



October 29, 2014

California Department of Health Care Services  
[WaiverRenewal@dhcs.ca.gov](mailto:WaiverRenewal@dhcs.ca.gov)

Re: In-Home Asthma Environmental Remediation within the 1115 Waiver

To whom it may concern:

On behalf of Regional Asthma Management and Prevention, a project of the Public Health Institute, I am writing in support of the proposal put forth by the Children's Partnership to include in-home asthma environmental remediation within the 1115 waiver. Chronic diseases such as asthma are among the most common, costly, and preventable of all health problems in the United States. Rates of asthma have nearly doubled in the United States over the last few decades. Over 23 million people have asthma nationwide.<sup>i</sup> Over 5 million of those diagnosed with asthma live in California.<sup>ii</sup>

In 2007, the U.S. spent an estimated \$19.7 billion on asthma in both direct and indirect costs. Among pediatric hospitalizations that could be prevented, asthma is responsible for the highest costs.<sup>iii</sup> Surveillance data show that there is much room for improvement in routine health care for people with asthma. More than half of adults with current asthma have not had a routine asthma checkup in the past year and only 40% of adults and children with asthma have received a written asthma action plan from their health care provider, a critical component of the national clinical guidelines for care.<sup>iv</sup> More encouraging is that the rates of the most serious outcomes—hospitalizations and deaths due to asthma—have declined. Still, there are about 400 deaths, 35,000 hospital discharges, and 180,000 emergency department visits per year due to asthma. In addition, the costs of asthma hospitalizations are enormous—over \$1 billion in 2010.<sup>v</sup> Proper prevention efforts could reduce many of these poor outcomes and costs. For example, in California 12% of people who were hospitalized for asthma in 2010 had at least one repeat visit during that same year. Intervening to prevent these repeat asthma hospitalizations could have saved \$156 million in medical costs.<sup>vi</sup>

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."<sup>vii</sup> 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%).<sup>viii</sup> 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.”

Based on the urgent need to address this prevalent and costly disease, combined with robust evidence about how to improve outcomes and reduce costs, we strongly recommend that the 1115 waiver include asthma in-home environmental remediation. We also encourage you to go above and beyond the proposal and extend this service to all parts of the state rather than limiting it to a more focused demonstration project.

Sincerely,

Originally Signed By

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Regional Asthma Management & Prevention

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<sup>i</sup> Investing in Best Practices for Asthma: A Business Case. 2010. Health Resources in Action.  
<http://hria.org/resources/reports/asthma/best-practices-for-asthma-2010.html#sthash.ofHv4aDq.dpuf>

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

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<sup>iii</sup> Ibid

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

<sup>v</sup> Ibid

<sup>vi</sup> Ibid

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

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