

March 26, 2015

Department of Health Care Services Waiver Renewal
Attn: Mari Cantwell, Chief Deputy Director Health Care Programs
PO Box 997413, MS 0000
Sacramento, CA 95899-7413
Via email: WaiverRenewal@dhcs.ca.gov

Re: Asthma In-Home Remediation and the 1115 Waiver Concept Paper's Whole-Person Care Pilot Projects and Workforce Development Program

Dear Chief Deputy Director Cantwell:

On behalf of the undersigned organizations, we are writing with comments relating to the inclusion of in-home asthma remediation in the "Medi-Cal 2020" 1115 Waiver Renewal Concept Paper/Application, released publicly on March 16th, 2015. In general, we are supportive of the Whole-Person Care Pilot Projects and Workforce Development Program, particularly as they can support efforts to remediate in-home environmental asthma triggers. We also have specific recommendations related to the Pilots, Workforce Development, and the Shared Savings sections of the Waiver with regard to in-home asthma remediation and how it can help fulfill its objectives and the state's overall Triple Aim goals of providing better care, improving health outcomes and lowering health care costs. See below for additional details.

Background on Asthma In-Home Remediation

During the initial stakeholder review process, we proposed the inclusion of in-home asthma environmental remediation within the 1115 waiver renewal submission. To quickly recap, asthma is of particular concern to California's Medi-Cal population. Low income is associated with higher asthma severity, poorer asthma control, and higher rates of asthma emergency department visits and hospitalizations. According to the state's asthma program, California Breathing, "Medi-Cal beneficiaries represent a high-risk population for asthma."ⁱ Additional data from the 2011-2012 California Health Interview Survey indicate 1,128,000 Medi-Cal beneficiaries have been diagnosed with asthma at some point in their lives. This prevalence (16.2%) is higher than those not covered by Medi-Cal (13.6%).ⁱⁱ According to the California Department of Public Health's Burden of Asthma Report, in 2010, there were 90,004 asthma emergency department visits and 14,514 asthma hospitalizations among continuously enrolled Medi-Cal beneficiaries. That translates to a rate of 145.4 asthma emergency department visits per 10,000 beneficiaries (compared to 46.1 per 10,000 statewide) and a rate of 26 asthma hospitalizations per 10,000 beneficiaries (compared to 9 per 10,000 statewide). Medicare and Medicaid covered 65% of asthma hospitalizations and 50% of asthma ED visits in California in 2010.

The good news is that we know how to address this problem. Great strides in the care and treatment of people with asthma have occurred over the last 15 years. Providing care consistent with the "Guidelines for the Diagnosis and Management of Asthma" developed by the National

Heart Lung and Blood Institute (NHLBI) to all Medi-Cal beneficiaries with asthma could make a significant difference for people with asthma in California. The guidelines include environmental control measures to avoid or eliminate factors that contribute to asthma onset and severity as one of four vital components of asthma management. Additionally, in 2009 the Centers for Disease Control and Prevention convened a Task Force on Community Preventive Services that conducted an analysis of the literature on asthma interventions. They found strong evidence of effectiveness of environmental interventions and stressed that interventions should be multi-faceted and tailored to the individual. They concluded that “the combination of minor to moderate environmental remediation with an educational component provides good value for the money invested based on improvements in symptom-free days, savings from averted costs of asthma care, and improvement in productivity.” The CDC Task Force found evidence of a return on investment ranging from \$5.30 to \$14.00 for every dollar invested. Cost-effectiveness, as measured by costs per symptom-free day gained, ranged from \$12.00 to \$57.00. The federal Agency for Healthcare Research and Quality concludes “Thus, not only can health care professionals improve asthma care to help their patients achieve better control of asthma symptoms and improve their lives, they can also reduce the use of expensive health care services and, thereby, cut the cost of asthma care.” We also want to explore the health and cost outcomes of major remediation through demonstration projects.

