



[www.asthmaregionalcouncil.org](http://www.asthmaregionalcouncil.org)

Asthma Regional Council of New England  
Health Resources in Action  
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December 21, 2010

Marsha Lillie-Blanton, Dr.P.H  
Chief Quality Officer  
Director  
Division of Quality, Evaluation, and Health Outcomes Center for Medicaid, CHIP and Survey & Certification  
U.S. Department of Health and Human Services  
Centers for Medicare and Medicaid Services  
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Dear Dr. Lillie-Blanton:

We are writing regarding the opportunity which the Centers for Medicare and Medicaid Services has to improve access to cost-effective comprehensive asthma management services for people whose asthma keeps them from living fully and actively, including frequent absences from school and work. We understand that your office plans to issue a letter in early 2011 that will provide guidance to the State Medicaid Offices. We believe that such a letter may provide important motivation to payers to improve asthma management among the people they insure, and applaud your decision to issue it. *We respectfully recommend that you include an emphasis on the need for asthma education for self-management in the clinic and home, as well as reducing environmental triggers in the home.*

The Asthma Regional Council of New England (ARC) was founded in 2000 by Region I (New England) leaders of the US Department of Health and Human Services, the US Environmental Protection Agency, and the US Department of Housing and Urban Development to coordinate state-level policy and programs to address the growing asthma epidemic in the region ([www.asthmaregionalcouncil.org](http://www.asthmaregionalcouncil.org)).<sup>1</sup> ARC's members include federal and state governmental agencies as well as academic institutions and non-profits from the six New England states; the New England Chapter of the Asthma and Allergy Foundation of America is a member.<sup>2</sup> For the past five years, ARC has partnered with the University of Massachusetts (U Mass) Lowell to research and describe the state of the science on asthma management, and to provide technical assistance and opportunities for dialogue among payers, providers and policy makers with the goal of aligning insurance policies and programs with national best practice guidelines. ARC also works closely with the U.S. Centers for Disease Control and Prevention - funded New England state asthma programs. Finally, ARC is member of the National Safe and Healthy Housing Coalition, chaired by the National Center for Healthy Housing; together we are working to share the New England work nationally.

Much of ARC and U Mass Lowell's recent effort has focused on Medicaid Managed Care Organizations (MCOs), because of the high percentage of their populations whose asthma is not well controlled,<sup>3</sup> and because of the dramatic improvements seen in these populations when they receive a suite of individually tailored interventions. Both the research and practice-based literatures solidly confirm the cost-effectiveness of high quality care supplemented by

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<sup>1</sup> ARC is a program of Health Resources in Action (HRiA), a national non-profit organization, dedicated to medical research and public health ([www.hria.org](http://www.hria.org)).

<sup>2</sup> Founded in 1953, the Asthma and Allergy Foundation of America is the leading patient organization for people with asthma and allergies, and the oldest asthma and allergy patient group in the world.

<sup>3</sup> ARC's most recent analysis of Behavioral Factor Surveillance System (BRFSS) data concludes that *almost two-thirds of adults and children in New England who have asthma are considered to have "not well controlled" or "very poorly controlled" disease.* ARC: *Living with Asthma in New England: Results from the 2006 BRFSS and Call-Back Survey.* 2010.

asthma education and environmental interventions when needed. Since we began our work, several Medicaid MCO plans in New England and elsewhere in the country have modified their policies and launched programs to increase their members' access to asthma supplies and services, consistent with the national asthma management guidelines. As documented in ARC's most recent survey, "Insurance Coverage for Asthma, A New England Gap Analysis (see enclosed - Executive Summary), there remain significant gaps in coverage in New England, particularly with respect to Medicaid Fee for Service and Primary Care Clinician plans.

We are pleased to share with you two tools that ARC and U Mass Lowell prepared in response to requests from our MCO partners, and which have proven useful to those considering and executing policy and program changes. The first is a review of the science on cost-effectiveness of interventions for asthma that address two of the more challenging best practices: education for self-management and reducing environmental triggers (see the enclosed "Investing in Best Practices for Asthma: A Business Case.") The Business Case concludes—as have reviews by the National Heart, Lung and Blood Institute (NHLBI) and CDC<sup>4</sup> --- that asthma education and environmental interventions improve health outcomes and reduce the use of high-cost services. The second is a companion evidence-based guide describing services and supplies that should be covered for people with asthma (see enclosed *Insurance Coverage for Asthma: A Value and Quality Checklist*). These tools, grounded in analysis of the research literature, provide valuable and easily accessible information for payers, and have helped facilitate the adoption of policies that cost-effectively reduce the burden of asthma.

We are pleased that CMS is considering new guidance to state Medicaid agencies about ways in which they could encourage improved asthma management for the populations in their programs. The time is ripe: the Affordable Care Act provides for a variety of mechanisms to strengthen an upstream preventive approach to chronic illness and CMS has stated its commitment to re-directing its payment systems towards keeping Americans well; a robust evidence base now documents positive health and cost outcomes from interventions that promote best practices; leading organizations are demonstrating that research can be translated into practice; and tools for supporting payers in aligning their benefits with best practices are proving useful. As you consider how to promote best practices via the CMS/State Medicaid Offices partnership, we hope the resources we have enclosed will be useful to you.

We would be happy to meet with you to share more information. Please contact Stacey Chacker at [schacker@hria.org](mailto:schacker@hria.org) or 617-279-2240 ext. 536. Thank you for your consideration.

Sincerely,



Stacey Chacker  
Asthma Regional Council of New England, Director  
Director of Environmental Health, HRiA



Polly Hoppin  
Research Professor and Program Director  
University of Massachusetts, Lowell



Rebecca Morley  
Executive Director  
National Center for Healthy Housing

cc: Betsy Rosenfeld, Deputy Regional Health Administrator, HHS (Region I)  
Paul Garbe, Chief of the Air Pollution and Respiratory Health Branch,  
National Center for Environmental Health, CDC  
Charlotte Collins, Vice President, Asthma and Allergy Foundation of America

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<sup>4</sup> U.S. Department of Health and Human Services, National Heart, Lung and Blood Institute, National Asthma Education and Prevention Program. Expert Panel Report 3: *Guidelines for the Diagnosis and Management of Asthma*, 2007; and Center for Disease Control and Prevention's *Guide to Community Preventative Services*; [www.thecommunityguide.org/asthma/index.html](http://www.thecommunityguide.org/asthma/index.html)