

Report on the Asthma Home-Based Case Management Program

August 31, 2020



REPORT REQUIREMENTS

“The Legislature intends that the recipient of funding for “Asthma Home-based Case Management for 70 Medicaid Children” provide a report to the Office of the Legislative Fiscal Analyst that details the following:

- (1) what specific savings were generated,
- (2) who received the savings, and
- (3) what the funding sources were for these savings. For FY 2020 items, the recipient shall provide the report by August 31, 2020.”

BACKGROUND

The Utah Asthma Home Visiting Program (UAHVP) was a pilot program to deliver home-based asthma case management. The UAHVP pilot was developed in 2016, by the Utah Department of Health (UDOH) Asthma Program in collaboration with community stakeholders. The UAHVP pilot was implemented in Salt Lake and Utah Counties. It provided three visits to offer asthma-self management education and an in-home environmental assessment to reduce asthma triggers. The original pilot was funded by sources other than Medicaid.

In 2018, a cost-benefit analysis of the pilot was conducted and the results showed a positive return on investment in terms of reducing asthma-related emergency department visits and hospitalizations. With these positive results in mind, for the 2020 budget cycle, UDOH recommended to the Governor’s office funding to implement the UAHVP in two Medicaid fee-for-service areas. Because this project was anticipated to achieve cost savings for Medicaid, the program was funded by transferring existing funds from the Medicaid Program.

A request for proposal (RFP) was developed and local health departments (LHDs) serving Medicaid fee-for-service counties (where ACO enrollment is not mandatory) were invited to apply. Through the RFP process, the TriCounty and Southeast LHDs were selected to participate in the program. Each LHD is expected to serve 35 Medicaid members with uncontrolled asthma, per year. Because of the small population within these LHDs, both adults and children were included in the referral pool to receive case management services.

PROGRAM GOALS

The goals of home-based asthma case management services include:

- Increase the number of Medicaid members with well-controlled asthma
- Reduce asthma-related Emergency Department (ED) visits and hospitalizations
- Reduce asthma-related urgent care and unscheduled doctor visits
- Increase use of and adherence to asthma controlling medications
- Improve quality of life for Medicaid members with asthma

ACTIONS TAKEN

- May – August 2019 UDOH developed and released the project RFP
- September 2019 RFP applications scored and LHDs notified of results
- October 2019 – February 2020 Contracts between UDOH and LHDs drafted, negotiated and finalized
- March 2020 LHD asthma coordinators trained at UDOH. Home visits began in Southeast Utah LHD. COVID-19 results in discontinuation of in-home visits
- April – July 2020 UDOH worked with LHDs to develop guidelines for virtual visits. Virtual visits began in Southeast LHD. TriCounty LHD is unable to provide visits due to COVID-19 response

COST SAVINGS CALCULATION METHODOLOGY AND TIMELINE

To calculate cost savings, DMHF will analyze claims data on healthcare utilization for Medicaid members 12 months prior to program enrollment and compare that information to healthcare utilization 12 months after program completion. A typical participant will take 6-10 weeks to complete the program. The LHDs enrolled the first group of participants in March 2020 and completed the program for these enrollees in May 2020. Accordingly, data on utilization of healthcare services will not be available for this initial cohort until May 2021.

UDOH intends to submit detailed cost saving information in an October 2021 report.

COVID-19 DELAYS FULL IMPLEMENTATION

The COVID-19 public health emergency caused significant challenges in providing in-home asthma case management services. LHDs were trained in March 2020. Soon after the training, issues with COVID-19 public health emergency began. This halted home visits and required LHDs to focus on COVID-19 mitigation efforts.

- Plan to address this barrier: In April, the Utah Asthma Program worked with the LHDs to adapt home-based case management to a virtual format. Asthma case management services are now available through video conferencing to Medicaid members with access to the internet. However, not all Medicaid members have access to the technological devices or internet required to provide services in a virtual format.

RESULTS

As of August 11, 2020, 18 people have initiated the program and six people have completed all three visits. Preliminary data has shown the majority of participants have reported improved nighttime symptoms as well as increased asthma control test and asthma knowledge test scores from Visit One to Visit Three. These results are comparable to the result of the cost-benefit analysis conducted on the UAHVP pilot in Salt Lake and Utah Counties.

NEXT STEPS

- LHDs will provide virtual visits until the end of the U.S. Department of Health and Human Services COVID-19 public health emergency declaration. Once the emergency declaration has ended, LHDs will transition back to in-home visits. Each LHD has the goal of enrolling 3 Medicaid members per month.
- UDOH will submit another report to the legislature in October 2021 with UAHVP cost savings data.