About This Series

In February 2010, the George Washington University School of Public Health and Health Services, Department of Health Policy released *Changing pO$_2$licy: The Elements for Improving Childhood Asthma Outcomes*. The report provided a comprehensive look at childhood asthma prevalence, risk factors and disparities; described best practices for clinical care and disease management; and outlined evidence-based policy recommendations to improve the prevention, diagnosis, treatment, and long-term management of childhood asthma.

The report identified five essential elements for improving asthma outcomes in children:

(1) Stable and continuous health insurance
(2) High-quality clinical care, case management and asthma education available for all children
(3) The ability to continuously exchange information and monitor progress, using health information technology
(4) Reducing asthma triggers in homes and communities
(5) Learning what works and increasing knowledge

Following the release of these recommendations, Congress passed the *Affordable Care Act* (ACA), emphasizing expanding access to private health insurance and Medicaid and reforming the healthcare delivery system to improve quality. The ACA includes provisions to eliminate health care disparities, strengthen public health programs and access to preventive services, invest in expanding and improving the health care workforce, and encourage care coordination and disease management.

Many ACA provisions correspond to recommendations in the *Changing pO$_2$licy* report and have the potential to profoundly impact the prevention and treatment of childhood asthma.

This paper focuses on one of the five essential elements for improving asthma outcomes in children: **learning what works and increasing knowledge**. The accompanying chart describes ACA provisions and implementation activities that could be activated to help millions of children most at risk for asthma.

Leveraging Affordable Care Act Opportunities to Improve Childhood Asthma Outcomes

How advocacy organizations can mobilize around ACA provisions to improve health outcomes for millions of children most at risk for asthma

LEARNING WHAT WORKS AND INCREASING KNOWLEDGE

The 2010 *Changing pO$_2$licy* report describes several essential elements that are critical to ensuring that comprehensive asthma treatment and management reach children in need. The report identifies the need to build the evidence-base on asthma prevention, treatment and management by developing a strategic asthma research plan. Furthermore, the report calls for translating new and more effective asthma treatments into routine practice to make healthcare treatment for children with asthma as effective as possible.

The following chart describes several *Affordable Care Act* (ACA) provisions and implementation activities that target development of evidence-based research. Regardless of whether a provision has been fully implemented or is still in progress, each presents a unique opportunity for policy and advocacy efforts to improve access to health insurance for children with asthma.

This review includes descriptions and implementation timelines of several ACA programs and initiatives, including:

- ***Increased funding for the Medicaid and CHIP Payment and Access Commission (MACPAC)***
- ***Identification of existing gaps in quality measurement, development of new quality measures, and modification of current measures***
- ***A new Innovation Center within CMS to test novel payment and service delivery models***
- ***Review of scientific evidence related to the effectiveness, appropriateness, and cost-effectiveness of preventive services that affect health at the population level***
- ***Studying the comparative clinical effectiveness of certain health care services and procedures***

Following descriptions of each ACA provision and related implementation activities, the chart describes potential areas for asthma stakeholder engagement, policy research and development, and advocacy action at the national, state and local levels.

