Asthma Home Visits

a good investment in your community

THE TOP 5 BENEFITS:

1 GOOD RETURN ON INVESTMENT

Several studies show home visits return on investment ranged from $5.30 to $14.00 in costs averted for each dollar spent.[1]

2 REASONABLE CARE COSTS

Studies show that home visit costs can range from $12 to $57 per each day the patient experiences no symptoms.[1] Home visits may produce cost savings if more expensive treatment options can be avoided.

3 REDUCE EMERGENCY VISITS

Asthma home visits among children reduce hospitalizations, emergency department visits and physician office visits, as well as school days missed due to asthma.[2]

4 IMPROVE QUALITY OF LIFE

Asthma home visit programs can give children and adolescents with asthma a higher quality of life by offering habit change recommendations and resources for low-cost or free asthma management tools.[2]

5 INCREASE CLIENTELE

The success of comprehensive care plans may encourage prospective clients to look for health plans that offer asthma home visits and other preventative care.

Asthma home visits can be a low-cost intervention to improve asthma control.

Reduce asthma related hospitalizations and public costs

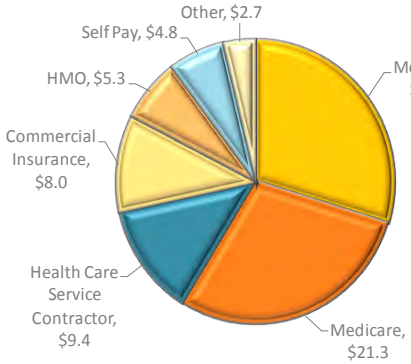
In 2010, 57,000 Washington adults with asthma visited the emergency room (ER) at least once, accounting for approximately 164,000 ER visits.[3] ER visits due to asthma are driven by a small fraction of asthma patients with very poorly controlled asthma; public funds pay for about 60 percent of Washington's asthma hospitalization costs.[4]

Invest in your community

Asthma in Washington State

A half million adults and 187,000 children in Washington suffer from asthma.[5] American Indian, Alaska Natives, Blacks, and people with lower income are more likely to have asthma, and more likely have asthma that is poorly controlled than the rest of Washington residents.[3]

Asthma hospitalization charges (millions of dollars) by payer in Washington, 2010 [4]



Total Charges: $73.2 million

Fewer missed school and work days

In 2010, 22 percent of Washington adults with asthma missed work, or could not do normal activities, for a total of 4.3 million person-days of lost productivity.[3] Similarly, 25 percent of Washington 10th grade youth with asthma missed at least one day of school in 2010, 5 percent missed 5 or more days.[6]

Education is key

Studies show that low-cost in-home education and reduction of environmental asthma triggers improve outcomes for children with asthma.[7] [8] In-home assessments allow health educators to deliver effective asthma and situation-specific education that improves asthma control.

Citations

1. Nurmagambetov TA et al. Economic value of home-based, multi-trigger, multicomponent interventions with an environmental focus for reducing asthma morbidity a community guide systematic review. Am J Prev Med 2011 Aug;41(2 Suppl 1):S33-47.
2. Crocker DD, Kinyota S, Dumitru GG, Ligon CB, Herman EJ, Ferdinands JM, Hopkins DP, Lawrence BM, Sipe TA; Task Force on Community Preventive Services. Effectiveness of home-based, multi-trigger, multicomponent interventions with an environmental focus for reducing asthma morbidity: a community guide systematic review. Am J Prev Med. 2011 Aug;41(2 Suppl 1):S5-32.
3. Data Source: Washington State Department of Health, Center for Health Statistics, Behavioral Risk Factor Surveillance System – Adult Asthma Call-back Surveys 2008-2010, supported by Centers for Disease Control and Prevention, Cooperative Agreements U58/CCU022819-5 and U58 DP001996-1,-2.
4. Data Source: Comprehensive Hospital Abstract Reporting System, 2010
5. Data Source: Washington State Department of Health, Center for Health Statistics, Behavioral Risk Factor Surveillance System, supported in part by Centers for Disease Control and Prevention, Cooperative Agreement U58/CCU022819 and DP001996-1.
6. Data Source: Washington State Healthy Youth Survey, 2010
7. Environmental Improvements for Children's Asthma: The impact on symptom burden and return on investment of a home-based environmental assessment and modification project. American Lung Association in Minnesota. http://www.lungmn.org
8. Bryant-Stephens T et al. Outcomes of a home-based environmental remediation for urban children with asthma. J Natl Med Assoc 2008 Mar;100(3):306-16.

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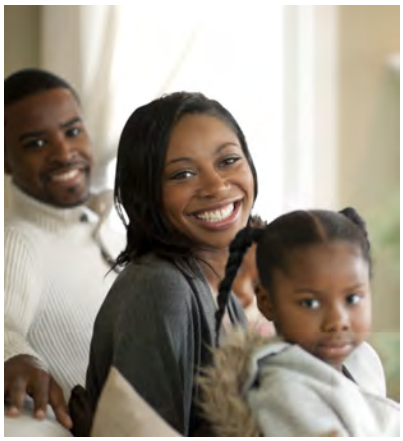

ADDITIONAL RESOURCES

Washington State Department of Health Asthma Home Visit web page:
http://www.doh.wa.gov/PublicHealthandHealthcareProviders/HealthcareProfessionsandFacilities/BestPractices/Asthma.aspx

Environmental Protection Agency: Implementing an Asthma Home Visit Program (PDF):
http://www.epa.gov/asthma/pdfs/implementing_an_asthma_home_visit_program.pdf

Asthma Return on Investment Calculator:
http://www.ahrq.gov/qual/kt/asthma/asthroisumm.htm

Asthma Control: Home-Based Multi-Trigger, Multicomponent Environmental Interventions guide:
http://www.thecommunityguide.org/asthma/multicomponent.html