



Montana Asthma Data Factsheet

The Problem

Asthma is a serious chronic condition that affects thousands of children and adults. If properly treated and controlled through self management, asthma should not limit a persons daily activities or cause troublesome symptoms. However, nearly half (49.3%) of adults and 34% of children with current asthma in Montana report asthma symptoms indicating that their asthma is not well or very poorly controlled.¹

- An estimated 75,000 people in Montana have current asthma.²
- About 26% of adults and 36% of children with asthma reporting missing at least 1 day of work or school in the last year, respectively.¹
- About 40% of adults and children with asthma report limiting their activities because of their asthma.¹
- Not all adults with asthma report knowing the signs and symptoms of an asthma attack (65.5%), having been taught how to respond to an attack (78.8%), or having an asthma action plan to help make treatment decisions (26.3%).¹
- About 10% of adults with asthma report being unable to see a doctor for their asthma due to cost.¹
- Over 15% of adults with asthma report that they unable to fill an asthma medication prescription due to cost.¹

Asthma hospitalizations cost about \$5 million in MT in 2009³

The Cost of Uncontrolled Asthma

Asthma is an ambulatory condition that, if well controlled, should not be treated in the emergency room or in patient setting.

- In 2009, the total charges for hospitalizations for asthma in Montana was about \$5 million.³
- The average hospital stay for asthma in 2009 cost nearly \$8,000.³
- On average there are 690 hospital stays for asthma in Montana a year.³
- For the first half of 2010, there were nearly 1, 300 emergency department visits for asthma.⁴
- The estimated total cost of emergency room visits for asthma in Montana for the first half of 2010 was about \$1.1 million.⁴
- The average charge for an asthma emergency department visit was nearly \$900.⁴
- In 2010, there were over 28,000 distinct claims for asthma for over 8,000 different Medicaid recipients (primary and secondary diagnosis).⁵

Key messages:

1. Asthma is a critical problem and the CDC's National Asthma Control Program has measurably reduced costs and improved outcomes for people with asthma
2. Asthma interventions are a "win-win" for Montana
3. The Montana Asthma Control Program helps people control their asthma
4. Restructuring or eliminating the National Asthma Control program will hurt Montana patients, cost jobs and squander public health gains

Addressing Asthma in Montana

The Montana Asthma Control Program (MACP) strives to improve the quality of life for all Montanans with asthma. Working with partners to implement our State Asthma Plan, we support the following initiatives:

Inpatient Asthma Care: AHEAD Protocol

The MACP is newly introducing the Asthma Hospital Patient Education, Action Plan, and Discharge Protocol Program (AHEAD). The AHEAD protocol is a quality improvement opportunity that aims to support delivery of evidence-based healthcare according to EPR-3 Asthma Guidelines in Emergency Departments (ED) and hospitals. Currently there are five Critical Access Hospitals in Montana implementing the AHEAD program, with more facilities signing up each month.

Outpatient Asthma Care: ACMS

The Asthma Care Monitoring System (ACMS) is an information technology and quality improvement software designed to support medical sites in the assessment and follow-up of patients with asthma. ACMS allows sites to track their asthma patients and capture each patient's level of asthma control, exacerbations, medications, self-management education and other clinically useful data at each visit. Through this system, areas for improvement can be identified and quality improvement projects designed. Currently, 5 pharmacy asthma and/or primary care clinics use the software to manage their patients.

Home visiting: MAP

The Montana Asthma Home Visiting Program (MAP) is a multi-component, home-visiting program that addresses asthma. The program includes a specific protocol for each of the visits; educational materials and data collection tools have been developed and will be utilized throughout the program by the funding sites. Currently, three sites have been funded. The program will address environmental asthma triggers, asthma action plans, the importance of medical care, prescription use, and inhaler technique, and will supply some families in need with supplies to help control their child's asthma. Three sites in Montana will provide home visiting to children in 5 Montana counties in the coming year.

Workforce Development: Asthma Educator Initiative

In an effort to increase the number of certified asthma educators (AE-C) in Montana, the MACP holds several educational opportunities each year. Hundreds of Montana healthcare providers have received continuing education through our asthma educator review courses and bi-annual webinars.

Schools and Childcare Trainings

The MACP provides free training on creating asthma friendly environments to schools and childcare providers across the state through our resource guides, in-person trainings and new school and childcare website www.asthamontana.com. In 2011, 59% of school administrators reported receiving our school resource guide and 23% reported receiving training on the resource guide over the past three years.⁵

Partnerships

Partners are a key part of the MACP's success. The Montana Asthma Advisory Group currently has over 40 members representing 30+ organizations and agencies statewide.

Surveillance and Evaluation

The MACP is the primary source for asthma data in Montana. Three times a year a summary report on an asthma related topic is published and provided to more than 3,000 health care providers and asthma stakeholders around the state. The MACP has a 5 year strategic evaluation plan, that will facilitate the systematic evaluation of all major program components over the next 5 years.

All of these activities are carried out with the support of the CDC's National Asthma Control Program

Current Asthma 'Has a health care provider ever told you that you have asthma?' and 'Do you still have asthma?' Data Sources

1. Asthma Call Back Survey 2006-2009 2. Behavioral Risk Factor Surveillance System, 2009 3. Hospital Discharge Data, 2000-2009, ICD9 493 4. Emergency Department Discharge Data, January-June 2010, ICD9 493 5. Montana Medicaid Claims, 2010, ICD9 493 6. School Administrators Survey, 2011