Childhood Asthma Leadership Coalition

DESCRIPTION OF PROVISION	RECENT IMPLEMENTATION ACTIVITIES	OPPORTUNITIES FOR CHILDHOOD ASTHMA POLICY/ADVOCACY
MEDICAID AND CHIP PAYMENT AND ACCESS COMMISSION (SECTION 2801)		
Provides funding for and expands the role of the Medicaid and CHIP Payment and Access Commission (MACPAC). Under the ACA, MACPAC must review and report on the following: • State and federal Medicaid eligibility policies; • State and federal Medicaid enrollment and retention processes; • State and federal Medicaid benefit and coverage policies; • Policies as they relate to the quality of care provided under Medicaid; • Interactions between Medicare and Medicaid policies.	• March 15, 2012: MACPAC released its second *Report to the Congress on Medicaid and CHIP*. This report focuses on several Congressional priority issues: Medicaid and persons with disabilities, access to care for children in Medicaid or CHIP, state Medicaid financing approaches and implications for provider payment, an update on CHIP financing issues, and program integrity efforts in Medicaid. • June 15, 2012: MACPAC released its June 2012 *Report to the Congress on Medicaid and CHIP.* This report highlights the role of Medicaid and CHIP as purchasers of health care services and highlights the importance of access measures as a tool for monitoring and improving program performance for program beneficiaries.	Given the size and scope of the Medicaid and CHIP programs, MACPAC's analysis and guidance will fill an important analytic gap in the information available to the Congress on payment, access, data, and other related policies impacting Medicaid. • ***Potential Policy Action: Data collected and research conducted by MACPAC may provide invaluable information on childhood asthma in the Medicaid population. This information could perhaps be leveraged to further childhood asthma policies and programs (for example expanding Medicaid health homes that focus on asthma). Asthma advocates could consider working with MACPAC to develop Medicaid data to help define best practices in asthma care and prevention under Medicaid.***
QUALITY MEASURE DEVELOPMENT (SECTION 3013, 3014)		
• Quality Measure Development: HHS, AHRQ and CMS must identify areas where gaps exist in quality measurement reporting, making recommendations on which existing quality measures need improvement, updating or expansion. Recommendations must be consistent with the National Quality Strategy. • Multi-Stakeholder Groups: The ACA requires the entity selected by the HHS Secretary to develop quality measures (currently the National Quality Forum as authorized by MIPAA) to convene multi-stakeholder groups to provide input on the selection of quality measures, efficiency measures, and national	• December 20, 2011: HHS published an extensive list of 368 quality and efficiency measures that CMS is considering for use in clinician, hospital, and post-acute care/long-term care performance measurement programs in 2012. • The *Measures Application Partnership* (MAP), convened by NQF, is a multi-stakeholder group that provides input to HHS on selecting performance measures for public reporting, performance-based payment programs, and other purposes. • February 1, 2012: MAP released a pre-	The 368 quality and efficiency measures published by HHS in December 2011 include several measures specific to asthma: • *Use of relievers for inpatient asthma* • *Home Management Plan of Care document for pediatric asthma inpatients given to patient/caregiver* • *Use of systemic corticosteroids for inpatient asthma* • *Assessment of Asthma Risk - Emergency Department/Inpatient Setting* • *Asthma Discharge Plan – Emergency Department Inpatient Setting* • *Management of Asthma Controller and Reliever Medications —Ambulatory Care Setting* • *Medication Management for People With Asthma* • *Optimal Asthma Care* • *Pharmacologic Therapy for Persistent Asthma —Ambulatory Care Setting* • *Use of Appropriate Medications for Asthma* However, the February 1, 2012 report by the Measures Application Partnership (MAP) does not support most

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priorities for use in healthcare programs generally. • Grants to Develop Quality Measures: HHS will award grants to entities for purposes of developing, improving, updating, or expanding quality measures. • Outcome Measure Development: HHS will also develop provider-level outcome measures for hospitals and physicians. The Secretary must develop at least 10 outcome measurements for acute and chronic diseases, and at least 10 outcome measurements for primary and preventative care.	rulemaking report, "Input on Measures Under Consideration by HHS for 2012 Rulemaking," which evaluates and provides feedback to HHS on which of the 368 quality and efficiency measures could be optimally deployed in 2012 federal rules for improvement and accountability purposes. The report indicates that MAP supports approximately 40% of the measures under CMS' consideration; supports the direction of 15% of the measures under consideration; and does not support 45% of the measures under consideration.	of these asthma-related measures. • ***Potential Policy Action: Advocates could consider to engaging with the MAP to ensure the multi-stakeholder group supports evidence-based asthma quality measures. Advocacy may also be needed to ensure that additional asthma quality measures are studied and that CMS adopts appropriate measures into practice.***
CENTER FOR MEDICARE AND MEDICAID INNOVATION (SECTION 3021)		
Establishes a Center for Medicare and Medicaid Innovation within CMS to test innovative payment and service delivery models. While the Innovation Center has significant leeway in its identification and selection of appropriate demonstration models, the statute establishes criteria for selecting these models, stating that the Innovation Center will prioritize those models that: • promote broad payment and practice reform in primary care; • contract directly with groups of providers to promote innovative care; • promote care coordination between providers; • utilize medication therapy management; • establish community-based health teams; • promote patient decision-support tools; • promote improved quality and reduced costs	CMS launched the Innovation Center in late 2010 with an emphasis on three areas of focus: • patient care models that improve care for Medicare, Medicaid and CHIP beneficiaries in specific care settings and make care safer, more patient-centered, more timely and more equitable; • new models for delivering seamless and coordinated care across settings; and • community and population health models designed to impact the underlying drivers of health for Medicare, Medicaid and CHIP beneficiaries, such as smoking and obesity. Medicaid Incentives Program for the Prevention of Chronic Diseases: CMS has established an initiative through the	• ***Potential Policy Action: New payment and service delivery models for asthma are well-suited for testing under the community and population health model area of focus. Advocacy may be needed to ensure that the Innovation Center tests and disseminates models relevant to asthma treatment and care.*** The *Medicaid Incentives Program for the Prevention of Chronic Diseases* program has awarded $85 million over five years to ten states: California, Montana, New York, Connecticut, Nevada, Texas, Hawaii, New Hampshire, Wisconsin, and Minnesota. However, most of the current state projects focus on diabetes control and smoking cessation, and asthma is not among the chronic disease areas being tested. • ***Potential Policy Action: As pediatric asthma interventions are recommended by the Community Guide, specific projects on asthma could be a part of this Innovation Center Initiative. Advocacy may be needed to ensure that this Innovation Center program treats asthma as an important chronic disease under Medicaid.*** A patient-centered medical home ("PCMH") is an enhanced model of primary care in which care teams, led by a primary care provider, attend to the multifaceted needs of patients and provide whole-person, comprehensive, coordinated and patient-centered care. The ACA included a provision to implement PCMHs (Sec. 3502), but this provision has not been funded, and it is likely that future PCMH programs will happen under the Innovation Center. To date, the Innovation Center has only tested PCMH models in the Medicare

