

PREVENTION AGENDA BRIEF 2017: ASTHMA DATA TO ACTION

Inhaled corticosteroids are the preferred first-line treatment to improve control of persistent asthma¹

The Problem

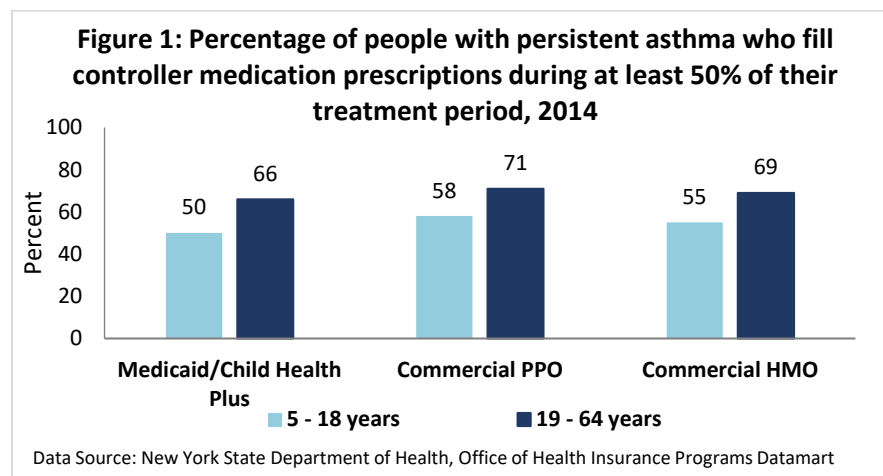
One in every two New Yorkers with asthma has asthma that is considered “not well controlled” or “very poorly controlled”.²

Per the national clinical guidelines, **inhaled asthma controller medications**, including inhaled corticosteroids (ICS), are recommended for daily use for all these individuals to prevent and control asthma symptoms and attacks.³ Among New Yorkers whose asthma is not controlled, the **daily use of recommended inhaled asthma controller medications is low** (43%).²

Additionally, among people with asthma who use inhaled asthma controller medications, including ICS, **only half report using the medication as prescribed**.²

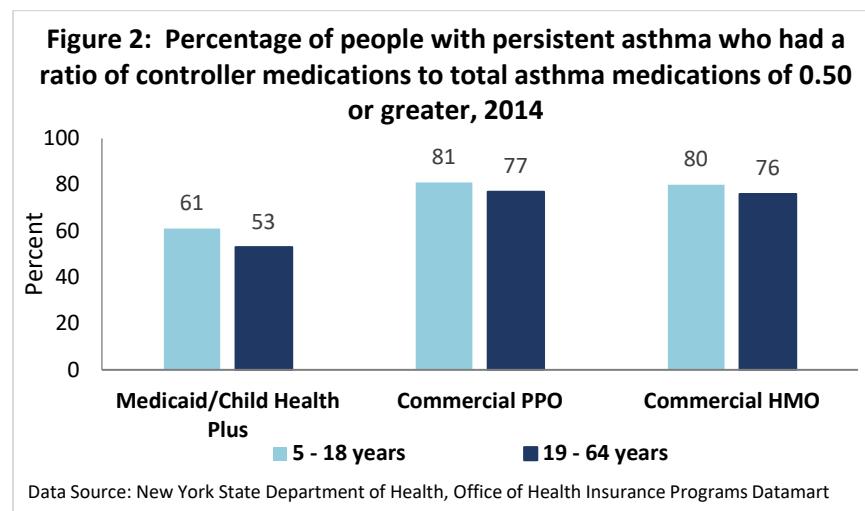
Controller Medication During Treatment Period

Daily controller medication use is recommended among those with persistent asthma during their treatment period. However, data show a **low percentage** of these individuals who filled their prescriptions **during at least 50% of that period**, especially children aged 5-18 years (Figure 1). **Medicaid Managed Care/Child Health Plus (MMC/CHP) enrollees have lower percentages**, compared to Commercial Preferred Provider Organization (PPO) or Commercial Health Maintenance Organization (HMO) enrollees (Figure 1).



Controller Medications Ratio

An asthma medication ratio is an evidence-based way to assess controller medication use. Ratios ≥ 0.5 indicate a patient may have filled their controller medication more than their rescue medication, hence is associated with lower risk of asthma symptoms and attacks.⁴ The data show that **MMC/CHP plans have lower percentages of enrollees with a ratio ≥ 0.5** , compared to Commercial PPO or Commercial HMO enrollees (Figure 2).



