

Developing Mechanisms for Sustainable Funding of Community Asthma Management



**Live Webinar
Wednesday, February 6, 2013**

WELCOME



Webinar Instructions

- Audio: Throughout the webinar, your phone line will be muted.
- Questions: If you have a question during the webinar, please click on the “Notes” tab at the top of your screen and send it to “All Moderators.” If you are directing your question to a specific presenter, please write their name before the question (e.g., Jean, Monica, Stacey).

Due to the large number of participants, we will answer as many questions as possible within the timeframe allotted for this webinar. If your question was not answered, we encourage you to reach out to the individual presenter via e-mail following the webinar (email addresses will be provided at the end of the presentation).

Today's Agenda and Speakers

> Overview of MCAN and Coalition
Floyd Malveaux, MD, PhD, Merck Childhood Asthma Network, Inc.

> Efforts to Sustain Asthma Education Interventions in Massachusetts
Jean Zotter, JD, Massachusetts Department of Public Health

> MassHealth CHABP Pilot Project
Monica H. Le, MD, MPH, Massachusetts Medicaid (MassHealth)

> New England Asthma Innovation Collaborative
Stacey Chacker, Health Resources in Action

> Q&A



The Merck Childhood Asthma Network, Inc. (MCAN) is a nonprofit 501(c)(3) organization founded in 2005 and funded by The Merck Foundation

Mission

Enhance the quality of life for children with asthma and their families, and reduce the burden of the disease on them and society.

Strategic Priorities

1. Fund implementation of Evidence Based Interventions in health care settings and communities to enhance access to and quality of care
2. Advocate for policies that are science-based and cost-effective
3. Enhance awareness and knowledge of quality asthma care

Goals

Through research, community programs and partnerships, MCAN is working to:

- Improve access to and the quality of asthma healthcare services for children, especially those who are vulnerable and medically underserved
- Advocate for policies that expedite implementation, dissemination and sustainability of science-based asthma care
- Increase awareness and knowledge of asthma and quality asthma care





Childhood Asthma Leadership Coalition

The Childhood Asthma Leadership Coalition is a multi-sector group of advocates and experts dedicated to raising awareness and advancing public policies to improve the health of children with asthma.

- Funded by the **Merck Childhood Asthma Network, Inc.** and led by **The George Washington University School of Public Health and Health Services** and **First Focus**, the Coalition includes a cross-section of experts from a range of fields including housing, environmental health, health care delivery, health economics and public policy
- Goals of the Coalition include:
 - Ensuring the availability of stable and continuous health insurance for children with asthma
 - Developing high-quality clinical care, case management and asthma education for all children
 - Reducing asthma triggers in homes and communities
 - Creating a nation-wide strategic plan for asthma research to develop new and effective treatments
 - Identifying new opportunities to improve asthma care that arise from the implementation of the Affordable Care Act



THE GEORGE WASHINGTON UNIVERSITY
SCHOOL OF PUBLIC HEALTH
AND HEALTH SERVICES





Efforts to Sustain Asthma Education Interventions in Massachusetts

Jean Zotter, JD

Director, Office of Integrated Policy, Planning
and Management

Division of Prevention and Wellness

Overview

- Background on efforts to fund asthma interventions in Massachusetts
- How the MA Asthma Prevention and Control Program has approached CHW asthma interventions in MA
- Preliminary Results from CHW study
- Developing an Infrastructure to support this Intervention



Background on Efforts in Massachusetts to Sustain Asthma Education

MA Efforts to Sustain Asthma Education

- Strong group of committed asthma coalitions, providers, and advocates
 - Raised awareness
 - Support legislation
 - Developed best practices/business case
 - Coordinated efforts
- Massachusetts Health Care Reform
 - Increased coverage and focused on containing costs
- Evidence-base for interventions increased

Organizations Involved

- Asthma Regional Council of New England
- Boston Public Health Commission
- Boston Urban Asthma Coalition
- Children's Hospital Boston
- Massachusetts Asthma Action Partnership
- Many others

Timeline of MA Legislative Efforts

- 2002 Post Audit and Oversight issues asthma report
 - Brought attention to issue
 - Filed legislation establishing statewide registry and coverage for education and supplies
- 2004 Revised bill with new sponsors
 - Mandated coverage for asthma education
- 2006 Re-filed slightly different bill
- 2010 Outside Section 154 added to budget and passes

Timeline of MA/US Evidence Development

Recommendations from the Task Force on Community Preventive Services to Decrease Asthma Morbidity Through Home-Based, Multi-Trigger, Multicomponent Interventions

