



®

# MICHAEL & SUSAN DELL CENTER *for* HEALTHY LIVING



## **Healthy children in a healthy world.**

We advance health and healthy living for children and families through cutting-edge research, innovative community-based programs, and dissemination of evidence-based practices.

### **STRATEGIC PLAN GOALS**





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



RICE UNIVERSITY'S

**Baker**  
**Institute**  
for Public Policy

Funding for this webinar provided by:

---



*Michael & Susan Dell*  
FOUNDATION

# Center Resources



## WEBSITE

[msdcenter.org](https://msdcenter.org)



## WEBINARS

[go.uth.edu/webinars](https://go.uth.edu/webinars)



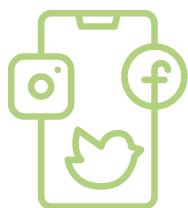
## NEWSLETTER

[bit.ly/MSDCenterNewsletter](https://bit.ly/MSDCenterNewsletter)



## EXPERT BLOGS

[go.uth.edu/CenterBlogs](https://go.uth.edu/CenterBlogs)



## SOCIAL MEDIA

[@msdcenter](https://twitter.com/msdcenter)



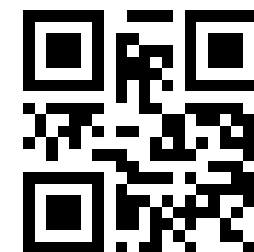
## RESEARCH AND RESOURCE STATION

[go.uth.edu/CenterResources](https://go.uth.edu/CenterResources)



## TX CHILD HEALTH STATUS REPORTS AND TOOLKITS

[go.uth.edu/TexasChildHealth](https://go.uth.edu/TexasChildHealth)



**VISIT OUR  
WEBSITE**



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



# Non-Medical Drivers of Health: Policy Options to Improve Health Care Quality

**Elena M. Marks, JD, MPH**

Senior Fellow in Health Policy,  
Rice University's Baker Institute for Public Policy

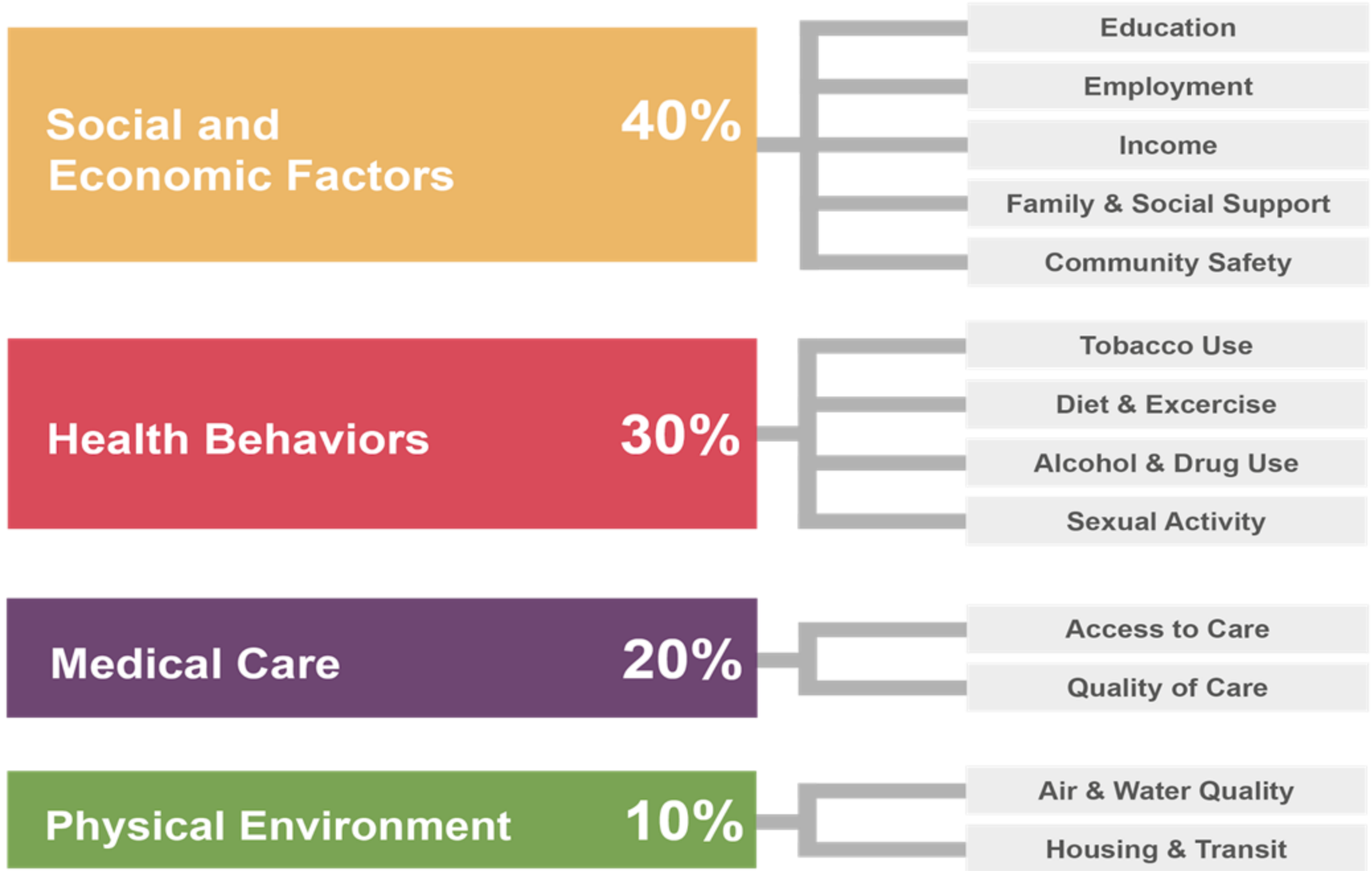
Senior Advisor and Founder,  
Texas Consortium for the Non-Medical Drivers of Health

