

Quarterly Meeting
Wednesday, October 19th
IKE Conference Room 1845 W 18th Indianapolis, IN

Agenda

I. Introductions of attendees: Cynthia Cunningham, Erin Swartz, Roni Ford, Eric Beers, Pam Thornton, Monica Paguaia, Jerry King, Jack Kinsey, Judy Magaldi, Juan Carlos- Ramirez, Kristen Raferty, Margaret Frericks, AnnMarie Thomas, Lindsey Matters, Cindy Fiscus, Nadia Krupp, Lynn Arrowsmith, Lisa Cauldwell, Barbara Wilder, Amanda Wells, Lori Haug, Monica Paguaia, Vicky Hicks, Lisa Osterman

II. Payers Forum Part II– Funding for In-Home Asthma Education

The Case for In-Home Asthma Education

In-home based models have seen amazing results such as vastly decreased hospitalization, acute unscheduled visits and ER utilization. Effective asthma intervention isn't just good for the payor and the medical provider. In-home models have also seen outcomes such as a significant decrease in days of limited physical activity, missed school and parental missed work days. Patients also report increase in overall health and quality of life. Businesses are especially touched by asthma as reports indicate 10-15% of asthma attacks are triggered at the workplace, expenditures for patients with asthma are approximately 2.5 times those without, and loss of productivity costs spiking for asthmatics. The overall business and community impact of treating asthma is immeasurable.

Several Indiana organizations have indicated their desire for in-home based asthma interventions in the state. Although the CMS representative confirmed that the state may pay for in-home asthma interventions, it appears that Indiana has opted to not reimburse for this service under Indiana Medicaid Fee-for-service Traditional Medicaid.

Our MCO partners have indicated they are looking at the following interventions;

1) Anthem

- a. Is looking to adopt a model of using existing case managers to conduct visits to chronic disease patients.
- b. They look at ER utilization and reach out to people who have gone to ER many times for asthma.
- c. Looking to become more involved in home visits. Will be hiring on community health workers.
- d. Case management is triggered by ER visit numbers and referrals. Doctors can make these referrals or suggest it to patients.

2) MHS

- a. Will look to use 40 case managers in the field, not specially asthma, to do home visits. They will use them to conduct assessments and visits. The details on how the assessment will look have not been determined. Behavioral case managers work the same way.

3) MD Wise

- a. Will be implanting a case management model that uses asthma (telephonic) case management follow up for those who have chronic disease, not just asthma
- b. Project a year ago (partner with EMTs) indicated that home visits did not affect overall outcomes. For example: No reduction in ER visits. They are not pursuing this as an intervention anymore, however info is being analyzed still. Barriers to people not wanting in home visits – working with health care providers to overcome. Less than 20% of home-visits were able to be carried out.
- c. Terre Haute project being kicked off with case managers and health care providers to study other intervention options
- d. Case managers are required to investigate new members and can be refereed this way or by ER visit numbers/other referrals. Doctors can make these referrals or suggest it to patients. Behavioral case managers work the same way.

4) Monica Paguia- Asthma Program Coordinator US EPA

- a. AHEC
 - 1. Conducting national assessment to look at new asthma programs with new reimbursement models.
 - 2. Hosting webinars.
 - 3. Convene people to share best practices.
- b. National Center for Healthy Housing – building systems to sustain home based asthma services.
 - 1. EPA is funding this with them
 - 2. Focusing on growing asthma home programs. Tailor it to needs of state agencies. Do not provide funds to carry out program but offer technical assistance and training.
 - 3. Still looking for programs to enroll
- c. Asthma Community Network
 - 1. A great free place to connect with other asthma programs.
 - 2. asthmacommunitynetwork.org has many resources on asthma home visits

- 1) See PowerPoint
- 2) Goal 3 – 1d best practice for hard to contact patients
 - a. What works
 - b. Social psychological barriers
- 3) Need to know what we have done
- 4) Assessment – where are we now?
- 5) Connect Resources
- 6) Improve communication
- 7) Asthma In-Home visits – where do they fit in?
- 8) Improve presence throughout the state and overall involvement in InJAC. Keep financial constraints in mind which might hinder involvement and resources.
- 9) This plan will provide direction to partners throughout the state.
- 10) ISDH is focusing on infrastructure, services and health systems. InJAC goals need to be broad enough that everybody can understand why they are important despite field of occupation. Incorporate these ISDH focus areas as strategies.
- 11) What are the rules for this round of funding? Plan can be high level, no required direction in funding deliverable on specificity. Assure goals are not siloes by creating overarching goals which are concrete and measurable. Assure all partners feel important and involved.

IV. Member announcements

Work Group			
Asthma Team Based Care	Reimbursement	Environment	Conference & Events

Lead- Vacant	Lead- Lindsay Matters	Lead- Juan Ramirez	Lead- Vicky Hicks
InJAC Strategy	InJAC Strategy	InJAC Strategy	InJAC Strategy
<p>Strategy D1. <i>Promote and advocate for the state wide use the InJac Asthma Management Plan</i></p> <p>Strategy D2. <i>Explore and advocate for the stocking of albuterol in Indiana Schools</i></p>	<p>Strategy D3. <i>To advocate in partnership with identified stakeholders for the adoption of Medicaid and Medicare reimbursement for Asthma Educators in Indiana</i></p>	<p>Strategy D4- <i>Monitor indoor and outdoor quality with the goal of advocating and educating policy makers for the implementation of uniform controls state wide</i></p> <p>Strategy D5- <i>Advocate and promote the policies that support smoke-free multi-family housing</i></p>	<p>Strategy M1 - <i>Engage community stakeholders to help communicate asthma messages</i></p> <p>Strategy M2- <i>Recruit and engage members from disparate populations</i></p>
Next Meeting	Next Meeting	Next Meeting	Next Meeting