Task Force on Community Preventive Services

Introduction

Asthma, a common chronic respiratory disease and major source of morbidity in the U.S., affects more than 20 million Americans, can substantially reduce quality of life, and has more than doubled in prevalence since 1980.¹ Asthma is also a major cause of hospital use¹ and results in very high direct and indirect costs (over \$32.7 billion in healthcare costs spent annually when adjusted to 2007 U.S. dollars).² In 2001, asthma was ranked the 25th leading cause of disability-adjusted life-years (DALYs) lost worldwide³ and is a leading cause of school absences for U.S. children.⁴

Asthma is inextricably linked with the home environment and occupant health. Conditions in the home environment must be addressed to treat asthma adequately.^{5,6}

The recommendations presented below are based on findings from the accompanying systematic review of home-based, multi-trigger, multicomponent environmental interventions to reduce asthma morbidity, published in this supplement.⁷ The findings on economic efficiency are from a systematic review of economic evaluations of such interventions, also in this supplement.⁸

Guide to Community Preventive Services

The systematic review on which these recommendations are based represents the work of the independent, non-federal Task Force on Community Preventive Services (the Task Force). The Task Force is developing the *Guide to Community Preventive Services* (*Community Guide*) with the support of the USDHHS in collaboration with public and private partners. The CDC provides staff support to the Task Force for development of the *Community Guide*. Previous topics reviewed, as well as background information on methods and development of the *Com-*

munity Guide, have been published elsewhere^{9–35} and are available at www.thecommunityguide.org.

Healthy People 2020 Goals and Objectives

The interventions reviewed here may be useful in reaching objectives in *Healthy People 2020*.³⁶ Table 1 lists several of these objectives, which are directly related to the goals of home-based environmental interventions to reduce indoor allergen levels and improve asthma morbidity.

Recommendations from Other Advisory Groups

The National Asthma Education and Prevention Program (NAEPP) Expert Panel Report, “Guidelines for the Diagnosis and Management of Asthma,”³⁶ has a section reviewing control of environmental factors that affect asthma. This report clearly states that patients who have asthma at any level of severity should reduce, if possible, exposure to allergens to which the patient is sensitized and exposed, and that effective allergen avoidance requires a multifaceted, comprehensive approach; individual steps alone are generally ineffective.³⁷

Another joint expert panel report, the “Asthma Health Outcomes Project” (AHOP), conducted by the U.S. Environmental Protection Agency, presents quantitative and qualitative data on 223 asthma programs throughout the world that include at least one environmental component.³⁷ The report found that interventions that included assessment of trigger exposure, tailored interventions, and those that collaborated with community-based organizations were more likely to report a positive impact on health outcomes.³⁷

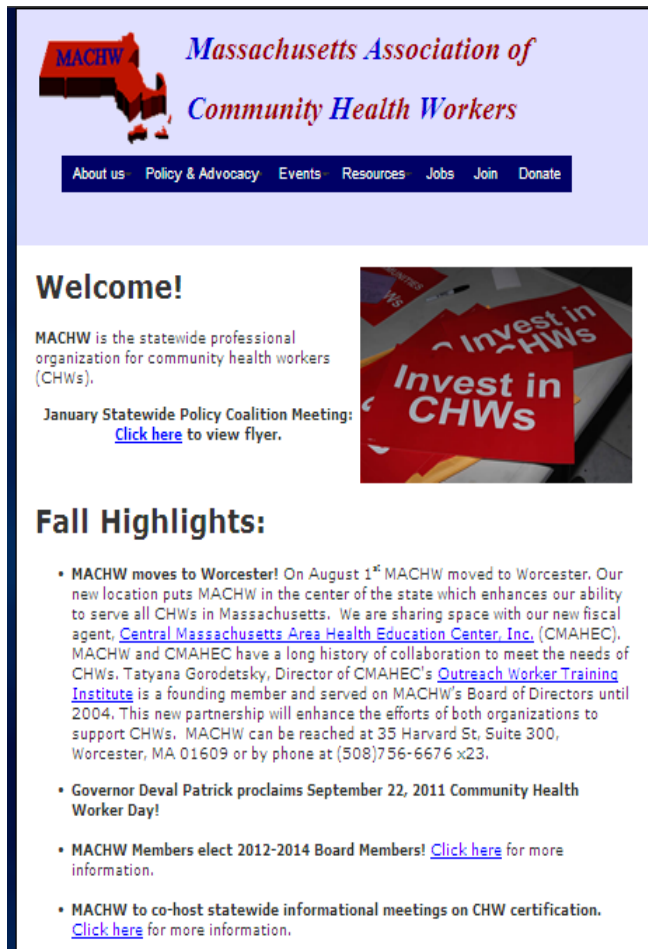
Recent international asthma guidelines also emphasize a comprehensive approach to asthma trigger avoidance. The Global Initiative for Asthma, an international group of healthcare professionals and public health officials, published asthma guidelines that state “. . . among inner-city children with atopic asthma, an individualized,

