up Healthcare Costs



Asthma costs the U.S. over \$50 billion in medical costs each year. *

Uncontrolled
Asthma



Increased
Healthcare
Utilization



Increased
Cost

Asthma symptoms are uncontrolled for an estimated 40% of children and 50% of adults with asthma in the United States. †

Uncontrolled asthma increases the frequency of expensive emergency department (ED) visits and hospitalizations. ‡

Medical care for a child with uncontrolled asthma costs nearly \$5,000 more per year than medical care for a child with controlled asthma. **

* CDC. Vital Signs: Asthma in the US. 2011. <https://www.cdc.gov/vitalsigns/asthma/>

† CDC. AsthmaStats: Uncontrolled Asthma among Persons with Current Asthma. https://www.cdc.gov/asthma/asthma_stats/uncontrolled_asthma.htm

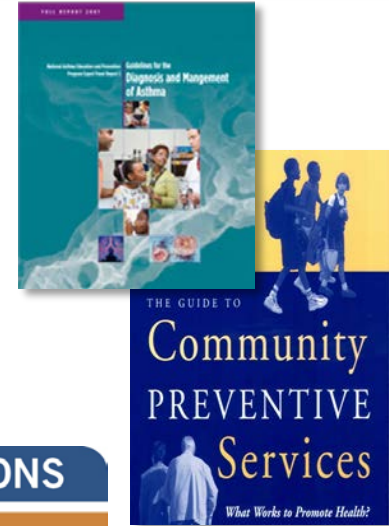
‡ Sullivan, P.W., et al. The relationship between asthma, asthma control and economic outcomes in the United States. *Journal of Asthma*. 2014; 51: 769-779.

** Szeffler, S.J. et al. Economic burden of impairment in children with severe or difficult-to-treat asthma. *Ann Allergy Asthma Immunol*. 2011; 107: 110-119.
<http://www.capitalallergy.com/pdfs/chipps/79.pdf>

Environment Plays a Critical Role in Asthma Control



- Federal asthma guidelines recognize environmental trigger reduction as a critical component of comprehensive asthma care.*
- The evidence base demonstrates that in-home environmental interventions are effective at improving asthma control in children and adolescents.†



EFFECTIVE IN-HOME ENVIRONMENTAL INTERVENTIONS

Home-Based

- Includes at least one home visit by trained personnel to improve the home environment
- Examples: community health workers, clinicians, health care providers

Multi-Component

- Includes at least two components, including at least one environmental component
- Activities may include asthma-related education, self-management training, environmental assessment and remediation, social services, coordinated care

Multi-Trigger

- Targets two or more potential asthma triggers, including mice, cockroaches, dust mites, excess moisture and mold, household pets, tobacco smoke

* NHLBI. Guidelines for the Diagnosis and Management of Asthma (EPR-3). 2007. <https://www.nhlbi.nih.gov/health-pro/guidelines/current/asthma-guidelines>

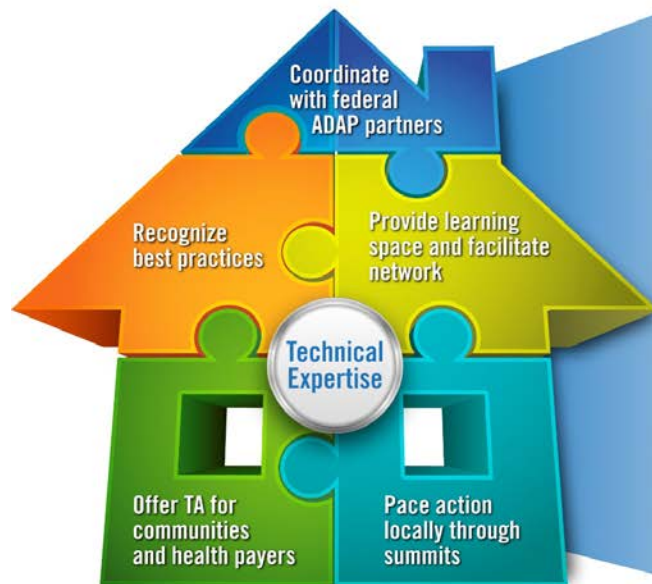
† CDC. The Guide to Community Preventive Services. 2005. <https://www.thecommunityguide.org/>

- Technical expertise and tools to help address risks and develop services at the intersection of built environment – homes and schools – and health.
- Focus on the up-front prevention of asthma attacks in the home environment. Good health starts at home.
- Ability to convene stakeholders, synthesize cutting-edge learning, and translate it to the field through AsthmaCommunityNetwork.org.
- Immediate platform of 1000+ community programs leveraged by other feds, non-profits and states.

