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
Agenda

• Welcome and introductions

• State case studies
  – Missouri
  – Maryland
  – California

• Q&A
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
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.*

- Professor at Saint Louis University Center for Health Outcomes Research, School of Medicine and College for Public Health & Social Justice.
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.”
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

**Peggy Gaddy, RRT, MBA**  
Program Manager, Missouri Asthma Prevention and Control Program  
Peggy.Gaddy@health.mo.gov  
(573) 522-2876

**Ben Francisco, NP, PhD**  
Professor, University of Missouri  
Asthma Ready Communities  
FranciscoB@health.missouri.edu

**Eric Armbrecht, PhD**  
Lead Evaluator, Missouri Asthma Prevention and Control Program  
eric@openhealth.us  
(314) 307-5162
Questions?
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.
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.
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
  2. Have a blood lead level (BLL) of ≥ 5µg/dL.
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).
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 and/or a BLL of ≥ 5µg/dL

*Use standard clinical definitions of moderate to severe asthma by age group*
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

Comparison of the Hazards Identified in Homes that Received at Least One Home Visit with at Least One Hazard, by P2 Protocol in Q1 FY20 (n=239)
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)

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Q4 Prior Fiscal Year</th>
<th>Q1 FY20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fewer Nights Awakened</td>
<td>55%</td>
<td>88%</td>
</tr>
<tr>
<td>Fewer Days with SOB / Wheezing</td>
<td>57%</td>
<td>87%</td>
</tr>
<tr>
<td>Fewer Days with Rescue Inhaler Use</td>
<td>54%</td>
<td>84%</td>
</tr>
<tr>
<td>Up-To-Date Asthma Action Plan</td>
<td>63%</td>
<td>70%</td>
</tr>
</tbody>
</table>
Contact Information

Alyssa Brown, J.D.
Deputy Director, Innovation, Research and Development
Office of Health Care Financing
Maryland Department of Health
201 W. Preston Street, Room 223
Baltimore, MD 21201
(410) 767-9795
Alyssa.Brown@maryland.gov

Clifford S. Mitchell, MS, MD, MPH
Director, Environmental Health Bureau
Prevention and Health Promotion Administration
Maryland Department of Health
201 West Preston Street, Room 327
Baltimore, MD 21201
(410) 767-7438 or 8418
Cliff.Mitchell@maryland.gov
Questions?
THE CENTRAL CALIFORNIA ALLIANCE FOR HEALTH
ASTHMA PERFORMANCE IMPROVEMENT PROJECT

Leslie Stucky, RN
Quality Improvement Nurse
THE CENTRAL CALIFORNIA ALLIANCE FOR HEALTH (CCAH)
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

- 5 - 18 years: 38%
- 19 - 64 years: 45%

ED Visit Rates, 2015

Adults

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

- Members without current AAP: 7.3%
- Members with current AAP: 92.7%

LCH MMA Rate, 2015-2016

<table>
<thead>
<tr>
<th>Provider</th>
<th>MMA Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinic A</td>
<td>26.67%</td>
</tr>
<tr>
<td>Clinic B</td>
<td>33.33%</td>
</tr>
<tr>
<td>Clinic C</td>
<td>35.00%</td>
</tr>
<tr>
<td>Clinic D</td>
<td>35.71%</td>
</tr>
<tr>
<td>Clinic E</td>
<td>38.30%</td>
</tr>
<tr>
<td>Clinic F</td>
<td>41.18%</td>
</tr>
<tr>
<td>Clinic G</td>
<td>42.86%</td>
</tr>
<tr>
<td>Clinic H</td>
<td>46.99%</td>
</tr>
<tr>
<td>Clinic I</td>
<td>47.22%</td>
</tr>
<tr>
<td>Clinic J</td>
<td>48.00%</td>
</tr>
<tr>
<td>Clinic K</td>
<td>50.98%</td>
</tr>
<tr>
<td>Clinic L</td>
<td>52.94%</td>
</tr>
<tr>
<td>Clinic M</td>
<td>58.62%</td>
</tr>
<tr>
<td>Clinic N</td>
<td>61.54%</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Level</th>
<th>Pre Training</th>
<th>Post Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Little Confidence</td>
<td>4%</td>
<td>0%</td>
</tr>
<tr>
<td>Somewhat Confident</td>
<td>16%</td>
<td>0%</td>
</tr>
<tr>
<td>Neutral/Uncertain</td>
<td>22%</td>
<td>0%</td>
</tr>
<tr>
<td>Confident</td>
<td>14%</td>
<td>15%</td>
</tr>
<tr>
<td>Highly Confident</td>
<td>7%</td>
<td>48%</td>
</tr>
</tbody>
</table>
Current AAP for Members 5-18 Years of Age, Linked to LCH, 2016-2017

- May: ICD10 Training and exposure to project
- Jul 14: Train the Trainer #1
- Sept 28: Train the Trainer #2
THANK YOU!

What questions do you have?

Contact us:
Leslie Stucky, RN, BSN
lstucky@ccah-alliance.org
831-578-5751
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.
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
For questions related to the Improving Asthma Control Learning Collaborative, please submit your questions to the TA mailbox at:

MACQualityImprovement@mathematica-mpr.com
Thank you for participating in the webinar.

Please complete the evaluation as you exit the webinar.
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

Missouri Asthma Prevention and Control Program
focused for impact
STACKS OF WORK
WHAT WE DO & PLAN TO ACCOMPLISH

February 2015
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