



Texas Consortium for the
Non-Medical Drivers of Health
Advancing Research, Policy and Practice



Non-Medical Drivers of Health: A Solution to Health Care Cost and Quality

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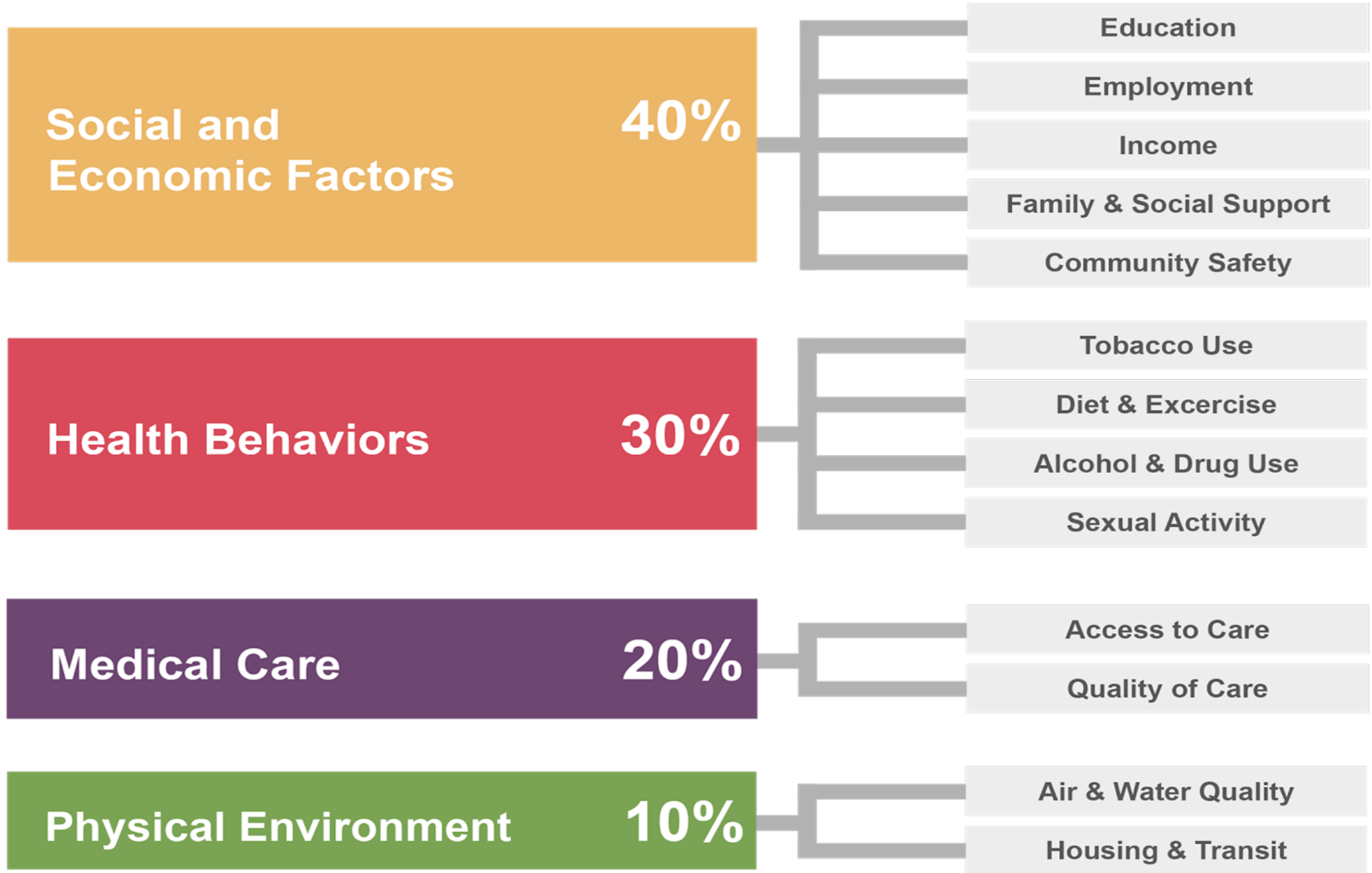
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Charles W. Mathias, PhD

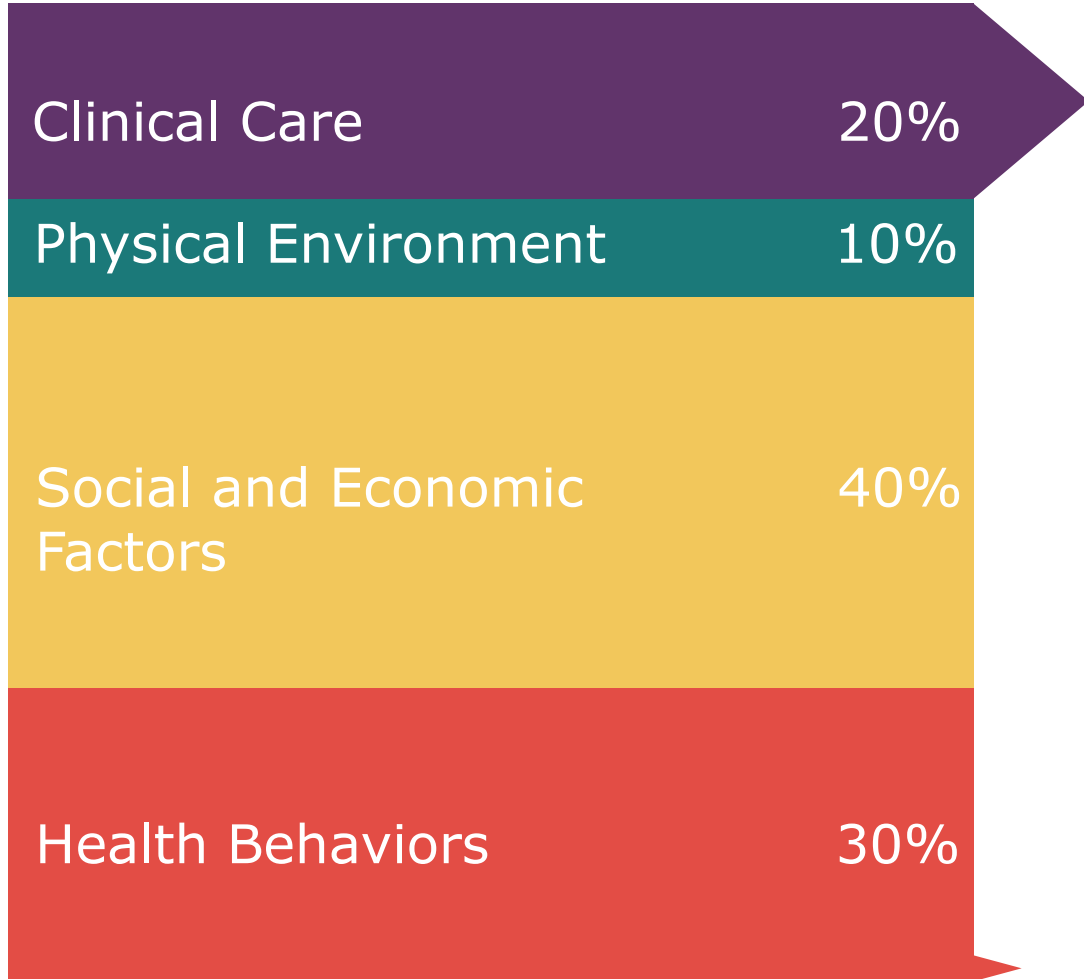
Director,
Texas Consortium for the Non-Medical Drivers of Health
Rice University's Baker Institute for Public Policy