- 1999 ICAS Phase II results published
- 2005 Krieger RCT with CHWs published
- 2007 – 2010 ARC releases series of reports: business cases and analysis of coverage by insurers
- 2008 ARC releases MA provider consensus statement
- 2011 CDC releases Community Guide

Names and affiliations of the Task Force members can be found at the front of this supplement and at www.thecommunityguide.org/about/task-force-members.html.

Address correspondence to: Gema G. Dumitru, MD, MPH, Community Guide Branch, Epidemiology and Analysis Program Office, CDC, 1600 Clifton Road, MS E-69, Atlanta GA 30333. E-mail: ggd7@cdc.gov.

CHW Movement in MA

A screenshot of the Massachusetts Association of Community Health Workers (MACHW) website. The header features the MACHW logo, which is a red outline of the state of Massachusetts with the acronym 'MACHW' inside. To the right of the logo, the text 'Massachusetts Association of Community Health Workers' is displayed in a serif font. Below the header is a navigation bar with links: 'About us', 'Policy & Advocacy', 'Events', 'Resources', 'Jobs', 'Join', and 'Donate'. The main content area has a 'Welcome!' section with a paragraph describing MACHW as the statewide professional organization for community health workers (CHWs). It mentions a 'January Statewide Policy Coalition Meeting' and provides a link to view a flyer. To the right of this text is a photograph of several red signs with white text that reads 'Invest in CHWs'. Below the 'Welcome!' section is a 'Fall Highlights:' section with a bulleted list of four items: 1. 'MACHW moves to Worcester!' detailing the move to a new location in Worcester and the partnership with CMAHEC. 2. 'Governor Deval Patrick proclaims September 22, 2011 Community Health Worker Day!'. 3. 'MACHW Members elect 2012-2014 Board Members!' with a link for more information. 4. 'MACHW to co-host statewide informational meetings on CHW certification.' with a link for more information.

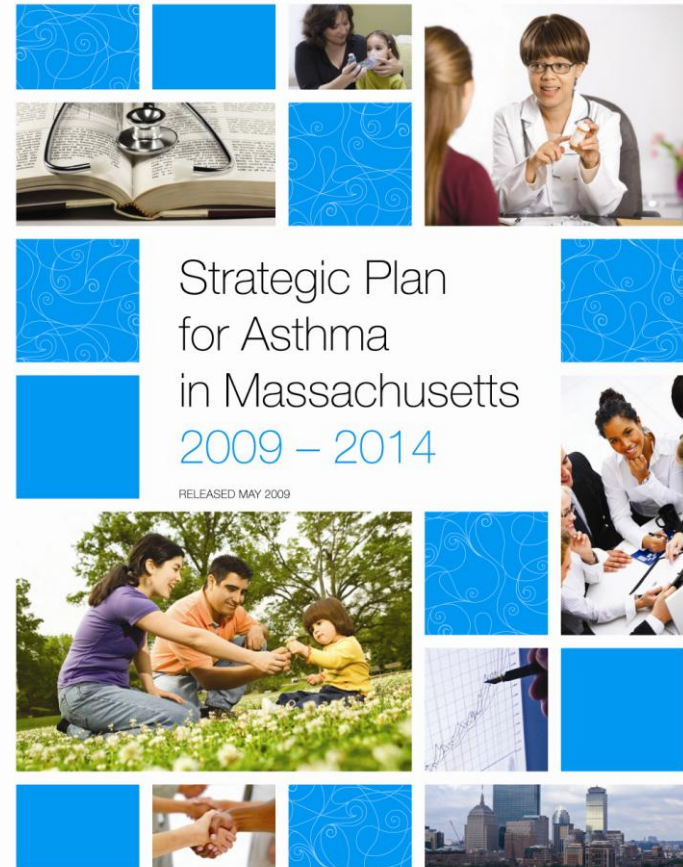
- MA Association of CHWs forms in 2000
- 2006 MA Health Care Reform law includes reference to CHW
 - Tasks MA DPH to conduct CHW workforce study
- Study released in 2010 and includes recommendations on workforce sustainability
- CHW certification law passed 2010



Current Efforts of MDPH Asthma Program

MA Asthma Prevention and Control Program (APCP)