EPA Supports High Value, In-Home Environmental Interventions



Meeting Communities Where They Are



**SYNTHESIZE
AND SPREAD
LEARNING**



Systems in Place to Measure Progress



Goal: By 2018, assist 1,000 programs in communities nationwide to deliver and sustain high-value, in-home, environmental interventions that reduce urgent healthcare use and costs & improve community asthma control..

Meeting communities where they are.....

Results we see.....

Provide learning
space and
facilitate network

AsthmaCommunityNetwork.org

1000+ network of
community programs

Recognize best
practices

National Environmental Leadership
Award in Asthma Management
Communities, Providers, Payers

41 award winners

Offer TA to
communities and
health payers

National Center for Healthy Housing
America's Health Insurance Plans

~Growing available workforce and
supporting community solutions
~Capturing and leveraging payer
readiness
~1250 payer representatives educated
on benefits and payment options

Pace action locally

Asthma Financing Summits

11 summits impacting 16 states
and reaching 700+ people

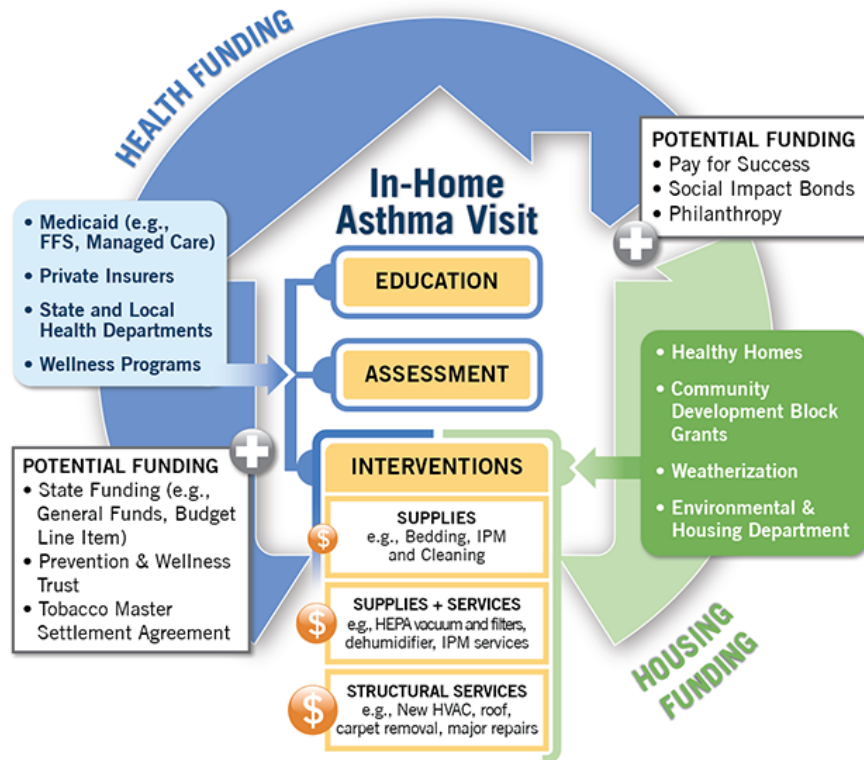
Synthesize and
spread learning

Bringing it all together

563 programs equipped to deliver
and sustain in-home environmental
asthma care

Synthesize and Spread Learning:

Understanding How to Secure Sustainable Financing





Sherzod Abdukadirov, PhD



- Joined AHIP in January 2017
- PhD in Public Policy from George Mason University
- 15 years experience in social research and policy analysis
- Previous work in academia, policy think tanks and tech industries



