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America's Health Insurance Plans

Health Insurance Plans  
Approaches to Asthma Management:  
2006 Assessment

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## Purpose of the 2006 Assessment

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- 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.
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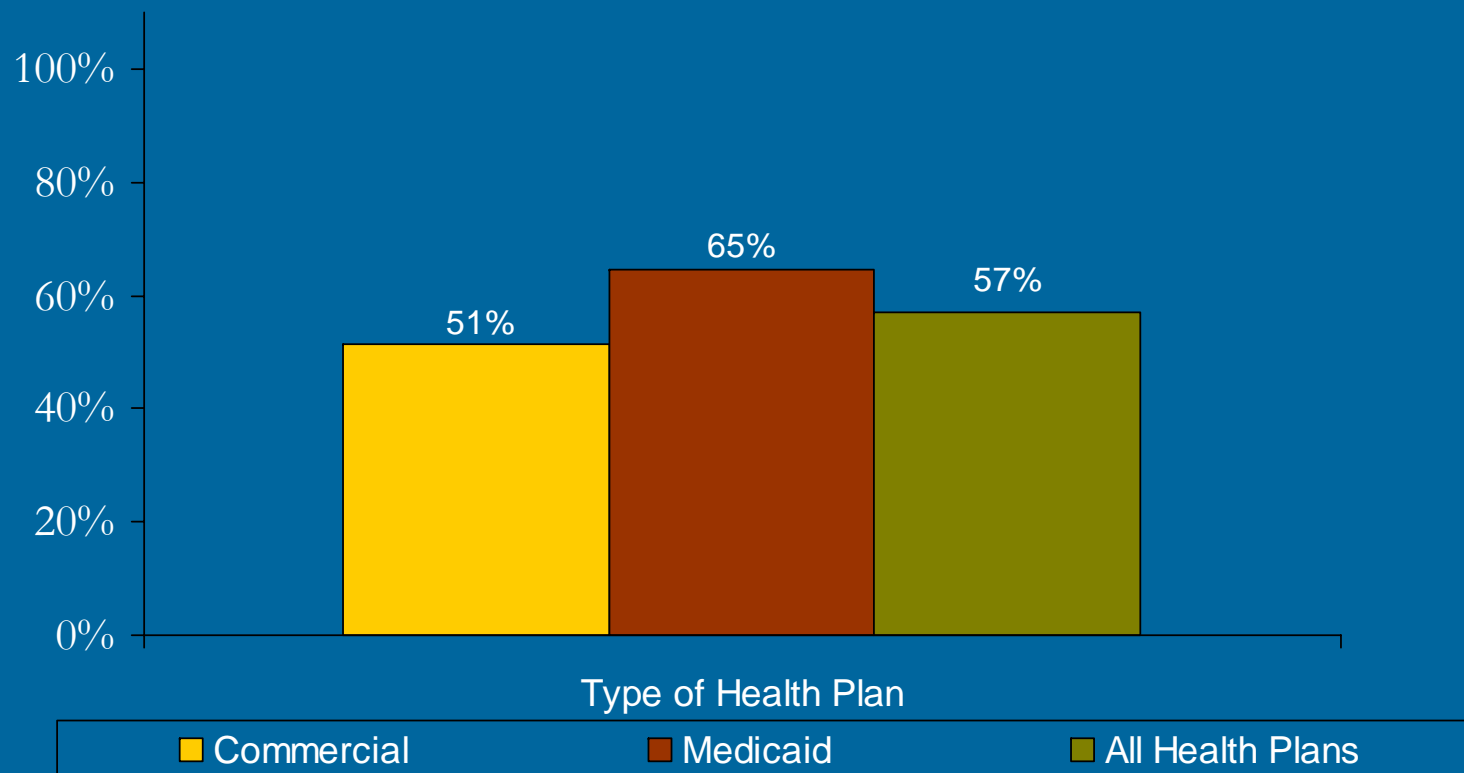
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# Response Rates for 2006 Assessment

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In 2006, 78 of the 136 targeted plans responded, resulting in a 57% response rate and representing 51 million covered lives.





