

The Affordable Care Act: Potential Implications for Individuals with Asthma

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Outline of Today's Discussion

- Basic Outline of Affordable Care Act
- National Asthma Control Program vs. Affordable Care Act: *Where do NACP and ACA Programs Intersect?*
- Unanswered Questions: *ACA Implementation, Budgetary Challenges & Election Impact*

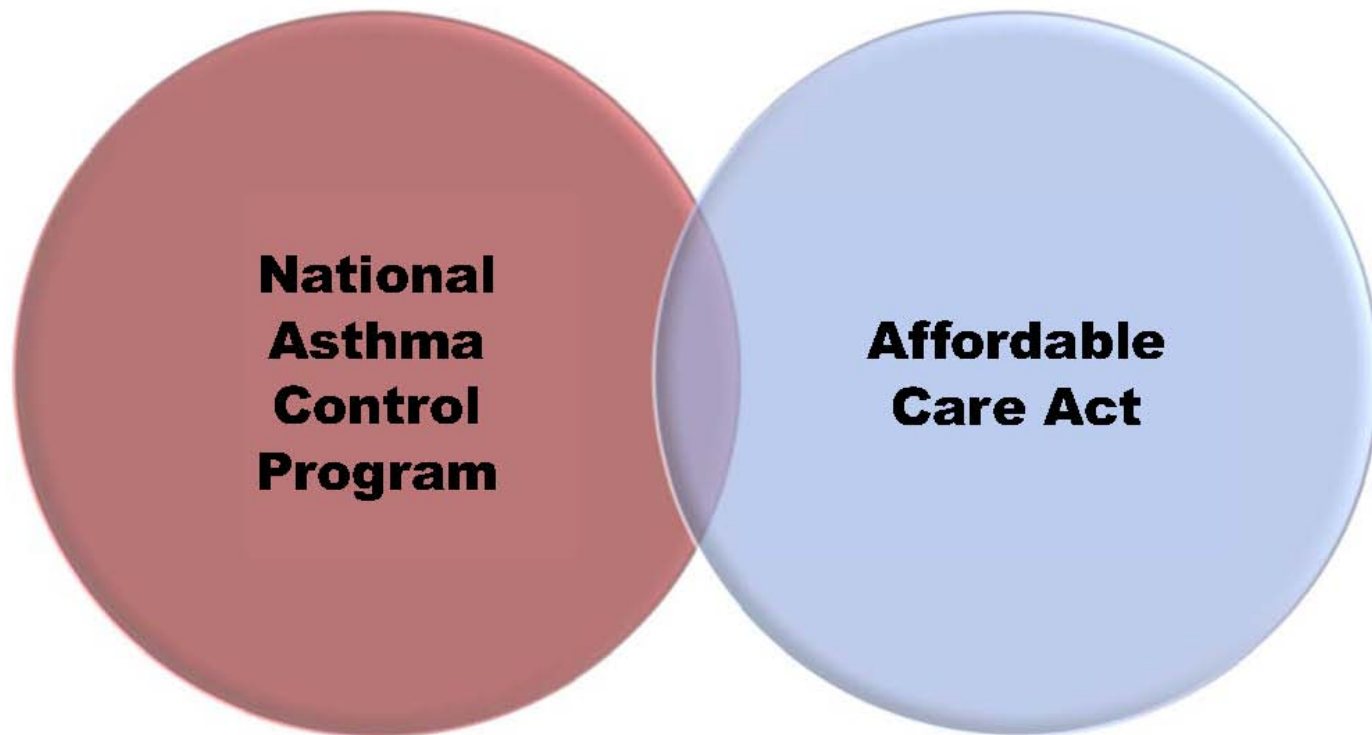


Patient Protection & Affordable Care Act (ACA)

Goals:

- Establish near-universal coverage: Essential Health Benefit Exchanges & Medicaid Expansion
- Improve fairness, quality and affordability of health insurance coverage
- Improve health care value and efficiency
- Strengthen primary care access
- Make strategic investments in public's health (preventive care and community investments)

National Asthma Control Program vs. Affordable Care Act: *Where do NACP and ACA Programs Intersect?*





National Asthma Control Program

- (1) Surveillance
- (2) Communication & Education
- (3) Asthma Research Translation & Guidance
- (4) Disparities Assessments
- (5) Implementing Interventions to Reduce Burden of Asthma
- (6) Cultivating National/State/Local Partnerships

