

In-Home Asthma Services Business Case: Through the Eyes of Health Plans

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Why are Children Still Dying from Asthma in the U.S.?

- **It's Complicated!**

- Hard to Understand for Lay Person – 3 Mechanisms, Many Triggers, Many Controller/Rescue Meds
- Hard to Manage – Fast Progression-> Asthma “Attack” Home/School/Work/Play Trigger Environments
- Large Differences in Asthmatics – High Risk/High \$ Use, Chronic Loss of Control, Well Controlled
- Many Stakeholders – Asthmatic, Parent, School, Employer, Caregivers, CBOs, Housing, Insurance Plan
- Conflicting Signals – Cross-Sector Regulatory Barriers, Complex Coordination, Different Value Cases

Value Case Arguments

- **Social Case** - All Agree Better Health Desired
 - Because it's the right thing to do regardless of cost
- **Economic Case** - All Stakeholders Combined
 - Total Benefits Exceed Total Costs
 - Necessary, but not sufficient for action
- **Business Case** - For **Each** Stakeholder
 - My Benefits Exceed My Investment/Costs
 - Benefits can be either cash or non-cash
 - Necessary for **Engagement of each** stakeholder

Stakeholder Specific Costs/Benefits

Stakeholder	Investment/Cost	Benefits
Recipient	Time, Insurance, Taxes	Current & Future Earnings, health
Informal Caregiver	Time, Insurance, Taxes	Current Earnings, recipient health
Formal Caregiver	Staff time, out of pocket travel and supply costs	Make a difference in recipient health, Community Service
Housing	Environmental mitigation costs	Less fines, less turnover/vacancy, higher rents possibly justified
School	Staff time, environmental mitigation costs	More “seat time” & funding, better educational performance
Employer	Absenteeism, Presenteeism, Turnover, Insurance costs	Increased Productivity, less turnover, reduction in costs
Gov’t Purchasers & Regulators	Insurance	Tax receipts increase with earnings, better population health
Health Plan/MCO	Costs of in-home services, Rx, MD, ED, Hospital	Savings of avoidable costs, justify premiums, Community Service

Aligning Stakeholder Value ROI

- Current State: Fee for Service Reimbursement
 - Complex “Siloed” Payment & Regulatory Design
 - Significant Administrative Billing Overhead
- Future State: “Braided” Value-Based Payment
 - **Plan Together**, Understand Each Other’s Viewpoint
 - Pool Costs and Benefits, then Redistribute by Value
 - **Alignment** of Payment/Costs/Benefits to assure positive ROI for each Stakeholder – **Balanced Win/Win**
 - ID **Ideal Approach** & Barriers to Remove for the Future
 - ID Interim Path Around these Barriers Now = **Actions**

Case Example: In-Home Asthma Services Through the Eyes of a Health Plan

- Plan Costs – Rx, MD, ED, Hospital, In-Home Costs
- Plan Revenue – Premiums, Co-pays, Cost Savings
- Plan Concerns – **Better Adherence=More Rx\$, Cost Savings Vary by Risk, Trigger Mitigation\$**
- Value-Based “Braiding” for Best Outcomes
 - **Use Evidence**: Match Intervention Scope to Risk Level
 - Higher Premiums/Co-Pays for those that Benefit - or
 - **Cost Shift Needed to those that Benefit**, have control
 - Self Care, Monitoring, Adherence, Trigger Avoidance
 - Environmental Trigger Mitigation
- Here are Two Examples of Health Plan Challenges and their Innovative, Evidence-Based Plans to Move Forward