**Charles W. Mathias, PhD**

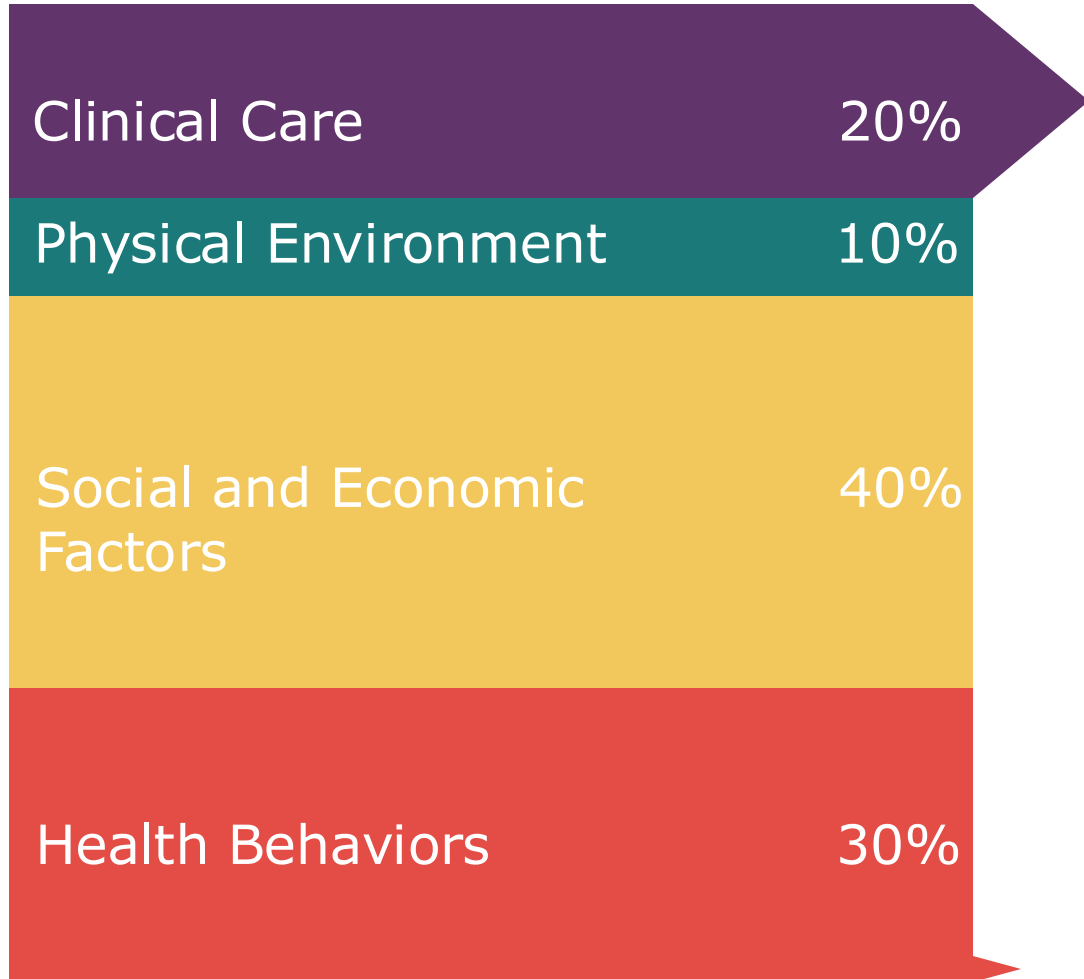
Director,  
Texas Consortium for the Non-Medical Drivers of Health  
Rice University's Baker Institute for Public Policy

