Health Insurance Plan Strategies for Managing Asthma and Reducing Exposure to Environmental Asthma Triggers

Key Findings of the 2015 Assessment

Thursday, March 17, 2016
Webinar: 1:00 p.m. – 2:00 p.m. ET
Welcome and Introductions

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Clinical Affairs and Strategic Planning
Director, AHIP-EPA Cooperative Agreement

America’s Health Insurance Plans
Housekeeping

• Please place phone lines on mute.
• Please use the chat feature to submit questions.
• A link to our evaluation will be sent to your email address at the conclusion of the webinar. We appreciate your feedback.
• Webinar slides will be made available and archived on our asthma resource webpage at ahip.org/asthma.
Webinar Objectives

1. Educate participants on key findings from our 2015 assessment of health plan strategies for managing asthma and reducing exposure to environmental asthma triggers.

2. Explore the health plan perspective on environmental asthma management, including benefits and challenges of implementing home-based asthma management services.

3. Highlight opportunities and resources available to health plans interested in exploring home-based environmental asthma management programs.
It is the policy of America’s Health Insurance Plans (AHIP) to conduct all of its activities in compliance with federal and state antitrust laws.

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- Allocation of customers, enrollees, sales territories, sales of any product or contracts with providers
- Refusal to deal with any customer, class or group of customers
- Refusal to deal with any provider, class or group of providers
- What products or services will be offered to enrollees
- Any other competitively sensitive information that is proprietary to a member company

If you have any questions or antitrust concerns related to AHIP programs, meetings, or activities, consult with AHIP legal counsel or your own counsel.
Longstanding partnership with the U.S. EPA’s Indoor Air Quality (IAQ) Division

- **Taking on Asthma** – Multi-year, initiative w/ EPA: 2004 – 2006
- **Health Insurance Plan Strategies for Managing Asthma and Reducing Exposure to Environmental Asthma Triggers** – Three-year cooperative agreement w/ EPA: 2014 – 2017
- Health Plan recipients of the EPA’s National Environmental Leadership Award in Asthma Management include:
  - Blue Cross of California, State Sponsored Health Plan
  - L.A. Cares About Asthma
  - Monroe Plan for Medical Care
  - Neighborhood Health Plan for Medical Care
  - Optima Health
  - Peach State Health Plan
  - Priority Health
Three-year Partnership with EPA 2014 - 2017

• Identify and promote health plan best practices that align with the NIH EPR-3 asthma guidelines.
• Work toward improvements in asthma-related measures.
• Compliment the EPA’s Indoor Environments Program priorities and goals of reducing environmental health risks by contaminants in indoor environments.
Year 2 Activities – 2016

• Conduct Interviews with health plan respondents from the asthma assessment – Jan – Feb 2016.

• Host National Asthma Leadership Roundtable for Health Plans – May 4, 2016, Washington, DC.

• Identify opportunities to collaborate with public and private sector stakeholders and opportunities to receive national recognition for delivering excellent asthma management – ongoing.

• Develop and promote available health plan resources and showcase models of excellence – ongoing.
Opportunities for Health Plan Involvement

• National Asthma Leadership Roundtable, May 4, 2016 Washington, DC
  o The Roundtable will create an opportunity for shared learning among health insurance plans and federal and community partners, exploring effective strategies and models for developing and scaling environmental asthma management services. Seating is limited.

• EPA Regional Sustainability Summit, June 7-8, 2016 Chicago, IL
  o The EPA Chicago-based region (includes MN, WI, IL, IN) will host a meeting with federal, state and local partners to highlight the value of residential interventions for asthma and encourage the identification and pursuit of sustainable options for in-home asthma care.

• The EPA’s Asthma Community Network: http://www.asthmacommunitynetwork.org/
  o This online Network is designed for community-based asthma programs, health insurance plans and providers, government health and environmental agencies, nonprofits, coalitions, schools and more. This interactive Network will introduce you to effective strategies and partners that are key to achieving positive health outcomes.

Contact Natalie Slaughter at 202.861.1441 or nslaughter@ahip.org
Health Insurance Plan Strategies for Managing Asthma and Reducing Exposure to Environmental Triggers
In collaboration with the U.S. Environmental Protection Agency

Assessment Findings and Trends

Nicole Brainard, PhD., MPH
Deputy Director, Survey and Qualitative Research Center for Policy and Research
Lead Researcher, AHIP-EPA Cooperative Agreement

America’s Health Insurance Plans
2015 Health Plan Asthma Management Assessment – Goals

- Identify baseline health plan strategies for managing asthma and incorporating environmental asthma management into existing comprehensive asthma care programs.

