



Tips and Tricks to Improve Your Site's Asthma Medication Ratio

Presenters:

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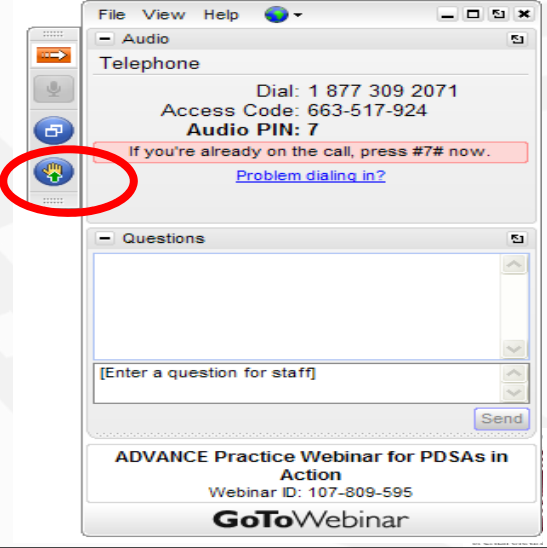
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Audio Instructions

You are currently muted!

To avoid echoes and feedback, we request that you **use the telephone** *instead* of your computer microphone for listening/talking during the webinar.

THIS WEBINAR IS BEING RECORDED!



Agenda

- Why is AMR important?
- PCP QIP Measure
- HEDIS Measure Overview
- Data tips and tricks
- Clinical significance and best practices



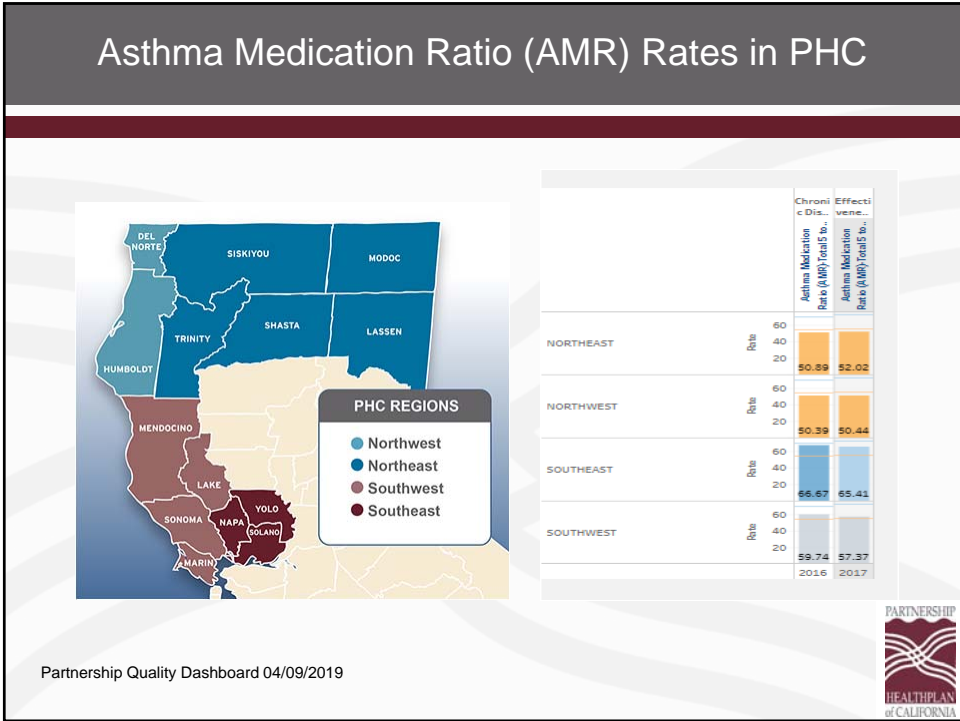
Asthma Medication Ratio (AMR) – WHY IT MATTERS?

Asthma is a treatable, reversible condition that **affects more than 25 million people** in the United States. Managing this condition with appropriate medications could save the U.S. billions of dollars in medical costs.

The **prevalence and cost of asthma have increased** over the past decade, demonstrating the need for better access to care and medication.

Centers for Disease Control and Prevention (CDC), 2011. "CDC Vital Signs: Asthma in the US." <http://www.cdc.gov/vitalsigns/pdf/2011-05-vitalsigns.pdf>





Asthma Medication Ratio (AMR)

Measure Description

The percentage of members 5-64 years of age who were 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.

$$\frac{\text{Units of Controller Medications}}{\text{Units of Total Asthma Medications}} = \text{AMR Ratio}$$

PCP QIP – New to Family and Internal Medicine

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

Denominator

Number of members 5-64 years of age who were identified as having persistent asthma during the measurement year and the year prior to the measurement year

Numerator

Number of members in the eligible population who have a medication ratio of 0.5 or greater



Asthma Medication Ratio (AMR)

Inclusion into the measure can be based on any of the following events:

- Outpatient visit or observation visit where there was a diagnosis of asthma and the patient received two separate asthma dispensing events.
- Acute inpatient visits where the patient received a principal diagnosis of asthma.
- ED visits with a principal diagnosis of asthma.
- At least four asthma medication dispensing events.

