



Welcome to the Webinar

Securing Coverage for In-Home Asthma Care Services

Featuring:

Amanda Reddy, National Center for Healthy Housing

Abby Hugill, U.S. Department of Housing and Urban Development

Jill Bednarek, Healthy Living Branch, Colorado Department of Public Health and Environment

Wednesday, February 18, 2015

Webinar 2:00 – 3:00 p.m. EST

Live Online Q&A 3:00 – 3:30 p.m. EST on AsthmaCommunityNetwork.org

Purpose of the Webinar

Learn more about the changing landscape of healthcare coverage and how to prepare your own organization for existing opportunities in sustainable financing.

- Develop an understanding of Medicaid reimbursement.
- See a critical path to help programs prepare for reimbursement.
- Learn about the key partnerships, conversations and infrastructure needed by a program to prepare for reimbursement.

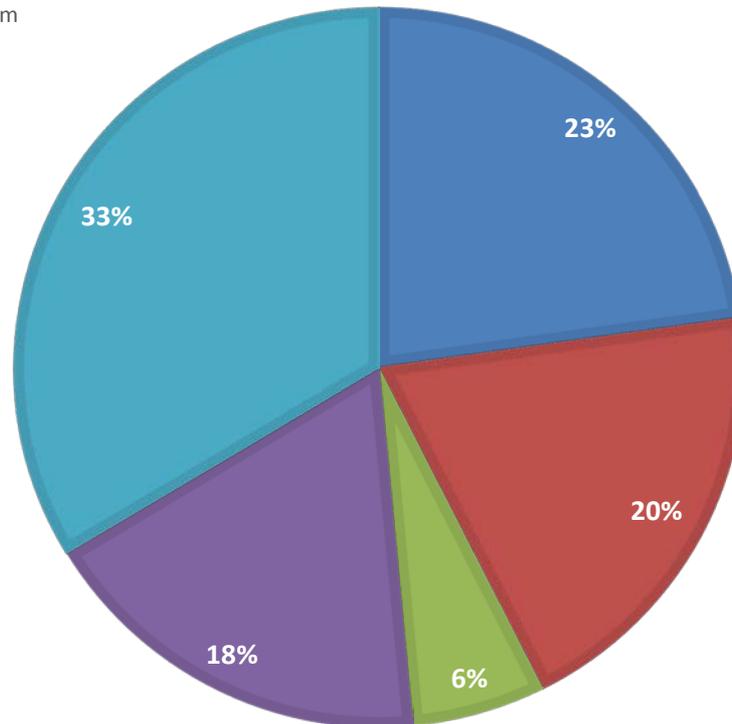
Your Questions

- Where do I start?
- What partnerships should I focus on establishing?
- How do I prepare a business case?
- What types of services are covered?
- Who is qualified to be reimbursed for in-home asthma services?
- Which states have successfully secured sustainable coverage for in-home services?

Poll Question

What type of organization do you represent?

- Community Asthma Program
- Health Department
- Housing-focused Program
- Federal, State, or Local Government
- Other



Poll Question

What are you excited to learn about that will advance your efforts to secure funds for in-home asthma services?

