

Gaps in Care Among Patients with Uncontrolled Severe Asthma in the United States

Background/Purpose

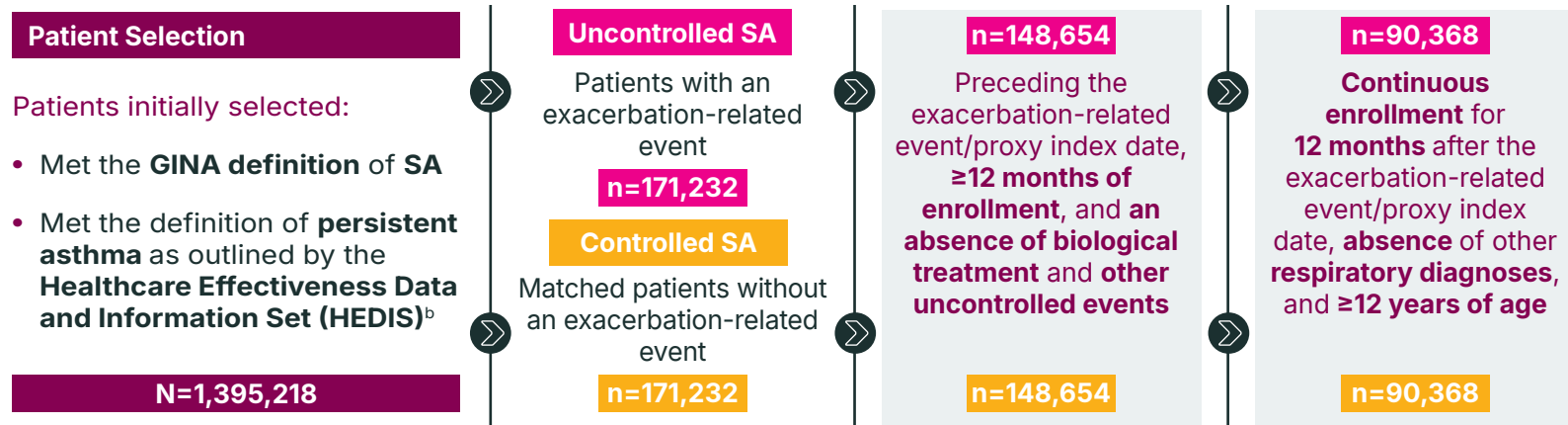


Guideline-recommended management for severe asthma (SA) often requires specialist consultation, and the potential escalation of care, for patients with uncontrolled disease



This study investigated the occurrence and impact of care escalation in patients with SA following events indicating uncontrolled disease (exacerbation-related event) and associations with health outcomes and social disparity indicators

Methodology: Retrospective Analysis of Real-World Claims Databases^a

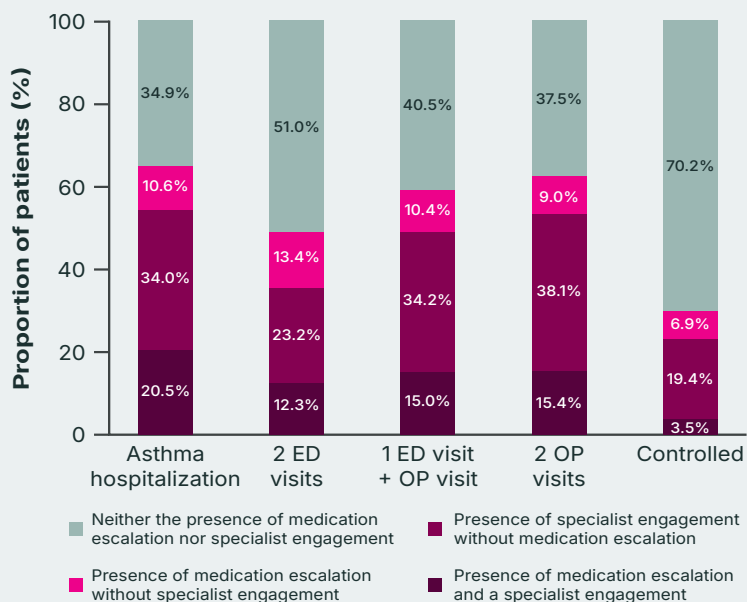


Uncontrolled SA patients were hierarchically assigned by the presence and severity of an exacerbation-related event