October 15, 2024

What Causes Health?



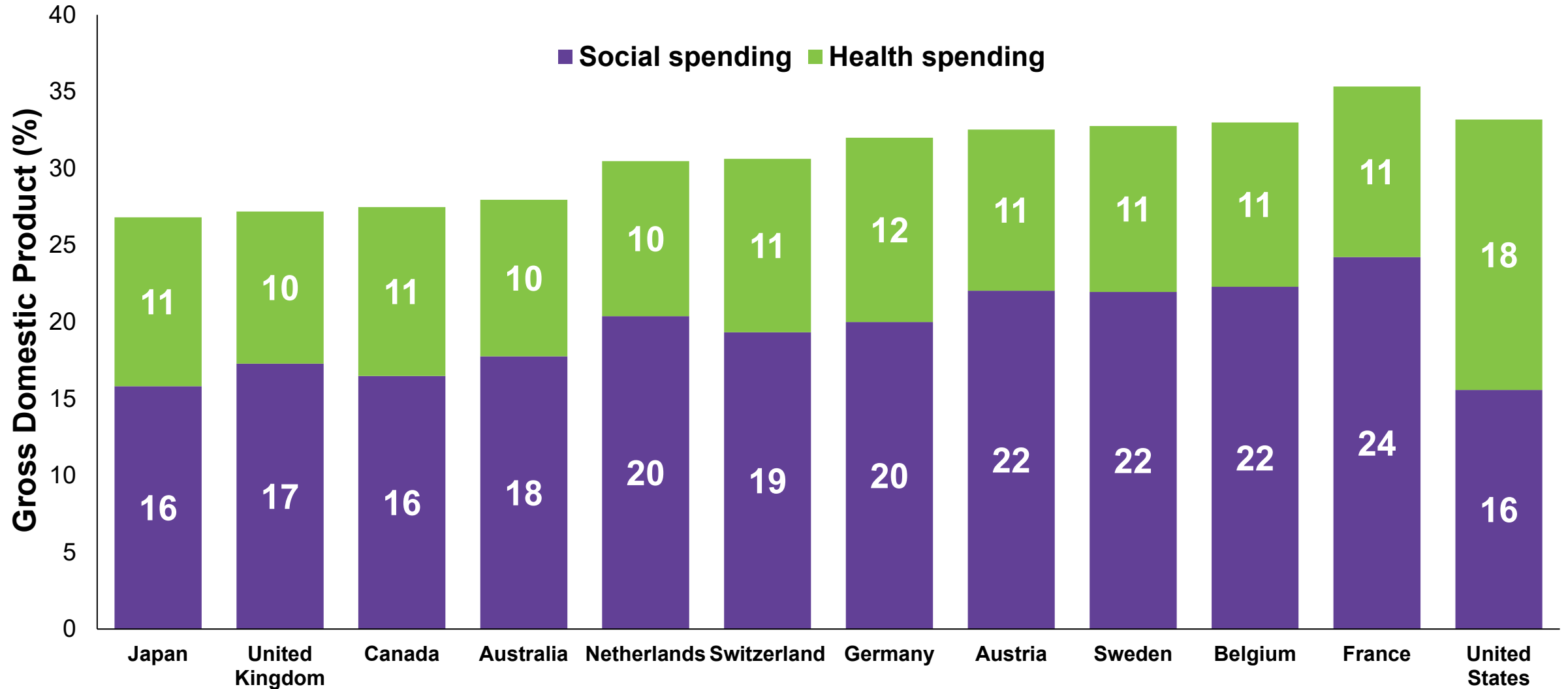
Drivers



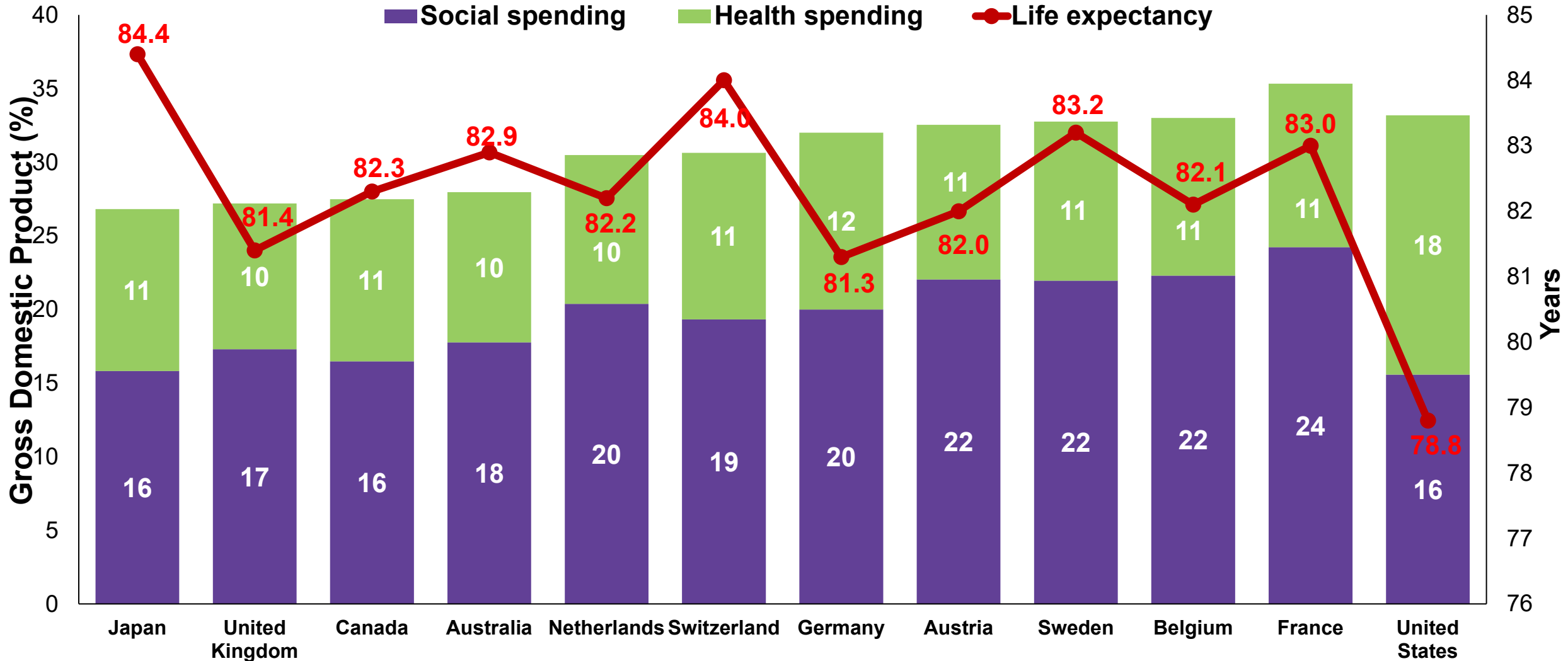
Expenditures



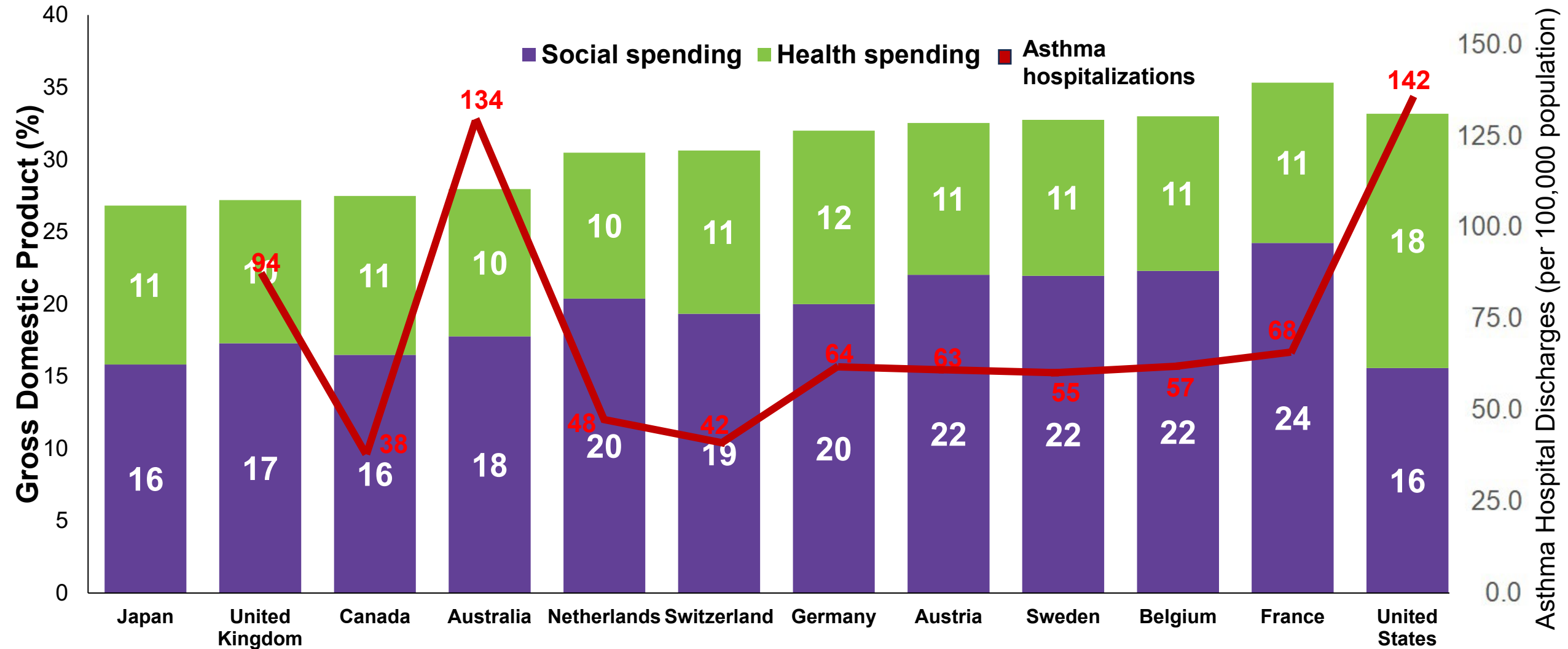
U.S. HEALTH VS. SOCIAL SPENDING



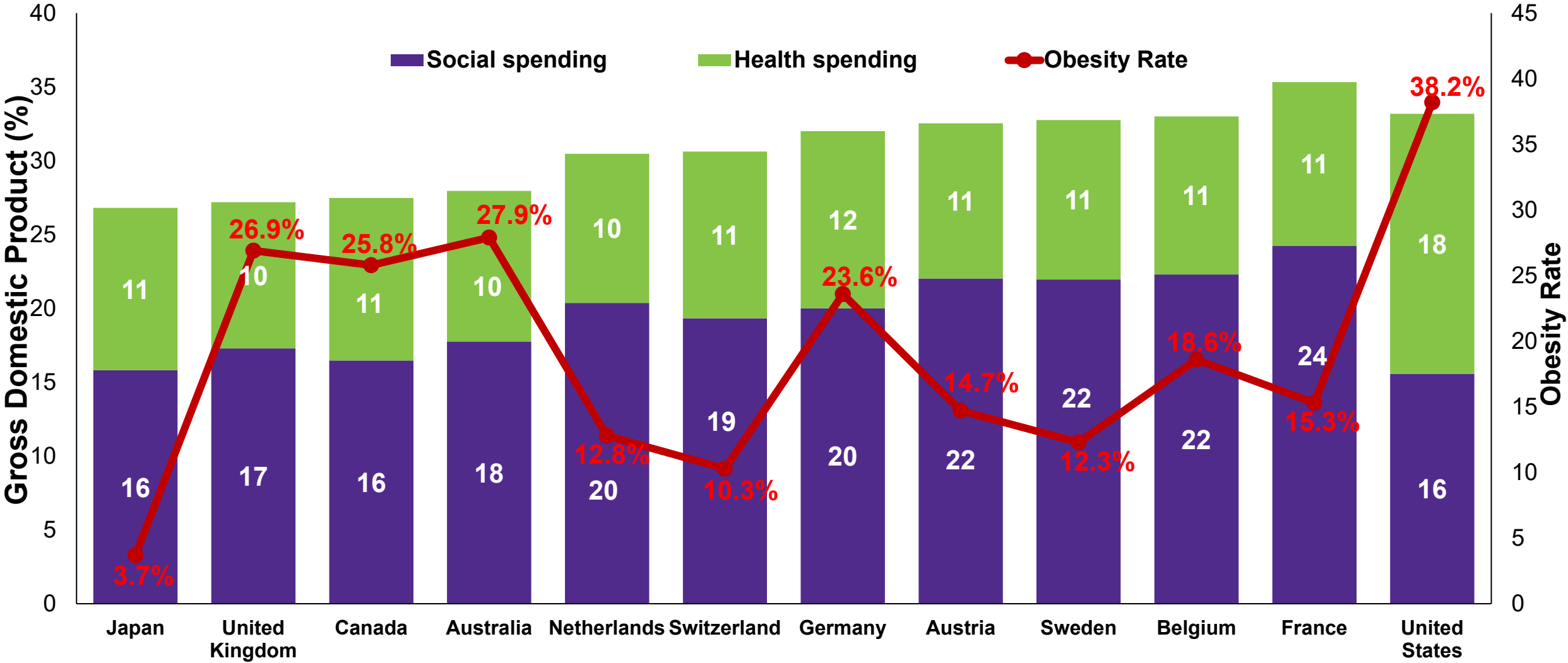
U.S. LIFE EXPECTANCY TRAILS OECD



U.S. ASTHMA HOSPITALIZATION

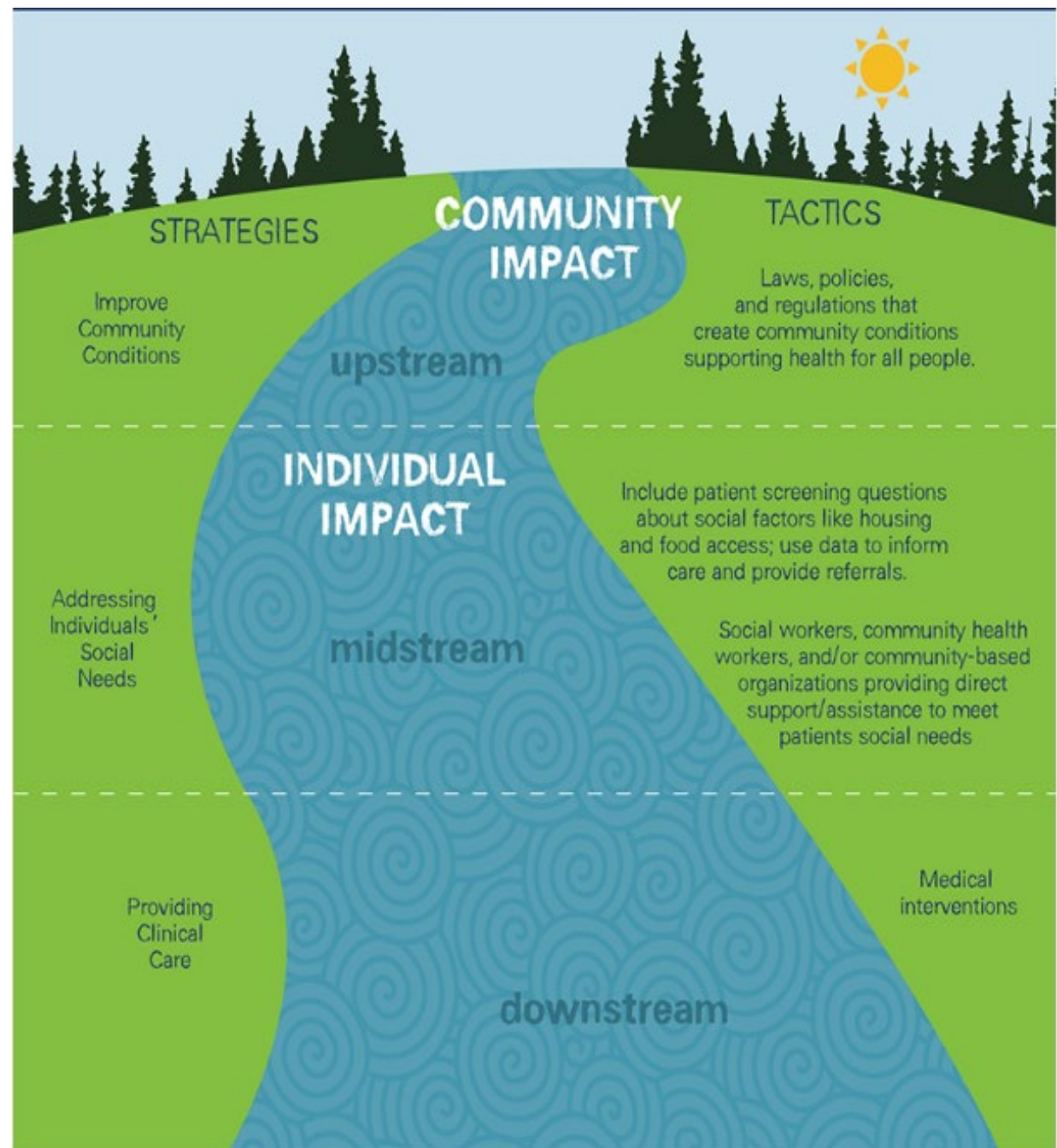