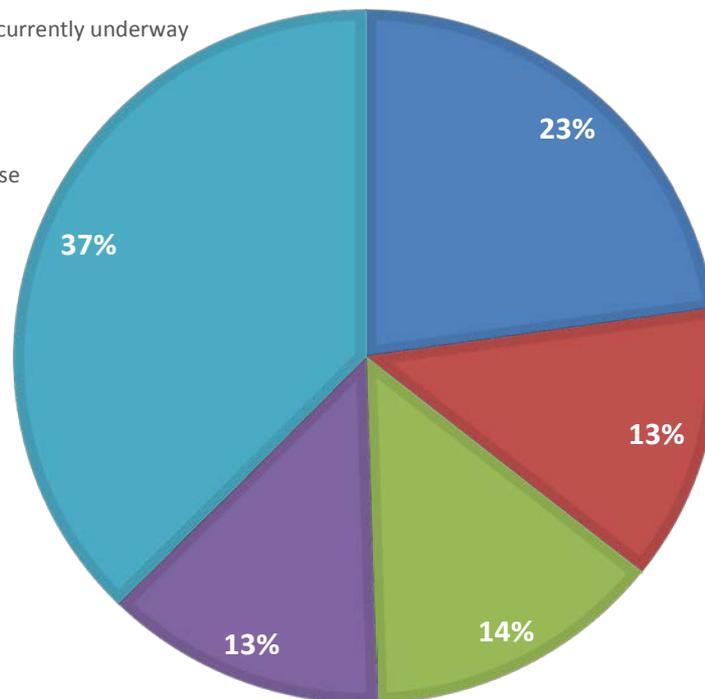
■ The pathways to reimbursement

■ State reimbursement activities currently underway

■ Building effective partnerships

■ Communicating the business case

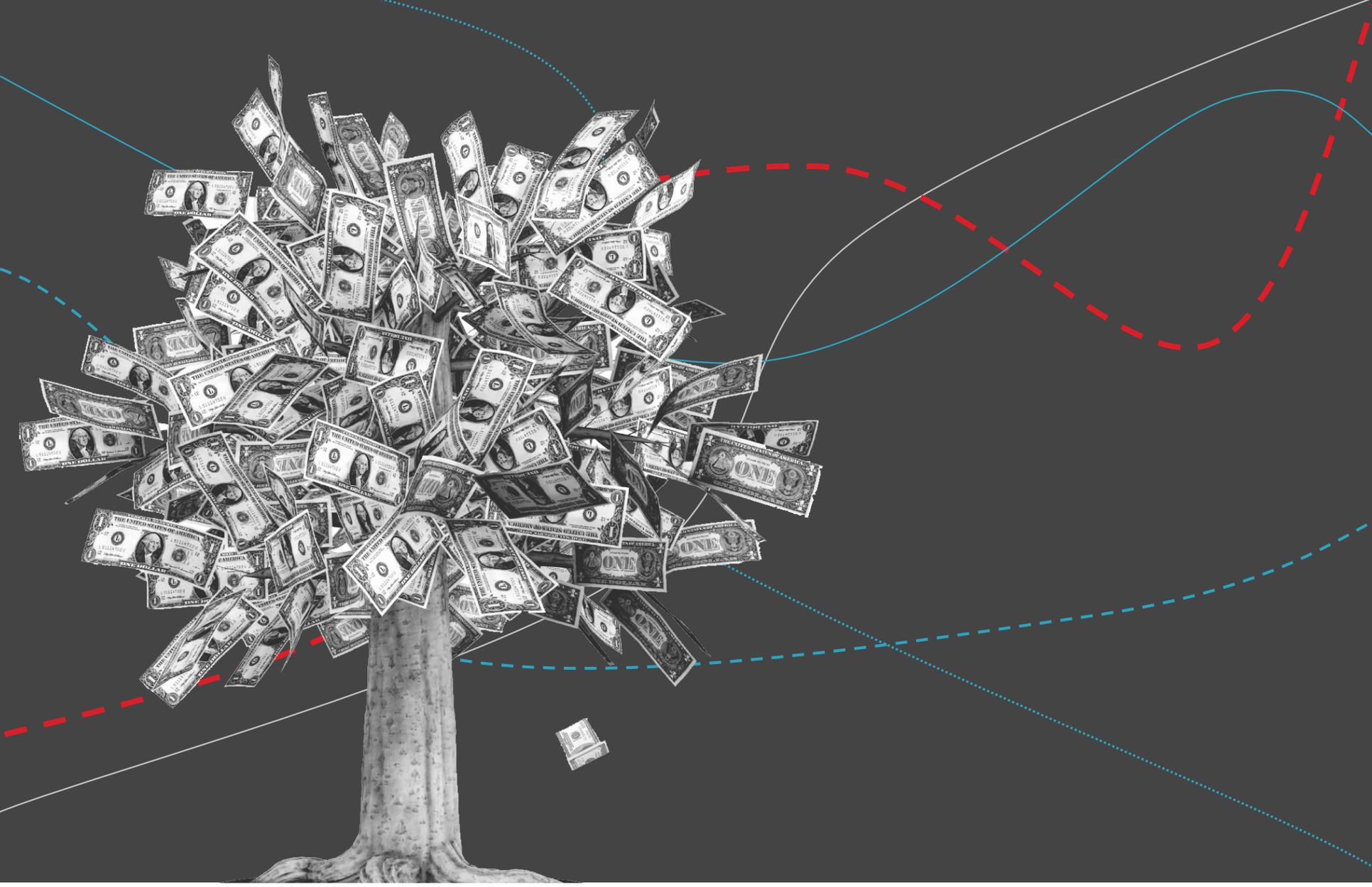
■ Services that are reimbursable





Amanda Reddy

National Center for Healthy Housing



THE REIMBURSEMENT LANDSCAPE

Healthy Homes and Healthcare Reform: Healthcare Financing of Healthy Homes Services

- APHA/CDC funded project
 - ▣ What is the current reimbursement landscape?
 - Through lens of asthma and lead
 - ▣ What opportunities exist for state/local agencies or organizations interested in exploring healthcare financing of healthy homes services?

The resource library, technical briefs and survey were made possible through a contract between the American Public Health Association and the National Center for Healthy Housing, funded through cooperative agreement 1U38OT000131 between the Centers for Disease Control and Prevention and the American Public Health Association. The contents of the resource library, technical briefs and survey are solely the responsibility of the authors and do not necessarily represent the official views of the American Public Health Association or the Centers for Disease Control and Prevention.

Medicaid Reimbursement Policies: 2014 Survey

- Online surveys
 - ▣ Home-based asthma services
 - ▣ Lead poisoning follow-up services
- Sent to program contacts and Medicaid Directors in Spring 2014
- Responses from 46 states for asthma and 49 states for lead

Reimbursement by the numbers:

Home-based asthma services



13

states have some Medicaid reimbursement for home-based asthma services in place (may be on very limited scale)

3

additional states expect to have some Medicaid reimbursement for home-based asthma services in place within a year