Exclusions:

- Members who had any of the following diagnosis at any time in their history...
 - Emphysema
 - COPD
 - Obstructive Chronic Bronchitis
 - Chronic Respiratory Conditions due to fumes/vapor
 - Cystic Fibrosis
 - Acute Respiratory Failure
- Members with no asthma medications dispensed.
- Members in hospice.



What You Can Do?

Tips to improve HEDIS Scores

- Submit claims and encounter information in a timely manner
- Ensure patients are accurately diagnosed with persistent asthma
- Evaluate members before approving requests for refills of rescue inhalers
- Educate patients on asthma and taking asthma medications correctly, including the proper use of long-term controller medications
- Community pharmacist as part of care team
- Use gap lists and prioritize patients with low AMR (e.g. less than 0.50)



AMR in eReports

Select a measure: **Asthma Medication Ratio 2019**

Select a PCP:

Numerator Denominator

Number of members displayed for the selected measure: **123**



AMR in eReports

QIP Result	CIN	Member First Name	Member Last Name	Member Phone	Gender	DOB	Age	Asthma Ratio	PCP	NewMember	Details
Denominator					F		47	0	FAMILY HLTHCTRANDESON [17323 0004]	N	Details
Denominator					M		13	0.33	FAMILY HLTHCTRANDESON [17323 0004]	N	Details
Denominator					F		15	0	FAMILY HLTHCTRANDESON [17323 0004]	N	Details
Denominator					F		29	0	FAMILY HLTHCTRANDESON [17323 0004]	N	Details
Denominator					F		32	0.38	FAMILY HLTHCTRANDESON [17323 0004]	N	Details
Numerator					M		11	0.57	FAMILY HLTHCTRANDESON [17323 0004]	N	Details
Numerator					M		12	1	FAMILY HLTHCTRANDESON [17323 0004]	N	Details
Numerator					F		34	0.67	FAMILY HLTHCTRANDESON [17323 0004]	N	Details
Numerator					F		51	0.5	FAMILY HLTHCTRANDESON [17323 0004]	N	Details



AMR in eReports

Measure Data Source Details					
Measure_Name	Category	Measure Data Field	Measure Data Value	Data Source	
Asthma Medication Ratio 2019	Denominator	Inhaled corticosteroids - 00173071820	01/06/2019	Pharmacy	
Asthma Medication Ratio 2019	Denominator	Inhaled corticosteroids - 00173071820	01/31/2019	Pharmacy	
Asthma Medication Ratio 2019	Denominator	Inhaled corticosteroids - 00173071820	02/25/2019	Pharmacy	
Asthma Medication Ratio 2019	Denominator	Inhaled corticosteroids - 00173071820	03/25/2019	Pharmacy	
Asthma Medication Ratio 2019	Denominator	Inhaled corticosteroids - 00173071820	09/18/2018	Pharmacy	
Asthma Medication Ratio 2019	Denominator	Short-acting, inhaled beta-2 agonists - 00173068220	09/18/2018	Pharmacy	
Asthma Medication Ratio 2019	Denominator	Inhaled corticosteroids - 00173071820	11/07/2018	Pharmacy	
Asthma Medication Ratio 2019	Denominator	Inhaled corticosteroids - 00173071820	12/10/2018	Pharmacy	
Asthma Medication Ratio 2019	Numerator	Inhaled corticosteroids - 00173071820	01/06/2019	Pharmacy	
Asthma Medication Ratio 2019	Numerator	Inhaled corticosteroids - 00173071820	01/31/2019	Pharmacy	
Asthma Medication Ratio 2019	Numerator	Inhaled corticosteroids - 00173071820	02/25/2019	Pharmacy	
Asthma Medication Ratio 2019	Numerator	Inhaled corticosteroids - 00173071820	03/25/2019	Pharmacy	



Goals of Asthma Therapy

Optimize Quality of Life

- Symptom control
- Maximize functional activity
- Reduce impairment

Limit Risks

- Acute Exacerbations
- Emergency and Urgent Care Visits
- Hospitalizations and intubation



Components of Managing Asthma

- Monitoring Symptoms and Lung Function
- Patient Education
- Identification and Control of Triggers
- Pharmacologic Interventions



Monitoring Symptoms

Assessing Symptoms and Risk at Every Visit

- Query symptoms and function from the last 4 weeks
- Query past use of steroids, ED/UC visits, Admissions, and intubation

Monitor Pulmonary Function tests

- Peak Flow Meter – Self Management
- Spirometry: In Office vs Lab



Patient Education

Disease process

- Symptoms
- Risk Factors and lung function
- Effects on quality of life

Medication Purpose and Use

- Difference between short acting vs controllers
- Inhaler technique
- Emphasis on daily use of controllers

Asthma Action Plan

- Allows patient empowerment through education and self management



Identify and Manage Triggers

Seasonal and Environmental factors

- Identify and avoid triggers
- Treat allergies that can not be avoided aggressively

Upper Respiratory Infections

- Increase use of inhaled medications, bronchodilators, and steroids at the onset of symptoms

