The Role of Medicaid and CHIP in Improving Asthma Control

Center for Medicaid and CHIP Services (CMCS) Improving Asthma Control Learning Collaborative: Webinar #1
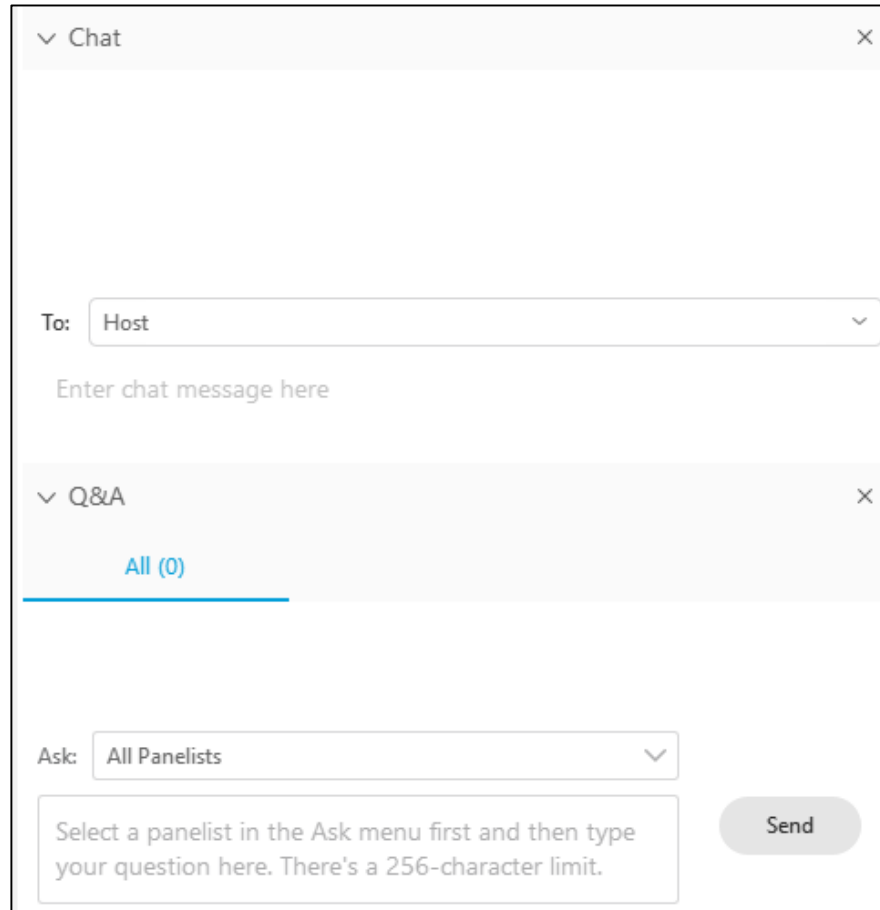
October 22, 2019

Deirdra Stockmann, Center for Medicaid and CHIP Services (CMCS)
Natasha Reese-McLaughlin, Mathematica
Joy Hsu, Centers for Disease Control and Prevention (CDC)

Housekeeping Instructions

Webinar Logistics

- **Mute phone, unless speaking**

- **Q&A**

- **Chat**

Agenda

- **Welcome and Overview of CMCS's Improving Asthma Control Learning Collaborative (CMCS)**

- **The Case for Improving Asthma Control (CDC)**

- **Medicaid's Role in Improving Asthma (Mathematica)**

- **Q&A**

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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Learning Collaborative Events and Opportunities

- **Webinar #1: The Role of Medicaid in Improving Asthma Control – October 22, 2019**

- **Webinar #2: Using Data to Improve Asthma Control: Asthma Quality Measures – November 21, 2019**

- **Webinar #3: Choosing a Change Activity to Improve Asthma Control – December 2019**

- **Webinar #4: Improving Asthma Control Affinity Group Q&A – January 2020**

- **Affinity Group Expression of Interest Form posted – January 2020**

The Case for Improving Asthma Control

Joy Hsu, MD, MS

Medical Officer

Asthma and Community Health Branch

Division of Environmental Health Science and Practice

National Center for Environmental Health

Centers for Disease Control and Prevention

The findings and conclusions in this report are those of the author and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

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Setting the Stage: Why Asthma?

