

National Safe and Healthy Housing Coalition

Collaboration Work Group Conference Call Meeting Minutes

Monday, November 23, 2009

The following persons were present: Laurie Stillman, Ruth Ann Norton, Michelle LeDonne, Lynne Snyder, Rebecca Morley, Melanie Hudson, and Patricia Adkins.

Meeting called to order at 2: 05pm by Patricia Adkins.

I. Meeting Objectives:

- Accomplishments of the Collaboration Work Group
- Timing of Membership Outreach
- Focus for 2010 – Develop Agenda for Health Insurers, Major Employers, and Caucuses
- Presentation from Laurie Stillman, Director of the Public Health Policy and Strategies Center, on “business case” around the Childhood Asthma Case Study
- New Business

II. Accomplishments of the Collaboration Workgroup

Under the leadership of Patricia Adkins and Melanie Hudson, the Collaboration Workgroup held its first meeting in September to review a draft of the Coalition Guidelines. After input from the Steering Committee, a final version of the Coalition Guidelines was approved in October. This guidance will serve as the initial infrastructure and operations for the Coalition.

A comprehensive list of prospective member organizations was compiled and served as an opportunity to discuss the merits and challenges of addressing the inclusive goals of the Coalition. Subsequently, a membership kit was drafted, input was provided by the Steering Committee and approved.. The membership kit has been disseminated to prospective Coalition members.

The Collaboration Workgroup has also supported the efforts of the other work groups by sharing contacts and providing resources to assist with their goals.

III. Timing of Membership Outreach

The membership kit was sent via NCHH's Healthy Housing Connections e-newsletter on November 6, to the organizations attending the May 7 Summit. It was also agreed that Steering Committee organizations should complete a membership application so that an official record exists of their membership in the Coalition. Additional membership kits will be distributed in December to other prospective member organizations. The membership kit is also available on the NCHH website.

Based on membership applications that have been submitted, clarification is needed to determine if the individual is representing the organization or himself/herself. Melanie Hudson agreed to revise the membership application language for clarification. To date, 40 organizations have submitted membership applications.

IV. Focus for 2010 – Develop Agenda for Health Insurers, Major Employers and Caucuses

Ms. Adkins stated that developing a 2010 agenda to engage health insurers, major employers, and the various Congressional caucuses would be the focus for the Collaboration Work Group. To begin this process and to gain insight on how to proceed, Laurie Stillman, Director of the Public Health Policy and Strategy Center for Health Resources in Action (HRIA), was invited to share her experience with the healthcare sector through a childhood asthma case study. This case study was presented at the May 7 Summit and the Work Group wanted to revisit this presentation and have the opportunity to ask additional questions.

Ms. Adkins asked Rebecca Morley to provide additional background and to introduce Laurie Stillman. Ms. Morley thanked Ms. Stillman for being the Collaboration Work Group's guest and framed the discussion by saying that the Coalition is looking for feedback on what it can do at the national level to have health care payers include prevention as a valuable service for reimbursement. HRIA has spent several years collecting case studies that would support our agenda.

Ms. Stillman recounted that she was excited about talking about the areas of overlap and coordination between HRIA and the National Safe and Healthy Housing Coalition. Like NCHH, HRIA has received a grant from Kresge to fund promotion of health insurance reimbursements for healthy housing issues.

The Asthma Regional Council of New England has been working for six years on ways to have the health care sector address environmental asthma. While progress has been slow, there is evidence of movement and this is reflective of the efforts to include prevention as a critical element of the health care reform agenda.

While there is a growing desire to have the health care system address how the housing environment is contributing to poor health outcomes, to ask the health care sector to pay for housing improvements is a stretch. Though the housing environment has a demonstrated impact on asthma, the owner of the house is ultimately responsible and enforcement is the key.

Developing a business case for healthy housing interventions (pests, rodents, dust chemicals, fumes) and how environments can change/improve asthma are critical to success.

There are two areas of reimbursement to review in order to address environmental triggers in the home.

1-Providers should be reimbursed to provide asthma education. Providers should be trained on these issues and are currently not reimbursed to spend time with patients to explain mitigation of pests, rodents, dust chemicals, and fumes.

2-Reimbursement should be provided for home-based environmental assessments and professional services to help mitigate triggers.

The “strategy” targets “Five P’s”: Payers, Providers, Purchasers, Policymakers, and Patients.

Payers: Changes can be addressed at the state level through regulatory or voluntary approaches. For example, introducing a bill to have them pay for home-based environmental assessment or voluntary remediation.

Providers: Providers need to understand the role of environmental triggers and interventions and request that payers reimburse them for patient education.

Purchasers: Employers could consider underwriting 75% of the health care providers’ services. Employers have influence and can request that insurers reimburse for healthy housing assessments. Insurer can also expect a return on investment.

Policymakers: Regulatory strategy can require reimbursement and Medicaid should be considered in this strategy.

Patients: Patients can be educated to take control of their disease and thereby raise their normally low expectations of how asthma can be controlled.

Ms. Stillman referred to two publications, *Investing in Best Practices for Asthma: A Business Case for Education and Environmental Interventions* and *What the Health Sector Needs to Implement Best Practices for Asthma: A Perspective from Providers* which were developed by the University of Massachusetts Lowell. Both publications are important tools for advocates and help expand on the five-pronged strategy in developing the business case around mitigating asthma.

Attached Supporting Tools:

1. Business case to be updated
2. Business case on using integrated pest management (for cost of professional IPM services, intervention could be considered cost effective)
3. Business case for large employers which reviews the best practices and indicates what they should request from insurers. Also recommends that employers would reimburse employees, not health care company and suggests that increase in productivity and presenteeism.

Q&A:

Ms. Adkins: Who will perform environmental assessments in the home?

Ms. Stillman: Healthy Housing Programs, some local health departments (services paid for with grants), Visiting Nurses Associations, Community Health Workers (they may need credentialing, as only certified asthma educators can be reimbursed for services offered), respiratory therapists and nurses are also likely to be reimbursed.

Ms. Snyder: Curious about regulatory approach: are there any examples of states that have reimbursement requirements?

Ms. Stillman: New York State may have Medicaid reimbursement, Massachusetts has a bill, but it doesn't seem to be moving forward.

An expert panel from the National Heart Lung and blood Institute released Asthma Best Practices. Those practices stated that environmental interventions could strengthen case for a regulatory approach. Has there been an employer or insurer that has agreed to entertain this idea? Not yet, but bundled payments would allow health care companies to create a profit. Health plans are open to review through their Medicaid managed plans. Employers have not gotten to it yet, but research indicated that they will directly benefit through having lower premiums.

Ms. Morley: Centers for Medicare and Medicaid Services, do they need new legislation? Who are the big political stakeholders that the SHHC should align with?

Ms. Stillman: US EPA, CMS and HRIA have already met, but aligning with the America Academy of Pediatrics could help. Just using a healthy homes approach won't work. The Coalition has to present its agenda in the context of clinical environmental partnership.

Also suggested that the Work Group follow up with Lisa Manicks of the Children's Hospital in Boston.

Ms. Adkins thanked Ms. Stillman for sharing her work in this area and for her guidance on how the Coalition should proceed in order to engage employers and insurers.

There being no further business, she thanked all the participants and adjourned the meeting at 3:05pm.