Hospital-Community Partnerships:

Using Local & Institutional Policy to Address Root Causes of Asthma

July 18, 2017
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Senior Program & Policy Analyst
Nemours
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National Office of Policy & Prevention
  • Moving Health Care Upstream
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Policy Learning Lab: Root Causes of Asthma

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Questions?
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Our mission:
Healthy communities for all through better laws & policies
Agenda

• **Program to Policy: Moving Upstream**
  – How do programs and policies differ?
  – What are the benefits of policy?

• **Policy Example: Tobacco 21**
  – What is Tobacco 21?
  – What’s the connection between Tobacco 21 & asthma?
  – Tobacco 21 in Michigan
# Programs vs. Policies

<table>
<thead>
<tr>
<th>Program</th>
<th>Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. A system implemented by government or non-profit</td>
<td>1. A statement in writing</td>
</tr>
<tr>
<td>2. Provides a service to a particular group of people</td>
<td>2. Affects how government operates, how citizens live, or how businesses and organizations operate</td>
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<tr>
<td>3. Voluntary</td>
<td>3. Binding</td>
</tr>
</tbody>
</table>
Educate staff and clients about tobacco use and secondhand smoke

Institute program changes to promote alternatives to smoking

Operate wellness programs to encourage and support cessation efforts

Start a discussion about tobacco control and cessation policies

Adopt a wellness policy and treatment protocols that incorporate cessation

Adopt a 100% smokefree policy for your facility

Continually enforce and evaluate smokefree and other policies

Illustrating the Program to Policy Spectrum: Going Smokefree
Policy is more than just legislation
Commonalities

A statement in writing

Binding or some accountability

Sets out a general approach to be applied widely
Why Policy?

- Policy offers accountability & enforcement
- Policy reaches more people
- Policy institutionalizes good ideas
- Policy often achieves significant results more efficiently at lower costs
Why Raise The Age?

- 95% of current adult smokers began before age 21.
- The ages of 18 to 21 are a critical period when many smokers move from experimental smoking to regular, daily use.
- The Institute of Medicine, one of the most prestigious scientific authorities in the U.S., strongly concluded that raising the tobacco sale age to 21 will have a substantial positive impact on public health and save lives.
Tobacco 21: Over time...

- 25% decline in smoking initiation by 15-17 year olds
- 12% overall drop in smoking prevalence
- 10% reduction of smoking related deaths

For kids alive today, **4.2 million years of life** would be saved by virtue of this logical, simple policy change.

By **preventing** smoking initiation and **reducing** smoking prevalence, upstream policies like Tobacco 21 can address key **root causes** of pulmonary problems, including **asthma exacerbation**, such as **tobacco use** and exposure to **secondhand smoke**.
• Preemption: A provision in state (or federal law) which eliminates the power of local (or state and local) governments to regulate tobacco. May “preempt” either existing and/or future legislation.

• Many thought that local Tobacco 21 policies were preempted in Michigan.

BUT…
• **Preemption**: A provision in state (or federal law) which eliminates the power of local (or state and local) governments to regulate tobacco. May “preempt” either existing and/or future legislation.

• Many thought that local Tobacco 21 policies were preempted in Michigan.

    **BUT**…

• **Trinity Health** partnered with **Changellab Solutions** to:
  • Conduct a legal analysis on local authority to enact Tobacco 21 policies in Michigan
  • Draft model legislation that minimized the risk of preemption
Cindy Bruett
Program Consultant,
Community Health
& Well-Being | Trinity Health
Tobacco 21
A Bold New Innovation
Our 22-State Diversified Network

- **93** Hospitals* in 22 states
- **47** Home Care and Hospice Locations Serving 116 Counties
- **59** Continuing Care Facilities
- **15** PACE Center Locations
- **4** Mission Health Ministries

- **2.5m** Home Health/Hospice Visits
- **$15.9b** In Revenue
- **$1b** Community Benefit Ministry
- **97k** Full-time Employees
- **24k** Affiliated Physicians
- **5.3k** Employed Physicians

*Owned, managed or in JOAs or JVs.
Root Causes of Poor Health Do Not Begin In A Doctors Office…

Access to healthy and affordable food

Built-environment

Race / Ethnicity

Economic opportunity

Educational opportunity

Clinical care (just the tip of the iceberg)