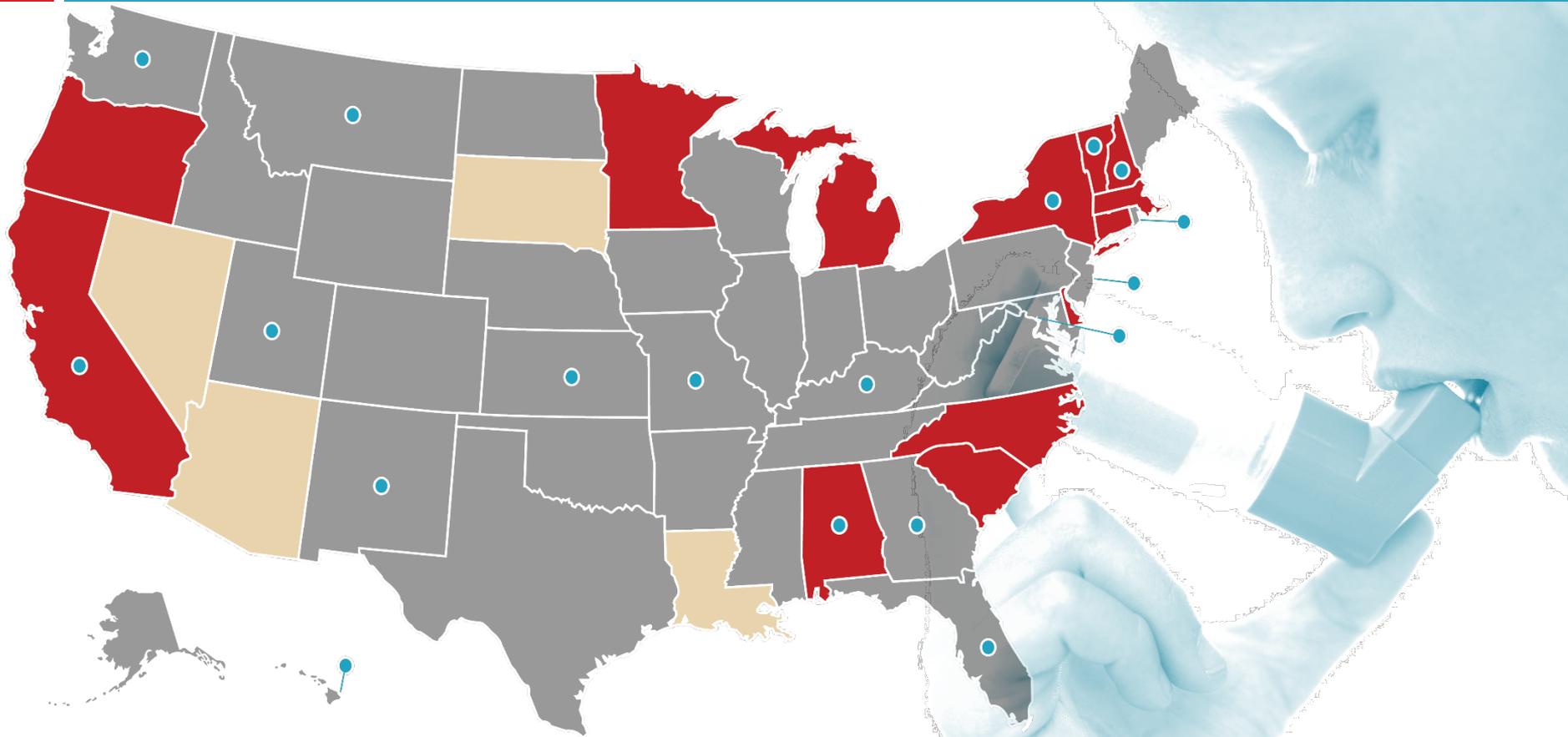
19

states are exploring Medicaid reimbursement for home-based asthma services (or an expansion of existing services)

37

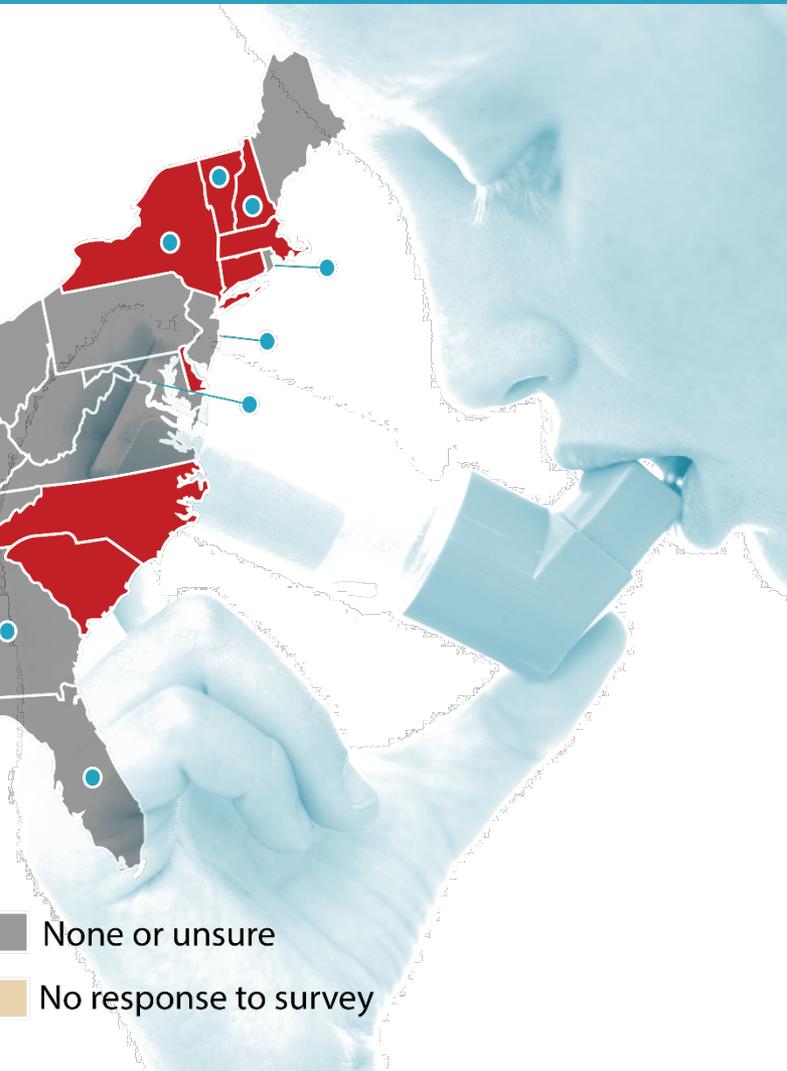
states reported that no services are in place or the respondent was not sure whether services were in place or the state did not respond to the survey

Current State of Play: ASTHMA



- Medicaid reimbursement in place (may be on limited scale)
- Exploring Medicaid reimbursement (or expansion of services)

- None or unsure
- No response to survey



Who is eligible for these services?

Among 13 states with home-based asthma services in place (select all that apply)



100%

provide services to children

69%

provide services to adults



OTHER REQUIREMENTS

- Recent hospitalization or ED visit (62%)
- Other healthcare utilization (38%)
- ACT score (15%)
- Location of patient's residence (15%)
- Allergen testing, screening questions about home environment, referral from school/daycare (8%)

What services are reimbursable?

Among 13 states with home-based asthma services in place (select all that apply)



Self-management education, 77%

Assessment of primary residence, 69%

In-home education about triggers, 54%

Low-cost supplies, 38%

Assessment of a second residence, daycare or school, 23%

Structural remediation, 15%

What type of staff provide services?

Among 13 states with home-based asthma services in place (select all that apply)

Nurses, 77%

Certified Asthma Educators, 54%

Respiratory Therapists, 38%

CHWs, 31%

Housing Professional, 15%

Sanitarian/Environmental Health Professional, 15%

Social Workers, 15%



Who is billing for these services?

