Centers for Medicare & Medicaid Services
Medicaid/CHIP
Health Care Quality Improvement

Models of Asthma Care: Successful State Case Studies

Center for Medicaid and CHIP Services (CMCS) Improving Asthma Control Learning Collaborative: Webinar #3

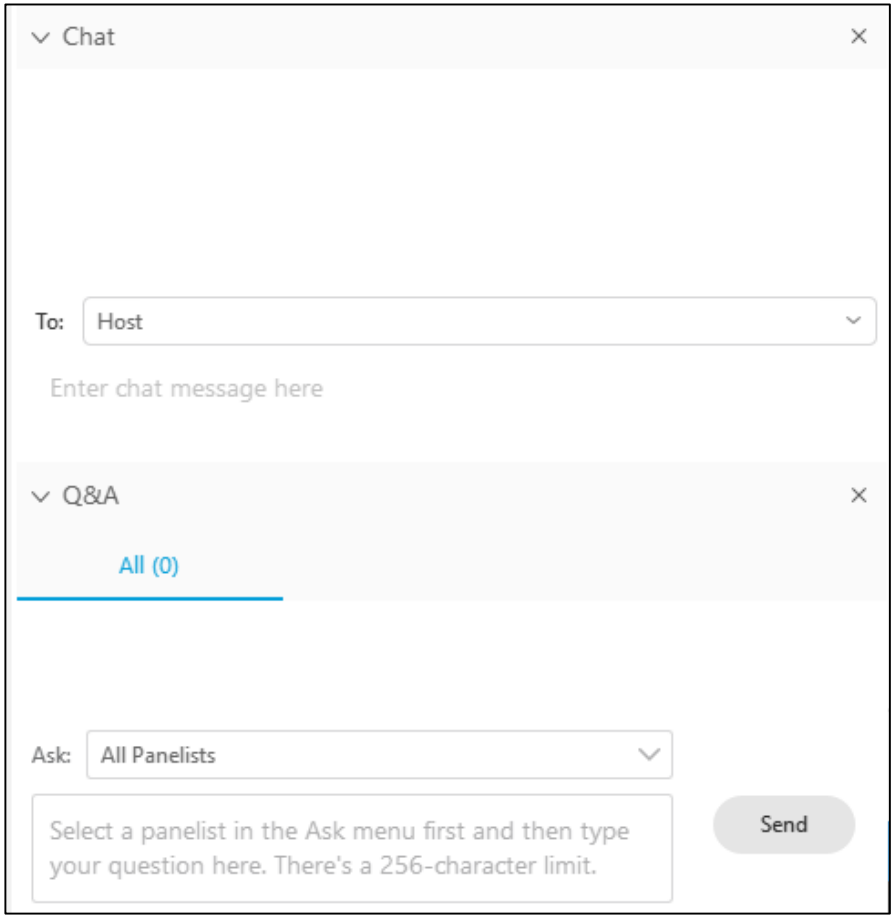
December 19, 2019

Natasha Reese-McLaughlin, Mathematica

Housekeeping Instructions

Webinar Logistics

- Mute phone, unless speaking
- Q&A
- Chat



Centers for Medicare & Medicaid Services
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Agenda

- **Welcome and introductions**
- **State case studies**
  - Missouri
  - Maryland
  - California
- **Q&A**

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CMCS's Improving Asthma Control Learning Collaborative

Objectives

- Support state Medicaid agencies' efforts to reduce the impact of asthma among Medicaid and CHIP beneficiaries
- Expand state Medicaid agencies' knowledge of evidence-based asthma interventions
- Discuss the importance of using data-driven approaches to focus asthma improvement efforts
- **Learn from states' experiences implementing asthma interventions**

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Show-me Progress

Missouri's Pathways to Expanding Access to In-Home Asthma Interventions

Eric Armbrecht, PhD, MS

Missouri Asthma Prevention and Control Program

Missouri Asthma
Prevention and Control Program
focused for impact

Program basics:
Missouri Asthma Prevention and Control Program

Missouri Asthma Prevention and Control Program (MAPCP)

We started our program in 2002. Way back when.

1. We focus on: children, especially those enrolled in Medicaid or living in minority communities.
2. Today, our work maps to four goal areas: (1) prescription choice and adherence,
   (2) control – lung function and symptoms, (3) triggers, and (4) cost of care.
3. Our projects occur in three settings: schools, homes, and health care systems.
4. We are *enviro-clinical,* recognizing this interplay supports children with asthma (and their parents).

Eric Armbrecht, PhD, Lead Evaluator

I have been involved with MAPCP almost since the beginning.

- Lead evaluator for the State of Missouri Asthma Prevention and Control Program, located in Jefferson City.
- Professor at Saint Louis University Center for Health Outcomes Research, School of Medicine and College for Public Health & Social Justice.

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A

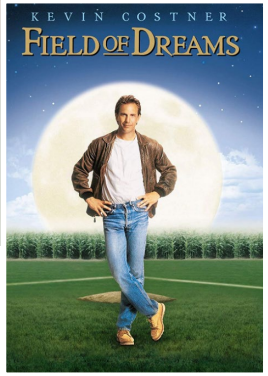
Our reimbursement pathways

1. Our Medicaid program (MO HealthNet) pursued and received a State Plan Amendment (SPA) for reimbursement of home environment assessment services. ***State Plan Amendment is a starting line, not a finish line.***

2. The Health Home Program (Per Member Per Month (PMPM)-funded care coordination by primary care sites) increases provider demand for asthma interventions and possibly for home environment assessments (but not direct fee-for-service reimbursement).

3. Managed Care Companies (managed Medicaid health plans) can make changes happen, with or without SPA; motivation may depend on alignment around key performance indicators (KPIs) or coverage requirements set in the request for proposal (RFP) (bidding process).

“If you build it, [they] will come.”



B

Our current focus

1. **Make referrals easy:** The referral process must be simple and convenient for healthcare providers, case managers, and school nurses. Calibrate expectations.

2. **Steady growth of the provider network:** Service delivery requires a sufficient number and distribution of trained and credentialled providers. Balance capacity with demand.

3. **Support school nurses:** We see many benefits to connecting school nurses and managed Medicaid health plans. Respect school nurse dedication and professionalism.

4. **Clinical quality improvement:** Engage healthcare providers (via Project ECHO) to drive quality improvement and increase demand for in-home services.

Contact us

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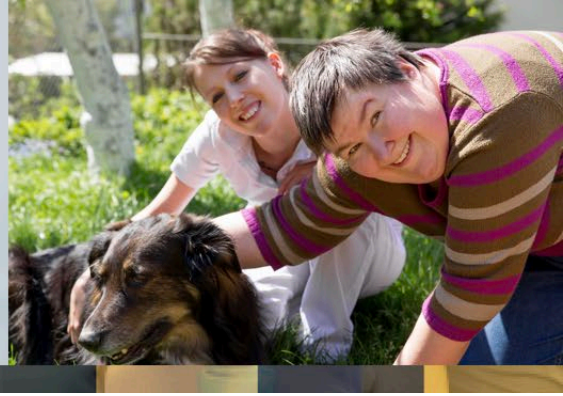
Questions?





