



AMR Academic Detailing Webinar:

Improving Asthma Care & the HEDIS[®] Asthma Medication Ratio (AMR)

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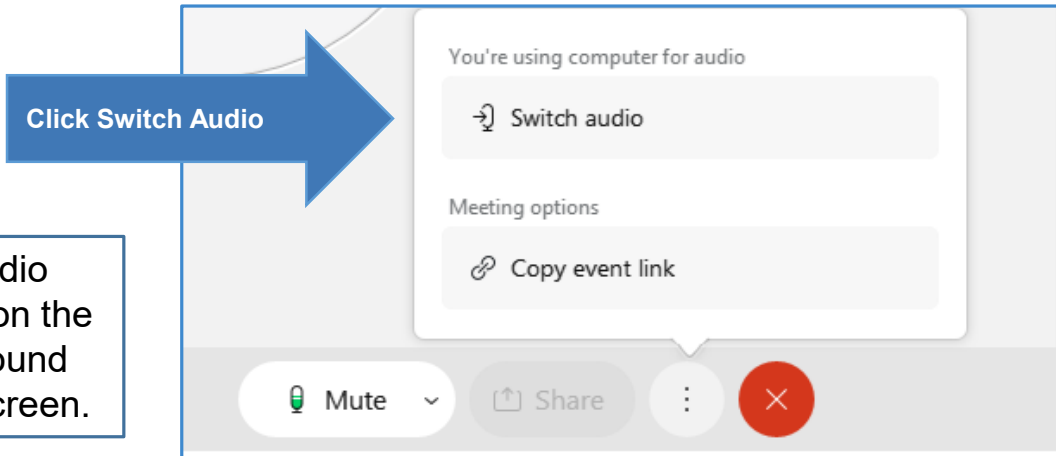
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October 20, 2020

Webinar Instructions

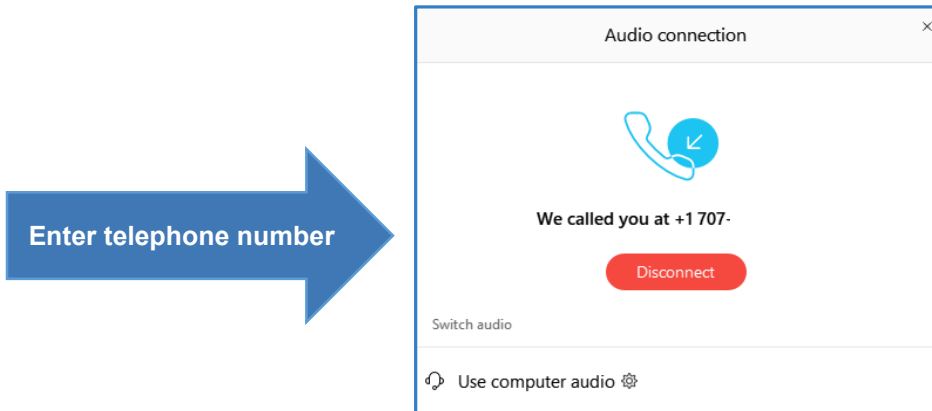
To avoid echoes and feedback, we request that you use the telephone audio instead of your computer audio for listening and speaking during the webinar.

Figure 1



You can switch your audio connection by clicking on the three dot ellipsis icon found at the bottom of your screen.