Among 13 states with home-based asthma services in place (select all that apply)



Medicaid Managed Care Orgs, 54%

Visiting Nurse/Home Health Agencies, 46%

Hospitals/Clinics, 38%

Local Health Dept, 31%

Other Healthcare Providers, 15%

State Health Dept, 8%

Community-Based Orgs, 8%

Other, 8%



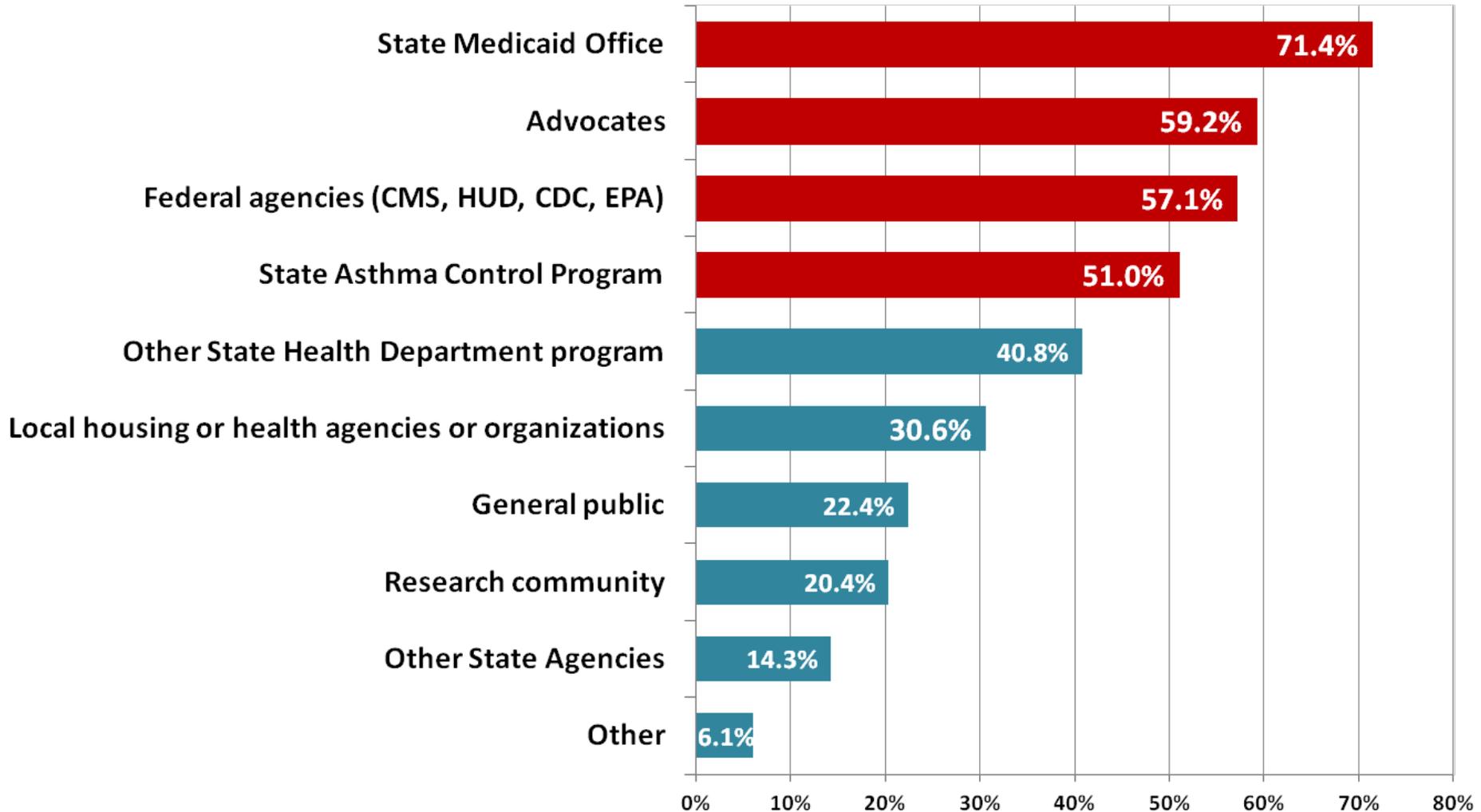
Most influential drivers (average ratings)

(4=Very important, 3=Important, 2=Somewhat Important, 1=Not important)

- ❑ **Credible information about potential costs and savings (3.7)**
- ❑ **Credible information about potential improvements in health outcomes (3.6)**
- ❑ **Political will/leadership (3.5)**
- ❑ Federal funding for State Asthma Control program (3.4)
- ❑ Relationships/partnerships to get issue on table (3.4)
- ❑ Promotion of service by State Asthma Control Program (3.3)
- ❑ Established workforce infrastructure to deliver services (3.3)
- ❑ Information/evidence from local/regional pilots (3.3)
- ❑ Credentialing infrastructure for eligible providers (3.3)
- ❑ Advocacy/interest from healthcare community (3.2)
- ❑ Change in EHB rule (3.2)
- ❑ Healthcare reform (e.g., ACA) (3.1)
- ❑ Individual champions within state agencies (3.1)
- ❑ Advocacy/interest from local or external partners/stakeholders (3.0)
- ❑ NAEPP clinical guidelines (3.0)
- ❑ CDC Community Guide (3.0)
- ❑ ...



Most influential groups



Other healthcare financing



- **7 states** reported at least one private/commercial payer in their state; an additional 7 are aware of pending efforts
- **6** Hospital Community Benefits
- **2** ACOs
- **1** Social Impact Bond
- **12** State-funded programs