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by developing a collaborative of high-quality, low-cost health care institutions; • facilitate inpatient care, including intensive care, or hospitalized individuals through the use of electronic monitoring; • promote greater efficiency in inpatient and outpatient services; • establish comprehensive payments to Healthcare Innovation Zones consisting of groups of providers that deliver a full spectrum of integrated and comprehensive health care services; • utilize telehealth services (particularly in medically underserved areas); and • utilize a diverse network of providers to improve care coordination for individuals with 2 or more chronic conditions and a history of prior hospitalization.	Innovation Center that offers grants to states to provide incentives to Medicaid beneficiaries of all ages to participate in prevention programs and demonstrate changes in health risk and outcomes, including the adoption of healthy behaviors. The initiatives or programs are to be "comprehensive, evidence-based, widely available, and easily accessible." The programs must use relevant evidence-based research and resources, including the *Guide to Community Preventive Services*. Patient-Centered Medical Homes Model (PCMH), Medicare: The Innovation Center is testing a PCMH model within Medicare. This demonstration will evaluate the PCMH model in improving care, promoting health and reducing the cost of care provided to Medicare beneficiaries served by federally-qualified health centers. The 3-year demonstration began October 1, 2011 and will continue through September 30, 2014. The Health Care Innovation Awards are funding up to $1 billion in grants to applicants who will implement the most compelling new ideas to deliver better health, improved care and lower costs to people enrolled in Medicare, Medicaid and Children's Health Insurance Program (CHIP), particularly those with the highest health care needs. The first batch of awardees for the Health Care Innovation Awards on May 8, 2012 and the second (final) batch on June 15, 2012. Funding for these projects is for three years.	population. • ***Potential Policy Action:*** ***The PCMH model, with its emphasis on community support services, care coordination and chronic disease management, has the potential to greatly improve the quality of childhood asthma treatment. Advocates could consider asking the Innovation Center to test PCMH models outside of the Medicare population, with a particular focus on pediatric asthma.*** Several of the projects awarded through the *Health Care Innovation Awards* have a childhood asthma focus, including: the New England Asthma Innovations Collaborative; Optimizing Health Outcomes for Children with Asthma in Delaware; Le Bonheur's CHAMP Program: Changing High-risk Asthma in Memphis through Partnership; Children's Community Health Plan Advanced Wrap Network; and Expanded Activities of School Health Initiative. • ***Potential Policy Action: Advocates could consider working collaboratively with entities awarded Innovation Center dollars under this program to learn from innovative solutions to asthma treatment and management, help disseminate best practices, and help advocate at the state or national levels for innovative ideas to be funded nationally.***