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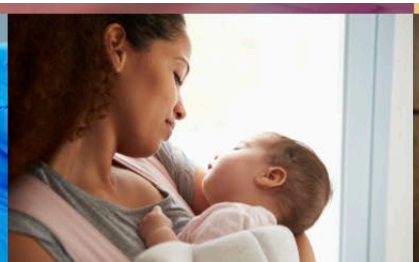
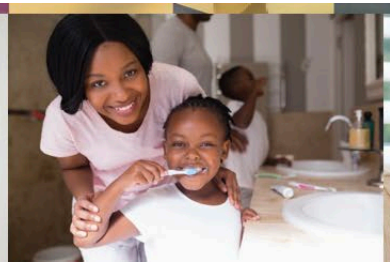
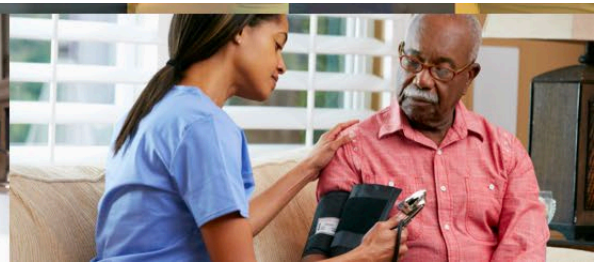
Maryland's Health Services Initiatives for Pediatric Lead and Asthma

Alyssa Brown, J.D., Deputy Director
Office of Innovation, Research and Development, Maryland Medicaid

Clifford S. Mitchell, MS, MD, MPH, Director
Environmental Health Bureau, Prevention and Health Promotion

Overview: HSI-SPA Program 1 and 2

- Maryland Medicaid, in collaboration with the Environmental Health Bureau (EHB) and the Department of Housing and Community Development (DHCD), worked to secure CHIP administrative funds from CMS to support two new initiatives:

  Program 1: Healthy Homes for Healthy Kids

  Program 2: Childhood Lead Poisoning Prevention and Environmental Case Management

- In January 2017, Medicaid submitted the Health Services Initiative State Plan Amendment (HSI SPA) to CMS to leverage CHIP funds.

- The HSI SPA was approved in June 2017.

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Cross-agency Partnership Cornerstone of Programmatic Success

- Multiple state partners work efficiently to ensure the HSI SPA is programmatically successful.
- Maryland Medicaid's Office of Innovation, Research and Development staff oversee the program and report to CMS.
- Maryland Department of Health's, Prevention and Health Promotion Administration, which includes the EHB, ensures Program 1 receives referrals and oversees nine Local Health Departments (LHDs) work to implement Program 2.
- Maryland DHCD is a sister agency and works to enroll eligible families for home abatement, relocation, and clearance before the families are moved back into the house.

MARYLAND
Department of Housing and Community Development

Maryland
DEPARTMENT OF HEALTH

Program 1: Healthy Homes for Healthy Kids

- Expansion of lead identification and abatement programs for low-income children through programs delivered by the Maryland DHCD.

- Eligibility: Children (0-18 years) who are:

  (1) Enrolled in or eligible for Medicaid or CHIP

  AND

  (2) Have a blood lead level (BLL) of ≥ 5µg/dL.

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Program 2: Childhood Lead Poisoning Prevention and Environmental Case Management

- Expansion of county level programs to provide environmental case management and in-home education programs with the aim of reducing the impact of lead poisoning and asthma on low-income children.

- The program conducted by environmental case managers and community health workers (CHWs) seated in LHDs and conducted in nine counties.

Program 2: Services

- Funding for LHDs to hire and train environmental case managers and CHWs to provide environmental case management and educational support to the parents and guardians of low-income children with asthma and/or lead poisoning.
- Home visiting (HV) program (3-6 visits).

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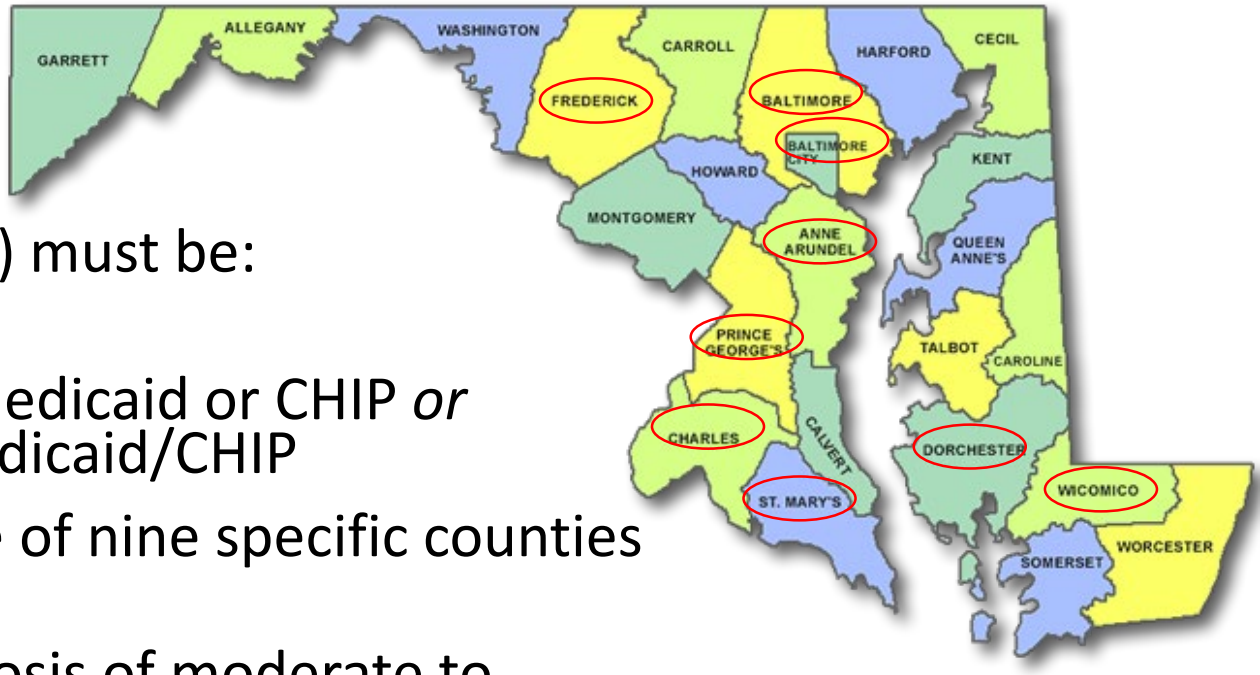
Program 2: Eligibility



