



# Home Remedies: Connecting Housing and Health for Stronger Communities

Session C: Making Collaborations  
Happen - Childhood Asthma  
Collaborative

July 11, 2018

---

# Outline

1. The Problem
  2. Current Approach
  3. Future Vision
  4. Financial Models
  5. Contact Information
  6. Resources
-

---

# The Problem

---

# The Problem: Second Most Challenging City to Live with Asthma



## The Top 100 Most Challenging Places to Live With Asthma

### NATIONAL RANKINGS

■ Worse Than Average

▲ Average

● Better Than Average

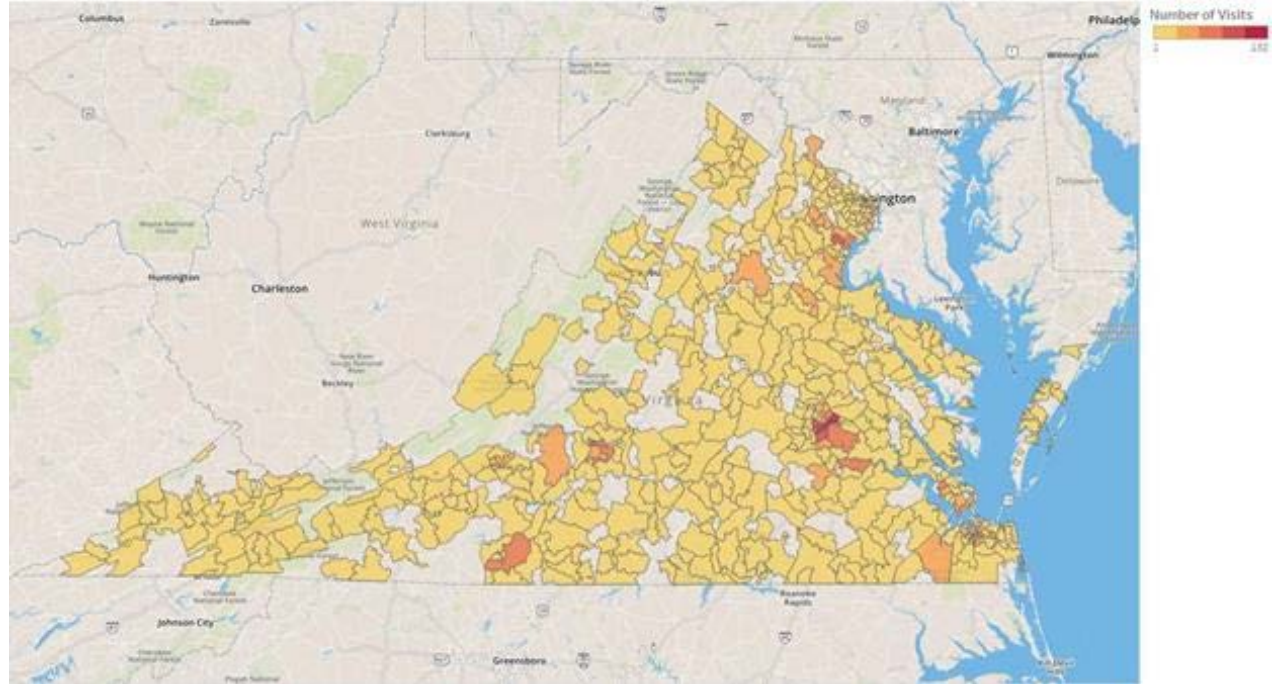
(Factors are not weighted equally)