Affordable Care Act

- (1) Minimum essential coverage for uninsured (Exchanges & Medicaid Expansion)
- (2) Underwriting reforms
- (3) Delivery system reforms
- (4) Quality measurement
- (5) Workforce infrastructure improvements
- (6) Health IT
- (7) Focus on prevention & public health

Many of NACP's Focus Areas likely unaffected by ACA

NACP-Funded Efforts Where ACA Overlap Unlikely:

- Surveillance
- Patient & Provider Education Programs
- Community Outreach Training
- Environmental Management Programs
- Asthma Research Translation & Guidance
- Partnership Building

Many of NACP's Focus Areas likely unaffected by ACA

Much of what health reform is intended to do – increase coverage, enhance clinical services, insurance reforms etc. – are areas outside of NACP-funded initiatives

Per NACP State FOA:

- *Recipients may not use funds for patient clinical care*
- *Recipients may not use funds for personal health services, medications, medical devices (such as spacers or peak flow meters), or other costs associated with the medical management of asthma*
- *Recipients may not use funds for asthma screenings*



Where do NACP and ACA Programs Intersect?

Potential Program Overlap:

- Care Coordination & Comprehensive Asthma Management Programs
- Team-Based, Multidisciplinary Approaches to Asthma Care
- Community Prevention Strategies
- Quality Measurement
- Disparities Assessments

Where do NACP and ACA Programs Intersect?

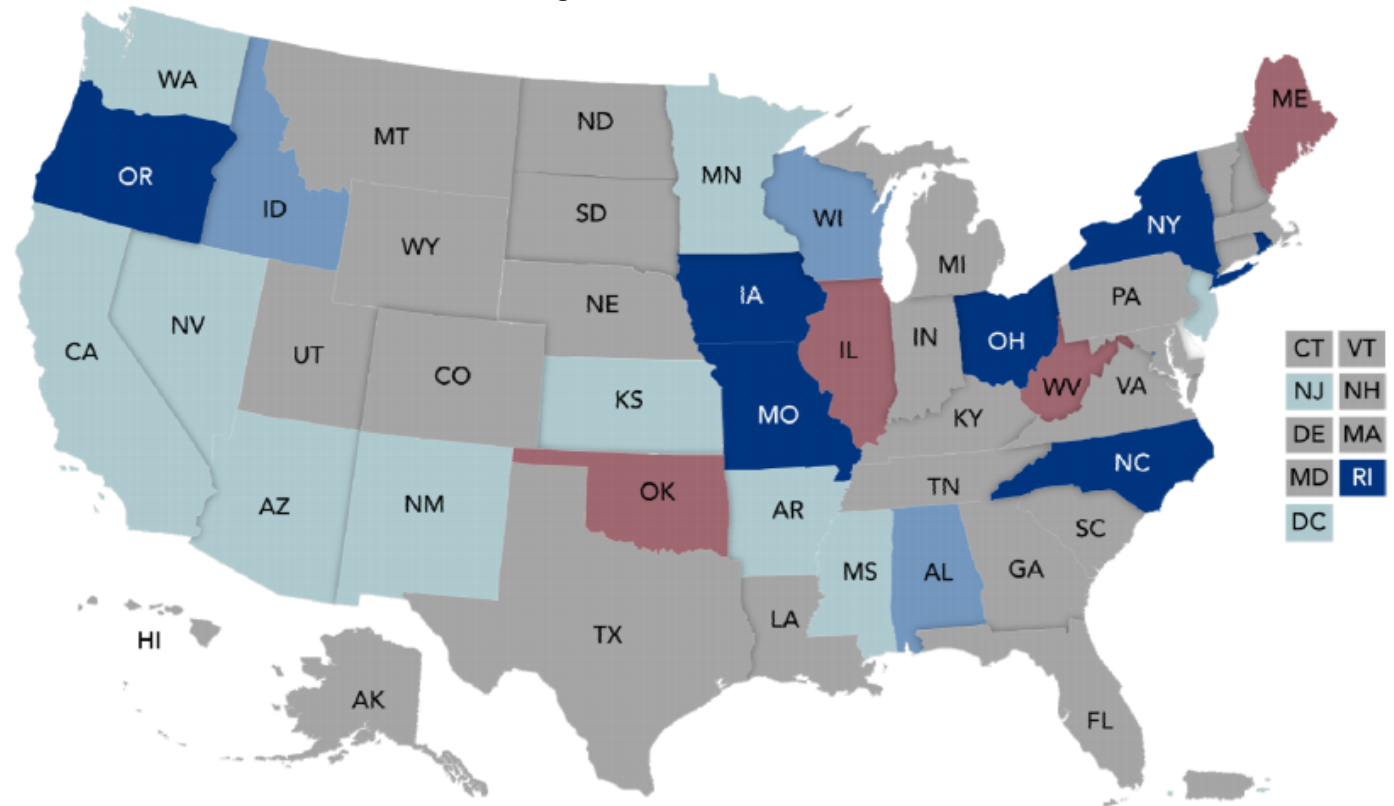
<u>NACP Program Focus:</u>	<u>ACA Provisions:</u>
<ul style="list-style-type: none">■ Care Coordination & Comprehensive Asthma Management Programs■ Team-Based, Multidisciplinary Approaches to Asthma Care	<ul style="list-style-type: none">✓ Medicaid Health Homes✓ Center for Medicare & Medicaid Innovation✓ ACOs, bundling and other delivery system reforms
<ul style="list-style-type: none">■ Community Prevention Strategies	<ul style="list-style-type: none">✓ Community Transformation Grants✓ Community Preventive Services Task Force✓ Community Health Needs Assessment✓ National Prevention Strategy
<ul style="list-style-type: none">■ Quality Measurement	<ul style="list-style-type: none">✓ National Quality Strategy✓ Quality Measure Development✓ Patient-Centered Outcomes Research
<ul style="list-style-type: none">■ Disparities Assessments	<ul style="list-style-type: none">✓ Health Disparities Data Collection