Figure 2



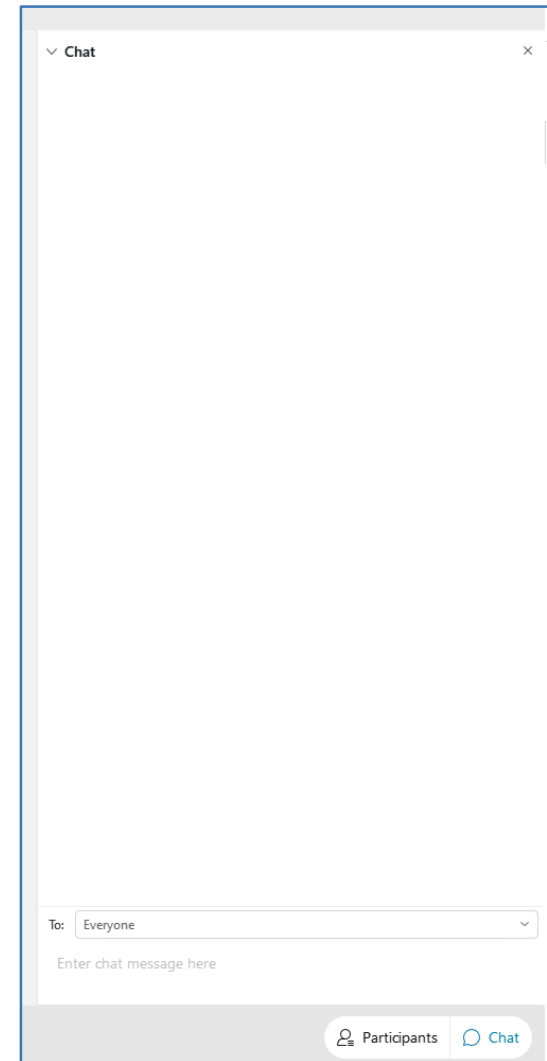
Enter telephone number

Webinar Instructions

- All attendees have been muted to eliminate any possible noise/interference/distraction.
- Please take a moment and open your chat box by clicking the chat icon found at the bottom right-hand corner of your screen and as shown in **Figure 1**.
- If you have any questions, please type your questions into the chat box, and they will be answered throughout the presentation.
- Be sure to select “**Everyone**” when sending a message.



Figure 1



Conflict of Interest

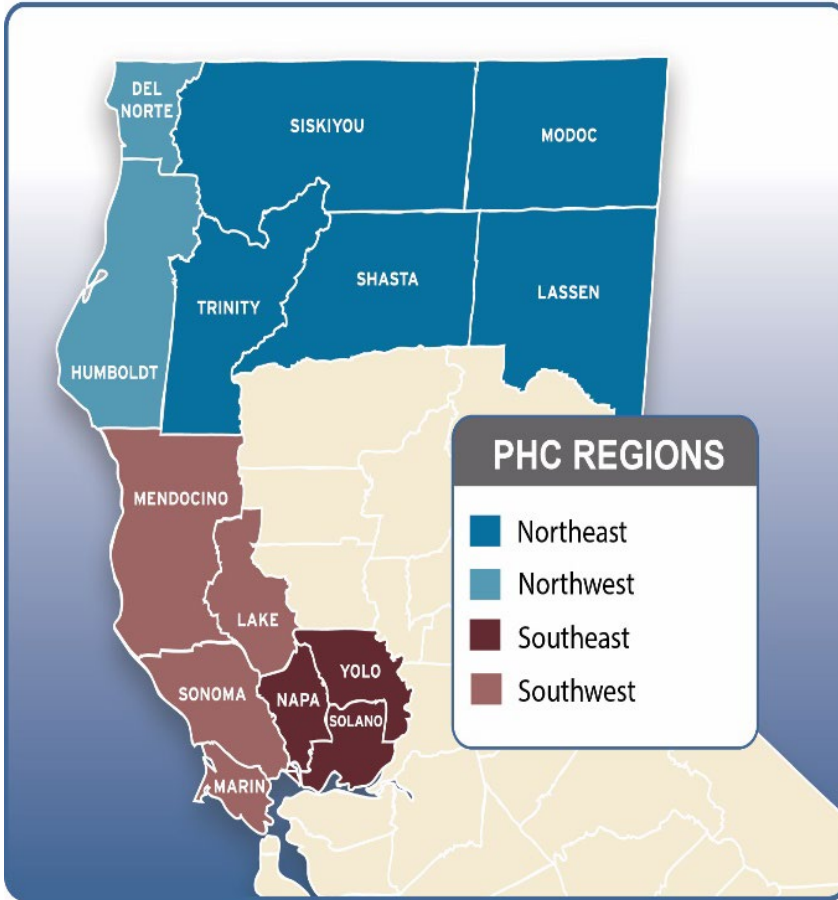
All presenters have signed a conflict of interest form and have declared that there is no conflict of interest and nothing to disclose for this presentation.