Asthma is common and disparities exist
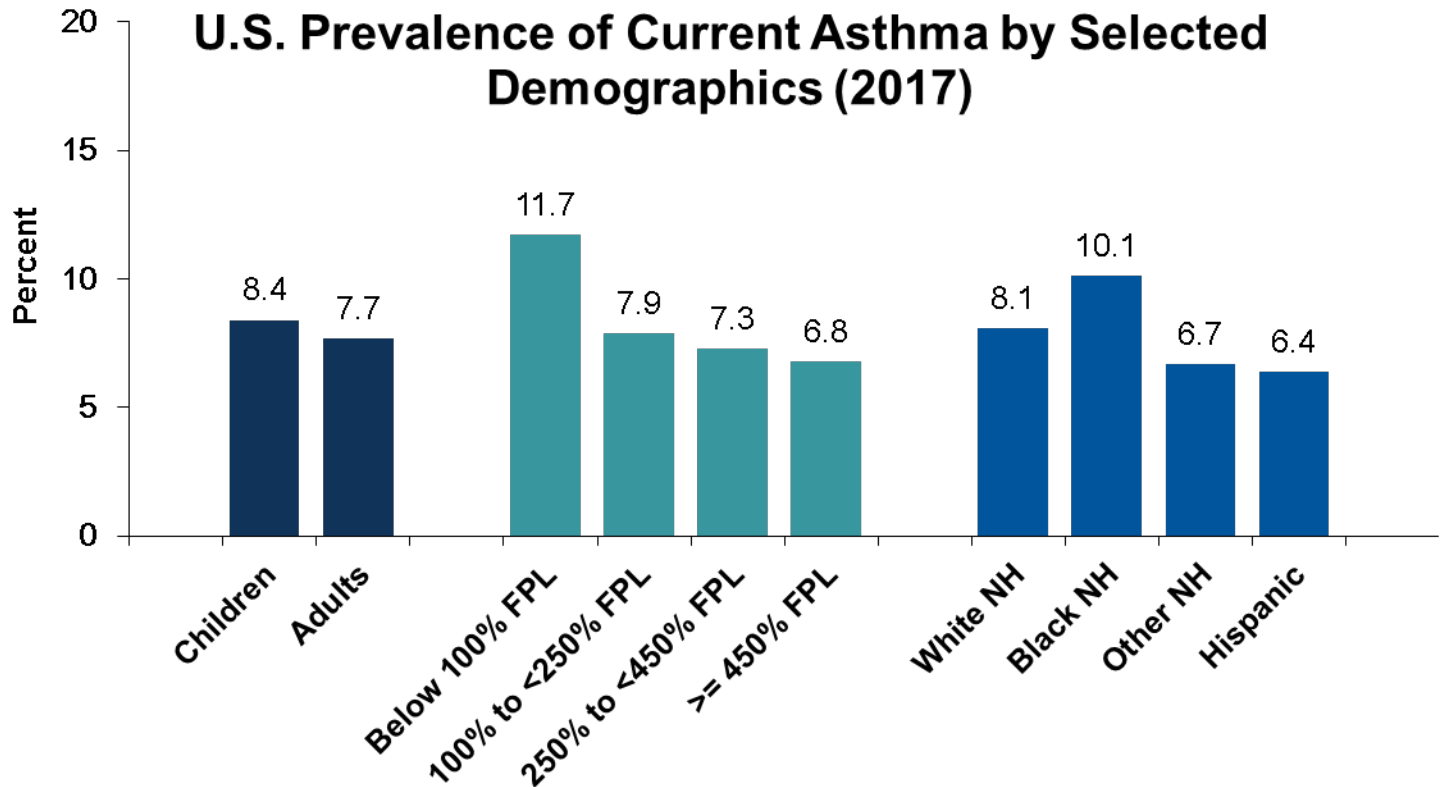
1 in 13 People has Asthma