Medicaid Health Homes: Status

Source: Integrated Care Resource Center, October 2012

Health Home SPAs which include asthma:

- Missouri
- Rhode Island
- Iowa
- New York
- North Carolina
- Oregon



Approved Health Home State Plan Amendment (SPA)	Iowa, Missouri, New York, North Carolina, Ohio, Oregon, Rhode Island
Health Home SPA "On the Clock" (officially submitted to CMS)	Alabama, Idaho, New York (phase II), Wisconsin
Draft Health Home SPA Under CMS Review	Illinois, Maine, Oklahoma, West Virginia
Approved Health Home Planning Request	Alabama, Arizona, Arkansas, California, District of Columbia, Idaho, Kansas, Maine, Minnesota, Mississippi, Nevada, New Jersey, New Mexico, North Carolina, Washington, West Virginia, Wisconsin
No Activity	Alaska, Colorado, Connecticut, Delaware, Florida, Georgia, Hawaii, Indiana, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Montana, Nebraska, New Hampshire, North Dakota, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Wyoming

Medicaid Health Homes: Implementation Questions

- *Will more states adopt health homes for Medicaid beneficiaries with asthma? Do health homes include appropriate providers and services to address asthma patients' needs?*
- *How do health homes interact with and depend upon the infrastructure created by NACP-funded programs?*
- *If asthma is just one of many chronic illnesses targeted by a health home, how can NACP work to assure that health home providers have the skills and capacity to treat and manage asthma?*
- *How can existing NACP-funded programs partner with developing Medicaid health homes to bring these services to non-Medicaid populations?*
- *Will states sustain Medicaid health homes beyond the two years of enhanced match?*
- *Will Medicaid expansion populations have access to health homes?*

Center for Medicare and Medicaid Innovation (CMMI)

■ Health Care Innovation Awards

- *Optimizing Health Outcomes for Children with Asthma in Delaware*
- *New England Asthma Innovations Collaborative*
- *Le Bonheur's CHAMP Program: Changing High-risk Asthma in Memphis through Partnership*

■ State Innovation Models Initiative

■ Medicaid Incentives Program for the Prevention of Chronic Diseases

CMMI: Implementation Questions

- *How do CMMI-funded entities interact with and depend upon the infrastructure created by NACP-funded programs?*
- *How can existing NACP-funded programs partner with CMMI-awardees to bring innovative asthma treatment and management models to additional communities?*
- *How can NACP support state/community asthma programs in applying for CMMI funding or otherwise promoting their innovative interventions?*
- *Will CMMI interventions targeting asthma show enough savings to be incorporated into Medicaid & Medicare?*

