Quality Measure Highlight

Asthma Medication Ratio (AMR)

MEASURE DESCRIPTION

The percentage of members 5 - 64 years of age who are identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.

Denominator: Members 5 - 64 years of age who are identified as having persistent asthma (please see measure specification for persistent asthma criteria).

Numerator: Member in the denominator who have a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.

Asthma Medication Ratio (AMR) Calculation: (Units of Controller Medication)

(Units of Controller Medication + Units of Rescue Medication)

Example: Member has one-month supply of asthma medications including a prescription for five refills of controller meds and five refills of rescue meds. Claims data shows within six months the controller meds were filled twice and rescue meds filled six times. Thus, the AMR is 2 / (2+6) = 0.25.

Measure Type: Administrative (claims, pharmacy data)

Intent / Importance: Medications for asthma are usually categorized into long-term controller medications used to achieve and maintain control of persistent asthma and quick-reliever medications used to treat acute symptoms and exacerbations.[1] Appropriate ratios for these medications could potentially prevent a significant proportion of asthma-related hospitalizations, emergency room visits, missed work and school days.

PCP QIP 2019	Practice Type	Total Points	Threshold	Percentile
Full Points	Family Adult Medicine Pediatric	10 points 12.5 points 15 points	62.28%	50th

Notes for eReports and PQD:

- AMR is purely based on administrative data and no manual upload to eReports is allowed.
- Providers may see downward trending in PQD because this measure looks at the ratio of controller fills to all medication fills, which could vary throughout the year.

Asthma Controller Medications (for your reference) (Common brand name)

Description	Prescriptions
Antiasthmatic combinations	• Dyphylline-guaifenesin (Lufyllin) • Guaifenesin-theophylline
Antibody inhibitors	• Omalizumab (Xolair)

[1] British Thoracic Society. June 2009. *British Guideline on the management of asthma. A national clinical guideline.* Scotland: British Thoracic Society (BTS).

For additional information regarding the specifications for this measure feel free to email us: QIP@partnershiphp.org

References: National Committee on Quality Assurance (NCQA) HEDIS® 2019 Vol 2 Technical Specifications for Health Plans; NCQA HEDIS 2018 Vol 1 Narrative. HEDIS® is a registered trademark of NCQA.

Description	Prescriptions		
Inhaled steroid combinations	• Budesonide-formoterol (Symbicort) • Fluticasone-salmeterol (Advair)	• Fluticasone-vilanterol (Breo) • Mometasone-formoterol (Dulera)	
Inhaled corticosteroids	• Beclomethasone (Qvar) • Budesonide • Ciclesonide	• Flunisolide • Fluticasone CFC free (Flovent) • Mometasone	
Leukotriene modifiers	• Montelukast (Singulair)	• Zafirlukast (Accolate)	• Zileuton (Zyflo)
Methylxanthines	• Aminophylline	• Dyphylline	• Theophylline

Asthma Reliever Medications

Description	Prescriptions		
Short-acting, inhaled beta-2 agonists	• Albuterol (Ventolin)	• Levalbuterol	• Pirbuterol (Maxair)

Exclusions:

Members who met any of the following criteria will be excluded:

- Members who had any diagnosis from any of the following value sets (coding), any time during the member's history through December 31 of the measurement year:
  - Emphysema
  - Other Emphysema
  - COPD
  - Obstructive Chronic Bronchitis
  - Chronic Respiratory Conditions Due to Fumes/Vapors
  - Cystic Fibrosis
  - Acute Respiratory Failure
- Members who had no asthma medications (controller or rescue) dispensed during measurement year
- Members in hospice are excluded from the eligible population

Strategies to Consider That May Lead to an Increase in AMR Performance Include:

- Timely submission of claims and encounter data
- Exclude members as appropriate and document reason for exclusion
- Evaluate / track disease activity - patient reported outcomes (e.g., symptoms, ER visits, use of rescue medication, missed days of school / work) - make adjustment to medication regimen as indicated
- Standardize practice to calculate the AMR at a minimum biannually
- For an AMR <0.50, reinforce asthma education and self-management / accountability on the possibility of non-adherence to controller medication / triggers leading to frequent use of rescue medication
- Routine assessment of pulmonary function
- Reassess member's knowledge of adherence to medication and symptom exacerbation, assess barriers (e.g., cultural, financial, social support, health beliefs, access to care, language)
- Reconcile medications - assess for effectiveness, number of prescription refills
- Chronic Case Management referral

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- Partner with local pharmacies to adjunct counseling, flag members who refill an unequal number of rescue controller medications, alert providers of members that appear not to be responding to their current medication regimen

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