**November 21, 2024**

# What Causes Health?



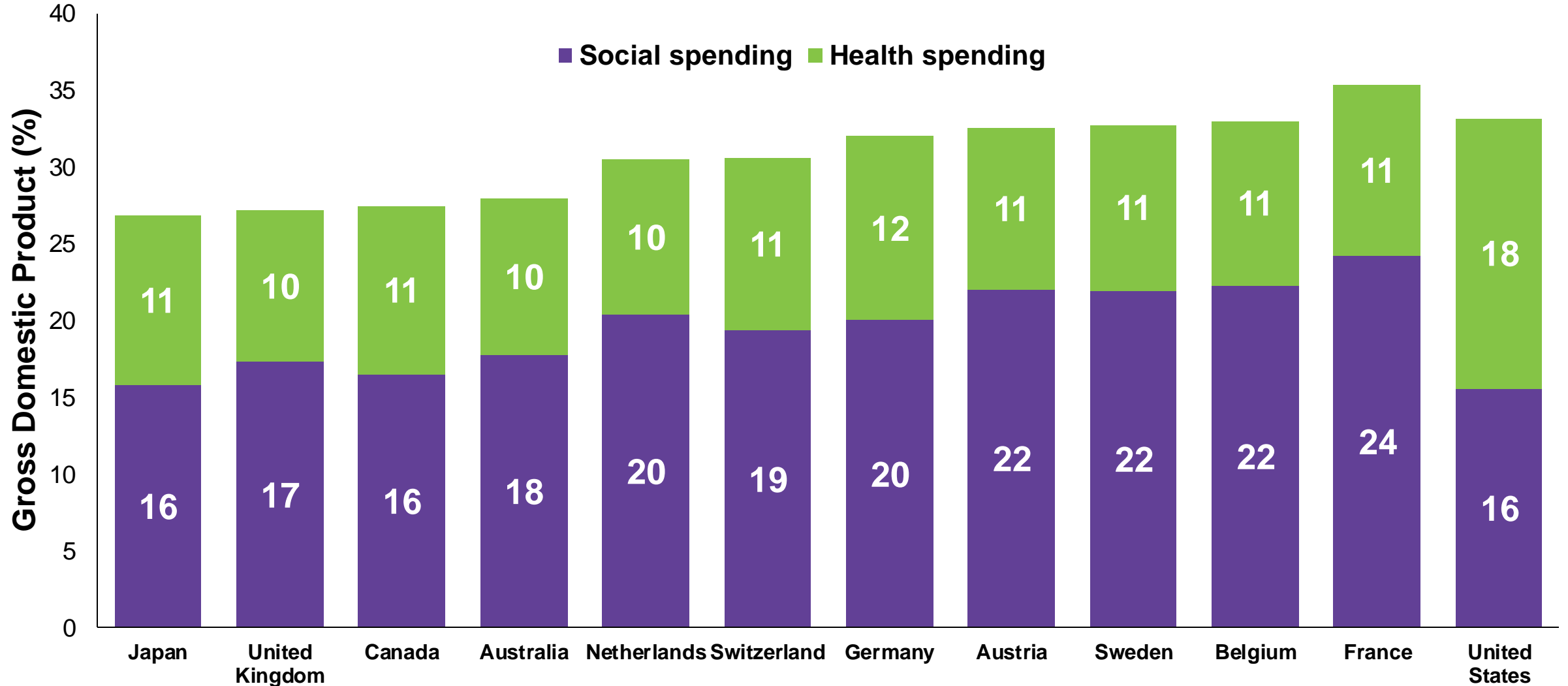
# Drivers



# Expenditures

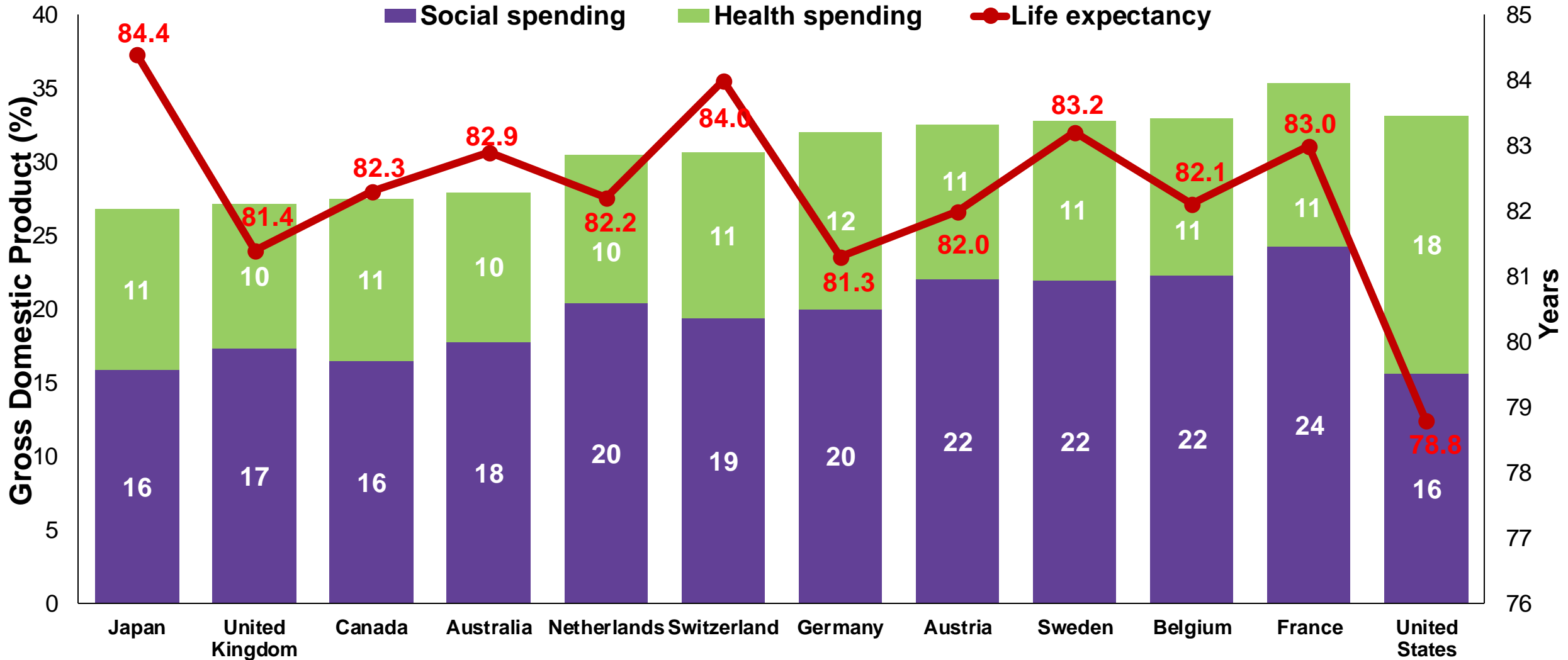


# U.S. HEALTH VS. SOCIAL SPENDING

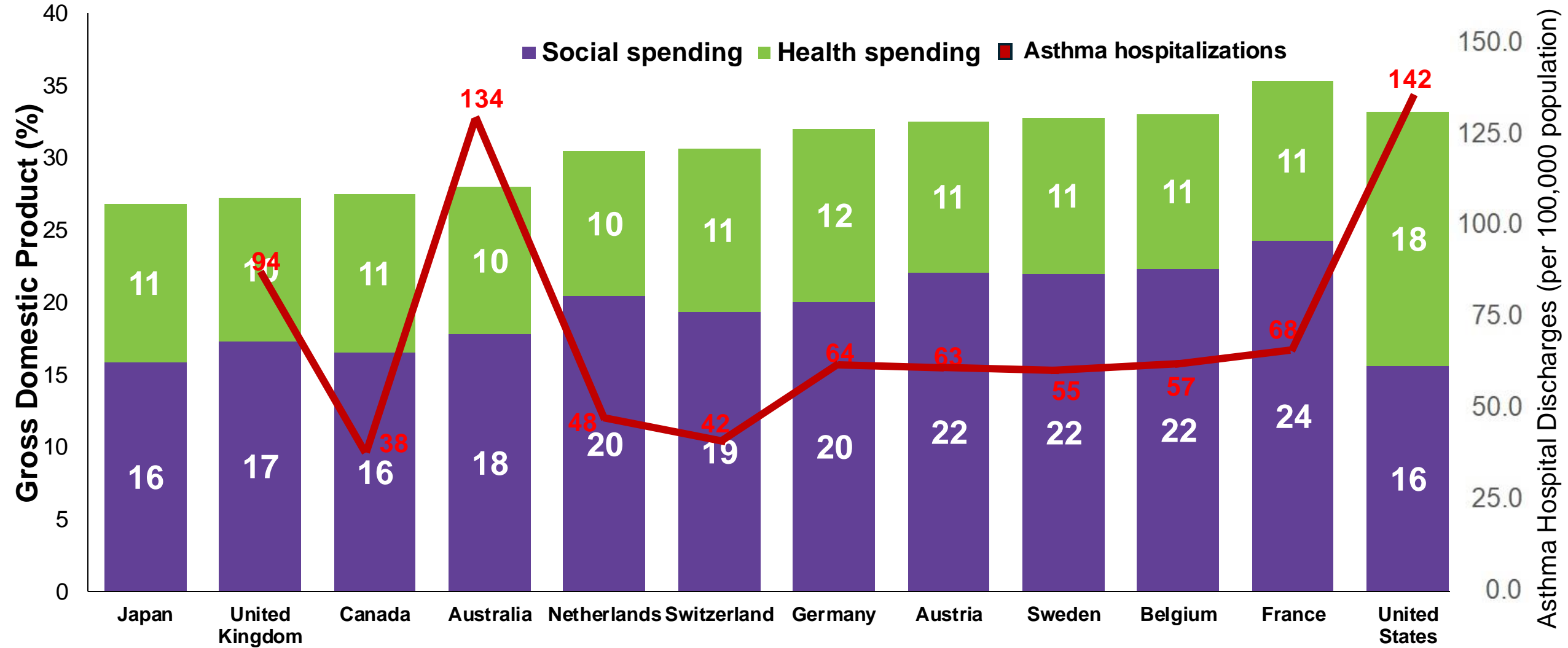




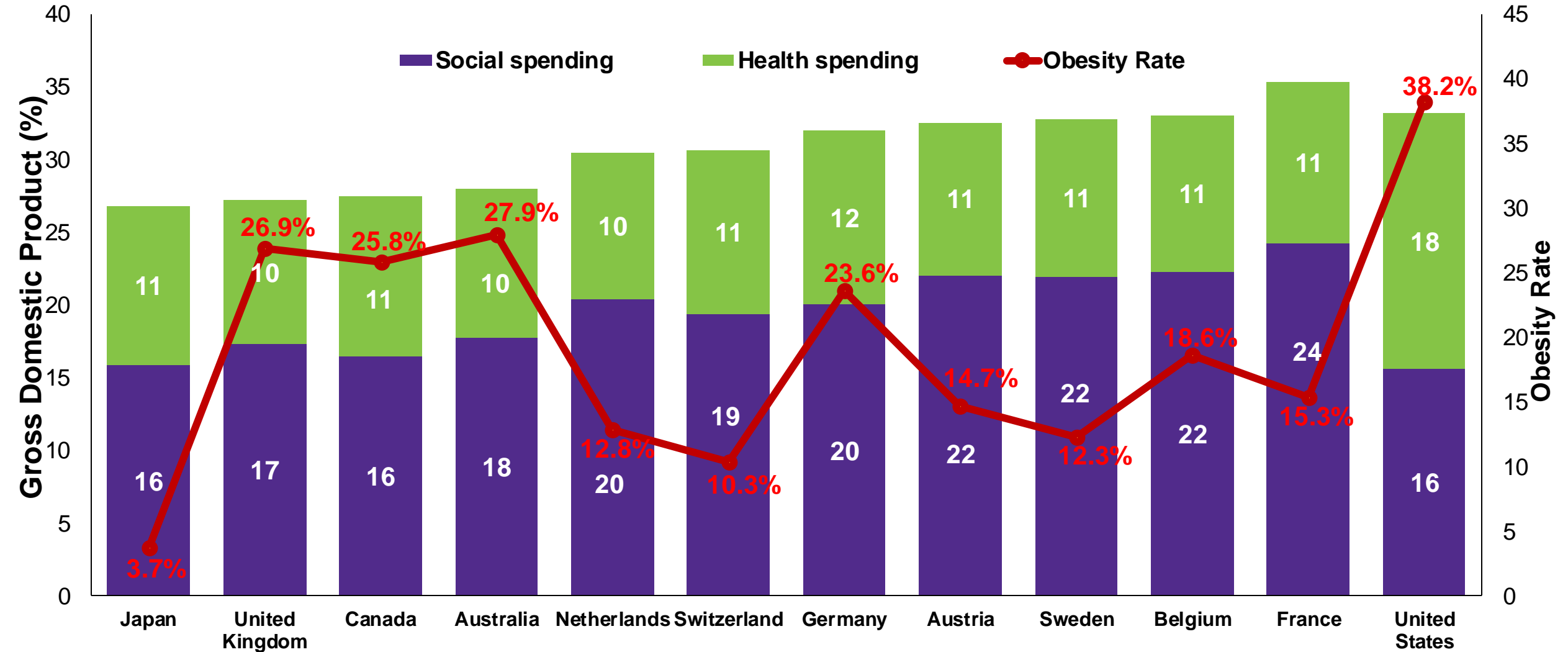
# U.S. LIFE EXPECTANCY TRAILS OECD



# U.S. ASTHMA HOSPITALIZATION

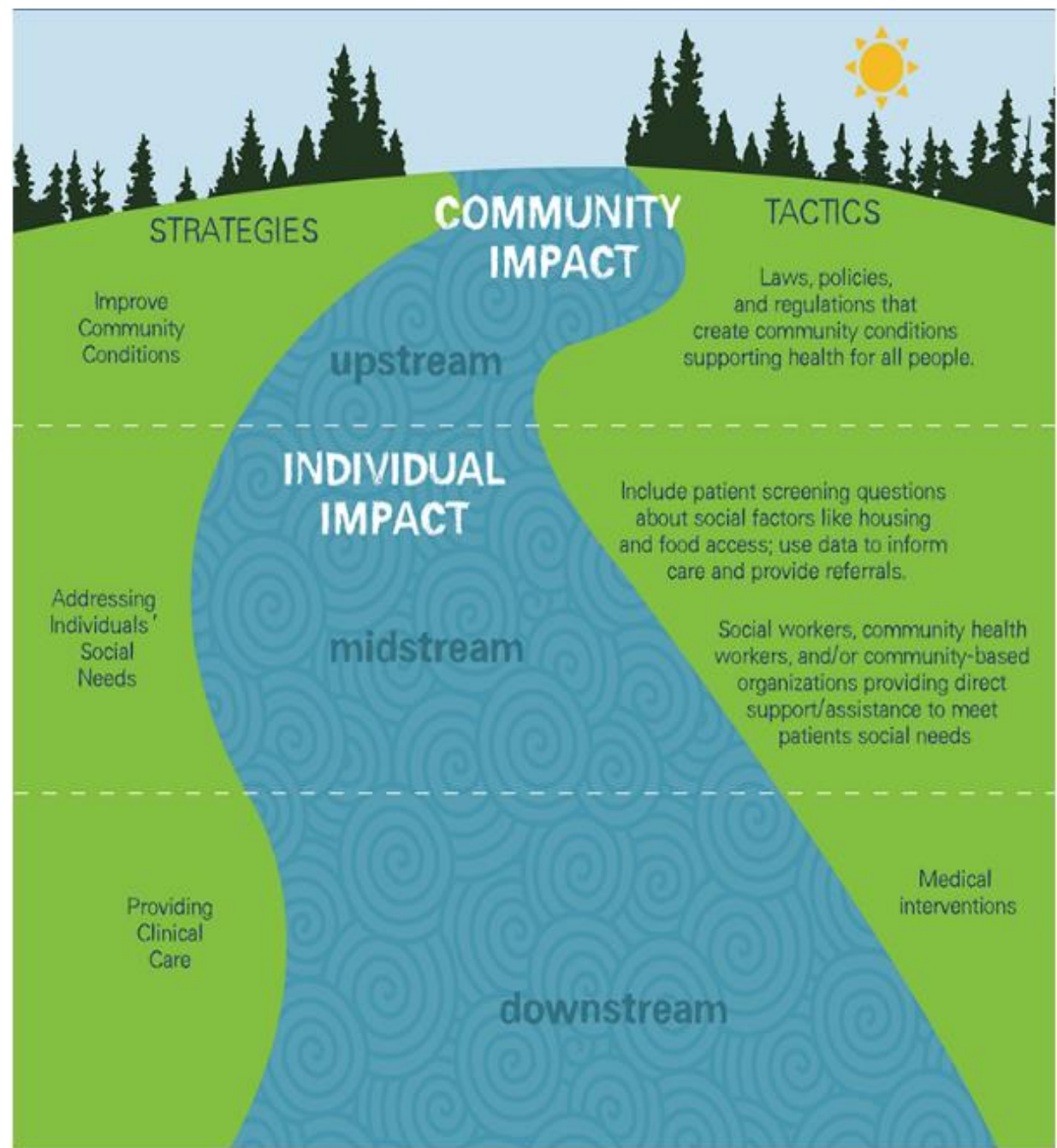


# U.S. OBESITY RATE



**HOW DO WE CHANGE THIS  
DYNAMIC?**

# A FRAMEWORK FOR HEALTH INVESTMENT AND IMPACT



# Texas' Big Investment in Health Care

Texas Health Care Expenditures		
