

ASTHMA



Understanding the problem:

Helping members control their asthma will ensure better health, reduced hospital and emergency room time, fewer limitations on normal activities, and a reduced number of missed work or school days because of asthma-related problems. Kaiser Permanente's Care Management Institute (KP CMI) supports KP Regions in providing optimal clinical management, strong patient/provider relationships, decision and system supports, and ongoing monitoring. These are all key to helping members with chronic asthma manage their disease and lead normal, healthy lives.

According to the Centers for Disease Control and Prevention, asthma and asthma-related problems are the number-one reason for pediatric medical office visits across the nation, and the rate of all emergency room visits due to asthma nationally has increased dramatically over the past 10 years. Current estimates show that asthma accounts for more than 2 million emergency room visits, 500,000 hospitalizations, and 4,200 deaths annually (in 2002).

Across the nation, more than 14.7 million days of school absenteeism and 11.8 million days of missed work are attributable to asthma. In children under 15 years of age, asthma is one of the leading causes for hospitalizations and school absenteeism. Furthermore, surveillance studies show that 24% of children and 15% of adults with asthma are unable to perform daily, normal activities because of their condition.



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More than 117,000 Kaiser Permanente members between the ages of 5 and 56 have persistent asthma. Problems with asthma control on average cost our adult members 11 productive days per year and can hinder personal and professional activities.

Defining a strategy:

KP CMI is working to support regions in helping people with asthma lead healthy lives. In addition to providing tools and support to improve clinical management, and to enhance strong doctor-patient relationships, KP CMI strives to increase the proportion of asthma patients who receive formal patient education, including information about community and self-help resources. Activities include:

- self-management plans, translated into Chinese, Spanish, and Vietnamese, that not only provide information but also empower members to better control their asthma
- evidence-based guidelines for pediatric and adult asthma that help physicians provide high-quality, proven, appropriate and effective care to members with asthma
- clinician tools to accompany guidelines. The tools help physicians cover all key points when assessing a member who has, or may have, asthma. The tools also include approaches to addressing self-management
- a tracking system to help clinicians understand medication use patterns among members with asthma, while also providing feedback loops to regions, medical centers, and doctors. The tracking system helps clinicians to continue to improve the care of our members

Tracking results:

1

Better control through medication and appropriate primary care has meant fewer emergencies for KP members. Between 2002 and 2003, children had 17% fewer asthma-related emergency department visits; adults had 8% fewer trips to the ER.

2

Similarly, within KP between 2002 and 2003, asthma-related hospital admissions and hospital observation stays have declined 9% among children and 3% among adults, suggesting better day-to-day control of asthma problems.

3

KP members with asthma have made substantial progress in appropriately using long-term “controller” medications to keep their asthma in check, instead of using quick-relief “rescue” medication. By managing asthma with “controller” medications over the long term, people with asthma can help avoid the kinds of medical crises that can lead to lost work, school, or family time — or even hospitalization. Between 2002 and 2003, use of “controller” medications (anti-inflammatories) increased 5% among children and 3% among adults, all who had been frequent, quick-relief “rescue” medication users.

4

Although it is difficult to find national data that are exactly comparable to KP data, existing data suggest that KP’s hospitalization rate for asthma is substantially lower than the national rate. Recent data from

the National Hospital Discharge Survey found that the national rate for hospital admissions for adults and children (ages 5-64) was 12.5 per 10,000 adults and children, compared to KP's rate of 5.4 per 10,000 members (ages 5-56).

5

KP's asthma hospitalization rate of 5.4 per 10,000 members is also substantially lower than the 2010 target of 7.7 per 10,000 members established by the Centers for Disease Control and Prevention.