Asthma Program Cuts Hospitalizations and ER Visits By 50 Percent

Getting health plan members with asthma to visit their physicians is only part of the battle. An even bigger issue is ensuring that members are taking the right medication at the right time.

Physicians often don’t know if a patient is complying with the prescribed therapy. But CIGNA Pharmacy Management is closing the loop by providing physicians with data on patients who are not using their medication as well as they should.

CIGNA says its Asthma Outcome Improvement Program has had excellent results, reducing asthma-related hospitalizations and emergency room visits by 50 percent. The need for “rescue” drugs to stop an asthma attack has decreased by 36 percent.

Under the program, physicians are contacted when medical and pharmacy claim data indicate that members are taking large quantities of reliever or rescue therapy when they have an asthma attack, rather than controller therapy that helps prevent the attacks in the first place.

Controller drugs are taken on an ongoing basis to reduce the likelihood that people with asthma will experience troublesome symptoms, says Jon Maesner, PharmD, vice president for policy and strategy at CIGNA Pharmacy Management.

“What we have understood from a medical standpoint in published literature is that individuals who take repeated uses of a rescue therapy drug, but don’t have controller therapy drugs, are more likely to have other types of medical events related to their asthma, such as hospitalizations or emergency room visits,” Maesner explains.

CIGNA’s program seeks out those individuals who have a historical pattern of filling their rescue drug prescription frequently but don’t appear to be using the controller therapy, he says.

The company looks back at claims every month to analyze patterns of filling asthma drug prescriptions. Specifically, CIGNA is looking for individuals who have had two or more prescriptions for rescue therapy without the controller therapy.

Maesner says what CIGNA is doing is based on the National Heart, Lung, and Blood Institute’s protocols and established evidence-based guidelines for asthma therapy. According to the guidelines, anyone with persistent asthma should be receiving a controller drug, he says. “We look for these patterns of filling that would be indicative of potential risk for future asthma exacerbation.”

Other indications that asthmatics are having difficulty controlling their condition include repeated physician office visits, trips to the emergency room, or inpatient hospitalization, he says.

Informing the physician

Once members are identified, CIGNA initiates a contact with the individual’s treating physician. The doctor receives a summary of what the company has found, including how frequently various drugs are being used, the evident lack of controller therapy, and relevant medical events such as an ER visit.

Physicians are also sent information about the National Heart, Lung, and Blood Institute practice guidelines on the treatment of asthma. “We are able to reflect back to the physician the pattern of care that has been provided and what the evidence-based standard of care has been,” says Maesner.

In its communication, CIGNA asks the physician to reassess whether the care that has been provided
is sufficient or whether there is an opportunity for improvement.

Because physicians usually don’t know what happens after the patient leaves their office, CIGNA’s asthma program serves as their eyes and ears, providing important feedback. Physicians have told the company that they find the data on the frequency of drug use, prescription filling patterns, and the number of days per a month that the patient is adhering to the physician’s prescribed treatment to be especially meaningful.

In some cases, Maesner says members were prescribed a controller medication but they have not been taking it. CIGNA has also found situations where the physician gave the patient a sample controller to try with the expectation that if it worked, the patient would have a prescription filled for the drug. But the patient never got the prescription filled.

“Often it is this gap between what the physician originally initiated and what is actually occurring,” that results in poor asthma control, he says. The feedback received from CIGNA gives the physician another opportunity to reinforce what he or she originally told the patient about managing asthma, he notes.

Reasons for noncompliance

One reason patients may not comply with a prescribed treatment is the out-of-pocket cost of the medications. But Maesner doesn’t think that is a major driver here because all of the CIGNA members are in employer-sponsored benefit plans.

A more likely explanation is a misconception on the part of members. People tend to think that if they take their rescue therapy and they don’t have to go to the ER, their asthma is under control. That’s not the case, says Maesner.

CIGNA is making that point to members. “There is a very significant portion of this that also becomes reinforcing patient education,” he says. To do that, CIGNA is tying the asthma program’s findings into its broader disease management programs.

The company is pleased with the results it has been able to achieve, Maesner says. One third of the individuals that have been identified through the program have started on a controller therapy and are filling that prescription routinely, he says. “As we’ve looked back at those individuals and analyzed the experience across the board, in terms of their frequency of use of ER visits and hospitalizations for asthma complications, that has been reduced as well.”

Physicians are acting on the information that the company is providing, he says. The feedback from a majority of physicians indicates that they find the information supplied by CIGNA to be helpful and they intend to incorporate it into their practice.

CIGNA has done some initial analysis on how much money the asthma program is saving employers. The program does tend to result in additional pharmacy costs because more members are filling prescriptions for asthma medication. But Maesner says the overall result is a cost saving because people are staying healthier and don’t have to seek treatment as often. “The medical cost reduction and the productivity gains that occur by keeping people out of the hospital and keeping them at work is a positive return from the pharmaceutical investment.”

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