Medically Sound, Cost Effective Disease Management For Medicaid Populations

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Global Leader in Lung, Allergic and Immune Diseases

National Jewish Medical and Research Center

- Founded in 1899 for TB
- Focus on Respiratory, Allergic and Immunologic Diseases
- Predominantly an academic medical center with 70% research focus
- Disease Management started in 1996
- Quality over Bottom Line is the marching order
- Number 1 Respiratory Center in the US since 1998

Asthma Disease Management: Regression toward the Mean or Better?

David Tinkelman, MD and Steve Wilson, MA The American Journal of Managed Care Vol. 10, No. 12 pp 948-954.

The Colorado Medicaid Asthma Disease Management Experience



"It doesn't work"

Disease Management: A Multi-Disciplined Approach to Management of Health and Illness

Focusing On:

Prevention
Early Intervention
Chronic Maintenance

The Keys to Successful DM

- Behavioral Change
 - Physicians
 - Patients
- Education
- Self Empowerment

Communication

- Language
- Literacy Level
- Appropriate Time
- Time for Questions
- Empathy

Disease Management Empowerment

- Patient Empowerment
 - Ability to Understand Disease
 - Ability to Assess Personal Situation
 - Ability to Take
 Effective Management Steps
 at Home According to Written Plan
 - Resources At Home

Green Zone: No Signs or Symptoms

Signs or Symptoms:

- Your breathing is good
- You do not have any early warning signs or asthma symptoms
- •Peak Flow above 80% of personal best

What to Do:

- •Take all of your medicines every day, as your doctor recommends
- •Take your inhaler before exercise, as your doctor recommends

Yellow Zone: Early Warning Signs for Children and Adults

Signs or Symptoms:

- Feel more tired
- Chin or throat itches
- Dark circles under eyes
- Coughing
- •Peak Flow 60%-80% of personal best

What to Do:

- •Check your Peak Flow at least two times a day
- •Stay away from things and places that make your asthma worse
- •Take your quick-relief medicine by inhaler or nebulizer:
- •Call your Asthma Care Manager

Yellow Zone: Early Warning Signs for Babies

Signs or Symptoms for Babies:

- Fussy
- Runny or stuffy nose
- Wants to eat less
- Restlessness
- Dark circles under eyes

What to Do:

- •Give quick-relief medication by nebulizer:
- •Call your Asthma Care Manager

Yellow Zone: Caution!

Worsening Asthma Symptoms for Children and Adults

Signs and Symptoms:

- Cough, more at night
- Wheezing
- Chest feels tight or hurts
- Breathing faster than normal
- Get out of breath easily
- Peak Flow: 60-80% of personal best

What to Do:

- •Take your quick-relief medicine by inhaler or nebulizer:
- •If you still have symptoms or your peak flow is not back to normal, take your quick-relief medicine again, as recommended by your doctor
- •Call your Asthma Care Manager
- •Call your Doctor and ask about taking more or other medicines. Many doctors recommend steroid pill or syrup

Yellow Zone: Caution! Worsening Asthma Symptoms for Babies

Signs or Symptoms:

- Cough, more at night, or day
- Breathing is noisy
- Breathing faster than normal
- Will not eat because of difficulty breathing

What to Do:

•Give your baby/child the quick-relief medicine as ordered by your doctor. If your child's breathing does not improve within 15 minutes, call your doctor immediately

Red Zone: Danger!

BAD Asthma Symptoms for Children and Adults

Signs or Symptoms:

- Trouble talking, walking or thinking
- ·Shoulders go up
- Neck and ribs move in when breathing
- •Grey or blue skin color, starting around the mouth
- •Peal Flow below 60% of personal best

What to Do:

- •Take your quick-relief medicine by inhaler or nebulizer NOW:
- •Call your doctor or 911 NOW. Ask about taking steroid pills or syrup and how often to take quick-relief medicine

Red Zone: Danger! BAD Asthma Symptoms for Babies

Signs or Symptoms:

