Green & Healthy Homes Initiative®

Wellpoint + GHHI

Asthma Care Management Partnership

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8/5/2025

Pictured Above:
GHHI Family in Asthma Care Management Program

The Cost of Asthma

40% of asthma episodes caused by triggers in the home. Primary cause of school absenteeism.

$81 Billion+ Annually

The annual per-person medical cost of asthma: $3266

$1830: prescriptions
$640 for office visits
$529 for hospitalizations
$176 for hospital outpatient visits
$105 for ED care.

Direct costs: medications

Indirect costs: loss of productivity

Asthma can have a significant financial impact on the family due to:

- Medication refills/copays
- Missed work
- Travel expenses: transit fees, parking, car maintenance
- Medical provider, ER, hospital visits

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The Solution:
Wellpoint + GHHI Partnership

In collaboration with Wellpoint, this program provides asthma remediation & care management services to asthmatics in Baltimore City & in Prince George's County

GOAL:

-to reduce asthma-related ED visit rates, with a focus on Black & Hispanic children, in order to address disparities in asthma outcomes, by using:

- -evidence-based interventions
- -Adhering to asthma treatment plans
- -Mitigating residential asthma triggers

CRITERIA

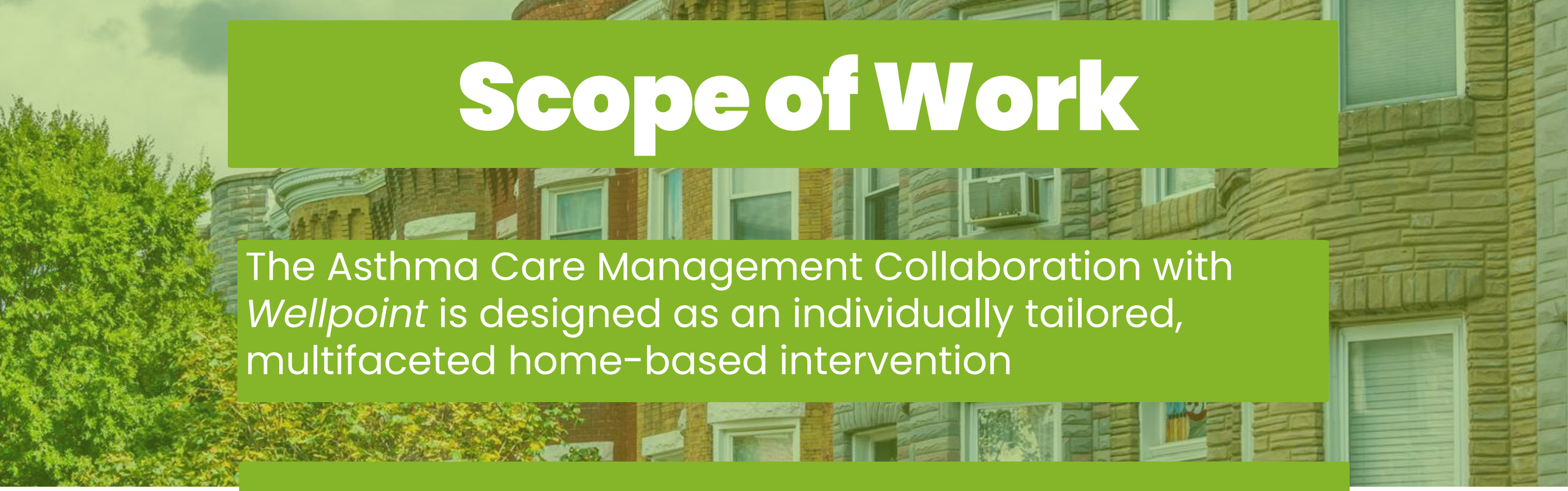
-Reside in Baltimore City

-Age 2 to 18

-Current member of WLP

-Asthma diagnosis by HCP

-Asthma not well managed
- -Hospital/ER visit in immediate month preceding referral
- -Non-compliant in using controller medications for over 90 days



