

**ASTHMA DISEASE MANAGEMENT
PROGRAM DESCRIPTION
FY11 – FY12**

APPROVED ORIGINAL

TABLE OF CONTENTS

1. INTRODUCTION	3
2. SCOPE	3
3. PROGRAM STRUCTURE	4
3.1. General Educational Interventions	4
3.2. Identification of At-Risk Enrollees	4
3.3. Program Steps	5
4. PROGRAM EVALUATION	8
4.1. Participation Rates Measures	8
4.2. Program Effectiveness Measures	8
4.3. Excluded Network Health Members	9
4.4. Asthma Disease Management Program Metrics	9
Attachment I.....	11
Attachment II.....	12

1 Introduction

An Asthma attack is a distressing and potentially life-threatening experience. Scientific advances have greatly improved the understanding of the mechanisms that cause Asthma attacks and have led to effective medical interventions to prevent morbidity and improve quality of life. Yet, the burden in prevalence, health care use, and mortality remains high. Asthma remains a significant public health problem in the United States. 1 in 12 (25 million) American have asthma. Rates for asthma have continued to rise for the past three decades. Asthma affects children as well as adults with 7 million out of the 25 million being children. Asthma as a disease crosses all socioeconomic classes but does have a higher prevalence among those who live below the poverty level. Racial and ethnic disparities exist too with African American having the highest rates and black children greatest rise in their rates for asthma from 2001 to 2009. Hispanics who live in the United States account for 3 out the 25 million, with those of Puerto Rican origins being impacted more than other Hispanics groups. Costs in the billions are associated with asthma and those costs continue to rise too. More than medical costs are calculated, costs related to a person's quality of life are included too. In 2008 American workers with asthma on average missed 5 days of work. American children with asthma were out of their classrooms an average of 4 days in 2008.^{1,2}

A report published by the Massachusetts Department of Public Health in 2009 states that Massachusetts with 9.9% of it adult population and 10.3% of it children diagnosed with asthma ranks as one of the highest of the fifty states for the prevalence of this disease. Also as with the information available for the United States health disparities associated with asthma exist for those in the minority in Massachusetts due to their race, ethnicity, disability and income.³

2 Scope

Network Health reported for the same time period the rate of Enrollees currently with Asthma was 5.0%. Network Health's Asthma Disease Management program is a population-based approach to the clinical and quality management of this chronic condition. This approach identifies individuals with Asthma, and through the use of disease-specific interventions, attempts are made to alter the course of the disease. Referrals may be received from a number of sources: Network Health staff, practitioners, facility staff, vendors, health coaches, or self-referral by an Enrollee. The Disease Management team works collaboratively with other clinicians and licensed professionals at Network Health to improve disease state outcomes and maximize individual Enrollee functioning. Enrollees with complex issues or the need for more intense interventions are referred to Care Management. Program components include mailed educational materials, provider education on evidence-based clinical guidelines, telephonic Enrollee education (health coaching), and care coordination.

The clinical basis for our program was established by the U.S. Department of Health and Human Services Guidelines for the Diagnosis and Management of Asthma, and Network Health's Asthma care guidelines.

Network Health’s numbers for Asthma (some of which we reported on past submissions to the state)

CY05	CY06	FY07	CY07	FY08	CY08	REMEASURE FY10	REDO 10/10
3.9%	5.08%	5.07%	5.04%	4.7%	4.08%	3.0%	2.99%

The clinical basis for our program was established by the U.S. Department of Health and Human Services Guidelines for the Diagnosis and Management of Asthma, and Network Health’s Asthma care guidelines.

HEDIS 10 (CY09) 88.0% the percentage of members age 5-50 who were identified as having persistent asthma and who appropriately prescribed medication during 2009.

Nat’l 75th percentile 90.8% MassHealth weighted mean 87.5% MA commercial mean 92.6%

HEDIS 11 (CY10) 86.7%

3 Program Structure

The components of Network Health’s Asthma Disease Management program are described below. The program is depicted in flow-chart format in Attachment 1. A summary of program interventions are in Attachment 2.