2018 National Rankings (*Tie)	Overall	Metropolitan Area	Total Score (Avg. 61.84)	Subtotal: Estimated Asthma Prevalence	Subtotal: Crude Death Rate for Asthma	Subtotal: ER Visits for Asthma
1	■	Springfield, MA	100.00	■	▲	■
2	■	Richmond, VA	81.22	▲	■	■
3	■	Dayton, OH	77.31	▲	▲	■
4	■	Philadelphia, PA	75.76	■	■	▲
5	■	Louisville, KY	75.43	■	▲	▲
6	■	Cincinnati, OH	74.14	▲	■	■
7	■	Youngstown, OH	73.31	▲	▲	■
8	■	Birmingham, AL	72.31	■	■	▲
9	■	Greensboro, NC	71.87	▲	▲	■
10	▲	Toledo, OH	71.34	▲	■	■

---

# The Problem: Emergency Room Visits

Emergency Department Visits of Children with a Primary Diagnosis for Asthma by Zip Code (Medicaid)



---

# The Problem: Asthma Triggers



## Getting a cold or the flu

*This is the most common trigger, so you should always watch for problems with your asthma when you feel like you are coming down with a cold.*



## Running hard



## Tobacco smoke



## Strong smells (pleasant or unpleasant)



## Air pollution



## Things you might be allergic to, including dust, mold, pollen, or pets



## Getting very excited, angry, sad, or scared



## Weather changes

---

# The Problem: The Rising Cost Of Asthma

- **Asthma costs \$56 billion annually**, including \$50.1 billion in direct health care costs.
- Asthma is the **third leading cause of hospital admissions** among children.
- **Medicaid is the single largest payer** for childhood asthma care, including emergency department (ED) visits and hospital stays.
- **Hospitalizations** and frequent **ED visits** account for a large proportion of these costs.
- Children with asthma **need access to regular ambulatory care** to closely monitor and manage their condition, **even when symptoms are dormant**.
- Children who experience **asthma attacks visit the ED frequently**.
- **ED usage often indicates** the disease is uncontrolled, a **lack of access to adequate primary or specialist care**, or **inappropriate use of emergency services**.
- **Some ED visits result in inpatient admission**.

---

# Current Approach

---



---

# Current Approach: Outline of Initiatives

- **The Childhood Asthma Collaborative**, composed of the RCHD and three health systems, is developing a comprehensive asthma plan
- **UCAN CHoR** is identifying at-risk children in area hospitals and providing enhanced medical, social, and case management services
- **RVA Breathes** is a VCU-led, NIH-funded RCT of a service model that provides education, school coordination, and Healthy Homes
- **RCHD Healthy Homes** offers home inspections for children and families that may have home environmental asthma triggers
- **GHHI Designation (RCHD)** is establishing a process to coordinate community-based services and reduce program overlap

---

# Future Vision Childhood Asthma Collaborative

---

---

# Future Vision: Overview

**Why:** The Richmond Region 1.) is one of the most challenging places in the country to live with asthma and 2.) has exceptionally high rates of pediatric asthma-related hospital discharges\*

**What:** Improve outcomes for at-risk asthmatic children through reduced ED visits, reduced inpatient admissions, and improved school attendance

**Who:** Children <18 years of age who have poor asthma management and sub-optimal health outcomes

**Where:** The Greater Richmond Region, focusing on areas of highest morbidity and greatest number of at-risk children

# Future Vision: Key Partners



**BON SECOURS  
RICHMOND HEALTH SYSTEM**  
Bon Secours Health System



**HCA** *Va*  
*Health System*  
An HCA affiliate



**VCU** Health  
VCU Health System

---

# Future Vision: Four Pillars

## Health Systems

Ongoing efforts to build community awareness

Referral pathway to community-based programs

Enhanced asthma management models

## Community

Sustainably-operating asthma education model

GHHI Onboarding and Designation Operational

Partnership with school systems

## Results

Data-sharing with health systems and community partners

Common outcome measurement and evaluation plan

Key stakeholders coordinating care and driving outcomes

## Sustainability

Steering committee leading and making key decisions

Support for project director to advance efforts

Sustainable funding for proven programs

---

---

# Future Vision: Near-Term Objectives

- Improve community awareness of childhood asthma
- Launch an Outcomes Dashboard to track impact
- Develop financial sustainability for proven programs
- Support ongoing community-based efforts
- Provide financial and in-kind resources to support a Project Director and to move the plan forward

