

PARTNERSHIP



HEALTHPLAN
of CALIFORNIA

A Public Agency



Improving Asthma Care and the Asthma Medication Ratio

Presenters:

Vic Patel, PharmD, BCPS
Manager of Clinical Pharmacy

Susan Becker, PharmD, BCPS
Clinical Pharmacist

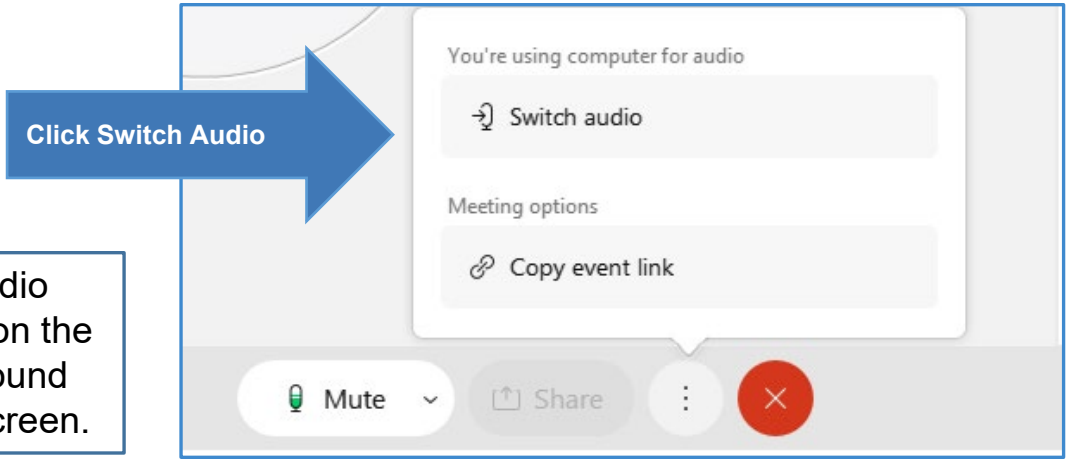
Joy Dionisio, MPH
Improvement Advisor

July 14, 2021

Webex Instructions

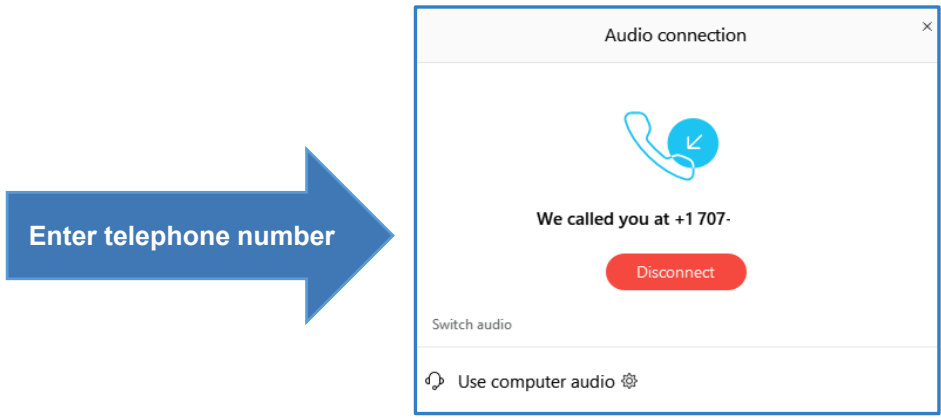
To avoid echoes and feedback, we request that you use the telephone audio instead of your computer audio for listening and speaking during the webinar.