- Identify potential barriers and facilitators to delivering environmental asthma management services.
2015 Health Plan Asthma Management Assessment – Program Components Examined

- Asthma management strategies
- Health plan perspectives on environmental asthma management
  - Environmental asthma management services
  - Benefits and challenges
  - Resources for environmental asthma management
- Collaborations and partnerships
- Engagement strategies for members with asthma and providers
- Emerging payment and delivery models for asthma management services
- Outcomes and sustainability efforts
230 member and non-member health plans offering Commercial and/or Medicaid products were invited to participate in the assessment.

Health plans that were not exclusively Commercial or Medicaid (90%+ enrollment in either group) were stratified by enrollment size and randomized into those respective groups.

Health plans providing coverage only to specific subsets of the population were excluded (e.g. blind, disabled children, American Indians etc.).
Health plans have a long history of addressing asthma through:
- Case management
- Medication adherence
- Use of data analytics and tools to identify and engage high-risk members

Plans consider a wide-variety of factors when developing or implementing services:
- Members’ needs
- Feasibility, capacity, and scalability
- Measurable health outcomes

Populations served by Commercial health plans may differ from those enrolled in Medicaid; there are State variations in Medicaid benefit coverage.
### 2015 Health Plan Asthma Management Assessment – General Findings

#### Determining Eligibility For Asthma Services

<table>
<thead>
<tr>
<th>Most Medicaid and Commercial plans consider:</th>
<th>Percent of Medicaid Plans</th>
<th>Percent of Commercial Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Frequency of Healthcare Utilization</td>
<td>93%</td>
<td>94%</td>
</tr>
<tr>
<td>Poor Medication Adherence</td>
<td>93%</td>
<td>87%</td>
</tr>
<tr>
<td>Common Co-Morbidities</td>
<td>86%</td>
<td>65%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>More common among Medicaid plans:</th>
<th>Percent of Medicaid Plans</th>
</tr>
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<tbody>
<tr>
<td>No usual source of care</td>
<td>86%</td>
</tr>
<tr>
<td>Poor trigger control behaviors</td>
<td>82%</td>
</tr>
<tr>
<td>Environmental triggers</td>
<td>79%</td>
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<tr>
<td>Psychosocial needs</td>
<td>75%</td>
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<tr>
<td>Lack of transportation</td>
<td>71%</td>
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### Asthma Management Services Offered to Members

<table>
<thead>
<tr>
<th>Component</th>
<th>Percent of Medicaid Plans</th>
<th>Percent of Commercial Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self Management Education</td>
<td>93%</td>
<td>100%</td>
</tr>
<tr>
<td>Asthma Education</td>
<td>93%</td>
<td>100%</td>
</tr>
<tr>
<td>Disease Management</td>
<td>96%</td>
<td>100%</td>
</tr>
<tr>
<td>Social Services</td>
<td>79%</td>
<td>77%</td>
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</tbody>
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### Home-based Asthma Management Services Offered to Members

<table>
<thead>
<tr>
<th>Component</th>
<th>Percent of Medicaid Plans</th>
<th>Percent of Commercial Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Based Environmental Education</td>
<td>57%</td>
<td>29%</td>
</tr>
<tr>
<td>Home Based Environmental Assessments</td>
<td>61%</td>
<td>23%</td>
</tr>
<tr>
<td>Home Based Environmental Remediation</td>
<td>39%</td>
<td>13%</td>
</tr>
<tr>
<td>Digital/Telephonic Assessment*</td>
<td>86%</td>
<td>68%</td>
</tr>
</tbody>
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#### Interest Towards Home Based Assessments
- Medicaid Plans: Majority are neutral to interested
- Commercial Plans: Mixed.

#### Chances of Incorporating Home Based Assessments
- Medicaid Plans: 70% medium to high
- Commercial Plans: 48% low

#### Activities During Home/Telephonic Assessments
- Identifying and coordinating needed healthcare services; assessing medication adherence; going over care plan; self management techniques; coordinating social services.
100% of Medicaid and 77% of Commercial plans find it important to assist members with comprehensive asthma management.

89% of Medicaid and 52% of Commercial plans think it’s important to assist with environmental asthma management specifically, though 45% of Commercial plans are unsure of importance.