Whole-Person Care Pilots

We strongly support the Waiver Renewal’s Whole-Person Care Pilots (“Pilots”), where “managed care plans, counties, and local partners would provide Whole-Person Care for target high need patients through collaborative leadership and systematic coordination with other public and private entities identified by the county.” (Pg. 27) Such Pilots could provide a welcomed avenue for managed care organizations, health providers and other partners to pursue asthma in-home environmental remediation in support of the state’s Triple Aim goals. If these pilots could target Medi-Cal beneficiaries with asthma, they would: 1) reduce childhood asthma exacerbations and unplanned medical visits, due to home-based triggers such as mold, dust or pests, and reduce Medi-Cal health care costs; 2) provide a more whole-person model for delivering health care based on social and environmental determinants; and, 3) refine a methodology for measuring the health impacts of home remediation, contributing to the larger-scale promotion and use of home remediation across the state for both health and energy efficiency gains.

We recognize that the Waiver Renewal Concept Paper represents but the first step towards final federal waiver renewal, and that many details still need to be worked out as DHCS coordinates with the Centers for Medicaid and Medicare Services (CMS) as well as other California stakeholders. As the process moves forward, we have two initial recommendations:

- Pilots should be able to address comprehensive or narrow Medi-Cal member needs. As currently detailed in the Waiver Renewal Concept Paper, Pilots would need to address a wide variety of patient needs across multiple Medi-Cal systems, including behavioral health integration. As such, an asthma in-home environmental remediation program could be one of many integrated, coordinated programs under a Pilot. We would recommend that such specific examples of pilot projects should be articulated in the Whole Person Pilot program to clarify to local partners that such an approach is supported and

encouraged. In addition to these comprehensive pilots, we would recommend that the Waiver Renewal also allow for tailored Pilots that are narrower in focus. For example, an asthma in-home environmental remediation program may be extremely useful for a high need sub-set of a managed care organization's members, which would not then require the full range of partnerships currently detailed in the Waiver. Such Pilot flexibility would allow managed care plans and partners to best meet the realities of their high need patients.

- As the Pilot details are further developed, we also recommend that DHCS provide specific examples of the types of strategies, programs and services that could be offered, including asthma in-home environmental remediation. Such specificity will foster more widespread consideration and adoption of different and valuable Pilot approaches.

Shared Savings Incentives for MCOs

The Waiver Renewal Concept Paper proposed MCO shared savings incentives as a strategy under the Managed Care Systems Transformation & Improvement Programs. Under this strategy, the State intends to identify target populations for whom the State would like to improve health outcomes and reduce costs through improved health care delivery. We would encourage the State to 1) identify asthma patients for this strategy and 2) encourage health plans and their provider partners to consider in-home asthma environmental remediation as an effective tool. With that said, we would discourage the use of this strategy if it is used merely as a means of reducing needed services in order to reduce costs. The strategies used for these incentives should be agreed upon by relevant stakeholders in that area of expertise.

Workforce Development Programs that Advance Asthma In-Home Remediation

We were encouraged to see the Waiver's focus on workforce development, including the financial incentives and training support for the expanded use of non-licensed professionals and non-physician community providers in both the managed care context as well as under the state's public safety net system. There's an expansive body of evidence demonstrating that such non-traditional providers can play a key role with asthma in-home trigger identification, education and home remediation. Under the descriptions of the different types of services that would be offered through the public safety net system global payment for the remaining uninsured, we applaud that the list of providers under "Category 2: Non-Traditional Outpatient" (Pg. 31) includes: community health worker encounters; health education and community wellness encounters; and case management as these have all been demonstrated to have a positive impact on asthma outcomes. We recommend also including "Healthy home specialists." Depending on patient need, such professionals could be key to helping fulfill the Waiver Renewal's goal of encouraging "care delivery in more appropriate settings, including primary and preventive care." (Pg. 30)

We look forward to contributing to Waiver-related discussions as the process unfolds. We're also available to serve as a resource on any of the above issues. At any point, please feel free to contact Joel Ervice (joel@rampasthma.org; (510) 302-3316) or Kristen Golden Testa (ktesta@childrenspartnership.org; (415) 505-1332) who can connect with and coordinate other undersigned individuals and organizations.

Regards,

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ⁱ Asthma in California: A Surveillance Report. 2013. California Breathing. <http://californiabreathing.org/asthma-data/burden-report>

ⁱⁱ California Health Interview Survey data. 2011. UCLA Center for Health Policy Research. <http://ask.chis.ucla.edu/main/default.asp>