



Building Systems to Sustain Home-Based Asthma Services

Project Overview: In collaboration with EPA, NCHH has developed an eLearning and technical assistance platform to support the launch and growth of large-scale, evidence-based, sustainable asthma home visiting programs. With guidance on topics such as Medicaid reimbursement opportunities and other financing options, developing a business case, scaling up, referrals and eligibility, staffing and training, supplies and services, community resources, and evaluation and reporting, each of the 10 eLearning modules offers a deeper look into some of the topics and strategies to consider while working to design and implement home-based asthma services. *See accompanying one-pager and figure for additional details.*

The implementation of asthma home visiting programs has traditionally been limited in scale, but the momentum building around healthcare reform has increased opportunities for states to consider more sustainable and widespread implementation. Some states have already invested heavily in developing programs, policies, and funding to widen the geographic scope of existing asthma home visiting programs and sustain existing efforts. However, many states may be unsure about how to translate experiences in other states into action in their own state.

Further, NCHH is leading a team of experts to help catalyze translation of this information by supporting key state-level staff who are ready and able to demonstrate that they have the capacity needed to drive the development of an asthma home visiting program or service. NCHH will identify and work with these change leaders to emphasize the effectiveness of home visiting programs, assess their existing structure for implementation, determine appropriate training, and support them through the challenge of implementation.

Module Overview: One piece of this project is the development of 10 e-learning modules on topics related to designing and implementing an asthma home visiting program. NCHH worked with experts in the field to develop the following:

- Module 0: Building Systems to Sustain Home-Based Asthma Services: An Introduction
- Module 1: Overview of Sustainable Financing
- Module 2: Making the Business Case
- Module 3: Adapting Systems for Sustainability
- Module 4: Client Referral and Eligibility
- Module 5: Developing the Scope of Services
- Module 6: Assembling a Qualified Workforce
- Module 7: Selecting Supplies and Ancillary Services
- Module 8: Connecting and Collaborating for Sustainability
- Module 9: Program Evaluation and Reporting

These modules will be publicly available and are intended to equip staff in public health agencies, state asthma control programs, state Medicaid agencies, and other housing and health organizations consider

the potential opportunities to build the systems, infrastructure, and sustainable financing to put home-based asthma services in place in their own states, communities, or regions. The modules can be viewed in sequence or as standalone topics and as a set, bring together and draw on a rich history of demonstration projects, a compelling and growing evidence-base, an arsenal of relevant tools and resources, and a rising momentum of interest from the healthcare sector in providing preventive services.

Technical Assistance Overview: Another piece of this project is to deliver training and technical assistance (TA) to guide and support states and other interested change agents as they establish and/or grow sustainable home-based asthma services. To receive this additional technical assistance, interested parties will complete an intake assessment designed to assess their internal capacity to participate in this process. Simple completion of the intake assessment does not guarantee placement in the TA process; interested states must be ready and able to demonstrate that they have the capacity needed to support and advance the valuable investment of time and effort that will be extended to them. *Note: Although this TA process is primarily targeted to state agencies, other interested parties who meet the enrollment criteria may also receive TA. We use states through the process description below for simplicity but the similar process would apply to other change agents accepted into the process.*

Once formally accepted into the TA process, states will be assigned a Lead TA Provider (LTA), an NCHH-based Assistant TA Provider (ATA), and have access to a group of Specialty TA Providers (STA) who will be utilized as needed to supplement the TA being provided by the lead.

An overview of the process is as follows:

1. An interested state formally transmits their desire to receive technical assistance either by completing the intake assessment or by contacting NCHH for additional information and being subsequently directed to complete the intake assessment.
2. The intake assessment is reviewed by NCHH and either the state is immediately enrolled in the process (step #3 below) or an initial screening call is scheduled with NCHH to review the intake assessment and discuss possibilities of formal enrollment in the TA process. *Note: Detail is not provided in this memo regarding how those who are not prepared to fully enroll in this process will be handled.*
3. Once enrolled in the TA process, NCHH will assign a Lead TA Provider (LTA) and an Assistant TA Provider (ATA) to the state.
4. The ATA will schedule a kickoff call with the state contact(s) that completed intake assessment, other colleagues from the state as identified, the LTA, and the ATA to:
 - a. Reflect back the completed intake assessment(s)
 - b. Share existing resources that may be of interest – NCHH snapshot, case studies, etc.
 - c. Understand the specific goals of the state
 - d. Understand the current status/landscape of home based asthma service delivery in the state, including: What have they tried? What are their existing efforts?
 - e. Establish and discuss the TA process
 - f. Begin development of a customized action plan based on the state's needs and abilities
 - g. Assign the first assignment to the state: e.g., complete a module, do an exercise, or some other concrete action step.

5. The ATA will monitor progress toward completion of assignments, ensure a minimum of monthly contact between the state and the LTA, and document all contact between the LTA/ATA and enrolled state.
6. Additional technical assistance needs will continue to be identified and worked on by the state, the ATA, and the LTA that may include assignments, discussions, activities, etc. to:
 - a. Build the knowledge/capacity foundation of the state
 - b. Set/meet small milestones
 - c. Facilitate and support the state's journey through the process of developing an asthma home visiting program.
7. Specialty TA Providers (STAs) will be engaged as needed to provide additional expertise on specific tasks/needs.
8. Enrolled states will be periodically connected to peers also enrolled in the project and receiving formal TA.
9. Progress will be periodically documented to assess knowledge development and goal advancement.

*Examples of TA that **may be** provided include, but are not limited to:*

- Working to clarify specialized needs of a state and specify when utilization of other STA providers is needed to support particular activities.
- Driving the process of setting/development assignments and ensuring movement toward completing the assignments/achieving the goals laid out in the kickoff call.
- Being available to answer questions as needed.
- Reviewing a powerpoint, draft bill language, or meeting request.
- Assisting a state with preparing for a meeting with their state Medicaid agency.
- Assisting a state with preparing for a webinar to discuss opportunities to build a local coalition.
- Helping a state think through a specific challenge relate to workforce development.

*Examples of TA that **will not be** provided include, but are not limited to:*

- Creating, drafting, or submitting materials on behalf of a state.
- Setting up meetings or coordinating related logistics.
- Setting up or coordinating a webinar.
- Training state staff to do home visits.
- Creating a specific home visit protocol.

Timeline and Exit Strategy: Typically, enrolled states will received direct, monthly TA for approximately 6-9 months after which enrolled states would receive TA as needed for the remainder of the project period (expected end 9.30.2018).