CME credit is for physicians, physician assistants and other healthcare professionals whose continuing educational requirements can be met with AAFP CME.

Objectives/Agenda

- What is AMR and how does it support you in treating asthma patients?
- Global Initiative for Asthma (GINA) updated guidance discouraging SABA-only treatment.
- ICS/Formoterol as reliever only option OR maintenance plus reliever option.
- PHC formulary allows for 3 month fills for inhalers.
- Data is available that summarizes current performance with a breakdown of how your population lands in the measure denominator.
- Expected medication coverage change after January 1, 2021.

Partnership HealthPlan of California (PHC) Regions



Southeast: Solano, Yolo, Napa

Southwest: Sonoma, Marin, Mendocino, Lake

Northeast: Lassen, Modoc, Siskiyou, Trinity, Shasta

Northwest: Humboldt, Del Norte

Asthma Medication Ratio (AMR) WHY IT MATTERS?

Asthma is a treatable, reversible condition that **affects more than 25 million people** in the United States.

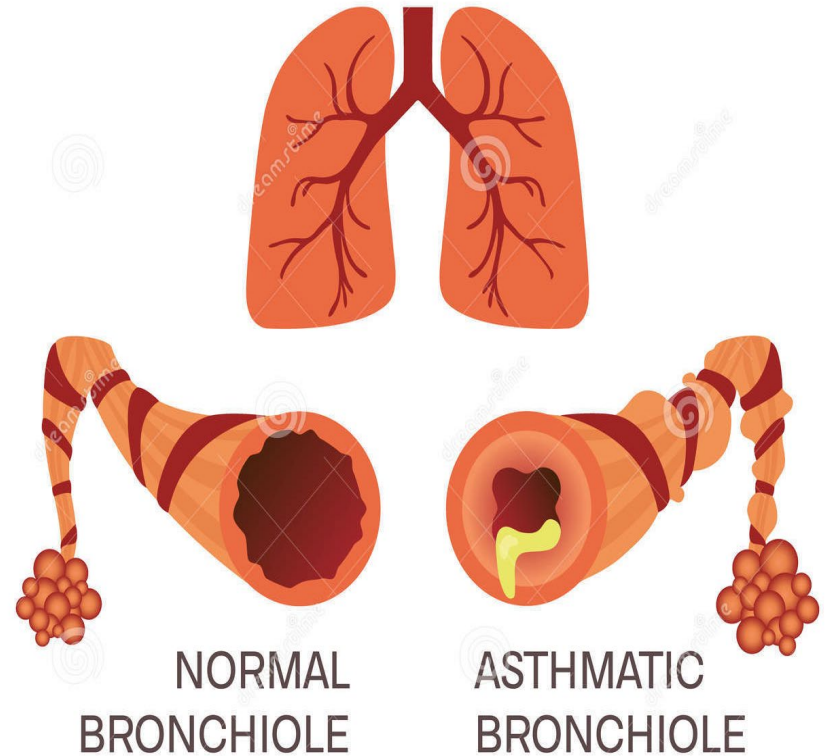
Why Control Asthma?

