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Asthma Management Bill Seeks to  
Improve Asthma in Massachusetts -  
*by ensuring access to preventive health  
care and education services*

Jean Zotter, Boston Urban Asthma Coalition  
Lisa Mannix, Children's Hospital Boston

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*“We need more workshops and more clinics  
that are willing to educate the parents.”*

- BUAC Focus Group Parent

# Asthma in MA

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- High prevalence rates
  - 9.6% of adults currently have asthma
  - 14% adult lifetime asthma rate
  - 10.3% of children currently have asthma
  - Highest rates among low income
  
- High rate of preventable hospitalizations
  - 5<sup>th</sup> leading cause of preventable hospitalization
  - Similar to national rates
  - Blacks and Latinos 3 times higher than White

Massachusetts Department of Public Health, The  
Health of Massachusetts: Impact of Asthma. May  
2007.

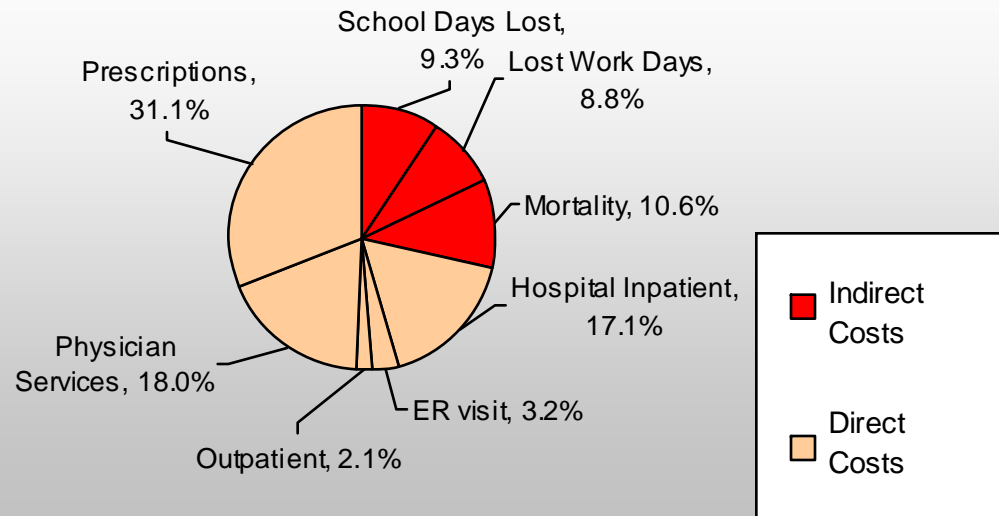
# Quality of Care in MA

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- QI initiatives have led to wider adoption of assessment/monitoring and prescribing
  - *Asthma Regional Council, Investing in Best Practices for Asthma*
- Yet MA doctors rank below 90<sup>th</sup> percentile in measures for asthma care
- MA doctors provide appropriate asthma medication in 75% of cases
  - *Massachusetts Health Quality Partners*
- Less progress on asthma education and environmental controls
- Dorchester Survey: Found most parents did not have enough time with health professionals
  - *Boston Urban Asthma Coalition, To Breathe or Not to Breathe, 2006*

# Costs of Asthma

**Figure 1: Distribution of Asthma Costs in the US (2004):  
\$16.1 Billion in Total Costs**



Asthma Regional Council, Investing in Best Practices for Asthma, 2007

# Education Makes Sense

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- Asthma Regional Council Report - *Investing in Best Practices for Asthma: A Business Case for Education and Environmental Interventions*
  - Patient education resulted in
    - Fewer ED visits and hospital stays
    - Better quality of life
    - Fewer lost work and school days
    - Greater lung function
  - Targeting high risk patients has lead to greater cost savings

# Environmental Interventions Make Sense

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## ■ Interventions covered by all

- Trigger avoidance education
- Mattress/pillow covers
- Pest abatement
- HEPA vacuum cleaner
- Smoking cessation

## ■ Covered by some

- Professional pest abatement
- Mold abatement

## ■ Resulted In

- Fewer urgent care visits
- Fewer symptom days
- Reduced use of rescue medications
- Home-based education and trigger-reduction services are cost-effective

Asthma Regional Council, Investing in Best  
Practices for Asthma, 2007

# Existing Coverage for Education and Environmental Interventions (EI)

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- **Medicaid Primary Care Clinician (PCC) Plan**
  - Education not reimbursed beyond physician visit; no case management
  - EI difficult to get; proof of medical necessity
  
- **Medicaid Managed Care Organizations (MCO)**
  - Physicians reimbursed for in clinic education; group education sometimes reimbursed; telephonic education
  - EI provided by contracted vendor; limited coverage for supplies; targeted to high risk patients
  
- **Commercial Health Plans**
  - Physicians reimbursed for in clinic education as separate visit; telephonic support available if patients call plan
  - None provide EI supplies; 1 does limited home assessment



# Boston Urban Asthma Coalition

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- Mission: To develop a comprehensive and coordinated approach to asthma prevention and control in Boston and statewide
- Health Committee
  - Goal: Improve access to timely and appropriate health care and educational resources
- Chair: Lisa Mannix, Children's Hospital Boston
- Membership
  - Hospitals and Community Health Centers
  - Universities
  - Boston Public Health Commission
  - Parents and advocates
  - Statewide patient organizations

# Why File Legislation?

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- Change current reimbursement policies to support asthma education and management
- Ensure insurance coverage is consistent
- Raise awareness and educate public and legislators
- Use it as an organizing tool to bring in new members to BUAC

# History of This Bill

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- 2002 Senator Jacques issues Post Audit and Oversight report
  - Brought attention to issue
  - Filed legislation establishing statewide registry and coverage for education and supplies
- 2004 Filed revised bill with new sponsors, Rep. Sanchez and Sen. Wilkerson
  - Mandated coverage for asthma education
- 2006 Refiled slightly different bill

# HB 2236 / SB 1214

## An Act to Improve Asthma Management

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- Directs MA Dept. of Public Health to develop model framework for asthma management
- Requires health insurers to provide reimbursement for:
  - Asthma patient education
  - Home-based environmental interventions
- Intent is to create reimbursement mechanisms for a range of providers
- Committee on Public Health held hearing in May; no further action taken yet

# Next Steps

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- Multi-year effort
- Continue pressure and education
- Part of larger effort at BUAC and new statewide advocacy initiative
- Other health committee work:
  - Reduce co-pays for needed meds
  - Raise awareness among providers
  - Support voluntary efforts of insurers