U.S. OBESITY RATE



**HOW DO WE CHANGE THIS
DYNAMIC?**

A FRAMEWORK FOR HEALTH INVESTMENT AND IMPACT



Texas' Big Investment in Health Care

Agency/Program	\$ in Millions	\$ in Millions
HHS Programs		\$43,078
Medicaid	\$41,300	
CHIP	\$500	
Mental Health and Substance Use Services	\$1,128	
Women's Health/Thriving Texas Families	\$150	
ERS Health Benefits		\$2,700
TRS Health Benefits		\$1,000
Total		\$46,778

Opportunities to increase the value of expenditures.

PRIORITY HEALTH CONDITIONS IMPROVED BY NON-MEDICAL INTERVENTION

Examples:

1. Asthma
Remediation



2. Food
Interventions for
Kidney Disease



Asthma in Texas

Asthma is a leading cause of emergency room visits, hospitalizations, and disability.

492,453 Children and **1,617,392** adults in Texas have asthma.

~50% of children with asthma are CHIP/Medicaid beneficiaries.

In 2021 asthma in Texas resulted in:

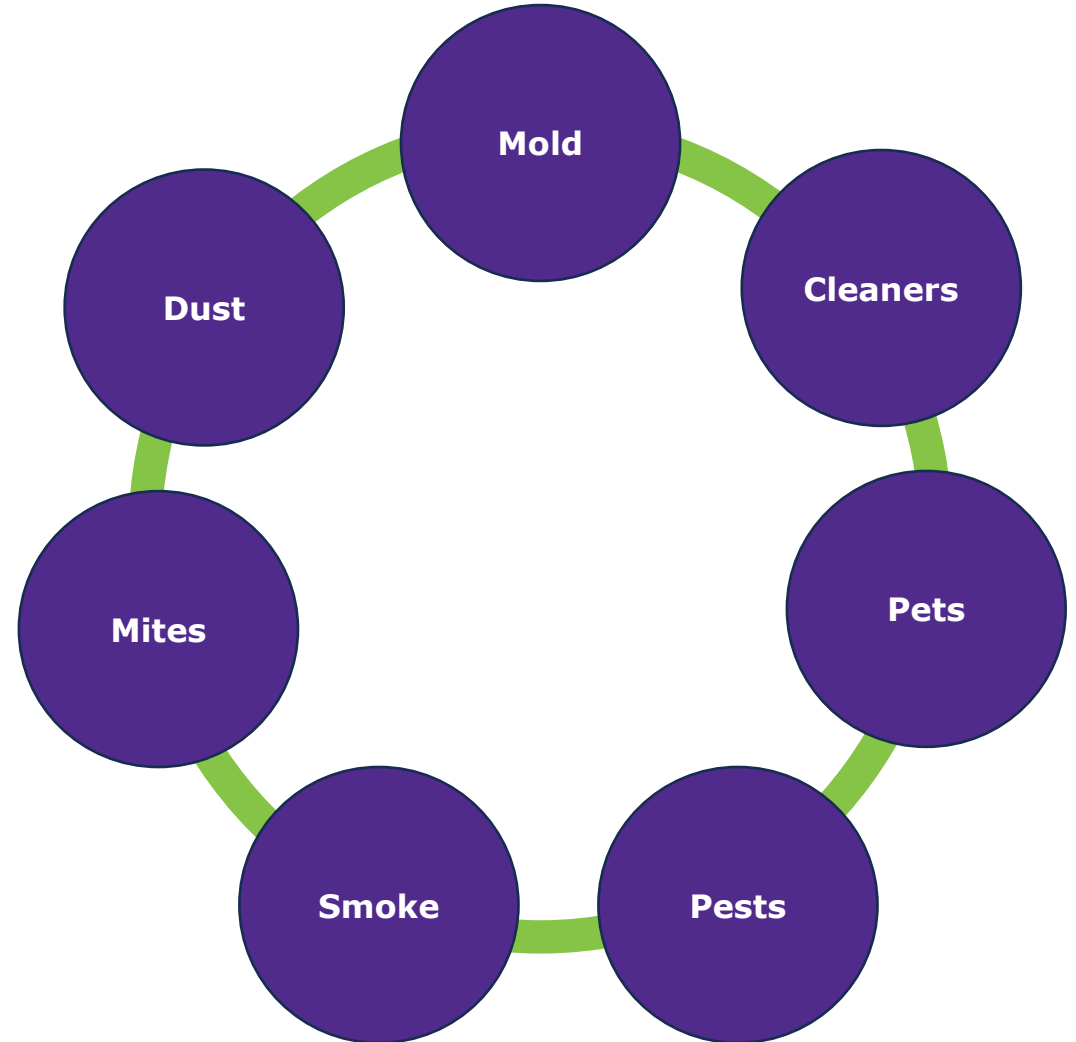
90,823 emergency department (ED) visits.

7,114 hospitalizations due to asthma in Texas.

\$930 million in health care costs.