Agency/Program	\$ in Millions	\$ in Millions
Health and Human Services Programs		\$43,078
Medicaid	\$41,300	
CHIP	\$500	
Mental Health and Substance Use Services	\$1,128	
Women's Health/Thriving Texas Families	\$150	
Employees Retirement System Health Benefits		\$2,700
Teachers Retirement System Health Benefits		\$1,000
	<b>Total</b>	<b>\$46,778</b>

*Opportunities to increase the value of expenditures.*

## Medicaid

## Other State Revenues

1115  
Waivers

1915  
Waivers

In Lieu of  
Services

CHIP  
Health  
Services  
Initiatives

MCO  
quality  
incentives

Directed  
Payment  
Programs

Reporting  
and  
Evaluation

Mental  
Health and  
Substance  
Use  
Services

Women's  
Health/  
Thriving  
Texas  
Families

Teachers  
Retirement  
System  
(TRS)

Employees  
Retirement  
System  
(ERS)

# Policy Options

# 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:

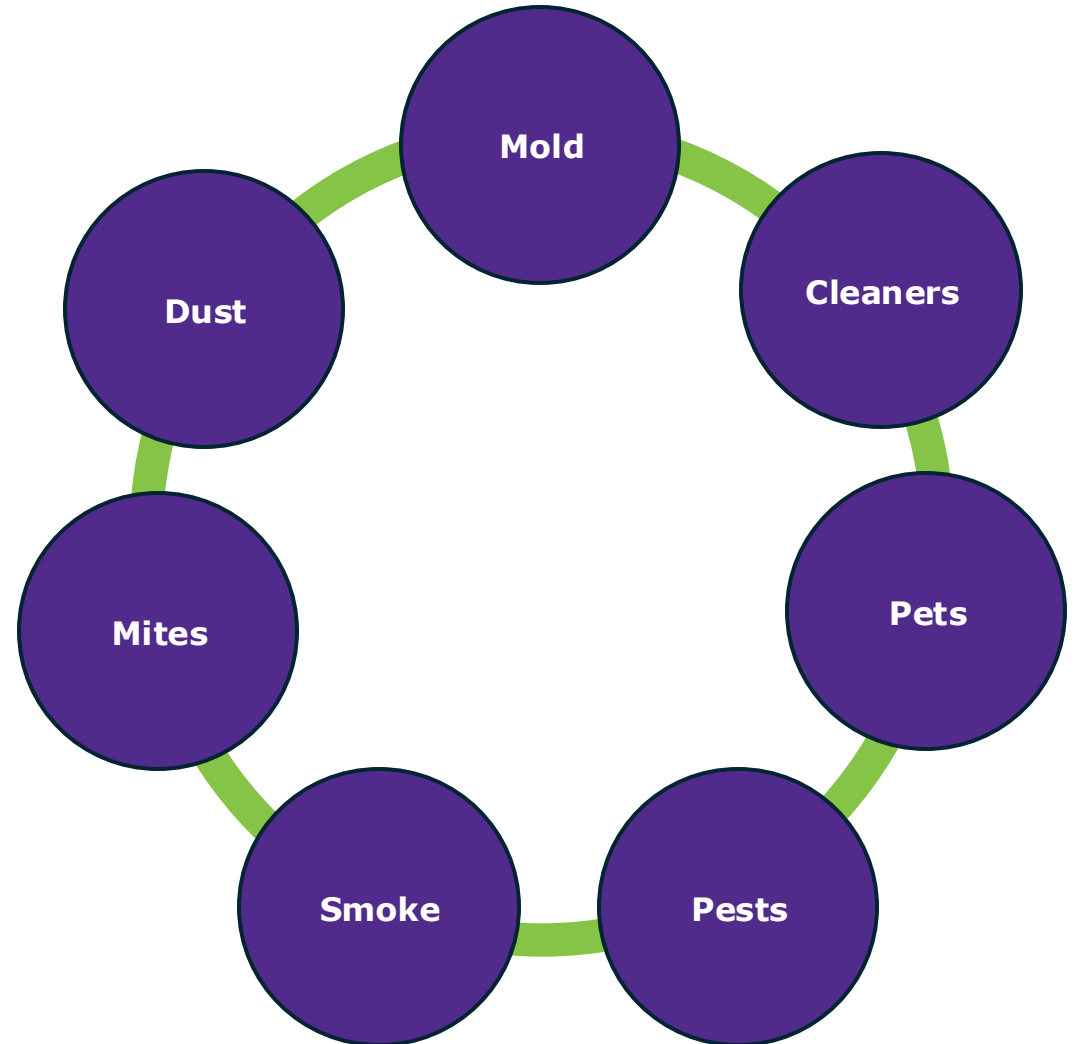
**90,823** emergency department (ED) visits.

