Allergy and Asthma Care: Opportunities for Quality and Cost Improvements in the Medical Practice Setting
Introduction

The 2013 MGMA Annual Conference brings together thousands of medical group administrators, physicians and leaders to share beneficial knowledge and skills essential to managing a practice today. These best practices are increasingly valuable as healthcare organizations are challenged to improve the quality and coordination of care while facing shrinking reimbursements and growing competition.

Nowhere is coordinated patient care more critical than in the treatment of chronic conditions. The number of patients needing care for these conditions, such as diabetes, arthritis and asthma, is staggering and growing—in fact, it is estimated that two out of three Americans will have a chronic condition by 2030. The Patient Protection and Affordable Care Act (PPACA) of 2010 tasks physicians with shifting from solely treating chronic illnesses to a focus on prevention and improving patient outcomes as a means to help rein in healthcare costs.

Historically, financial pressures have resulted in physicians increasing their patient load. While this may bring in more copay dollars, it can mean less time and attention for each patient. Meanwhile, primary care and other specialists continue to operate in isolation from one another. As a result of these factors, healthcare too often falls short in ensuring preventive measures are considered, and that patients’ overall health is managed in a comprehensive way. More than ever before, the healthcare system is in need of a coordinated, integrated delivery approach – one that can best be accomplished through the centralization of the primary care role.

A key example of the benefits that can be realized through empowered primary care is in the treatment of one of the most common chronic conditions in the U.S.: allergies. Allergic rhinitis and its associated comorbidity, allergic asthma, affect approximately 60 million Americans, and the prevalence of each is increasing. These conditions negatively impact sufferers’ quality of life and add a significant financial burden to the health system. By arming providers in the primary care setting with additional education and support to safely administer allergy testing and treatment, as well as collaborate with other specialists for enhanced, holistic care, organizations can experience numerous benefits in care coordination, efficiency, quality and cost. Not only can this improve patient care, but added benefits for medical practices include the financial and growth advantages of supplementing service offerings.

The Strain of Chronic Conditions: Treating Asthma and Allergic Rhinitis

Today in the U.S., chronic conditions account for approximately 75 percent of the nation's aggregate healthcare spending - or about $5,300 per person. This cost and quality of life burden is not sustainable—for the system or patients. As the initial gatekeepers of care, and the only role responsible for helping manage the whole treatment of the patient, primary care providers are perhaps best positioned to begin turning this ship. Already, new healthcare delivery models such as Accountable Care Organizations (ACOs) and Patient-Centered Medical Homes (PCMHs) call on physicians to work together to decrease long-term morbidity, reduce the cost of healthcare and maintain patient satisfaction. In an effort to accomplish these goals, many medical groups are placing not only an increased focus on prevention, but also on better coordination of care for chronic conditions.

Two of the more common chronic conditions affecting both children and adults are asthma and allergic rhinitis. Allergic rhinitis is the third most common chronic medical disorder in U.S. individuals younger than 45 and the fifth leading chronic disease among all Americans. Up to 30 percent of all adults and
40 percent of all children suffer from allergic rhinitis. Allergic rhinitis has a significant financial impact as well, with related expenses costing patients $6.1 billion in 2000.

Even worse, allergic rhinitis has been found to precede other chronic medical conditions such as asthma. Allergic rhinitis often blossoms into allergic asthma through increased or repeated exposure to allergens. Sixty percent of people with asthma have allergic asthma, in which asthmatic complications are triggered by allergen exposure. Additionally, asthma is present in 20 to 50 percent of patients with allergic rhinitis. Asthma is the most common chronic disease in childhood, impacting an estimated 6.5 million Americans under the age of 18. It is the primary reason children miss school and the leading cause of childhood hospitalization. According to the CDC, the annual cost of the condition tops out at nearly $56 billion, accounting for an increased number of both in- and outpatient visits to healthcare facilities, as well as medication and other expenditures.