Asthma Triggers

1. Exercise
2. Occupational
3. Environmental

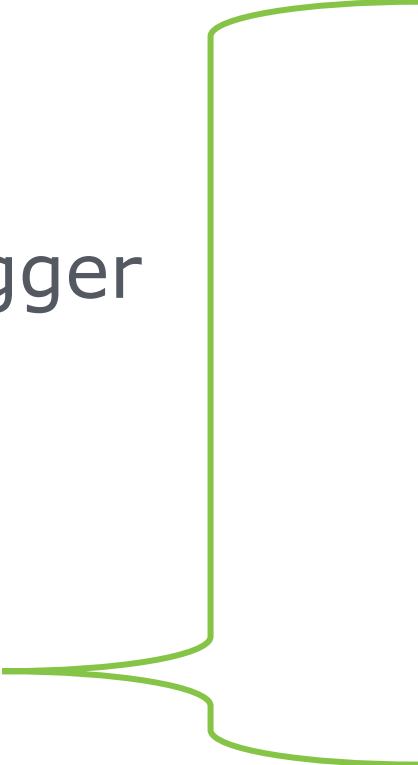


Texas DSHS: Asthma Control Strategic Plan

Priority Area 3:

Home Visits for asthma trigger reduction and self-management education

- Workforce training
- Clinical integration
- Address sustainability

- 
1. **Develop worksite toolkit** for group benefits packages.
 2. **Encourage MCOs to reimburse** home visits as value-added service.
 3. **Establish a payer workgroup** to inform on billing and reimbursement.

Asthma Remediation Programs

Aim to identify and remove asthma triggers in the home.



*Texas Value-Based Payment and Quality Improvement
Advisory Committee*

2022 recommendation - ILOS for trigger remediation.

San Antonio Kids BREATHE Program

CHW home visits: education, connection to remediation services, and reporting home assessment to the EHR.

Eligibility

Children ages 3-17
with asthma AND:
2+ visits ED/urgent care
1+ hospitalization
2+ steroid bursts
10%+ missed school days
2+ unscheduled school
nurse visits per week.

Funding

DSHS EXHALE grant.

San Antonio
Metropolitan Health
District.

Green and Healthy
Homes Initiative.

Outcomes

400+ homes visited
since 2019.

Poorly controlled
asthma rate:
73% at program entry
37% visit 2
8% at 12-months

Medicaid Coverage for Asthma Remediation

State	Program	Funding
WI	In-home assessments and education, case management, durable equipment, and home hazard remediation .	CHIP Health Services Initiatives (HSIs)
MD	In-home assessments, and related supplies like green cleaning kits and pillow covers.	CHIP Health Services Initiatives (HSIs)
MO	In-home assessments, education, and counseling for asthma triggers.	Medicaid State Plan Amendments
CA	In-home assessments, asthma self-management education and asthma trigger remediation .	ILOS
MA	In-home assessments, HEPA filters, vacuum cleaners, pest services, air conditioner units, and hypoallergenic bedding.	1115 Demonstration Waiver
NY	Environmental trigger reduction measures such as mold remediation or pest management.	Value-based Payments

Wisconsin **Asthma-Safe Homes**

Home assessment and trigger remediation up to \$5,000.

Eligibility

Children ages 2–18 years with Asthma diagnosis.

Pregnant parents with asthma who are eligible for Medicaid.

Funding

Title XXI Children's Health Insurance Program (CHIP) State Plan Amendment

Outcomes

79% reduction in emergency department visits.

50% avoided hospitalizations.

87% fewer missed days of school or work.

89th Session: Opportunities

Directing the Texas Health and Human Services Commission to explore the provision of asthma trigger remediation as part of the home visit program.

Options include coverage within CHIP/Medicaid programs and *In Lieu of Services* for MCOs.

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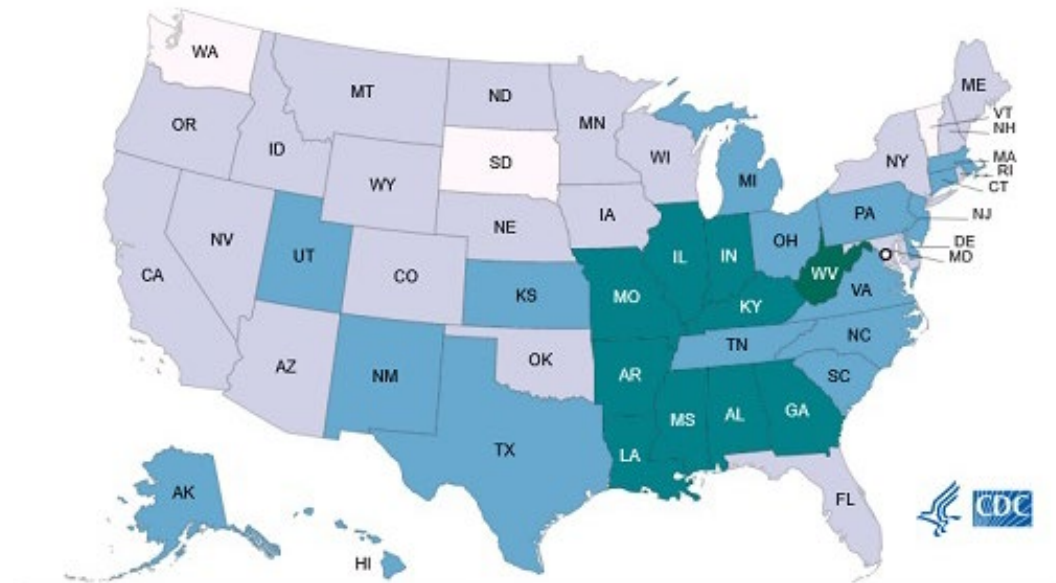
2. Food
Interventions for
Kidney Disease



Kidney Disease in Texas

- 3.5%** of adults with chronic kidney disease.
- 72,012** cases of kidney failure.
- 4,766** deaths.
- 10th** leading cause of death.
- >\$50,000** annual cost of dialysis.
- \$250,000** savings/patient who does not progress to kidney failure.