Safe places for kids to learn and play

Food and beverage environment in schools

Socioeconomic status / Income

Other social determinants of health

Root Causes of Good vs. Poor Health
We Are Building a “People-Centered Health System”

People-Centered Health System

Episodic Health Care Management for Individuals
Efficient & effective episode delivery initiatives

Population Health Management
Efficient & effective care management initiatives

Community Health & Well-being
Serving those who are poor, other populations, and impacting the social determinants of health

Better Health • Better Care • Lower Costs
Our Strategic Plan Includes Five Focus Areas

People-Centered Care

Engaged Colleagues

Operational Excellence

Leadership Nationally

Effective Stewardship

Leadership Nationally  |  PEOPLE 2020 Strategic Aim:

By 2020, in 90% of the communities we serve, smoking and childhood obesity rates will be declining at a pace that exceeds the national average.
Tobacco remains the leading cause of preventable disease and premature death in the U.S.

Tobacco use is one of the largest drivers of health care costs. Chronic diseases are the most common and costly of all health problems. They are also the most preventable.
Trinity gets behind 'Tobacco 21'
September 1, 2016

A grant from Trinity Health is the first by a major institution to assist a new national campaign to raise the age for buying tobacco products to 21.

Trinity Health of Livonia, Mich., has joined with the Campaign for Tobacco-Free Kids, an advocacy organization, to promote raising the age through changes in local, state and federal laws. Two states and more than 185 cities, many of them in Massachusetts, already require people to be 21 to buy cigarettes, chewing tobacco and other products. Federal law now requires buyers to be 18.

John Schachter, the campaign’s director of state communications, said the partnership "will help support policy with medical and public health expertise. It adds great weight to our arguments."

Schachter said the campaign will use the grant to help finance efforts to create and publish educational materials, promote coalitions with local organizations and develop training for volunteer advocates. The Washington, D.C.-based campaign has five regional offices that work with state and local organizations, such as the chapters of the American Cancer Society and American Heart Association, to ban smoking in public establishments and workplaces, raise taxes on tobacco products and increase the age of purchase.

Schachter said raising the age is a relatively new part of the organization’s work, which means that Trinity Health’s partnership "is really going to help expand this campaign."
Tobacco 21: A Movement Sweeping the Nation

250+ Cities & Counties in 18 States
We’ve experienced rapid and groundbreaking tobacco policy wins…
(partial list)

- March 2016: **Chicago** passes Tobacco 21 and other historic tobacco control measures
- March 2016: **South Bend** passes state’s strongest smoking ban
- April 2016: First ever **Congressional briefing** and **Albany County** passes Tobacco 21
- May 2016: **California** Tobacco 21 and other historic bills signed into law
- August 2016: **Ann Arbor** passes Tobacco 21
- September 2016: **Schenectady County** passes Tobacco 21
- November 2016: **Ingham County, Michigan** passes resolution in favor to Tobacco 21
- December 2016: **Columbus, Ohio** an especially strong Tobacco 21 law
- December 2016: **Muskegon Co., Michigan** unanimously passes Tobacco 21 resolution
- February 2017: **Genesee County, Michigan & Trenton, NJ** adopt Tobacco 21 law
- March 2017: **Idaho** votes to publish Tobacco 21 bill
- April 2017: **Maywood, Illinois** passes Tobacco 21
- June 2017: **Michigan** Tobacco 21 and sweeping youth access laws introduced
- June 2017: **New Jersey** Tobacco 21 sent to Gov. Christie for the second time
Key Partners to Help Achieve Success
Preemption Claims Threaten Ann Arbor Law

Ann Arbor tobacco purchase age conflicts with state law, Schuette says

By Lauren Gibbons | gibbons2@mlive.com.

On February 02, 2017 at 5:40 PM, updated February 02, 2017 at 6:10 PM

Michigan Attorney General Bill Schuette has snuffed out the city of Ann Arbor’s ban on tobacco sales to people under 21.

In an opinion requested by state Sen. Rick Jones, R-Grand Ledge, Schuette said the state’s Age of Majority Act of 1972 preempts a city ordinance approved by the Ann Arbor City Council last summer that increased the tobacco purchasing age in the city from 18 to 21.

Ann Arbor’s move to raise tobacco purchase age may conflict with state law

A proposal to increase the minimum legal age to purchase tobacco products in Ann Arbor from 18 to 21 awaits final approval from the City Council.
You’re good! Local control explicitly allowed.

Always some risk. For most, quite low. Talk to a lawyer.

