

## Targeted enrollment for maximum benefits

Asthma home visiting services aren't necessary for all people with asthma; offering them strategically is an important way to maximize the benefits to your members and your MCO. Given the research-based health improvements and cost benefits, targeting those with poorly controlled asthma is the place to start.

While the national guidelines for asthma clinical management don't provide a ready-to-use definition of poorly controlled asthma, examples from across the clinical field demonstrate some clear trends. Asthma home visiting programs often select some of the following criteria; a member qualifies for the service when meeting any one of the following:

- An asthma-related emergency department visit in the past 6 or 12 months;
- An asthma-related hospitalization in the past 6 or 12 months;
- Two asthma-related urgent care visits in the past 6 or 12 months;
- A score of 19 or lower on the Asthma Control Test, a validated patient questionnaire used to assess control; and/or
- Inhaled beta-agonist to anti-inflammatory ratio of 5:1 or greater.

Asthma home visiting services are best matched to the highest utilizers — both because these members are in the greatest need of the services, and because it will help your MCO realize the greatest cost savings.

As for *how* to identify members with poorly controlled asthma, you may have in-house data management expertise that can assist you. There are also resources from the field that may help you move forward quickly. For example, the National Center for Healthy Housing (NCHH) offers a factsheet, *Client Identification and Eligibility: Sample Report Specifications to Identify Eligible Clients*. Among other things, it contains a real-world example of report specifications developed by a health plan to identify members who would benefit from being part of a pilot program to provide home-based asthma services. Your specific needs and access to specific types of information will likely vary, but getting a glimpse into how others have structured a process to identify potential clients can be a useful reference as you work through your own.

Targeted enrollment can also help you set the stage for any outcome measurement you may want to track. There are several indicators MCOs can use to monitor the impact of their expanded services, from health outcome improvements to health care utilization decreases to improved beneficiary quality of life. While your MCO likely has evaluation expertise in-house, you can also rely on external resources like *Building Systems to Support Home-Based Asthma Services*, an eLearning and technical assistance platform produced by NCHH, which includes an evaluation module.



Need additional assistance?

Reach out to us! Call 510-285-5711 or email: [info@rampasthma.org](mailto:info@rampasthma.org)

## Diverse models for program structure and design

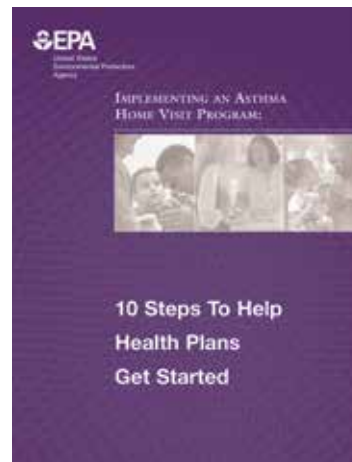
There is no “one size fits all” approach to structuring and implementing asthma home visiting services.

Rather, there are many different program models, giving MCOs a great deal of flexibility for determining how to best accommodate needs of members, quality assurance, staffing capabilities, community partnerships and cost considerations.

For a deeper dive, the U.S. Environmental Protection Agency’s *Implementing an Asthma Home Visit Program: 10 Steps To Help Health Plans Get Started* is an excellent resource; below is a quick recap of some typical considerations.

Some MCOs may prefer to build a new asthma-specific program in-house. Others may opt to take an existing home visiting program focused on other topics and build on its established infrastructure by adding asthma. Still other MCOs may decide to connect with external partners such as clinics, community-based organizations, public health departments or other third-party vendors to provide the services.

Regardless of the approach your MCO takes, you’ll expand the number of valuable resources available to your members.



Much like program structure, MCOs can also lean on ready-to-go resources to determine the nuts and bolts of program design. Of course, you’ll tailor your program to meet your own needs, but that likely means making small tweaks to existing resources rather than reinventing the wheel.

There are already a number of standardized and tested tools and materials you can take advantage of. The EPA’s 10 Steps guide mentioned above is one such example. Another is *Building Systems to Support Home-Based Asthma Services*, an eLearning and technical assistance platform produced by the National Center for Healthy Housing. The platform provides video modules and a wide range of easy-to-access technical assistance tools.

Last but not most certainly not least, any asthma home visiting service you provide to your members — no matter how it’s structured or designed — can also rely on the resources and expertise that may already be on the ground. For example, tough environmental trigger remediation problems uncovered by a home visit may be too difficult for an MCO’s program to handle; when that’s the case, county healthy housing programs may be able to step in. Similarly, sometimes MCOs may find it useful to tap into groups like local medical foundations and hospital community benefit programs to help provide a more complete range of home visiting equipment and supplies such as mattress covers and HEPA vacuums.

Help is out there: California benefits from an array of asthma home visiting programs serving communities in Southern California, the Central Valley and the Bay Area. Some have extensive experience working with MCOs.



## Workforce options and resources

Regardless of which program structure you use, there's a good chance your MCO will want to take advantage of resources related to developing the workforce that will ultimately deliver the services.

Asthma home visiting services have traditionally relied heavily on qualified, non-licensed professionals to deliver anywhere from some to all of the support to members.

Of course, the mix of professionals is ultimately up to you. Some services are staffed fully by licensed providers like nurses, who manage cases including conducting home visits. More commonplace are services where home visiting staff have clear connections to licensed practitioners (e.g., often as supervisors) but are themselves non-licensed. The use of qualified, non-licensed staffing configurations seen in the field is typically a function of multiple factors including costs — licensed staff are simply more expensive — or needing extremely high levels of cultural familiarity and expertise to connect with a variety of populations.