Community Transformation Grants (CTGs)

- 2011: \$103 million to 61 state/local communities
- 2012: Small Communities Program - \$70 million awarded to 40 small communities (fewer than 500,000 people)
- Measurable outcomes from CTG programs must align with the *National Center for Chronic Disease Prevention and Health Promotion* 5-year performance goals to:
 - Reduce death and disability due to **tobacco** use by 5%;
 - Reduce the rate of obesity through **nutrition and physical activity** interventions by 5%; and
 - Reduce death/disability due to **heart disease and stroke** by 5%.
- Accordingly most funded programs focus on nutrition, physical activity, tobacco-free living, and cardiovascular disease interventions
 - **No asthma-specific programs awarded to date**, but most programs will address “other preventive services”

CTGs: Implementation Questions

- *How do CTGs interact with and depend upon the infrastructure created by NACP-funded programs?*
- *Will asthma become a focus area for CTGs?*
- *What impact will CTG programs focused on tobacco-free living have on asthma?*
- *How can NACP support state/community asthma programs in applying for CTG funding?*
- *Will CTG funding be sustained?*

Community Preventive Services Task Force (CPSTF)

- Prevention-focused programs, services and strategies reviewed by CPSTF (published in *Community Guide*) increasingly relied upon by decision makers in communities, workplaces, schools, public health departments and agencies, healthcare systems, non-governmental organizations, and at all levels of government

Community Guide Asthma Recommendations

Home-Based Multi-Trigger, Multicomponent Environmental Interventions	
For Children and Adolescents with Asthma	Recommended June 2008
For Adults with Asthma	Insufficient Evidence June 2008

CPSTF: Implementation Questions

- *Will asthma become a priority for future task force review topics?*
- *Without Community Guide recommendation for adults, how do NACP programs fill a gap in services that may not be implemented at other levels of govt?*
- *How can evaluations from NACP-funded programs inform future Community Guide recommendations?*



Community Health Needs Assessments (CHNAs)

- Nonprofit hospitals must conduct a community health needs assessment (CHNA) once every three years
- Assessing community health needs & adopting strategy to address those needs provides hospitals with opportunity to work together with community partners to identify community health improvement strategies

CHNAs: Implementation Questions

- *How can NACP and NACP-funded entities work to assure asthma management/symptom prevention are appropriately measured within CHNAs and subsequent hospital implementation strategies?*
- *If hospitals identify unmet community health needs related to asthma, how does this alter provision of NACP-funded programs in these communities?*

National Quality Strategy & Quality Measure Development

National Quality Strategy's six priorities:

- 1) Making care safer by reducing harm caused in the delivery of care.
- 2) Ensuring that each person and family are engaged as partners in their care.
- 3) Promoting effective communication and coordination of care.
- 4) Promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease.
- 5) Working with communities to promote wide use of best practices to enable healthy living.
- 6) Making quality care more affordable for individuals, families, employers, and governments by developing and spreading new health care delivery models.

Quality Measure Development:

■ HHS, AHRQ and CMS must identify areas where gaps exist in quality measurement reporting & make recommendations on which existing quality measures need improvement, updating or expansion.

- Recommendations must be consistent with the National Quality Strategy
- Multi-stakeholder groups provide input on the selection of quality measures

Quality Strategy: Implementation Questions

- *Do key measurements used to assess national progress in improving quality include measurements of importance to the asthma community?*
- *Where have NACP programs found gaps in quality measurement and how can evaluations from NACP-funded programs inform this quality-measurement development process?*
- *What quality improvement agenda for NACP is not met by the quality strategy and related quality measure development?*

Patient-Centered Outcomes Research Institute (PCORI)

- PCORI advances research on comparative clinical effectiveness of health care services and procedures “to prevent, diagnose, treat, monitor, and manage certain diseases, disorders and health conditions”
- This research will assist patients, clinicians, purchasers, and policy-makers in making informed health decisions.