Children (0-18 years) must be:

(1) Enrolled in Medicaid or CHIP *or* eligible for Medicaid/CHIP

(2) Reside in one of nine specific counties in Maryland

(3) Have a diagnosis of moderate to severe asthma[Ж] **AND/OR** a BLL of ≥ 5µg/dL

[Ж] Use standard clinical definitions of moderate to severe asthma by age group

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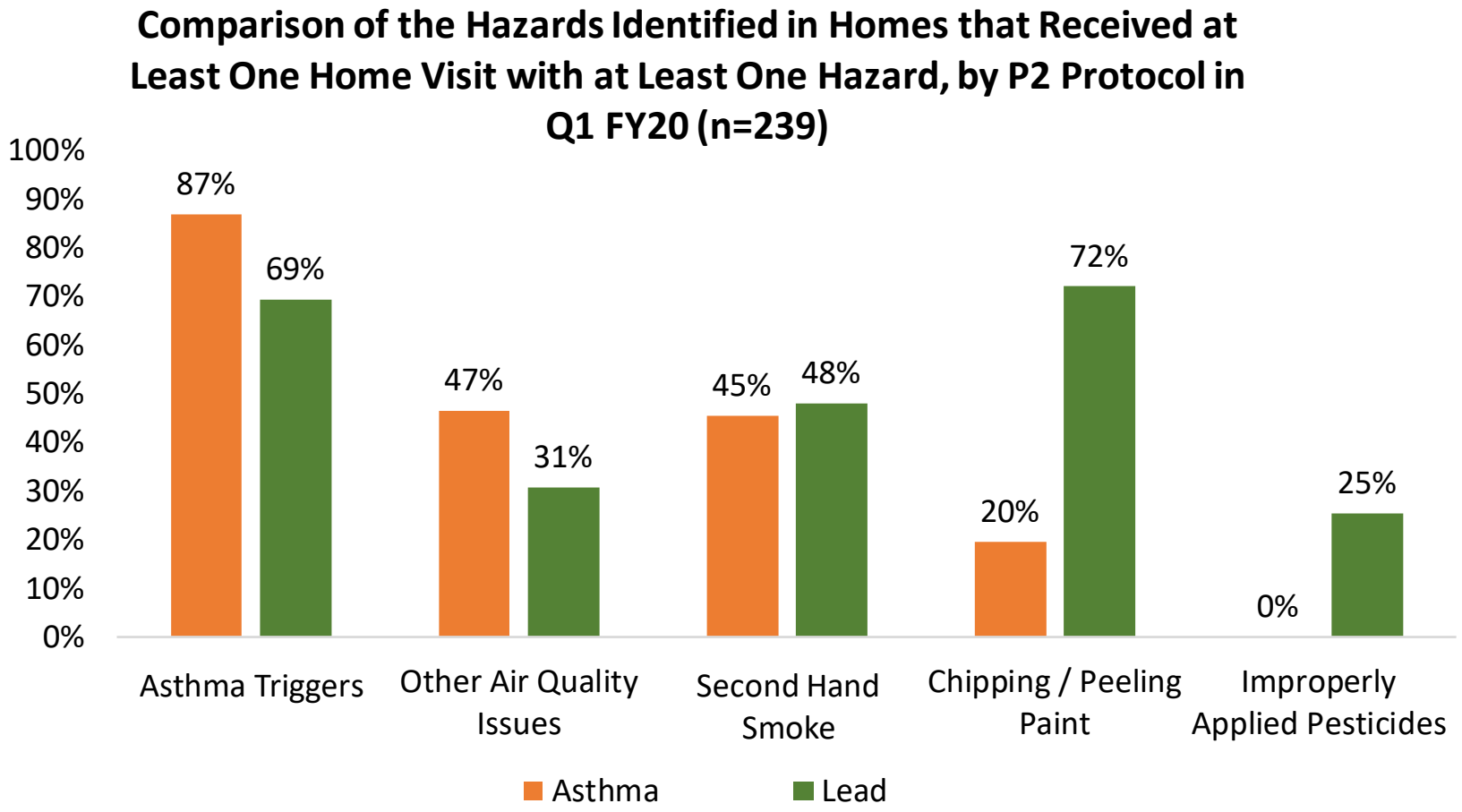
Home Visits and Case Management

- Initial environmental assessments conducted by CHWs
- Focus on triggers for asthma and risk for lead poisoning
- Aligned with “healthy homes assessments”
- Referral sources for children with asthma:
  - Primary care providers
  - Specialty care providers
  - Managed care and inpatient care coordinators
  - School-based health personnel or social services personnel
  - LHDs
  - Emergency departments
  - Emergency services personnel
  - Parents/guardians
  - Social service agencies

Program 2 (P2): Outcomes in FY20, Q1



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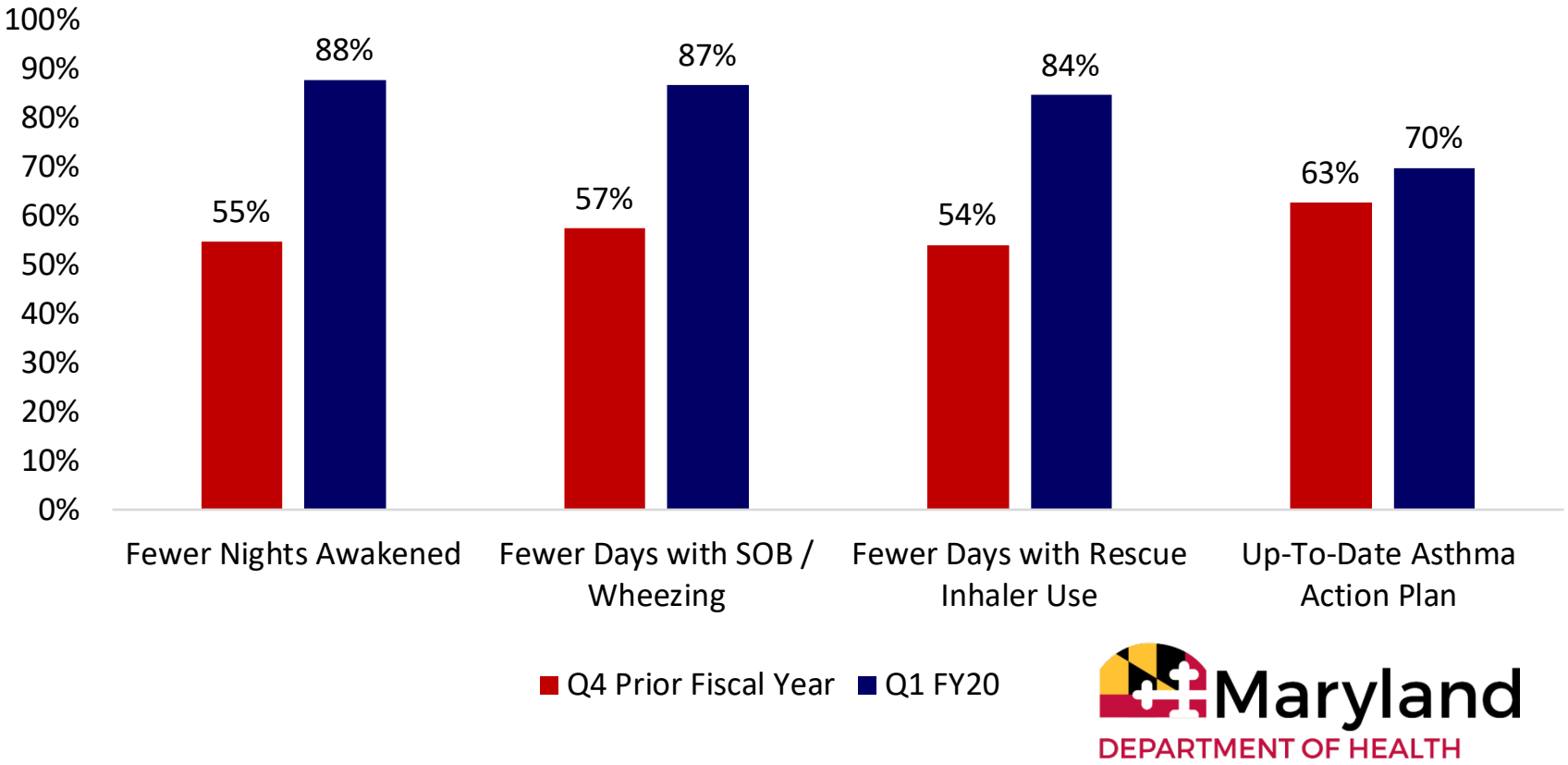
Program 2: Outcomes