It is clear that patients, providers and the industry as a whole have much to gain from an enriched standard of allergy care that could improve patient outcomes, offer better patient experiences and quality of life improvements, and ultimately reduce costs. Such a model should place an additional emphasis on preventing, as well as treating, chronic diseases such as allergic rhinitis and asthma. Research indicates that immunotherapy, which induces immunologic tolerance by introducing patients to safely increased doses of an allergen(s), not only reduces allergic rhinitis symptoms, but can prevent the onset of new allergies and allergic asthma. Medical practices should take an innovative approach to allergy and asthma care that focuses on early diagnosis of patient symptoms and increased access to specialized treatments, such as immunotherapy, shown to improve clinical outcomes and foster prevention of the onset of related conditions. A strengthened and supported primary care base is a means to increase patient access to such care.

**Patient-Centered Care: Focus on Collaboration and Communication**

The Affordable Care Act will require more medical practices to take a coordinated team approach to patient care that is focused on increasing preventive care and improving patient outcomes across care areas. Primary care physicians will no longer be able to work in isolation from other providers, but must embrace the knowledge and training needed to adequately identify and meet various patient needs. Beyond this, primary care providers are positioned to serve as stewards and managers of this coordination of their patients’ whole care.

Additionally, primary care providers can enhance patient access to much-needed care by increasing their own specialty services. Primary care physicians are often the first to assess patients’ allergic rhinitis and asthma symptoms, and, as only one in five allergic rhinitis sufferers proactively seek out and are seen by a specialist, in fact treat a majority of these cases already. Yet too many simply counsel patients to find relief from their symptoms through over-the-counter (OTC) or prescription medications. These treatment methods do not address the underlying case of allergic reactions; rather, they mask symptoms. Moreover, studies have reported that 15-25 percent of people taking an antihistamine will experience at least one side effect, and nearly 20 percent of adults report changing allergy medications in the past year because the medication stopped working. Due to their low efficacy, many patients resort to combining OTC and prescription medications for treatment, often taking two to four medications simultaneously to control symptoms.
While treatment with antihistamines does provide some symptomatic relief, it does not modify long term outcomes as the natural course of the disease is not altered. More than 100 years of scientific research and medical practice xxx xxi xxi have proven that immunotherapy provides the only lasting relief from allergies. Up to 85 percent of patients who use immunotherapy receive a complete elimination or significant reduction in allergy symptoms.xxxii Unfortunately, there has historically been limited understanding amongst primary care physicians around the diagnostic benefits of allergy testing and long-term therapeutic benefits of allergen immunotherapy. The protocols and means for allergy testing, interpreting test results and safely and easily implementing immunotherapy have not been a topic of widespread primary care education.xxxiv

Yet a shift is underway. Increasingly, healthcare services companies are helping to escalate primary care knowledge in this area. While immunotherapy is a treatment also used by allergists, key differences exist in how the primary care population offers the treatment. The majority of patients with seasonal and perennial allergies may be considered low risk and can be safely treated by a medical doctor, though there are select patient populations that must continue to be referred to board certified allergists.

Increasing the number of primary care providers who deliver allergy testing and treatment does not displace the critical contribution that allergists make to allergic rhinitis and asthma treatment, but instead ensures proper allocation of resources. Previously, when OTC or prescription medications failed to offer relief, primary care physicians referred allergic rhinitis patients to specialized providers. Unfortunately, there are not many board-certified allergists and other allergy specialists – only approximately 2,800 are currently in practice within the U.S. xxxv At the same time, the number of patients in need of allergy-related services is projected to rise rapidly: by 35 percent by 2020.xxxvi With primary care providers serving as the “first line of defense” in the treatment of allergies, asthma and other chronic illnesses, empowering primary care physicians and nurse practitioners with specialty training and services such as immunotherapy will provide more patients with increased access to much-needed treatment. Additionally, with more specialized education and training the primary care sector will be better equipped to identify and address patients’ allergy symptoms, determine which patients may be at higher risk and coordinate with allergy specialists when necessary to ensure safe treatment.