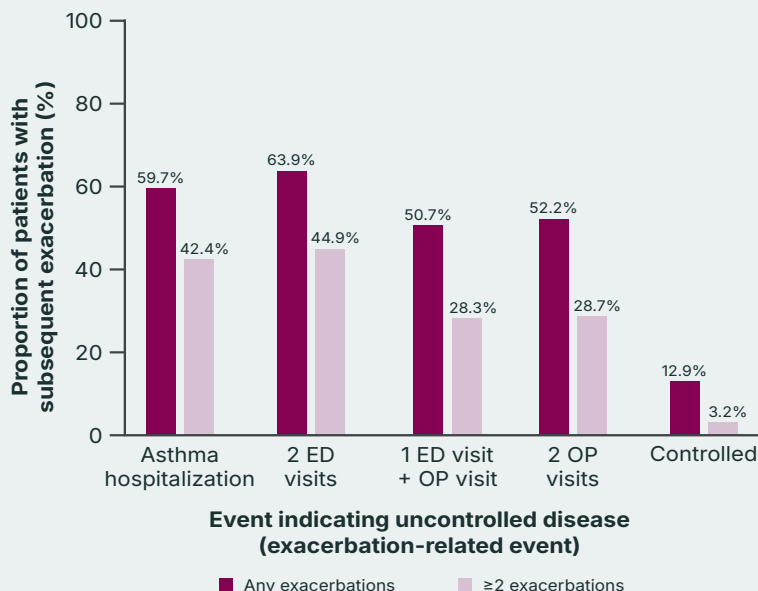
- 1 One or more asthma-related hospitalizations
- 2 Two or more asthma-related emergency department (ED) visits, followed by systemic corticosteroid (SCS) burst
- 3 One asthma-related, non-ED outpatient visit and one asthma-related ED visit within 12 months, each followed by SCS
- 4 Two or more asthma-related, non-ED outpatient visits within 12 months, each followed by SCS burst

Results

During the post-index period, **35–51%** of patients with an exacerbation-related event had **no evidence of escalation of care^c**



Among those with an exacerbation-related event, **51–64%** had **one or more subsequent exacerbations**

