ASTHMA PROCESS MEASURE SPECIFICATIONS

1. Use of Appropriate Medications for People with Asthma
The methodology delineated in the most recent HEDIS® Use of Appropriate Medications for People with Asthma should be used.

2. Asthma control: Use of short acting bronchodilators
This measure is currently in development by the MQIC Measurement Committee. The draft measure below will be for internal plan and MQIC use only (not for public release). Once development is completed and issues of comparability/definition of “control” are resolved, the measure will be available for broader audiences. For further information or to provide input on this measure, you may contact Tricia Marine at pmarine@hapcorp.org or 313-664-8804.

Current DRAFT: The percentage of members with persistent asthma who have filled >= 6 bronchodilator canisters in the reporting year.

This measure is intended to reflect poor asthma control. It was felt this measure was less controversial and more meaningful than setting a level consistent with good control.

**Numerator:** The number of members with persistent asthma who have filled >= 6 bronchodilator canisters filled during the reporting year. A canister should be defined using the following logic:

If GENERIC_NAME Begins with “ALBUTEROL” and DOSAGE_FORM_DESC begins with “AER”

#Canisters = QUANTITY / PACKAGE_SIZE

Else If GENERIC_NAME = “TERBUTALINE SULFATE” or “BITOLTEROL MESYLATE” and DOSAGE_FORM_DESC begins with “AER”

#Canisters = QUANTITY / PACKAGE_SIZE

Else If BRAND_NAME = “MAXAIR”

#Canisters = (QUANTITY / PACKAGE_SIZE) * 1.5

Else If BRAND_NAME = “MAXAIR AUTOHALER”

#Canisters = (QUANTITY / PACKAGE_SIZE) * 2

Else If GENERIC_NAME = “ALBUTEROL SULFATE” and DOSAGE_FORM_DESC <> Begin with “AER” and UNIT_DOSE_IND = 0 AND DRUG_VOLUME_UNIT = “ML”

#Canisters = (QUANTITY / 0.5) / 100

Else If GENERIC_NAME = “ALBUTEROL SULFATE” and DOSAGE_FORM_DESC <> Begin with “AER” and UNIT_DOSE_IND = 1 AND DRUG_VOLUME_UNIT = “ML”

#Canisters = (QUANTITY / PACKAGE_SIZE) / 100
NOTE: This measure will be reported as the total number of members filling 6 or more prescriptions for bronchodilator canisters divided by the total number of members in the eligible population.

RATIONALE: In selecting a measure to assess quality of asthma management in a population, what we would like to measure is the extent of disease control in that population. Regardless of severity of asthma, one of our treatment goals is that patients would experience asthma symptoms on 2 or fewer days per week. Use of rescue medication can be used as a surrogate to measure disease control, since most patients use short-acting bronchodilators only on an as-needed basis.

After lengthy discussion, a decision was made to establish a measure consistent with poor control versus good control because of several issues. These issues included the fact that many patients with asthma keep bronchodilator canisters in multiple locations and the lack of scientific evidence in support of an absolute number of canisters that would indicate good control. The group, based on expert opinion of pharmacy representatives from the participating health plans, agreed that the filling of >=6 canisters would be a reasonable indicator of poor control. This measure will be re-assessed in 2002 and initially reported internally.

3. Periodic Assessment
The MQIC Asthma guideline recommends provision of specific services at least annually including: written action plan for self-management and education regarding use of peak flow meter, inhaler, spacer and medication, recognition/treatment of symptoms and when to seek medical attention, identification and avoidance of triggers and smoking cessation counseling. As a proxy for the opportunity to provide education and monitoring, health plans should determine the percent of members with persistent asthma who have at least one preventive/ambulatory visit with a PCP, Pulmonologist or Allergist.

   **Numerator:** The count of unique members from the eligible population with at least one (1) preventive/ambulatory health services visits with a PCP (internal medicine, family practice, general practice or pediatrics), pulmonologist or allergist within the reporting year. Refer to the HEDIS® specifications for *Children’s and Adult’s Access to Preventive/Ambulatory Health Services* for the codes to identify Preventive/Ambulatory Health Services.
ASTHMA OUTCOME MEASURE SPECIFICATIONS

1. Emergency Department Visits/1000 Members with Asthma
Count the number of Emergency Department (ED) visits with different dates of service within the reporting year. Calculate the number of ED visits per 1000 members with asthma. The methodology for the identification and inclusion of ED visits should be consistent with the most recent HEDIS® Use of Services – Ambulatory Care, Emergency Department specifications. The following rates should be calculated per 1000 eligible population for each product line:

   **Numerator:**
   A. Total number of ED visits
   B. Number of ED visits with a principal diagnosis of asthma (use asthma diagnoses specified in current HEDIS® Use of Appropriate Medications for People with Asthma)

2. Hospital Admissions/1000 Members with Asthma
Count the number of inpatient admissions to an acute care facility with a discharge date within the reporting year. Calculate the number of hospitalizations per 1000 members with asthma. The methodology for the identification and inclusion of acute inpatient hospitalizations (including transfers) should be consistent with the most recent HEDIS® Use of Services – Inpatient General Hospital/Acute Care, Total Inpatient specifications. The following rates should be calculated per 1000 eligible population for each product line:

   **Numerator:**
   A. Total number of discharges
   B. Number of discharges with a principal diagnosis of asthma (use asthma diagnoses specified in current HEDIS® Use of Appropriate Medications for People with Asthma)

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