

2018 Asthma Symposium

Guidelines-Based Asthma Care for Children and Adults

Wm Brendle Glomb, MD, FCCP, FAAP

Senior Medical Director Superior HealthPlan

SHP_20184827B













- My Background
- Symposium Schedule
- Setting the Stage
- Prevalence and Other Statistics



My Background



Symposium Schedule

Symposium Schedule



Time	Торіс	Presenter
7:30 a.m. – 8:00 a.m.	Welcome / Continental Breakfast	Wm Brendle Glomb, M.D., FCCP, FAAP Pediatric Pulmonologist, Superior HealthPlan
8:00 a.m. – 8:30 a.m.	Introduction to the Asthma Issue	Wm Brendle Glomb, M.D., FCCP, FAAP
8:30 a.m. – 9:30 a.m.	Asthma in Children: An Update	Humberto A. Hidalgo, M.D., Associate Professor, UTRGV Medical School
9:30 a.m. – 9:40 a.m.	Break	
9:40 a.m. – 10:40 a.m.	Diagnosis and Treatment of Asthma in Adults	John R Holcomb, M.D., Staff physician, Investigator - Diagnostic Research Group
10:40 a.m. – 10:50 a.m.	Break	
10:50 a.m. – 11:50 a.m.	Asthma and Allergic Disease Diagnosis & Management	Joseph D. Diaz, M.D., FACAAI, Diagnosis & Management Allergy, Asthma and Immunology Associates of South
12:00 p.m. – 1:00 p.m.	Working Lunch Superior Quality Projects Review	Wm Brendle Glomb, M.D., FCCP, FAAP
1:00 p.m. – 1:30 p.m.	Asthma – Panel Discussion	All Faculty
1:30 p.m. – 2:00 p.m.	Asthma Wrap-Up and Conclusion	Wm Brendle Glomb, M.D., FCCP, FAAP

Setting the Stage



 "Asthma is a chronic lung disease that inflames and narrows the airways. Asthma causes recurring periods of wheezing (a whistling sound when you breathe), chest tightness, shortness of breath, and coughing. The coughing often occurs at night or early in the morning."

- National Heart, Lung, and Blood Institute

Setting the Stage

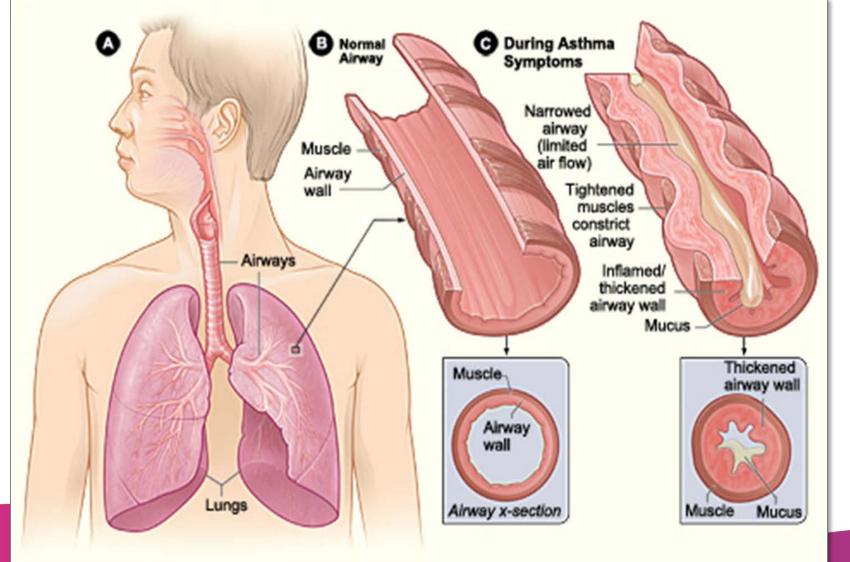


• "...[He] presents with a distressing sense of want of breath and a feeling of great oppression in the chest. Soon the respiratory efforts become violent, and all of the accessory muscles are brought into play. In a few minutes the patient is in a paroxysm of the most intense dyspnea."