Percentage of Children Enrolled in an Asthma Protocol who Received at Least Three Home Visits, who had Symptoms at Baseline, and Reported Increased Symptom Control and Possession of an Up-To-Date Asthma Action Plan (n=128)



Maryland DEPARTMENT OF HEALTH

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Questions?

THE CENTRAL CALIFORNIA ALLIANCE FOR HEALTH

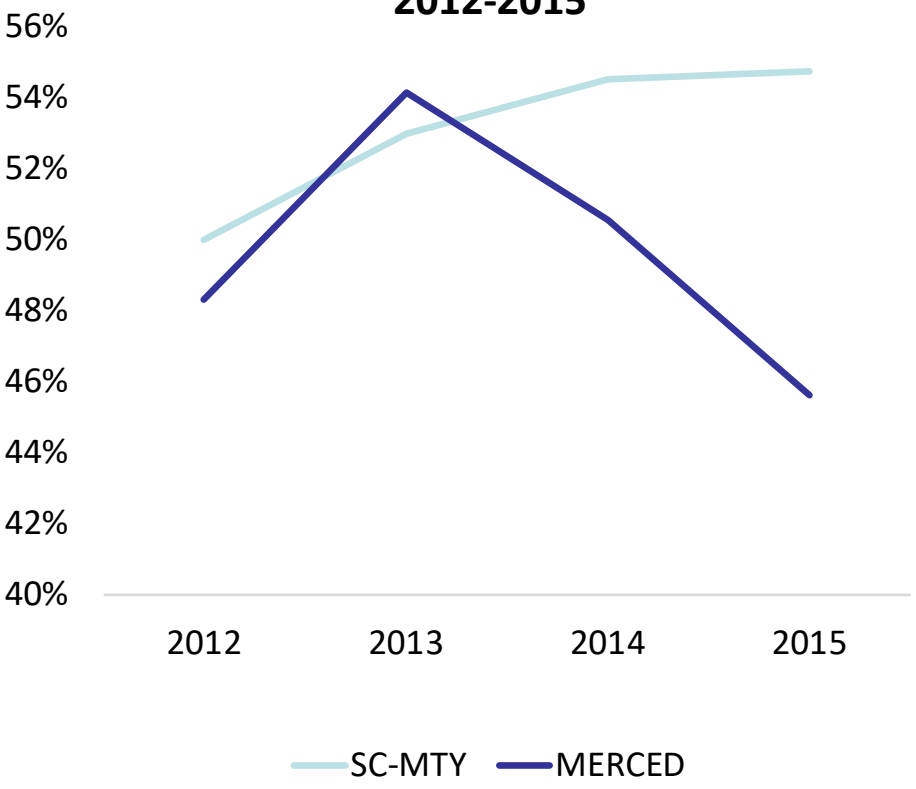
ASTHMA PERFORMANCE IMPROVEMENT PROJECT

Leslie Stucky, RN
Quality Improvement Nurse

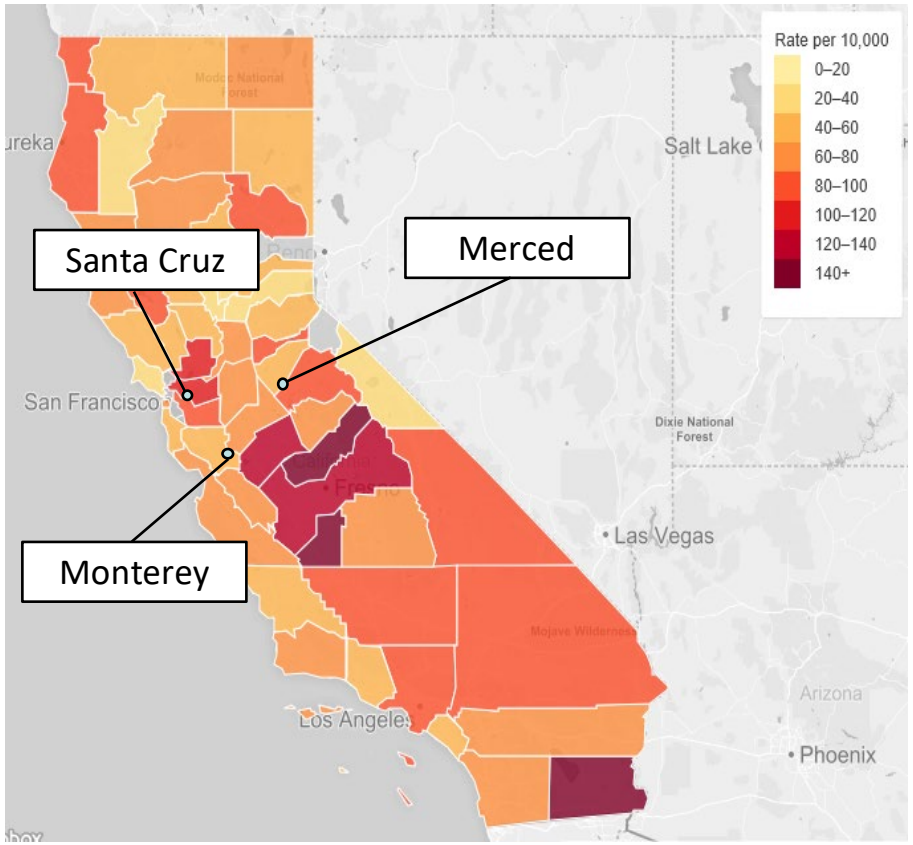
THE CENTRAL CALIFORNIA ALLIANCE FOR HEALTH (CCAH)