Scope of Work

The Asthma Care Management Collaboration with *Wellpoint* is designed as an individually tailored, multifaceted home-based intervention

A comprehensive, holistic approach to asthma care management, focusing on:

Providing self-management education

Multifactorial environmental health services to address triggers in the home

Service Delivery Model

Referral, Intake, & Baseline Assessment

Members referred by WLP

Intake Special/HE: client outreach

Comprehensive Intake Assessment; demographics

Asthma pre-survey; asthma related info + home concerns

Review program details & client consent

Refer to Health Educator

Initial Home Visit

Overview of Asthma Program

Signatures of Consent & HIPAA Forms

Initial Asthma Survey: Individual Asthma Basics, Medical & Medication History, Asthma Trigger Overview, Hazard & Safety Overview

Asthma Control & Severity Tests

Medication Management: ensure up to date prescription and practice proper use of medication

EA to conduct **environmental assessment** of home to identify triggers and health hazards
Discuss potential **referrals** to assist in addressing any additional home hazards
- Onsite IPM and CO/smoke detector installation

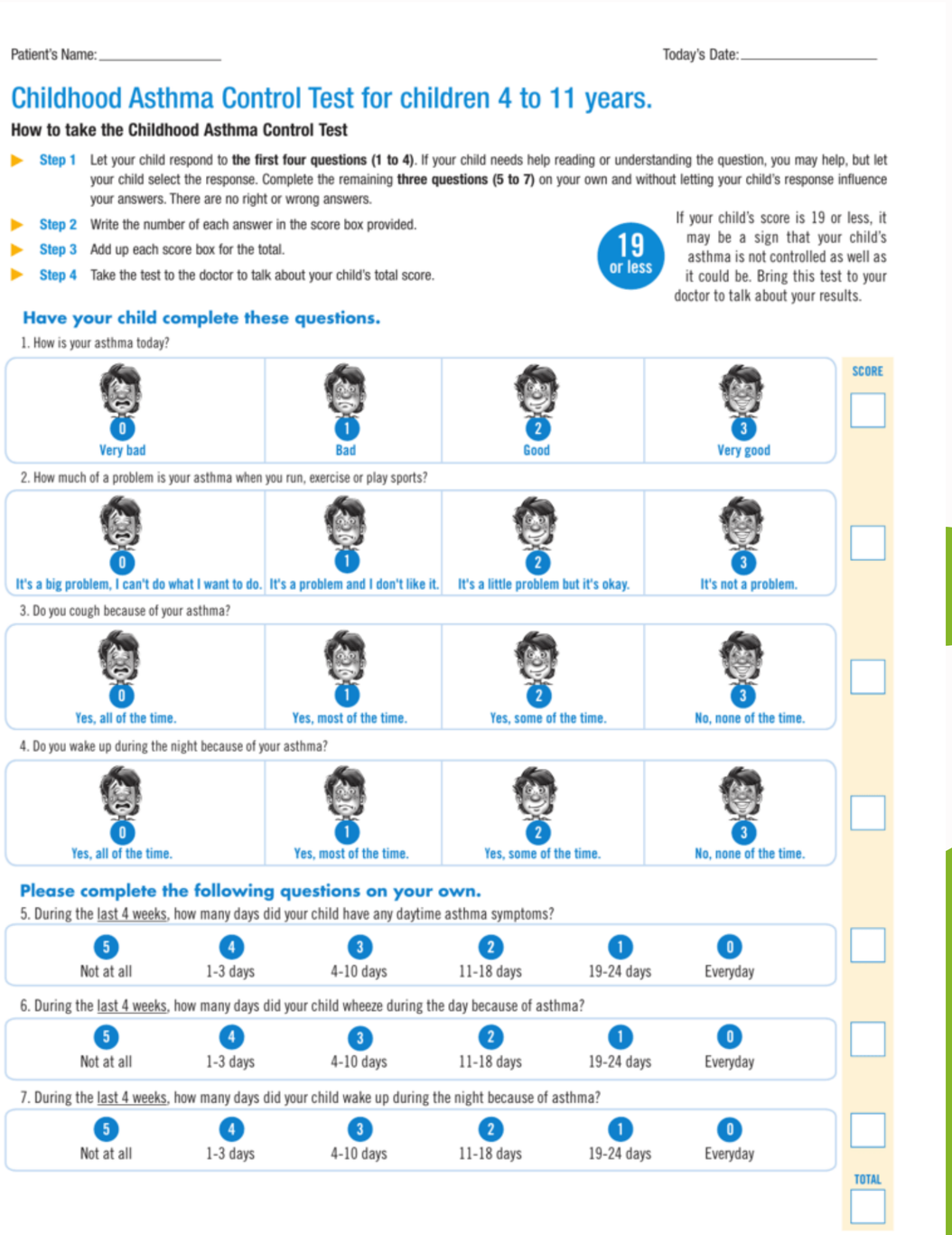
Distribute **supply kit** with education
- -Asthma & Healthy Homes education material
- -HEPA Vacuum
- -2 buckets
- -Mop
- -Mop refill
- -Environmentally friendly all-purpose cleaner
- -Dust mite & allergen proof mattress encasement
- -2 Dust mite & allergen proof pillowcases
- -Gloves
- -Sponges