There are several resources you can take advantage of to quickly help staff build the requisite skills to provide effective services. Here are just a few:

- California Breathing, a program of the California Department of Public Health, runs the Asthma Management Academy, which is a curriculum that meets the unique needs of non-licensed members of the asthma care team. These include community health workers, *promotoras de salud*, health or patient advocates, and others with trusted relationships who visit the homes of those in underserved areas. CDPH is

offering the AsMA curriculum as a series of in-person training modules for these valued members of the asthma care team. See <https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/EHIB/CPE/Pages/Asma.aspx> for more details.

- The Association of Asthma Educators (AAE), a national organization developed to strengthen the asthma educator workforce, offers a variety of trainings and resources. Classes include preparatory sessions for those reading for the Certified Asthma Educator exam, as well as more introductory trainings for community health workers. See <https://www.asthmaeducators.org/> for more.
- The Asthma Community Network has resource banks, including Community Health Worker (CHW) Training Programs. This tool was designed to help you find existing training options for CHWs in your community and nationally. For more information, visit [www.asthmacommunitynetwork.org/chw\\_programs](http://www.asthmacommunitynetwork.org/chw_programs).
- Many community colleges in California are excellent pipelines for the health education workforce. For example, City College of San Francisco offers a Community Health Worker Certificate Program. Loma Linda University also trains Community Health Workers. Community colleges in your area may be able to offer trainings and services to meet your own needs.
- Non-profit organizations are another source of training support. As just two examples, Vision y Compromiso and Esperanza Community Housing Corporation offer a wide range of training and capacity building support services for CHWs/*promotoras de salud*.



## Future policy and financing supports

As described throughout this document, MCOs can support asthma home visiting services now, and some MCOs in California are already doing so.

There are also some exciting new opportunities on the horizon. RAMP and the California Asthma Financing Workgroup, a diverse set of stakeholders including home visiting program leaders, health care advocates and medical providers, are helping to implement policy changes to make it even easier for MCOs to provide asthma home visiting services to members with poorly controlled asthma.

Currently Medi-Cal doesn't reimburse for asthma home visits provided by non-licensed professionals, but help is on the way. Specifically, the FY 2019–2020 budget makes a one-time \$15 million appropriation for asthma-related environmental mitigation, education, and disease-management services. For up to date details about implementation, please visit [www.rampasthma.org](http://www.rampasthma.org).

In the meantime, MCOs do have some options to support asthma home visiting services. For instance, MCOs can use funding from their administrative — rather than medical budgets — to support home visitors. Additionally, MCOs may have already-funded internal staff (e.g., disease management staff) with capacity to take on home visits for members with the highest need.

More broadly, the outlook on prevention-oriented health care in California is looking bright. For example, Medi-Cal is currently implementing its Health Homes Program (HHP), which, through managed care plans, offers additional education and community support for members with complex chronic conditions, including asthma. Similarly, Medi-Cal's Whole Person Care Pilot program can provide housing supports to members with some of the toughest physical and behavioral challenges.



California Senator Melissa Hurtado (right) introduces legislation to expand asthma home visiting services to low-income families.

“RAMP and our partners are working toward policy changes to make it even easier for MCOs to provide asthma home visiting services to members with poorly controlled asthma.”

## Support to help MCOs move forward

If the idea of your MCO supporting asthma home visiting programs sounds daunting, don't worry: it's likely not as complicated as it sounds.

More importantly, if you have a question about how to support, implement or otherwise operationalize these services, the answer is likely close by. Asthma home visiting services are not a new idea, and technical assistance is available through a wide range of different options.

Here are some "tip of the iceberg" examples:

- The U.S. Environmental Protection Agency has a how-to guide specifically for MCOs. *Implementing an Asthma Home Visit Program: 10 Steps to Help Health Plans Get Started*, provides helpful, nuts and bolts-level details for this work. [https://www.epa.gov/sites/production/files/2013-08/documents/implementing\\_an\\_asthma\\_home\\_visit\\_program.pdf](https://www.epa.gov/sites/production/files/2013-08/documents/implementing_an_asthma_home_visit_program.pdf)

- The National Center for Healthy Housing has an extensive set of online resources available free of charge — including eLearning

**eLearning Modules**

- Module 0. An Introduction
- Module 1. Overview of Sustainable Financing
- Module 2. Making the Business Case
- Module 3. Adapting Systems for Sustainability
- Module 4. Client Referral and Eligibility
- Module 5. Developing the Scope of Services
- Module 6. Assembling a Qualified Workforce
- Module 7. Selecting Supplies and Ancillary Services
- Module 8. Connecting and Collaborating for Success
- Module 9. Program Evaluation and Reporting

**Technical Assistance**  
Flexible, informal technical assistance may be available to advance your efforts. Contact us to learn more!

**Key Readings and Resources**

- modules — as part of its *Building Systems to Sustain Home-Based Asthma Services* program. <https://nchh.org/tools-and-data/financing-and-funding/building-systems-to-sustain-home-based-asthma-services>



- America's Health Insurance Plans (AHIP) published case studies and strategies to support MCOs in this work. *Next Generation Asthma Care: Integrating Clinical and Environmental Strategies to Improve Asthma Outcomes* is a useful overview. [https://www.ahip.org/wp-content/uploads/2016/11/AsthmaReport\\_11.18.16.pdf](https://www.ahip.org/wp-content/uploads/2016/11/AsthmaReport_11.18.16.pdf)
- More tailored, one on one technical assistance and support may also be available from organizations like Regional Asthma Management and Prevention, the National Center for Healthy Housing, California Breathing, or local home visiting programs. Contact us; we're here to help!

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](http://www.rampasthma.org).