MERCED DATA

Performance on Medication Management for People with Asthma (MMA) Measure, 2012-2015

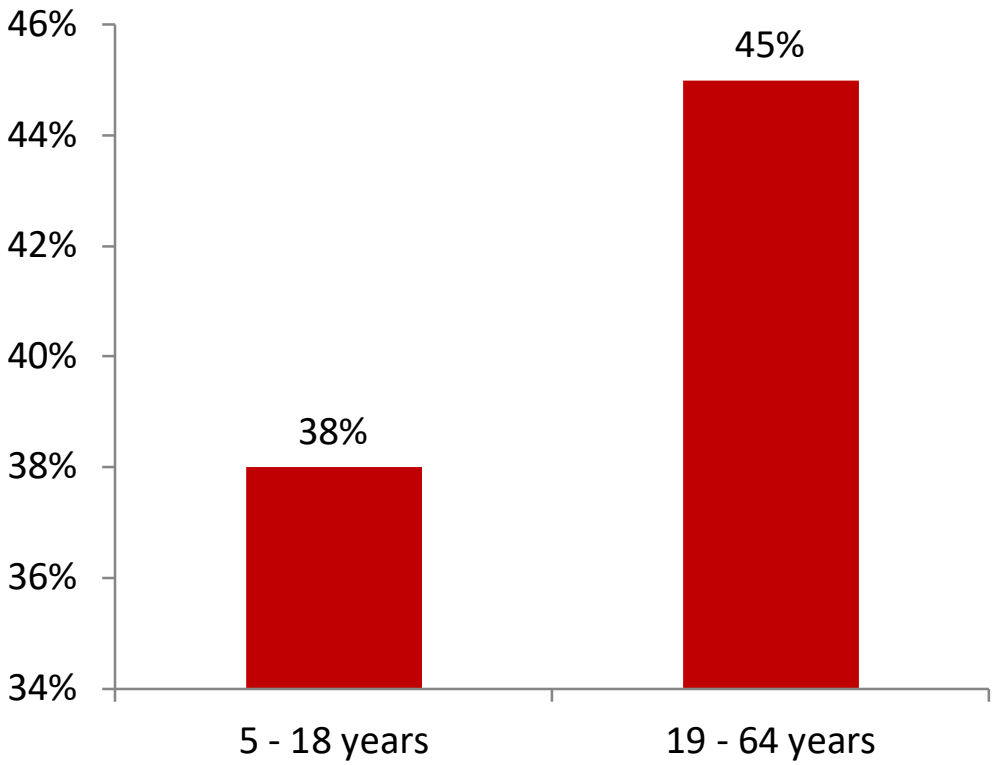


Emergency Department (ED) Visit Rates, Ages 0-17, 2012

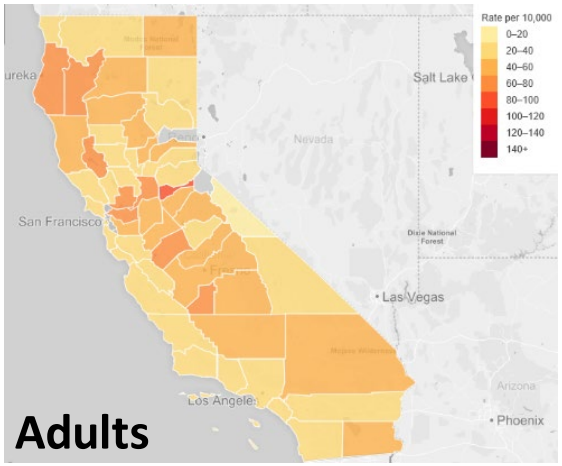


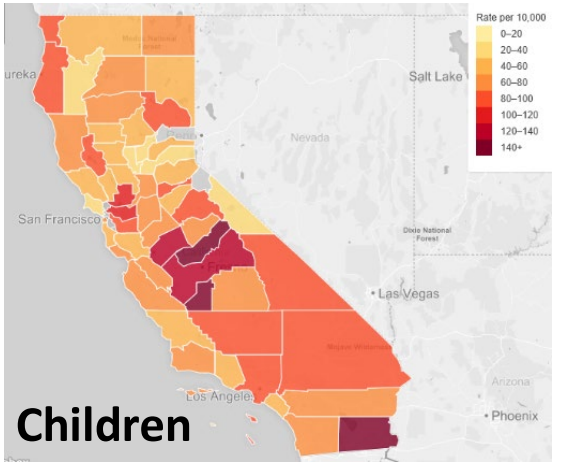
WHY CHILDREN?

Asthma Controller Medication Compliance, 2016



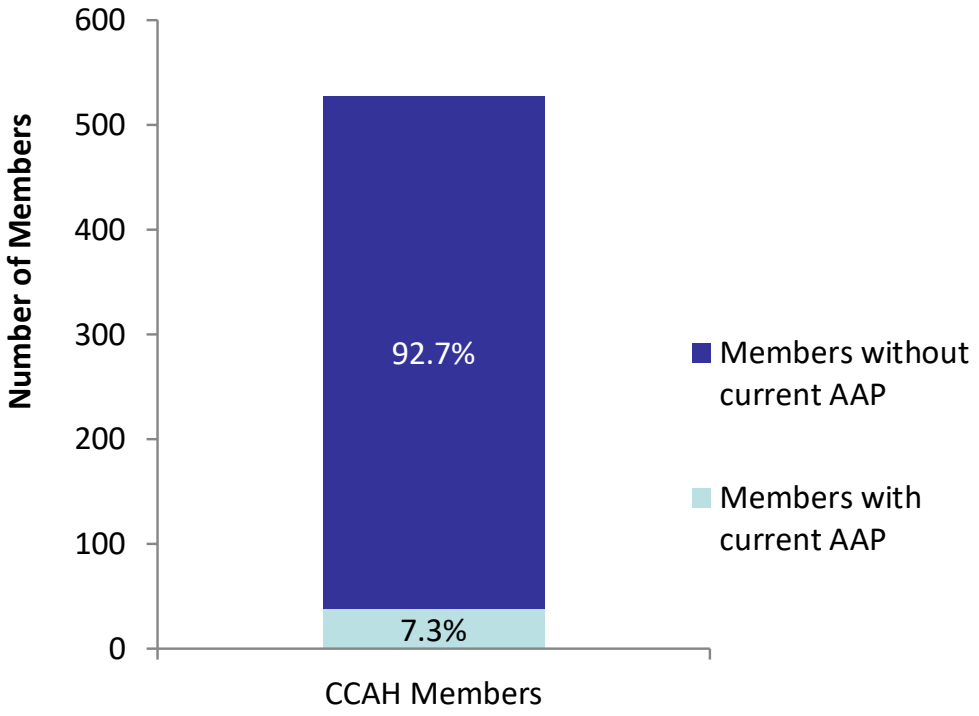
ED Visit Rates, 2015





LIVINGSTON COMMUNITY HEALTH (LCH)