Next Steps for NCHH

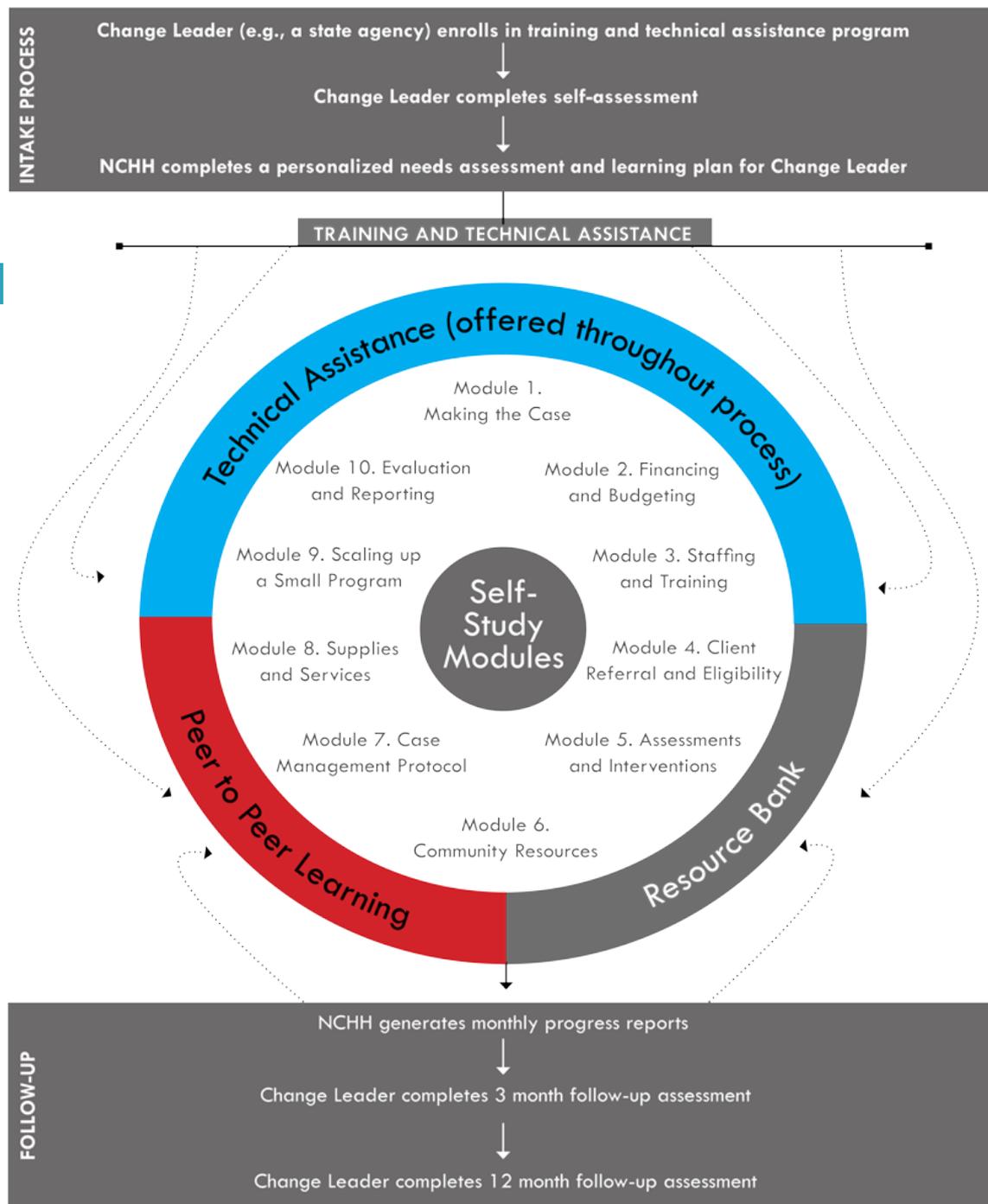
- Year 2 of APHA/CDC funding focused on interviews with key state-level staff
 - ▣ Clarify questions raised by survey
 - ▣ Develop detailed case studies
- New cooperative agreement with EPA to fund targeted technical assistance and training
- Other funding in place to support advocacy and dissemination
 - ▣ E.g., clarifying EPSDT, Bright Futures, Preventive Services and Community Guide to Preventive services guidance

If you're interested in learning more:

Read about the project:

www.nchh.org/Program/EquippingStatesforReimbursement.aspx

Keep your relevant agencies in the loop (e.g., CDC project officer, EPA Regional Office)



Next Steps for You?

- **Start (or advance) a conversation in your community**
 - What are some unique features about the administrative or regulatory landscape in your state?
 - Who is working on or might be interested in this issue in your state?
 - What would an ideal program look like for your state?
 - What needs to happen to make this a reality?
 - What is the first step? **What can you do within the next month?**

Considerations

- **Translating a program/project into a service**
 - ▣ Who can order the service? Who can provide the service? What additional training/certification do they need? Who will be eligible for the service? Will you stratify services? What activities will be covered? How will supplies and services be paid for or provided? How will patients get connected to other community resources? How will the service deal with special situations (e.g., lifetime limits, multiple residences, multiple patients in the same residence)? Who can bill/be reimbursed for the service? How will reimbursement rates be determined?
- **Building the business case**
 - ▣ Perspective (e.g., payer, societal); impact of targeting, intensity, staffing, scope, number of visits; timeframe of measurement; benefit structure (e.g., lifetime limit, multiple residences, multiple patients in same residence); some costs may go up, but net benefit likely to be savings; role of cost-neutral/cost-effective interventions in achieving the triple aim; ability to leverage other funding
- **The process takes time, but every conversation is an opportunity to refine your pitch!**

Some Useful Tools

- [NCHH Healthcare Financing Resource Library](#)
- [CDC Community Guide to Preventive Services](#)
- [CDC Approaches to Reimbursement Report](#)
- [ARC Business Case](#)
- [EPA Award Winners Hall of Fame](#)
- [EPA's Value Proposition Toolkit](#)
- [AHRQ's Asthma ROI Calculator](#)

Expert reports +
real-world examples +
these tools +
your own program's information/experience =

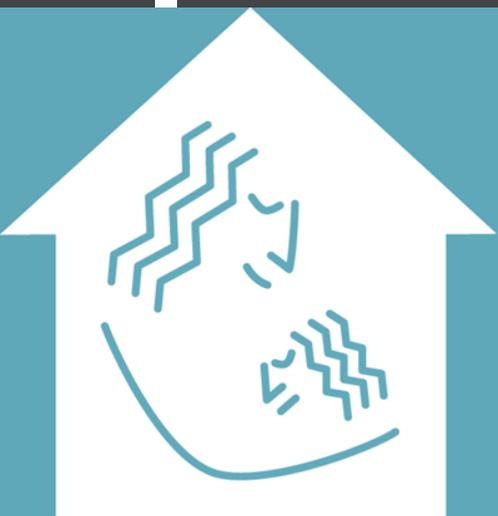
A compelling (and fundable) story

Amanda Reddy

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www.nchh.org/resources/healthcarefinancing.aspx

www.nchh.org/Resources/HealthcareFinancing/Snapshot.aspx



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Colorado Healthy Housing Coalition



Jill Bednarek

Colorado Department of
Public Health and
Environment

Abby Hugill

U.S Department of
Housing and Urban
Development

Actions to promote healthy housing can yield dramatic improvements in the health and safety for individuals and families in Colorado.

Colorado Healthy Housing Coalition



Our Beliefs:

- Low-income families - especially children and the elderly - suffer disproportionately from substandard housing.
- Policy makers and environmental and public health advocates can address this inequity by taking action to ensure healthier, safer homes.
- Investments to improve the quality of housing can save billions in health care costs.