PCORI: Implementation Questions

- *Can NACP-funded programs inform the selection of PCORI research proposals for funding that attempt to answer specific diagnostic, therapeutic, or health system questions related to asthma research?*
- *Would an asthma research focus within PCORI impact ongoing NACP research programs?*

Health Disparities Data Collection

- Ensures that any federally conducted/ supported health care or public health program, activity or survey collects and reports data on race, ethnicity, sex, primary language and disability status of all program recipients/participants

Health Disparities Data Collection: Implementation Questions

- *Will data important to asthma disparities research be included?*
- *Does this data collection at the federal level impact ongoing disparities data collection by NACP-funded entities?*

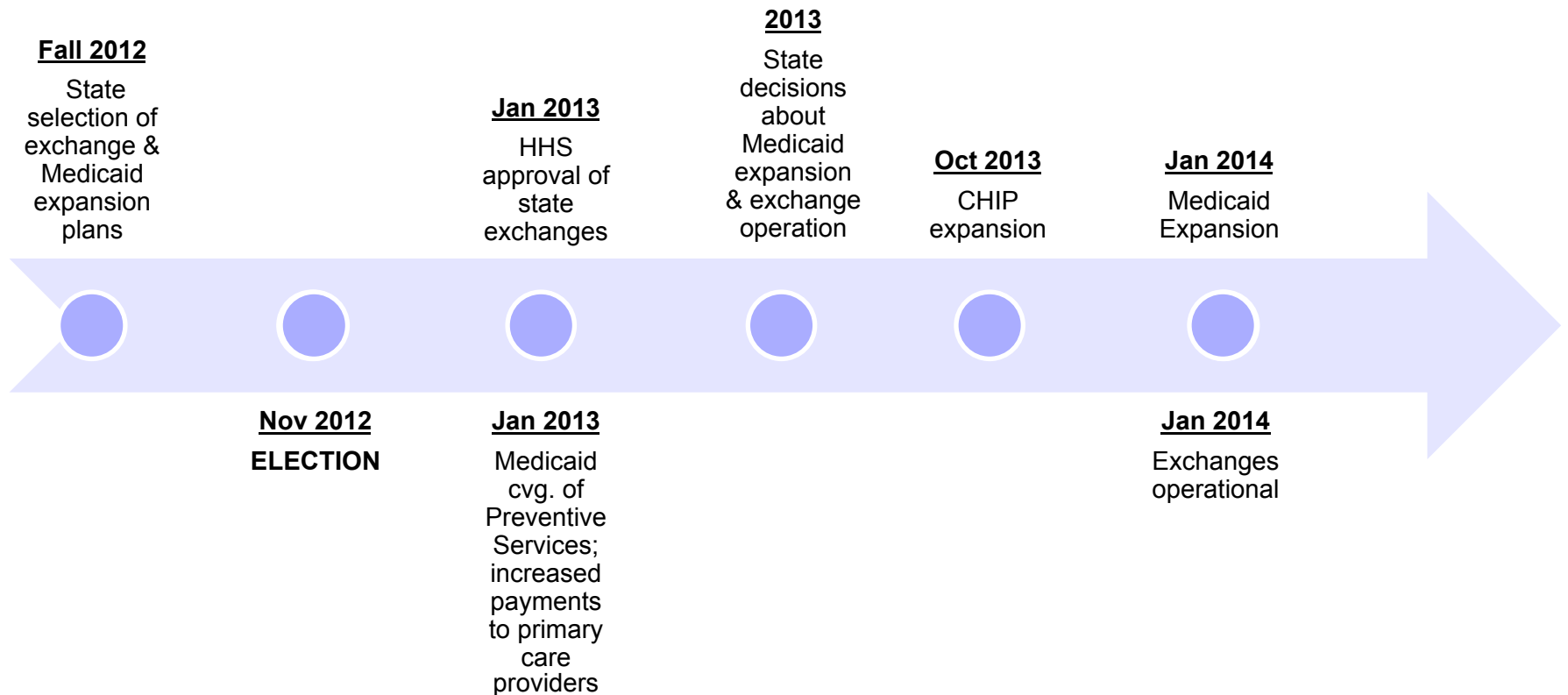
NACP and ACA: Conclusions

- ACA programs may support & strengthen NACP programs, but they do not take their place
- NACP programs can inform ACA implementation
- Implementation of ACA programs may depend upon the infrastructure created by NACP-funded programs



