America’s Health Insurance Plans

Health Insurance Plans

Approaches to Asthma Management:
2006 Assessment

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Purpose of the 2006 Assessment

- Identify industry changes that have occurred since the 2004 asthma management assessment.

- Assess health insurance plans’ progress in implementing evidence-based interventions into their comprehensive asthma care management programs.

- Facilitate the exchange of information on the integration of environmental asthma management into asthma management programs at health plans.
In 2006, 78 of the 136 targeted plans responded, resulting in a 57% response rate and representing 51 million covered lives.
2006 Key Findings

- The reach of asthma disease management programs has been greatly expanded during the last two years.

- Health plans are using a variety of tools and resources to identify, categorize, and measure the care of enrollees with asthma.

- Health plans achieved measurable progress in incorporating environmental management of asthma into their asthma interventions and activities.

- Since 2004, both Medicaid and Commercial plans increased coverage of environmental asthma management tools for all enrollees and those with certain risk categories.
2006 Key Findings

- In efforts to reduce disparities in health care, health plans have also made significant improvements in enrollee access to translation services, the availability of printed and Web site information on asthma in multiple languages, and availability of providers fluent in multiple languages.

- One hundred percent of enrollees are in health plans that adopt evidence-based asthma guidelines (primarily the NHLBI guidelines).
Almost all enrollees with asthma from both Commercial and Medicaid plans are offered asthma management programs, regardless of severity.

84% of Commercial enrollees and more than half of enrollees in Medicaid participate in an asthma disease management program.

Health plans use a variety of methods to enroll members in asthma disease management programs:
- physician referral,
- case/care management referral,
- self referral, and
- automatic enrollment with opt-out
# Health Plan Identification and Stratification of Enrollees with Asthma

<table>
<thead>
<tr>
<th>Method</th>
<th>Commercial, 2006, %, n=38</th>
<th>Medicaid, 2006, %, n=40</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacy utilization data (e.g., NDC codes)</td>
<td>100.0</td>
<td>100.0*</td>
</tr>
<tr>
<td>Claims or encounter data (e.g., CPT-4, ICD-9 codes)</td>
<td>100.0</td>
<td>98.2</td>
</tr>
<tr>
<td>Referral from case/care management</td>
<td>95.8</td>
<td>86.0</td>
</tr>
<tr>
<td><strong>Provider referral</strong></td>
<td>90.6</td>
<td><strong>80.7</strong>*</td>
</tr>
<tr>
<td>Enrollee self-report (e.g., welcome calls, health risk assessments)</td>
<td>90.1</td>
<td>79.4</td>
</tr>
<tr>
<td><strong>Daily hospital census report</strong></td>
<td><strong>84.0</strong>*</td>
<td><strong>69.5</strong>*</td>
</tr>
<tr>
<td>Emergency room visits</td>
<td>76.4</td>
<td>64.6</td>
</tr>
<tr>
<td>Predictive modeling software (i.e., diagnostic cost group methodology)</td>
<td>59.4</td>
<td>31.5*</td>
</tr>
</tbody>
</table>

* Changes significant at p=0.05 level in comparison to 2004 data

Data is weighted by enrollment
Two-thirds of all health plans have an asthma registry in place to track the management of enrollees with asthma.

Most common clinical outcomes in asthma care management are measured by almost all responding health plans:
- emergency room utilization,
- inpatient utilization,
- quality measures, and
- Pharmacy costs/utilization

Most common data sources used to measure results:
- Medical claims data,
- HEDIS®, and
- Pharmacy claims data.
Asthma Management Interventions to Improve Quality & Patient Satisfaction

Most commonly used health plan interventions included in asthma management programs for **ALL** enrollees with asthma were:

- Annual influenza vaccinations (flu shots)
- Printed educational messages (e.g. newsletter articles, etc.)
- Website information and tools
- Nurse advice line
- Smoking cessation support/services

81% of Medicaid and 74% of Commercial enrollees are in health plans that integrate smoking cessation support into their asthma management program.

Data is weighted by enrollment.
Integrating Environmental Asthma Management into DM programs

Data is weighted by enrollment.
Health Plan Strategies for Incorporating Environmental Asthma Information

Top 5 Commercial interventions

- **Printed educational materials**: 100% (2004), 100% (2006)
- **Home visits***: 67% (2004), 94% (2006)
- **Environmental management tools**: 96% (2004), 91% (2006)
- **Website information and/or tools**: 98% (2004), 91% (2006)
- **Follow-up contact following hospitalization/ER visits***: 58% (2004), 91% (2006)

* Changes significant at p=0.05 level.