- Sir William Osler

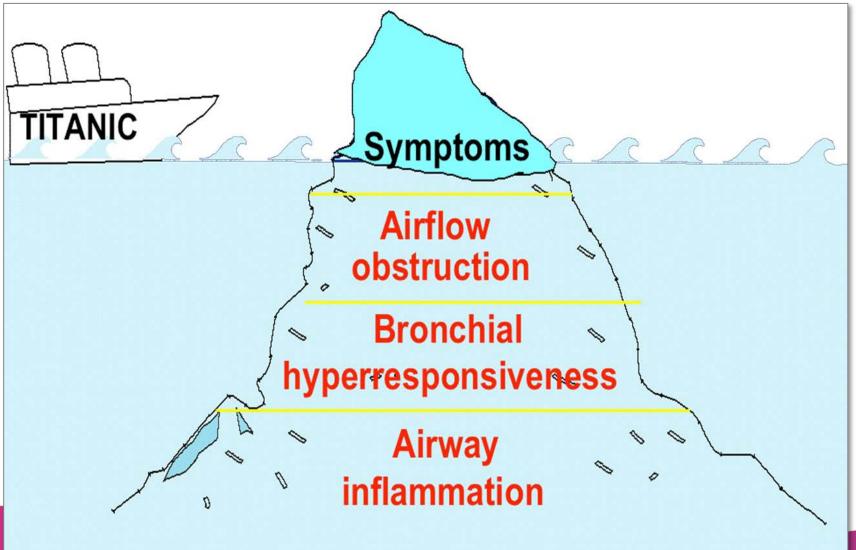
Asthma Overview









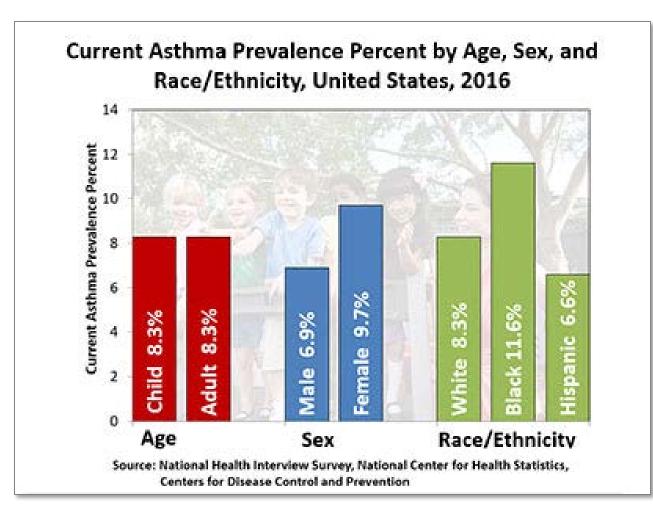




Prevalence and Other Statistics

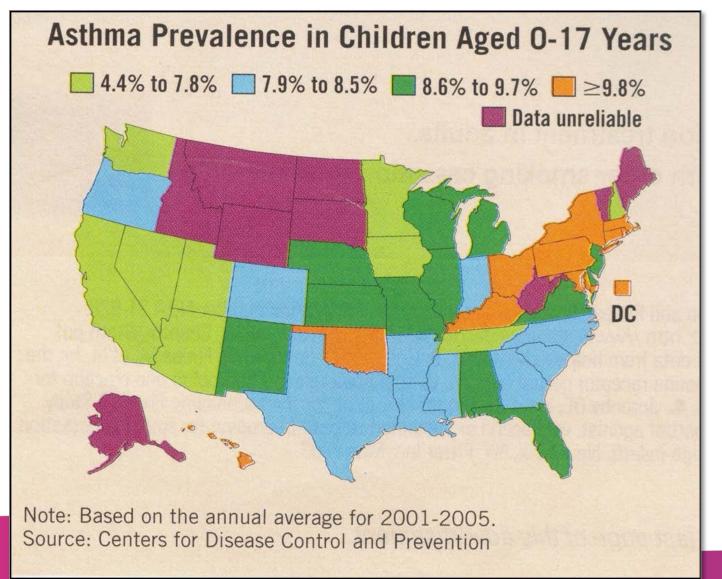
Prevalence





Prevalence





Texas 2015 "Current Asthma"

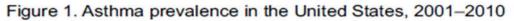


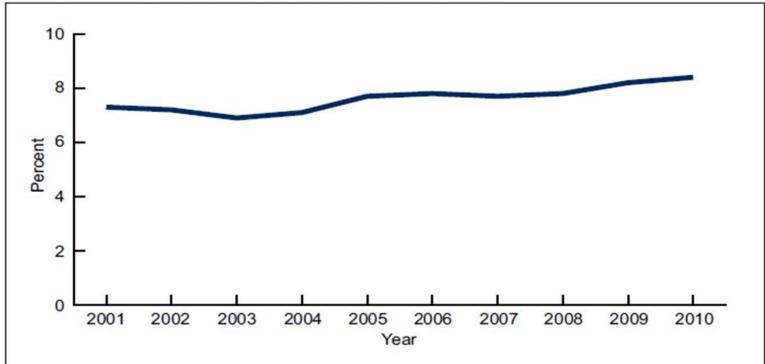
The Centers for Disease Control:
– 1,528,177 affected; 7.6%

Prevalence



Asthma prevalence increased from 2001 to 2010 and is now at its highest level.