U.S. Prevalence of Current Asthma by Selected Demographics (2017)

Category	Percent
Children	8.4
Adults	7.7
Below 100% FPL	11.7
100% to <250% FPL	7.9
250% to <450% FPL	7.3
>= 450% FPL	6.8
White NH	8.1
Black NH	10.1
Other NH	6.7
Hispanic	6.4

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Why Asthma: High Cost Chronic Condition

Asthma places a significant economic burden on the US

- **U.S. medical costs for asthma are >$50 billion per year**

- **Per-person medical cost of asthma is higher for people living below the poverty line compared to the overall population: $3,581 vs. $3,266 per year**

- **Medical costs from hospitalizations and emergency department (ED) visits for asthma can be reduced by improving asthma control**

Source: www.cdc.gov/asthma/pdfs/EXHALE_technical_package-508.pdf

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Why Asthma: Variation By State and Payer

Variation in asthma prevalence suggests there are opportunities for improvement

Asthma Prevalence Across States, by Selected Payers (2008–2012 MEPS data)

	Medicaid	Commercial
Overall asthma prevalence (range across 50 states)	6.0–9.6%	4.2–5.9%
Child asthma prevalence (range across 50 states)	5.2–10.4%	4.7–9.1%

Source: MEPS, Medical Expenditure Panel Survey

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Setting the Stage: Why Now?

- **Increased understanding of how various state agencies (Medicaid, public health, etc..) can improve asthma control**

- **Increased number of tools available to state agencies**

- **Aligned federal, state, and local public health activities**

Examples from CDC:

www.cdc.gov/sixeighteen

Setting the Stage: What Can be Done?

Selected evidence-based strategies to control asthma

(E) Education on asthma self-management

(X) X-tinguishing smoking and secondhand smoke

(H) Home visits for trigger reduction and asthma self-management education

(A) Achievement of guidelines-based medical management

(L) Linkages and coordination of care across settings

(E) Environmental policies or best practices to reduce asthma triggers from indoor, outdoor, and occupational sources

Source: www.cdc.gov/asthma/pdfs/EXHALE_technical_package-508.pdf
Notes: Environmental policies and best practices might be less relevant to state Medicaid activities. Partnerships can support or enhance an agency's EXHALE-related activities.

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Setting the Stage: What Can Be Done?

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A — Achievement of guidelines-based medical management

L — Linkages and coordination of care across settings

E — Environmental policies or best practices to reduce asthma triggers from indoor, outdoor, and occupational sources

Each strategy has shown asthma-related outcomes:
- ⬇ hospitalizations
- ⬇ ED visits
- ➕ return on investment
- ⬆ medication adherence*

*Environmental policies or best practices not linked to medication adherence

Source: www.cdc.gov/asthma/pdfs/EXHALE_technical_package-508.pdf
Notes: Environmental policies and best practices might be less relevant to state Medicaid activities.
Partnerships can support or enhance an agency's EXHALE-related activities.

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Setting the Stage: What Can Be Done?

Every individual with asthma does not necessarily need every strategy in EXHALE

More resource-intensive EXHALE-related activities can be focused on individuals at higher risk of asthma attacks

Family Health Partners: Stratified Interventions

Stratum	Asthma Intervention Resources
Stratum 1: All members	• Initial screening questionnaire • Database search by claims
Stratum 2: Members with asthma	• Asthma education by PCP • Asthma Action Plan with Action Card™ • Payment for education
Stratum 3: Persistent Asthma	• Controller medications prescribed and filled • Case management for moderate and severe persistent asthma
Stratum 4: Frequent Fliers (80 per case mgr)	• Disease-specific case management
Stratum 5: Ultra frequent fliers	• Environmental assessment and counseling as indicated

Net savings: $1.57 per member per month

Home Asthma Response Program: Return on Investment

• ≥1 ED visit or hospitalization for asthma: $1.33 per $1 invested

• ≥2 ED visits for asthma: $2.26 per $1 invested

Partners include Hasbro Children's Hospital, Saint Joseph's Health Center, and Thundermist Health Center