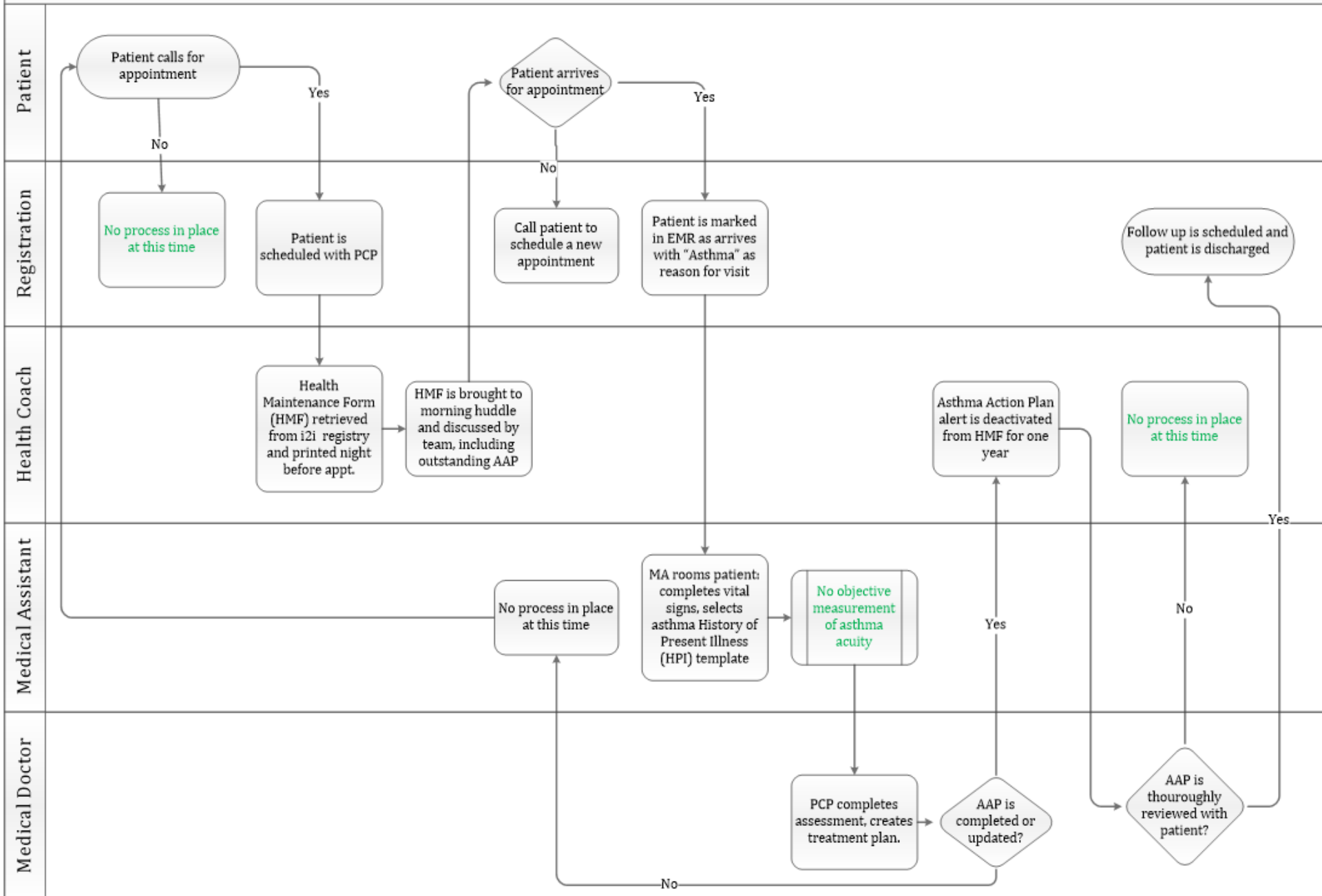
Members with a Current Asthma Action Plan (AAP) Linked to LCH, 2015-2016



LCH MMA Rate, 2015-2016

Provider	MMA Rate
Clinic A	26.67%
Clinic B	33.33%
Clinic C	35.00%
Clinic D	35.71%
Clinic E	38.30%
Clinic F	41.18%
Clinic G	42.86%
Clinic H	46.99%
Clinic I	47.22%
Clinic J	48.00%
Clinic K	50.98%
Clinic L	52.94%
Clinic M	58.62%
Clinic N	61.54%

Asthma Action Plan Visit at Livingston



A SELF PERCEPTION CONFIDENCE SCALE

1. Conveying the importance of the Asthma Action Plan (AAP) to the patient
2. Understanding of contents of AAP
3. Reviewing the AAP with a patient
4. Teaching proper technique Metered Dose Inhaler
5. Teaching proper technique Dry Powdered Inhaler
6. Teaching proper technique Spacer(s)
7. Explaining the purpose of inhaled corticosteroids
8. Teaching patients asthma self-management
9. Incorporating motivational interviewing techniques in patient coaching
10. Educating patients on asthma triggers
11. Understanding the purpose and general recommended timeframe of routine asthma visit
12. Feeling prepared to be a part of a team based approach to increase the completion of AAPs and empower patients to self-manage asthma

TRAIN THE TRAINER

Interactive

Accompanying learning materials

Multifaceted methods

LEARNING MATERIALS

- Asthma Control Test
- Asthma Action Plan
- Job Aid/Patient Handout: National Heart, Lung, and Blood Institute (NHLBI) Asthma Tip Sheet
- Motivational Interviewing Tip Sheet

MULTIFACETED METHODS - INTERACTIVE

Video

Centers for Disease Control and Prevention (CDC) step by step instructions

Demo inhalers

Metered dose inhaler, dry powdered inhalers (diskus, flexhaler and twisthaler), spacer and peak flow meter

NHLBI Tip Sheet

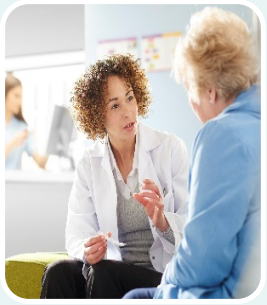
Read NHLBI Tip Sheet aloud while instructor demonstrates

Teach back via role play

Teach back and role play by each Health Coach, with time for peer and instructor feedback for each individual