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## 2006 Key Findings

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- 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.
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## 2006 Key Findings

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- 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).
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## Expanding Access to Disease Management Programs – 2006 Results

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- 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
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# Health Plan Identification and Stratification of Enrollees with Asthma

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

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

Data is weighted by enrollment



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# Outcomes Measurement

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- 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.
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# Asthma Management Interventions to Improve Quality & Patient Satisfaction

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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

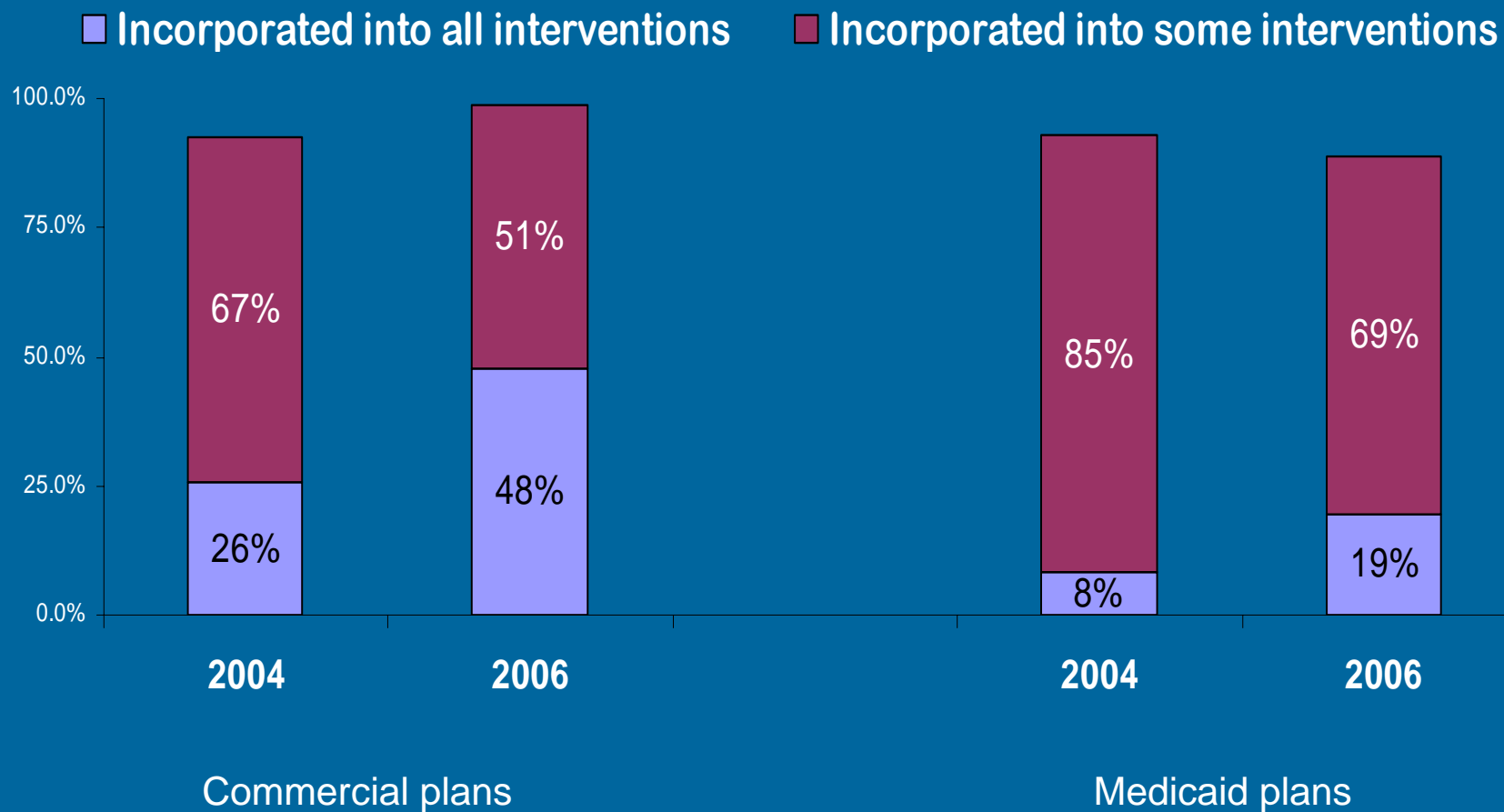
81% of Medicaid and 74% of Commercial enrollees are in health plans that integrate smoking cessation support into their asthma management program.

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Data is weighted by enrollment.