Purpose:

*Colorado Healthy Housing Coalition:
A Call to Action*



Mission:

Working together to promote strategies that advance healthy housing

Goals:

Promote the incorporation of healthy homes principles into ongoing programs and practices

Focus attention on the relationships between housing and health impacts

Coordinate and leverage state-wide healthy homes activities

Outcome:

Reduce public health inequities and improve health outcomes related to housing

Colorado Healthy Housing Coalition



Colorado Department of Public Health and Environment

Colorado Division of Housing

Colorado Energy Office

Colorado Health Care Policy and Financing

U.S. Environmental Protection Agency

U.S. Housing and Urban Development

U.S. Department of Health and Human Services

Local Public and Environmental Health

Local Community Representatives



Colorado Healthy Homes Coalition: A Call to Action

Overview of Collaboration

- Collaborations and Healthier Homes
 - Top 3 housing related health issues (Asthma/Childhood Lead Poisoning/Unintentional Injuries) are preventable and can be mitigated through home repairs/corrections
 - The economic burden of hazards in lower-income homes is significant (costs from asthma due to home dampness and mold was estimated at over several billion \$ annually)
 - Targeted interventions based on household health issues result in measurable/repeatable outcomes
 - All in-home programs shall encourage staff to maximize relationships/referrals enhance customer service

Guiding resources

Colorado Healthy Housing Coalition:
A Call to Action



The Guide to Community Preventive Services
THE COMMUNITY GUIDE
What Works to Promote Health



An online resource to help apply evidence-based intervention strategies.

May, 2012 www.epa.gov/childrentaskforce

President's Task Force on Environmental Health Risks and Safety Risks to Children