Data is weighted by enrollment.
Health Plan Strategies for Incorporating Environmental Asthma Information

Top 5 Medicaid interventions

- **Printed educational materials**
  - 2004: 100%
  - 2006: 97%

- **Home visits**
  - 2004: 100%
  - 2006: 91%

- **Case management**
  - 2004: 74%
  - 2006: 88%

- **Nurse advice line***
  - 2004: 57%
  - 2006: 85%

- **Proactive calls to enrollees with asthma***
  - 2004: 48%
  - 2006: 80%

* Changes significant at p=0.05 level.

Data is weighted by enrollment.
Challenges & Opportunities in Integrating Environmental Asthma Management

Challenges:
- Resource issues, such as inadequate staff and funding
- Inability to track and measure the effectiveness of environmental interventions

Opportunities:
- In 2006, Commercial plans increased coverage for environmental asthma management tools for all enrollees with asthma and those with certain risk categories, 27% vs. 19% in 2004.*
- While 1 in 20 Medicaid plans provided coverage for environmental asthma management tools for all enrollees with asthma in 2004, now 1 in 4 Medicaid plans do so, and of those plans - 56% of enrollees with asthma are covered for dust–proof mattresses/pillow covers.

*Data is unweighted
Main factors that prevent enrollees from adhering to the asthma management program:

- Potential financial/economic barriers of enrollees
- Low health literacy
- Environmental factors at home
- Enrollees’ customs, cultural, or religious beliefs that impact use of health care services
Health Plan Strategies to Encourage Patient Adherence

Top three strategies used by Commercial plans

* Changes significant at p=0.05 level.

Data is weighted by enrollment.
Health Plan Strategies to Encourage Patient Adherence

Top three strategies used by Medicaid plans

- Mailed reminders: 46% (2004), 89% (2006)
- Telephone follow-up: 50% (2004), 88% (2006)
- Non-financial incentives (mattress covers, HEPA filters etc.): 68% (2004), 59% (2006)

* Changes significant at p=0.05 level. Data is weighted by enrollment.
Top Ranked Provider Interventions

Most important interventions to support providers with improving asthma care management for their patients with asthma:

- Distribution of evidence-based practice guidelines
- Feedback to providers regarding their patients with asthma
- Financial/non-financial incentives to providers who meet selected quality targets
- IT tools to providers (asthma registries, automated decision support tools, reminder programs etc.)
- Asthma Action Plan templates to providers for patients with asthma
Addressing the Needs of America’s Culturally Diverse Population

Top 3 Commercial interventions

<table>
<thead>
<tr>
<th>Service</th>
<th>2004</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to translation services</td>
<td>85%</td>
<td>92%</td>
</tr>
<tr>
<td>Printed information in multiple languages*</td>
<td>61%</td>
<td>77%</td>
</tr>
<tr>
<td>Identification of network providers fluent in multiple languages</td>
<td>65%</td>
<td>76%</td>
</tr>
</tbody>
</table>

* Changes significant at p=0.05 level.

Data is weighted by enrollment.
Medicaid Health Plan Strategies to Improve Culturally Appropriate Services

<table>
<thead>
<tr>
<th>Service</th>
<th>2004</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to translation services *</td>
<td>73%</td>
<td>100%</td>
</tr>
<tr>
<td>Printed information in multiple languages</td>
<td>100%</td>
<td>95%</td>
</tr>
<tr>
<td>Case/disease management staff with cultural sensitivity or multi-linguistic skills *</td>
<td>69%</td>
<td>86%</td>
</tr>
</tbody>
</table>

* Changes significant at p=0.05 level.

Data is weighted by enrollment.
Percent of plans performing an ROI or similar cost-benefit analysis on their asthma disease management programs.

* Changes significant at p=0.05 level.  
Data is unweighted.
Conclusions

- Health plans have expanded access and coverage of environmental asthma management to all enrollees with asthma.

- Health plans utilize multiple strategies to support clinicians in improving quality of care of enrollees with asthma.

- Most important principal benefits of an asthma management program reported for both Commercial and Medicaid plans.
  - Reducing morbidity and mortality
  - Meeting quality improvement and performance measures, and
  - Lowering health care costs/utilization
Tools to Address Environmental Asthma Management

- Coverage articles
- CME/CE courses
- Resources/Toolkit
- Health Plan Examples

www.takingonasthma.org

Questions?
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