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Methodology: Surveys

	2015 Assessment Responses, # of plans	2015 Assessment Responses, enrollment	2016 Assessment Responses, # of plans	2016 Assessment Responses, enrollment
Commercial	32	75,046,772	22	59,880,801
Medicaid	28	18,887,982	20	16,867,322
Total	60	93,934,754	42	76,748,123



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Methodology: Follow-Up Interviews and Roundtables

- Six follow-up interviews after Year 1 survey
 - Health plans that offered home-based assessment
 - Health plans that did not offer home-based assessment
- Three follow-up interviews after Year 3 survey
 - Health plan that started offering home-based assessments
 - Health plans that stopped offering home-based assessments
- Two roundtable meetings with 25 plan representatives



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Key Findings

1. Racial and income-based disparities in asthma outcomes
2. Partnerships in environmental asthma management
3. Challenges with member engagement
4. Challenges with funding home-based assessment programs
5. Balancing program effectiveness and long-term financial sustainability



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Racial and Income-Based Disparities in Asthma Outcomes

Race/Ethnicity	Do not collect, %
Alaskan Native or American Indian	65
Asian	65
Black or African American	63
Hispanic or Latino	67
Native Hawaiian or Other Pacific Islander	68
White	63



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Racial and Income-Based Disparities in Asthma Outcomes

	Commercial 2016, %	Medicaid 2016, %
High frequency of health care utilization for asthma related events	75	91
Poor medication adherence (both rescue and controller medications)	75	91
Common asthma comorbidities	50	73
Poor asthma trigger control behaviors	25	73
No usual source of care	0	64
Prevalence of specific environmental triggers	50	55
Psychosocial/mental health needs	25	55
Age	50	45
Geographic location	25	45
Lack of transportation	25	36
Poor health literacy	50	27
Missed days from school and/or work	25	27
Race/Ethnicity	25	27
English as a second language	25	27
SES status	0	9



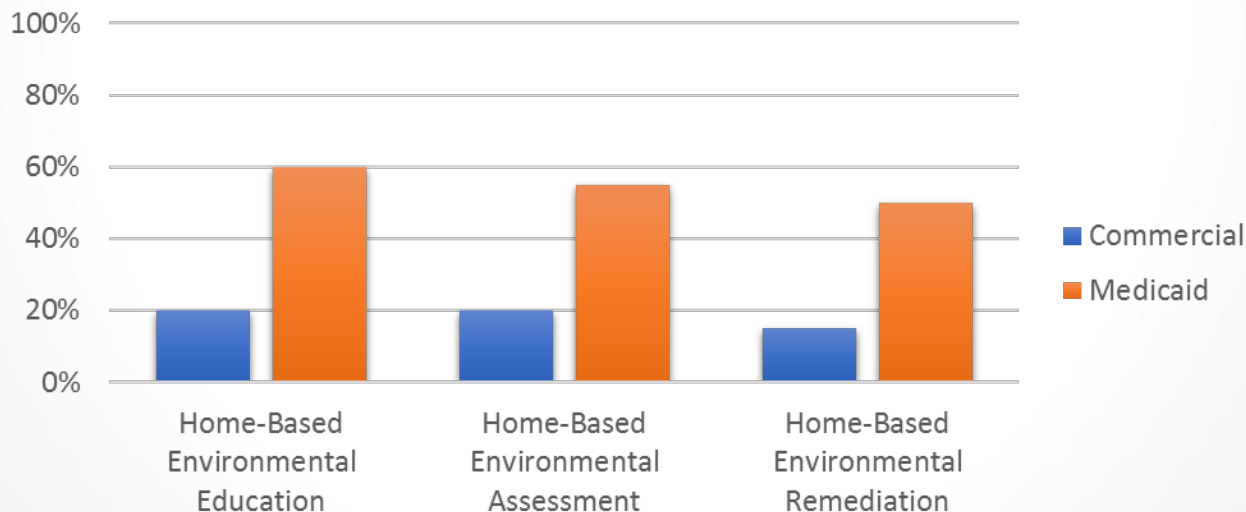
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Racial and Income-Based Disparities in Asthma Outcomes