Coordinated Federal Action Plan to Reduce Racial and Ethnic Asthma Disparities



Housing Interventions and Health:
A Review of the Evidence



January 2009
National Center for Healthy Housing

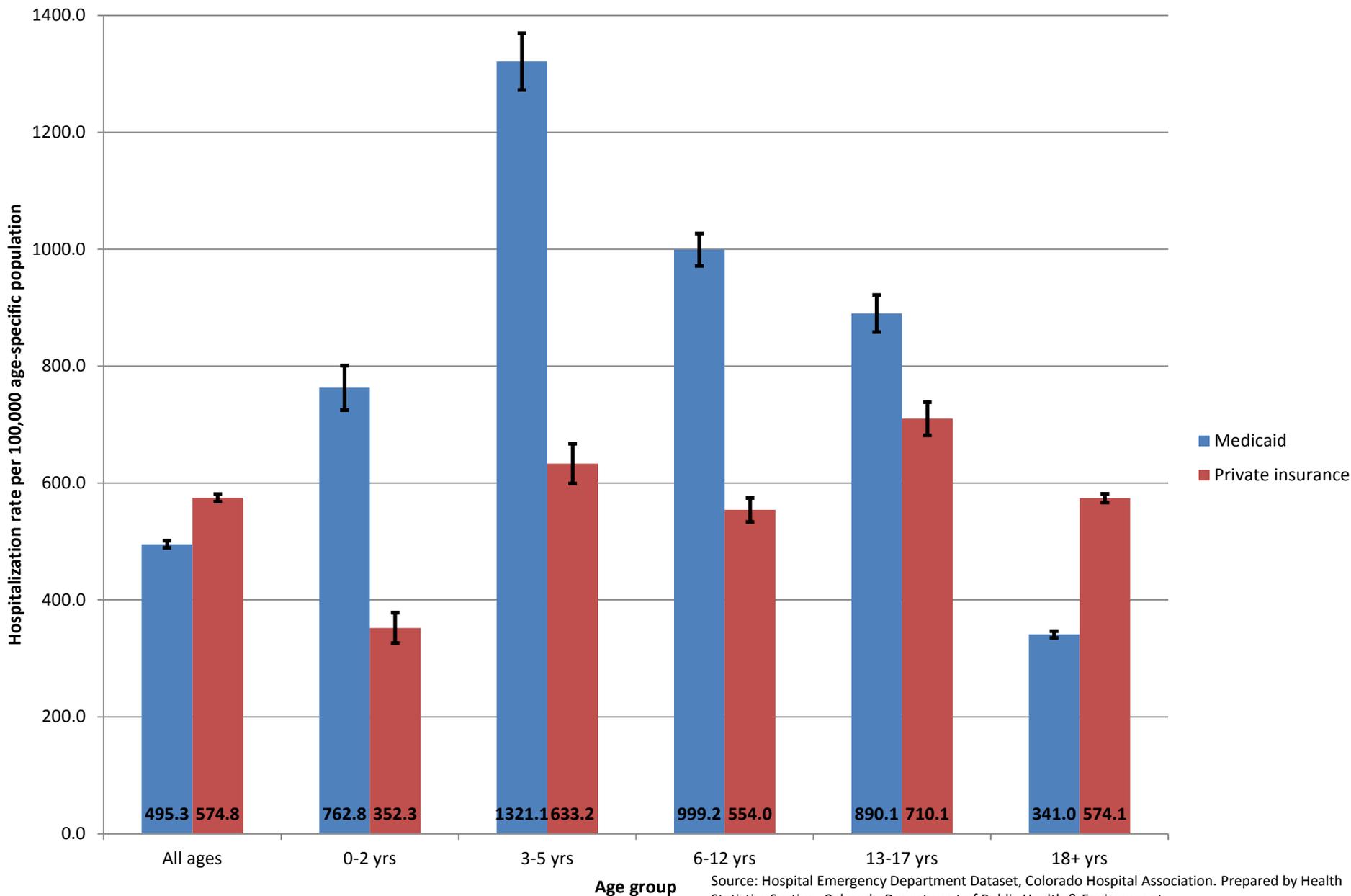
healthymove.hud.gov

Advancing Healthy Housing
A STRATEGY FOR ACTION



2012
A Report from the Federal Healthy Homes Work Group

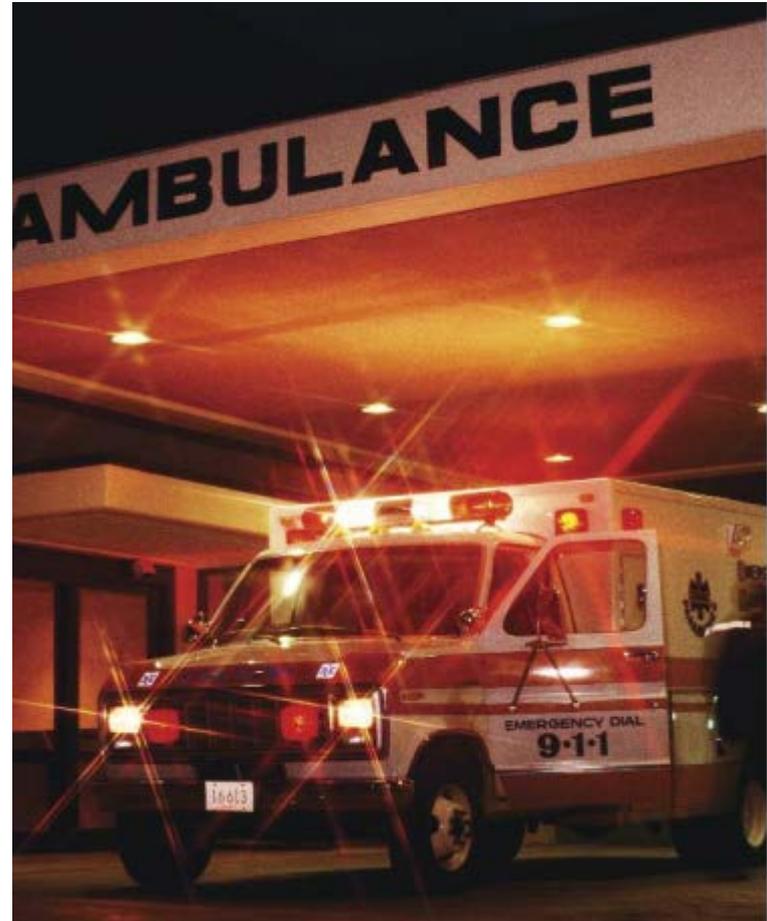
Asthma-related emergency department hospitalization rates by age group and expected payer source (2012)





Cost for Asthma Related ED visits

CDC estimates the national average cost for Medicaid/Children's Health Insurance Program (CHIP) asthma-related pediatric Emergency Department (ED) visit at \$433 and estimated in 2010, Colorado spent approximately \$4,451,000 for such visits for children aged 0–17 Years





Build Relationships

State and Local Environmental Health Programs - find a few champions with each agency that are passionate about providing evidenced-based services to this population

State and Local Affordable Housing Entities - link addressing health to their fiscal bottom line

Medical providers and hospitals - improve health outcomes and reduce duplication

Insurers - explain how your efforts can save them money



Colorado Landscape

Colorado Department
of Healthcare Policy
and Financing (HCPF)



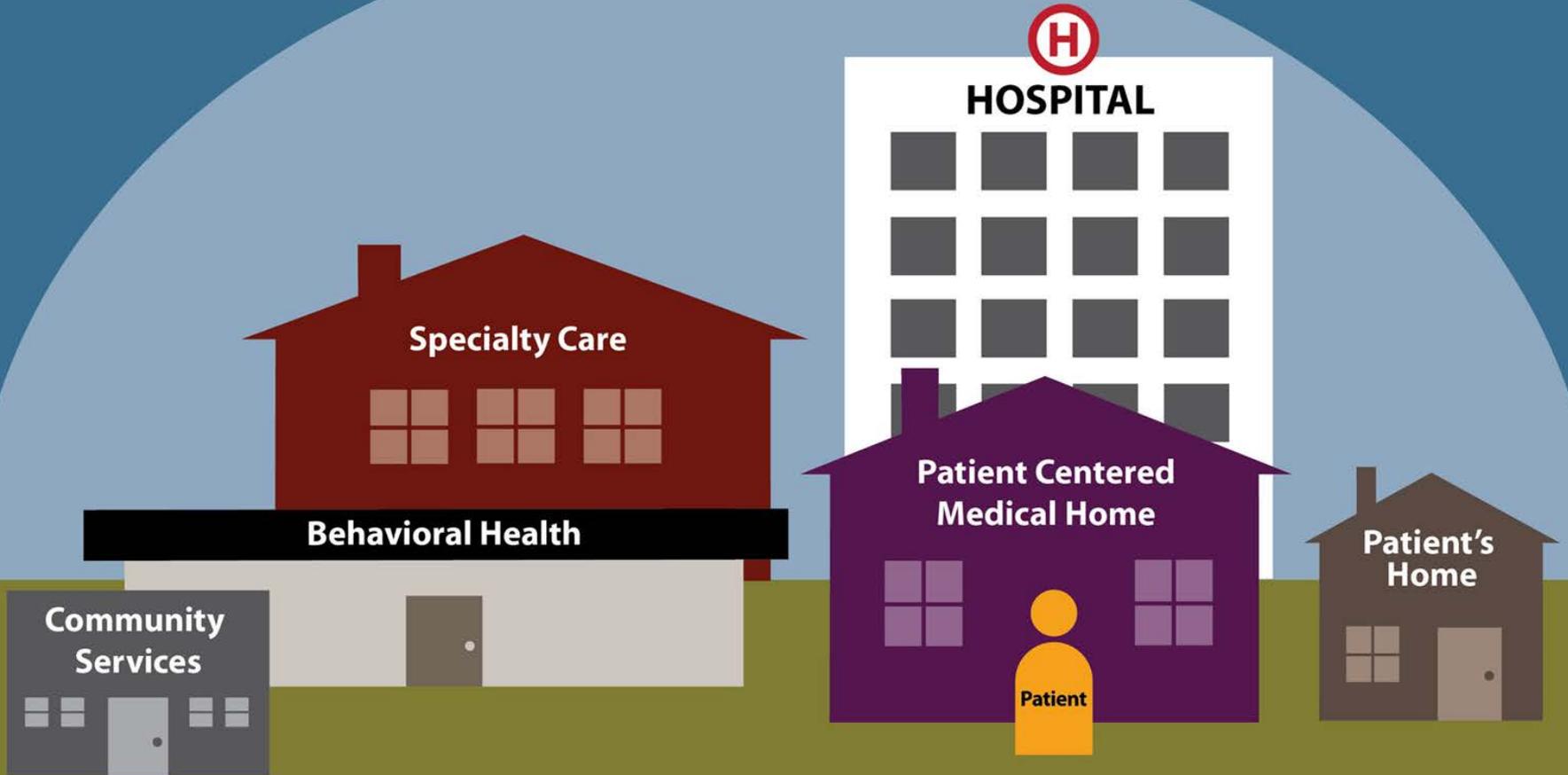
Accountable Care
Collaborative (ACC)

Managed Care
Organizations (MCO)

Fee for Service (FFS)

7 Regional Care
Collaborative
Organizations (RCCO)

Care Coordination



Data and Analytics



How do we bring reimbursement to Colorado?