Stay Calm. Don’t Panic. Consult a lawyer. Some places, a state-wide strategy is your only option. Michigan was considered impossible. Two local laws have been passed, thanks to the investments we made in ChangeLab Solutions.
Prohibit sales to individuals under 21

Penalize the sale instead of the possession – hold vendors and the tobacco industry accountable

E-Cigarettes should be included

Signage

Allow time for educational outreach before law goes into effect

Enforcement is essential
An Invaluable Resource…

Tobacco eighteen twenty-one

250+ Cities & Counties in 18 States
Even More Resources Available...

U.S. State and Local Issues
Increasing the Sale Age for Tobacco Products to 21

"Raising the legal minimum age for cigarette purchasers to 21 could cut our key young adult market (17-20) ..." — Philip Morris report, January 21, 1966

Raising the minimum legal sale age for tobacco products to 21 is a promising strategy to reduce smoking and other tobacco use among youth and save lives. A 21 sale age complements other strategies to reduce tobacco use, including higher tobacco taxes, strong smoke-free laws that include all workplaces and public places, and well-funded, sustained tobacco prevention and cessation programs.

Nearly all smokers start as kids or young adults, and these age groups are heavily targeted by the tobacco industry, to start smoking and to reduce the deaths, disease and health care costs caused by tobacco use.

A March 2015 report by the Institute of Medicine (now called the National Academy of Medicine) strongly concluded that raising the tobacco sale age to 21 will have a substantial positive impact on public health and save lives.

The study found that raising the tobacco sale age will significantly reduce the number of adolescents and young adults who start smoking, reduce smoking-caused deaths, and immediately improve the health of adolescents, young adults and young mothers who were deferred from smoking, as well as their children.

On May 4, 2016, California became the second state to raise the tobacco sale age to 21, joining Hawaii. At least 203 localities have raised the tobacco age to 21, including New York City, Chicago, Boston, Cleveland and both Kansas Cities. Statewide legislation to do so is being considered in several other states, including Massachusetts, New Jersey and Washington state.

Most Adult Smokers Start Smoking Before Age 21

National data show that about 95 percent of adult smokers begin smoking before they turn 21. The ages of 16 to 21 are also a critical period when many smokers move from experimental smoking to regular, daily use. While less than half of adult smokers (46 percent) become daily smokers before age 18, four out of five do so before they turn 21.

Nicotine is addictive, and adolescents and young adults are more susceptible to its effects because their brains are still developing. Delaying the age when young people first experiment with or begin using tobacco can reduce the risk that they will become addicted smokers.

Tobacco Companies Target Kids and Young Adults

Tobacco companies intentionally market to kids and young adults in order to recruit “replacement smokers” and protect company profits. They know nearly all users become addicted before age 21. Increasing the tobacco sale age to 21 will help counter the efforts of the tobacco companies to target young people at a critical time when many move from experimenting with tobacco to regular smoking.
Tobacco 21
A Win-Win For Everyone
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@HealthyHousing
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www.ghhi.org

*Look for new content for hospitals, insurers and health care providers when our revamped GHHI website relaunches in August 2017!*
Addressing The Burden of Unhealthy and Energy Inefficient Homes

9M families live in unhealthy homes

Homes with environmental hazards are making their residents sick

14.4M missed days of school each year

Asthma is the top reason students miss school

14.2M missed days of work each year

Parents miss work days to take care of their sick children with asthma

Low income families spend 20% of monthly income on energy costs

VS.

3.5% in other households

$51B+ spent on asthma

$31B+ spent on slip & fall injuries

$50.9B+ spent on lead poisoning

Over $100B in taxpayer funding is spent each year to address the impact of these hazards
The GHHI Integrated Model – Public/Private Partnerships

- Single Intake System
- Comprehensive Assessment
- Coordinated Services
- Integrated Interventions
- Cross-Trained Workers
- Shared Data

- Lead Hazard Reduction
- Asthma Trigger Control
- Healthy Homes
- Energy Efficiency
- Weatherization
- Housing Rehabilitation

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The Integrated Model Producing Measurable GHJI Site Results for Asthma in Collaboration with Local Partners