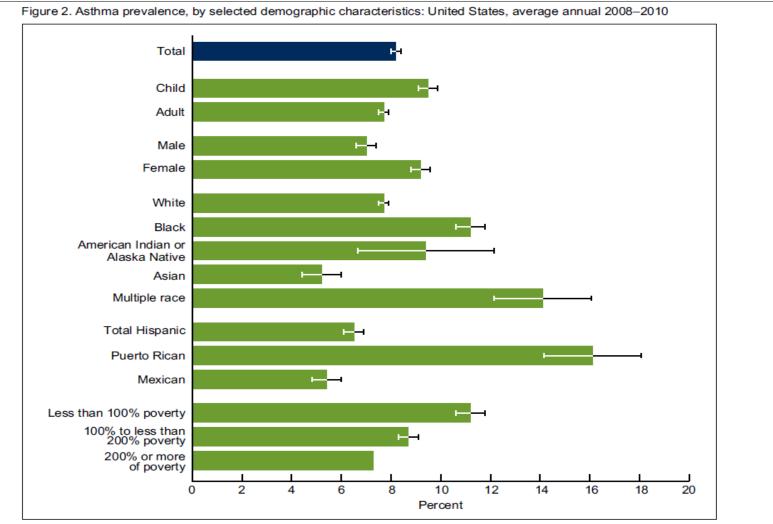


NOTES: Asthma prevalence refers to percentage of people who have ever been diagnosed with asthma and still have asthma. Data are age adjusted to the 2000 U.S. standard population. Access data table for Figure 1 at: http://www.cdc.gov/nchs/data/ databriefs/db94_tables.pdf#1.

SOURCE: CDC/NCHS, National Health Interview Survey.

Prevalence





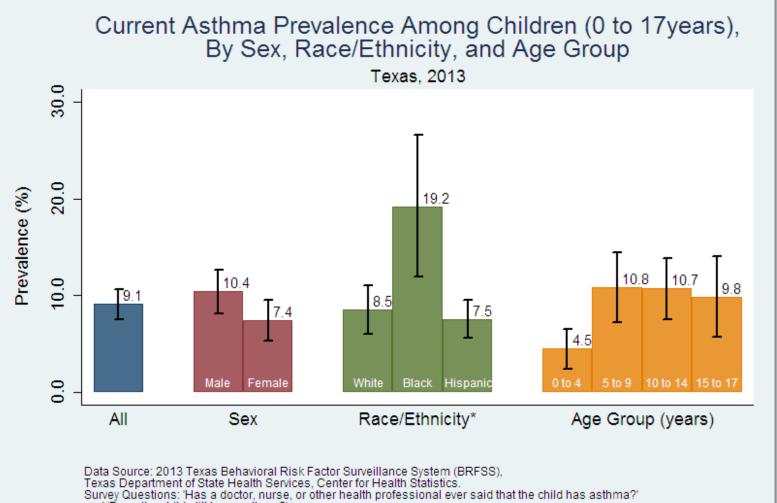
H 95% confidence interval.

NOTES: Asthma prevalence refers to percentage of people who have ever been diagnosed with asthma and still have asthma. Access data table for Figure 2 at: http://www.odc.gov/nchs/data/databriefs/db94_tables.pdf#2.

SOURCES: CDC/NCHS, Health Data Interactive and National Health Interview Survey.



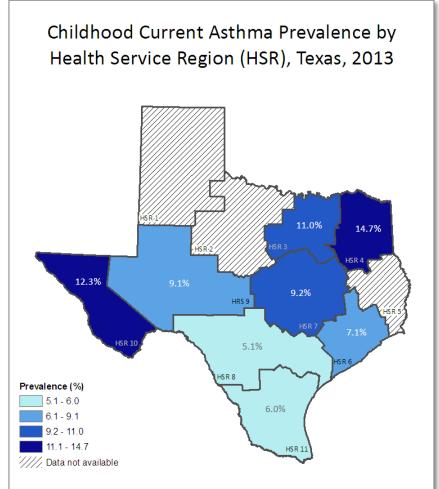




and 'Does the child still have asthma?'

*Race/ethnicity is categorized differently in 2013 as: White = White only, non-Hispanic; Black = Black only, non-Hispanic; Hispanic = Hispanic; Other (not shown) = Other race only, non-Hispanic; Multiracial





