

Utah: A Business Case for an Asthma Home Visiting Program

Under the Centers for Disease Control and Prevention's (CDC) [6/18 Initiative](#), the Utah Department of Health Asthma Program (public health) and Division of Medicaid and Health Financing (Medicaid) worked together to seek sustainable expansion and Medicaid coverage of the [Utah Asthma Home Visiting Program \(UAHVP\)](#). The program was established in 2015 by the Utah Asthma Program and partners from the Asthma Task Force. UAHVP serves families with uncontrolled asthma and offers three home visits and two phone calls to:

- Provide education on asthma symptoms, triggers, medications, and inhaler techniques;
- Assess the home environment to identify and reduce asthma triggers;
- Follow up on participants' goals to improve asthma control and reduce asthma triggers; and
- Discuss questions or concerns six and 12 months after completing all three visits.

Since UAHVP was initially funded by a federal grant, the 6|18 team's primary goal was to secure sustainable financing for asthma education and home visiting services.

UTAH: KEY FACTS

- State population: [3.2 million](#)
- Medicaid population: [324,400](#)
- Medicaid enrollees in managed care: [75.3 percent](#)
- Asthma prevalence: [5.5 percent](#) of children; [9.3 percent](#) of adults



Utah's 6 | 18 Accomplishments

- ✓ **Planned for a data-sharing agreement** with an accountable care organization (ACO) to support coverage of the Utah Asthma Home Visiting Program.
- ✓ **Developed a return on investment (ROI) analysis** for asthma home visiting services.
- ✓ **Gained approval to use Medicaid funding** to expand UAHVP.

6 | 18 Project Activities

Under the [6/18 Initiative](#), Utah's Medicaid-public health team partnered to:

- **Expand access to intensive self-management education** for individuals whose asthma is not well-controlled with guidelines-based medical management alone;
- **Expand access to home visits by licensed professionals or qualified lay health workers** to improve self-management education and reduce home asthma triggers for individuals whose asthma is not well-controlled; and
- **Present a business case and ROI analysis to Medicaid** for additional funding to expand the home visiting program.

Developed with support from the Robert Wood Johnson Foundation. The views expressed here do not necessarily reflect the views of the Foundation. CHCS is partnering with the Centers for Disease Control and Prevention (CDC) on CDC's 6/18 Initiative. CDC does not endorse any particular product, service, or enterprise.

Specific activities undertaken by the partners include:

1. Developing a Business Case

The Utah 6|18 team's first step in building a business case for additional funding for UAHVP was to conduct an ROI analysis. The ROI used self-reported asthma-related emergency department visit data from 82 UAHVP participants.

The analysis found that for every dollar invested in the group of 82 participants, there was a savings of \$3.31. The 6|18 team presented the ROI results to Medicaid leaders to support the business case for reimbursement of asthma home visiting services.



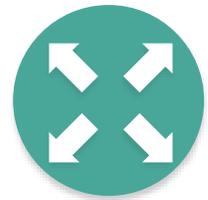
2. Building Relationships with Partners

Utah's 6|18 team worked to build relationships with partners who would support UAHVP's continued success and expansion. In the partnership meetings, Utah's 6|18 team highlighted UAHVP, presented the ROI data for the program, discussed current asthma reimbursement coverage, and finalized their request to Medicaid around next steps for reimbursement. The work led to the creation of the Utah Department of Health 6|18 Initiative workgroup that will help to continue to collaborate across 6|18 Public Health programs, Medicaid and ACOs.



3. Expanding Asthma Home Visiting Services Through Medicaid

The preliminary analysis and stakeholder convening led to the final reimbursement presentation to Medicaid leadership. The 6|18 team submitted an in-depth policy brief to Medicaid leadership that included the ROI findings. The policy brief outlined background information on the need for asthma education and home services in the state, the evidence base and economic impact, and a proposed path forward for sustainable financing. In the fall of 2018, Medicaid approached UAHVP to include funding for asthma home-visiting services in a state block grant funding application. Utah's Medicaid program agreed to allocate \$160,000 in administrative funds to implement the UAHVP. This funding was used to hire asthma coordinators in two local health departments with Medicaid fee-for-service areas in rural Utah. Utah is monitoring the progress of the program funding and exploring partnerships with ACOs to expand and sustain home visiting services.



STATE SPOTLIGHTS: MEDICAID-PUBLIC HEALTH COLLABORATION IN CDC'S 6 | 18 INITIATIVE

This series of profiles, developed by the Center for Health Care Strategies and made possible by the Robert Wood Johnson Foundation, showcases how state Medicaid and public health departments are using the [Centers for Disease Control and Prevention's \(CDC\) 6|18 Initiative](#) to accelerate the adoption of evidence-based prevention efforts focused on improving health outcomes and controlling health care costs. The CDC's 6|18 Initiative links proven prevention activities to health coverage and delivery with a focus on six high-burden, high-cost health conditions — tobacco use, high blood pressure, antibiotic resistance, asthma, unintended pregnancies, and diabetes. For more information, visit www.618resources.chcs.org.