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

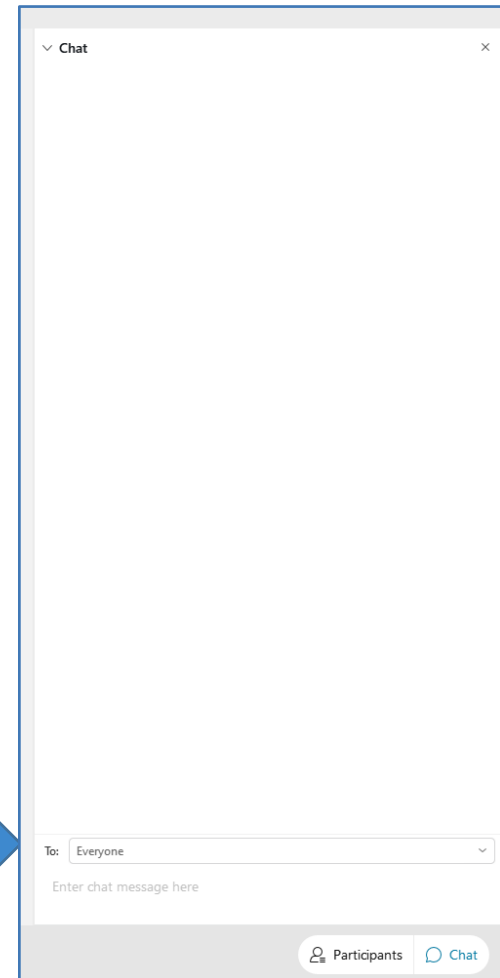


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Webex Instructions

- 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.

*The AAFP has reviewed Accelerated Learning Education Program, and deemed it acceptable for AAFP credit. Term of approval is from 04/13/2021 to 04/13/2022. Physicians should claim only the credit commensurate with the extent of their participation in the activity. Credit approval includes the following session(s): 1.00 In-Person, Live (could include online) AAFP Prescribed Credit(s) - Improving Asthma Care and the Asthma Medication Ratio

**Provider approved by the California Board of Registered Nursing, Provider #CEP16728 for 1.00 hours.

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Improving Asthma Care and the Asthma Medication Ratio

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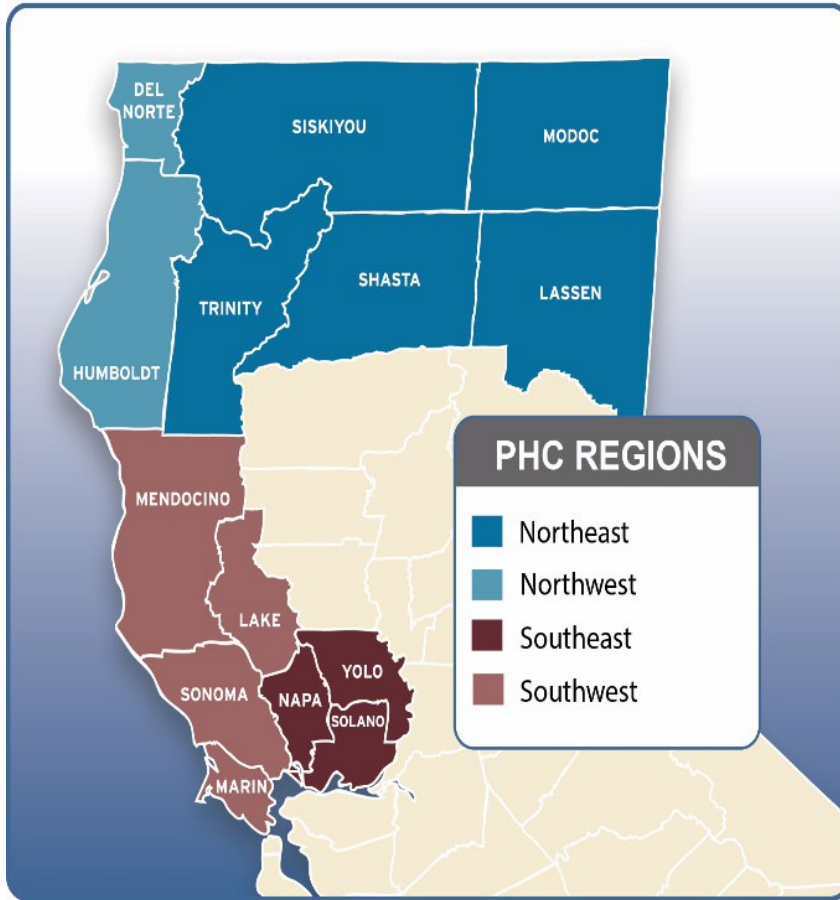
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Objectives/Agenda

- What is Asthma Medication Ratio 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 a three month fill for inhalers.
- Data is available that summarizes current performance with a breakdown of how your population lands in the measure denominator.
- Potential medication coverage change post Pharmacy Carve-Out.

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 WHY IT MATTERS?