Kidney Disease Mortality, by State



Age-Adjusted Death Rates¹

- 2.2 - < 7.3
- 7.3 - < 12.4
- 12.4 - < 17.5
- 17.5 - < 22.6
- 22.6 - 27.7

State Kidney Disease Plan



**State Plan for Chronic
Kidney Disease
Treatment**

**As Required by
Texas Health and Safety Code, Section
83.006**

**Texas Chronic Kidney Disease
Task Force
January 2023**

This report was prepared by members of the Chronic Kidney Disease Task Force. The opinions and recommendations expressed in this report are the members' own and do not reflect the views of the Texas Health and Human Services Commission Executive Council or the Texas Health and Human Services Commission.

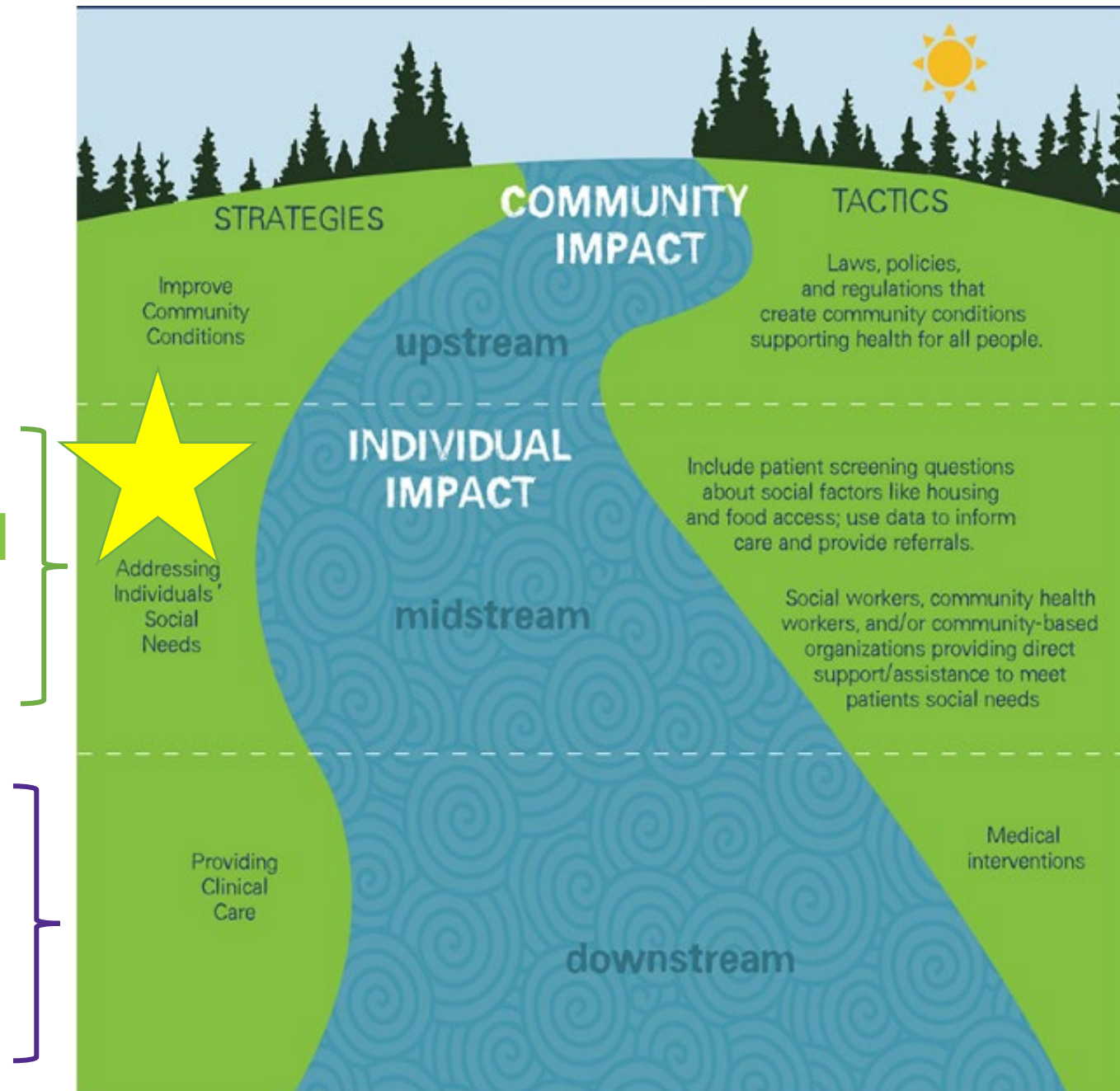
- End-stage kidney failure
- Transplantation
- Dialyses



Moving Upstream

Accessing nutritious foods and foods medically tailored to prevent kidney disease progression.