Sources: health.ri.gov/publications/programreports/HomeAsthmaResponseProgram.pdf; www.chcs.org/media/IACC_Toolkit.pdf; https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5117439/

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Introduction to Asthma and Asthma Control Resources

- EXHALE reference,
www.cdc.gov/asthma/pdfs/EXHALE_technical_package-508.pdf

- CDC's National Asthma Control Program — State Contacts and Programs,
www.cdc.gov/asthma/contacts/default.htm

- CDC's 6│18 Initiative State Medicaid Agency Activities,
www.cdc.gov/sixeighteen/medicaid/index.html

- Implementing CDC's 6│18 Initiative: A Resource Center — Control Asthma,
www.618resources.chcs.org/priority-conditions/control-asthma/

- Improving Asthma Care for Children: Best Practices in Medicaid Managed Care, www.chcs.org/media/IACC_Toolkit.pdf

- Nurmagambetov T et al., State-level medical and absenteeism cost of asthma in the United States, J Asthma, 2017,
https://www.ncbi.nlm.nih.gov/pubmed/27715355

Medicaid's Role in Asthma Control

Natasha Reese-McLaughlin, MPP

Health Researcher

Mathematica

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Asthma Driver Diagram: *Primary and Secondary Drivers*

Potential Aims:

Reduce the impact of asthma

Reduce asthma-related ED visits

Improve asthma medication ratio (AMR-CH) measure

Air pollution	Reduce vehicle exhaust pollutants
Asthma management	Improve asthma self-management
	Increase adherence to asthma medications and devices
	Promote guideline-based clinical care
Asthma triggers	Reduce exposure to home and school-based triggers (such as mold, dust mites, rodents, cockroaches, pet dander)
	Mitigate exposure to outdoor environmental triggers
Occupational irritants	Decrease exposure to asthma triggers in the workplace
	Facilitate cross-sector collaborations
Respiratory infections	Reduce respiratory infections
Smoking and secondhand smoke	Reduce tobacco smoking
	Reduce exposure to secondhand smoke

Identify and address disparities

Notes: Primary drivers are the "Factors that contribute to Asthma" as defined by the CDC and "Asthma triggers and management" identified by the American Academy of Allergy, Asthma & Immunology.

Selected Change Activities

Air pollution	Reduce vehicle exhaust pollutants	
Asthma management	Improve asthma self-management	Provide AS-ME to patients with frequent refills, ED visits, or hospitalizations for asthma
	Increase adherence to asthma medications and devices	Reduce co-pays or prior authorization for asthma medications
	Promote guideline-based clinical care	Identify asthma medications that do not align with guidelines and notify providers
Asthma triggers	Mitigate exposure to outdoor environmental triggers	Encourage partners to advance policies/practices to reduce environmental asthma triggers
	Reduce exposure to home and school-based triggers (such as mold, dust mites, rodents, cockroaches, etc.)	Provide home assessments for asthma trigger reduction and allergen elimination services
Occupational irritants	Decrease exposure to asthma triggers in the workplace	Prevent exposure to irritants with protective equipment (masks, gloves, ventilation systems)
	Facilitate cross-sector collaborations	Create integrated hub-and-spoke asthma network to connect community and clinical partners
Respiratory infections	Reduce respiratory infections	Increase access to influenza and pneumococcal vaccinations among asthma patients
Smoking and secondhand smoke	Reduce tobacco smoking	Participate in learning collaborative on tobacco
	Reduce exposure to secondhand smoke	Provide tobacco cessation counseling or medications to parents of children with asthma

Alignment with EXHALE

Selected Change Activities

EXHALE Legend

E — Education on asthma self-management

X — X-tinguishing smoking and secondhand smoke

H — Home visits for trigger reduction and asthma self-management education

A — Achievement of guidelines-based medical management

L — Linkages and coordination of care across settings

E — Environmental policies or best practices to reduce asthma triggers from indoor, outdoor, and occupational sources