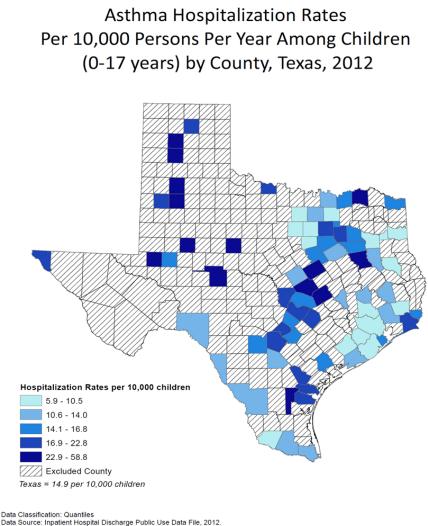
Childhood Current Asthma Prevalence in Texas = 9.1% (95% Confidence Interval: 7.5-10.6)

lata Categorization: Quantiles. lata Source: 2013 Texas Behavioral Risk Factor Surveillance System (BRFSS), jenter for Health Statistics, Texas DSHS,

reated by Erin Wu, 10/30/2013





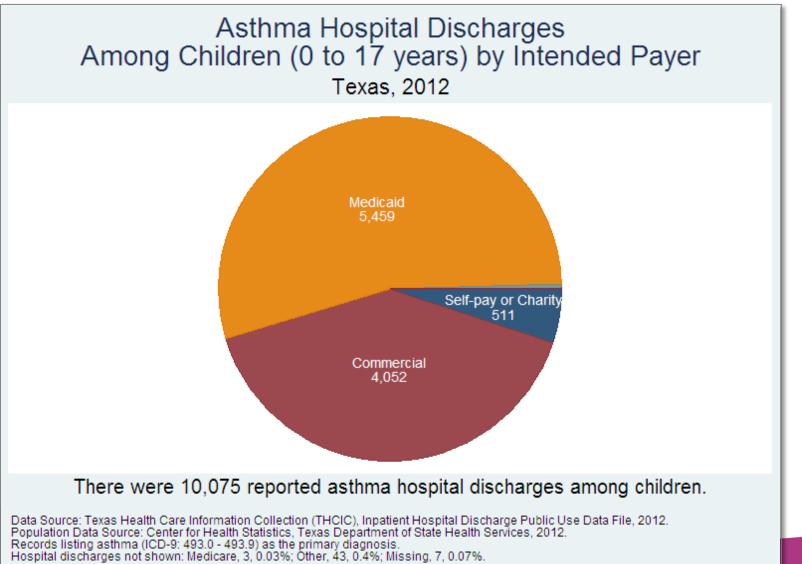


Data Source: Inpatient Hospital Discharge Public Use Data File, 2012. Center for Health Statistics, Texas Department of State Health Services. An asthma hospitalization is a hospital record listing ICD-9 Codes 439.0-439.9 as the principal diagnosis.