# Integrating Environmental Asthma Management into DM programs

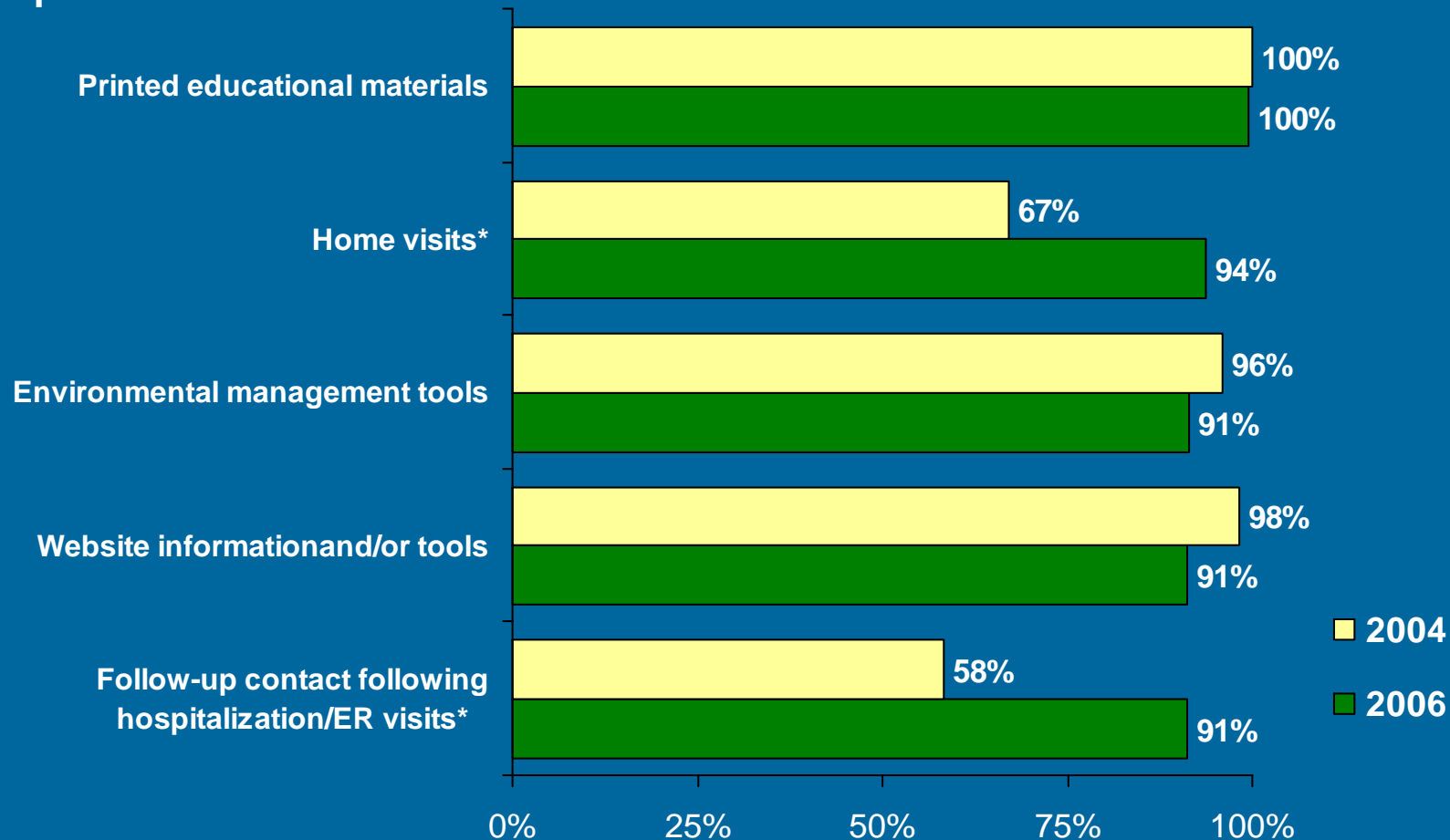


Data is weighted by enrollment.