**7,114** hospitalizations due to asthma in Texas.

**\$930** million in health care costs.

# Asthma Triggers

1. Exercise
2. Occupational
3. Environmental

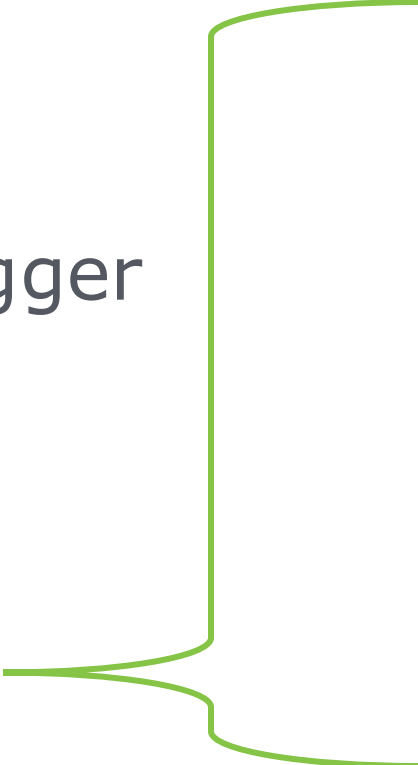


# Texas Department of State Health Services: Asthma Control Strategic Plan

## 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

Aims to identify and remove asthma triggers in the home.



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

2022 recommendation - ILOS for asthma 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
<b>WI</b>	In-home assessments and education, case management, durable equipment, and home hazard <b>remediation</b> .	CHIP Health Services Initiatives (HSIs)
<b>MD</b>	In-home assessments, and related supplies like green cleaning kits and pillow covers.	CHIP Health Services Initiatives (HSIs)
<b>MO</b>	In-home assessments, education, and counseling for asthma triggers.	Medicaid State Plan Amendments
<b>CA</b>	In-home assessments, asthma self-management education and asthma trigger <b>remediation</b> .	In Lieu of Services
<b>MA</b>	In-home assessments, HEPA filters, vacuum cleaners, pest services, air conditioner units, and hypoallergenic bedding.	1115 Demonstration Waiver
<b>NY</b>	Environmental trigger reduction measures such as mold <b>remediation</b> 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.

# 89<sup>th</sup> Legislative 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.



# PRIORITY HEALTH CONDITIONS IMPROVED BY NON-MEDICAL INTERVENTION

## Examples:

1. Asthma  
Remediation



2. Food  
Interventions for  
Kidney Disease



# Kidney Disease in Texas

**3.5%** of adults with chronic kidney disease.

**72,012** cases of kidney failure.

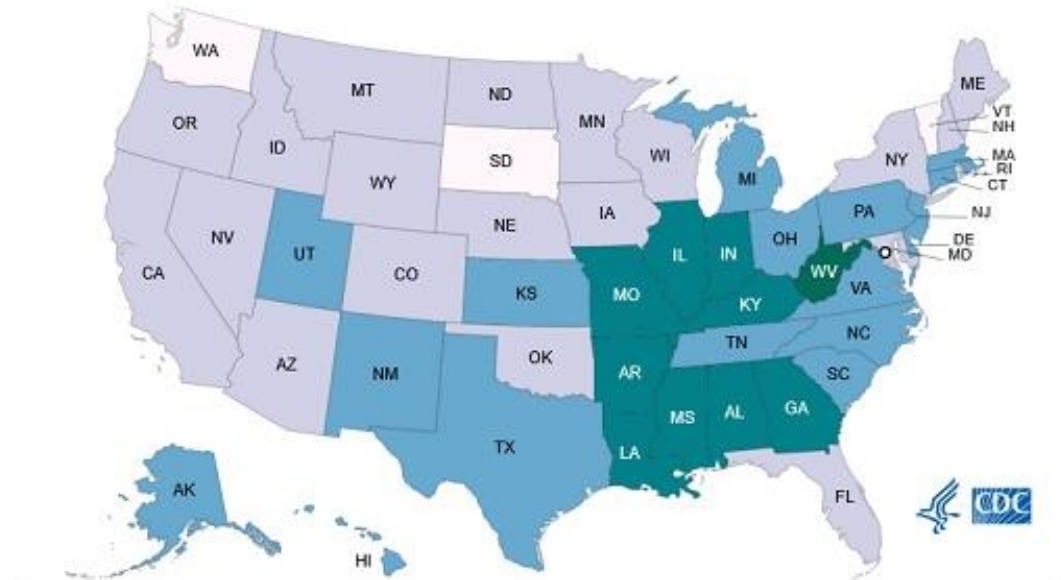
**4,766** deaths.