Created by Erin Wickerham, 3/13/14

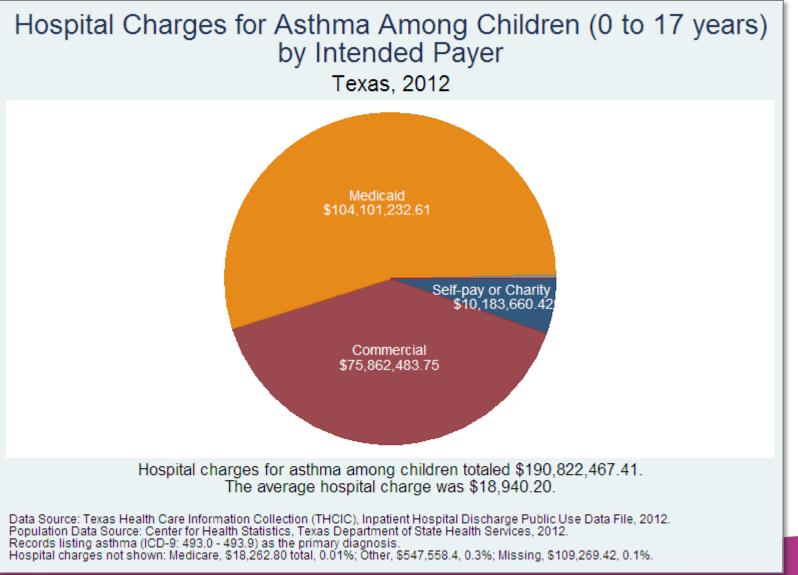




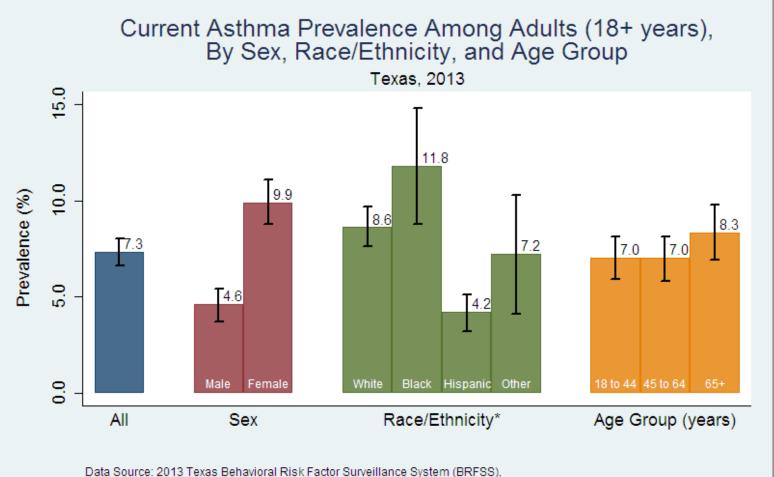










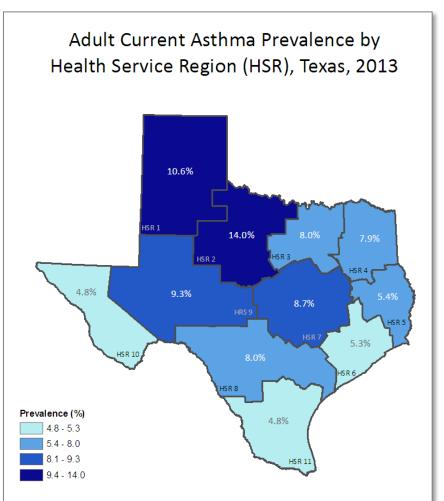


Texas Department of State Health Services, Center for Health Statistics.

Survey Questions: 'Has a doctor, nurse, or other health professional ever told you that you had asthma?' and 'Do you still have asthma?'

*Race/ethnicity is categorized differently in 2013 as: White = White only, non-Hispanic; Black = Black only, non-Hispanic; Hispanic = Hispanic; Other = Other race only, non-Hispanic; Multiracial.

Asthma in Adults



Adult Current Asthma Prevalence in Texas = 7.3% (95% Confidence Interval: 6.6-8.0)

Data Categorization: Quantiles. Data Source: 2013 Texas Behavioral Risk Factor Surveillance System (BRFSS), Center for Health Statistics, Texas DSHS.



Asthma in Adults

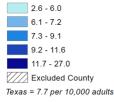


Asthma Hospitalization Rates Per 10,000 Persons Per Year Among Adults (18+ years) by County, Texas, 2012

OSE

EXAS

Crude Hospitalization Rates per 10,000 adults



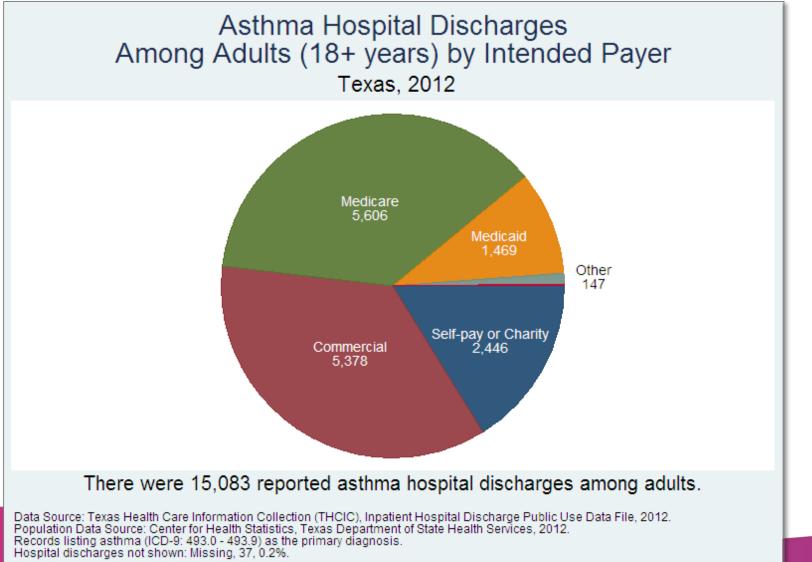
Data Classification: Quantiles

Data Source: Inpatient Hospital Discharge Public Use Data File, 2012. Center for Health Statistics, Texas Department of State Health Services. An asthma hospitalization is a hospital record listing ICD-9 Codes 439.0-439.9 as the principal diagnosis.

