Management of Childhood Asthma and Healthcare Reform

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Chicago Asthma Consortium
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Disclosure of Conflict of Interest Information

• Employee of Merck & Co.
• Executive VP and Executive Director of Merck Childhood Asthma Network, Inc. (Nonprofit organization with 501(c)3 status and funded by the Merck Co. Foundation)
• Do not and not permitted to promote commercial products
• No product discussed in this presentation
• The Merck Childhood Asthma Network, Inc. (MCAN) is a nonprofit organization [501(c)(3)] founded in 2005 and funded by The Merck Company Foundation

• **Mission**: To enhance the quality of life for children with asthma and their families, and to reduce the burden of the disease on them and society
MCAN’s Goals are to Make a Difference in the Lives of Children with Asthma

Improve *access* to and *quality* of healthcare for children, especially the vulnerable and medically underserved.

Advocate for *policies* that expedite dissemination, implementation and sustainability of science-based asthma care.

Increase *awareness* and *knowledge* of asthma and quality asthma care.
Goal 2:

Advance *policies* that expedite dissemination, implementation, and sustainability of science-based asthma healthcare

Recent Activities:

*Changing pO$_2$olicy:*

*The Elements for Improving Childhood Asthma Outcomes*

and

*The Affordable Care Act, Medical Homes, and Childhood Asthma:*

*A Key Opportunity for Progress*
Childhood Asthma is Challenging on Many Levels

Widespread and Serious
- 1 in 7 ever diagnosed
- 9% currently have it
- 60% have had at least one attack in the past year

Costly
- $8-10 billion in medical expenditures (’10)
- Additional $10 billion in indirect costs
- 40% higher emergency department costs

Preventable and Avoidable
FIGURE 4. The Asthma Surveillance Pyramid

Figure 5. Number of States/Jurisdictions Reporting Data on Asthma, Measure Sub-Category, 2010

- Cost and Coverage: 12 states/jurisdictions
- Disease Management: 25 states/jurisdictions
- Morbidity: 21 states/jurisdictions
- Health Care Utilization: 35 states/jurisdictions
- Prevalence: 36 states/jurisdictions

Source: GW SPHHS Analysis of 36 State Asthma Burden Reports Available as of November 2010
Current Asthma Prevalence among Children by demographic characteristics: 2006-2008

* two-sided significance test significant at the 0.05 level compared to first category in group
AIAN=American Indian/Alaska Native
MSA=metropolitan statistical area
Data Source: CDC/NCHS: National Health Interview Survey (NHIS)
Asthma is the 2nd Most Costly Condition in Children, with Highest Number of Children Treated in 2006

Medical Expenditures (in dollars, billions)

<table>
<thead>
<tr>
<th>Condition</th>
<th>Medical Expenditures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Disorders</td>
<td>$8.9</td>
</tr>
<tr>
<td>Asthma/COPD</td>
<td>$8.0</td>
</tr>
<tr>
<td>Trauma</td>
<td>$6.1</td>
</tr>
<tr>
<td>Acute Bronchitis and URI</td>
<td>$3.1</td>
</tr>
<tr>
<td>Infectious Diseases</td>
<td>$2.9</td>
</tr>
</tbody>
</table>

Number of Children (in millions)

<table>
<thead>
<tr>
<th>Condition</th>
<th>Number of Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Disorders</td>
<td>4.6</td>
</tr>
<tr>
<td>Asthma/COPD</td>
<td>12.9</td>
</tr>
<tr>
<td>Trauma</td>
<td>6.7</td>
</tr>
<tr>
<td>Acute Bronchitis and URI</td>
<td>4.5</td>
</tr>
<tr>
<td>Infectious Diseases</td>
<td>4.5</td>
</tr>
</tbody>
</table>

Source: Soni, Anita, Statistical Brief # 242, April 2009, Rockville, MD: AHRQ
Per Capita, Expenditures on Asthma were 2\textsuperscript{nd} Lowest among Top 5 Conditions in Children in 2006

Average Expenditures per Child (in dollars)

- Mental Disorders: $1,931
- Asthma/COPD: $621
- Trauma: $910
- Acute Bronchitis and URI: $242
- Infectious Diseases: $658

Source: Soni, Anita, Statistical Brief # 242, April 2009, Rockville, MD: AHRQ
Goal 2:

Advance *policies* that expedite dissemination, implementation, and sustainability of science-based asthma healthcare

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Changing pO$_2$licy:
The Elements for Improving Childhood Asthma Outcomes

February 2010

RESEARCH BY
THE GEORGE WASHINGTON UNIVERSITY
SCHOOL OF PUBLIC HEALTH AND HEALTH SERVICES

SUPPORTED BY
Merck Childhood Asthma Network
rchn community health foundation
Improving Quality: Specific Recommendations

- Develop an HHS-led, cross-agency, Administration-wide guidance on how to comprehensively address quality asthma care