Service Delivery Model

CACT

scale from 0-27

score of 20 or above indicates a child's asthma is well controlled



Patient's Name: _____ Today's Date: _____

Childhood Asthma Control Test for children 4 to 11 years.

How to take the Childhood Asthma Control Test

- **Step 1** Let your child respond to **the first four questions (1 to 4)**. If your child needs help reading or understanding the question, you may help, but let your child select the response. Complete the remaining **three questions (5 to 7)** on your own and without letting your child's response influence your answers. There are no right or wrong answers.
- **Step 2** Write the number of each answer in the score box provided.
- **Step 3** Add up each score box for the total.
- **Step 4** Take the test to the doctor to talk about your child's total score.

19 or less

If your child's score is 19 or less, it may be a sign that your child's asthma is not controlled as well as it could be. Bring this test to your doctor to talk about your results.

Have your child complete these questions.

1. How is your asthma today?

0	1	2	3	SCORE
Very bad	Bad	Good	Very good	

2. How much of a problem is your asthma when you run, exercise or play sports?

0	1	2	3	
It's a big problem, I can't do what I want to do.	It's a problem and I don't like it.	It's a little problem but it's okay.	It's not a problem.	

3. Do you cough because of your asthma?

0	1	2	3	
Yes, all of the time.	Yes, most of the time.	Yes, some of the time.	No, none of the time.	

4. Do you wake up during the night because of your asthma?

0	1	2	3	
Yes, all of the time.	Yes, most of the time.	Yes, some of the time.	No, none of the time.	

Please complete the following questions on your own.

5. During the last 4 weeks, how many days did your child have any daytime asthma symptoms?

5	4	3	2	1	0	
Not at all	1-3 days	4-10 days	11-18 days	19-24 days	Everyday	

6. During the last 4 weeks, how many days did your child wheeze during the day because of asthma?

5	4	3	2	1	0	
Not at all	1-3 days	4-10 days	11-18 days	19-24 days	Everyday	

7. During the last 4 weeks, how many days did your child wake up during the night because of asthma?

5	4	3	2	1	0	
Not at all	1-3 days	4-10 days	11-18 days	19-24 days	Everyday	

TOTAL

Service Delivery Model

CASI

measures severity

The lower the score, the less severe the asthma is

Section 1: Daytime Asthma Symptom Assessment

- During the last 14 days, how many days did the participant have wheezing or tightness in the chest or cough?
- During the last 14 days, how many days has the participant had to use albuterol/ salbutamol by puffer or breathing machine/ nebulizer during the day for the relief of asthma symptoms?
  - Daytime Symptoms CASI Score. Record the highest point value from questions 1a and 1b