Created by Erin Wickerham, 3/13/14

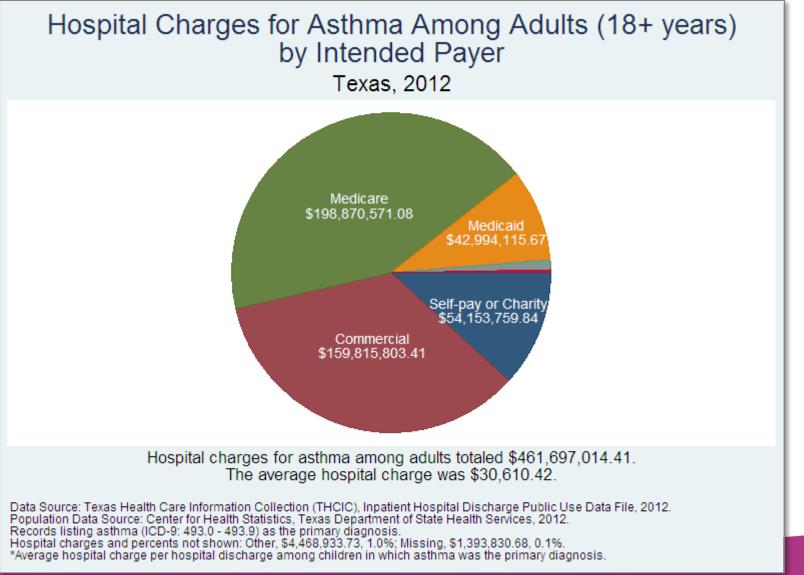
Asthma in Adults









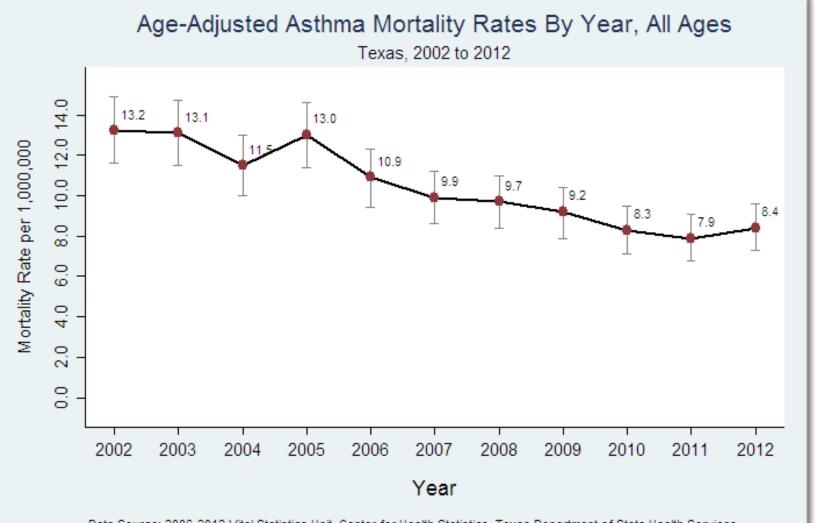




But, of course, the dollars and numbers don't tell the whole story...

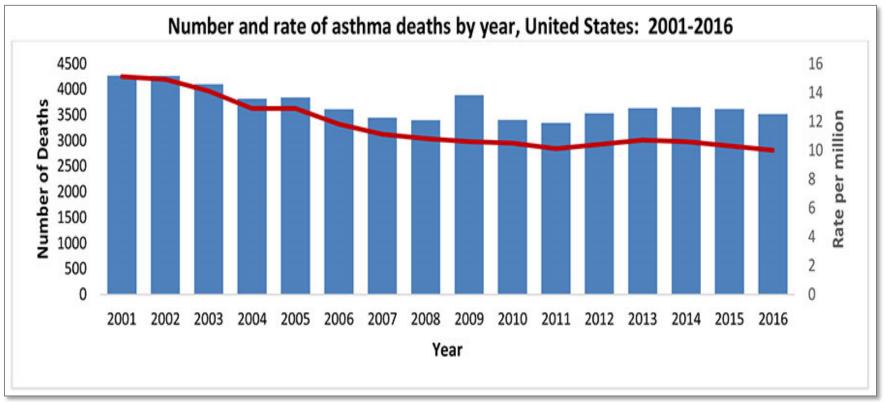
Mortality





Data Source: 2006-2012 Vital Statistics Unit, Center for Health Statistics, Texas Department of State Health Services. Mortality based on ICD-10 codes for asthma (J45 and J46). Asthma mortality rates are age-adjusted to the 2000 U.S. Census Population. Mortality

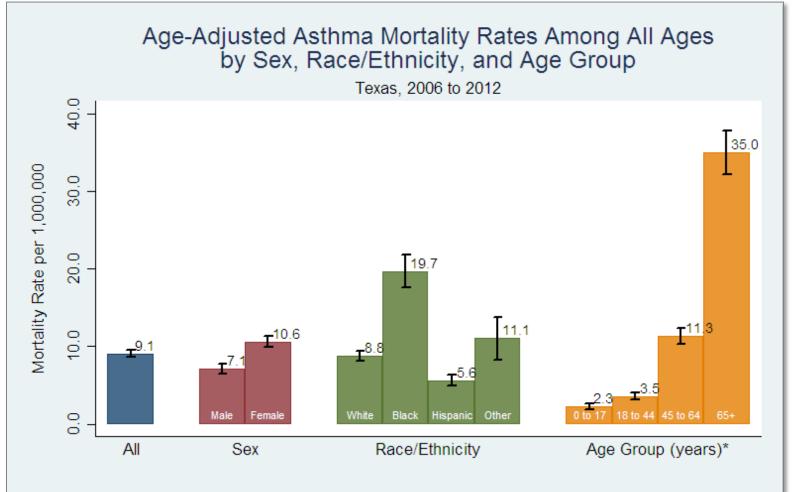




Source: Centers for Disease Control







Data Source: 2006-2012 Vital Statistics Unit, Center for Health Statistics, Texas Department of State Health Services. Mortality based on ICD-10 codes for asthma (J45 and J46). Asthma mortality rates overall, by sex, and by race/ethnicity are age-adjusted to the 2000 U.S. Census Population.