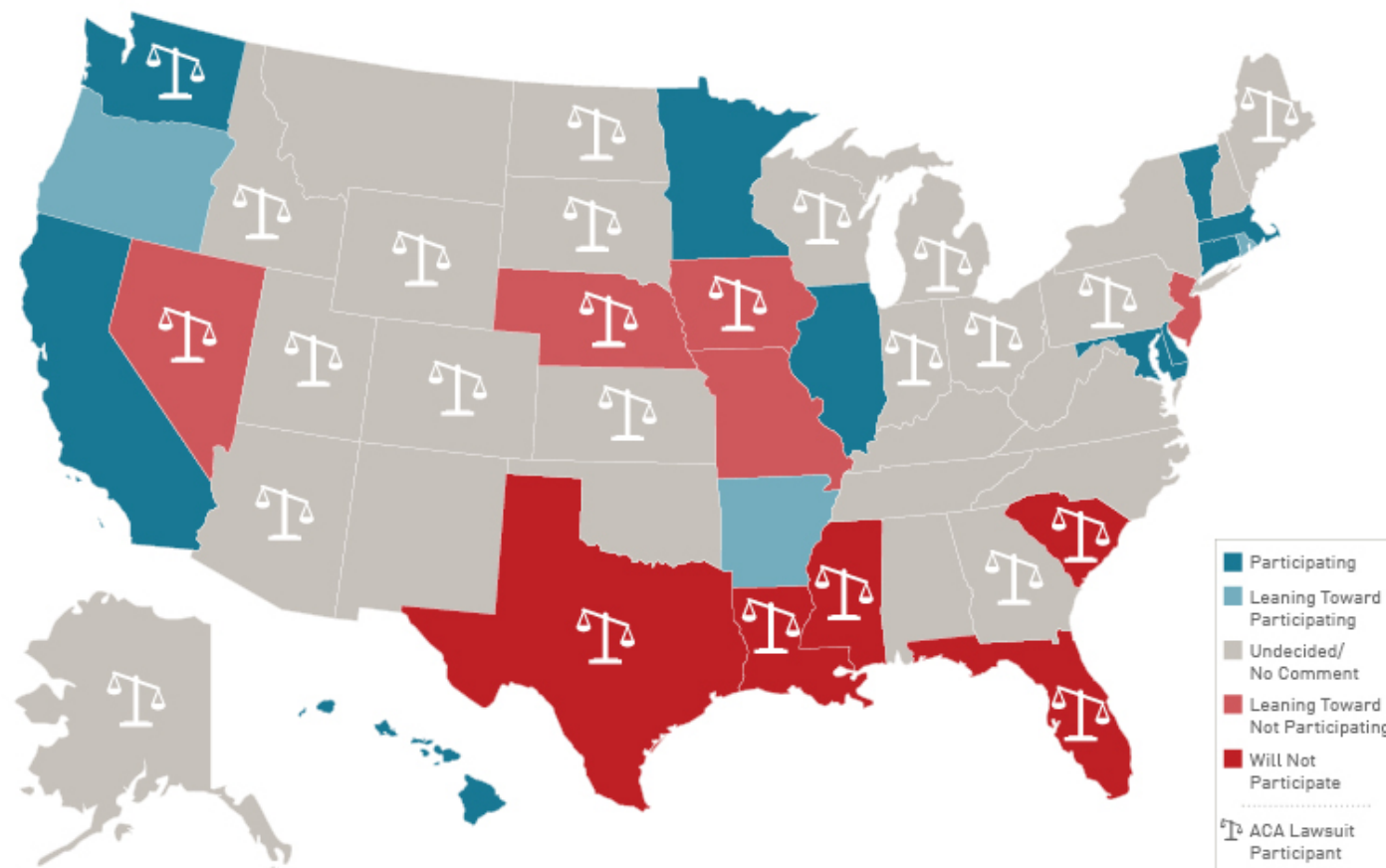
Unanswered Questions: ACA *Implementation, Budgetary Challenges & Election Impact*

ACA Implementation Timeline



Where the **States** Stand

Who Will Opt Into ACA Medicaid Expansion?



Note: Based on literature review as of 7/10/12. All policies possible to change without notice.

