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Public Health Use Case: Local Health Department Asthma Home Visiting

Overview

Pediatric asthma contributes to increased healthcare utilization and spending, missed school days, and sub-optimal overall health and well-being in Maryland children. In Maryland, approximately 9.7 percent of children have asthma.ⁱ Asthma is responsible for more Emergency Department (ED) visits than many other major chronic diseases such as hypertension and diabetes. Asthma was responsible for greater than \$28.5 million in hospital charges and 12.2 million in ED visits for Maryland children.ⁱⁱ In addition, children with poorly controlled asthma are more likely to be chronically absent from school.ⁱⁱⁱ There are also significant racial disparities, with Black, non-Hispanic populations having nearly four times the asthma ED visit rate than non-Hispanic White populations^{iv}.

The state has committed to address the asthma ED visit rate for children aged 2-17 years and racial disparity. Through Maryland's Statewide Integrated Health Improvement Strategy (SIHIS) the state is taking steps to ameliorate the disparity and improve asthma ED visit rates for children across the state – as part of the Total Cost of Care Model.

As part of SIHIS, the Maryland Department of Health (MDH), through Medicaid and the Environmental Health Bureau will leverage work underway since 2018 to reduce poor asthma outcomes associated with environmental hazards in the home.

The LHD home visiting program uses evidence-based interventions to provide education and durable materials that assist families in improving environmental conditions that contribute to asthma exacerbations. Improvements in health outcomes are achieved via a combination of:

1. reductions in environmental hazards in the home
2. increased medical case management by the primary care provider and
3. environmental case management by the LHD in conjunction with the primary care provider and the family

The Maryland Department of Health Assistant Attorney General shared a memo dated 1/11/2022 stating: "Health-General §3-306 states that the health officer of a county shall enforce the Maryland laws and policies, rules, and regulations adopted by the Secretary of Health. Additionally, under this statute the health officer is tasked with performing any investigation, duty, or function as directed by the Secretary. The Environmental Health Bureau of the Maryland Department of Health has entered a MOU with Medicaid to provide personally identifying information for the purposes of identifying individuals for early intervention for asthma, which falls within the permissible uses of "public health and treatment responsibilities" under Health-General §2-101, et seq. and the Health Information Portability and Accountability Act. Part of this intervention would require local health departments to receive PHI directly



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from CRISP. The local health departments would be receiving this information at the direction of the Secretary of Health, authorizing them to receive this information under Health-General §3-306.”

Permitted Purpose Category

For a Public Purpose, as permitted or required by Applicable Law and consistent with the mission of the HIE to advance the health and wellness of patients in the CRISP service area (Permitted Purpose #2).

Use Case Description

CRISP will facilitate identification of all eligible pediatric patients, with a Maryland home address, aged 2-17 years old, with moderate or severe persistent asthma as defined by:

1. ICD-10 diagnosis codes for moderate or severe persistent asthma
2. Two or more emergency department visits for asthma exacerbations within 12 months
3. One or more inpatient visits for asthma exacerbations within 12 months

Patients will be identified using Medicaid Claims and/or ADT data (See appendix 1 for full eligibility logic). A list of eligible patients with demographic data, asthma diagnostic codes, and asthma utilization history for the prior 12 months will be provided to the LHD of the patient’s jurisdiction. This list will be provided every month.

Opt-Out Applicability

Any patient that opts-out of CRISP will not have their data included in data provided for this use case.

Eligible Participants

The eligible patients with asthma list will only be provided to participating local health departments for those with an address in the local jurisdiction.

Patient Impact Statement

A resident of the county where their LHD is participating in this program and who has not interacted with the LHD may have their data viewed by the LHD if they are part of the target cohort for the asthma home visiting program. Sharing PHI with an LHD solely based on where one lives is beyond a reasonable expectation. However, LHDs are expected to conduct public health interventions as part of their programming. When a patient is determined by health care officials to be part of a cohort that is particularly high need in a specific scenario, and it is determined by health care officials that an intervention may increase public health or reduce health disparities, there is a reasonable tradeoff.



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Approval

DocuSigned by:

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3/22/2022

Chairperson

Dated

ⁱ Children's Environmental Health Advisory Council. 2017 Legislative Report of the Maryland Asthma Control Program. <https://phpa.health.maryland.gov/Documents/Maryland-Asthma-Control-Program-2017-Legislative-Report.pdf>. Accessed November 15, 2020

ⁱⁱ Data Brief #5: Asthma in Maryland's Children and Youth
<https://health.maryland.gov/phpa/mch/Documents/Data%20Brief%205%20Asthma%20in%20Maryland%27s%20Children%20and%20Youth.pdf>

ⁱⁱⁱ Hsu J, Qin X, Beavers SF, Mirabelli MC. Asthma-Related School Absenteeism, Morbidity, and Modifiable Factors. *Am J Prev Med*. 2016;51(1):23-32. doi:10.1016/j.amepre.2015.12.012

^{iv} Data Brief #1: Asthma Disparities in Maryland.
<https://health.maryland.gov/phpa/mch/Documents/Data%20Brief%201%20Asthma%20Disparities%20in%20Maryland.pdf>