Vaccinations

- Tdap every 10 years
- Annual Influenza
- Pneumococcal (Pneumovax 23[®])



Pharmacologic Interventions

Addressing Acute Symptoms

- Short Acting Bronchodilators
- Increasing frequency/dosing of inhaled corticosteroids
- Use of a spacer

Managing Triggers and Preventing Acute Attacks

- Antihistamines and Montelukast Inhibitors
- Inhaled Steroids
- Long Acting Bronchodilators



Step Therapy Based on Severity of Symptoms

Intermittent Asthma – Step 1 Therapy

*Symptoms less than twice per month, no night waking
no attacks in last 12 months, normal FEV1*

- Short Acting Bronchodilators alone for symptom control
- Antihistamines / Nasal Steroids for trigger prevention
- Consider Low Dose ICS



Step Therapy Based on Symptoms

Persistent Asthma Steps 2-4

*Symptoms twice per week or more or using rescue inhaler
twice per week or more*


Start and Titrate Controller Medications:

1. ADD inhaled corticosteroid (ICS)
2. ADD Leukotriene Antagonist or theophylline
3. ADD Long Acting Bronchodilator (Combination Preferred)
4. Titrate dose of ICS as needed to improve control
5. Evaluate triggers and treat allergies through out



Medications included in the AMR


Formulary Rescue Medications: <ul style="list-style-type: none">• Albuterol (Ventolin HFA, ProAir RespiClick)	Non-Formulary Rescue Medications: <ul style="list-style-type: none">• Albuterol (Proventil HFA, ProAir HFA)• Levalbuterol (Xopenex HFA)
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Medications included in the AMR

Formulary Oral Controllers: <ul style="list-style-type: none">• Montelukast (Singulair)• Zafirlukast (Accolate)*• Theophylline (Theochron)	Non-Formulary Oral Controllers: <ul style="list-style-type: none">• Montelukast (Singulair 4mg Granules)• Zileuton (Zyflo)
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* Step Therapy Applies (must try Montelukast first)



Medications included in the AMR

Formulary Inhaled Corticosteroids (ICS):

- Beclomethasone (Qvar RediHaler)
- Budesonide (Pulmicort Flexhaler)
- Ciclesonide (Alvesco HFA)
- Flunisolide (Aerospan)
- Fluticasone Furoate (Arnuity Ellipta)
- Fluticasone Propionate (Flovent Diskus)
- Mometasone (Asmanex)

Non-Formulary Oral Controllers:

- Fluticasone Propionate (Flovent HFA)*

*Flovent HFA will no longer be on formulary as of July 1, 2019.



Medications included in the AMR

Formulary ICS/LABA Combinations:

- Fluticasone/Salmeterol (Airduo RespiClick)
- Fluticasone/Salmeterol (Wixela Inhub and Advair Diskus)*
- Budesonide/Formoterol (Symbicort)**
- Mometasone/Formoterol (Dulera)**

Non-Formulary ICS/LABA Combinations:

- Fluticasone/Salmeterol (Advair HFA)
- Fluticasone/Vilanterol (Breo Ellipta)

*Formulary as of July 1, 2019

**Step Therapy Applies (must try fluticasone/salmeterol first)



Medications included in the AMR

Non-Formulary ICS Nebulizing Solution:

- Budesonide Neb Solution (Pulmicort)*

*Formulary for children aged 1-8 years

Non-Formulary Biologics:

- Omalizumab (Xolair)
- Mepolizumab (Nucala)
- Reslizumab (Cinqair)
- Dupilumab (Duxipent)
- Benralizumab (Fasenra)



Improving AMR Improves Patients Outcomes

Prescribing Tips

- Limit Albuterol Inhaler refills on the prescription sent to pharmacy “One and Done”
- Contact patient to schedule return visit when albuterol refill is requested from the pharmacy
- Prescribe controllers for 90 day supply and refills to last 1 year - PHC will allow up to a 90 day supply of formulary controller medications starting July 1, 2019



Improving AMR Improves Patient Outcomes

Optimize the use of Integrated Primary Care Teams to
Optimize use of medications

- Use of Pharmacists, RNs, and students for patient education especially inhaler use
- Follow up phone call to assess frequency and use of Inhalers with Standing Orders to step up therapy as needed
- Use of AMR list to identify patients in need of follow up and education



Upcoming Webinars

Advanced Access

- Advanced Access is designed to establish and refine the empanelment process; optimize care teams; improve clinical outcomes; and increase patient, provider, and staff satisfaction.

Date and Time: 12:00 pm – 1:00 pm

April 24, 2019

June 4, 2019

May 7, 2019

June 18, 2019

May 21, 2019

Register:

http://www.partnershiphp.org/Providers/Quality/Pages/Quality_Events.aspx



Resources

❖ PHC Quality Measure Highlights

<http://www.partnershiphp.org/Providers/Quality/Pages/Quality-Measure-Highlights.aspx>

❖ PCP QIP Portals

- eReports
- PQD

❖ Email us at ImprovementAcademy@partnershiphp.org



Questions



Evaluations!

Please complete your evaluation. Your feedback is important to us!