<table>
<thead>
<tr>
<th>GHHI</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Baltimore</strong></td>
<td>• 66% reduction in asthma-related hospitalizations</td>
</tr>
<tr>
<td></td>
<td>• 62% increase in asthma-related perfect school attendance</td>
</tr>
<tr>
<td></td>
<td>• 88% increase in participants reporting never having to miss a day of work due to their child’s asthma episode</td>
</tr>
<tr>
<td><strong>Philadelphia</strong></td>
<td>• 70% fewer asthma-related client hospitalizations</td>
</tr>
<tr>
<td></td>
<td>• 76% fewer asthma-related client ED visits</td>
</tr>
<tr>
<td><strong>Cleveland</strong></td>
<td>• 58% reduction in asthma-related client hospitalizations</td>
</tr>
<tr>
<td></td>
<td>• 63% reduction in asthma-related client ED visits</td>
</tr>
</tbody>
</table>

*Backed by data from studies in: Baltimore, MD; Philadelphia, PA; Cleveland, OH*
Asthma Programs - NIH, CDC, and EPA have reviewed asthma care and recommend four components for effective care

Four components of asthma care

- **Medications**
- **Assessment and monitoring**
- **Patient education**
- **Control of environmental factors**

Asthma programs use a community-based element to reinforce clinical interventions and also address environmental triggers for the patient and family.

Research shows that environmental control should be performed in a comprehensive manner using a multi-trigger, multicomponent approach.

*Ex: Mold remediation, ventilation, removal of carpets and dust sinks for dust mites and allergens, integrated pest management*

Evidence shows that healthy homes interventions can improve asthma outcomes, but some components are uncompensated.
Business Case for Funding Asthma Programs and Mitigation Interventions

- 25 million Americans with current asthma diagnosis
- 2 million ER visits; 500,000 hospitalizations
- 40% of all incidents of asthma are attributable to asthma triggers in the home
- For every $1 spent on environmental asthma interventions there is a $5.3 to $14 return on investment in healthcare spending. *Source: HHS economic review of published studies*

The Choice is Clear:

Continue to spend $51 billion annually in medical and other costs. **X**

OR

Invest in proven prevention strategies to reduce asthma episodes. **✓**
Leading the Development of the Innovative Funding Toolbox Nationally – Building Sustainable Resources for Prevention

1) Medicaid Coverage and Rule Change
2) Waivers (MI, MD, Oregon, OH)
3) Hospital Community Benefits (Chicago)
4) Administrative Claims
5) Value-based Payments
6) Value-added services
7) Pay for Success
Medicaid Coverage

Coverage of asthma care varies by state. The American Lung Association provides information about what may be covered by each state.

Medicaid Rule Change

- Reimbursement for non-clinical professionals (education, case management, community health worker services)
- Services must be recommended by a licensed clinical provider (physician or RN)
- CMS must approve a State Plan Amendment (SPA)

Case Study: Missouri Legislation

Background

- Medicaid reimbursement for specialists to visit the homes of low-income patients with severe asthma for asthma education and environmental assessment of asthma triggers.

- Eligible patients identified as frequent users of ER, prior hospitalizations, or frequently prescribed oral steroids for asthmatic emergencies.

- Plan costs Missouri $524,033 in the first year with the federal government chipping in another $4.7 million in Medicaid dollars.

Reimbursement Rates

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Code Description and Limits</th>
<th>Reimbursement Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>S9441</td>
<td>Asthma education non-physician (MHD defines 30 minutes, one unit) Maximum one hour per year</td>
<td>$50.00 per unit</td>
</tr>
<tr>
<td>99401</td>
<td>Preventive medicine counseling, individual (MHD defines 15 minutes, one unit) Maximum one hour per year</td>
<td>$25.00 per unit</td>
</tr>
<tr>
<td>99402</td>
<td>Preventive medicine counseling, individual (MHD defines 30 minutes, one unit) Maximum one hour per year</td>
<td>$50.00 per unit</td>
</tr>
<tr>
<td>98960</td>
<td>Self-management education using standardized effective curriculum, individually, either incident to a clinical encounter or as preventive service (MHD defines 90 minutes, one unit) Maximum once per year</td>
<td>$100.00 per session/unit</td>
</tr>
<tr>
<td>S9441 modifier SC</td>
<td>Asthma environmental assessment, non-physician Maximum two times per year</td>
<td>$125 per session/unit</td>
</tr>
</tbody>
</table>

Medicaid Waivers: Section 1115 Demonstration

How it works

• Purpose is to pilot or demonstrate projects that
  • Expand eligibility,
  • Provide services not typically covered by Medicaid,
  • Use innovative delivery systems.

