Asthma Outcomes with Specialist Care

With their years of specialty training and clinical experience in asthma management, allergists are more likely to follow the state-of-the-art treatment plans that improve outcomes and reduce costs. They also are more likely than non-specialists to manage asthma based on the latest clinical study findings, to identify and implement procedures to reduce allergy triggers for the disease, and to follow consensus guidelines. It is well documented that asthma care delivered under the supervision of an allergist results in improved outcomes and more effective use of healthcare resources.

Studies have found:

- Pharmaceuticals are a major driver of asthma care costs, yet the majority of patients do not meet criteria for appropriate use. Patients who use medication appropriately are more likely to be treated by specialists than by family medicine/general practitioners.
- Provider knowledge and communication skills influence adherence to treatment, and specialist providers may be better at communicating complex regimens to their patients with asthma.
- Asthma care provided by specialists is associated with better patient outcomes across a range of relevant indicators compared to care provided by generalists, including fewer hospitalizations and emergency room visits, higher ratings for the quality of care, fewer restrictions in activities and improved physical functioning.
- Worker’s compensation claimants with work-related asthma who are treated by specialists are significantly more likely to receive appropriate diagnostic testing (83 percent) compared to those treated by generalists (20 percent).
- Patients of allergists are less likely to be hospitalized, have unscheduled visits for asthma care or to overuse beta-agonist medications.
- Researchers found that effective management strategies are associated with appropriate medication use and better outcomes, even after accounting for high-risk characteristics. In these studies, asthma specialist care was independently associated with better disease control.

Asthma prevalence is at all-time high in the United States, with an annual cost to society of $56 billion, yet studies show that the majority of patients receive substandard and needlessly costly care.

A large survey of national health care data identified two major trends inconsistent with asthma best practices:
- Overuse of rescue medications (up to 60%)
- Underuse of preventive medicine (70%)
- Both are strongly associated with poor disease control, risk for an “asthma attack” and high treatment costs.

Managed Care Studies Demonstrating Improved Outcomes with Allergist Care

Because of the consistent findings of the benefits of specialty care, administrators of many health care plans and managed care organizations strive to involve allergists in asthma care. For example:

- A survey of parents of Medicaid-insured children with asthma enrolled in five managed care plans found widespread underuse of controller medications. Treatment by an allergist was associated with more appropriate use of these medications.

- Children in a staff-model health maintenance organization (HMO) were nearly twice as likely to receive specialist care as those in a state-administered primary care case manager plan. Children in the HMO were 54 percent less likely to require an emergency department visit or hospitalization, half as likely to meet national definitions for persistent asthma and nearly three times more likely to receive timely follow-up care compared to children in the primary care plan.

- Patients treated by asthma specialists in a large HMO reported significantly higher general physical and asthma-specific quality of life, less asthma control problems, less severe symptoms, higher satisfaction with care and greater self-management knowledge compared with patients followed by primary care physicians.

Lost Work/School Days Due to Asthma

- Non-Specialist Care: 1,040
- Specialist Care: 246

77% reduction in time lost from work or school with asthma specialty care


Every dollar spent on asthma control programs can save $71 in health care expenses by shifting care from costly hospital/emergency department settings to doctor offices and outpatient clinics.


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