

Breathing Easier: Improved Asthma Outcomes for Medi-Cal

SUMMARY

Our policy goals are to: 1) Allow Medi-Cal to reimburse for asthma education and home trigger assessments provided by qualified, non-licensed professionals including community health workers, and 2) increase financial support for environmental trigger remediation in the home.

BACKGROUND

Asthma is a chronic respiratory disease affecting an individual's ability to breathe. Asthma causes wheezing, breathlessness, chest tightness and coughing, and can be exacerbated by a range of environmental triggers such as tobacco smoke, dust, pest allergens, outdoor air pollution, pets, mold and woodsmoke. Asthma cannot be cured but can be managed. Poorly controlled asthma can lead to a range of serious outcomes including unnecessary emergency department visits, hospitalizations and death.

Asthma is a significant public health problem and driver of health care costs. In 2010, total charges for asthma hospitalizations in California were over \$1 billion; parents lost \$233 million in wages to care for kids who missed school due to asthma; and schools lost over \$37 million in attendance revenue.

THE PROBLEM

Medi-Cal shoulders a significant portion of the asthma burden since it is of particular concern for the 267,000 Californians enrolled in Medi-Cal who have poorly controlled asthma and have reported an emergency room or urgent care visit for it.

Additionally, asthma is a growing problem for children enrolled in Medi-Cal. Kids in Medi-Cal are particularly affected as they have the highest prevalence of asthma related emergency department visits. In 2016, almost 90% of all

pediatric asthma emergency department visits in California were children covered by Medi-Cal, up from less than 50% in 2012. There needs to be more focus on prevention-oriented interventions targeted towards the kids and adults in Medi-Cal with poorly controlled asthma.

When properly managed, people with asthma can lead normal, productive lives.

THE SOLUTION

First, asthma patients need more education on the basic facts of asthma, self-management techniques, ways to reduce exposure to environmental triggers, and self-monitoring skills. Education can be provided by qualified non-licensed professionals, such as community health workers, who can bridge the gaps between underserved populations and medical providers as they have the ability to connect culturally with local populations and build trusting relationships with clients and their families. By utilizing the federal Preventive Services Rule for Medi-Cal, asthma preventive services can be delivered more effectively and efficiently to families with poorly controlled asthma.

The second component is to increase resources to support minor-to-moderate remediation of environmental triggers, which includes low-cost but high impact approaches such as providing mattress and pillow allergen-impermeable covers, using trigger-capturing vacuums, and utilizing Integrated Pest Management. There are a variety of funding sources to support these type of services for children in Medi-Cal, including the opportunity to leverage the longstanding Health Initiative Services (HSI) allowance of the Children's Health Insurance Program (CHIP) block grant.

The combination of asthma education and environmental trigger remediation will address the

burden of asthma and help fulfill California's Quadruple Aim of Strengthening the quality of care, improving health outcomes, reducing health care costs and advancing health equity.

SUPPORT

California Pan-Ethnic Health Network

Children Now

Regional Asthma Management and Prevention
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FOR MORE INFORMATION

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