- Committed to addressing disparities and supporting sustainable funding for asthma education in Strategic Plan by:
 - Developing best practices
 - Disseminating models
 - Encouraging insurers to adopt best practices



Developing Best Practices

- Reducing Ethnic/Racial Disparities in Youth (READY) study
 - Funded by HUD Healthy Homes Technical Studies and ARRA R01 NIH grants
- Asthma Disparities Initiative (ADI)
 - Similar clinic-based CHW home intervention
 - Linked to policy efforts at local level
 - Evaluation: how CHWs create bridges between families/clinics/communities
 - Funded by CDC Negotiated Agreement

READY Study – Cost Analysis

- An intervention:
 - Based in the medical home
 - With large Black and Hispanic pediatric patient population
 - Boston Medical Center and Baystate Medical Center
 - Integrates Community Health Workers (CHWs) into medical team
 - CHWs conduct in-home environmental assessment and education over multiple visits
 - CHWs provide low cost tools to family
 - CHWs' link visit findings back to medical team
- Purpose is to conduct a cost analysis of the intervention

MDPH Asthma Home Visiting Training for Community Health Workers

- Training and support developed and implemented for MDPH by Boston Public Health Commission's CHEC Program
- Included:
 - Comprehensive Outreach Education Certificate Program offered by CHEC
 - 4 Day Asthma Home Visitor Training developed by CHEC, 2 day “refresher” training annually
 - 2 day Supervisor Training
 - Quarterly in-person support meetings
 - Study specific training (e.g., use of questionnaires, study protocols) done by PIs at study sites

Preliminary Results of READY Study

Preliminary Health Outcomes of READY Study Participants

Health Outcomes	READY Participants N = 65		
	Baseline N (%)	Post N (%)	P-value
Asthma symptom days (Mean, (SD))	4.34 (4.1)	2.42 (3.0)	0.0006
Asthma control level			0.0040
Well controlled	8 (12.3)	20 (30.8)	
Not well controlled	37 (56.9)	35 (53.8)	
Very poorly controlled	20 (30.8)	10 (15.8)	
ER visit	35 (53.9)	16 (24.6)	0.0004
Hospitalization	17 (26.2)	1 (1.54)	0.0002
Urgent care use*	48 (73.9)	28 (43.1)	0.0006
Oral Steroid medication used	48 (73.9)	26 (40.0)	0.0003
Rescue medicine used	53 (81.5)	43 (66.2)	0.0525
Received Asthma Action Plan (AAP)	44 (67.7)	59 (90.8)	0.0002
Actually used the AAP	30 (47.7)	46 (70.8)	0.0081

Note: * Urgent care use: visit an emergency room or urgent care center or stay overnight in a hospital or unscheduled office visit

Other Preliminary Outcomes of READY Study

- Composite Environmental Trigger Score decreased 22%
- Juniper Caregiver Quality of Life Score increased 15%
- Parental Worry about Child's Asthma decreased 35%
- Parental Expectations for Good Asthma Control increased 28%



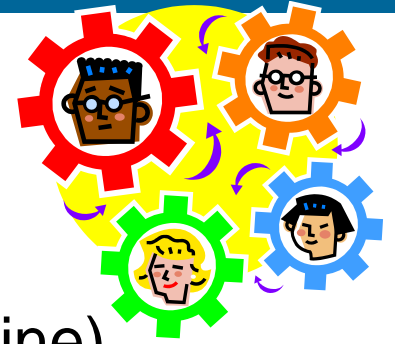
Developing a State Infrastructure

Moving Forward: From Demonstration Project to Policy

- Response from Insurers to Asthma CHW Intervention
 - Openness to payment
 - Some convinced it works
 - Some still need more cost benefit analysis
- To expand reimbursement wanted:
 - Standardized training
 - Standardized skill assessment/evaluation
 - Easy referral system



Major Recommendations



- Training:
 - Include a mentorship or practicum phase
 - Explore hybrid training (in person and on-line)
- Skill Assessment:
 - Develop performance-oriented assessment that includes home visit observations and preceptor evaluation
- Referrals:
 - Explore community/regional CHW cooperatives that offer supervision, promote intervention standardization, serve as referral agency

Conclusion

CHWs “get into homes to get a real sense of what is happening and bring that knowledge back into the clinic, both directly through patient records and indirectly as a member of the clinical team... With the CHW intervention, families are more proactive in managing their child’s asthma. They come in when their child’s well to review medications and to prepare for the start of school.”