**10<sup>th</sup>** leading cause of death.

**\$85 billion** annual Medicaid cost.

**\$250,000** savings/patient who does not progress to kidney failure.

## Kidney Disease Mortality, by State



### Age-Adjusted Death Rates<sup>1</sup>

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

# State Kidney Disease Plan

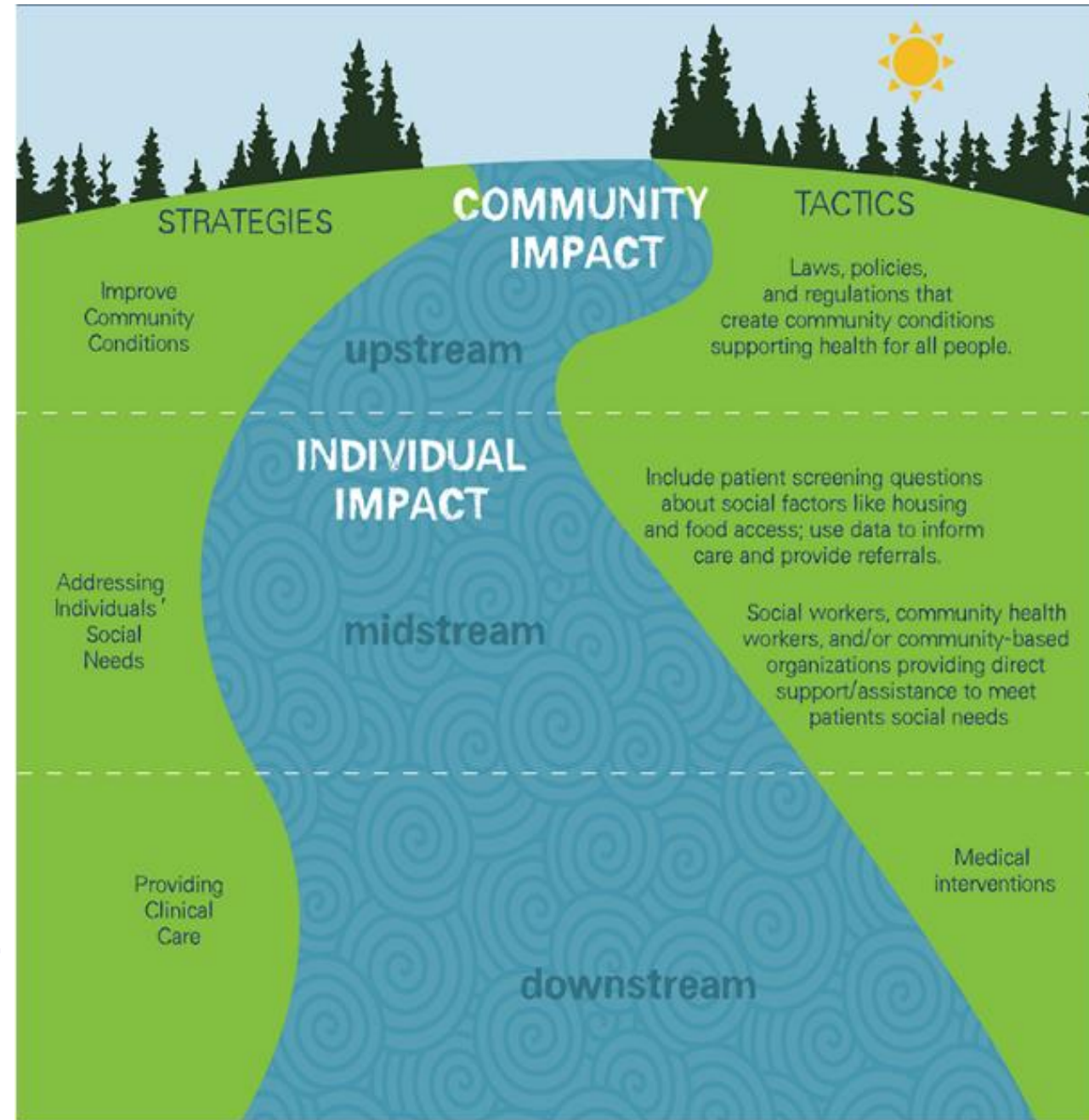
**State Plan for Chronic Kidney Disease Treatment**

**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.

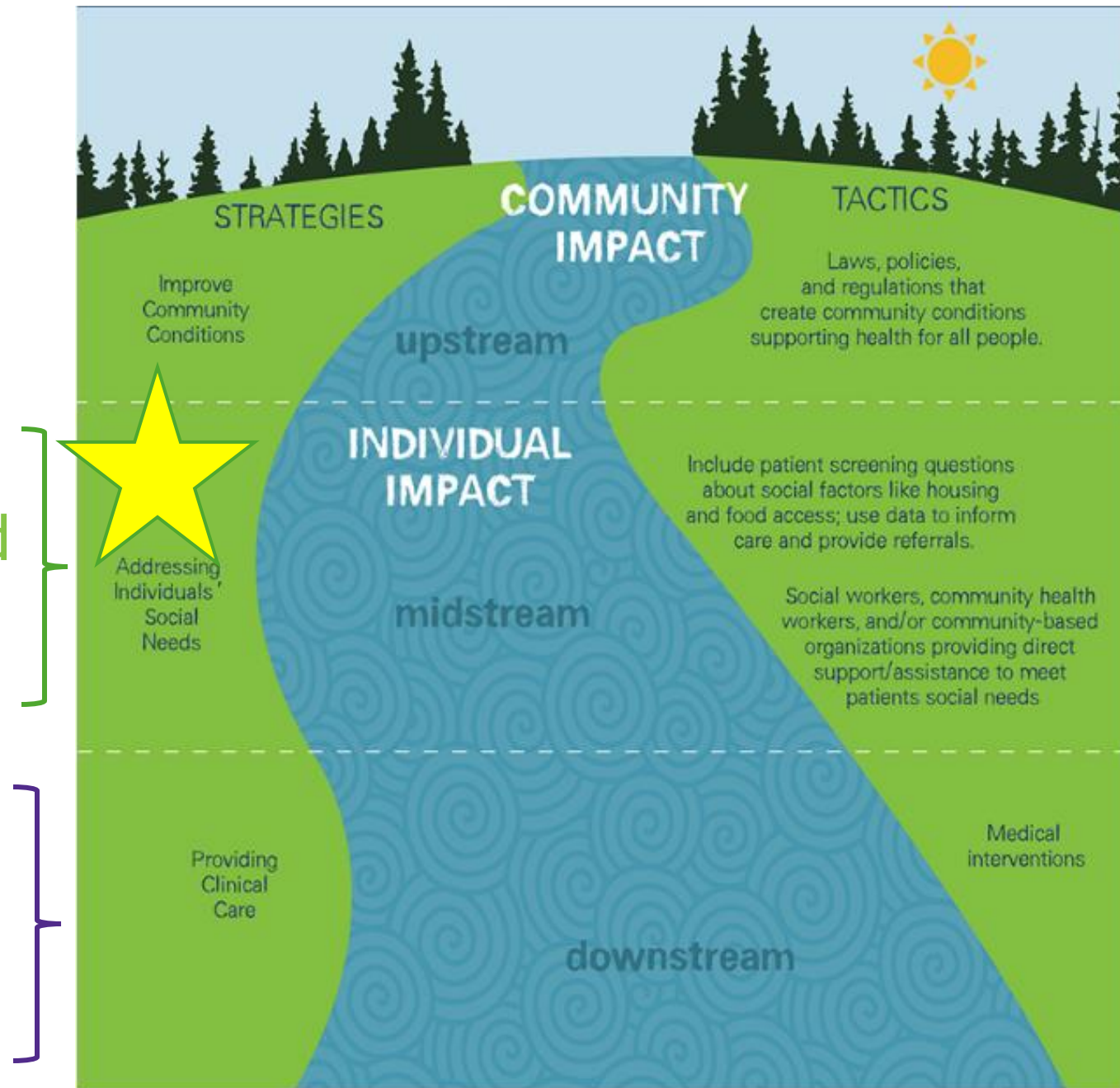
- End-stage kidney failure
- Transplantation
- Dialyses



