

## Minutes from Childhood Asthma Leadership Coalition Meeting

Thursday, September 27<sup>th</sup>, 2012

1:00-3:00pm

### In attendance

- Floyd Malveaux (on the phone) and Julie Lesch, Merck Childhood Asthma Network
- Bruce Lesley, Shadi Houshyar, Lisa Shapiro and Cara Baldari, First Focus
- Katie Horton and Mary-Beth Harty, George Washington University
- Sonya Clay and Judy Dolins, American Academy of Pediatrics
- Jack Rayburn, Trust for America's Health
- Sally Schoessler, National Association of School Nurses
- Chanda Nicole Holsey and Ellen O'Kelley, Association of Asthma Educators
- Erika Sward, American Lung Association
- Charlotte Collins Allergy and Asthma Foundation of America
- Sue Dull, Children's Hospital Association (on the phone)
- Liana Burns, Allergy and Asthma Foundation of America (on the phone)
- Kim Wise, Chicco Chandler Agency (on the phone)
- Joyce Martin, Children's Environmental Health Network (on the phone)
- Claire Barnett, Healthy Schools Network (on the phone)

### Children in the Federal Budget

Bruce Lesley, President of First Focus, gave an update on the status of the federal budget and the potential effect of budget cuts for children's health.

He also provided suggestions for ways that the Coalition could engage in social media to raise awareness and circulate materials regarding their work on childhood asthma, including utilizing the Twitter account @ChildHealthUSA and posting on the Kids Policy Express blog (<http://www.kidspolicyexpress.org/>).

### Results from Coalition Member Priorities Survey

Mary-Beth Harty from George Washington University (GWU) reviewed the results from the priorities survey that was circulated to Coalition members, and highlighted the areas that a majority of Coalition members identified as top priorities for the Coalition, including:

- advocating for improved Medicaid reimbursement for asthma education and treatment services in the home and other non-clinical community settings;
- promoting policies to increase the number of community asthma educators, such as through establishing certification and training programs in asthma management and symptom prevention;
- engaging with federal partners to update the *Key Clinical Activities for Quality Asthma Care*;

- exploring opportunities to improve housing policies that reduce environmental exposures, including initiatives related to pest management, smoke-free housing, and housing code issues;
- collaborating with the Coalition for Healthier Schools, coordinated by Healthy Schools Network to promote public school policies and interventions that reduce environmental exposures and improve indoor air quality;
- engaging with Community Transformation Grant awardees to work on innovative community programs for asthma management and symptom prevention;
- advocacy to ensure that federal agencies follow-through on the *Coordinated Federal Action Plan to Reduce Racial and Ethnic Asthma Disparities*; and
- protecting funding for federally funded asthma programs.

One additional policy goal that a number of Coalition members identified was advocacy within the 22 states that have funding through HRSA's Maternal, Infant, and Early Childhood Home Visiting Program to ensure that home visits include an intervention addressing the environmental triggers that may cause or aggravate childhood asthma. This led to a discussion about whether it would be appropriate to address childhood asthma triggers within this Program given the Program's focus on *early* childhood interventions (generally for children under two years) and the fact that childhood asthma often cannot be diagnosed until a child turns two:

- Some Coalition members had the opinion that this Program could still be a valuable opportunity to do home assessment and parent education for children at risk of developing asthma.
- Alternatively, it was suggested that the Coalition look to ways that the Medicaid program can reimburse for asthma education and management in home and community settings, rather than stretching HRSA funding for these activities. One suggestion from the National Association of School Nurses was to work to increase Medicaid reimbursement for school nurses, who often help with home management of childhood asthma.
  - The Association of Asthma Educators is very active on provider education, and likes the idea of collaborating with school nurses to bring asthma educators into schools to talk with children and parents about home asthma management.
- There were other home visiting efforts mentioned, including a US Department of Housing and Urban Development (HUD) initiative; an environmental home visiting program that is not focused exclusively on childhood asthma.

It was suggested that since Coalition members identified a number of priorities in the survey, perhaps the Coalition should develop smaller work groups that would focus on specific priorities related to childhood asthma. Possible work groups include:

- (1) Medicaid reimbursement;
- (2) Healthy Schools/Homes;
- (3) Funding (including CHIP reauthorization) – suggestion that this work group meet soon after the election;
- (4) Surveillance;
- (5) Clean Air / Asthma Disparities and Environmental Justice

Katie and Mary-Beth from GWU will develop a list of work groups and send around to Coalition members for feedback.

### Other Ideas for Future Policy Engagement for the Coalition

The above discussion initiated a broader conversation about actions that the Coalition should take to promote the use of Medicaid reimbursement for innovative practices, such as drafting a letter to the Centers for Medicare and Medicaid (CMS) on Medicaid reimbursement for non-traditional services for childhood asthma management.

It was suggested that the Center for Medicare and Medicaid Innovation (CMMI) would also be a good place for the Coalition to focus. While the grant approval process through CMMI can be lengthy, if an innovative program funded through the Center is proven to be cost-effective, it becomes permanent law. In addition, CMMI has funded a few initiatives focused on asthma, and there may be opportunities for Coalition engagement within those funded programs.