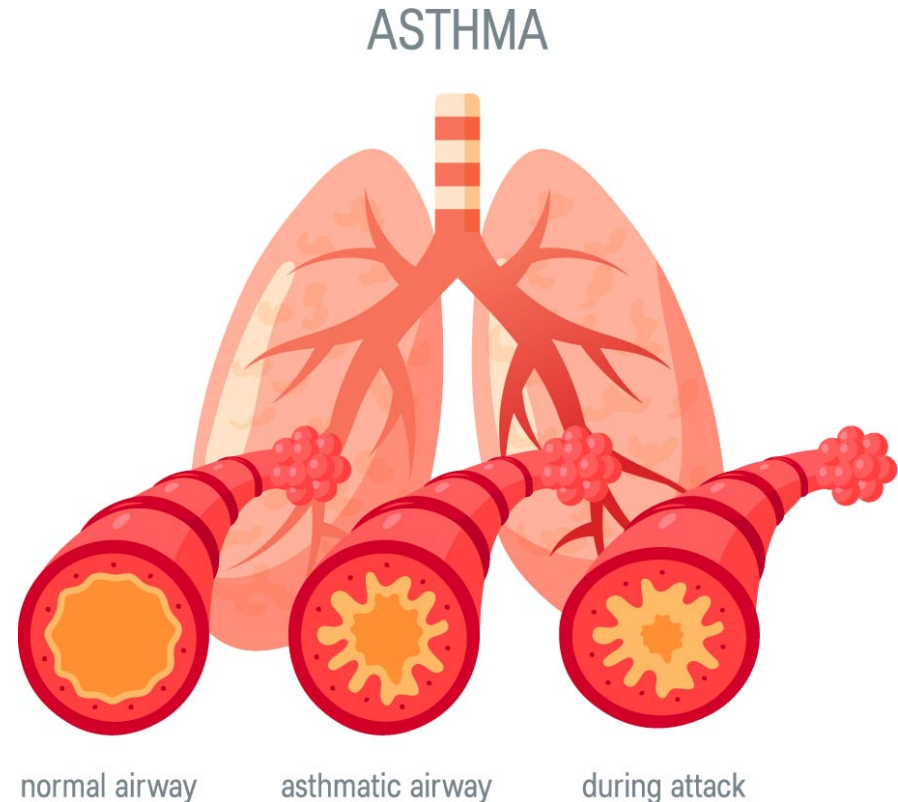
Asthma is a treatable, reversible condition that **affects more than 25 million people** in the United States.

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 and 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



Improving Asthma Care

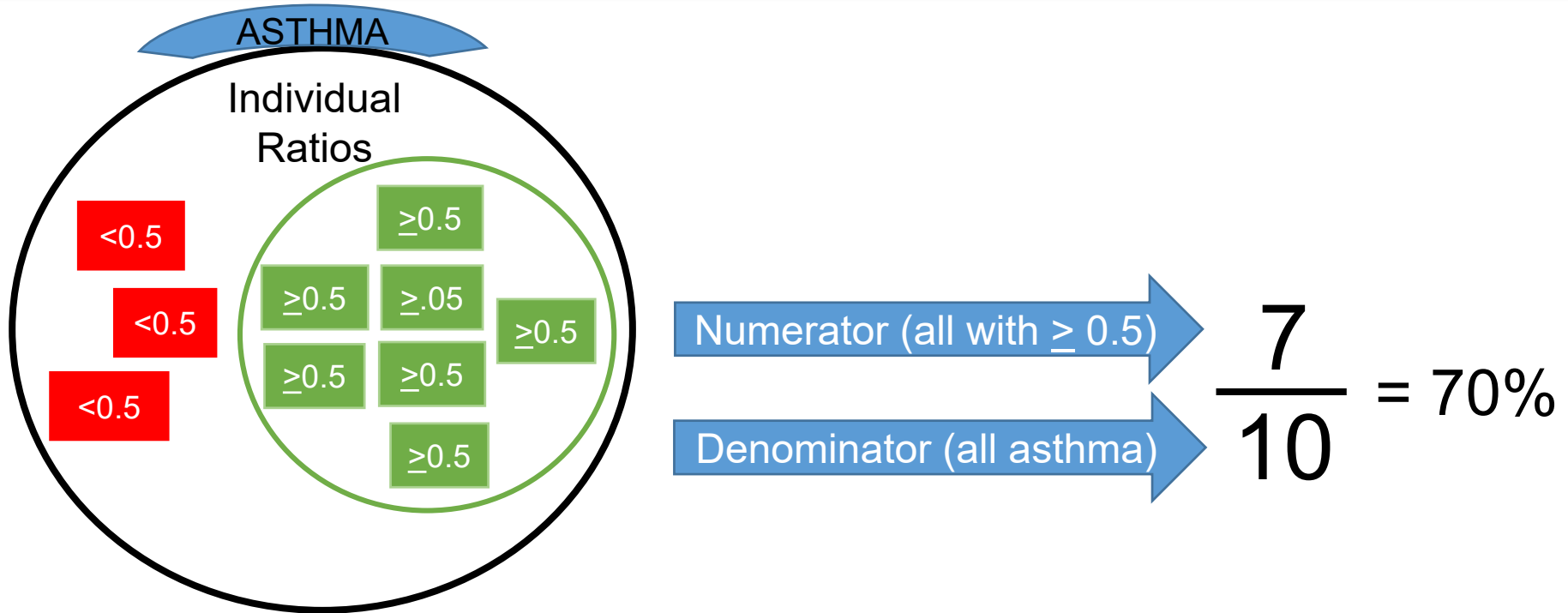
How is Asthma Medication Ratio Measured?

