

Bree Pediatric Asthma Workgroup

Funding Recommendations

08/16/22

Funding Recommendations:

- Consider payment model other than fee-for-service, including alternative payment models such as:
 - Partial Capitation: risk-adjusted payments per asthma patient per month to help offset the costs of care coordination or a per-member-per-month reimbursement that takes the place of fee-for-service
 - Bundled Payment: a fixed payment for asthma care provided over a defined period of time. Offers enhanced incentives to provide educational or environmental interventions to avoid high-cost emergency room visits.
 - Shared Savings/Shared Risk: Provide an opportunity for providers to retain some of the savings from high-quality care, encouraging innovation
 - Full Capitation: One payment paid to a provider for a population of patients over a defined period of time (may go beyond asthma).

- Funding Sources:
 - Grant funding: may be able to provide initial funding, but is often provided on a short-term timeline and does not allow scaling up interventions.
 - Payers/Plans: Consider adopting bundled payment models for pediatric asthma
 - Public Health: Consider providing funding for asthma management and care coordination, especially multi-component home-based interventions run by community health workers.