The low percentages of both measures in MMC/CHP population may be due to the barriers in accessing controller medications and the insufficient education of controller medication usage.

Resources for Improvement

National Asthma Guidelines

The National Asthma Education and Prevention Program (NAEPP) *Expert Panel Report 3 (EPR-3), 2007: Guidelines for the Diagnosis and Management of Asthma*¹ provides guidance for treatment based on a patient's individual needs and level of asthma severity and control.

New York State Resources for Healthcare Providers

Clinical Guideline for the Diagnosis, Evaluation, and Management of Adults and Children with Asthma* is a [clinical decision support tool](#) to assist clinicians in applying concepts of the NAEPP EPR-3 into practice.⁵

Asthma in the Primary Care Practice: Clinical Application of the NAEPP EPR-3* is a companion tutorial (eligible for 1.5 CME) to the above support tool and is available as an online course⁶ or as a DVD.

The [Asthma Action Plan*](#) is a written step-by-step plan that assists the patient in controlling and managing asthma. It is developed jointly with the patient and updated at every visit (at least every six months).⁷

*This resource is [available online](#), free-of-charge, at the *NYS Asthma Program webpage*.⁸

The New York State Medicaid Managed Care Pharmacy Benefit Information Center provides access to information on the medications and supplies covered by Medicaid and Family Health Plus health care plans. This includes a formulary drug search across health plans, information on medication quantity limits, step therapy, and prior authorization requirements.⁹

What Can Be Done

Health Care Providers Can:

Prescribe ICS as first-line treatment for persistent or not well controlled asthma. **Adhere to the NAEPP EPR-3** in assessing asthma severity and control, and prescribing asthma medications.

Provide asthma self-management education, including instruction on medications and administration, use of spacers and holding chambers, and when to seek emergency care, and **monitor patient's medication adherence**.

Complete an individual Asthma Action Plan with patients with asthma.

Refer patients to an asthma specialist, such as an allergist or pulmonologist, when patients are not meeting the goals of treatment, require additional self-management education for medication compliance, or when indicated.

Refer patients to home-based services to receive a home environmental assessment and asthma self-management education.

Health Insurers Can:

Monitor asthma medication fills for members and prescribing practices among health care providers.

Provide feedback and education to health care providers regarding their asthma medication prescribing practices and patterns.

Provide follow up services, education, resources and tools to members with asthma about their prescribed medications.

Pharmacists Can:

Track asthma medication dispensing and follow-up with customers when a refill is needed.

Provide education to customers with asthma on appropriate asthma medication dosage, frequency and administration technique.

People with Asthma Can:

Fill prescriptions right away.

Take the **right amount** of asthma medication **at the right times**.

Take asthma medication as prescribed by the doctor, even when feeling and breathing well.

Follow their **Asthma Action Plan**.

Schools and Childcare Settings Can:

Keep updated, individual Asthma Action Plans and medication administration authorization forms on file for students and children with asthma.

Implement an asthma management program for students with asthma to include: guidelines and procedures to provide improved support to students with asthma and their families; maintain an up-to-date individual Asthma Action Plan for every student with asthma; and, ensure access to and appropriate administration of asthma medications to students and children with asthma.

Regional Asthma Contractors Can:

Provide guidelines education and resources for asthma self-management, including Asthma Action Plans.

Assist in the continuity of asthma care by facilitating connections between providers, insurers, families, and schools.

References

- 1) National Asthma Education and Prevention Program. *Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma*. NIH pub no 07-4051. Bethesda, MD: National Heart, Lung, and Blood Institutes of Health. 2007. Available from: <https://www.nhlbi.nih.gov/health-pro/guidelines/current/asthma-guidelines>.
- 2) New York State Behavioral Risk Factor Surveillance System, Asthma Call-Back Survey data, 2006-2010.
- 3) *Asthma Care Quick Reference, Diagnosing and Managing Asthma*. NIH pub no 12-5075, September 2012. Available from: https://www.nhlbi.nih.gov/files/docs/guidelines/asthma_qrg.pdf
- 4) Available from: http://www.aimc.com/journals/issue/2010/2010-03-vol16-n03/ajmc_10mar_broder_170to178/
- 5) Available from: <http://www.health.ny.gov/publications/4750.pdf>
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- 8) Available from: http://www.health.ny.gov/forms/order_forms/asthma.pdf
- 9) Available from: <http://mmcdruginformation.nysdoh.suny.edu/>