Section 2: Nighttime Asthma Symptom Assessment

- During the last 14 nights, how many nights did the participant wake up because of asthma, wheezing or tightness in the chest, or cough?
- During the last 14 nights, how many nights did the participant use albuterol/salbutamol by puffer or breathing machine/nebulizer after going to sleep?
  - Nighttime Symptoms CASI Score. Record the highest point value from questions 2a and 2b

Section 3: Controller Treatment Assessment

- What is the participant's current asthma controller treatment regimen? (See tables 1 and 2 in the appendix for guidance regarding controller treatment assessment)
  - Treatment CASI Score

Section 4: Exacerbation Assessment

- In the last 2 months, how many systemic corticosteroid bursts did the participant take for asthma symptoms? (See Table 3 in the appendix for a partial list of medications used for systemic corticosteroid bursts)
- Composite Asthma Severity Index [Exacerbation Score]

Section 5: Total Composite Asthma Severity Index Score

Service Delivery Model

2nd Home Visit - Follow Up 1

Health Educator

4-6 weeks

Discuss CMAP & Healthy Housing Commitment Form

Additional reinforcement of asthma & med management education

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Case Management Action Plan

Client Name: _____ Date: _____

Issues	Plan/Strategy	Responsible Person	Target Date

We agree to carry out the responsibilities outlines in this Action Plan to the best of our ability

_____ _____

Client/Representative Date Case Manager Date

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Family commitment form

This form was designed just for your family. The goals below are used to create your Healthy Homes checklist. They will:

- Help you create and maintain your green and healthy home.
- Reduce indoor allergens that may cause you or your family to have asthma episodes.

Please review the goals below, sign the form and return it to us. When you sign this form, you agree to meet the goals listed in order to participate in our program.

- I will stay up-to-date with my asthma medication and devices. This means checking the expiration date and taking medicines as my doctor prescribed.
- I will follow the guidelines of a healthy home to help reduce asthma symptoms.
- I will not let anyone smoke inside my home. I will make sure anyone smoking outside stays away from windows and doors around my home.
- I will use natural products in my home. I will stop using or reduce irritants like perfumes, candles, and bleach in my home.
- I will mop floors, vacuum, and wash bed sheets in hot water weekly.
- I will stop or reduce my use of pesticides.
- I will use a trash can with a lid both indoors and outdoors.
- I will remove clutter from my home.

I,_____, agree to the goals listed above.

_____

Parent/Guardian signature Date

If you have questions or concerns after this home visit, contact our Senior Environmental Health Educator at 410-534-6447.

Service Delivery Model

3rd Home Visit – Follow Up 2

Health Educator

3 months

Follow up
- CMAP review
- Med management
- Trigger reduction
- Commitment form
- CACT/CASI

Telephone – Follow Up 3

Health Educator

5 months

Follow up
- CMAP review
- Med management
- Trigger reduction
- Commitment form
- CACT/CASI

If asthma is poorly controlled, HE will schedule another visit^

Telephone – Follow Up 4

Health Educator

12 months

Follow up
- CMAP review
- Med management
- Trigger reduction
- Commitment form
- CACT/CASI

Closeout: dismiss after survey is complete

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Program Results

GHHI has been partnering with Wellpoint (formally known as Amerigroup) since 2018

Contract 1: served 100 clients (Baltimore City)

Contract 2: served 130 clients (Baltimore City & Prince Georges County)

Contract 3: served 140 clients (Baltimore City & Prince Georges County)

Contract 4: will serve 150 clients

- Baltimore City, Prince Georges County, Baltimore County, + other children diagnosed with severe asthma in various counties

In total, GHHI has served 370 WLP children & their families – and we are still going!

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SCAN ME

THANK YOU!

Please scan the QR code to connect to our website, social media, and more.

QUESTIONS