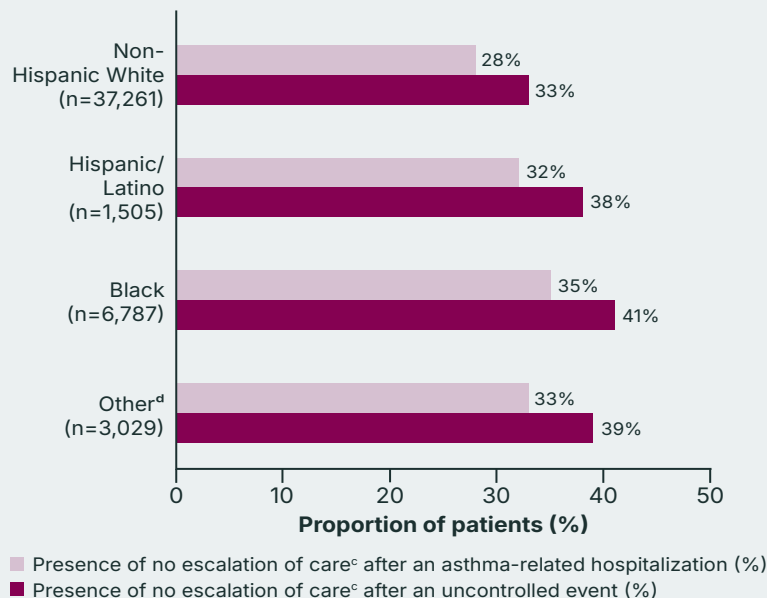


^a100% Medicare FFS and Inovalon's MORE² Registry were utilized from January 1, 2015 to December 31, 2020; ^bAs outlined by HEDIS in the 12-month period following SA index; ^cSpecialist engagement or medication escalation; *Includes Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and patients with unknown race. FFS, fee-for-service; GINA, Global Initiative for Asthma; HCP, healthcare professional; OP, outpatient; US, United States. Carr T, et al. *J Allergy Clin Immunol Pract.* 2024;12:1775-1782.e2. ©AstraZeneca 2025. All rights reserved. US-99541 Last Updated 5/25

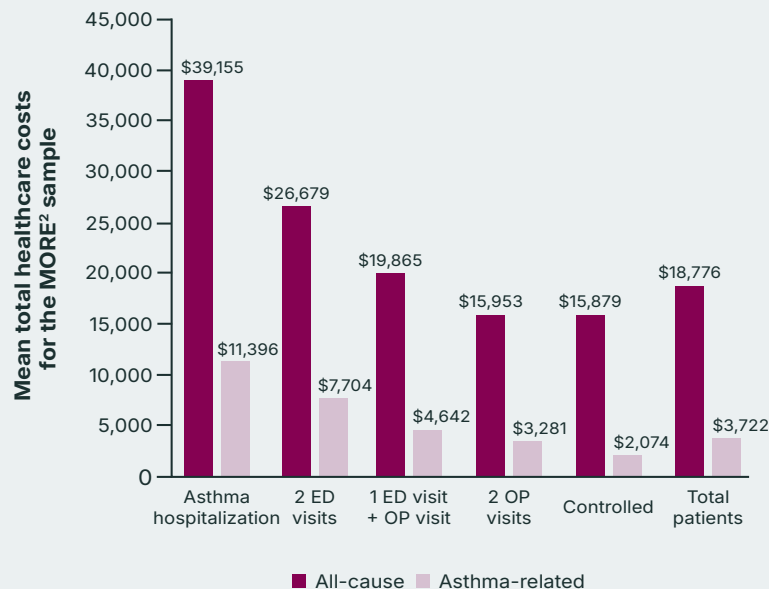
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Results (Continued)

The **gap in escalation of care** was **more prominent** among **non-White patients**



Patients with SA incurred **significant financial burden** and **increased healthcare utilization**



Patient Demographics

Within the total patient population, **75% were female**, with a **mean age of 48 years**

Generally similar patient characteristics were seen among cohorts

Patients in the **hospitalization cohort** were **slightly older** and more often located in the **Northeast region**

Baseline rates of specialist visits varied widely among groups

Conclusion

In the US there is a concerning **gap in guideline-recommended care for patients with SA**, with many showing **no evidence of escalation of care^c**

Gaps in care were **directionally worse** among **patients with two or more asthma-related ED visits** and among **non-White patients**

Patients with uncontrolled asthma incurred **substantially higher asthma-related costs** and had **higher healthcare utilization**

Optimizing care for patients with SA, including referral to specialists, is essential to **improving outcomes** and **addressing disparities** in care

Limitations of the study: Medication use was based on filled OP prescriptions, assuming patients took them as prescribed. Patient adherence before an exacerbation-related event was not evaluated. Study focused on patients with Medicare Advantage, Medicare FFS, Medicaid, and commercial insurance, therefore results may not be generalizable. Patients with SA were identified based on OP prescriptions dispensed therefore patients who did not fill prescriptions or who were not prescribed the appropriate regimen were not identified and included.

Urgent Need for Improved Healthcare Delivery for Patients with SA

Concerted efforts from all HCPs to implement guideline-recommended care for patients with SA could help to:



Improve patient care and health outcomes



Reduce healthcare expenditures



Address healthcare disparities

...emphasizing the critical role of specialist care in helping to ensure that all patients with SA receive the best possible care



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