Other ideas for ways that the Coalition could engage:

1. IOM Report on Primary Care and Public Health: The Institute of Medicine (IOM) recently released a [video](#) on the integration of primary care and public health in the community, using two innovative asthma programs as examples. This video was produced as a follow-up to the IOM's March 2012 Consensus Study: [Primary Care and Public Health: Exploring Integration to Improve Population Health](#). The Coalition should work to capitalize on the IOM's work to create a vision for what evidence-based, community-level asthma management should look like.
2. Medicaid Health Homes: The Medicaid health home model, with its emphasis on patient-centered care, care in community-settings, and comprehensive chronic disease management, has the potential to greatly improve the quality of childhood asthma treatment in the Medicaid population. So far, six states have opted to enroll Medicaid beneficiaries with asthma into health homes. The Coalition may have a role in encouraging more states to adopt a Medicaid health home for the treatment and management of asthma.
3. Federal Funding: Suggestion to identify all of the federal programs that matter most to childhood asthma (including the CDC's National Asthma Control Program and other discretionary programs) and launch a collective effort by Coalition members to work to protect this funding post-election.
4. Asthma Surveillance (Schools): Surveillance systems track teachers, janitors and other school employees that have "work-related" asthma. As children are not considered "workers", there is no similar surveillance system to track children with asthma in the school setting. The EPA had funded an "Indoor Air Quality Tools for Schools" toolkit, which has some good resources of innovative solutions to address asthma in schools, including asthma surveillance. The Coalition could work to ensure that surveillance systems appropriately account for children with asthma, especially in the school setting.
5. Environmental Justice: Additional suggestions to engage the environmental justice community in our advocacy efforts.

## Early Wins Analysis for the President's Task Force on Children Environmental Risks and Safety

The Coalition has been working on developing a list of “early wins” that could come from the [President's Task Force on Children Environmental Risks and Safety](#) recent [Coordinated Federal Action Plan to Reduce Asthma Disparities](#). We have held one meeting so far to develop these early wins, and plan to have a second meeting on Wednesday, October 3<sup>rd</sup> from 10:00-12:00pm at GWU's office, located at 2021 K St. NW Suite 800. We will circulate our final list to the Coalition once it is developed.

## Ideas for Future Webinars

The first Coalition webinar was a great success – over 100 people participated. The webinar focused on ACA and its implications for childhood asthma. The discussion was led by Sara Rosenbaum from George Washington University. A recording is available for Coalition members who were unable to participate.

Other ideas mentioned for future webinars: a presentation on the Massachusetts Medicaid waiver, as well as other local examples of interesting work being done at the state level.

Suggestion that each workgroup develop ideas for future webinars related to their topic area. As workgroups are forming, GWU will work to develop a webinar on Medicaid waivers and other innovative state practices related to asthma.

## Additional Coalition Updates and Areas of Focus

- A Coalition member asked whether the Coalition should engage in advocating for additional asthma benchmarks for health insurance plans through the ACA's Health Benefit Exchanges, since this question was also raised during the webinar. The American Academy of Pediatrics (AAP) mentioned that they have been advocating for Children's Health Insurance Program (CHIP) to become the default benchmark for children in the Exchanges. While CHIP is not as good in every state as the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program under Medicaid, it is typically better than the best available small group plans.
- First Focus mentioned that it is doing work to advocate for a benchmark in the exchange for children that was modeled after the CHIP, since that would provide the strongest benefits for children. They are currently working on developing resources on what a model exchange would look like for kids.
- AAP recently released a report that provides a comparative review of essential health benefits pertinent to children in federal, state, and small group health insurance plans. This report will be circulated to the group.
- Allergy and Asthma Foundation of America is concerned about families in states with no Medicaid expansion, and asked the group who else may be working on this. First Focus

responded that they are working on ensuring that provisions affecting children in the ACA are protected, including express lane enrollment, which expires in 2013, CHIP bonus payments, and the funding cliff for CHIP spending in 2015. In addition, depending on the November election, First Focus warned that we could see the implementation of Medicaid block grants and the repeal of the ACA, which means that CHIP funding would expire in 2013. There was group consensus that these important issues should fall under the auspices of the Coalition workgroup on funding.

- AAP is also working on protecting provider payments to pediatricians, since they are the most likely to accept Medicaid reimbursement.
- Trust for America's Health is updating their 2008 Blueprint for America's Health report, which includes an environmental health section. Among other changes, the report will examine new requirements for community investment under the ACA for non-profit hospitals.
- TFAH is currently very focused on preserving the Prevention and Public Health Fund and other public health discretionary programs. Coalition members are invited to join in these efforts.

#### Action Items

- GWU will come up with a list of potential small work groups and will circulate list to the Coalition
- GWU will provide additional information to the Coalition on Medicaid health homes and opportunities for childhood asthma under the ACA provision.
- GWU will research asthma initiatives at the state level, including CMMI grantees, Community Transformation Grant (CTG) grantees, Medicaid health homes, Medicaid waivers and other initiatives (including those highlighted in the IOM video). GWU will circulate a document describing these state initiatives and opportunities for the Coalition to engage.
- In a related effort, GWU will work to develop a webinar on state asthma initiatives, including the MA Medicaid waiver.
- First Focus will work on setting up a mid-November meeting with agencies on appropriations and priority programs for childhood asthma.
- First Focus will circulate AAP's report on children in the health care exchange, as well as minutes from the Coalition meeting.
- First Focus and GWU will continue work on the Coalition website
- Coalition members are encouraged to contribute blog posts to the Kids Policy Express Blog and Twitter account @ChildHealthUSA.