- Decrease school and work absence
- Improve function and productivity at work and school – quality of life
- Decrease unnecessary health care and resources costs

Asthma is Chronic Illness & Warrants Constant Attention to Treatment

- **Airway Constriction**
 - ✓ Initiated by triggers
 - ✓ Bronchodilators relax the airway muscles
 - ✓ Rescue inhalers work here
- **Airway Inflammation**
 - ✓ Initiated by triggers
 - ✓ Creates longer reaction and contributes to poor outcomes
 - ✓ Controllers work here: Steroids, Leukotriene inhibition, antihistamines

ASTHMA



Improving Asthma Care

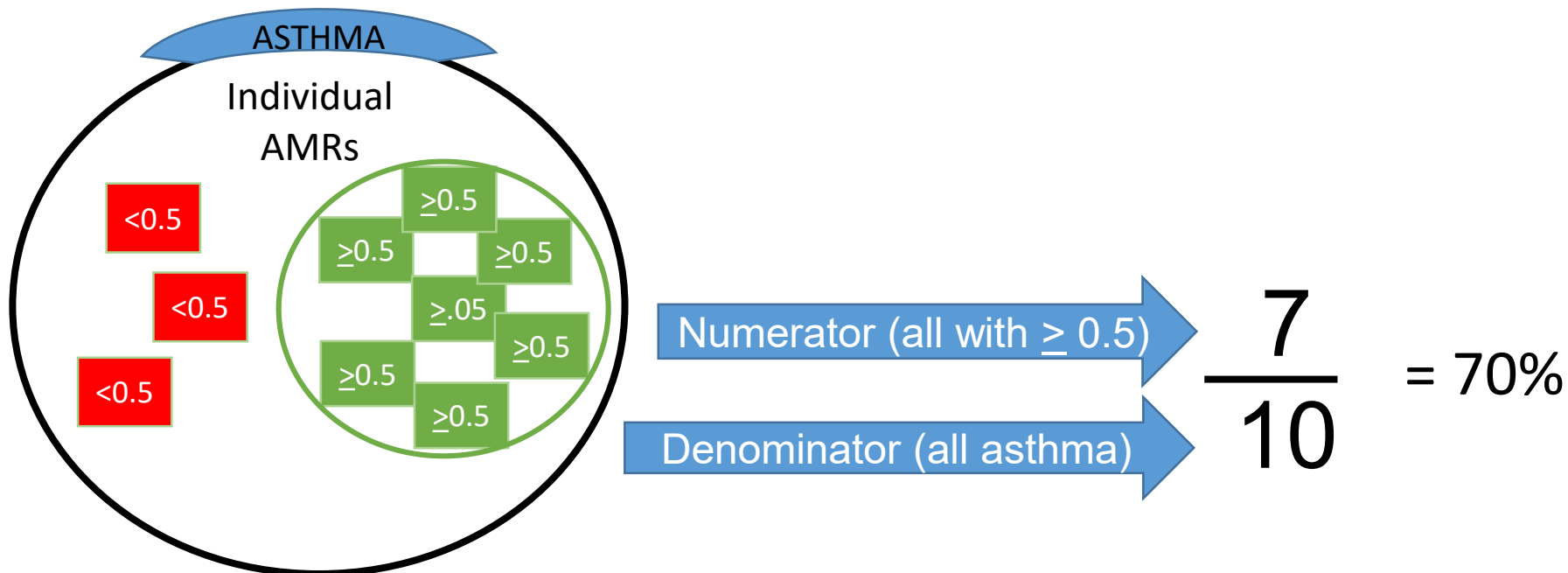
How is AMR Measured?

The percentage of patients ages 5 - 64 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.

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

Example: If your clinic has 100 patients identified as having persistent asthma and 65 patients have an AMR at 0.5 or greater, then the AMR performance or score for your clinic is 65/100 or 65%. The goal is to maintain the percentage above a minimum of 70%

