

How Allergists Achieve High-Quality, Cost-Effective Outcomes

Asthma is among the most common chronic diseases among children and adults, with an annual cost to society of \$82 billion, yet studies show that the majority of patients receive substandard and needlessly costly care.

Asthma in America

Affects 25.2 million people, including 6.1 million children

Costs society \$82 billion

9.8 million physician office and hospital outpatient department visits

1.8 million emergency department (ED) visits

189,000 hospitalizations, including 80,000 for children 17 and under

14.2 million lost work days

10.5 million lost school days

Sources: Centers for Disease Control and Prevention; Nurmagambetov, et al. *J Asthma*. 2017; Akinbami, et al. *NatlHealthStatReport*. 2011.

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 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.

Society in general, health plan administrators, group plan purchasers and – most importantly – patients – benefit when asthma care is managed by an allergist. With their specialty training, knowledge and experience, allergists:

- Accurately diagnose the disease, its types, subtypes and severity.
- Identify the role of external factors, including allergens that can trigger an asthma exacerbation, and advise patients on how to avoid their asthma triggers.
- Administer immunotherapy to reduce sensitivity to allergy triggers, significantly reduce the severity of the disease or prevent the development of asthma in some children with nasal allergies.
- 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 to assist people in eliminating or decreasing exposure to asthma triggers.
- Prevent serious consequences of asthma.
- Are experts in the use of biologics, genetically engineered proteins that control asthma symptoms by targeting the underlying cellular and mediator changes that cause the condition.

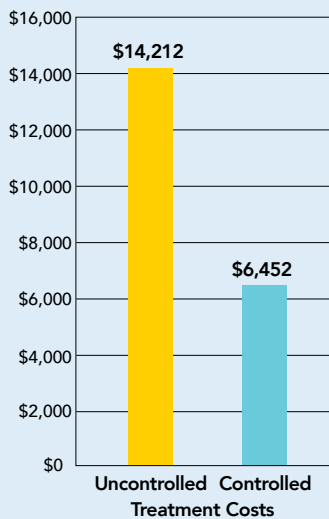


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AllergyandAsthmaRelief.org
college.aaaai.org/betteroutcomes

Costs Are Highest When Asthma is Uncontrolled



Source: Sullivan, et al. *Allergy* 2007

Controlled Asthma Means:

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.

Asthma Specialty Care in Health Plans

The National Committee for Quality Assurance (NCQA) has made the appropriate use of asthma medications a key indicator in evaluating the quality of managed care programs. **Administrators of many health care plans and managed care organizations have seen** improved outcomes and more cost-effective use of health care resources with care provided by allergists. For example:

- A survey of adult asthma patients enrolled in 12 managed care plans, found that care provided by specialists was consistently associated with better patient outcomes 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 function.
- In a random sample of 3,568 patients with persistent asthma enrolled in a managed care plan, patients treated by allergists were less likely to be hospitalized, have unscheduled visits for asthma care or to overuse beta-agonist medications. Patients managed by specialists also 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.
- A large matched cohort study of Medicaid-insured children with asthma enrolled in a state managed care plan compared health care costs for children treated with allergen immunotherapy (AIT) for allergic rhinitis (AR), with those who did not receive AIT. Patients in the AIT group had 192 hospitalizations compared to 286 in the control group. AIT patients incurred an average of 33% (\$1,625) lower 18-month median per patient overall health care costs compared to controls; 29% (\$765) to 58% (\$1,519) lower outpatient costs; and 16% (\$208) lower pharmacy costs after initiation of AIT.

Excerpted from *Asthma Management and the Allergist: Better Outcomes at Lower Cost*.
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