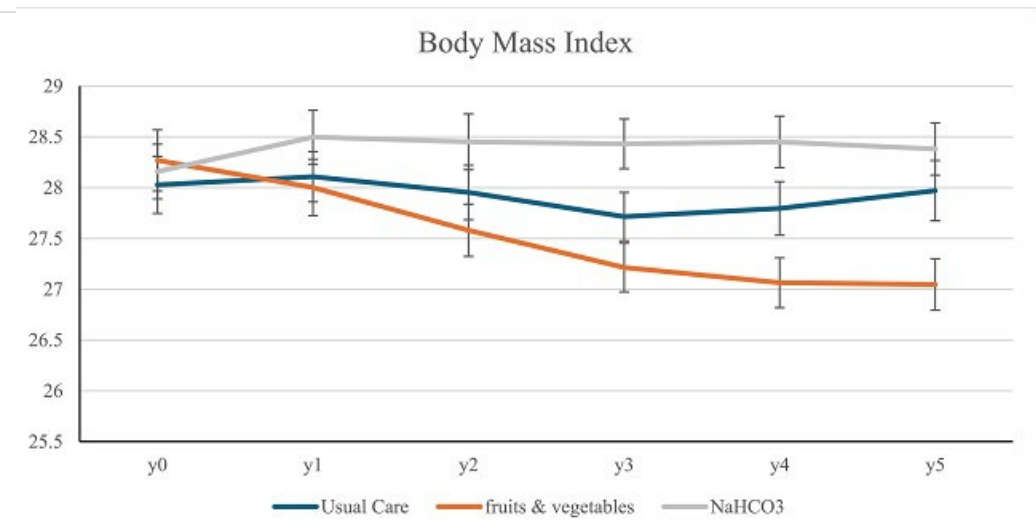
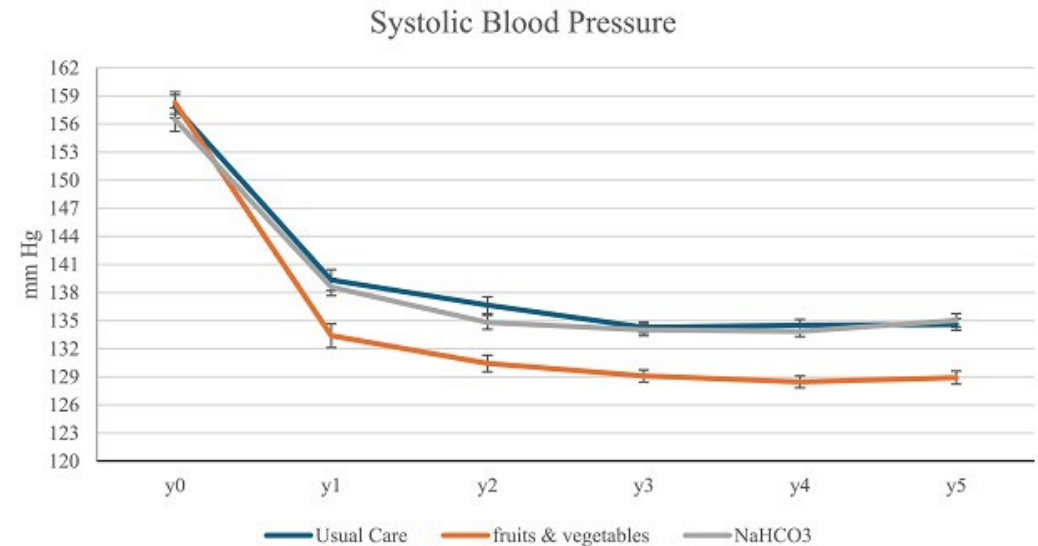
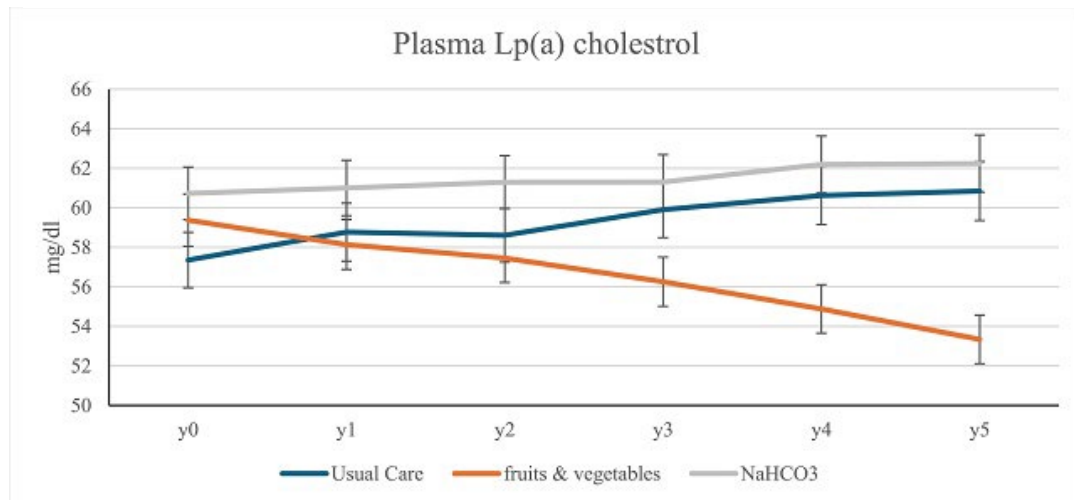
- End stage kidney failure
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Research: Food Improves Kidney Disease Outcomes

Medically tailored groceries delivered to kidney disease patients by CHWs in a faith-based settings.

- 5-year RCT in Texas shows **significant reductions in cardiovascular risk.**



Research: Cost Savings of Medically Tailored Meals

Estimated the impact of medically tailored meals for diabetes. Diabetes is the #1 cause of kidney disease.

National Savings from Medically Tailored Meals for Diabetes

State	Adults	Averted Hospitalizations	Net cost savings, Billions
Medicaid	346,460	63,000	\$1.4
Medicare	1,001,345	304,000	\$2.6
Dual Eligible	824,381	216,000	\$4.6
Private	636,320	118,000	\$2.4

Kidney Health: Eat Well, Live Well

Fruits and vegetables delivered to homes, grocery gift cards, and nutrition tele-case management.

Eligibility

Stages 2, 3a, or 3b
Kidney Disease.
Primary care patients
at Harris Health.
18+ age.

Funding

Episcopal Health
Foundation.

Outcomes

10% improvement in
kidney function within
6 months.
\$1,900 medical savings
per patient/year.
\$50,000/year averted
cost for Stage 5 kidney
disease.

89th Session: Opportunities

in 88th session HB 2983

89th Session options
1115 Wavier, ILOS, and
MCO incentives for
medically tailored meals
for kidney disease and
other chronic conditions.

Food Intervention Funding			
State	1115 Waiver	In Lieu of Services	MCO Incentives
AR	✓		
CA	✓	✓	
DE	✓		
IL	✓		
FL			✓
KS		✓	
MA	✓		
MN			✓
NJ	✓		
NC	✓		
NM	✓		
NY	✓	✓	
OH			✓
OR	✓		
WA	✓		

Conclusion

Investing in non-medical services to prevent and manage chronic disease leads to better health without increasing overall health care spending.

Read our full report:
<https://bit.ly/3XsEYgp>



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