- *Dr. Matt Sadof, Baystate Medical Center*

APCP's Funding Support for CHW Work

- This presentation was supported by the federal agencies listed below. The content of the presentation is solely the responsibility of the presenter and does not necessarily reflect the views of those agencies:
 - National Institute of Environmental Health Sciences (NIEHS); R01 ARRA Award; READY Study; #5R01ES017407-02
 - Housing and Urban Development; Healthy Homes Technical Studies Award; READY2 Study; #MALHH0227-10
 - Centers for Disease Control and Prevention; National Center for Environmental Health; Addressing Asthma from a Public Health Perspective; #5U59EH000501-3

Contact Information and Resources

- Jean Zotter, jean.zotter@state.ma.us, 617-994-9807
- APHA Community Health Worker Section
<http://www.apha.org/membergroups/sections/aphasections/chw/>
- MDPH Office of Community Health Workers
<http://www.mass.gov/dph/communityhealthworkers>
- CDC E-Learning CHW
http://www.cdc.gov/dhds/pubs/chw_elearning.htm
- Seattle King County CHW Resources
<http://www.kingcounty.gov/healthservices/health/chronic/asthma/resources/tools.aspx>

MassHealth Children's High Risk Asthma Bundled Payment (CHABP) Pilot Project

Monica Hau Le, MD, MPH

Associate Medical Director

UMass Medical School, Commonwealth
Medicine (CWM), Office of Clinical Affairs
Massachusetts Medicaid (MassHealth)

February 6, 2013

Caveats

- Request for Response (RFR) has not yet been disseminated, so details of the program cannot be discussed
- The program is not yet in the implementation phase

Statutory Mandate – Key Provisions

FY11 Budget outside section (St. 2010, C.131, S.154)

- EOHHS “shall develop a [global or bundled payment system](#) for high-risk pediatric asthma patients enrolled in the MassHealth program, designed to prevent unnecessary hospital admissions and emergency room utilization.”
- “The global or bundled payments shall reimburse expenses necessary to manage pediatric asthma, including, but not limited to, [patient education, environmental assessments, mitigation of asthma triggers and purchase of necessary durable medical equipment](#).”
- “The global or bundled payments shall be designed to [ensure a financial return on investment](#) through the reduction of costs related to hospital and emergency room visits and admissions not later than 2 years after the effective date of this act.”
- EOHHS “shall consult with the providers that manage the [Community Asthma Initiative at Children’s Hospital Boston](#) and with other relevant providers in the commonwealth in designing and implementing” and “evaluating the efficacy of” the pilot.

Bundled Payment

MA Division of Health Care Finance and Policy: *

- A bundled payment is a method of reimbursing a provider, or group of providers, for the provision of multiple health care services associated with a defined episode of care under a single fee or payment.
- Episodes of care can be either acute or chronic, and
 - include clinically related services, such as: hospital admission, ambulatory care, pharmacy, and other clinical and professional services,
 - over a defined period of time with a clear beginning and ending (acute conditions) or annually (chronic conditions).
- Multiple goals: Achieve better coordinated and higher quality care at lower total costs

*Source: DHCFP Overview of Bundled Payment Methodologies, 2/28/11

http://www.mass.gov/Eeohhs2/docs/dhcfp/g/news/bundled_payments_symposium_presentation_02-28-11.pdf

Expenditure Authority

- On December 20, 2011 CMS Approved Massachusetts Medicaid's request to extend its 1115 Demonstration Waiver through June 30, 2014.
- Waiver allows MassHealth to make "Expenditures related to a pilot program ... focused on pediatric asthma that will provide:
 - a payment such as a per member/per month (PMPM) payment to participating providers
 - for asthma-related services, equipment and supports for management of pediatric asthma
 - for Demonstration eligible children, age 2 through 18 at the time of enrollment in the pilot, who have high-risk asthma.
- The pilot may include multiple phases and may include non-traditional services, supplies, and community supports for environmental home mitigation associated with pediatric asthma.
- The authority for this pilot program to receive FFP is not effective until CMS approval of the [required] protocols. [Currently PENDING]

Process

- **Advisory Panel** convened to address current practices, collaborations, and implementation strategies (multi-stakeholder groups)
- **Strategic partnership** development to support and inform the process (DPH, UMMS CWM)
- **Evidence-based intervention:** Define high-risk population, include strategies shown to work
- **Data analysis** to establish historically high-risk asthma patients and cost
- Engage **Leadership**

CHABP Benefit Package

May vary over the course of the pilot, and may include:

- Home visits, asthma education, and care coordination provided by Community Health Workers (CHWs)
- CHWs may also support families' advocacy with landlords and property managers to promote healthy environmental conditions in the home
- Non-traditional services and supplies to mitigate environmental triggers, such as:
 - Hypoallergenic mattress and pillow covers
 - Vacuum with HEPA filter
 - Cleaning and pest management supplies
 - Air conditioner units
 - Training by a CHW to use these supplies correctly

Program Payment & Services

Phase 1 bundled payment*: “Virtual Bundle”

- Fee-for-Service is still being paid to providers
- An additional PMPM amount is paid to practices for services to manage high-risk pediatric asthma: community health worker home visits, environmental mitigation supplies

Phase 2 bundled payment: “True Bundle”

- Payment TBD based on Phase 1
- All Phase 1 services
- Other Medicaid ambulatory services required for both the effective treatment and management of pediatric asthma for high-risk patients: MD, NP, RN visits, care management, DME, etc.

