

2021 Quality Measure Highlight

ASTHMA MEDICATION RATIO



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 January 1, 2021 through December 31, 2021.

Denominator: Members 5 - 64 years of age who are identified as having persistent asthma (Please reference the 2021 PCP QIP Measure Specification for persistent asthma criteria).

Numerator: Members 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 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 either 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

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: *Managed Care Accountability Set (MCAS)*

PCP QIP 2021	Practice Type	Total Points	Threshold	Percentile
Full Points	Family Medicine	7 points	68.52%	75 th
	Internal Medicine	12.5 points		
	Pediatric Medicine	12 points		
Partial Points	Family Medicine	5 points	63.58%	50 th
	Internal Medicine	9 points		
	Pediatric Medicine	9 points		

Relative Improvement

- A site's performance on a measure must meet the 50th percentile target in order to be eligible for RI points on the measure **AND**
- Have an RI score of 10% or higher, ending up thereby achieving performance equal to or exceeding between the 50th percentile and not exceeding the 75th percentile, to earn full points.

Notes for eReports and PQD

- Asthma Medication Ratio 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	Available As	Route	PHC Coverage	
Corticosteroids (ICS)	Beclomethasone	Qvar RediHaler	Inhalation*	Covered	
	Budesonide	Pulmicort Flexhaler	Inhalation*	Covered	
	Ciclesonide	Alvesco	Inhalation	Covered	
	Fluticasone		Arnuity Ellipta	Inhalation*	Covered
			Flovent Diskus	Inhalation*	Covered
			Flovent HFA	Inhalation	Covered
	Mometasone		Asmanex HFA	Inhalation	Covered
			Asmanex Twisthaler	Inhalation*	Covered
Corticosteroid/Long-Acting Beta-Agonist (ICS/LABA) Combinations	Budesonide-Formoterol	Budesonide-Formoterol (generic)	Inhalation	Covered	
	Mometasone-Formoterol	Dulera	Inhalation	Covered	
	Fluticasone-Salmeterol		Fluticasone-Salmeterol Diskus (generic)	Inhalation*	Covered
			Fluticasone-Salmeterol RespiClick (generic)	Inhalation*	Covered
			Wixela Inhub Diskus	Inhalation*	Covered
	Fluticasone-Vilanterol		Advair HFA	Inhalation	PA Required
			Breo Ellipta	Inhalation*	PA Required

Long-Acting Anticholinergics (LAMA)	Tiotropium	Spiriva Respimat	Inhalation	Covered
ICS/LAMA/LABA Combinations	Fluticasone-Umeclidinium-Vilanterol	Trelegy Ellipta	Inhalation*	Covered – step therapy
Respiratory Monoclonal Antibodies	Benralizumab	Fasenra	Injection	PA Required
	Dupilumab	Dupixent	Injection	PA Required
	Mepolizumab	Nucala	Injection	PA Required
	Omalizumab	Xolair	Injection	PA Required
	Reslizumab	Cinqair	Injection	PA Required
Leukotriene Modifiers	Montelukast	Montelukast (generic)	Oral	Covered
	Zafirlukast	Zafirlukast (generic)	Oral	Covered – step therapy
	Zileuton	Zileuton (generic)	Oral	PA Required
Methylxanthines	Theophylline	Theophylline (generic)	Oral	Covered
Asthma Reliever Medications				
Description	Prescription	Available As	Route	PHC Coverage
Short-Acting Beta-Agonists (SABA)	Albuterol	Albuterol HFA (generic)	Inhalation	Covered
		ProAir RespiClick	Inhalation*	Covered
	Levalbuterol	Levalbuterol HFA (generic)	Inhalation	Covered – step therapy

***Breath activated device**

Exclusions

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

- Those diagnosed with any of the following code lists, 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

**** Important Note:**

The State of California Department of Health Care Services MediCal pharmacy benefit (also known as Medi-Cal Rx) will take over PHC pharmacy formulary on a future date to

be determined. This means certain medications that PHC had as formulary may no longer be covered by Medi-Cal Rx for those members newly initiated on therapy. We recommend that the Provider Network monitor these changes to ensure any updates are included in your prescribing practices. Any change to Asthma Medication list above will be updated in this reference document upon implementation of Medi-Cal Rx by the State of California Department of Health Care Services.

More information on pharmacy covered benefit

[2021 Partnership HealthPlan of California Drug Search](#)

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 Asthma Medication Ratio at a minimum biannually.
- Increase asthma medication adherence by educating patients on the difference between rescue and controller medications.
- For an Asthma Medication Ratio <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.

- For moderate asthma, the 2020 GINA and National Institutes of Health (NIH) asthma management guidelines recommend low-dose ICS-formoterol as a single maintenance and reliever therapy (SMART) option.