Home-Based Asthma Management





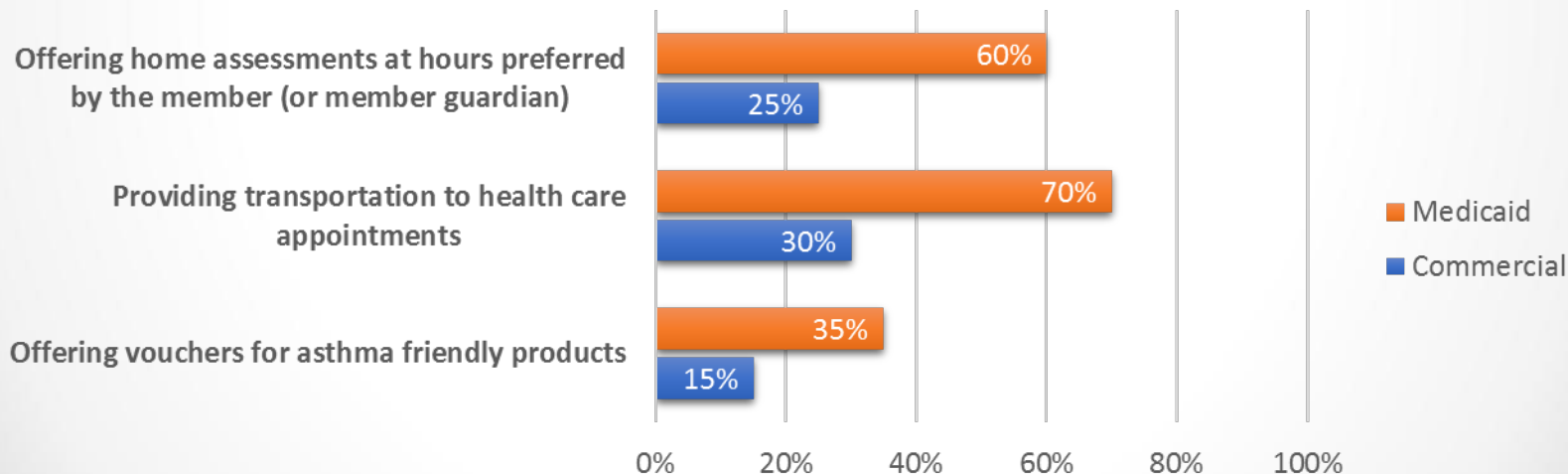
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Racial and Income-Based Disparities in Asthma Outcomes

Income-Based Disparities





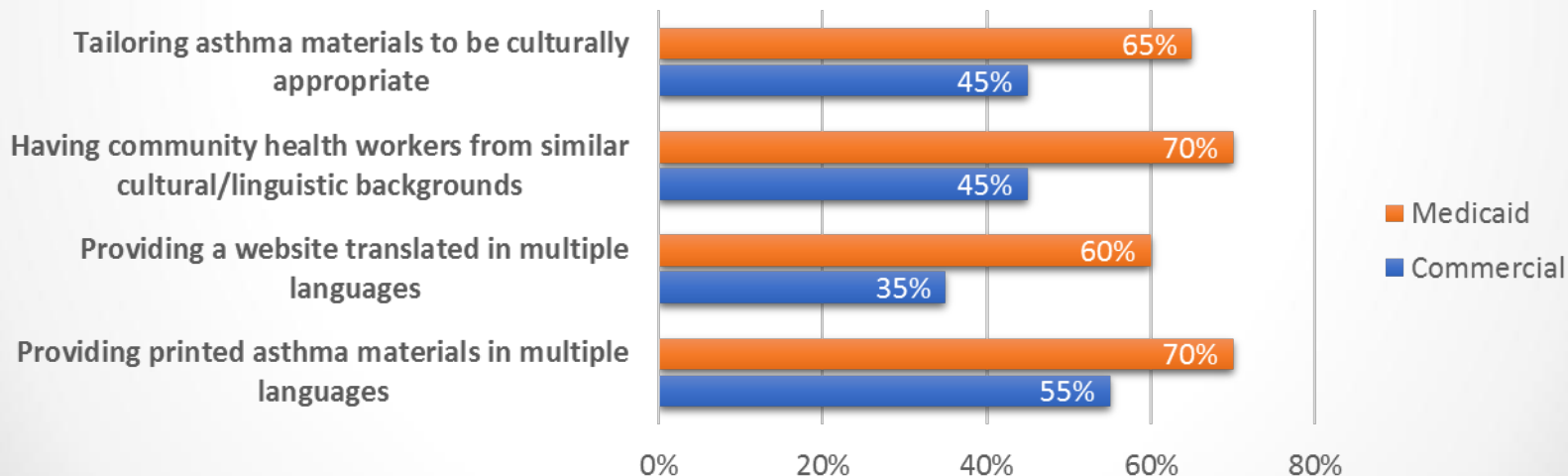
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Racial and Income-Based Disparities in Asthma Outcomes