AMR Calculation



Medicaid's 50th Percentile = 63.58%*

70% > 63.58% = meets QIP full points

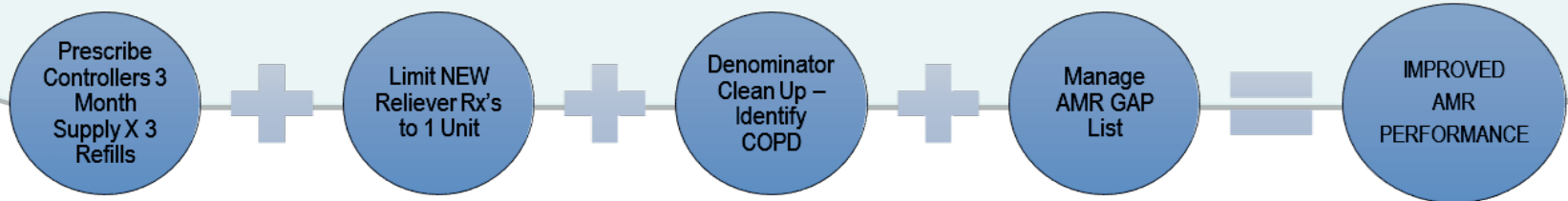
*Subject to change based on calendar year

Improving Asthma Care

Who is in the AMR Denominator?

Patients must meet the following criteria during both the measurement year and the year prior to the measurement year:

- At least one ED visit with asthma as the principal diagnosis.
- At least one acute inpatient claim/encounter with asthma as the principal diagnosis.
- At least four outpatient asthma visits with asthma as one of the listed diagnoses and at least two asthma medication dispensing events.
- At least four asthma medication dispensing events (if all four asthma medication dispensing events were only leukotriene modifiers or antibody inhibitors, then they must also have at least one diagnosis of asthma in any setting).



Improving Asthma Care

Some patients are excluded from the Asthma Medication Ratio (AMR) Population

- Patients who did not have any asthma medication dispensed during the measurement year.
- Patients on hospice.
- Patients who had a diagnosis of:
 - ✓ Emphysema
 - ✓ Other Emphysema
 - ✓ COPD
 - ✓ Chronic Respiratory Conditions Due to Fumes/Vapors
 - ✓ Acute Respiratory Failure

Improving Asthma Care with Effective Pharmacotherapy

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

Global Initiative for Asthma (GINA)

Updated Guidance Issued

GINA 2019 guidelines no longer recommend starting with SABA-only treatment.

Recommendations for initial asthma management for ages 12 and older:

Asthma Severity	Controller	Reliever
Intermittent	As needed low-dose ICS-formoterol*	
Mild Persistent	Low-dose ICS OR Low-dose ICS-formoterol PRN*	Low-dose ICS-formoterol PRN*

ICS/formoterol combination inhalers include Symbicort (Budesonide/Formoterol) and Dulera (Mometasone/Formoterol).

Both Symbicort and Dulera are PHC formulary medications.

*off-label: studies included budesonide-formoterol (Symbicort)

ICS - LABA Combination Comparison

PHC Formulary relative to GINA guidance on ICS-Formoterol

Combination Medications

- Budesonide/Formoterol (Symbicort)
- Mometasone/Formoterol (Dulera)

Advantages:

- On formulary without restrictions
- Formoterol has rapid onset of action comparable to albuterol (works within five minutes)
- Treats both airway smooth muscle constriction and underlying airway inflammation
- Works as rescue AND maintenance therapy

Combination Medications

- Fluticasone/Salmeterol (Advair Diskus, AirDuo, Wixela Inhub)

Advantages:

- On formulary without restrictions (except Advair HFA form)
- Treats both airway smooth muscle constriction and underlying airway inflammation

Disadvantages:

- Salmeterol only has long-acting properties and should not be used as rescue

Treating Asthma Exacerbations



Regular use of SABA alone increases allergic responses and airway inflammation.

Over-use (i.e. > 3 canisters in a year is associated with increased risk of severe exacerbation; > 12 canisters in a year is associated with increased risk of asthma-related deaths (GINA 2019).

For intermittent asthma, albuterol alone is **no longer recommended** – Instead, whenever albuterol is used for intermittent symptoms, add a low-dose ICS to control inflammation and reduce complications.

Updates for Urgent Care & Emergency Department Visits

Mild Persistent Asthma

For controller therapy, consider daily low dose ICS or **as-needed** low dose **Symbicort** or **Dulera**.