To date, we have:

- Determined the key players & gauged interest
- Identified existing approaches, evidence base, and business case
- Brought the players together - Asthma Summit
- Created actionable next steps with partners identified
- Documented the value proposition, logic model, and evaluation tools



Where we are now

- In talks with the Accountable Care Collaborative to gain approval for reimbursement
- Working with Children's Hospital Colorado to as they begin a 3 year pilot which includes home visits
- Discussing home assessment capacity with local health departments



What we have yet to do

- Obtain approval for reimbursement
- Determine training/certification of home assessors that will be acceptable to the ACC
- Determine what reimbursement will cover
- Expand partnerships with CDBG/other funding sources to refer extensive home remediations
- Scale model to entire state



Tools, Resources and Processes we are using

- Value Proposition – using Asthma Community Network’s example as our guide
- Assessment plan
- Logic Model



Program: In-Home Environmental Assessments for Asthmatic Children Covered by Medicaid Logic Model

Situation:

Colorado children who are covered by Medicaid are more likely than those with private insurance to have ED visits and inpatient hospitalization admissions related to asthma. Children less than 13 years old with Medicaid have higher rates of asthma-related inpatient hospitalizations compared to children with private insurance. The asthma-related ED hospitalization rates for children less than 18 yrs old with Medicaid are significantly higher (1.7 times) than children with private insurance.

Inputs	Outputs		Outcomes -- Impact		
	Activities	Participation	Short	Medium	Long
Healthy Housing Coalition partner agencies Colorado Health Care Policy and Financing – HCPF (Medicaid) Medicaid Providers Medicaid Case-management agencies, both public and private Local Environmental Health Agencies Asthma Coalition	Home-based Assessments Home Visits Patient/Parent/Family education Low level remediation	Asthmatic Children in Colorado covered by Medicaid (under age 18) Parents of children diagnosed with Asthma Health Care Providers	Establish a consistent protocol for in-home assessments Parents increase understanding of how behavior and environment impacts asthma symptoms Reduce asthma triggers in the home Increase adherence to asthma treatment action plan	Increase access to evidence-based management practices for asthmatic children covered by Medicaid Reduce number of days and nights with asthma symptoms Reduce number of school days missed among children Reduce number of missed work days among parents	Financial return for each dollar invested Fewer ED visits, hospital admissions/re-admissions, ICU admissions, & unscheduled clinic/doctor's visits Improve parent and child quality of life

Assumptions

Project outcomes will align with Colorado Health Care Policy and Financing (Medicaid) priorities; Affordable Care law will give more flexibility to Medicaid to allow case management agencies to participate; Medicaid Providers will recognize the intervention as an improvement to patient care

External Factors

Time and availability for case management agencies or case managers to provide additional services/assessment





Lessons Learned

- Be proactive, but allow the process to be organic
- Engage the right people
- Utilize the evidence base and best practices already out there
- Allow for variability based on unique state structures
- Maximize windows of opportunity
- Build effective coalitions





Coalition Contact Information

Jill Bednarek - jill.bednarek@state.co.us
Abby Hugill - Abby.D.Hugill@hud.gov

Colorado Healthy Housing Coalition -
cohealthyhousing@googlegroups.com

Investments to improve the quality of housing can save billions in health care costs and improve quality of life.



Thank You!



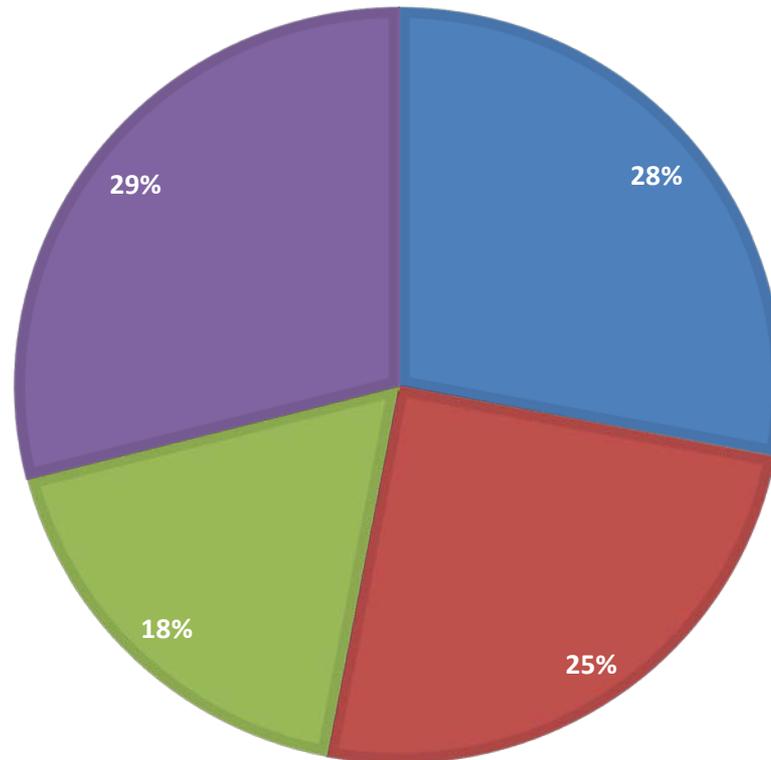
"The connection between the health and the dwelling of the population is one of the most important that exists." - Florence Nightingale

Speaker Insights

Poll Question

What actions will you take to secure coverage for your program?

- Research sustainable financing opportunities in my state
- Explore partnerships with programs in my community
- Reach out to state/local agencies to begin a dialogue
- Review the resources on AsthmaCommunityNetwork.org





Conclusion of the Webinar

Securing Coverage for In-Home Asthma Care Services

Moderator: Tracy Washington Enger, U.S. Environmental Protection Agency

Presenters:

- **Amanda Reddy**, National Center for Healthy Housing
- **Abby Hugill**, U.S. Department of Housing and Urban Development
- **Jill Bednarek**, Healthy Living Branch, Colorado Department of Public Health and Environment