*Asthma mortality rates by age-group cannot be age-adjusted.

Suboptimal Asthma Care's Impact



- Definitions of Terms
 - Clinical Risk Group (CRG)
 - 3M groups patients with like-condition based on claim history data.
 - Potentially Preventable Visits (PPV)*
 - Emergency department visits for diagnosis that could have been treated in outpatient/provider office setting.

* Essentially, ALL non-scheduled visits for asthma are "potentially preventable," irrespective of location.

Top 5 Dx for PPV's of Asthma CRG Patients



State of Texas

Rank	Primary Diagnosis	Percent of Total
1	Acute upper respiratory infection, unspecified	11.03%
2	Influenza due to unidentified influenza virus with other respiratory manifestations	3.36%
3	Unspecified asthma with (acute) exacerbation	3.36%
4	Viral infection, unspecified	2.99%
5	Acute pharyngitis, unspecified	2.24%

Top 5 Dx for PPV's of Asthma CRG Patients



Brazos County

Rank	Primary Diagnosis	Percent of Total
1	Acute upper respiratory infection, unspecified	11.03%
2	Influenza due to unidentified influenza virus with other respiratory manifestations	3.36%
3	Unspecified asthma with (acute) exacerbation	3.36%
4	Viral infection, unspecified	2.99%
5	Acute pharyngitis, unspecified	2.24%

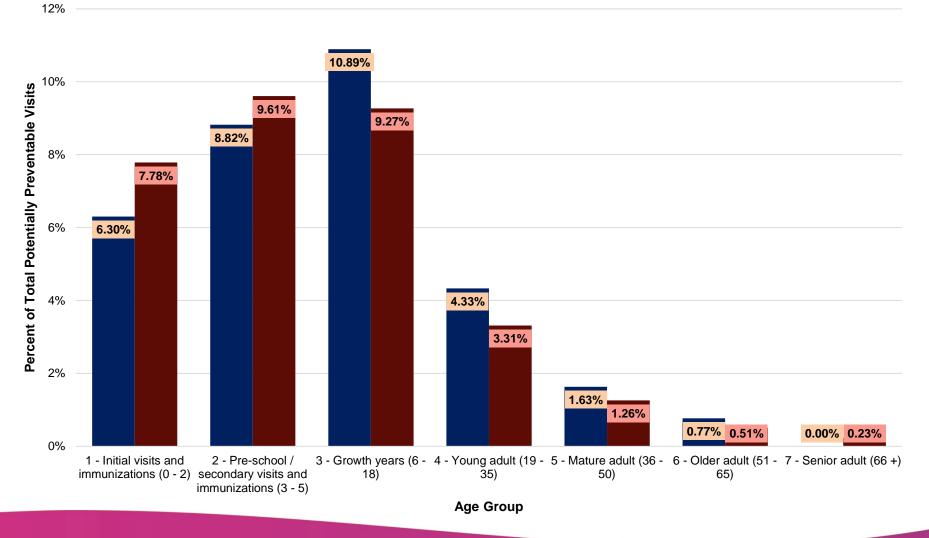


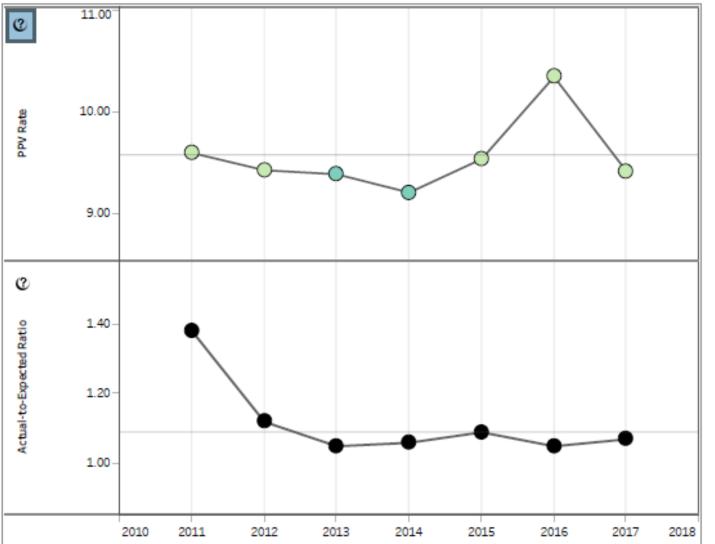
Select a Year 2017 Program STAR

Plan Name Dashboard View Superior Healt.. PPV Rate

Summary PPV 2017 谢	At-Risk ED Visits	PPV Count	Actual Weight	Expected Weight	A/E Ratio	Member Months	PPV Rate	Provider PPV Rate	Expenditures
STAR program	1,562,264	998,285	275,290.65	275,290.65	1.00	31,892,065	8.63	176.21	\$261,197,309
Superior plan	406,822	262,003	72,409.33	67,675.40	1.07	7,686,059	9.42	177.99	\$52,402,906