Change Activities

L — Provide AS-ME to patients with frequent refills, ED visits, or hospitalizations for asthma

A — Reduce co-pays or prior authorization for asthma medications

L — Identify asthma medications that do not align with guidelines and notify providers

E — Encourage partners to advance policies/practices to reduce environmental asthma triggers

H — Provide home assessments for asthma trigger reduction and allergen elimination services

E — Prevent exposure to irritants with protective equipment (masks, gloves, ventilation systems)

E — Create integrated hub-and-spoke asthma network to connect community and clinical partners

A — Increase access to influenza and pneumococcal vaccinations among asthma patients

X — Participate in learning collaborative on tobacco

X — Provide tobacco cessation counseling or medications to parents of children with asthma

Example Data Uses for QI Initiatives

Selected Change Activities

Identify number of asthma patients referred for home assessments

Analyze claims data to identify patients with frequent medication refills, ED visits, or asthma-related hospitalizations

Analyze claims data to identify asthma-related hospitalizations at 12 months (e.g. PQI05-AD; PQI15-AD)

Analyze claims data to identify asthma medication purchases that aren't guideline-based

Analyze claims data to identify prescriptions for tobacco cessation medications

Provide AS-ME to patients with frequent refills, ED visits, or hospitalizations for asthma

Reduce co-pays or prior authorization for asthma medications

Identify asthma medications that do not align with guidelines and notify providers

Encourage partners to advance policies/practices to reduce environmental asthma triggers

Provide home assessments for asthma trigger reduction and allergen elimination services

Prevent exposure to irritants with protective equipment (masks, gloves, ventilation systems)

Create integrated hub-and-spoke asthma network to connect community and clinical partners
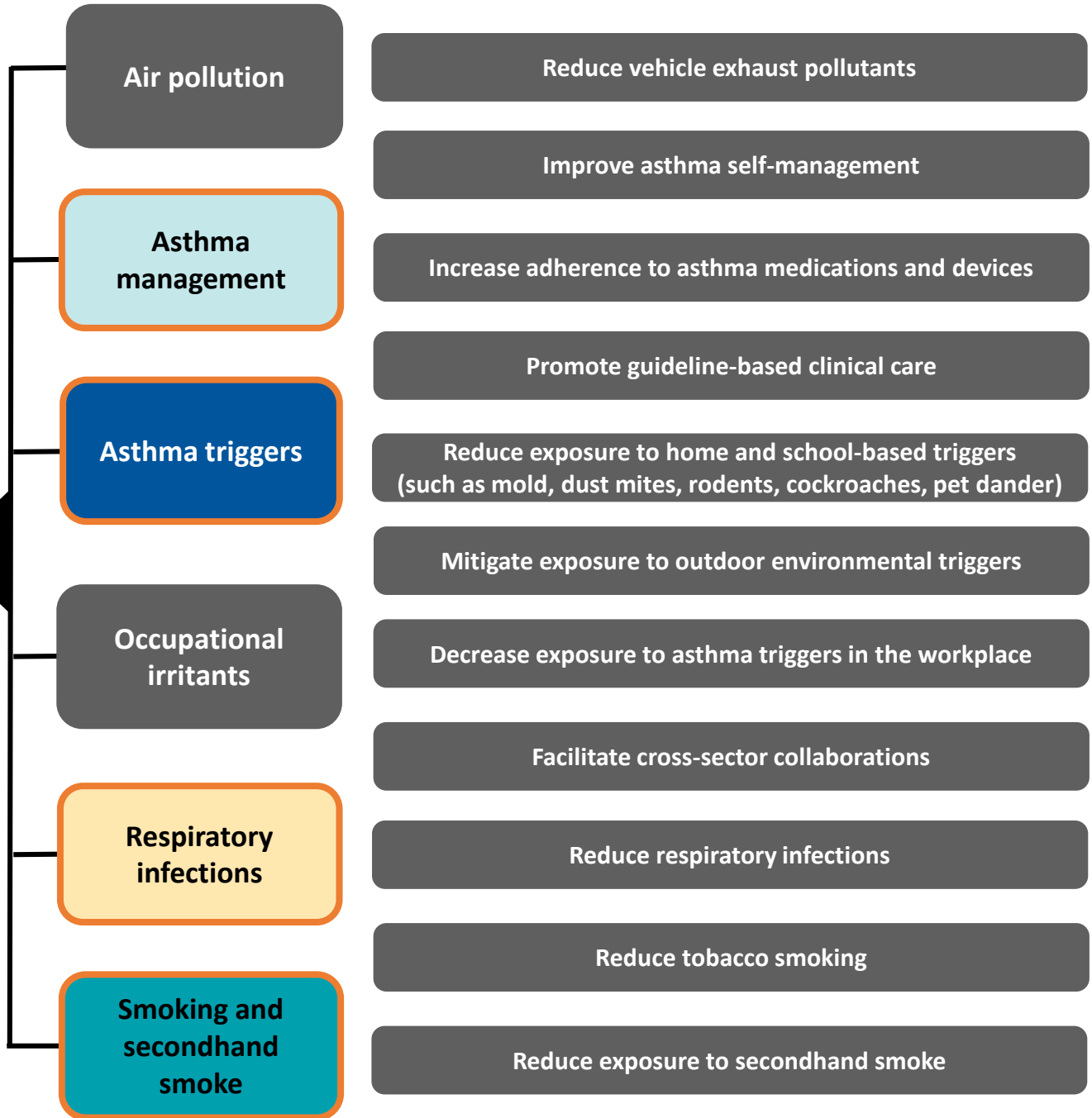
Increase access to influenza and pneumococcal vaccinations among asthma patients