Racial Disparities





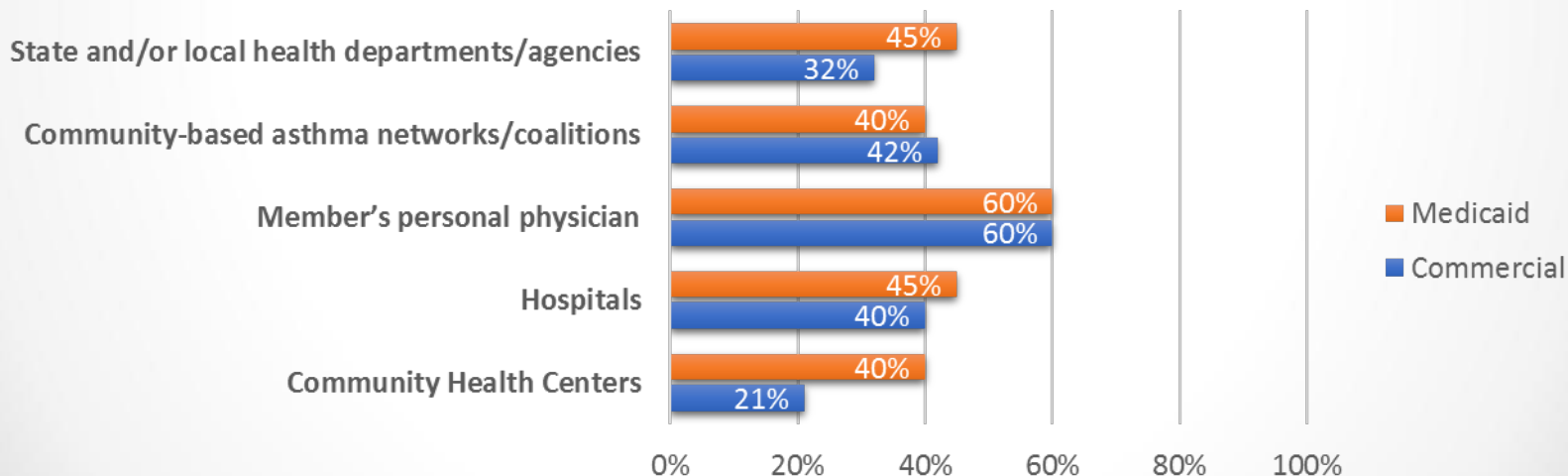
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Partnerships in Environmental Asthma Management

