SIOUX VALLEY HEALTH PLAN
ASTHMA DISEASE MANAGEMENT PROGRAM

Sioux Valley Health Plan has developed a prospective disease-specific approach to the management of a member’s chronic medical conditions. The emphasis of these programs is disease prevention and wellness education for targeted members and physicians to improve the overall health, wellness and quality of the member’s life. The goal of the program is to provide tools to educate our members on promoting improved health through better prevention, detection, treatment and education. By analyzing utilization patterns, we will be able to educate our members on preventable complications so that emergency department visits and hospital readmissions may be reduced. These tools will facilitate understanding and consumer responsibility for their own disease processes as well as coordination of care between the member and his/her primary care physician.

The following is information regarding the program, how patients were identified and what is included with the program. Attached please find a list of your patients who are currently enrolled.

Which of my patients are eligible for the program?

Eligible members for the Asthma Disease Management Program are SVHP members who have had at least one or more claims with a primary or secondary diagnosis of asthma (ICD-9 CM Codes 493.00 – 493.92). Members of all ages who meet this criteria are eligible for the program. This determination of eligible members occurs at least monthly.

Once Sioux Valley Health Plan has identified the eligible members for the program, they are included on the mailing list to receive program information. The member may choose to opt out, or not participate in the program. Members who do not return the Non Participant form are automatically considered enrolled in the program after a period of 30 days. You will be notified of your patients who choose to remain enrolled in the Asthma Disease Management Program.

What does the Asthma Disease Management Program include?

Members who remain enrolled in the Asthma Disease Management Program will receive educational mailings on a quarterly basis. This information includes topics such as asthma triggers, asthma education, pharmaceutical compliance, free peak flow meter and spacer offer, asthma action plan, smoking cessation and more. Members will also be encouraged to utilize the E-Health link located on Sioux Valley Health Plan’s website that contains self-help tools, surveys and educational articles. You can access this link by going to www.svhp.com and clicking on the Members link followed by the Health & Wellness Education link and the Online Health Resources link.

Pharmaceutical data will also be monitored on a semiannual basis to identify members who have issues with their medication regimen, i.e. 2 or more rescue medication fills within one month’s time and lack of a maintenance medication. These members will receive all of the above interventions in addition to individualized case management by a Quality Resource Registered Nurse that includes a phone call from the nurse to discuss proper medication compliance, assistance with scheduling necessary practitioner appointments and asthma education appointments, home health assessment/visit, etc. Any member who is hospitalized for asthma will also receive a follow up phone call in addition to the above interventions.
**Condition Monitoring** (Mechanisms that allow the patient or practitioner to assess how well a condition is being managed.)

Sioux Valley Health Plan recommends the following NAEPP clinical practice guidelines be followed for asthma management:


The Quality Resource RN assists high risk members in monitoring their condition to assess how well they are managing their care and makes recommendations regarding visits with their practitioner to discuss their asthma management.

**Patient Adherence to Treatment Plans** (A treatment plan is the outline for all activities/interventions in the program. Patient adherence to the treatment plans outlines how we track member self-management including the member’s adherence to self-monitoring activities; adherence to medications, if appropriate; making needed visits; etc.)

Monitoring patient adherence to the Asthma Disease Management Program’s treatment plans includes a variety of activities. High risk asthmatics are monitored through RN telephonic interventions to determine compliance with recommended treatment guidelines including medication compliance, keeping appointments, compliance with self-monitoring activities and compliance with other appropriate recommendations.

**Consideration of Other Health Conditions**

All enrolled members in the Asthma Disease Management Program are provided information regarding smoking cessation and allergy management. This information is designed to bring about awareness of the states’ smoking cessation programs, the “Quit Line” for South Dakota and Iowa and the “Helpline” for Minnesota, and allergy triggers.

High risk level enrolled members are screened for coexisting medical conditions through the Quality Resource RN contacts. The nurse may then direct educational and telephonic interventions towards the management of these coexisting conditions.

**Lifestyle Issues as Indicated by Practice Guidelines** (e.g., goal-setting techniques, problem solving. Program content must be consistent with clinical practice guidelines.)

Targeted mailings and telephonic interventions to the member regarding asthma address various lifestyle issues including triggers, smoking cessation, medication compliance and other clinical practice guideline compliance including appropriate office visit consultations. These interventions comply with standard NAEPP clinical practice guidelines (documented above) to ensure appropriate quality of care.

All members of the program and health care providers may contact Sioux Valley Health Plan toll-free at 1-800-805-7938 or (605) 328-6807 for any questions concerning the Asthma Disease Management Program or other issues of concern Monday through Friday between the hours of 8 a.m. and 5 p.m. (CDT).