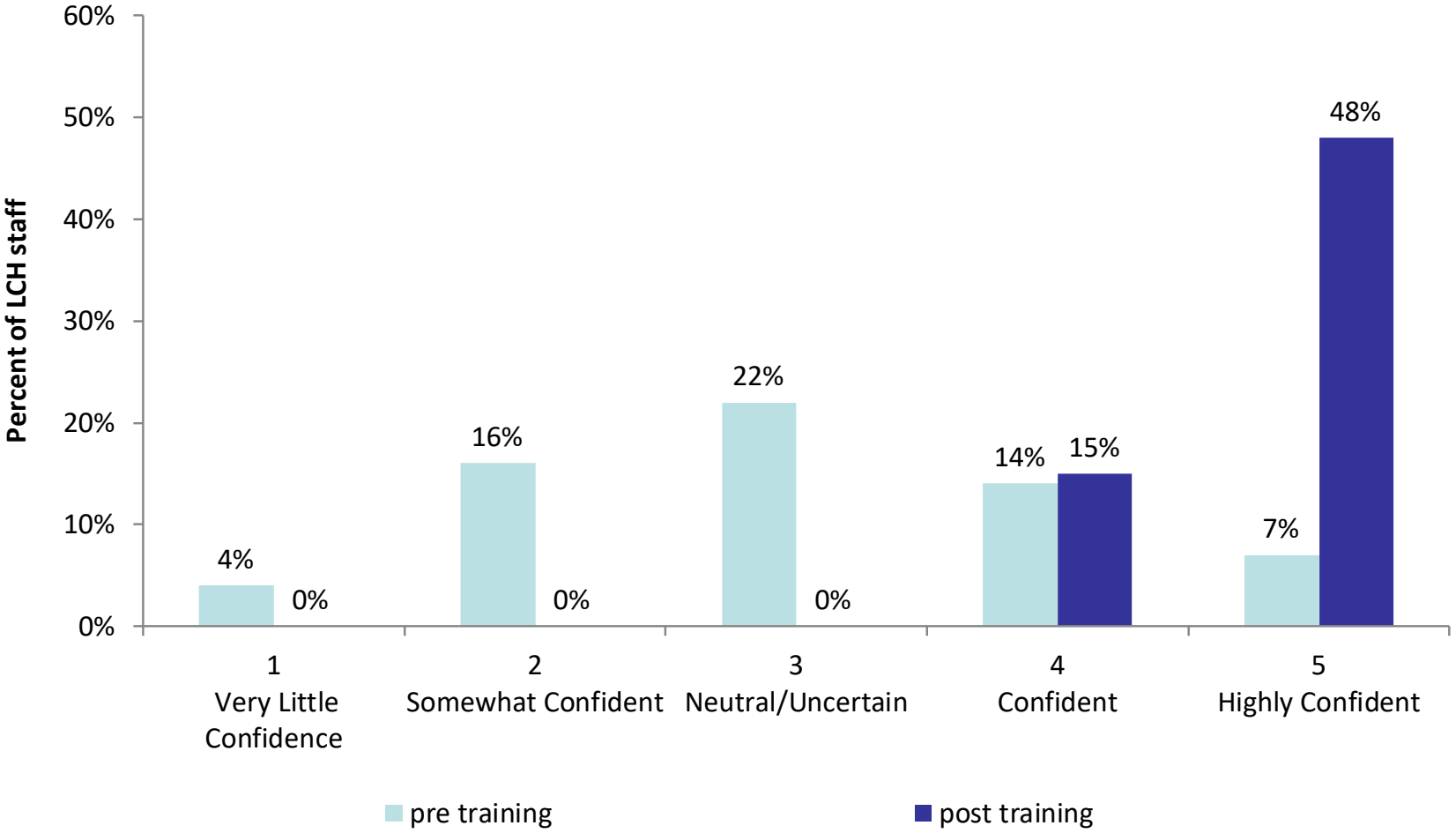
Group discussion

Group discussion is encouraged

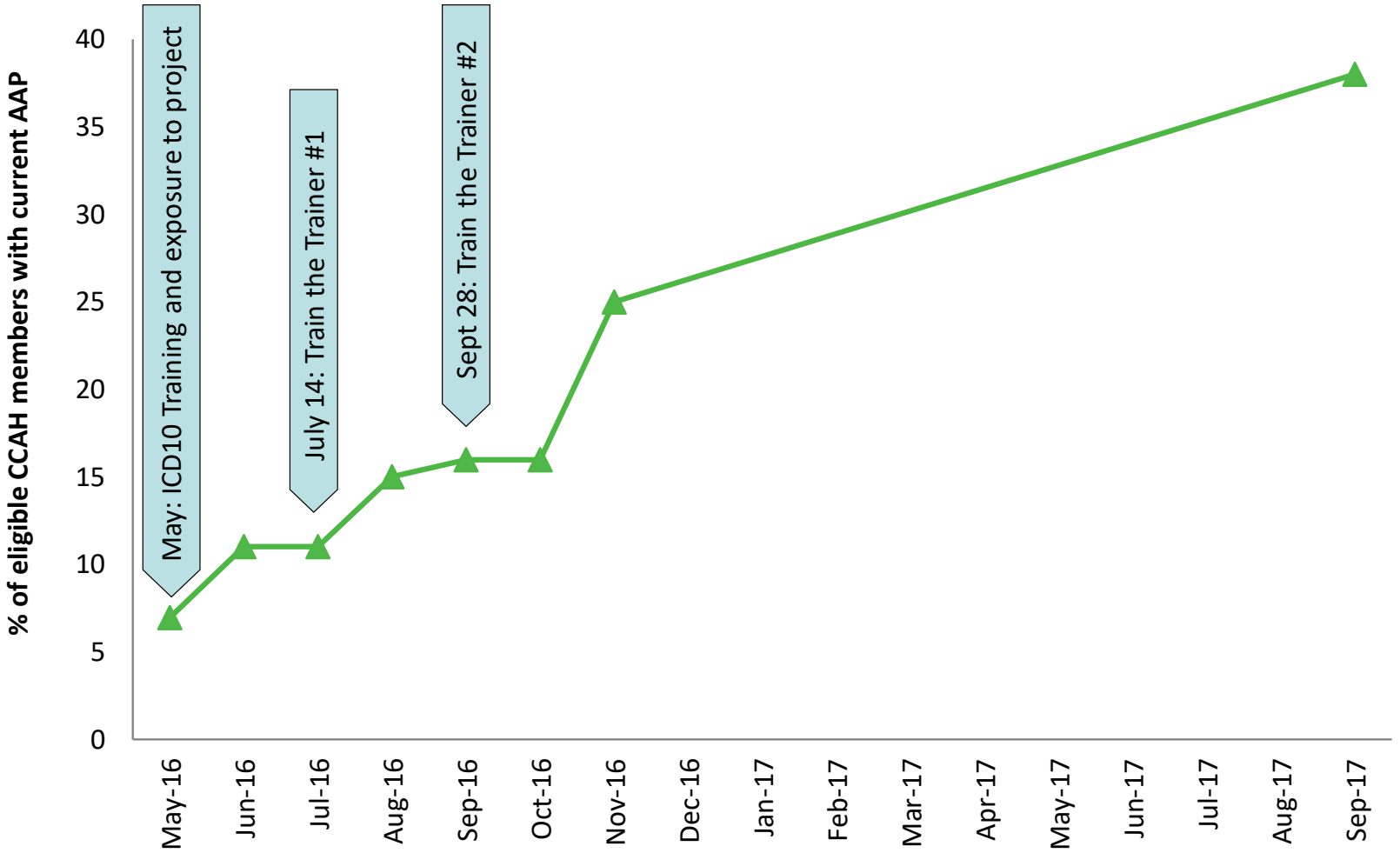


Motivational interviewing

SELF PERCEPTION OF CONFIDENCE AND COMPETENCE



Current AAP for Members 5-18 Years of Age, Linked to LCH, 2016-2017



THANK YOU!

What questions do you have?

Contact us:

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Questions?

Q&A

- **To submit a written comment, click on the "Q&A" pod and submit your question in the text box provided. Please select All Panelists in the "Ask:" field when submitting your question or comment.**

  - ***Please note, your comments can only be seen by our presentation team and are not viewable by other attendees*.**

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Health Care Quality Measures

Wrap Up

Upcoming Learning Collaborative Events

- **Webinar #4: Improving Asthma Control Affinity Group Q&A – January 23, 2020**
- **Affinity Group Expression of Interest Form posted – January 23, 2020**

To listen to the recording or view the slides from the first two webinars please visit: https://www.medicaid.gov/medicaid/quality-of-care/improvement-initiatives/asthma/index.html

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Health Care Quality Improvement

Contact for Improving Asthma Control Learning Collaborative