# Health Plan Strategies for Incorporating Environmental Asthma Information

## Top 5 Commercial interventions



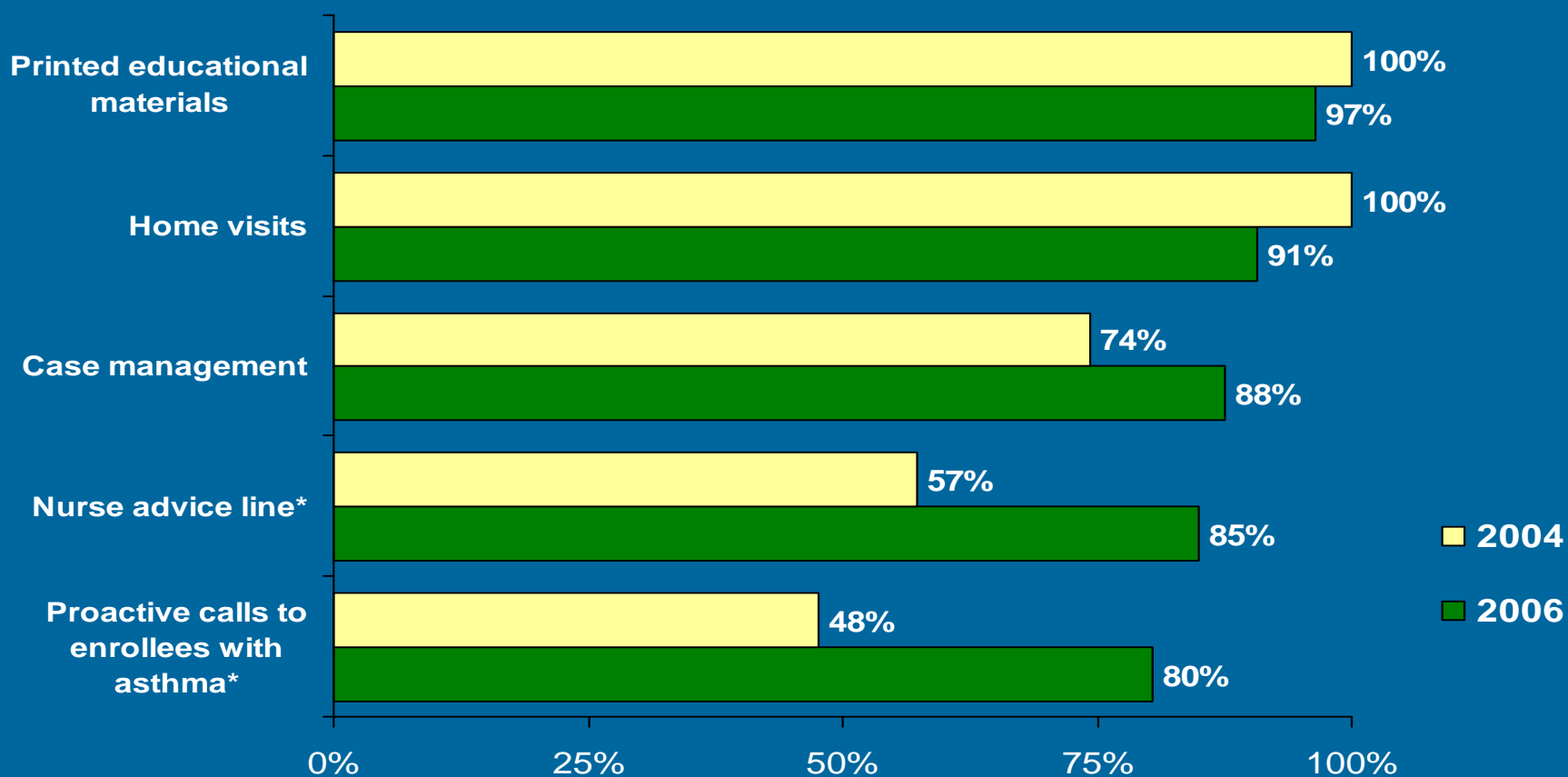
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Data is weighted by enrollment.



# Health Plan Strategies for Incorporating Environmental Asthma Information

## Top 5 Medicaid interventions



\* Changes significant at p=0.05 level.

Data is weighted by enrollment.



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## Challenges & Opportunities in Integrating Environmental Asthma Management

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### 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.

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\*Data is unweighted



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# Patient Adherence to Asthma Care Management