Current Partnerships





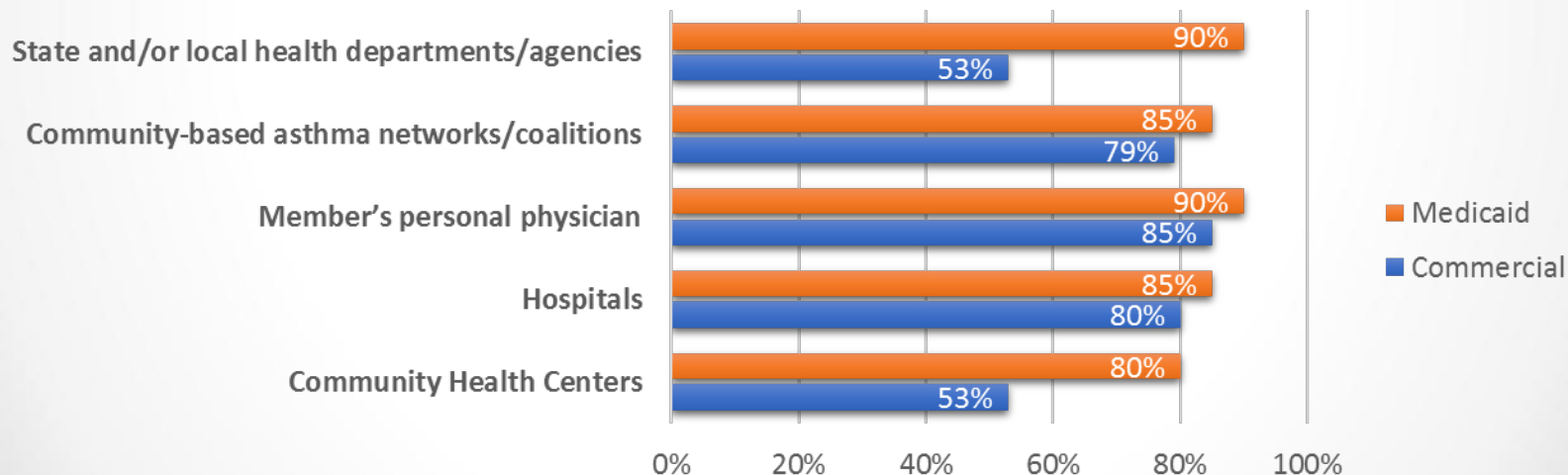
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Partnerships in Environmental Asthma Management

Future Partnerships





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Partnerships in Environmental Asthma Management

	Commercial 2016, %	Medicaid 2016, %
Home based asthma program <u>developed by and/or alongside an outside organization</u>	50	55
Implementation for home-based program was contracted out	75	64
Home-based asthma management services differ across geographic areas	75	27



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Challenges with Member Engagement

	Commercial 2016, %	Medicaid 2016, %
In order for our organization to be successful in environmental asthma management we need to see more engagement from our members with asthma	45	85
A significant number of our members continue to struggle with asthma medication adherence	59	85
A significant number of our members consider environmental asthma management a low priority given their social and economic burdens	41	85
A significant number of our members are hesitant to allow a health care worker into their home to conduct an asthma assessment	32	60
Members cancelling scheduled home assessments have been a recurring problem	27	50



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Challenges with Member Engagement

- Lack of cooperation
- Hard to reach, transient population
- Asthma is low priority
- Assessment is not enough, need remediation
- Need to establish trust



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Challenges with Funding Home-Based Assessment Programs

	Commercial 2016, %	Medicaid 2016, %
Home-based asthma management has the potential to improve outcomes and reduce costs	55	90
Providing environmental asthma management services can reduce unnecessary health care utilization among members with asthma	68	95
Our organization has seen a financial return on investment from providing environmental asthma management services	9	10
Our organization has seen a financial return on investment from providing <u>home-based</u> asthma assessments	0	20
Our organization questions the financial value of environmental asthma management	32	15



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Challenges with Funding Home-Based Assessment Programs

	Commercial 2016, %	Medicaid 2016, %
Our organization has the necessary administrative budget funds to support environmental asthma management	23	10
Our organization has the necessary community benefit funds to support environmental asthma management	9	10
Our organization has the necessary external grant funding to support environmental asthma management	5	10
The high cost to conduct home-based asthma assessments is a barrier	64	75
Our organization has the necessary internal staff to provide environmental asthma management	32	40
Home-based assessments are too time intensive for our employees	50	55



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Program Effectiveness vs Financial Sustainability

Option #1: Partner with external providers (e.g. visiting nurses)

- Pros:
 - Can charge as medical expense
 - Financially sustainable
- Cons:
 - Members may not trust nurses and may not let them into the home
 - Asthma is low priority for members



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Program Effectiveness vs Financial Sustainability

Option #2: Develop in-house

- Pros:
 - Can train/hire Community Health Workers
 - Can develop, capitalize on relationships
 - Can provide additional “goodies” to increase member engagement
- Cons:
 - Cannot charge as a medical expense
 - Need external funding or have to charge against administrative funds
 - May be more difficult to achieve financial sustainability



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Questions?

Visit us online at: www.ahip.org/asthma