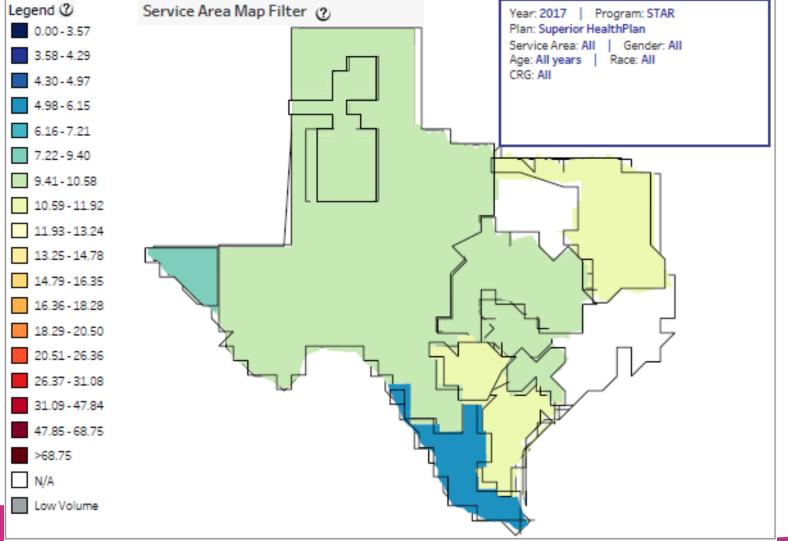
Potentially Preventable Visits (PPV's) by Asthma CRG as Percent of Total PPV's by all CRG's Brazos County compared to State of Texas (Jan 2017 - Dec 2017) CRG's





superior healthplan.

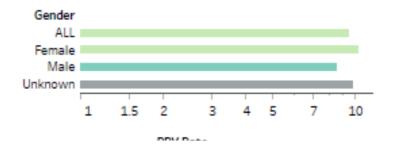


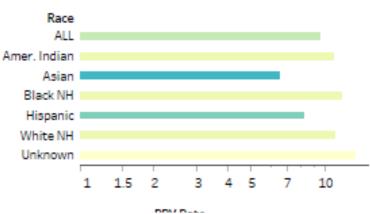


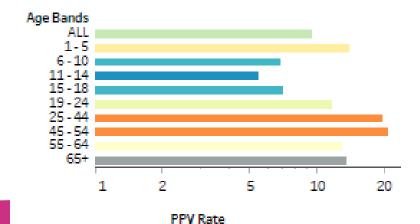


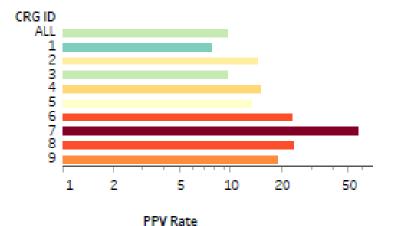
Member Demographic Filters





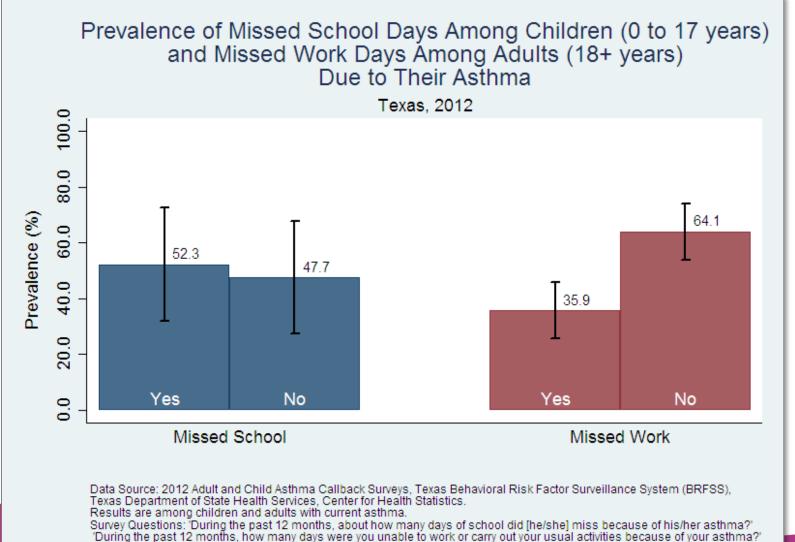














Questions and Answers

And now...On with the show!