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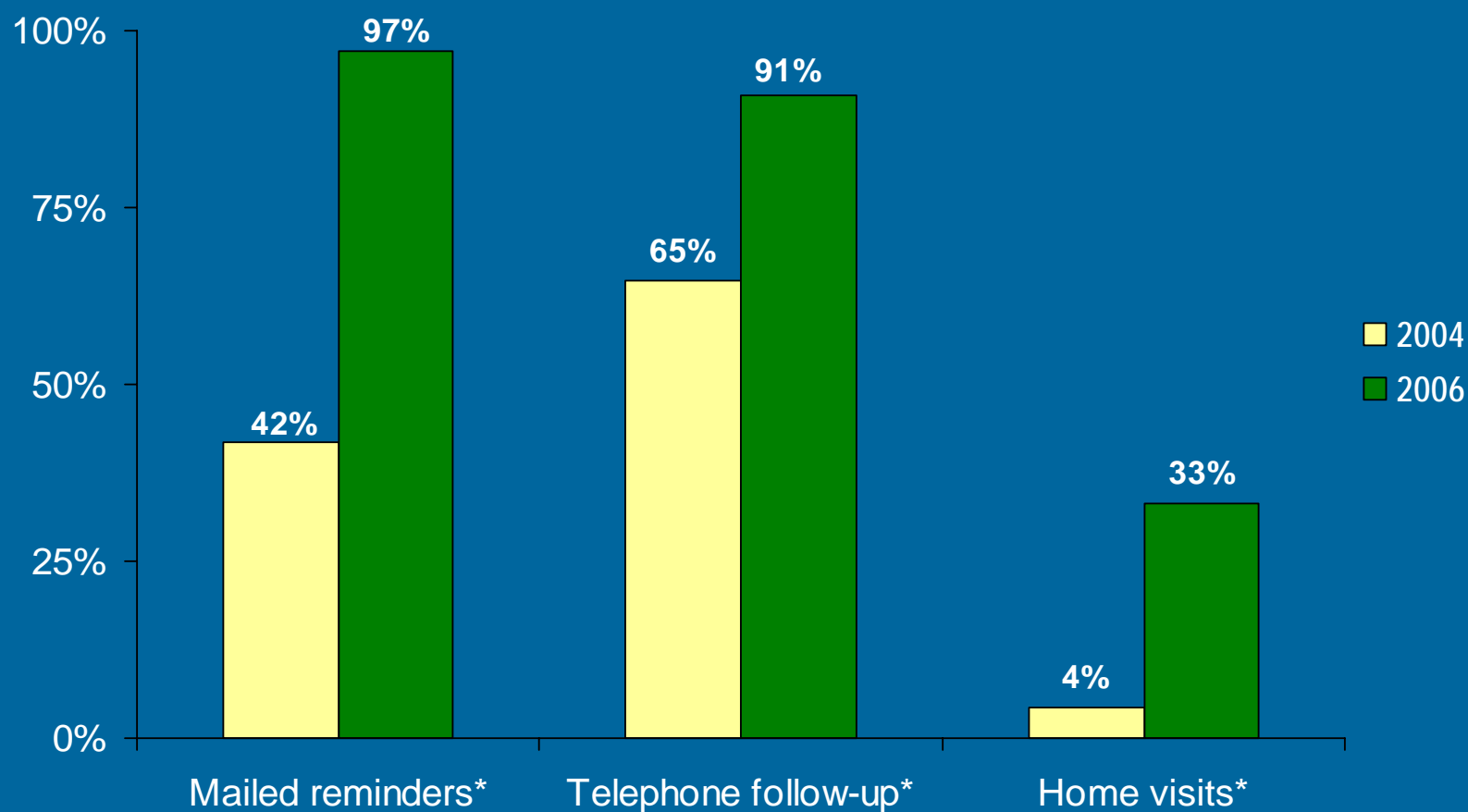
Main factors that prevent enrollees from adhering to the asthma management program:

- 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
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# Health Plan Strategies to Encourage Patient Adherence

Top three strategies used by Commercial plans



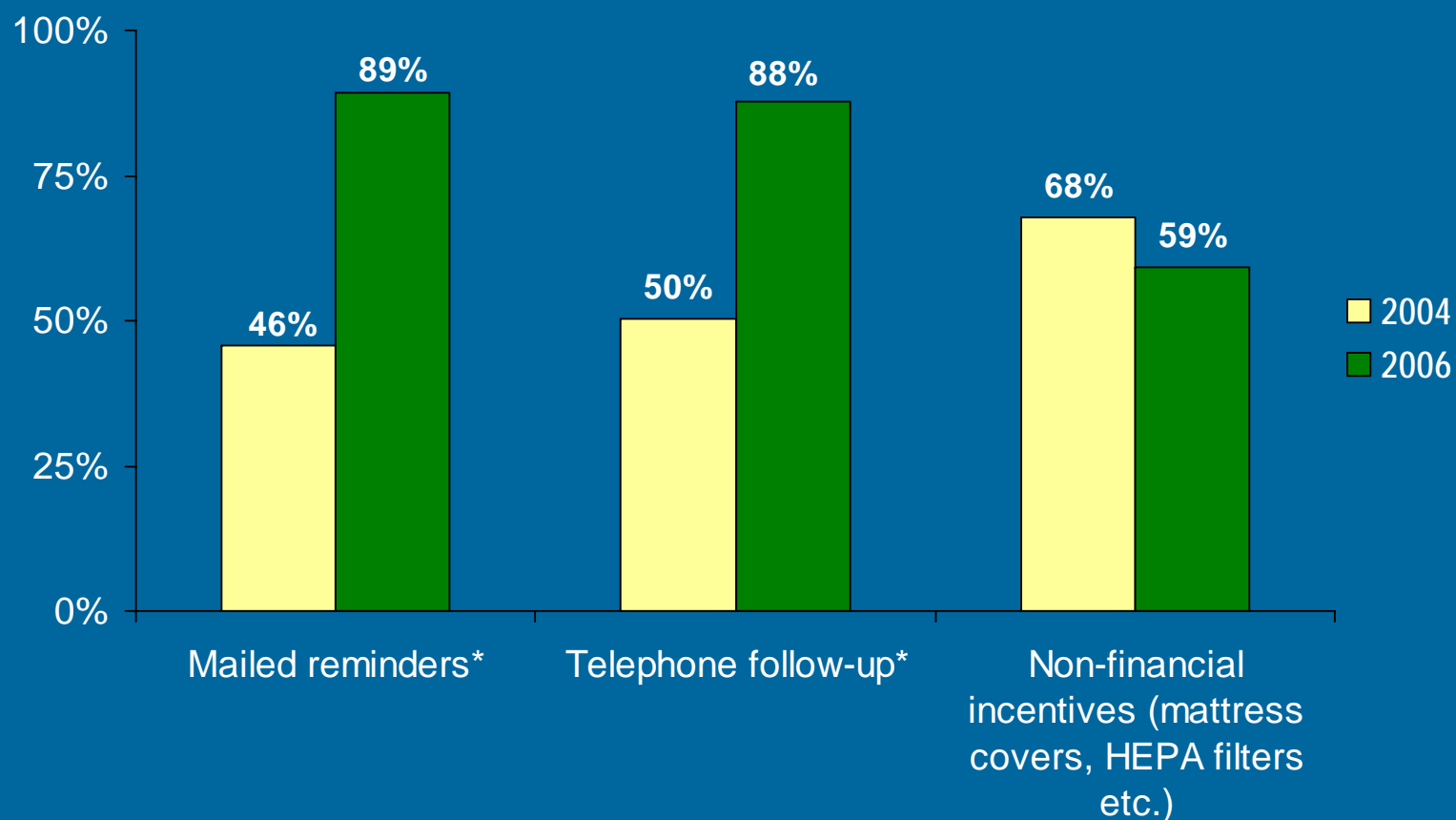
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# Health Plan Strategies to Encourage Patient Adherence