• Submitted by a state to CMS (Centers for Medicaid and Medicare Services)

• Approved for 5-year period typically, must be “budget neutral”

The waiver approval process is resource intensive.

Example: State-wide Delivery System Reform Incentive Payment (DSRIP) programs

• California
• Kansas
• Massachusetts
• New Jersey
• New York
• Texas

Hospital Community Benefit Investments

- Non-profit hospitals are required by the IRS to make community benefit investments that are transparent, concrete, measurable, and responsive to community needs.
- A Community Health Needs Assessment (CHNA) is conducted every 3 years by the hospital, which then adopts an implementation plan.
- Community benefit investments can encompass “physical improvements and housing” and “environmental improvements.”
- Services not included in the CHNA can still be supported by community benefit funds.

State profiles by the Hilltop Institute

Example: St. Joseph’s Health System

St. Joseph’s Health System invested in construction of affordable housing: 81-unit development for very limited-income seniors; 23-unit development for homeless people with HIV/AIDS

http://www.hilltopinstitute.org/hcbp.cfm
Pay for Success Model

1. Investor provides upfront capital for service delivery
2. Service Provider implements intervention for target population
3. Intervention results in a benefit to the Payer, usually measured in cost saving
4. Payer returns capital to Investor if outcomes are met, often verified by an independent evaluator
5. An intermediary may provide project- and financial-management services
GHHI Asthma Pay for Success - Opportunities to partner with hospitals, insurers and providers

Funders of asthma PFS feasibility studies:

**Feasibility ongoing**
- Chicago (Presence Health)
- Houston (UnitedHealthcare)
- New York City (Affinity Health Plan)
- Philadelphia (Health Partners Plans)
- Rhode Island (State Medicaid)

**Feasibility completed**
- Buffalo (YourCare Health Plan)
- Grand Rapids (Spectrum Health)
- Memphis (Le Bonheur Children’s Hospital)
- Springfield (Baystate Health)

**Transaction structuring**
- Baltimore* (Johns Hopkins Medicine)
- Salt Lake City (U. of Utah Health Plans)
Three examples for increasing asthma impact

**Hospital building links to local community partners**
Le Bonheur will be partnering with Habitat for Humanity to provide comprehensive housing services and local university to support legal-service needs.

**Hospital partnering with local governments**
St. Christopher's works with local community partners and the Department of Health to amplify impact through public resources.

**Hospital investing in preventing uncompensated care**
Saints Mary and Elizabeth will be using grants and community benefit dollars to fund programs that prevent uncompensated care.
Le Bonheur is coordinating resources and services to meet the needs of high-risk pediatric asthma patients

**Asthma home-based education**
Le Bonheur will provide in-home asthma resident education services.

**Asthma environmental remediation**
Leveraging support, Habitat conducts a comprehensive assessment and remediates asthma triggers in the home.

**Legal support**
The Medical-Legal partnership at the University of Memphis then supports the families in their legal needs.

**Sustainability**
The partners are engaged with GHHI in a PFS feasibility study to make program funding sustainable for Medicaid patients.
St. Christopher's is partnering with the local health department to ensure government integration and leveraging

Asthma education/Intervention
Hospital partners with Health Department Healthy Homes Program to provide comprehensive housing intervention services and support resident education.

Sustainable financing
HPP is engaged in a PFS feasibility study to develop an alternative payment model for high-risk asthma patients in their Medicaid managed care plans.

Managing community resources
Partners at the city are managing community resources to align, braid, coordinate resources to meet the community needs for environmental asthma trigger reduction, lead hazard reduction and healthy homes issues.

- 70% fewer asthma-related client hospitalizations post intervention in pilot
Presence Health is looking to invest community benefit dollars to prevent uncompensated care losses in the future.

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**Sustainable Medicaid Funding**
Building an evidence-based program with community partners. The Medical Center has completed a PFS feasibility study with GHHI on sustainable funding and are recruiting managed-care plans to participate in alternate payment models.

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**Leveraging Community Benefits to Prevent Uncompensated Care**
Saints Mary and Elizabeth Medical Center is also directly investing their community benefit dollars to prevent uncompensated care needs in the community among the self and uninsured populations including asthma hospitalizations. If they prevent future medical needs, they can reinvest the benefit dollars to scale the program. Leveraging energy efficiency investments.
QUESTIONS
Thank you!

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