Participate in learning collaborative on tobacco

Provide tobacco cessation counseling or medications to parents of children with asthma

Primary Drivers that Medicaid Agencies Can Address

Aim: Reduce the impact of asthma

- **Air pollution**
  - Reduce vehicle exhaust pollutants

- **Asthma management**
  - Improve asthma self-management
  - Increase adherence to asthma medications and devices
  - Promote guideline-based clinical care

- **Asthma triggers**
  - Reduce exposure to home and school-based triggers (such as mold, dust mites, rodents, cockroaches, pet dander)
  - Mitigate exposure to outdoor environmental triggers

- **Occupational irritants**
  - Decrease exposure to asthma triggers in the workplace

- **Respiratory infections**
  - Facilitate cross-sector collaborations
  - Reduce respiratory infections

- **Smoking and secondhand smoke**
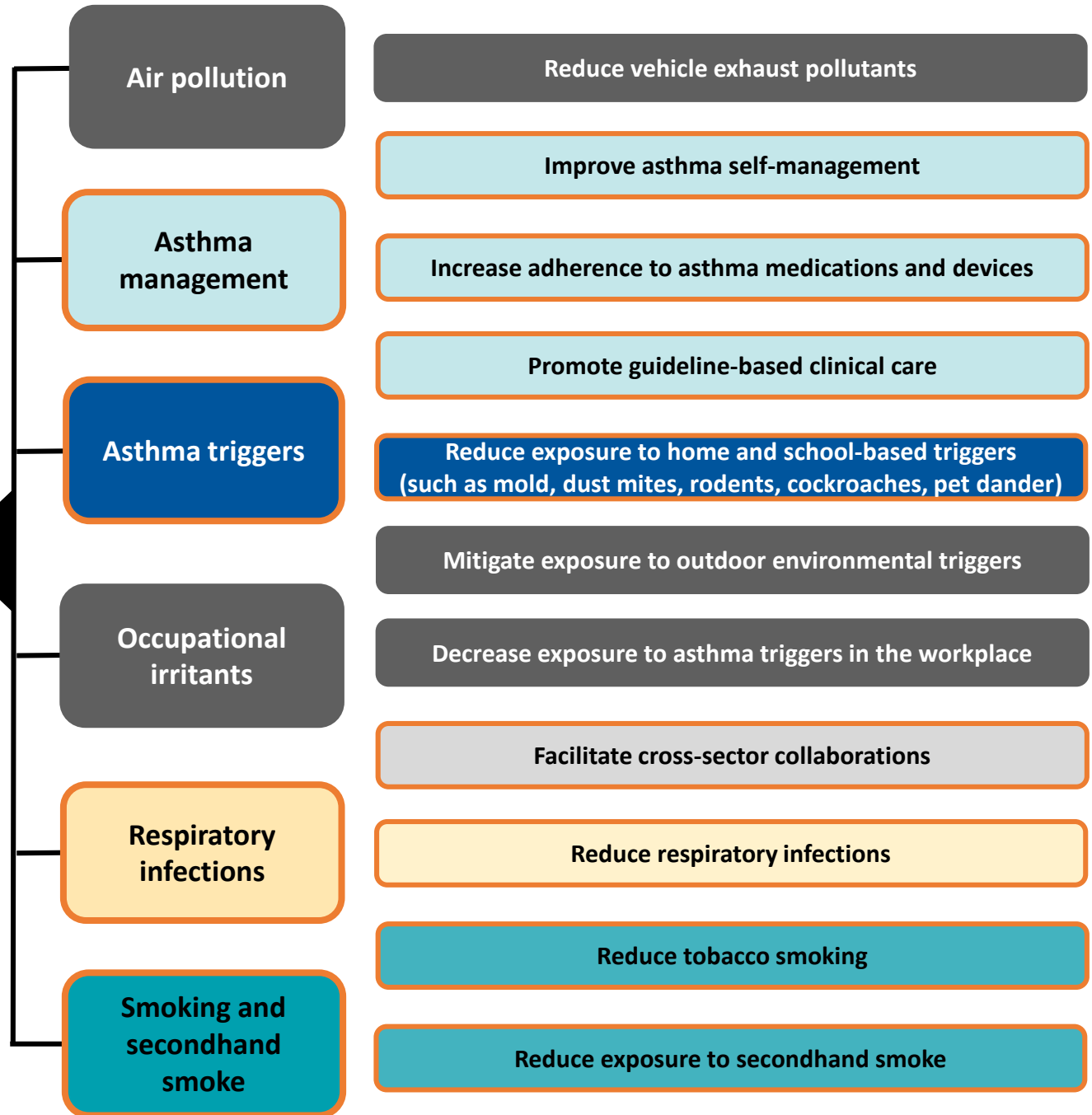 - Reduce tobacco smoking
  - Reduce exposure to secondhand smoke

Identify and address disparities

Notes: Primary drivers are the "Factors that contribute to Asthma" as defined by the CDC and "Asthma triggers and management" identified by the American Academy of Allergy, Asthma & Immunology.

Secondary Drivers Most Relevant to Medicaid Agencies

Aim: Reduce the impact of asthma

Driver	Secondary Drivers
Air pollution	Reduce vehicle exhaust pollutants
Asthma management	Improve asthma self-management
	Increase adherence to asthma medications and devices
	Promote guideline-based clinical care
Asthma triggers	Reduce exposure to home and school-based triggers (such as mold, dust mites, rodents, cockroaches, pet dander)
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Smoking and secondhand smoke	Reduce tobacco smoking
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Identify and address disparities

Focus of the Asthma Learning Collaborative

Aim: Reduce the impact of asthma

- Air pollution
  - Reduce vehicle exhaust pollutants

- Asthma management
  - Improve asthma self-management
  - Increase adherence to asthma medications and devices
  - Promote guideline-based clinical care

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  - Reduce respiratory infections

