

Triple Aim goals

As a leader of a managed care organization, you're deeply motivated to improve your members' health, increase the quality of the health care they receive, and keep health care costs in check. Asthma home visiting services will help you achieve all three.

Improved health outcomes.

The benefits of asthma education and environmental trigger remediation are well established. The Guidelines for the Diagnosis and Management of Asthma, developed by the National Institutes of Health, include four vital components for effective asthma management:

- Assessment of disease severity and control,
- Comprehensive pharmacologic therapy,
- Patient education, and
- Environmental control measures to avoid or eliminate factors that contribute to asthma onset and severity.

While the first two components are routinely addressed during medical visits, evidence indicates declining rates of patient education. Meanwhile, reducing environmental triggers in the home — where people spend the vast majority of their time — can be difficult to support from a distant clinic. That's where asthma home visiting services come in. Comprehensive in-home education and environmental interventions significantly reduce emergency department (ED) visits and associated costs, as well as missed days of school and work. According to a study by

Lower health care utilization costs.

America's Health Insurance Plans (AHIP), health plan designs that support home-based asthma assessments and trigger remediation reduce ED visits and improve patient experiences.

Asthma home visiting services can save money too by significantly reducing the use of more expensive health care services. The national Community Preventive Services Task Force's comprehensive, research-based assessment found cost-benefits from \$5.30 to \$14 per \$1 invested among home-based asthma interventions for children and adolescents. OptimaHealth won the EPA National Environmental Leadership Award in Asthma Management for a comprehensive home-based asthma care program that returned an estimated \$4.40 for every \$1 invested. Among interventions that incorporated home visits into multifaceted asthma interventions, ROIs grew as high as \$23.75 for every \$1 spent. While the cost-benefit evidence is stronger for interventions targeting children and adolescents, some evidence suggests adults benefit from such interventions as well.

Increased health care quality.

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Reducing health disparities

There is no doubt you're aware that the Medi-Cal population's health burden is greater than California's overall population.

Low-income populations, like the nearly two million Medi-Cal members who have been diagnosed with asthma at some point in their lives, have higher asthma severity, poorer asthma control, and higher rates of asthma emergency department (ED) visits and hospitalizations. Among the nearly 1.5 million Medi-Cal members with current asthma, 15% (223,000) have poorly controlled asthma. In 2016, Medi-Cal members represented 50% of asthma ED/urgent care clinic visits, even though members represented only 33% of Californians. There are also significant disparities based on race and ethnicity. As just one example, African Americans were nearly four times more likely than whites to report asthma-related ED or urgent care use in 2015.

The good news: Asthma home visiting services are a tried and true method for alleviating this disparate burden. Why? One reason is that evidence shows greatest improvements in health outcomes and cost savings when targeting people with poorly controlled asthma.

Another reason is that these services are often provided by professionals especially qualified to support members that need help the most. For example, the Community

Preventive Services Task Force specifically cites the value of community health workers (CHWs) in asthma interventions: "[I]t is beneficial to hire and train CHWs to implement this intervention for the purpose of reaching out to primarily low-income, ethnic minority populations. CHWs play an essential role in the implementation of interventions, bridging the gaps between underserved populations and researchers. Especially when they are from the same community, CHWs can connect culturally with local populations and build trusting relationships with clients and their families." As one group of researchers notes, "Interventions by [CHWs] appear to be effective when compared with alternatives... particularly when partnering with low-income, underserved, and racial and ethnic minority communities."

Of course, CHWs represent one type of professional that has successfully implemented asthma home visiting services. Depending on needs and capacities, MCOs can pick from a range of qualified professionals, both licensed and non-licensed, including community health workers, *promotoras de salud*, certified asthma educators, lay asthma educators, social workers, respiratory therapists, healthy homes specialists, nurses and others.

Leading the Way to Better Breathing: Managed Care Organizations and Asthma Home Visiting Services in California Produced by Regional Asthma Management and Prevention, a project of the Public Health Institute. For the full document, including references, please visit www.rampasthma.org.

