Impact of Aptar Digital Health (ADH) Respiratory Platform on Adult Asthma Healthcare Cost

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Introduction

•ADH respiratory platform, a DTx, includes a connected mobile spirometer, which tracks lung function; the BreatheSmart connected medical device, which tracks medication adherence, and the BreatheSmart mobile application, which provides medication reminders and tailored educational information.

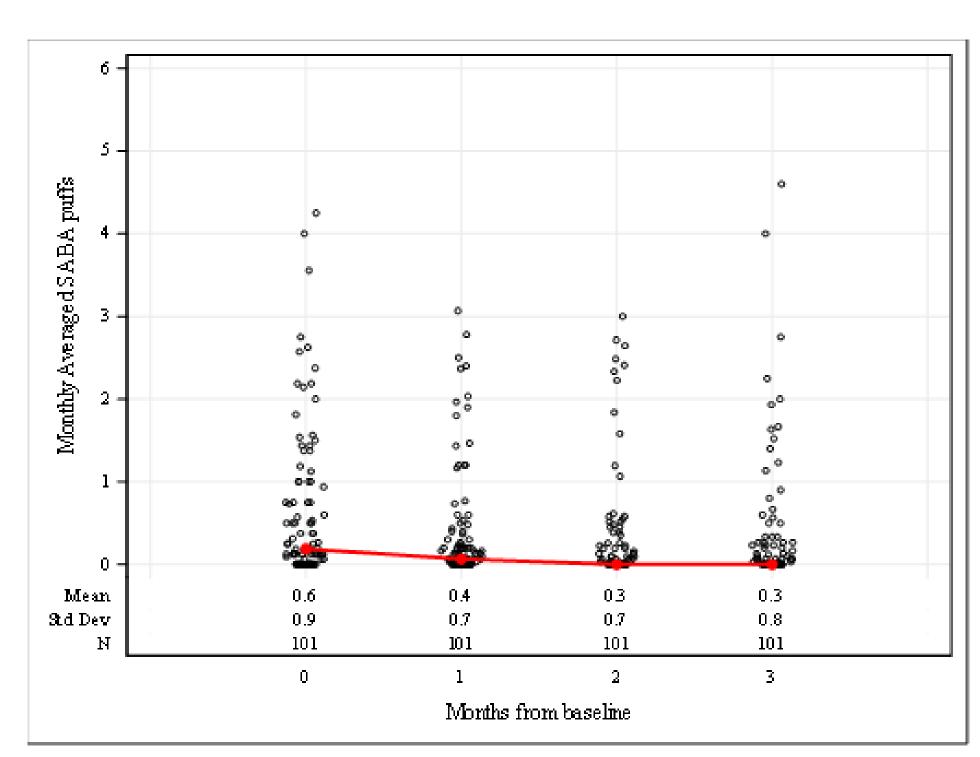
- 104 patients in the US used the ADH respiratory platform for 90-days.
 Main objective was to determine the impact of the ADH respiratory platform on medication adherence and its correlation with exacerbation reductions and cost.
- •Secondary objectives were to determine the impact of the platform on asthma control and rescue medication usage and to obtain patient feedback about the platform.

Statement of Problem

Annual health care costs for asthma patients with exacerbations is \$14,359 and without exacerbations is \$7,802 (inflated to 2022 values based on BLS medical care CPI).
US asthma medication adherence = 22.2%.
Digital therapeutics (DTx) are utilized to improve controller medication adherence and asthma control.

Results

- •Controller medication adherence across all patients (N=98) at T_3 was 67%, which is 45% higher than the US asthma medication average of 22.2%.
- Increased controller adherence of 45% translates to a 20% reduction, or 2.5 less patients, having ≥ 1 exacerbation, resulting in a potential savings of \$16,878 annually.
- •100 participants completed the ACT at baseline, T_0 , while 96 participants completed the ACT 3-months later, T_3 . Between T_0 and T_3 , ACT scores increased significantly (baseline: 16.5 ± 4.7; ΔT_0 to T_3 : + 2.8,95% CI (2.0, 3.6), p-value <0.001).
- T₀ ACT scores (16.5) indicated asthma was not well controlled while T₃ scores (19.3) indicated well-controlled asthma.
 There is a weak negative correlation (correlation = -0.16) between the change in ACT scores and rescue medication use between T₀ and T₃, which supports prior evidence demonstrating the correlation between improved ACT scores and reduced rescue medication use decreased 44% between T₀ and T₃ (95% CI: 14.1, 63.5), p-value = 0.008).



Rescue use decreased by 44% (95% CI: 14.1, 63.5) from baseline to 3 months, p=0.008.