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CLINICAL AND COMMUNITY PREVENTIVE SERVICES (SECTION 4003)		
The ACA broadens the scope of the Community Preventive Services Task Force. The Task Force, convened by the Director of CDC, will review the scientific evidence related to the effectiveness, appropriateness, and cost-effectiveness of community preventive services for the purpose of developing recommendations for the health care community. Community preventive services include any policies, programs, processes or activities designed to affect health at the population level. • The Task Force has the same general duties as the United States Preventive Services Task Force, except in developing recommendations and interventions for new topic areas it is to consider the social, economic and physical environments as well as health disparities. Further, its review of interventions and updating of recommendations is to include improved techniques to assess the health effects of interventions including health impact assessments and population health modeling.	• October 2011: The Community Preventive Services Task Force published its first annual report to Congress in October 2011. The report outlines programs, services, and strategies recommended by the Task Force, including recommending home-based, multi-trigger, multicomponent interventions for children and adolescents with asthma.	Currently, the Community Preventive Service Task Force recommends home-based, multi-component, multi-trigger environmental interventions for children with asthma to reduce exposure to multiple indoor asthma triggers (allergens and irritants). These interventions involve home visits by trained personnel to conduct two or more activities. • ***Potential Policy Action: As Community Preventive Service Task Force recommendations may drive coverage decisions in Medicaid, advocates could consider asking the Task Force to research and review additional community preventive services related to asthma.***
RESEARCH ON OPTIMIZING THE DELIVERY OF PUBLIC HEALTH SERVICES (SECTION 4301)		
Provides funding for research that: • examines evidence-based practices relating to prevention, with a particular focus on high priority areas as identified in the National Prevention Strategy or Healthy	• This provision was funded through Prevention and Public Health Fund dollars in FY 2011 ($20 million). • No additional allocations from the Prevention and Public Health Fund to	• ***Potential Policy Action: As this research will focus on high priority areas from the National Prevention Strategy (which outlines a number of recommendations specific to asthma, including: supporting healthy housing; promoting research efforts to identify high-priority clinical and community preventive service; and supporting states to implement tobacco control interventions and policies), asthma should be well-suited for public health research by the CDC. Advocates could consider asking the CDC to support asthma-related***

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People 2020; • analyzes the translation of interventions from academic settings to real world settings; and • identifies effective strategies for organizing, financing, or delivering public health services in real world community settings, including comparing state and local health department structures and systems in terms of effectiveness and cost. Research will be coordinated with the Community Preventive Services Task Force and carried out by building on existing partnerships within the federal government, taking into consideration state, local and private sector initiatives.	support this effort were marked for FY 2012 or 2013.	***research under this provision.***
PATIENT-CENTERED OUTCOMES RESEARCH (SECTION 6301, 6302)		
The *American Recovery and Reinvestment Act of 2009* had established the Federal Coordinating Council for Comparative Effectiveness Research, and had provided more than $1.1 billion into comparative effectiveness research through increased funding to HHS ($400 million), AHRQ ($300 million) and NIH ($400 million). ACA builds upon this effort by replacing the Federal Coordinating Council for Comparative Effectiveness Research with a private, non-profit institute, known as the Patient-Centered Outcomes Research Institute (PCORI). The goal of PCORI is to advance research on the comparative clinical effectiveness of health care services and procedures to prevent, diagnose, treat, monitor, and manage certain diseases,	• January 23, 2012: PCORI released for public comment a first draft of its *National Priorities for Research and Research Agenda*, which will be used to guide funding announcements for comparative clinical effectiveness research. The draft National Priorities identifies five areas where comparative effectiveness research is needed to support decision-making: (i) Assessment of Options for Prevention, Diagnosis, and Treatment; (ii) Improving Health Care Systems; (iii) Communication and Dissemination Research; (iv) Addressing Disparities; and (v) Accelerating Patient-Centered Outcomes Research and Methodological Research. • July 23, 2012: PCORI announced the start	• ***Potential Policy Action: PCORI research will have an impact on the quality of care and coverage of services for everyone. Advocates could consider whether it would be appropriate for PCORI to assess the comparative effectiveness of particular asthma treatments, and if so, inform the selection of PCORI research proposals for funding that attempt to answer specific diagnostic, therapeutic, or health system questions related to asthma research.***

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disorders and health conditions. This research will assist patients, clinicians, purchasers, and policy-makers in making informed health decisions. • PCORI is funded by the established Patient-Centered Outcomes Research Trust Fund. ACA directly appropriates to the Trust Fund: $10 million in FY 2010; $50 million in FY 2011; $150 million in FY 2012; $150 million for each FYs 2013 through 2019.	of a public comment period for its Draft Methodology Report: "Our Questions, Our Decisions: Standards for Patient-Centered Outcomes Research," which proposes standards for the conduct of patient-centered outcomes research. The comment period closes on September 14, 2012. Comments will be analyzed for potential incorporation into a revised version of the report to be considered for adoption by the PCORI Board of Governors in November 2012.	