Current State of Asthma in the United States

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Current Concerns and Challenges

• Despite advancements in diagnosis and treatment, asthma can be life threatening.

• Even when allergies are not life threatening, they can have a profound effect on patients’ daily life.

• Environmental challenges are likely to increase in the near future and make life more difficult for people with allergies and asthma.
  • Climate change
  • Pollution
  • Urban crowding
  • Wildfires
  • Indoor air quality
• As our population becomes more diverse, we need to understand how these conditions play out in patients of varying backgrounds.
• COVID-19, RSV and future/emerging viruses create added uncertainty for people with asthma, can contribute to prolonged/persistent symptoms, and can make asthma management more complex.
• The economic realities of healthcare put pressure on our ability to provide care to all who need it.
• Recommended care based on national guidelines is not always covered by state health insurance programs.
Scope and Impact of The Asthma Epidemic

Asthma prevalence in U.S.

25 million people 6.1 million children
Nearly 4,200 deaths each year

Without an allergist, patients receive substandard care

9.8 million physician and hospital outpatient department visits
1.8 million emergency department visits
14.2 million lost work days
10.5 million lost school days
189,000 hospitalizations, including 80,000 for children

80% of Costs for Uncontrolled Asthma

Without an allergist, care is needlessly costly

$3,266 Direct cost per person per year
$82 billion Total annual cost

4x more costly for severe, uncontrolled asthma than mild asthma.

Allergists improve quality, reduce costs

Fewer emergency care visits
Fewer hospitalizations and reduced lengths of stays
Fewer sick care visits
Better attendance at work or school
Greater satisfaction and increased productivity

Excerpted from: Asthma Management and the Allergist: Better Outcomes at Lower Cost
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The complete report with supporting documentation is available at collegeallergy.org/betteroutcomes
Recent Innovations and Developments

• Understanding of asthma as a spectrum vs. single disease

• Identifying allergy and asthma phenotypes, allowing work on precision medicine treatments for the future

• Treatment Innovations
  • Novel targeted asthma therapies approved
  • Development of biologics for asthma and related allergic conditions
Recent innovations and developments cont’d.

• Increased recognition of racial/ethnic/genetic and environmental differences in disease states among patients
• Continued research and treatments developed based on understanding the role of TH2 cells and eosinophils in the immune response.
What’s new in asthma guidelines 2023

- We use GINA, NIH and SMART guidelines
- Treatment is continuing to be more personalized for each patient
- The definition of “reliever therapy” and “maintenance” vs. “controller” therapy is changing per GINA guidelines
- The trend for adults is toward using rescue inhaler (SABA) WITH an anti-inflammatory for moderate to severe exacerbations
- SMART therapy = one inhaler with both types of medication
What’s new in asthma guidelines cont’d

Expert advice continues to rely on stepping up or stepping down treatment as needed.

Assess the patient often and adjust medication as needed.
On Sept. 7, a new working definition for clinical remission on treatment in asthma was published in *Annals of Allergy, Asthma & Immunology.*

- ACAAI
- AAAAI
- ATS
- Endorsed by European Forum for Research and Education in Allergy and Airway Diseases (EUFOREA).

With more treatments available, more patients are finding their symptoms are under control.

“What qualifies as clinical remission in asthma treatment?”
The following three criteria must be met over a 12-month period, and may be applied to those receiving monoclonal antibody therapy (biologic) for asthma:

- No exacerbations requiring a physician visit, emergency care, hospitalization, and/or systemic corticosteroid for asthma (i.e., oral, injectable).
- No missed work or school over a 12-month period due to asthma-related symptoms.
- Stable and optimized pulmonary function results on all occasions, when measured over a 12-month period, with a minimum of two measurements during the year.
Asthma remission statement continued

• The remaining three criteria deal with frequency of use of certain therapies as well as measures of asthma symptoms such as assessment questionnaires and/or tools.

• This definition of asthma remission on treatment does not create any widespread change in practice or in how we treat patients.

