Asthma Management and the Allergist

Better Outcomes at Lower Cost

Executive Summary

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A substantial and growing body of published clinical data and economic research shows that aggressive management of asthma by a specialist improves outcomes for patients, lowers overall treatment costs for payers, and reduces the indirect costs to society. Specialty care results in fewer hospitalizations and other emergency interventions, fewer missed days from work or school, and significantly enhanced health and quality of life for those who suffer from asthma. This evidence is reflected in national practice parameters and guidelines, including those issued in 2010 by the National Heart, Lung and Blood Institute (NHLBI) that recommend specialty referral for many patients with moderate-to-severe asthma.

Despite this evidence, only a small percentage of patients who could benefit from specialty care are referred to an allergist and the majority of patients – including a disproportionate number of children – do not receive adequate care to control asthma, its debilitating symptoms and the increased costs of uncontrolled asthma.
Asthma prevalence (8.4 percent) is at an all-time high in the U.S., affecting 26 million people, including 7 million children. About half of people with asthma have at least one asthma attack each year. The disease accounts for:

- 3,400 deaths
- $3,259 in direct costs (2009 dollars) per person
- $56 billion in total costs
- More than 15.3 million physician office and hospital outpatient department visits
- 1.75 million emergency department (ED) visits
- Nearly 500,000 hospitalizations, including 157,000 for children 17 and under
- 14.2 million lost work days
- 10.5 million lost school days

The NHLBI Guidelines for the care of asthma patients place special emphasis on the importance of asthma control, a stepwise approach to asthma management, and early diagnosis and intervention.

The guidelines stipulate that asthma should be diagnosed as early as possible and treated aggressively while it is still mild. Otherwise it may worsen, requiring even more expensive medical interventions and, in some cases, cause permanent scarring and irreversible remodeling of the lungs’ airways.

Asthma cannot be cured, but it can be controlled. When guidelines are followed, people with asthma should expect:

- no or few asthma symptoms, even at night or after exercise
- prevention of all or most asthma attacks
- participation in all activities, including exercise
- no emergency room visits or hospital stays
- less need for quick-relief medicines
- no or few side effects from asthma medicines

There is overwhelming evidence, however, that only a minority of patients are meeting these goals of asthma control. Much of the expense of asthma is attributed to costs that can be avoided or reduced when the disease is controlled. Severe, uncontrolled asthma has been estimated to cost nearly five times that for mild asthma.
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.

Asthma patients under the care of an allergist consistently experience better outcomes at lower cost because of:

- Fewer emergency care visits
- Fewer hospitalizations
- Reduced lengths of hospital stays
- Fewer sick care office visits
- Fewer days missed from work or school
- Increased productivity in their work and personal lives
- Greater satisfaction with their 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.

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.

As more is learned about asthma, researchers are discovering that the disease is far more complex than previously thought, with new data from genomics, epidemiology, in vitro studies and other research that is leading to new asthma management strategies. Asthma consists of several subtypes, such as allergic asthma, exercise-induced asthma, asthma related to bacterial or fungal infections and asthma in the elderly. Each type can have different symptoms or triggers, and each requires a different approach to diagnosis and treatment. Allergists have expertise in determining specific triggers that can cause asthma. They also are qualified to ensure that patients have access to the latest strategies to keep their asthma controlled, and have the training and clinical experience to deal effectively with factors such as the relationship between environmental pollutants and allergens, as well as the mechanisms of allergic reactions.

Allergists Have the Specialty Training, Knowledge and Experience to:

• Accurately diagnose the disease, its types, subtypes and severity.
• Identify the role of external factors, including allergens that can trigger an asthma attack, and advise patients on how to avoid their asthma triggers.
• Administer immunotherapy to reduce sensitivity to allergy triggers.
• Use current best practice standards to develop and implement appropriate treatment plans that focus on asthma control.
• Maintain disease control through a multi-faceted approach that includes prevention, appropriate use of medications and other interventions to prevent symptoms, and promote ongoing patient education and self-care strategies.
• Prevent serious consequences of asthma.

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Allergists:

• promote asthma self-management skills to assist people in eliminating or decreasing exposure to asthma “triggers.”
• are more likely than generalists to provide authoritative information to health care providers, families and other caregivers.
• are specialists at immunotherapy that can reduce sensitivity to the allergens that trigger asthma attacks, and significantly reduce the severity of the disease or prevent the development of asthma in some children with seasonal allergies.

Allergists can and should be part of the process of transformation in our health care system. They can be integral to helping accountable care organizations (ACOs) and other value-based care models save money by reducing hospitalizations and improving the quality of allergy and asthma care in the populations served.

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