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.

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

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

Asthma Medication Ratio Calculation



Medicaid's 75th Percentile = 68.52%*

70% > 68.52% = meets QIP full points

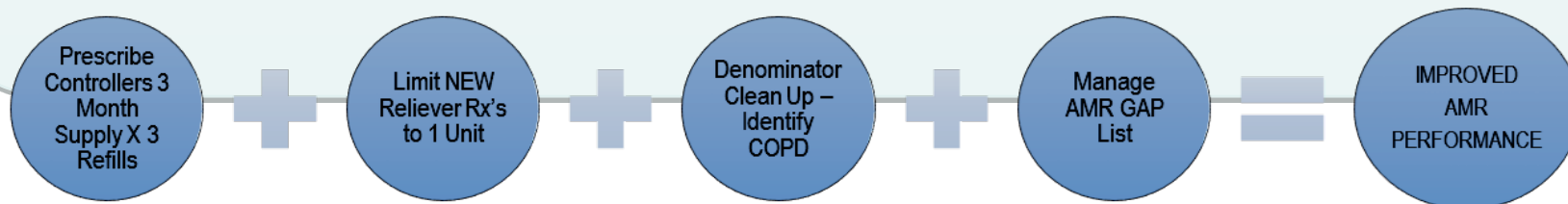
*Subject to change based on calendar year

Improving Asthma Care

Who is in the Asthma Medication Ratio Denominator?

Patients must meet one of 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 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)			
Long-Acting Anticholinergics (LAMA)	• Tiotropium (Spiriva Respimat)			
Methylxanthines	• Theophylline (Theochron)			

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

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	Daily 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)

GINA vs. NIH Guidelines

	Intermittent	Mild Persistent	Moderate Persistent	Severe Persistent	
	STEP 1	STEP 2	STEP 3	STEP 4	STEP 5
Preferred Controller + Reliever (SMART)	PRN low dose ICS/formoterol		Daily and PRN low dose ICS/formoterol	Daily medium dose ICS/formoterol + PRN low dose ICS/formoterol Daily and PRN medium dose ICS/formoterol	Daily high dose ICS/formoterol + PRN low dose ICS/formoterol
Preferred Controller		Daily low dose ICS			Daily medium to high dose ICS-LABA + tiotropium (Spiriva Respimat)
Other Controllers	Low dose ICS whenever SABA is taken	Low dose ICS whenever SABA is taken	Daily medium dose ICS	Daily high dose ICS	Add-on tiotropium (Spiriva Respimat)
		Daily LTRA	Low dose ICS + LTRA	Add-on tiotropium (Spiriva Respimat) Add-on LTRA	Daily high dose ICS + LTRA
				Daily medium dose ICS + LTRA	
				Daily medium dose ICS + tiotropium (Spiriva Respimat)	
Preferred Reliever	PRN SABA	PRN SABA			PRN SABA

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

Yellow = Supported by both GINA & NIH

Green = Supported by GINA only

Orange = Supported by NIH only

PHC Formulary relative to GINA & NIH 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

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)

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

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)

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 Asthma Medication Ratio 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
($90/30 = 3$)

Case Example:

Current Patient Asthma Medication 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: $3/8 = 0.375$