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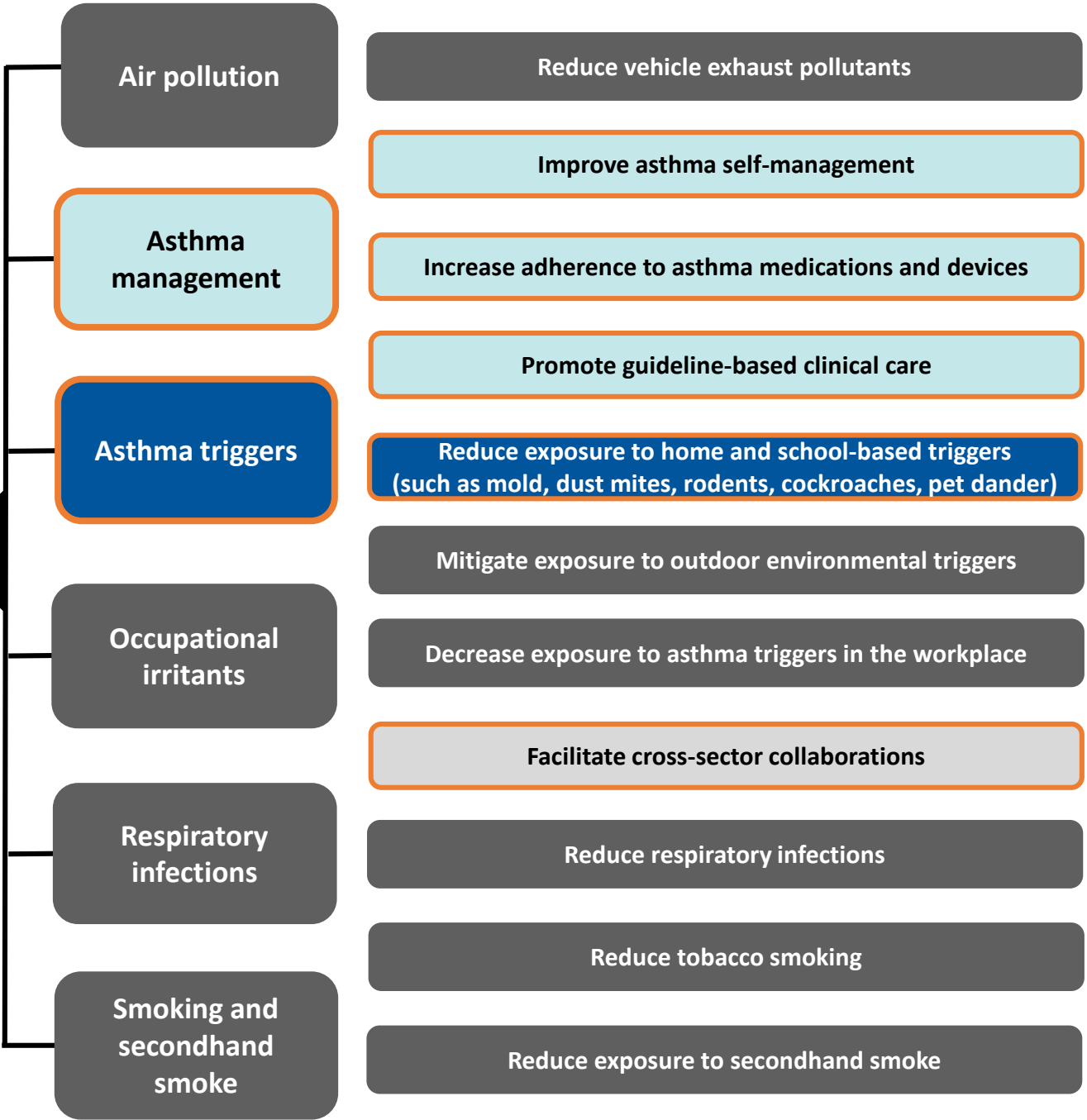Identify and address disparities

Notes: Primary drivers are the "Factors that contribute to Asthma" as defined by the CDC and "Asthma triggers and management" identified by the American Academy of Allergy, Asthma & Immunology.

Live Poll

Which secondary driver is your state most interested in learning about? Select all that apply.

    a) Improve asthma self-management

    b) Increase adherence to asthma medications and devices

    c) Promote guidelines-based care

    d) Reduce exposure to home and school-based triggers

    e) Facilitate cross-sector collaborations

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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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

Wrap Up

Thank you for participating in the webinar.

Please complete the evaluation as you exit the webinar.