AMERICAN ACADEMY OF ALLERGY ASTHMA & IMMUNOLOGY

JCAAI Joint Council of Allergy, Asthma & Immunology

ACAAI American College of Allergy, Asthma & Immunology

THE STATE OF THE SPECIALTY PRACTICE of ALLERGY AND IMMUNOLOGY and THE IMPACT OF PATIENTS WITH ASTHMA & ALLERGIES IN 2012:

Asthma is a life long disease that if not treated properly can limit an individual's quality of life and even lead to death. There are approximately 4,000 Asthma deaths in the U.S. per year. Asthma is a narrowing of the airways to the lungs caused by inflammation of air passages. Currently, more than 24 million American adults and children suffer from Asthma with the prevalence increasing 12 percent in the last decade according to the Centers for Disease Control and Prevention (CDC). Everyday about 40,000 Americans miss school or work due to Asthma causing an estimated $56 billion loss to the U.S. economy each year.

Allergic responses substantially contribute to both chronic persistent asthma and acute episodes. Asthma and allergies go hand-in-hand. While there is not yet any known cure for Asthma, we do know that **when patients are under the care of an Allergist/Immunologist Specialist outcomes are better**.

What is an Allergist/Immunologist?

An Allergist/Immunologist is a medical doctor with specialty training in the diagnosis and treatment of allergic diseases of the immune system. To become an Allergist, a person must attend college (4 years), medical school (4 years), residency training in either internal medicine or pediatrics (3 years each), and pass a difficult exam to become Board certified in these fields. Once they are Board certified, the internist or pediatrician may decide to obtain additional specialty training in Allergy/Immunology called a Fellowship (2 years). An Allergist/Immunologist who is Board certified also passes another exam showing competence in Allergy and Immunology.

Evidence of Quality & Cost-Effectiveness:

Recent studies show that in some instances, Allergy shots or Immunotherapy may prevent Asthma episodes and save a large amount of money over several years. Allergy shots (Allergy immunotherapy) are both beneficial and cost efficient by providing lasting relief of Allergy symptoms even after treatment has stopped. Research by Linda Cox, M.D. and Cheryl Hawkins, Ph.D. that utilized the Florida Medicaid database (1997-2009, 7,524,231 patients) found that pediatric and adult patients who received Allergy shots had significantly lower costs for inpatient, outpatient, and pharmacy services. Furthermore, the research showed that after 6 months of Allergy treatment, there were significant reductions in the use of outpatient, pharmacy, and inpatient services in the 6 months after treatment. This ***reduction in health care utilization resulted in a 6 month, per patient, total weighted cost savings of $401.00 for children.***

In another similar study focused on adults, that compared 18-month health care costs in allergic rhinitis patients who received allergen immunotherapy with a matched control group that did not, there was ***a significant reduction in total health care savings resulting in savings of $3,853 (40%) per patient.*** The savings were realized within 3 months of immunotherapy.

(Continue reading on reverse. . .)

There is evidence that immunotherapy can prevent the progression of allergic rhinitis (Allergy) to Asthma, and it is currently the only disease modifying treatment for allergic disease. In contrast, Allergy medications only control symptoms when taken and provide no long lasting benefit after they are stopped.

REQUEST TO CONGRESS:

1. **Patients need access to Allergy and Immunology Specialty Care:**
   - Immunotherapy or Allergy shots are effective in reducing symptoms and costs associated with allergic disease and may prevent more serious allergic conditions such as Asthma.
   - We need to assure that patients have access to Allergy and Immunology Specialists and access to Immunotherapy or Allergy shots when warranted.
   - Support educational and outreach programs to promote better access to Allergy treatments which are a cost effective disease modifying treatment/care.
   - Support education and training programs to produce an adequate supply of Allergists/Immunologists through the Pediatric Hospital Graduate Medical Education program and the Medicare Graduate Medicare Education program.

2. **Support the National Asthma Education and Prevention Program coordinated by the National Heart Lung and Blood Institute (NHLBI)** that develops and disseminates science based guidelines for Asthma diagnosis and management. These recommendations are built around 4 essential components of Asthma management critical for long term control of Asthma: assessment and monitoring control of factors contributing to symptom exacerbation; pharmacotherapy; and, education for partnership in care.

   Although not all patients with Asthma need medications, patients with persistent Asthma need daily long-term "controller" medication to prevent exacerbations and chronic symptoms. These medications include inhaled corticosteroids, inhaled long activity beta-2-agonists, cromolyn, theophylline and leukotriene modifiers.

   Data shows, however, that for a myriad of reasons, patients do not always comply with daily medicine regimes. Factors include: private or public health insurance policies; out-of-pocket expenses; non-insurance; and, other factors.

3. **Medicare Physician Fee Payment/Sustainable Growth Rate (SGR):**
   Absent any Congressional intervention, the SGR related cut that will occur on January 1, 2013, will be 32%. MedPAC has recommended a 10-year freeze in one conversion factor (CF) for Specialists like Allergists/Immunologists. A three-year cut of 5.9% per year, followed by a 7-year freeze in the CF. **We recommend a permanent fix and oppose any cuts to Specialists.** ***Such cuts as recommended by MedPAC would be harmful to our Specialty and our health care system; but, most of all, to our patients.***

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