*May include a stipend for infrastructure required to manage a bundled payment:

- **systems to coordinate services provided by other entities**
- **financial, legal and information technology systems needed to accept and redistribute the bundled payment**

Cost & Savings Opportunity

- **Expect to enroll 100-200 high-risk pediatric asthma patients at 2-6 practice sites**
- **Program cost in Phase 1 will be \$80,000 - \$140,000 per year, depending on enrollment**
- **Expect to generate savings by preventing expensive inpatient hospitalizations and emergency department visits**
- **Positive return on investment expected within 3 years**

Issues

1. **Timing:** Advisory panel, CMS waiver, legal review, CMS protocol approval, clinical factors
2. **Practice inclusion and exclusion criteria:** Specifically interaction with other federal grants (e.g., NIH, HUD) and plan for avoiding duplication of payments
3. **Evaluation plan:** Must evaluate Phase 1 before Phase 2 (CMS to approve)
4. **Bundled payment methodology**
5. **Operations:** IT, staffing, programs
6. **Sustainability**



Health Resources in Action
Advancing Public Health and Medical Research

**A New England Regional Approach
and the
New England Asthma Innovation Collaborative
an initiative of Health Resources in Action's
Asthma Regional Council of New England**

**Presented for the *Childhood Asthma Leadership Coalition's*
"Developing Mechanisms for Sustainable
Funding of Community Asthma Management" Webinar**

February 6, 2013

Stacey Chacker, Director of the Asthma Regional Council

Asthma Regional Council of New England

a program of Health Resources in Action

HRiA Mission: To help people live healthier lives and create healthy communities through prevention, health promotion, policy and research.

ARC's Mission: To help people to live full and active lives by reducing the impact of asthma through collaborations of health, housing, education, and environmental organizations with particular focus on the contribution of schools, homes, and communities to the disease and with attention to its disproportionate impact on populations at greatest risk.

History of ARC

- In existence for more 12 years
- Founded by Federal Region I Administrators of HHS, EPA and HUD
- Comprised of public agencies, health care providers, private organizations and researchers
- Started with environment; kids
- Expanded to comprehensive asthma management - clinical and environmental contributors; kids and adults
- Unique in that we work across the six New England States on joint strategies