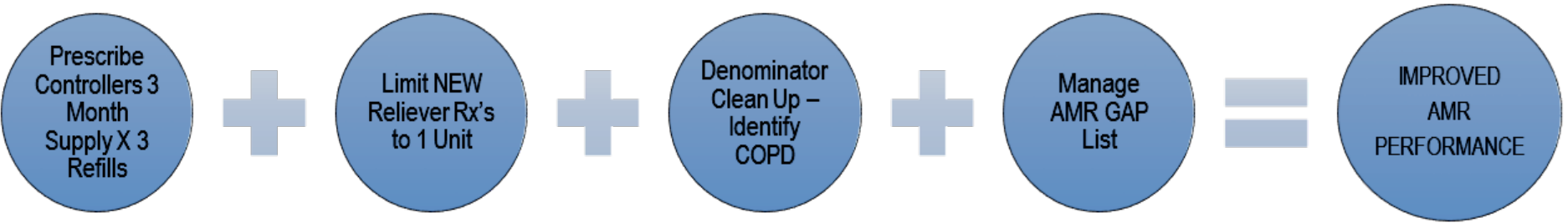
Final Patient Asthma Medication Score (January-December)

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 Asthma Medication Ratio



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.

Strategy for eReports

Use eReports to identify and monitor patients in your Asthma Medication Ratio population.

- ✓ Prioritize members with ratio of 0.3 to 0.6

QIP - eReports

QIP Member Reports

Select a measure: Asthma Medication Ratio 2020

Select a PCP: Search for PCP

Numerator Denominator

Apply Filter and Display Report

Clear

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

Export Data Sources

Refresh

QIP Result	CIN	Member First Name	Member Last Name	Member Phone	Gender	DOB	Age	Asthma Ratio	PCP	NewMember	Details
Denominator	£							0.11		N	Details
Denominator	£							0.36		N	Details
Denominator	£							0.25		N	Details
Denominator	£							0.17		N	Details
Denominator	£							0.29		N	Details
Denominator	£							0.46		N	Details
Denominator	£							0.44		N	Details
Denominator	£							0.4		N	Details
Denominator	£							0.33		N	Details
Denominator	£							0		N	Details
Denominator	£							0.33		N	Details



PCP QIP 2021

Clinical Domain: Measurement

POINT ALLOCATION AND THRESHOLD:

CLINICAL DOMAIN										
PRACTICE TYPE			MEASURE	MEASURE CATEGORY	AGE RANGE	TARGETS		FULL / PARTIAL POINTS		
FAMILY	INTERNAL	PEDS				FULL	PARTIAL	FAMILY	INTERNAL	PEDS
✓	✓	✓	Asthma Medication Ratio	CHRONIC DISEASE MGMT.	5 - 64 YRS	68.52%	63.58%	7 / 5	12.5 / 9	12 / 9
✓	✓		Comprehensive Diabetic Care - HbA1c Control		18 - 75 YRS	67.15%	61.48%	7 / 5	12.5 / 9	--
✓	✓		Controlling High Blood Pressure		18 - 85 YRS	66.91%	61.04%	7 / 5	12.5 / 9	--
✓		✓	Immunization for Adolescents - Combination 2	PREVENTATIVE SCREENING	13 YRS	40.39%	34.43%	7 / 5	--	12 / 9
✓	✓		Breast Cancer Screening		50 - 74 YRS	63.98%	58.67%	7 / 5	12.5 / 9	--
✓	✓		Cervical Cancer Screening		21 - 64 YRS	66.49%	60.65%	7 / 5	12.5 / 9	--
✓		✓	Childhood Immunization Status - Combination 10		2 YRS	42.02%	34.79%	7 / 5	--	12 / 9
✓	✓		Colorectal Cancer Screening		51 - 75 YRS	41.84%	32.24%	6 / 5	12.5 / 9	--
		✓	Counseling for Nutrition for Children/Adolescents		3 - 17 YRS	70.92%		--	--	12 / --
		✓	Counseling for Physical Activity for Children /Adolescents		3 - 17 YRS	64.96%		--	--	12 / --
✓		✓	Child and Adolescent Well Care Visit		3 - 17 YRS	47.54%		10 / --	--	15 / --
✓		✓	Well Child Visits in the First 15 Months of Life	15 MONTHS	69.83%	65.83%	10 / 8	--	12.5 / 9	

Asthma Medication Ratio 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

Mendocino Coast Clinics

Provider Name

Mendocino Coast Clinics

Individual Provider View

PCP Name: Mendocino Coast Clinics

Mendocino Coast Clinics: Current Performance as of Report Date 5/15/2021 9:16:16 AM

Measure Name	QIP Score	Numerator	Denominator	75th Threshold %	75th (Achieved/Target)	
Asthma Medication Ratio	63.64	14	22	68.52	14/16	!