# Moving Upstream

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

- End stage kidney failure
- Transplantation
- Dialyses



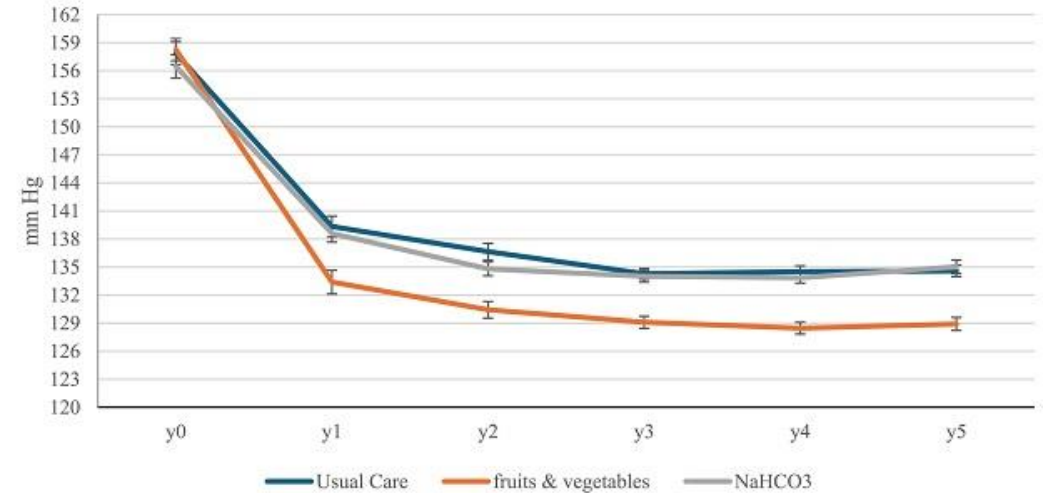


# Research: Food Improves Kidney Disease Outcomes

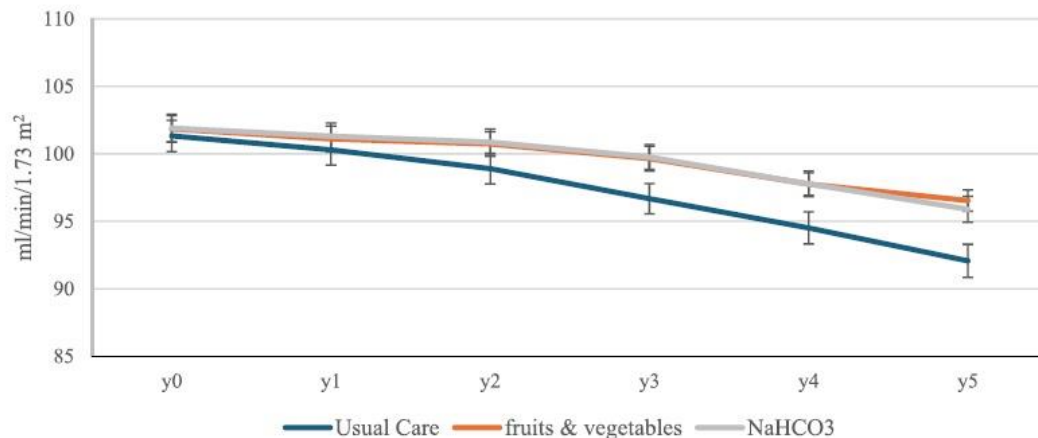
Medically tailored groceries delivered to kidney disease patients by CHWs in a faith-based settings.

- 5-year RCT in Texas shows **delayed kidney disease progression and reduced cardiovascular risk.**

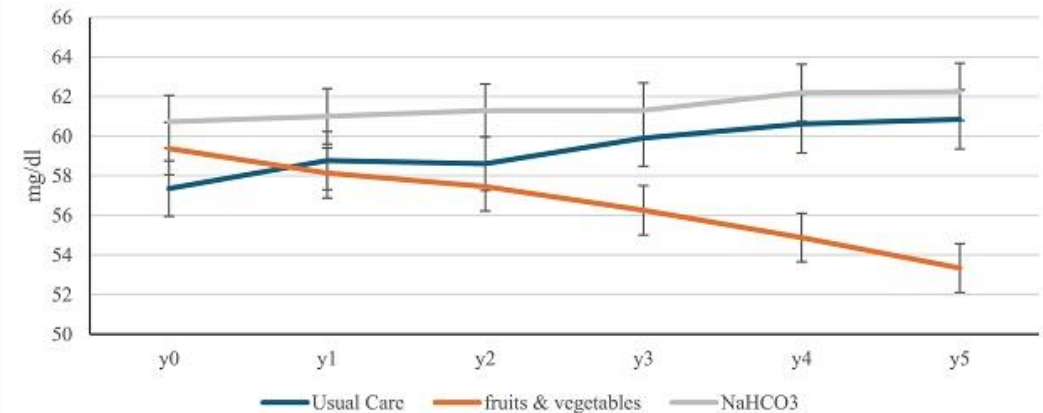
Systolic Blood Pressure



Estimated Glomerular Filtration Rate



Plasma Lp(a) cholesterol



# 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.

# 89<sup>th</sup> Session: Opportunities

in 88<sup>th</sup> session HB 2983

89<sup>th</sup> 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 and can avert future health care spending.

# 2024 Annual Texas NMDOH Consortium Conference: Advancing Research, Policy and Practice

December 5 – 6, 2024

Houston, Texas



Register for our Conference.

[Charles.Mathias@Rice.edu](mailto:Charles.Mathias@Rice.edu)  
[www.driversofhealthtx.org](http://www.driversofhealthtx.org)

Read our Policy Report:  
<https://bit.ly/3XsEYgp>



Economics & Finance

Energy

Foreign Policy

Domestic Policy

Health & Science

All Publications »

Center for Health and Biosciences | Report

## Enhancing Texas' Health Care Investments by Addressing Patients' Non-Medical Needs

September 16, 2024 | Elena M. Marks, Charles W. Mathias



# Questions?

**Please post your  
questions in the chat for  
the audience Q&A  
Session**

**Thank you for attending!**

**Please scan the QR code below to view more webinars from  
the Michael & Susan Dell Center for Healthy Living**

