



## Montana's Asthma Home Visiting Program

**Financing Source:** Master Settlement Agreement and CDC asthma grants

**Financing Amount:** \$350,000 (2018)

**Focus:** Asthma

The **Montana Asthma Home Visiting Program (MAP)**, offered by the **Montana Asthma Control Program (MACP)**, was designed to address basic asthma pathophysiology and asthma medications, and it has a significant home environmental focus to address asthma triggers. The program includes six contacts (visits or phone calls) with a nurse or respiratory therapist provided over the course of a year. It also includes help identifying potential asthma triggers in the home, custom asthma education, educational resources and referrals to community services (e.g., weatherization services, health insurance), individual help with managing the medical system, free allergen-proof pillow and mattress covers, and free air filters for those with animals or smokers present in the home.

### Financing Mechanism

In 2007, in anticipation of competing for the federally funded National Asthma Control Program (NACP), the Montana Department of Public Health and Human Services advocated for funding for Montana to start the foundation of an asthma control program. The program initially secured federal funding from the Centers for Disease Control and Prevention (CDC) and the NACP while also receiving \$350,000 from the **Master Settlement Agreement (MSA)**.

In 2011, MSA dollars were used to fund and train three sites in which to conduct the Montana Asthma Home Visiting Program (MAP). Increases in MSA funding approved by the Montana State Legislature lead to the expansion of the MAP in 2014 and 2015. Along with the increase in MSA funding, the MACP has successfully maintained federal funding from the NACP. In 2018, 11 sites were actively providing asthma home visiting services to Montanans in 24 counties.

Local or regional health departments and community health centers with existing home visiting programs responded to a competitive request for proposal (RFP), which allows for an annual contract for up to seven years, contingent on funding. Each site receives \$30,000 to maintain a caseload of at least 15 people with uncontrolled asthma per year. Annually, about \$25,000 is used for salary for a home visiting nurse and \$2,000 for travel, with the remaining \$3,000 for administrative costs, such as marketing, supplies, and grant administration.

The MACP began working with American Lung Association (ALA) in 2017 to combine home visiting efforts and supplement the services provided to MAP clients. The ALA contracts with the Asthma Control Program, paying the program \$300 for each successful baseline assessment for up to 20 homes. The ALA will also pay for remediation materials for a total of approximately \$300 per home, to be determined on a case-by-case basis. This extra support helps families address environmental asthma triggers that they otherwise may not be able to manage on their own.

The MACP hopes to renew funding from the NACP in 2019 via a competitive grant process. The program will also continue to explore ways in which asthma home visiting services may be covered by Medicaid and other insurance providers.

### Program Overview

The Montana Asthma Home Visiting Program (MAP) was designed to address basic asthma pathophysiology and asthma medications, and it has a significant home environmental focus to address asthma triggers. Its goal was to empower people with uncontrolled asthma and their families to gain the knowledge and tools they needed to manage the disease.

The program provides six contacts with a public health nurse or respiratory specialist over the course of a year, with at least four contacts in the home; two contacts may be by phone. It also includes help in identifying potential asthma triggers

<https://nchh.org/tools-and-data/financing-and-funding/sustainable-financing-mechanisms/>

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in the home, custom asthma education, educational resources and referrals to community services (e.g., weatherization services, health insurance), individual help with managing the medical system and identifying medication assistance programs, free allergen-proof pillow and mattress covers, and free air purifiers.

## Program Operations

The state health department manages the overall program, which is implemented by county health departments and one community health center. Local health departments, selected through a competitive application process, implement the MAP program designed to fit the criteria outlined in the Community Guide for individuals with uncontrolled asthma.

### Eligible Population Served

Eligible individuals must have a current asthma diagnosis and either:

- Scored less than 20 on the Asthma Control Test™ (ACT), or
- Had an emergency department (ED) visit, or
- Were hospitalized for asthma in the last 12 months.

If a patient does not meet any of these requirements, they can still be enrolled in the program with a referral from their healthcare provider.

### Staffing

Each program site must have a registered nurse (RN) or respiratory specialist. A program may also use a licensed practical nurse (LPN) if supervised by a RN.

### Billing for Services

The program is fully funded, and most services are covered. If targeted case management (TCM) services are provided, they are billed to Medicaid.

## Outcomes and Evaluation

Since 2011, over 600 Montanans with uncontrolled asthma have been served, with 99% indicating that they would recommend the program. The MACP has conducted program evaluations and continuously improved the program based on feedback from past participants, home visitors, and other stakeholders.

### Evaluation

MAP conducts a self-reported pre- and post-intervention survey with participants. Between June 2010 and December 2016, participants who completed all four visits showed statistically significant improvements in several areas, including reductions in ED visits, the number of missed school days for children, use of a rescue inhaler daily, and activity limitation. They also demonstrated statistically significant increases in access to an asthma action plan, and improvements in inhaler technique, asthma knowledge, and asthma control.<sup>1</sup>

### Return on Investment

Through the first four years of the program, program staff reported decreases in emergency department visits, missed school days, and missed work days among MAP participants enrolled in Medicaid contributed to an estimated \$2,124 savings per participant during the year of the program. The total cost per MAP participant including staff time, travel, and materials comes out to \$2,133. More analysis is planned to measure the ongoing savings that may occur after program completion.

## Lessons Learned

It is valuable to record and document participant outcomes to be able to justify the need for such a program, and this data can be a factor in soliciting additional funding.

It is important to build relationships with healthcare providers and community relationships for referrals (for persons who need the program and for program participants who need other services).

## For More Information

### BJ Biskupiak

Program Coordinator, Montana Asthma Control Program, Montana Department of Public Health and Human Services  
Telephone: 406-444-0995. Email: [wbiskupiak@mt.gov](mailto:wbiskupiak@mt.gov)

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<sup>1</sup> Fernandes, J.C., Biskupiak, W.W., Brolaw, S.M., Carpenedo, D., Loveland, K., Tysk, S., & Vogl, S. (2019, January). Outcomes of the Montana Asthma Home Visiting Program: A home-based asthma education program. *Journal of Asthma*, 56(1), 104-110. Retrieved from <https://www.tandfonline.com/doi/full/10.1080/02770903.2018.1426766>