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 (2021) and the year prior (2020). 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



Measurement Year Drill Down by Prescriber

MEASUREMENT YEAR 2020 DRILLDOWN

	Total Rescue (SABA) Units Dispensed	Number of Members	Average unit/member		Non-compliant Members	Total Controller Units Dispensed	Total Rescue Units Dispensed	Estimated AMR Score
Prescriber 1	14	1	14.00		Member 1	5	28	0.15
Prescriber 2	66	10	6.60		Member 2	3	18	0.14
Prescriber 3	25	4	6.25		Member 3	10	18	0.36
Prescriber 4	21	4	5.25		Member 4	11	14	0.44
Prescriber 5	10	2	5.00		Member 5	12	13	0.48
Prescriber 6	23	5	4.60		Member 6	4	13	0.24
Prescriber 7	23	5	4.60		Member 7	0	10	0.00
Prescriber 8	4	1	4.00		Member 8	0	9	0.00
Prescriber 9	3	1	3.00		Member 9	0	5	0.00
Prescriber 10	3	1	3.00		Member 10	3	4	0.43
Prescriber 11	24	11	2.18		Member 11	0	3	0.00
Prescriber 12	2	1	2.00		Member 12	0	3	0.00
Prescriber 13	2	1	2.00		Member 13	2	3	0.40
Prescriber 14	2	1	2.00		Member 14	0	2	0.00
Prescriber 15	4	3	1.33		Member 15	0	2	0.00
Prescriber 16	1	1	1.00		Member 16	0	2	0.00
Prescriber 17	1	1	1.00		Member 17	0	1	0.00
Prescriber 18	1	1	1.00					
Prescriber 19	3	3	1.00					
Prescriber 20	1	1	1.00					
Prescriber 21	1	1	1.00					
Prescriber 22	1	1	1.00					
Prescriber 23	1	1	1.00					
Prescriber 24	1	1	1.00					
Prescriber 25	0	0	0.00					
Prescriber 26	0	0	0.00					
Prescriber 27	0	0	0.00					

DISCLAIMER: If a member assigned to your practice site received a prescription order from an emergency room or urgent care provider, that prescriber may be listed on this report. Prescribers with a score of 0 indicate that they authorized prescription for controller medication(s) and no rescue (SABA) medications during the measurement year.

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)

Other Inhaled Medications

- Tiotropium (Spiriva Respimat)
- Budesonide (Pulmicort) Nebulizer – age restriction of < 4 years.

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 January 2021. 27

Pharmacy Coverage Post Carve-Out

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

PHC QI Resources

- PHC Performance Improvement Team offers to provide **Asthma Medication Ratio organization-specific reports.**

Email us at:

improvementacademy@partnershiphp.org

- Fill out survey to receive CE/CME credits.

PHC QI Resources

DHCS Formulary Search Tool (to be referenced after carve-out)

<https://www.dhcs.ca.gov/services/Pages/FormularyFile.aspx>

Quality Improvement Program: QIP@partnershiphp.org

2021 PCP QIP Webpage:

<http://www.partnershiphp.org/Providers/Quality/Pages/PCP-QIP-2021.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 Quality Improvement Trainings

Accelerated Learning Education Program

These learning sessions will cover Partnership HealthPlan of California's Primary Care Provider Quality Incentive Program measures.

- April 13 - Well-Child Visits and Immunizations (0 - 2 years) (*Recorded*)
- April 27 - Early Cancer Detection (Cervical, Breast, and Colorectal Screening) (*Recorded*)
- May 11 - Controlling High Blood Pressure (*Recorded*)
- May 25 - Diabetes Management HbA1C Good Control (*Recorded*)
- July 14 - Improving Asthma Care and the Asthma Medication Ratio (*Recorded*)

Date: July 27 **Time:** Noon - 1 p.m.

Child and Adolescent Well-Care Visits (3 - 17 years)

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

Upcoming Quality Improvement Trainings

The Role of Leadership in Quality Improvement Efforts

Date: September 23 **Time:** Noon - 1 p.m.

Petaluma Health Center

Interview with top performing leadership including the CEO and CMO

Date: October 5 **Time:** 11 a.m. - Noon

Community Medical Center

Interview with top performing leadership including the CMO, COO, Director of Quality, and FNP

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

Contact Us

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Questions