Top three strategies used by Medicaid plans



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# Top Ranked Provider Interventions

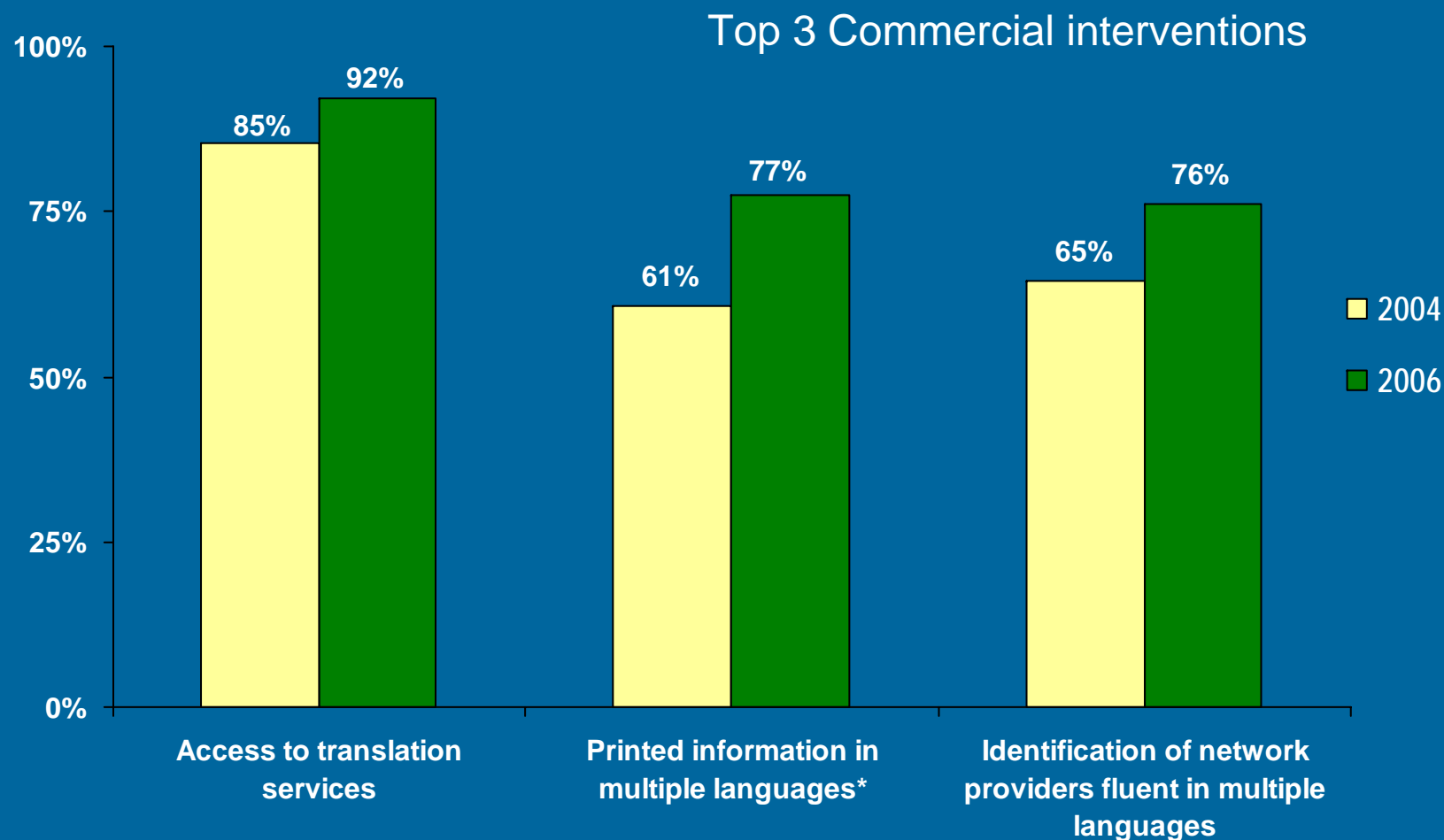
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Most important interventions to support providers with improving asthma care management for their patients with asthma:

- 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
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# Addressing the Needs of America's Culturally Diverse Population

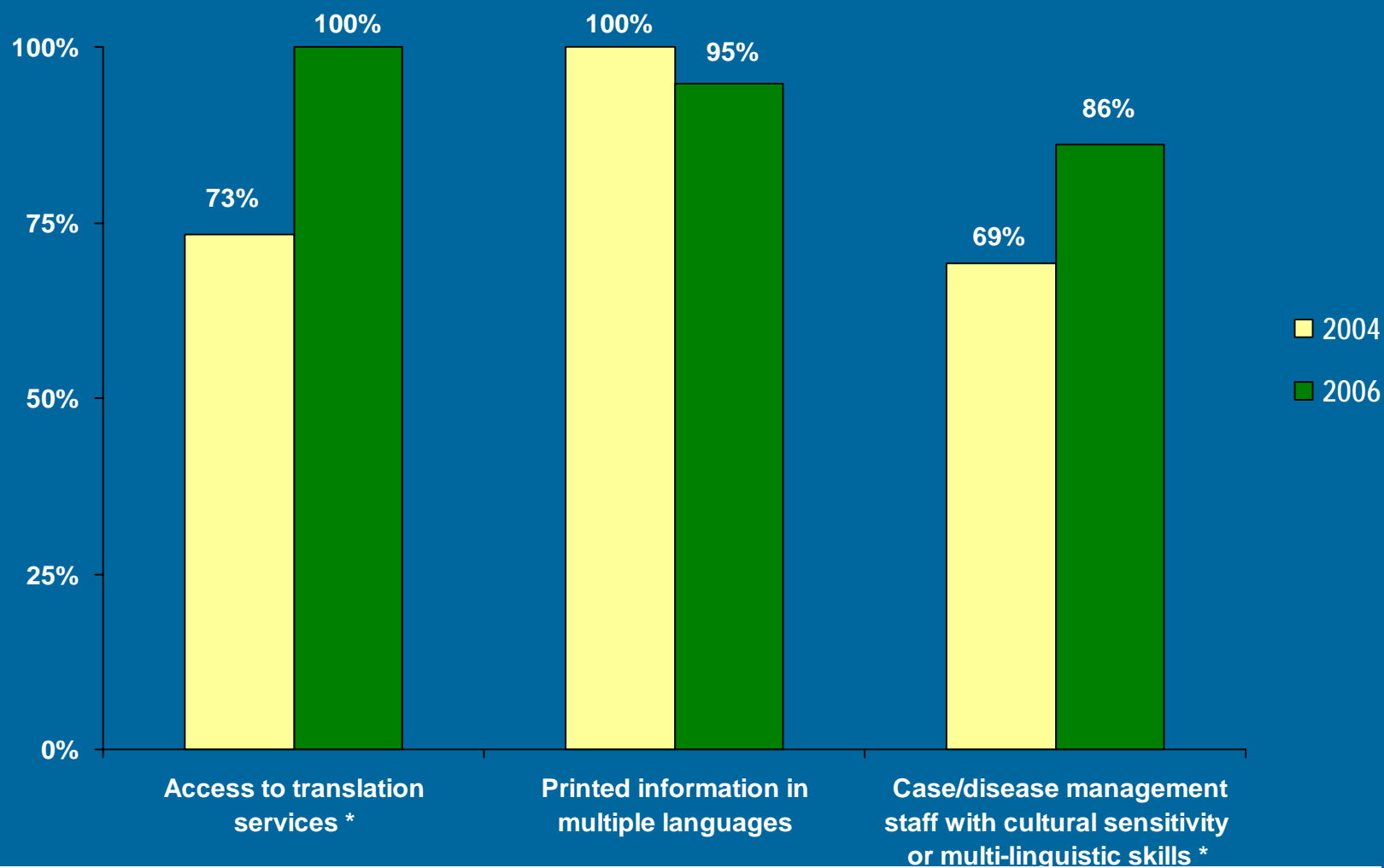


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# Medicaid Health Plan Strategies to Improve Culturally Appropriate Services