For questions related to the Improving Asthma Control Learning Collaborative, please submit your questions to the TA mailbox at:

MACQualityImprovement@mathematica-mpr.com

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Health Care Quality Improvement

Thank you for participating in the webinar.

Please complete the evaluation as you exit the webinar.

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Appendix

Show-me Progress

Missouri's Pathways to Expanding Access to In-Home Asthma Interventions

APPENDIX SLIDES

Eric Armbrecht, PhD, MS

Missouri Asthma Prevention and Control Program

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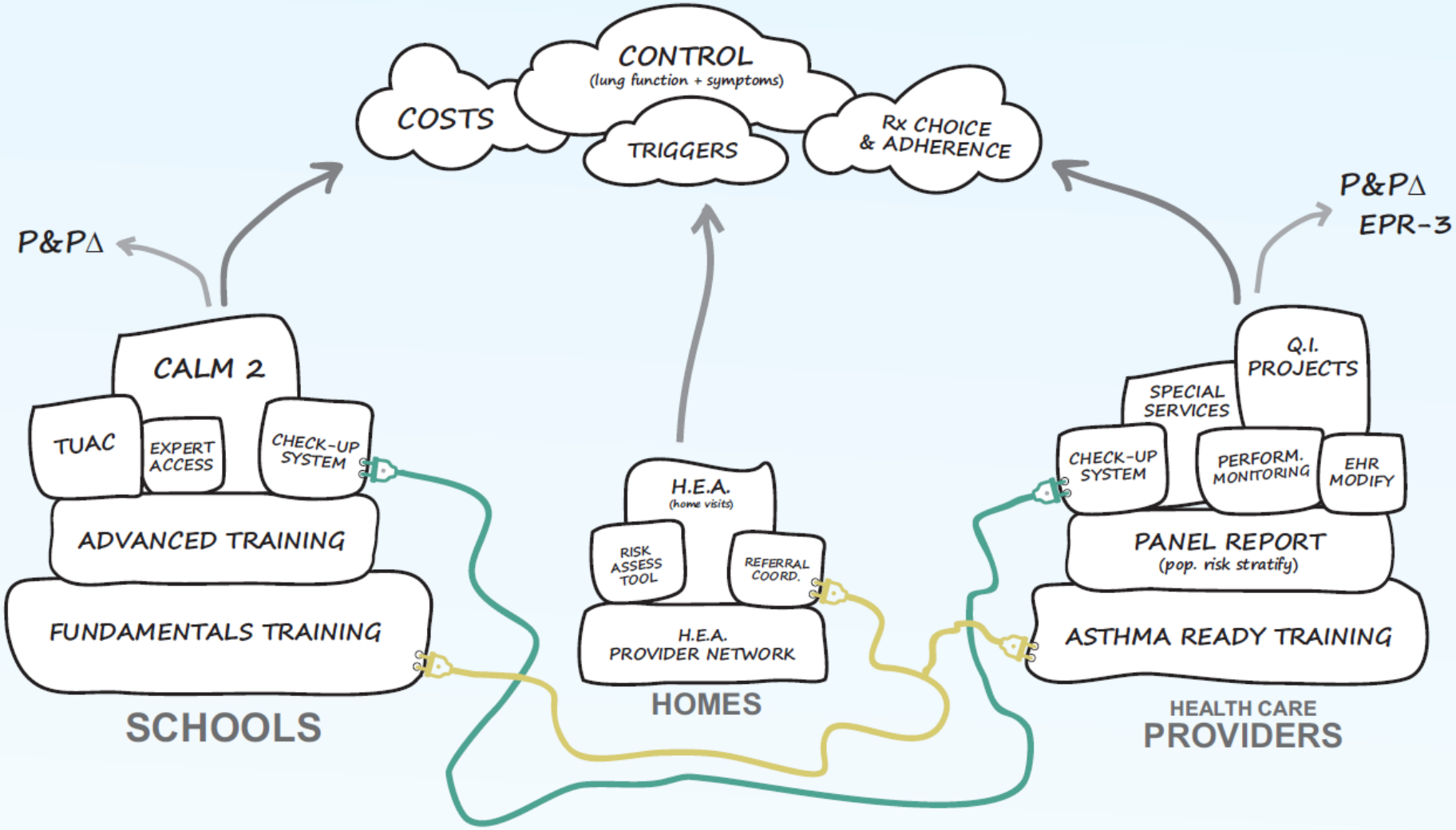

STACKS OF WORK

WHAT WE DO & PLAN TO ACCOMPLISH

February 2015

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MISSOURI SCHOOL NURSE LINK RESOURCE CONNECTION

www.SchoolNurseLink.com

Why connect with managed Medicaid health plans?

- **Get extra services and benefits for children.**
- **Save time for school nurses**
  Health plans can help school nurses:
  1. **communicate with physicians** and other health care providers,
  2. obtain same-day or next-day **transportation**,
  3. make **appointments with specialists** as well as primary care physicians,
  4. **make referrals** for self-management education or home visit programs

New FERPA template available