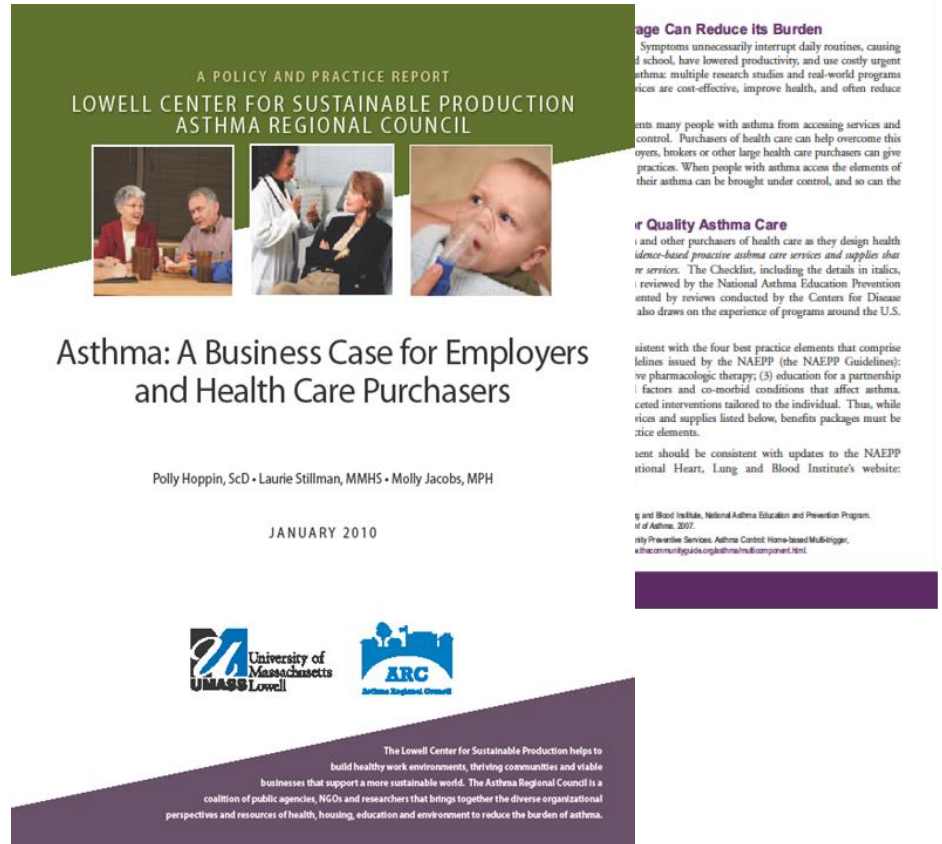
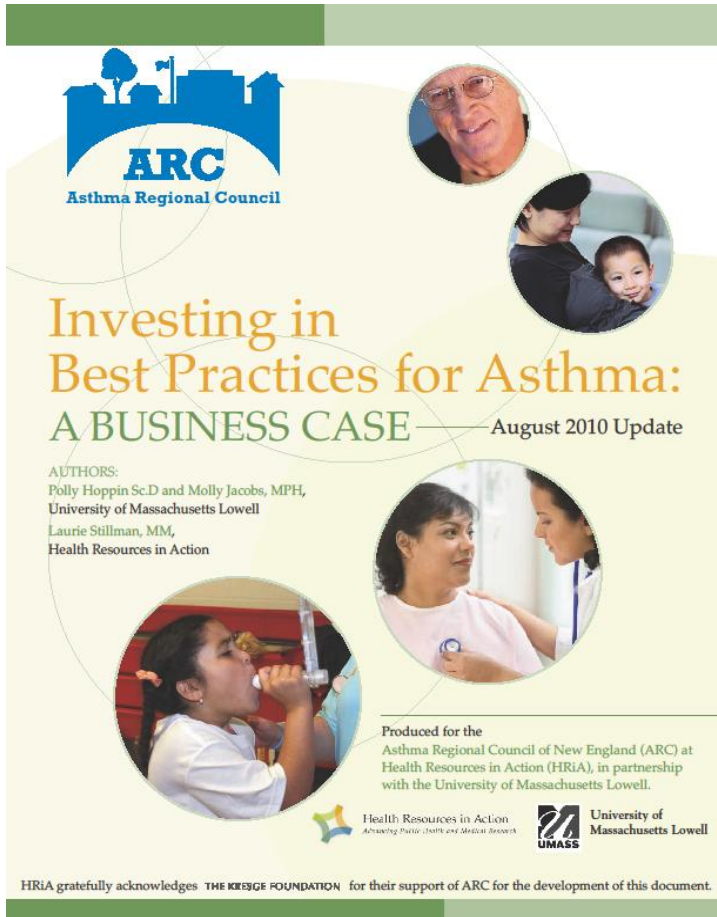
ARC's History Working with Payers (Insurers)

- Interviews with Medical Directors
- Symposium in 2004
- First “Business Case for Payers” in 2007
- Worked with two payers to develop pilots and work on policy change
- **Working in collaboration with CDC-funded NE State Asthma Programs to continue to promote financing**

Six Tools Developed

- Business Case for Health Care Payers
- Business Case for Employers & Purchasers
- Business Case for Integrated Pest Management
- Insurance Purchasing Checklist
- Provider Consensus Statement
- Insurance Coverage Gap Analysis

NEAIC builds on a decade of ARC's work promoting practice and policies.




In February 2011, HHS Secretary Sebelius cited “Investing in Best Practices for Asthma” in a guidance letter to all Governors regarding Medicaid cost-saving opportunities.


Bringing the Tools to the Table - Convening 2010 *ARC Symposium for Payers and Policy Makers*

- ARC tools and Gap Analysis
- Shifting healthcare environment: opportunities and challenges to providing more effective care
- Promising models for delivery and financing
- Open dialogue: fostering and investing in an environmental management approach; barriers to delivery
- NCQA HEDIS measures

Improving Asthma Management in a Changing Healthcare System



Focusing on Cost Effectiveness, Performance Measures, and Models of Care



A Symposium for New England Healthcare Payers and Policy Makers

November 19, 2010

Sponsored by the Asthma Regional Council,
a program of Health Resources in Action
www.asthmaregionalcouncil.org
Thank you to The Kresge Foundation for supporting the costs of this symposium.