- Make all recommended care a focus of quality performance improvement for MA/CHIP, health centers, and IHS
  - MA/CHIP cover 30 million children and 1 in 6 has asthma
  - CHCs serve 7 million children and 1 in 5 has asthma
  - IHS serves approximately 660,000 children and roughly 80,000 have asthma
Improving Information Exchange & Progress Monitoring: Specific Recommendations

- Enhance asthma monitoring through local and regional model registries
- Encourage meaningful use of HIT among providers and link providers to public health agencies to facilitate continuous information exchange and communication of up-to-date data
Improving Environmental, School and Housing Air Quality: Specific Recommendations

- Encourage public health agencies, education authorities, housing authorities, and environmental agencies to promote evidence-based interventions and services that fall outside of the traditional health care interventions to reduce exposure to asthma triggers.
Promote a strengthened and diversified Administration-wide research agenda to include basic, clinical, and translational/implementation investigations to learn more about what works and what can be translated into policy change.
The Affordable Care Act, Medical Homes, and Childhood Asthma: Key Opportunity for Progress

August 2010

RESEARCH BY
The George Washington University
School of Public Health and Health Services

SUPPORTED BY
Merck Childhood Asthma Network
Community Health Foundation
ACA Furthers the Promise of Properly Managing Chronic Conditions like Childhood Asthma

**COVERAGE & FINANCING**

- Medicaid and HIE coverage expansions will lower proportion of uninsured children and increase proportion of Medicaid and privately-insured children.

- Integrated eligibility system for Medicaid with HIE will make coverage more stable.

- Increased Medicaid reimbursement to Medicare levels for E/M services and PCPs, with federal matching rate limited in time will increase access to care.

- As prevention funds become available, opportunities for investments in community health interventions Medicaid does not fund but are essential to reducing the financial burden of asthma – such as abatement of home risks - will arise.
ACA Furthers the Promise of Properly Managing Chronic Conditions like Childhood Asthma

DELIVERY SYSTEM

• Pilot testing in Medicaid of pediatric Accountable Care Organizations (ACO), medical homes, bundled payment arrangements will provide opportunities to focus on high cost conditions like asthma

• Medical home option for state Medicaid programs

• Increased funding for CHCs will increase access to primary care in medically underserved communities
ACA Provisions on Medical Homes

- Statutory definition of medical home
  
  HHS to develop a quality measure capturing use of medical homes for individual and group health plans

- CMI to test innovative payment and service delivery models to reduce expenditures and enhance quality, including a patient-centered medical home model

- State Medicaid agencies may choose to permit individuals with one or more chronic conditions—asthma specifically listed—to select a health home (e.g., CHC, health team) responsible for:
  
  - Comprehensive care management; care coordination and health promotion; comprehensive transitional care, including appropriate follow-up from inpatient to other settings; patient and family support; referral to community and social support services; and use of HIT to link services as feasible and appropriate
Recommendations for Implementation of Medical Homes for Children with Asthma

- Development of all-payer performance measures in pediatric asthma
  - Incorporation of the measures on pediatric asthma into health home/medical home performance assessment (e.g., health centers)
  - Updated guidance by CMS to Medicaid and CHIP programs on improving the quality of care for children with asthma
  - Measures to assess the meaningful use of EHRs by providers to include additional measures on pediatric care, including asthma care
  - Childhood asthma as a national public health priority for prevention activities and evidence-based interventions that are features of medical homes (e.g., CHWs and asthma-related environmental education and intervention in the home) since they become a means of bridging direct health care services and public health
HHS National Quality Strategy

(3 broad aims to guide and assess local, state, and national implementation efforts of ACA, March 2011)

- **Better Care:** Improve quality, i.e., patient-centered, accessible, and safe - help patients manage their health and navigate the health care delivery system
- **Healthy People/Healthy Communities:** support proven interventions to address behavioral, social and, environmental determinants of health
- **Affordable Care:** Reduce the cost of quality health care – Health Insurance Exchanges, EHR, ACOs, CMS “Innovation Center,” etc.
Asthma Relevant Opportunities in Health Care Reform

• **Asthma prevalence with disproportionate burden**
  Prevention fund and community prevention initiative

• **High cost of asthma care**
  ACOs; payment bundling; readmissions reduction; medical homes; health center expansion; downstream: essential benefits package

• **High quality clinical care (inc. care mgt/trigger reduction)**
  Prevention fund; Patient-Centered Outcomes Research Institute (PCORI) will identify research projects that provide quality, relevant evidence on how diseases and health conditions can be effectively diagnosed, prevented, treated, and managed

• **Health information exchange**
  Addressed in ARRA of 2009

• **Implementation Research Agendas**
  Patient-Centered Outcomes Research Institute (PCORI)
Collaboration & Coordination are Key in More Effectively Addressing the Burden of Asthma
What Would an Ideal System of Care for Children with Asthma Look Like?