Healthy Breathing for Life
Asthma Management Program

Program Goal
Healthy Breathing for Life is an Alliance program designed for members with asthma to ensure:

- The member is successful in their self-management goals through the support of their Primary Care Provider (PCP), health care practitioners, and the Alliance-approved Asthma Self-Management Education Providers.
- The PCP is aligned with the Alliance-adopted asthma management guidelines.
- The PCPs and members create and review an Asthma Action Plan (AAP).

Purpose
Asthma is a common chronic condition that affects millions of individuals of all ages across the state. Current asthma prevalence in the Alliance service area is currently: 6.8% in Monterey County, 7.4% in Santa Cruz County, and 13.6% in Merced County¹. As of the end of 2016, 13,324 Alliance members were identified as having asthma.

Lack of appropriate treatment to control asthma symptoms is often a significant problem for low-income individuals. Therefore, the Alliance has adopted the following National Asthma Education and Prevalence (NAEPP) goals for asthma control for all members:

- Reduce impairment (prevent chronic symptoms, require infrequent use of short-acting beta2-agonist (SABA), and maintain (near) normal lung function and normal activity levels).
- Reduce risk (prevent exacerbations, minimize need for emergency care or hospitalization, prevent loss of lung function; or for children, prevent reduced lung growth, and have minimal or no adverse effects of therapy).

These goals are based on the Guidelines for the Diagnosis and Management of Asthma, developed by the NAEPP Coordinating Committee; coordinated by the National Heart, Lung, and Blood Institute (NHLBI) (EPR—3)². The Alliance has adopted these guidelines as our standard of care for all members diagnosed with asthma.

PCP and Alliance Support/Role
Alliance-approved Asthma Self-Management Education Providers and Alliance Health Programs staff works with eligible Alliance members to ensure regular routine visits with their PCPs, appropriate treatment is provided, and education of self-management skills.

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¹ California County Asthma Profiles. (n.d.). Retrieved October 20, 2017, from cdph.ca.gov/Programs/CCDPHP/DEODC/EHIB/CPE/Pages/CaliforniaBreathingCountyAsthmaProfiles.aspx

Clinical Guidelines and Best Practices

- Following the National Guidelines for the Diagnosis and Management of Asthma (EPR—3)², the Alliance recommends that an Asthma Action Plan (AAP) be completed for all members with a diagnosis of persistent asthma. An AAP provides members with information about self-management and how to recognize and handle worsening asthma. The AAP is regularly reviewed with the patient to achieve asthma control.
- Per the guidelines, all members with any type of persistent asthma should be treated with a daily controller medication in following the Stepwise approach (EPR—3)² to prevent flare-ups.
- Advise patients on ways to reduce exposure to environmental allergens and pollutants, or irritants to which the patient is sensitive. Multifaceted approaches are beneficial; single steps alone are generally ineffective. Advise all patients and pregnant women to avoid exposure to tobacco or wildfire smoke.
- Consider inactivated influenza vaccination for patients who have asthma. This vaccine is safe for administration to children over 6 months of age and adults, and the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (CDC) recommends vaccination for persons who have asthma because they are considered to be at risk for complications from influenza. However, the vaccine should not be given with the expectation that it will reduce either the frequency or severity of asthma exacerbations during the influenza season.

Criteria for Identification and Risk Stratification

Alliance members ages 5-64 years who have had any one of the following (within the last 12 months):

- Four or more outpatient claims with asthma as the primary diagnosis and two asthma medications;
- One or more acute inpatient admissions with asthma as the primary diagnosis;
- One or more ED visits with asthma as the primary diagnosis; or
- Four or more prescriptions for asthma medications (leukotriene must be supported by claims with diagnoses of asthma);

**NOTE:** For risk stratification only, member with an asthma medication ratio of less than .5 will be included in the point calculation.

**Exclusions:** Members with the following conditions are excluded from the stratification logic: Emphysema, COPD, Cystic Fibrosis and/or Acute Respiratory Failure.

**Stratification Logic and Risk Levels:** The following tables provide the event and weighting that defines the risk and program intervention levels.
Member Outreach by Risk Level
The stratification risk group drives the level of interventions indicated below:

**High Risk (≥ 6) Members are contacted by phone:**
- Alliance staff assesses member’s asthma-specific health risks during the outreach call.
- Members are referred to external resources as needed, such as: Alliance-approved Asthma Self-Management Education Providers, 2-1-1 resource and information line (Monterey and Santa Cruz counties), community-based organizations, California Smokers’ Helpline, and other appropriate asthma resources.
- Members receive age-appropriate health education materials to include: Asthma self-management, rescue and controller medications, triggers, smoking cessation (if applicable), and other relevant topics.

**Medium Risk (3 - 5) and Low Risk (0 - 2) Members receive mailed materials only:**
- Members receive age-appropriate health education materials to include: Asthma self-management, rescue and controller medications, triggers, smoking cessation (if applicable), and other relevant topics. Members also receive information about the Alliance’s Asthma Education Benefit and a list of Alliance-approved Asthma Self-Management Education Providers.

**PCP Notification and Involvement**
Through the provider portal, PCPs receive a quarterly report of all linked members identified with asthma (as defined above). The report also includes members’ previous and current risk levels.

**Outcome Measures**
The following are some of the outcome measures the Alliance will be evaluating to determine program effectiveness:
- Rate of inpatient admissions for asthma per 1,000 total members.
- Rate of ED visits for asthma per 1,000 total members.
- Medication Management Agreement (MMA) for people with asthma.
  - Measures the percent of members with persistent asthma that were dispensed appropriate medications (both a controller and a rescue medication) that stayed on their treatment for at least 50% of the treatment period.
  - Our CBI program uses Asthma Medication Ratio (AMR) which is the percentage of members 5-64 years of age that were identified with persistent asthma and had a ratio of controller medication to total asthma medication of 0.50 or more during the measurement year.
  - Guidelines from the National Asthma Education and Prevention Program on the diagnosis and treatment of asthma can be found at: www.nhlbi.nih.gov/files/docs/guidelines/asthma_qrg.pdf

For more information, please contact the **Alliance Health Education Line** at (800) 700-3874 ext. 5580.