ASTHMA MANAGEMENT PROGRAM: IMPROVING HEALTH OUTCOMES

BACKGROUND
Asthma is a chronic medical condition exacting a huge public health and economic toll.

- Asthma costs the United States more than $56 billion every year.¹
- Annual per capita employer expenditures are 2.5 times higher for asthmatic employees. ²
- Asthma also affects employee productivity by increasing absenteeism, short-term disability, and sub-par performance while at work.³
- In 2008, children missed 14.4 million school days and adults missed 14.2 million work days due to uncontrolled asthma symptoms.⁴
- The single largest direct medical expenditure related to asthma is prescription drugs – more than $6 billion.⁵

Finally, it is estimated that the number of people with asthma will grow to more than 100 million by 2025.⁶

Navitus’ overall goal is to improve the health of our members and reduce drug expenditures. Promoting evidence-based use of medication is one way to do this.

PROGRAM DETAILS
Our Asthma Medication Program works with members and their prescribers to ensure they are receiving the correct medications and using them properly.

General Methodology:
The Asthma Medication Management program uses retrospective claims analysis to identify members who are taking asthma medications outside of evidence-based guidelines and, therefore, potentially uncontrolled.

Members are identified through calculation of the Asthma Medication Ratio (AMR) for each asthma patient.

\[ \text{AMR} = \frac{\text{# of controller meds}}{\text{# of controller + SABA rescue meds}} \]
Based on analysis of the last 12 months of data, inclusion criteria include members who:

- Have an AMR < 0.5
- Have more than six prescriptions for rescue medication
- Are five years of age or older

Navitus mails letters to the prescriber and member, with the goal of care coordination and improved member education to achieve better asthma medication usage.

Prescribers and members receive these consultative interventions to remind prescribers and educate patients on best practices in asthma management, improved care coordination, and ideally lowering medical costs. Prescribers receive an asthma medication profile of each member whose AMR is below evidence-based guidelines. Members receive education via mail and, ideally, from their prescribers regarding the importance of controlling asthma with appropriate medication.

Post intervention, Navitus measures and tracks outcomes throughout the first year. In addition to the AMR, Navitus tracks the utilization of oral prednisone and nebulizer prescriptions. A higher AMR is associated with better patient-centered asthma outcomes, as well as with reduced emergency hospital utilization.

ACTION

Navitus manages pharmacy benefits for Colorado Access, a nonprofit health plan serving 500,000 Coloradans. Colorado Access established its Asthma Program in 2004, identifying opportunities to improve management of its high-risk asthma population. Services that help asthmatic patients fight asthma compose 13% of their total plan paid.

Navitus became Colorado Access’ PBM in 2010, and they began to work collaboratively on the program in August 2010. Navitus conducts quarterly asthma management mailings to members and prescribers. In addition to the standard Navitus Asthma Management Program services described above, Colorado Access pharmacy staff provides follow-up calls to prescribers 30 days after each mailing.

Sample Mailing: In October 2011, 85 Colorado Access members were identified as nonadherent based on an Asthma Medication Ratio (AMR) of less than 0.5. Navitus mailed each member an educational letter that described the importance of taking asthma medication as directed. All of each member’s prescribers were also mailed a letter and patient profiles along with asthma medication metrics.

“"The Asthma Management Program is a great example of leveraging the resources of a PBM and health plan to do something creative in patient care improvement.”

–Mike McKitterick
Fmr Sr VP Clinical Operations, Colorado Access
THE RESULTS

Overall, through this PBM and health plan partnership, outcomes at 12 months have averaged at 40 percent in AMR improvement.

For the sample mailing described above, 12 month outcomes yielded the following:

<table>
<thead>
<tr>
<th>Baseline Mailing Information:</th>
<th>Mail Date 10/31/2011</th>
<th>Look Back 10/1/2010-9/30/2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Members Identified - Children</td>
<td>73</td>
<td></td>
</tr>
<tr>
<td>Members Identified - Adults</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Total Members Mailed</td>
<td>85</td>
<td></td>
</tr>
<tr>
<td>Prescribers Mailed</td>
<td>145</td>
<td></td>
</tr>
</tbody>
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12-MONTH ASTHMA OUTCOMES

<table>
<thead>
<tr>
<th>Members Still Eligible at 12 Months</th>
<th>% of Original Asthma Population</th>
<th>Number of Improved Cases</th>
<th>% of Members Improved AMR to ≥ 0.50</th>
</tr>
</thead>
<tbody>
<tr>
<td>42</td>
<td>49.41%</td>
<td>20</td>
<td>47.62%</td>
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This Asthma Management Program shows that PBM Asthma Management Programs can identify members, provide valuable information to their providers and members, and improve the use of asthma medications within a mailed population.