3.1 General Educational Interventions

The goal of our general education campaign is to ensure that Enrollees, practitioners, and health plan staff are aware of the existence of the Asthma Disease Management program and how to access its services. all Network Health members are made aware of the Asthma Disease Management program and the RN information line when they are sent the “Welcome!”, a booklet which explains the Disease Management program that is part of their initial mailing from the health plan. Network Health targets two audiences in its general education campaigns: Enrollees and practitioners. Through distribution of disease-specific information, such as in member and practitioner newsletter articles and special mailings, Network Health attempts to raise awareness in Enrollee and practitioner populations about the signs and symptoms of Asthma and interventions to control this disease. Along with notifying an Enrollee who has Asthma and practitioners treating the disease about our program, these materials also provide support and encouragement for undiagnosed Enrollees to speak with their health care practitioners about possible symptoms, thereby reducing the rate of an Enrollee with Asthma who remains undiagnosed. Program information contains an option for Enrollees to “opt out” of the program or any parts of the program.

Network Health informs practitioners about services offered to Enrollees with Asthma and how to use the Disease Management program through the *Provider Manual*, the Network Health Web site, provider updates, and new provider orientation.

3.2. Identification of At-Risk Enrollees

Identification of Enrollees with Asthma occurs monthly based on medical and pharmacy claims data using *HEDIS like criteria (without continuous enrollment) Additional identification includes Enrollee Health Needs Assessment-Core (HNA-C), self, family, or practitioner referral.

*(Similar to HEDIS Current Year Criteria for persistent Asthma, and expanded by eliminating requirement for:

- Continuous enrollment, and
- Duplicate identification in 2 consecutive years

Network Health uses the following mechanisms to identify Enrollees who might benefit from Asthma Disease Management program:

- Claims data
- Pharmacy data
- HNA-C results
- Referrals from UM and Integrated Care Management
- Clinical Community Outreach
- Referrals from Enrollees and practitioners
- Other Disease Management programs, as applicable

Claims-based data sources are analyzed on a monthly basis to identify individuals newly diagnosed with Asthma by Network Health Disease Monitor Identification Criteria. In FY 2012, the asthma registry was updated as to allow for high, moderate and low stratification levels which would enable Network Health the opportunity to provide specific interventions. The stratification levels are as follows:

3.2.1. Asthma Disease Certainty Level: Definitive

A. Severity Stratification Level: HIGH

- Exclude all enrollees under 5 years old
- At least ONE (1) open CCMS case with a case type=Asthma; or
- On any claim, at least ONE (1) diagnosis of Asthma with Status Asthmaticus; or
- On Inpatient claims ONLY, at least ONE (1) diagnosis of Asthma (without Status Asthmaticus or with acute exacerbation) as primary diagnosis; or
- On all non inpatient claims, at least two (2) claims for Observation Care with a diagnosis of Asthma (without Status Asthmaticus or with acute exacerbation) as a primary diagnosis; or
- On all E&M claims, at least six (6) or more claims (including initial/follow-up) with a diagnosis of Asthma without Status Asthmaticus or without acute exacerbation; or
- On all pharmacy claims, at least five (5) prescriptions for inhaled corticosteroids AND on all non-inpatient claims at least THREE (3) claims with a diagnosis of Asthma without Status Asthmaticus or without acute exacerbation; or
- On all pharmacy claims, at least five (5) prescriptions for mast cell stabilizers AND on all non-inpatient claims at least THREE (3) claims with a diagnosis of Asthma without Status Asthmaticus or without acute exacerbation; or
- On all claims, at least seven (7) claims with a CPT code for nebulizer AND at least three (3) claims with a diagnosis of Asthma without Status Asthmaticus or without acute exacerbation; or

- On all prescription claims, at least seven (7) claims for nebulizer medications

B. Severity Stratification Level: MODERATE

- Exclude all enrollees under 5 years old
- On all E&M claims, at least four (4) or more claims (including initial/follow-up) with a diagnosis of Asthma without Status Asthmaticus or without acute exacerbation; or
- On all pharmacy claims, at least three (3) prescriptions for inhaled corticosteroids AND on all non-inpatient claims at least TWO (2) claims with a diagnosis of Asthma without Status Asthmaticus or without acute exacerbation; or
- On all pharmacy claims, at least three (3) prescriptions for mast cell stabilizers AND on all non-inpatient claims at least TWO (2) claims with a diagnosis of Asthma without Status Asthmaticus or without acute exacerbation; or
- On all claims, at least five (5) claims with a CPT code for nebulizer AND at least two (2) claims without with a diagnosis of Asthma without Status Asthmaticus or without acute exacerbation; or
- On all prescription claims, at least Five (5) claims for nebulizer medications

