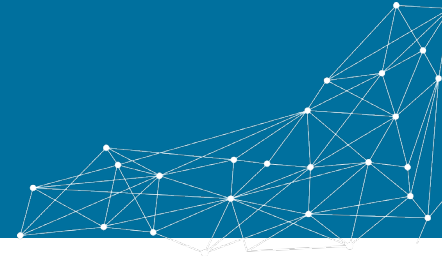


2022 Quality Measure Highlight

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, 2022 through December 31, 2022.

Denominator: Members 5 - 64 years of age who are identified as having persistent asthma (Please reference the 2022 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:

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

Example: Member has one-month supply of asthma medications including a prescription for five (5) refills of controller meds and five (5) refills of reliever meds. Claims data shows within six (6) months the controller meds were filled twice (2) and rescue meds filled six (6) times. Thus, the AMR is $2 / (2+6) = 0.25$ and is not compliant.

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: J45.21; 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; J45.991; J45.998; 493.00; 493.01; 493.02; 493.10; 493.11; 493.12; 493.82; 493.90; 493.91; 493.92

*Please refer to Diagnosis Crosswalk in eReports for complete listing of Code Types

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 2022	Practice Type	Total Points	Threshold	Percentile
Full Points	Family Medicine Internal Medicine Pediatric Medicine	7 points 12.5 points 12 points	70.67%	75 th
Partial Points	Family Medicine Internal Medicine Pediatric Medicine	5 points 9 points 9 points	64.78%	50 th

Relative Improvement (RI)

- 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.

****Exhaustive list of Asthma Medications** can be found in [here](#) under *Code List*.

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 Medi-Cal 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:

[2022 Partnership HealthPlan of California Drug Search](#)

Best and Promising Practices

Data and Coding

- Submit claims and encounter data within 90 days of service.
- Exclude members as appropriate and use coding to document reason for exclusion.
- Standardize practice to calculate the Asthma Medication Ratio at a minimum biannually.
- Ensure accurate diagnosis by avoiding coding asthma as the principal diagnosis for an asthma-like symptom (i.e. wheezing during upper respiratory infection or acute bronchitis)

Member Care

- Increase asthma medication adherence by educating members on the difference between reliever 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.
- Per Global Initiative for Asthma (GINA) guidelines, 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.

- Everyone with asthma should have an Asthma Action Plan in writing. This plan provides information and instructions on how to manage symptoms and can be individualized according to the member's profile, needs, and feedback.
- For moderate asthma, the 2021 GINA and National Institutes of Health (NIH) asthma management guidelines recommend low-dose ICS-formoterol as a single maintenance and reliever therapy (SMART) option.