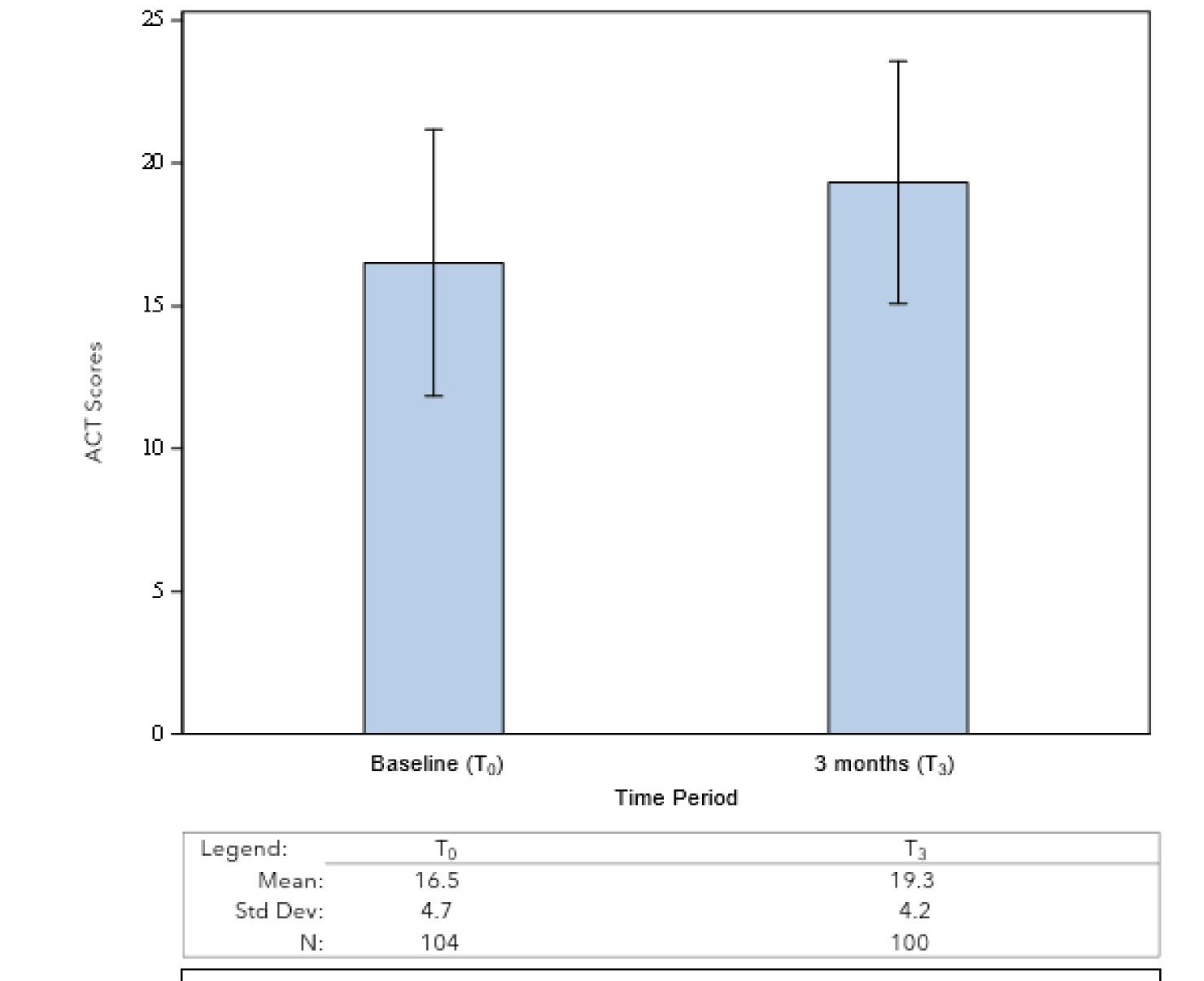
Survey Results (N=40): Patient Acceptance of the Platform (Percentage)

	Yes	No
Are you interested in continuing to use the ADH respiratory platform after the end of the study period?	90%	10%
Would you recommend the ADH respiratory platform to other people with asthma?	95%	5%
Would you use the ADH respiratory platform if your doctor prescribed it?	97.5%	2.5%

Asthma Control Test (ACT) Scores: Baseline (T₀) to 3-months (T₃)

Conclusion

- Use of the ADH respiratory platform:
 1. Increases medication adherence and asthma control.
- 2. Decreases rescue medication utilization and exacerbations.



ACT scores increase by an average of 2.8 (95% CI: 2.0, 3.6) from T $_0$ to T $_3$, p<0.001.

References

American Thoracic Society (ATS). Asthma Control Test (ACT). https://www.thoracic.org/members/assemblies/assemblies/assemblies/assemblies/srn/questionaires/act.php Bårnes CB, Ulri CS. (2015). Asthma and adherence to inhaled corticosteroids: current status and future perspectives. Respir Care 2015, 60, 3, pp 455-468. Ivanova JI, Berman R, Birnbaum HG, Colice GL, Silverman RA, McLaurin K. Effect of asthma exacerbations on health care costs among asthmatic patients with moderate and severe persistent asthma. J Allergy Clin Immunol 2012; 129: pp 1229-1235. Jansen EM, van de Hei SJ, Dierick B, Kerstjens H, Kocks J, van Boven J. Global burden of medication non-adherence in chronic obstructive pulmonary disease (COPD) and asthma: a narrative review of the clinical and economic case for smart inhalers. J Thorac Dis 2021;13(6): pp 3846-3864.

U.S. Bureau of Labor Statistics. Medical care in the U.S. city average, all urban consumers, not seasonally adjusted. Series ID: CUUR0000SAM. https://data.bls.gov/pdq/SurveyOutputServlet



Drug Delivery to the Lungs (DDL), Edinburgh, UK, 06 12 2023