• It allows for HCPs who treat asthma to gather more data, which will go toward evolving the definition further.
Areas of interest in published research in 2023

• Long-term use of biologics
• Telemedicine and technology-based interventions for monitoring, maintenance and symptom control
• Techniques in asthma evaluation and assessment
• The role of TH2 cells and eosinophils in asthma and other allergic diseases
• Equitable access to treatment
• Outcomes for patients with various treatments
• Treating pediatric asthma with obesity
• COVID-19 in asthma patients

Many articles are free to the healthcare community at AnnAllergy.org
COVID and asthma

• The College serves as an important source to help the allergy community stay up to date on information about COVID and asthma, including research and recommendations.

• Allergists have been an important touchpoint for their patients with asthma since the emergence of COVID.
  • It’s more important than ever to keep up with medication
  • Many questions about vaccines as well as non-pharmaceutical interventions
  • Allergists can champion vaccines with their patients
  • As immunologists, we have special expertise in understanding how COVID and the vaccines affect the immune system.
College priorities in 2023-24

• Raise awareness among PCPs about the benefits of referring patients to allergists for care, particularly if their symptoms are not well controlled

• Continue to support the allergy community with the latest information about conditions, treatments, and staying as healthy as possible

• Work to decrease racial disparities and promote health equity in the treatment of allergic disease, including asthma

• Promote and publish world-class research
College priorities continued

Work to decrease racial disparities and increase health equity in the treatment of patients with allergies and asthma

• Provide grant funding through the College’s Foundation to practicing allergists to address health disparities and other challenges related to allergy care within their communities
• Partner with academic programs to increase awareness of the specialty among students from diverse backgrounds
  • Diversity Task Force
• Help raise awareness of racial disparities in asthma and allergy outcomes by providing many learning opportunities to keep our members at the cutting edge of knowledge.
• Provide more physician education and patient/public information in Spanish
College Priorities continued

• **For our members**
  • Deliver a world-class Annual Scientific Meeting each year
  • Develop timely and practical resources on a wide range of conditions for healthcare professionals and the public, (i.e. new Anaphylaxis Toolkit, new Yardsticks on adult and pediatric cough)
  • Advocate for patient safety, fair payment, and access to care
College Priorities continued

• For our patients
  • Increase public awareness of the specialty and how allergists/immunologists can treat and help patients manage their allergies and asthma
  • Increase awareness of our robust patient information and our public website, which currently has nearly 400,000 monthly unique visitors.
  • Stay on top of public health and patient safety issues, and continue to advocate for patient safety post-pandemic
College Priorities continued

• **For our specialty**
  • Continue to work collaboratively with lay organizations like AAN
  • Work collaboratively with other specialty groups representing physicians and nurses who provide key touchpoints for asthma patients
  • Amplify the College’s position as an advocacy leader for the specialty
  • Promote and publish world-class research to enable better diagnosis and treatment of allergy and asthma, as well as to advance the understanding of immunology
A new two-year initiative of the College to support community allergists in teaching and mentoring medical students, residents and fellows.

- 2023: Recently launched CAPE website to facilitate medical student, resident and fellow rotations in community allergy practice
- 2024: Plans to launch phase II of the program to provide opportunities for learners to help conduct clinical research in the community allergy practice setting
Advocacy Examples

• Continue to support Medicare Payment Reform.
• Reduce Prior Authorization Burdens by supporting access to:
  • safe, effective and affordable medications and treatment options.
  • affordable and high-quality healthcare and insurance coverage.
  • innovative therapies and technologies to advance medical treatment.
• Support physician-led team care.
• Advocate for continued coverage of telemedicine visits even post-pandemic
• Limit insurance carriers’ ability to impose unreasonable limits on step therapy.
• Invest in tracking state legislative activities that affect our patients and providers.
Initiate or work with other organizations on funding requests and legislation

• Example: Request to CDC for full support of National Asthma Control Program funding for 2024
We will always advocate for patients to have access to allergists’ care and appropriate treatments.
For more information about ACAAI:

For Allergists: College.ACAAI.org

For the Public: ACAAI.org
Questions?

Thank you!