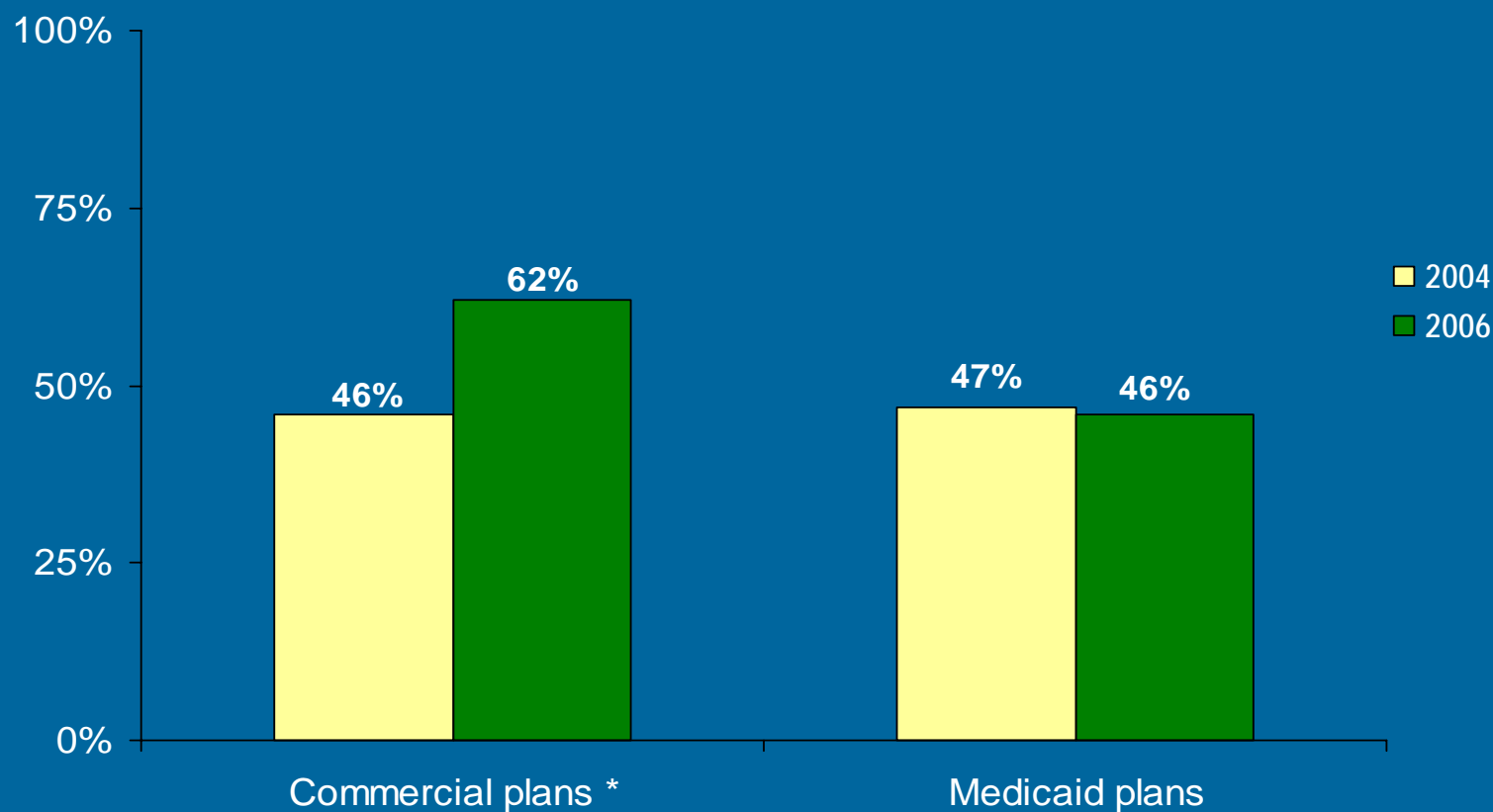
\* Changes significant at  $p=0.05$  level.

Data is weighted by enrollment.



# Return on Investment

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



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## Conclusions

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- 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
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# Tools to Address Environmental Asthma Management

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



[www.takingonasthma.org](http://www.takingonasthma.org)

Questions?

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