---

# Future Vision: Achieve Results

- Each **health system** has a sustainable **approach** to provide **medical, case management, and social services** to at-risk asthmatic children in the region
- There is a **sustainably** operating **community-based program** providing families with **education, home inspections**, and other key services
- Health systems, local schools, and community-based programs are actively **tracking the same outcomes** and **using data** to make time- and resource-**effective decisions**
- Rates of asthma-related **hospitalizations, emergency department visits, school absences**, and other key outcomes are **measurably improving**

---

# Financial Models

## Pay for Success



# Financial Models: From Inputs to Outcomes

Figure 1. Spectrum of Service: Inputs to Outcomes

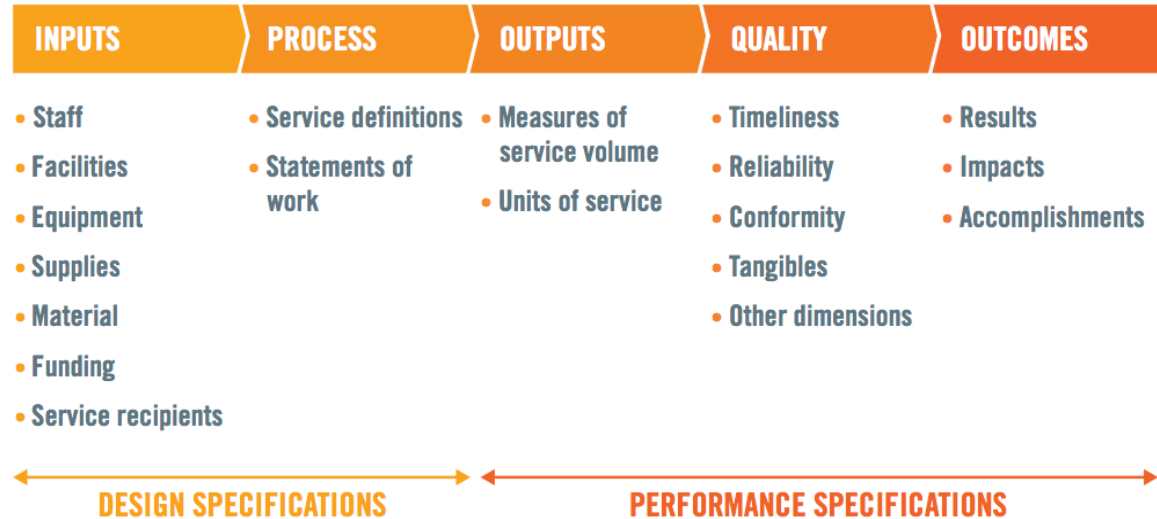
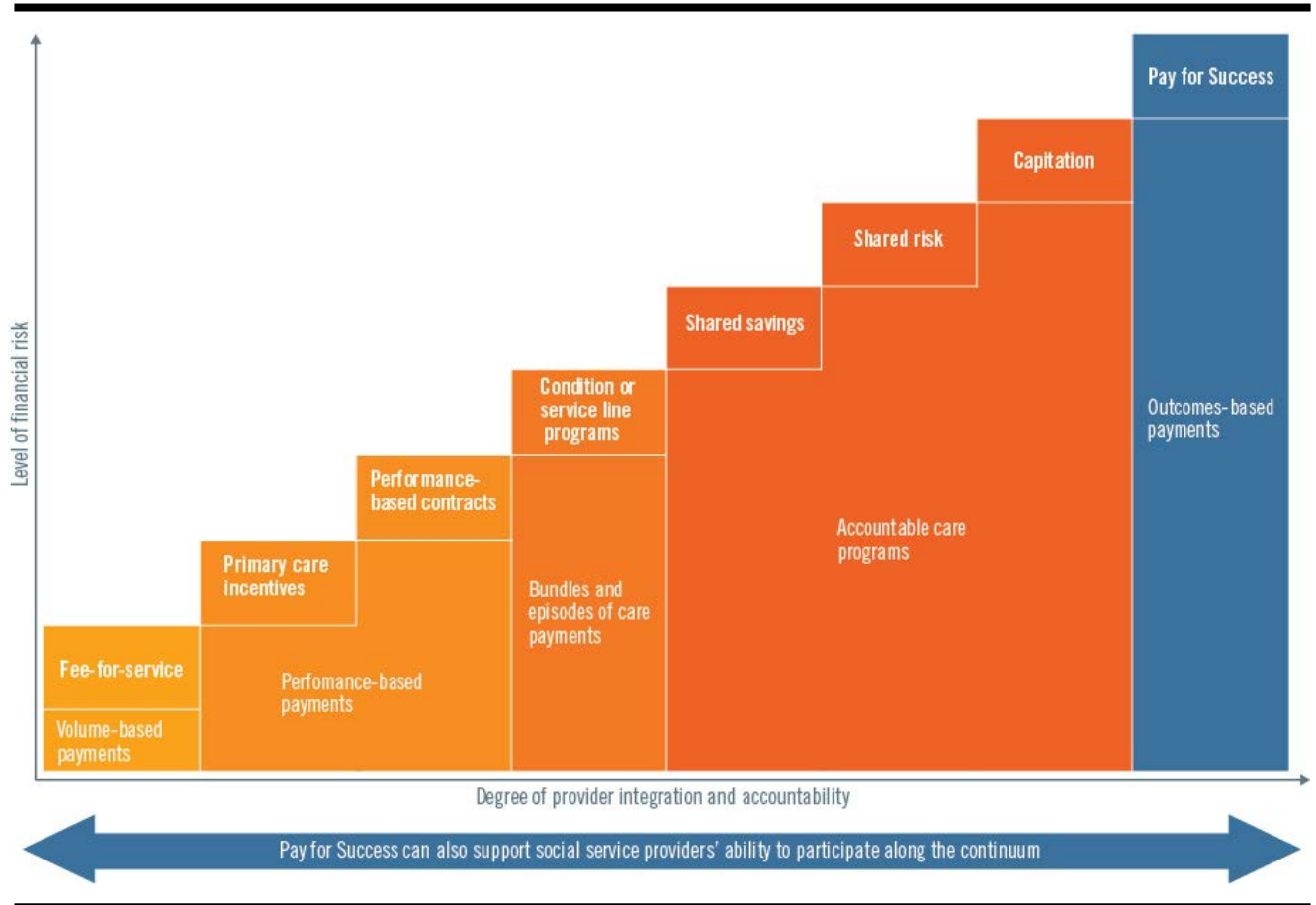


Figure from the book, [\*What Matters: Investing in Results to Build Strong, Vibrant Communities\*](#)

Source: Lawrence Martin, "Performance-Based Contracting for Human Services: Does It Work?" Center for Community Partnerships, College of Health and Public Affairs, University of Central Florida (2005).

# Financial Models: Payment Strategies

From the article,  
[Key Considerations  
for Gaining Traction  
in Medicaid](#)



# Contact Information

**Joshua Ogburn**

**Project Director**  
Richmond City Health District

**Director**  
University of Virginia Pay for  
Success Lab

**Email:**  
[Josh.Ogburn@virginia.edu](mailto:Josh.Ogburn@virginia.edu)

---

---

# Resources

- [A Fresh Breath | Richmond Magazine](#)
- [EXHALE - A Technical Package to Control Asthma | Centers for Disease Control](#)
- [The Effectiveness of Interventions to Address Childhood Asthma | MDRC](#)
- [Key Considerations for Gaining Traction in Medicaid | Federal Reserve Bank of San Francisco and Nonprofit Finance Fund](#)