



2020 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:

$$\frac{(Units\ of\ Controller\ Medication)}{(Units\ of\ Controller\ Medication + Units\ of\ Rescue\ Medication)}$$

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 as long-term controller medications, used to achieve and maintain control of persistent asthma or 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.

Coding

Diagnosis Codes: J45.20; J45.21; J45.22; J45.30; J45.31; J45.32; J45.40; J45.41; J45.42; J45.50; J45.51; J45.52; J45.901; J45.902; J45.909; J45.990; J45.991; J45.998; 493.00; 493.01; 493.02; 493.10; 493.11; 493.12; 493.81; 493.82; 493.90; 493.91; 493.92

CPT Codes: 99217; 99218; 99219; 99220

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® 2020 Vol 2 Technical Specifications for Health Plans; NCQA HEDIS 2018 Vol 1 Narrative. HEDIS® is a registered trademark of NCQA.

PCP QIP 2020	Practice Type	Total Points	Threshold	Percentile
Full Points	Family Medicine Internal Medicine Pediatric Medicine	7.5 points 10 points 15 points	71.62%	90 th
Partial Points	Family Medicine Internal Medicine Pediatric Medicine	3.75 points 5 points 7.5 points	68.52%	75 th
Relative Improvement Points	Family Medicine Internal Medicine Pediatric Medicine	3.75 points 5 points 7.5 points	63.58%	50 th

Please Note

- PHC will apply a Gateway Measure to QIP final payment rates for Measurement Year 2020. Final QIP incentive payments issued in 2021 are subject to a reduction for either of the following:
 - 1) Timely claims submission – if more than 25% of parent organization level claim submissions are more than 90 days after the date of service, or 2) site average PCP Office Visits are less than 2.1 per member for the measurement year.
- For more information, please refer to the [PCP QIP Specifications](#), or contact the QIP Team at QIP@partnershiphp.org.

Notes for eReports and PQD

- AMR is based on administrative data; there is no manual upload to eReports.
- 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 Medications (list for your reference, is not exhaustive)

Asthma Controller Medications				
Description	Prescription			
Corticosteroids (ICS)	• Beclomethasone (Qvar)	• Ciclesonide (Alvesco)	• Fluticasone (Flovent, Arnuity Ellipta)	
	• Budesonide (Pulmicort Flexhaler)	• Flunisolide (Aerospan)	• Mometasone (Asmanex)	
Corticosteroid/Long-Acting Beta Agonist (ICS/LABA) combinations	• Fluticasone/Salmeterol (Advair Diskus, Wixela Inhub, AirDuo RespiClick)		• Budesonide/Formoterol (Symbicort) • Mometasone/Formoterol (Dulera) • Fluticasone/Vilanterol (Breo Ellipta)	
Antibody Inhibitors	• Omalizumab (Xolair)	• Benralizumab (Fasenra)	• Reslizumab (Cinqair)	• Mepolizumab (Nucala)
Leukotriene Modifiers	• Montelukast (Singulair) • Zafirlukast (Accolate) • Zileuton (Zyflo)			
Methylxanthines	• Theophylline (Theochron)			

Asthma Reliever Medications		
Description	Prescriptions	
Short Acting Beta-2 Agonists (SABA)	• Albuterol (Ventolin, ProAir, Proventil)	• Levalbuterol (Xopenex)

Note: Medications in green are PHC's formulary agents

Exclusions

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

- Those diagnosed with 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

Best and Promising Practices

- Submit claims and encounter data within 90 days of service.
- Exclude members as appropriate and document reason for exclusion.
- 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.
- Reconcile medications - assess for effectiveness, number of prescription refills.
- Chronic Case Management referral.
- Deliver preventive asthma care at non-asthma related visits, especially for medically underserved populations where access to health care can be challenging.
- Automate telephone reminders or phone calls from asthma care nurses to significantly improve adherence to medication.
- Partner with local pharmacies for adjunct counseling, to flag members who refill an unequal number of rescue and controller medications and to alert providers of members who appear to not respond to current medication regimen.
- PHC formulary allows for up to a 3 month supply per fill for controller inhalers – ICS (inhaled corticosteroid) and ICS/LABA (long-acting beta agonist) combination inhalers.
- The Global Initiative for Asthma (GINA) updated their guidelines in 2019. GINA recommends that all adults and adolescents with asthma should receive an ICS containing controller to reduce their risk of serious exacerbations and to control symptoms even in the setting of mild or intermittent asthma.
- GINA also recommends the new ICS controller option of using low dose ICS/formoterol (Symbicort and Dulera) as reliever therapy for mild asthma.