Nearly all of Medicaid (93%) and two thirds of Commercial (71%) agree that environmental asthma management can reduce unnecessary healthcare utilization.

43% of Medicaid and 68% of Commercial plans are unsure, or do not believe that all members with asthma should have access to home-based assessment.
Reach
68% of plans offering home-based assessments note that an inability to reach a larger number of members impacts their ability to provide more services.

Staff
64-77% of plans are unsure if they have enough staff or feel they don’t have enough staff.

Cost
2/3 of both Medicaid and Commercial plans find high cost to be a barrier to home-based assessments.

Training
Roughly 63% of plans are unsure or don’t think they have the ability to conduct necessary training for staff.

Partners
Those not offering home-based assessments, particularly Commercial plans (71%), aren’t aware of potential partnerships in the community.
Community Health Centers
71% of Commercial
93% of Medicaid
rank
Somewhat Important to Critical

State/Local Health Depts. & Agencies
87% of Commercial
96% of Medicaid
rank
Somewhat Important to Critical

Federal Health Agencies
71% of Commercial
82% of Medicaid
rank
Somewhat Important to Critical

Local Schools
84% of Commercial
89% of Medicaid
rank
Somewhat Important to Critical

Community Asthma Networks
87% of Commercial
93% of Medicaid
rank
Somewhat Important to Critical

2015 Health Plan Asthma Management Assessment – Importance of Partnerships
Engagement Methods

- Asthma information based on principles of clear health communication (90-93%)
- Use of a tailored care management plan (90-93%)
- Use of an asthma action plan (90-93%)
- Increasing member confidence to perform asthma management behaviors (87-93%)
- Vouchers for asthma products (50% Medicaid; 32% Commercial)
- Technological mapping methods (e.g. GIS, asthmapolis) (54% Medicaid; 29% Commercial)
- Transportation to appointments (93% Medicaid; 42% Commercial)
- Offering assessments at preferred hours (79% Medicaid; 35% Commercial)

Engagement Challenges

- Of the Medicaid and Commercial plans offering home-based assessments:
  - 96% report medication adherence as a continued struggle.
  - 72% of health plans note that members are hesitant to allow healthcare worker into home.
  - 76% perceive members as considering environmental asthma management a lower priority due to social/economic burdens.
  - 44% report members cancelling home visits.
2016 Health Plan Follow-up Interviews – Goals

- Gain a better understanding of health plan challenges with implementing home-based environmental asthma management strategies.

- Identify potential accelerators that help address identified health plan challenges to home-based environmental asthma management.
• Identified member and non-member health plans that responded to our 2015 asthma management assessment and that:
  o Currently provide digital/telephonic assessments but do not conduct home-based assessments.
  o Indicated a level of interest in and a positive chance of incorporating home-based assessments into their comprehensive asthma management program.

• Conducted 30 – 60 minute individual telephonic interviews in January and February 2016 with select health plan respondents.

• Examined interview responses to identify potential organizational and programmatic challenges such as cost, resources, reach and scalability, among others.
Challenges and Considerations Identified Through Health Plan Interviews Conducted in 2016

- **Cost**
  - Determining how to fund services; best payment structure (claims based; PMPM).
  - Identifying the necessary resources to develop, implement and sustain a program.
  - Incorporating home-based services as clinical and the use of non-clinical providers.
  - Lack of health plan specific information on the value of home assessments.
  - Clinical considerations – do health outcomes outweigh programmatic costs?
  - Financial considerations – can a health plan break even?

- **Return on Investment**
  - Home assessments require full time staff and after hour availability (not a 9-5 job).
  - Identification of triggers, multiple follow-up visits and coaching – time constraints.
  - Large caseloads can lead to staff shortages. How to staff such a program?

- **Staffing**
  - Understanding how to identify and stratify eligible members with asthma.
  - Working with transient members and members in geographically hard-to-reach areas.
  - Engaging members reluctant to have people in their home even after scheduling visit.
  - Addressing more than triggers (SES concerns, culturally-relevant & tailored materials).

- **Member Engagement**
  - Identification of community partners to work with across states and regions.
  - The desire for a network of trained professionals to help implement program/reduce health plan staff burden.
  - Would like to see models used by other plans where partnerships occurred.

- **Partnerships**
  - Scaling across multiple states and/or regions.
  - Covering diverse populations (geographically, ethnically and racially diverse).
  - Managing competition with vendors; inability to reach/work with landlords.
  - Need ROI to justify scaling.
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Thank you!

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