

USPSTF & Community Guide Recommendations: Implications for Coverage of Asthma Interventions



Preventing asthma symptoms and attacks among many children, especially those with persistent and/or not-well-controlled or very poorly controlled asthma, requires coordinated interventions that integrate community-based approaches into patient care and take the management of asthma beyond the doctor's office. Prevention-focused community-based interventions help children and their caregivers proactively mitigate asthma triggers and manage asthma symptoms throughout their daily routine. As with any area of prevention, whether a particular child will receive these evidence-based asthma services depends to a great extent on whether they are covered by health insurance, and how much the child's family is expected to pay through deductibles and/or co-payments ("cost-sharing").

With the passage of the Affordable Care Act (ACA) there is now a national requirement that private health insurance plans and Medicaid expansion plans cover a basic set of preventive services without patient cost-sharing. These services include those recommended with an A or B grade by the U.S. Preventive Services Task Force (USPSTF). The following Q&A explains the significance of USPSTF recommendations for coverage and the importance of USPSTF engagement with the Community Preventive Services Task Force for asthma prevention.

How do USPSTF recommendations impact public and private insurance coverage? The U.S. Preventive Services Task Force (USPSTF) is an independent, volunteer panel of national experts in prevention and evidence-based medicine that reviews and analyzes existing research to make evidence-based recommendations about clinical preventive services such as screenings, counseling services, and preventive medications.^{1,2} The Task Force assigns each recommendation a letter grade (an A, B, C, or D grade or an "I statement" for insufficient evidence³) based on the strength of the evidence and the balance of benefits and harms of a preventive service.⁴ Recognizing the critical importance of preventive services and care, ACA incorporated USPSTF recommendations (along with certain other bodies' recommendationsⁱ) into requirements for private and public health insurance coverage:

- **Private Plans.** All "new" (non-grandfathered) group and individual plans, both inside and outside of state Exchanges, must cover, without cost-sharing, all A and B recommended services.⁵
- **Medicaid Expansion.** In states that are expanding Medicaid, the Medicaid expansion plans must cover all A and B recommended services without cost-sharing.⁶
- **Traditional Medicaid.** While preventive services are still an optional benefit under traditional (non-expansion) Medicaid,⁷ ACA gives state Medicaid programs a financial incentive to cover preventive services. ACA offers states a 1% increase in FMAP if the state Medicaid program covers *all* A or B recommended services without cost-sharing; to qualify, the state must make these services available for both fee-for-service and managed care enrollees.^{8,9}

Currently, the USPSTF does not make any recommendation related to asthma prevention. Therefore, private plans and Medicaid expansion plans do not have to cover preventive asthma interventions, and, if they do, plans can require cost-sharing and set other restrictions on access.

What is the Community Guide? The Task Force on Community Preventive Services is an independent, nonfederal panel of public health and prevention experts that makes recommendations on community-based prevention and health promotion activities, published in *The Guide to Community Preventive Services* (Community Guide).^{10,11} Unlike USPSTF recommendations, private health insurance plans and Medicaid expansion plans do not have to cover services recommended by the Community Guide.

ⁱ ACA also requires private plans and Medicaid expansion plans to cover, without cost-sharing, recommendations on immunizations made by the Advisory Committee on Immunization Practices (ACIP) and the preventive services recommended by the Health Resources and Services Administration's (HRSA's) Bright Futures Project, which provides evidence-informed recommendations to improve the health and wellbeing of infants, children, and adolescents. Neither of these bodies make recommendations related to asthma prevention.

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What recommendations does the Community Guide make for asthma prevention? The Community Guide recommends “the use of home-based multi-trigger, multicomponent interventions with an environmental focus for children and adolescents with asthma.”¹² The Guide states that not only do these interventions lead to reduced asthma symptoms and improved quality of life, but providing such services also leads to substantial cost savings ranging from \$5.30-\$14 for every dollar invested. However, because these interventions are recommended by the Task Force on Community Services rather than the Task Force on Preventive Services, private and public insurers have no obligation to cover these interventions. While a few private health plans have incorporated community asthma education and environmental interventions into their plan designs,^{13,14,15} community-based asthma programs are not in widespread use by public and private insurers.^{16,17}

How can Community Guide recommendations impact USPSTF’s work? While USPSTF and the Community Guide have different areas of focus, their recommendations do overlap. For example, both Task Forces make recommendations that address obesity screening, healthy diet counseling and physical activity:

USPSTF Recommendations:	Related Community Guide Recommendations:
<p><i>Obesity screening and counseling: children</i> The USPSTF recommends that clinicians screen children age 6 years and older for obesity and offer them or refer them to comprehensive, intensive behavioral interventions to promote improvement in weight status.</p> <p><i>Healthy diet counseling</i> The USPSTF recommends intensive behavioral dietary counseling for patients with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease. Intensive counseling can be delivered by primary care clinicians or by referral to other specialists, such as nutritionists or dietitians.</p>	<p><i>Obesity Prevention and Control: Technology-Supported Multicomponent Coaching or Counseling Interventions to Reduce Weight and Maintain Weight Loss</i> The Community Preventive Services Task Force recommends technology-supported multicomponent coaching or counseling interventions intended to reduce weight on the basis of sufficient evidence that they are effective in improving weight-related behaviors or weight-related outcomes.</p> <p><i>Behavioral and Social Approaches to Increase Physical Activity: Individually-Adapted Health Behavior Change Programs</i> The Community Preventive Services Task Force recommends implementing individually-adapted health behavior change programs based on strong evidence of their effectiveness in increasing physical activity and improving physical fitness among adults and children.</p>