For reliever treatment, consider as needed low dose **Symbicort** or **Dulera** or as needed albuterol.

Moderate to Severe Persistent Asthma

For controller therapy, consider daily dose ICS-LABA.

For reliever treatment, consider as needed low dose **Symbicort** or **Dulera** or as needed albuterol.

Allergic Rhinitis & Asthma

Consider **Montelukast** for the controller medication in addition to ICS.

Path to Improving AMR Performance

Units of Medications:

One medication unit is equal to:

- One inhaler canister
- One injection (for biologics)
- ≤ 30 day supply of oral medications

Note: a 90-day supply of oral medications would be counted as 3 units
($90/30 = 3$)

- Prescribing practices
- Denominator management
- Manage gap list (eReports)

Case Example:

Current Patient AMR Score (January-June)

1 Qvar inhaler filled on: 1/8, 3/12, and 5/24
(3 units)

1 Albuterol inhaler filled on: 1/8, 2/7, 3/12, 5/24, and 6/23 **(5 units)**

Total Score: **$3/8 = 0.375$**

Final Patient AMR Score (January-December)

1 Qvar inhaler filled on: 1/8, 3/12, 5/24, 7/24, 8/24, 9/24, 10/24, 11/26, and 12/27 **(9 units)**

1 Albuterol inhaler filled on: 1/8, 2/7, 3/12, 5/24, 6/23, and 9/8 **(6 units)**

Total Score: **$9/15 = 0.60$**

Improving Asthma Care and the AMR

Prescribe
Controllers 3
Month
Supply X 3
Refills



Limit NEW
Reliever Rx's
to 1 Unit



Denominator
Clean Up –
Identify
COPD



Manage
AMR GAP
List



IMPROVED
AMR
PERFORMANCE

Best Practices

- **Deliver preventative asthma care** at non-asthma related visits. Assess asthma symptoms at every visit to determine if additional action is needed.
- **Increase asthma medication adherence by:**
 - ✓ Educate patients on the difference between rescue and controller medications.
 - ✓ Create opportunities for patient centered interactions by listening and incorporating patient's feedback into their Asthma Action Plan.
- **Ensure accurate diagnosis** by avoiding coding asthma if the diagnosis is for an asthma-like symptom (i.e. wheezing during upper respiratory infection or acute bronchitis is not "asthma"). Correct claims or encounters which may have been submitted with incorrect diagnosis information.

Sprint Strategies for PCP QIP 2020

Use eReports to identify and monitor patients in your AMR population.

- ✓ Prioritize members with AMR ratio of 0.3 to 0.6

QIP - eReports

QIP Member Reports

Select a measure:

Select a PCP:

Numerator Denominator

[Apply Filter and Display Report](#) [Clear](#)

Number of members displayed for the selected measure: **319**



QIP Result	CIN	Member First Name	Member Last Name	Member Phone	Gender	DOB	Age	Asthma Ratio	PCP	NewMember	Details
Denominator	98596263E4	ALICIA	HERNANDEZRAMIR	7079199111	F	06/20/2005	15	0.11	CAMPUS SRCH PEDIATRIC [15634 0006]	N	Details
Denominator	95521723E0	ANDREW	AMONS	7072353842	M	03/11/2005	15	0.36	CAMPUS SRCH PEDIATRIC [15634 0006]	N	Details
Denomr							15	0.25		N	Details
Denomr							12	0.17		N	Details
Denomr							13	0.29		N	Details
Denomr							8	0.46		N	Details
Denomr							8	0.44		N	Details
Denomr							12	0.4		N	Details
Denomr							14	0.33		N	Details
Denomr							19	0		N	Details
Denomr							6	0.33		N	Details

Current PHC Formulary

Inhaled SABA Medications

- Albuterol (Ventolin HFA, Proventil HFA, ProAir HFA, ProAir RespiClick)
- Levalbuterol (Xopenex HFA)*