- ·Wants to sit instead of lie down
- Breathing is noisy even at rest
- Neck and ribs move in with breathing
- •Grey or blue skin color, starting around mouth
- Very fussy

What to Do:

- •Give your child their quick-relief medicine as ordered by your doctor NOW.
- •Call your doctor or 911 NOW

Colorado Medicaid Asthma Disease Management Program

- Six month program
- 6 Calls per enrollee
- Nurse Care Manager for each enrollee
- Written Asthma Action Plan

Assessment Techniques

- Claims based analysis
- Third party QOL assessments
- Control group of 446 similar asthmatics

Activity Summary

1249 patients were initially identified

388 were enrolled into the active treatment group

 258 patients have completed the program

Unique Features of Population

- Number of families without telephones
- Number of families without PCP
- Diversity of population between rural and urban
- High percentage of children

Table 1: Demographics of Participants, Controls and the Population

Group	Age: Mean (SD) Range	Percent Males/Females
Intervention Group (N=258)	14.6 (12.2) years Range 2-53 years	48/52
Control Group (N=446)	18.4 (14.7) years Range 2-56 years	49.5/50.5
Total Asthma Population (N=17,864)	Range 1-89 years	48/52

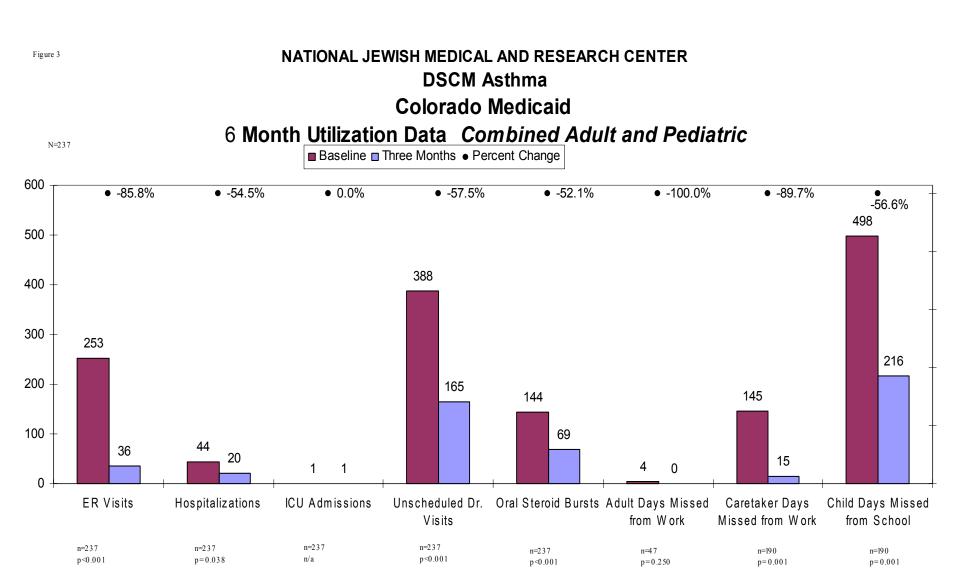


Table 2: Medicaid Population Results

Total Costs	Intervention Group (N=258)		Control Group (N=446)			
	Asthma	Non- asthma	Total	Asthma	Non- asthma	Total
Baseline Costs	\$57.87	\$294.10	\$351.97	\$62.15	\$299.64	\$361.79
Intervention Year Costs	\$32.59	\$146.58	\$179.17	\$44.50	\$206.26	\$250.75
Difference between Years	43.7%	50.2%	49.1%	28.3%	31.1%	30.7%

- Using the Intervention Group as its own control revealed a 49.1% savings.
- The savings for the control group was 28.2%.
- The net savings was 20.9% (p<.001) for the Intervention Group beyond Controls.

Regression to the Mean is an Important Factor in Analyzing the Results of a Disease Management Program for Asthma



While the demonstrated savings were less using a control group to correct for regression toward the mean, they were statistically significant and clinically relevant.

Disease Management for Asthma in a Medicaid Population

- Can reduce unnecessary utilization
- Can improve the physiologic state of the participants
- Can be cost effective

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