Symposium Cosponsors:

U.S. Department of Health and Human Services, Region I	U.S. Environmental Protection Agency, Region I	Environmental Health Program at the University of MA - Lowell
Connecticut Department of Public Health	New England States Consortium Systems Organization	Massachusetts Department of Public Health
New Hampshire Department of Health and Human Services	Maine Department of Health and Human Services	Vermont Department of Health
	Rhode Island Department of Health	

CMS Health Care Innovation Challenge

\$1 billion to implement the most compelling new ideas for delivering the three-part aim:

- Improved care
- Better health
- Lower costs



New England Asthma Innovation Collaborative

Funded by the Center for Medicare and Medicaid Innovation Center
Health Care Innovation Challenge, Grant # 1C1CMS331039-01-00

Goal: Create *New England Asthma Marketplace*

Projected Outcomes:

- Enhanced quality of life and success of children with asthma
- Reduced disparities
- Demonstrated health cost savings
- New workforce (particularly Community Health Workers)
- Policy change, long-term sustainability: insurance payment for asthma home visiting services

New England Asthma Innovation Collaborative

Project Components:

- *Asthma Education and Home Visiting Service delivery expansion (1,462 children)*
- *Workforce development*
- *Committed Medicaid payers*
- *Payer and Provider Learners Community*



Jean Figaro reviews his notes before a home asthma care visit. (Martha Bebinger/WBUR)

Three Service Models

- **MA:** Duplication and Modification of Krieger model:
 - 3-4 home visits by a CHW, overseen by an asthma nurse trained in CHW supervision.
- **RI, CT and VT:** Modification of Krieger: three visits:
 - 1st home visit conducted by CHW and an AE-C.
 - 2nd & 3rd – only CHW.
- **CT:** Test a stand-alone clinic-based asthma education, delivered by an AE-C to patients with poorly controlled asthma, referred by community pediatricians.

Asthma Home Visits

- Assess patients needs and home environment, focusing on addressing barriers to good asthma control
- Provide asthma self-management education
- Promote asthma action plans
- Deliver cost-effective supplies to help families remediate environmental health threats (e.g., HEPA vacuum)
- Referrals for urgently needed social services
- Review of needs and progress
- Client-centered, use of motivational interviewing

Services Recommended in:

May, 2012

www.epa.gov/childrenstaskforce

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



Coordinated Federal Action Plan
to Reduce Racial and Ethnic
Asthma Disparities

New England Asthma Innovation Collaborative

Funding and Financial Impact

- **CMS Funding:** \$4,040,657 over three years
- **Projected health care savings \$4.1 million**
 - Reduction in costs 57%
 - Based on calculations in **AHRQ's Asthma ROI Calculator**
- **Projected Return on Investment:**
 - \$1.54 to \$5.22



NEAIC Partners: Health Care Providers

MA:

- Children's Hospital Boston
- Boston Medical Center
- Baystate Children's Hospital

RI:

- RI/Hasbro Hospital
- St. Joseph's Health Services

CT:

- Middlesex Hospital
- Children's Medical Group

VT:

- Rutland Regional Medical Center



NEAIC Partners: Health Care Payers

MA:

- Neighborhood Health Plan
- BMC HealthNet
- Health New England

RI:

- Neighborhood Health Plan, RI

CT:

- CT Department of Social Services/Children's Health Network (ASO) (Medicaid)

Others pending:

VT Medicaid, MassHealth (Medicaid)



Policy and Training Partners

- American Lung Association, New England
- Boston Public Health Commission's Community Health Education Center
- Central MA – Area Health Education Center's Outreach Worker Training Institute
- MA Department of Public Health
- MA Association of Community Health Workers
- CDC-funded New England State Asthma Programs

Our Success

A testimony to the innovative policy and practice work, and collaborative spirit in New England, and to the open-minded health care payers.



Opportunities for HHS, CMS, CDC and others to promote best practices in comprehensive asthma care

- Require that comprehensive asthma care be included in each state's "essential health benefits" package as part of the ACA
- Include asthma in integrated prevention-based approach to chronic disease
- Support infrastructure and workforce development:
 - Help disseminate and fund training programs for CHWs and CHW Supervisors
 - Encourage the National Asthma Educator Certification Board to include testing on environmental assessments and to have "2nd tier certification" for CHWs
 - Develop on-line continuing education for CHWs
 - Develop CHW credentialing program

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 - Molly Jacobs, MPH - U of MA, Lowell
- Funding for NEAIC provided by CMMI Health Care Innovation Award

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Q&A



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www.childhoodasthma.org