Oral Controllers

- Montelukast (Singulair)
- Zafirlukast (Accolate)*

Other Inhaled Medications

- Budesonide (Pulmicort) Nebulizer
- Tiotropium (Spiriva Respimat)

*Step Therapy applies

Corticosteroids

- Beclomethasone (Qvar ReditHaler)
- Budesonide (Pulmicort FlexHaler)
- Ciclesonide (Alvesco)
- Fluticasone (Flovent Diskus, Flovent HFA, Arnuity Ellipta)
- Mometasone (Asmanex HFA, Asmanex TwistHaler)

Combination Medications

- Fluticasone/Salmeterol (Advair Diskus, AirDuo, Wixela Inhub)
- Mometasone/Formoterol (Dulera)
- Budesonide/Formoterol (Symbicort)

NOTE: PHC covers a brand name product only when a generic is not available on the market.

Medi-Cal Formulary

Inhaled SABA Medications

- Albuterol (**BRAND ONLY**: Ventolin HFA, ProAir HFA, Proventil HFA)

Oral Controllers

- Montelukast (Covers BRAND Singulair + select generics)

Corticosteroids

- Beclomethasone (QVAR Redihaler)
- Budesonide (Pulmicort FlexHaler)
- Fluticasone (Flovent Diskus, Flovent HFA)

Combination Medications

- Fluticasone/Salmeterol (**BRAND ONLY**: Advair Diskus, Advair HFA)
- Mometasone/Formoterol (Dulera)
- Budesonide/Formoterol (**BRAND ONLY**: Symbicort)

NOTE: Medi-Cal covers a brand name product even when a generic is available on the market (thus, generics are not covered unless noted otherwise). Updated July 2020.

January 2021 Changes

Medication	PHC Formulary	Medi-Cal Formulary
Inhaled SABAs		
Albuterol HFA	Generic + Brand (ProAir, Ventolin, Proventil)	BRAND ONLY: Ventolin, Proventil. ProAir HFA
Levalbuterol HFA	✓ Covered	✗ Not Covered
Oral Controllers		
Montelukast	Generic Only	BRAND Singulair + Select Generics
Zafirlukast	✓ Covered (w/ Step Therapy)	✗ Not Covered
Corticosteroids		
Fluticasone	Flovent Diskus, Flovent HFA, Arnuity Ellipta	Flovent Diskus & Flovent HFA ONLY
Ciclesonide	✓ Covered (Alvesco)	✗ Not Covered
Mometasone	✓ Covered (Asmanex)	✗ Not Covered
Combination Medications		
Fluticasone/Salmeterol	Advair Diskus, AirDuo, Wixela Inhub	BRAND ONLY: Advair Diskus, Advair HFA
Budesonide/Formoterol	Generic Only	BRAND ONLY: Symbicort

PCP QIP 2020 Measurement Set

POINT ALLOCATION AND THRESHOLD CHANGES:

<u>CLINICAL MEASURES</u>	<u>FAMILY PRACTICE</u>	<u>INTERNAL MEDICINE</u>	<u>PEDIATRICS</u>	<u>50TH</u>
	Points Per Measure			Full Points
Well-Child Visit, First 15 months of Life (W15)	15.0		25.0	65.83%
Controlling High Blood Pressure (CBP)	15.0	20.0		61.04%
Colorectal Cancer Screening (COL)*	12.5	20.0		32.24%
Diabetes - HbA1C Good Control <9 (A1c) (CDC)	12.5	20.0		50.97%
Childhood Immunization Combo 10 (CIS-10)	15.0		25.0	34.79%
Asthma Medication Ratio (AMR)	15.0	20.0	25.0	63.58%
	<u>85.0</u>	<u>80.0</u>	<u>75.0</u>	
<u>Non-Clinical Measures</u>				
PCP Office Visits**	15.0	20.0	25.0	≥2.1
TOTAL POINTS AVAILABLE	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	

* Colorectal Cancer Screening is the only measure in the PCP QIP that does not have an NCQA Threshold equivalent for PHC. The threshold here is the 25th percentile across the entire plan.