Given the inevitable (and arguably crucial) overlap between clinical and community-based preventive services, the ACA requires both Task Forces to communicate with one another. Under ACA Section 4003(a), USPSTF must “take appropriate steps to coordinate its work with the Community Preventive Services Task Force...including the examination of how each task force’s recommendations interact at the nexus of clinic and community.”¹⁸ Likewise, the law requires the Community Preventive Services Task Force to coordinate with USPSTF.¹⁹

Is it appropriate for USPSTF to review asthma? Given the strong Community Guide recommendation for home-based asthma interventions for children, asthma may be ripe for review by USPSTF. At minimum, because evidence-based asthma interventions have clinical and community components, then per ACA requirements the two Task Forces should take steps to coordinate their work on this important issue.

As evidenced in the above descriptions of obesity and healthy diet counseling, USPSTF already has recommendations in place for children that fall in that “nexus of clinic and community” where non-clinical providers are needed to promote effective prevention. USPSTF similarly recommends counseling for tobacco use cessation in children and adolescents; in its recommendation statement USPSTF describes the value of school- and community-based behavioral counseling programs that promote smoking cessation.²⁰ In these and other recommendation statements, it is clear that USPSTF recommendations go beyond preventive care that happens solely in a clinical setting.

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For these reasons, we believe that coordination between the Task Forces and USPSTF review of asthma interventions in homes and other community-based settings are appropriate.

¹ U.S. Preventive Services Task Force. About the USPSTF. Available at: <http://www.uspreventiveservicestaskforce.org/about.htm>.

² U.S. Preventive Services Task Force, "Understanding How the U.S. Preventive Services Task Force Works" (online at www.uspreventiveservicestaskforce.org/uspstf101_slides/uspstf101.htm).

³ U.S. Preventive Services Task Force. Grade Definitions. February 2013. Available at: <http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm>.

⁴ U.S. Preventive Services Task Force. Recommendations. Available at: <http://www.uspreventiveservicestaskforce.org/recommendations.htm>.

⁵ Patient Protection and Affordable Care Act, Public Law No. 111-148, § 1001, 124 Stat. 131, (March 2010), amending Part A of title XXVII of the Public Health Service Act, 42 U.S.C. 300gg et seq.

⁶ Medicaid and Children's Health Insurance Programs: Essential Health Benefits in Alternative Benefit Plans, Eligibility Notices, Fair Hearing and Appeal Processes, and Premiums and Cost Sharing; Exchanges: Eligibility and Enrollment; Final Rule. Centers for Medicare & Medicaid Services. 78 Fed. Reg. 42160 (July 15, 2013)

⁷ Note that all Medicaid services, including those considered optional for adults, must be covered for children.

⁸ Patient Protection and Affordable Care Act, Public Law No. 111-148, § 4106, 124 Stat. 131, (March 2010).

⁹ Center for Medicaid and CHIP Services, Center for Medicare and Medicaid Services, Dear State Medicaid Director Letter "RE: Affordable Care Act Section 4106 (Preventive Services)" (February 1, 2103), available at <http://www.medicaid.gov/Federal-Policy-Guidance/downloads/SMD-13-002.pdf>.

¹⁰ <http://www.thecommunityguide.org/annualreport/2011-congress-report-exec.pdf>

¹¹ Community Preventive Services Task Force, "History of the Community Guide" (online at www.thecommunityguide.org/about/history.html).

¹² Community Preventive Services Task Force. Asthma Control: Home-Based Multi-Trigger, Multicomponent Environmental Interventions. Available at: <http://www.thecommunityguide.org/asthma/multicomponent.html>.

¹³ National Environment Leadership Award in Asthma Management: Health Plan Award Winners. Environmental Protection Agency. <http://www.asthmaawards.info/awards/winners/category/126>. Accessed: January 12, 2013.

¹⁴ Hoppin P, Jacobs M and Stillman L. Investing in Best Practices for Asthma: A Business Case for Education and Environmental Interventions, *Asthma Regional Council of New England*, June 2010.

¹⁵ National Environment Leadership Award in Asthma Management: Health Plan Award Winners. Environmental Protection Agency. <http://www.asthmaawards.info/awards/winners/category/126>. Accessed: January 12, 2013.

¹⁶ Hoppin P, Jacobs M and Stillman L. Investing in Best Practices for Asthma: A Business Case for Education and Environmental Interventions, *Asthma Regional Council of New England*, June 2010.

¹⁷ Williams D, Portnoy J and Meyerson K. Strategies for Improving Asthma Outcomes: A Case-Based Review of Successes and Pitfalls. *Journal of Managed Care Pharmacy*. Feb 2010;16(1-c):S2-S17.

¹⁸ Patient Protection and Affordable Care Act, Public Law No. 111-148, § 4003(a), 124 Stat. 131, (March 2010).

¹⁹ Patient Protection and Affordable Care Act, Public Law No. 111-148, § 4003(b), 124 Stat. 131, (March 2010).

²⁰ U.S. Preventive Services Task Force. Primary Care Interventions to Prevent Tobacco Use in Children and Adolescents: U.S. Preventive Services Task Force Recommendation Statement. August 27, 2013. Available at: <http://www.uspreventiveservicestaskforce.org/uspstf12/tobacco/tbacfinalrs.htm>.