3.2.2. Asthma Disease Certainty Level: Probable

A. Severity Stratification Level: LOW

- INCLUDE all enrollees including those under 5 years of age
- On all non inpatient claims, at least one (1) claims for Observation Care with a diagnosis of Asthma (without Status Asthmaticus or with acute exacerbation) as a primary diagnosis; or
- On all non-inpatient claims, at least one (1) claim for Emergency Room Care with a diagnosis of Asthma without Status Asthmaticus or with acute exacerbation; or
- On all E&M claims, at least one (1) or more claims (including initial/follow-up) with a diagnosis of Asthma without Status Asthmaticus or without acute exacerbation; or
- On all pharmacy claims, at least two (2) prescriptions for inhaled corticosteroids; or
- On all pharmacy claims, at least two (2) prescriptions for mast cell stabilizers; or
- On all pharmacy claims, at least two (2) prescriptions for leukotriene modifiers; or
- On all pharmacy claims, at least two (2) prescriptions for xanthine derivatives; or
- On all claims, at least two (2) claims with a CPT code for nebulizer AND at least ONE (1) claim with a diagnosis of Asthma without Status Asthmaticus or with acute exacerbation;
- On all pharmacy claims, at least two (2) claims for nebulizer medications

Referrals from UM processes/data, care managers, practitioners and self-referral from Enrollees (including via HNA-C) occur on an ongoing basis. All Enrollees diagnosed with Asthma and all those who may benefit from the Asthma Disease Management program are eligible.

3.3. Program Steps

Distribution of Network Health Asthma Disease Management program information starts with the Enrollee being sent a welcome letter that introduces some of the components of the program.

- How an Enrollee is identified to be eligible for the program, a description of services are included, and how to “opt out” (an Enrollee is presumed to be opted in the program unless they choose to “opt out”)
- Encouragement to work with their practitioner to develop and adhere to an Asthma Action Plan and/or Asthma Control Test (ACT).
- Enrollees may receive Visiting Nurse Association home visits with an environmental assessment of asthma triggers, assessment of medication adherence and encouragement for practitioner follow up visits.
- Enrollees will receive an Asthma Education Outreach call after an emergency department (ED) visit. The outreach script will inform and educate enrollees of available services after a recent ED visit for their asthma. Upon reaching the enrollee or parent and/or authorized authorized representative contact information will be verified and updated if indicated, the enrollees’ primary care physician (PCP) will also be verified and assistance provided to the enrollee if a new PCP change is requested. A thorough explanation of the home environmental assessment with VNA will be discussed and arranged during this outreach. Enrollees will also be made aware of free asthma bedding that can assist with controlling their asthma triggers.
- Included with the welcome letter is the booklet: “Living Healthy with Asthma” which contains disease specific information. Information about condition monitoring including self-management of chronic disease
 - Information discussing Asthma Trigger identification, encouraging goal setting and appropriate lifestyle modification around exercise and smoking
 - Encouragement to work with their practitioner to develop and adhere to an Asthma Action Plan and/or Asthma Control Test (ACT)

3.3.1. Condition monitoring occurs on an ongoing basis. Analysis of clinical gaps is performed and notification of any care gaps is provided to Enrollees and the Enrollee’s PCP through the following mechanisms:

Enrollee Notification

- Controller inhaler medications – claims within the past 12 months are analyzed for gaps in controller inhaler medications for Asthma.

- If a gap is identified for a controller inhaler medication, a specific mailing is forwarded to the Enrollee identifying the gap, educating him/her about the importance of filling their prescription, and encouraging him/her to seek additional care to ameliorate the gap. Network Health utilizes a 360-day look back semi-annually to select those members who require a mailing.

Practitioner Notification

- Trigger Reports to PCP for Enrollees meeting HEDIS® criteria (without continuous enrollment criteria) with Asthma needing controller medication. Controller inhaler medications – claims within the previous 12 months are analyzed for gaps in controller inhaler medication for Asthma.
 - If a gap is identified, a mailing is forwarded to the Enrollee's PCP identifying the gap. Gaps are for the prescription that was not filled within the 12 month period, which puts the Enrollee in a non-adherent category based on our clinical guidelines listed above.

3.3.2 Additional interventions for High-Risk Enrollees with Persistent Asthma:

- Care Management services for complex enrollees with severe Asthma and significant co-morbidities.

Health coaches provide support to individuals to facilitate improved behavior, motivation, confidence, decision-making skills, and knowledge and awareness of their disease and self management. Any gaps in care or educational needs are reassessed and addressed during health coaching encounters; needs-specific written materials are forwarded to the Enrollee as needs are identified.