Looking Ahead...PCP QIP 2021

AMR is projected to remain in the PCP QIP 2021!

- Points allocation may be less because monitoring measures and new measures will be added to the measurement set
- Thresholds for full or partial points are to be determined

AMR continue to be a **priority** measure for PHC.

Sample AMR Report



Partnership HealthPlan of California

Analysis of Asthma Medication Ratio (AMR)

eReports Measure Data Source Details

Quality Improvement Program (QIP) - A product of Partnership HealthPlan of California ©

Parent Organization
Santa Rosa Community ...

Provider Name
(All)

Parent Organization View

PCP Name: All Providers in Santa Rosa Community Health Centers

Santa Rosa Community Health Centers: Current Performance as of Report Date 8/9/2020 4:40:04 PM

Measure Name	QIP Score	Numerator	Denominator	50th Threshold %	50th (Achieved/Target)	
Asthma Medication Ratio	65.08	205	315	63.58	205/200	✔

Who Is In the AMR Eligible Population?

Members are qualified as having persistent asthma if they met at least one eligibility criteria during both the measurement year (2020) and the year prior (2019). Criteria need not be the same across both years.

ED: at least one ED visit with a principal diagnosis of asthma

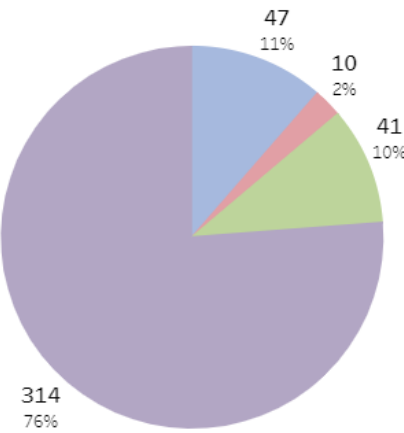
Acute Inpatient: at least one acute inpatient stay with a principal diagnosis of asthma

Outpatient Visits: at least four outpatient or observation visits, with any diagnosis of asthma on different dates of service, and at least two asthma medications dispensed

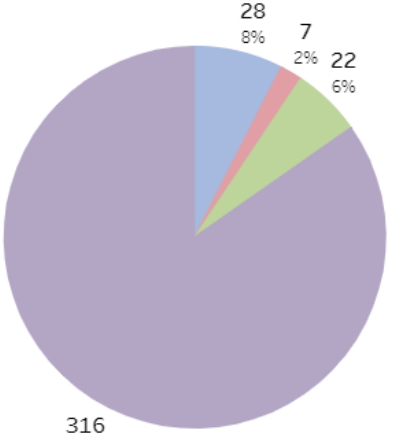
4+ Medications: at least four asthma medications dispensed

Distribution of Qualifying AMR Events

2019



2020



- ED
- Acute Inpatient
- Outpatient Visits
- 4+ Medications

PHC QI Resources

- PHC Performance Improvement Team offers to provide **AMR organization-specific reports.**

Email us at:

improvementacademy@partnershiphp.org

- Fill out survey to receive CE/CME credits.



PHC QI Resources

QI/Performance Team:

ImprovementAcademy@partnershiphp.org

Quality Improvement Program: QIP@partnershiphp.org

2020 PCP QIP Webpage:

<http://www.partnershiphp.org/Providers/Quality/Pages/PCP-QIP-2020.aspx>

QI Monthly Newsletters:

<http://www.partnershiphp.org/Providers/Quality/Pages/PCPQIPMonthlyNewsletter.aspx>

Measure Highlights:

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

eReports: <https://qip.partnershiphp.org/>

Upcoming QI Events

Training & Education Coming Soon: Noon - 1 p.m.

Virtual ABCs of Quality Improvement:
October 21 and 28 & November 4 and 12

2019 PCP QIP High Performers - How'd They Do That?:
November 5

Sign up here!

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

Contact Us

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Questions



Voices from the Field