**Cost Comparisons of Asthma and Allergic Rhinitis Treatments**

In addition to dramatically impacting care quality, equipping providers to more thoroughly address allergic rhinitis and asthma with immunotherapy will provide significant opportunities for cost savings to both patients and the healthcare system as a whole. Not only do OTC and prescription medications often fail to provide long-term preventive relief from allergies or the onset of asthma, they can be costly. In a comparison study of the costs associated with oral antihistamines, decongestants and intranasal corticosteroids versus immunotherapy for patients with allergic rhinitis, the cost of immunotherapy appeared to be less than the cost of the medications—especially when averaged over five years of treatment.xxxvii Additionally, because patients benefit for many years after undergoing treatment for their allergic rhinitis with immunotherapy, the economic benefit is compounded.xxxviii

In a study of cost savings with immunotherapy for Medicaid patients with allergic rhinitis, significant reductions in total average health costs were evident as early as three months after the start of immunotherapy. According to study results, treatment with immunotherapy resulted in a per-patient healthcare cost savings of 41 percent ($7,286) for adults, and 33 percent ($5,921) for children.xxxix xlix
Additional research has indicated that in addition to providing a significant improvement in patient outcomes and reduction in healthcare costs, immunotherapy results in diminished severity of allergic asthma and other allergic rhinitis comorbidities and a reduced need for costly asthma medications. With the high rates of healthcare utilization associated with asthma (in one year alone, asthma was responsible for 1.3 million visits to hospital outpatient departments and 1.8 million emergency department visits), immunotherapy’s impact on the onset of allergic asthma provides numerous cost benefits for the healthcare system.

**Practice Management Benefits of Asthma and Allergic Rhinitis Treatment**

Clearly, patient care can be benefited by increasing certain specialty care services in the primary care setting, and the resulting cost savings from immunotherapy can be felt throughout the industry. Importantly, this model can also have a financial upside for medical practices. Allergy testing and immunotherapy provide group practices with an opportunity to expand their service lines, and in doing so, maintain autonomy, increase referrals to the practice and bolster overall community perception and market competitiveness.

As practices struggle with reduced reimbursements from the Centers for Medicare & Medicaid Services (CMS) and private health insurers, the additional revenue generated from offering increased allergy services can help to reduce this financial strain. Physicians can spend more time providing holistic, quality care to patients instead of struggling to tick through a higher volume of patient appointments to recoup cost. The additional financial support allows the practice to offer competitive salaries and hire nurses and support staff with advanced qualifications, which in turn can improve clinical processes, quality of care and patient satisfaction in all aspects of the practice.

**Conclusion**

In an effort to move the healthcare system towards greater coordination of care and provide better and more comprehensive treatment for the majority of allergic rhinitis patients, an increasing number of practices are promoting the safe and effective administration of allergy-related services by primary care physicians.

Through additional education about allergy testing and immunotherapy, physicians are better equipped to identify and address patients’ allergy symptoms, determine which patients may be at higher risk and coordinate with other providers to ensure safe treatment and enhanced patient care. As the industry evolves, the availability of service providers to assist physicians in this coordination of care is also increasing. In addition to providing the infrastructure, skills, support and staff necessary for the safe and effective administration of allergy testing and immunotherapy, these companies provide additional education to primary care providers that dive into the physiology of allergies, asthma and immunology, the process of testing for allergies and interpreting results, pharmaceutical treatment options, identifying patients appropriate for immunotherapy and managing the administration of that immunotherapy.

Since the passage of the Affordable Care Act, medical groups have been tasked with an increased responsibility to coordinate care in an effort to improve outcomes and reduce costs. A central goal has been the care of chronic diseases, including allergic rhinitis and asthma, which take a serious toll on the
healthcare budget and patients’ lives. Practices must shift from an exclusively disease management view of chronic conditions to a preventative view, and can best accomplish their aim through a collaborative model of care that advocates for a primary care sector empowered with enhanced education, skills and a greater scope of services.

**United Allergy Services**
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*United Allergy Services™ (UAS) brings effective and convenient allergy testing and immunotherapy to primary care physicians; pulmonologists; pediatricians; internal medicine physicians; and healthcare systems that treat the vast majority of patients with seasonal and perennial allergies. UAS’ complete service line features an in-office Allergy Center, staffing and training; ongoing education for the physician and his or her staff; technology services; reimbursement assistance; quality assurance and regulatory compliance; and supply and inventory management.*

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