4 Program Evaluation

4.1. Participation rates are measured annually. Network Health's Asthma Disease Management program is a passive participation program. Outreach success is monitored with a focus on successful outreach. **Program effectiveness** is measured by:

- HEDIS® criteria for Asthma controller medication use
- Trending of ED and inpatient utilization.
- Percent of Enrollees engaged in coaching
- Predicted versus actual medical costs for Network Health Enrollees with targeted chronic diseases
- Complaints and inquiries about the program
- Enrollee satisfaction with the program

4.4. Asthma Disease Management Program Metrics:

The Asthma Disease Management program (ADMP) is evaluated annually using the following metrics.

Measure	Numerator/Denominator	Data Source/ Frequency of Analysis
Participation Rate		
Percent of Enrollees who participated in each intervention of the Asthma Disease Management program	Number of Enrollees who received each intervention/ Number of Enrollees who were identified for participation in the ADMP	ADMP/ annually
Enrollee Satisfaction Measures		
Asthma Disease Management program complaints & inquiry rate	Number of complaints received/Enrollees enrolled in the ADMP x 1000	Network Health Enrollee complaint logs/ annually
Results of Network Health's Disease Management Enrollee satisfaction survey	N/A	Enrollee self-report/ annually
Clinical Effectiveness Measures		
Percentage of Enrollees compliant with use of appropriate medications for people with Asthma, per HEDIS®ASM specifications	Number of Enrollees compliant with use of appropriate Asthma medication/Number of Enrollees eligible, per HEDIS® specifications	Claims data/ annually
ED Discharges rate (among Enrollees with primary diagnosis of persistent Asthma, per HEDIS®ASM specifications)	Total number of ED discharges (primary diagnosis Asthma), among Enrollees with persistent Asthma/Enrollee with persistent Asthma as defined by HEDIS®ASM specifications per 1,000	Claims data/ annually
Acute inpatient hospital discharges rate among Enrollees with primary diagnosis of persistent Asthma, per HEDIS®ASM specifications	Total number of acute inpatient hospital discharges (primary diagnosis of Asthma) among Enrollees with persistent Asthma/ Enrollee with persistent Asthma as defined by HEDIS® ASM specifications per 1,000	Claims data/ annually
Percentage of Enrollees receiving environmental assessment performed by VNA	Total number of identified Enrollees that had home assessments/Total number of Enrollees as defined by HEDIS® ASM specifications and had an ED or inpatient admission	Claims data/ annually

Attachment 1

Asthma Disease Management (ADM)

Workflow

ADM Process

Enrollee Diagnosed with Asthma

by monthly monitoring of claims

Mail Welcome Letter & “Living Healthy with Asthma”

Provide Enrollee with Appropriate Referrals

VNA Asthma Education

Care Management

Health Coaching

(Enrollee may also be identified through Vendor’s Synergy Identifier for health coaching)

Analyze Enrollee Clinical History

For

Gaps in Care

Semi-annually send gap report to Enrollees and practitioners

Attachment 2

**Network Health’s Asthma Disease Management Program:
Summary of Program Interventions**

Network Health’s Asthma Disease Management Program Interventions	Low Risk	Medium Risk	High Risk
1. Welcome letter and disease-specific educational materials	✓	✓	✓
2. VNA visit after ED or inpatient admission	✓	✓	✓
3. Notification to Enrollee of clinical gaps	✓	✓	✓
4. Notification to Enrollees’ PCPs of impending clinical gaps	✓	✓	✓
5. Notification to PCPs of Enrollees’ actual clinical gaps	✓	✓	✓
6. Telephonic nurse support	✓	✓	✓
7. Automated calls to recruit for health coaching		✓	✓
8. Health coaching:			✓
• Chronic condition support			✓
• Decision support			✓
• Decision support for symptom support			✓
• Information support			✓
• Prevention support			✓
• Practitioner communication support			✓
9. Care Management program			✓

References

¹Asthma Facts, United States Environmental Protection Agency, EPA-402-F-019, March 2011.

² Asthma in the US, Growing Every Year. CD Vital Signs May 2011. Accessed at the following Web address: <http://www.cdc.gov/VitalSigns/Asthma/index.html>

³The Burden of Asthma in Massachusetts, Report of the Massachusetts Department of Public Health, published 2009.

Document History	
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Version	Review Date	Revision Date	Approved by	Business Owner	Nature of Changes
V1	02/27/2009		Utilization Management Committee (UMC)	C. Dedes	Original
V1.2	01/08/2010	01/08/2010	Utilization Management Committee (UMC)	C. Dedes	Revision
V2	02/11/2011	12/10/2010	Utilization Management Committee (UMC)	M. McKendry	Revision
V3	05/04/2012	04/12/2012	Utilization Management Committee (UMC)	M. McKendry	Revision

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