Asthma affects 25 MILLION people in the United States, including 7 million children.

Asthma is the leading cause of school absences and third leading cause of hospitalizations among children.

The annual cost of asthma is estimated to be over $56 BILLION in the United States.

Comprehensive asthma interventions that include all four components recommended by NIH have proven to reduce hospitalizations and emergency department visits by children. However, the third component, Control of Environmental Exposures that Affect Asthma, is not covered or only partially covered by Medicaid in most states.

Four Components of Asthma Care Management
According to the National Heart, Lung, and Blood Institute Expert Panel Report 3

1. Assessment and Monitoring of Patients with Asthma
2. Education about Asthma Self-Management
3. Control of Environmental Exposures that Affect Asthma
4. Medications to Treat Asthma

Comprehensive Asthma Intervention Model

Identification of high-utilizer asthma patients
In-home assessment of medical and environmental needs
Asthma education & remediation of environmental triggers
Evaluation of outcomes

Pay for Success Financing to Address Asthma: Demonstrating the Business Case at Scale

GHHI is building cross-sector partnerships to scale comprehensive evidence-based interventions for asthmatics across the country utilizing Pay for Success, a financing mechanism that shifts the focus from paying for services to paying for outcomes. GHHI's seeks to demonstrate at scale that these interventions reduce acute care visits and save money for Medicaid. The end goal is direct, sustainable funding from Medicaid for these services.

For more information visit: www.ghhi.org/PayForSuccess or contact us at pfs@ghhi.org.
In the asthma Pay for Success model, investors provide upfront capital for the comprehensive asthma intervention. The back-end payer, such as a Medicaid health plan, repays investors if outcomes are achieved and independently verified. The primary outcome is generally a reduction in asthma-related medical costs.

**Steps:**

1. Investors provide upfront capital for scaling evidence-based services
2. Service Providers deliver services for defined target population
3. Services produce a measurable social impact, and often cost savings, that the back-end Payer values
4. Once outcomes are measured and verified by an independent Evaluator, Payer repays Investors
5. An Intermediary often provides project and financial management services through each step

**GHHI’s Pay For Success Work**

GHHI is currently leading a cohort of 11 asthma-focused PFS projects with Medicaid health plans, state agencies, hospitals, and community-based partners in jurisdictions across the country. Below are the jurisdictions and healthcare partners whose asthma populations the projects are targeting.

**Feasibility ongoing:**
Chicago (Presence Health), Houston (UnitedHealthcare), New York City (Affinity Health Plan), Philadelphia (Health Partners Plans), Rhode Island (Rhode Island State Medicaid)

**Feasibility completed:**
Buffalo (YourCare Health Plan), Grand Rapids (Spectrum Health), Memphis (Le Bonheur Children’s Hospital), Springfield (Baystate Health)

**Transaction structuring:**
Baltimore (Johns Hopkins Medicine), Salt Lake County (University of Utah Health Plans)

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**Online resources**
- American Lung Association: The Impact of Asthma
- CDC: Vitalsigns - Asthma in the U.S.
- NIH: Guidelines for the Diagnosis and Management of Asthma (EPR-3)
- The Community Guide: Home-Based Multi-Trigger, Multicomponent Environmental Interventions – Children and Adolescents with Asthma