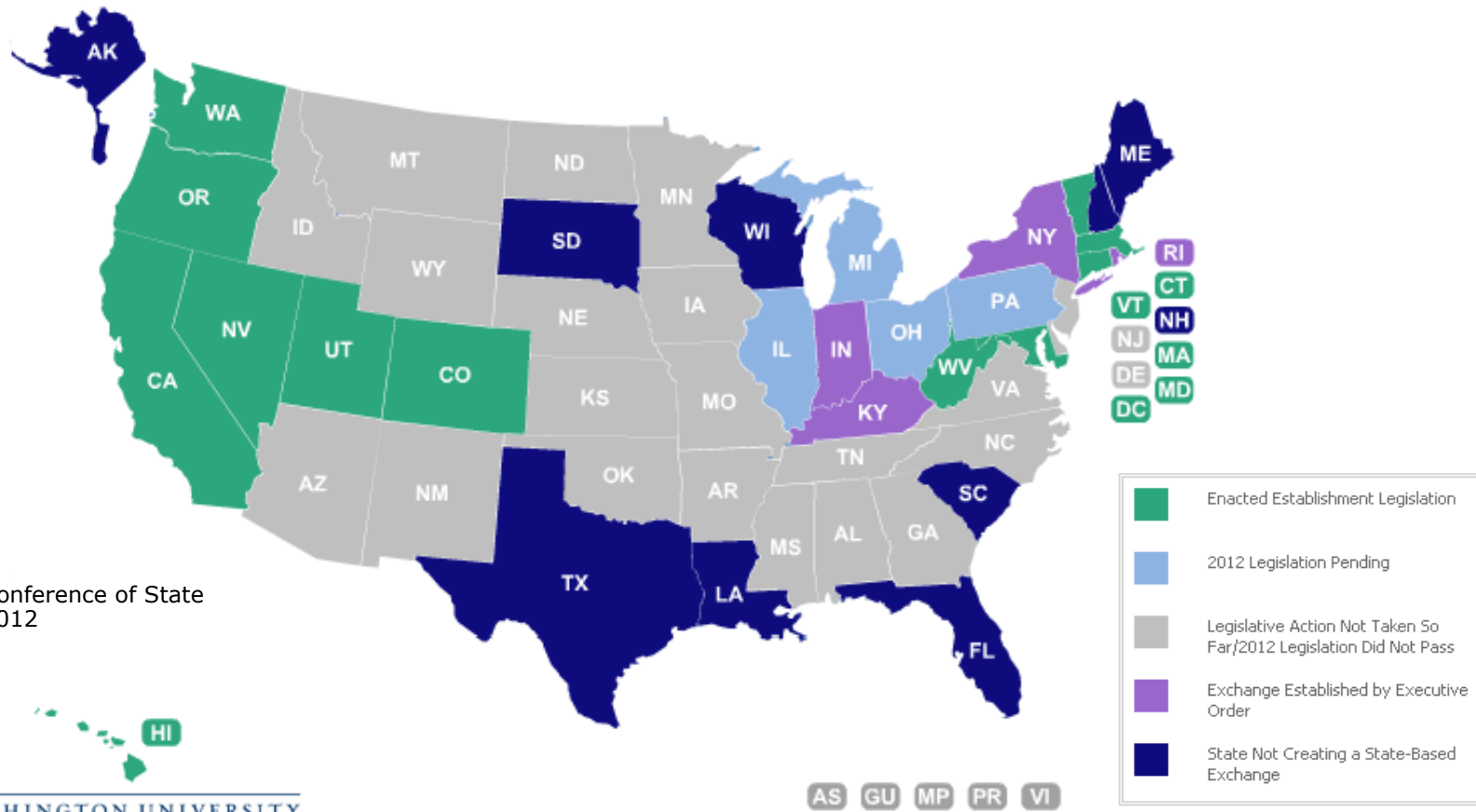
Source: American Health Line, <http://ahlaalerts.com/2012/07/03/medicaid-where-each-state-stands-on-the-medicare-expansion/>, accessed July 10, 2012.



Learn more about the impact of the Supreme Court ruling at advisory.com/MedicaidMap

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State Actions to Address Health Insurance Exchanges





Unanswered Questions

- Will states elect to expand Medicaid up to 133% FPL?
- What does coverage look like under Medicaid Expansion?
- Will the Supreme Court hear additional challenges to ACA?



Unanswered Questions

- Will benchmark coverage selected by states (and the federal fallback) be sufficient for asthma related prevention and treatment?
- What impact will delivery system reforms (e.g. ACOS, bundling) have on asthma care and community services?



Unanswered Questions

- Millions left uninsured despite ACA. What changes will ACA have on safety net and who cares for those remaining uninsured?
- To what extent will on-going budgetary challenges impact both NACP and ACA implementation?
- How could the November elections impact NACP and ACA implementation?

Questions?

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