

PARTNERSHIP



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Improving Asthma Care and the Asthma Medication Ratio

Presenters:

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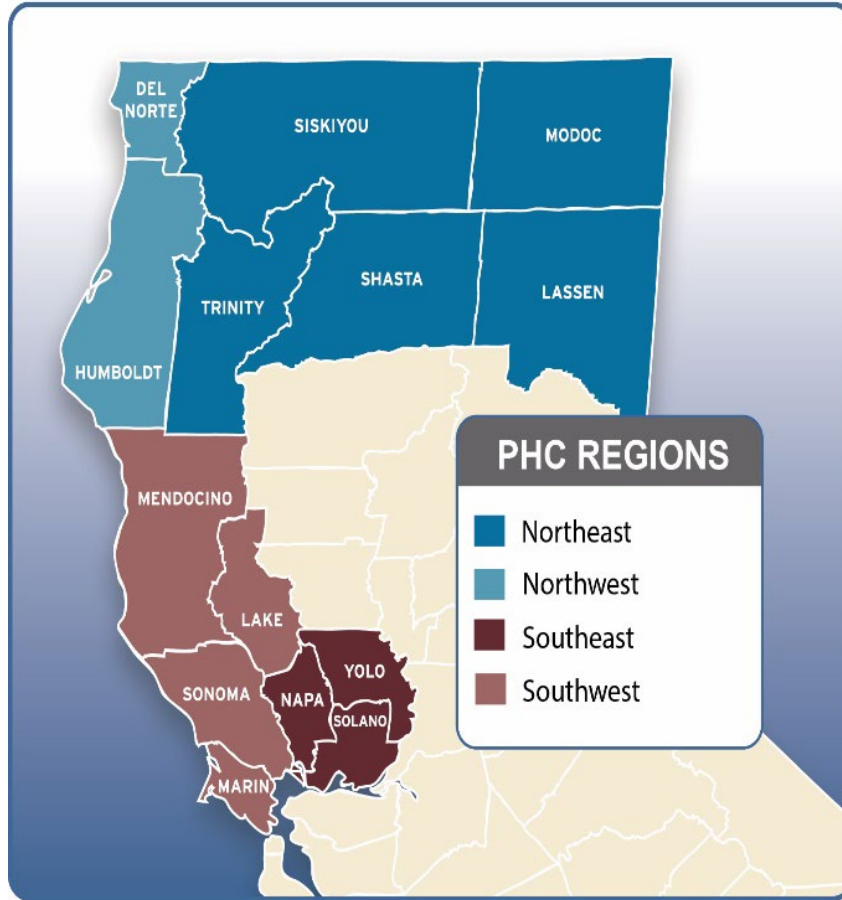
March 29, 2023

Objectives

At the end of this activity, you will be able to:

- Understand clinical background, specifications, and performance threshold definitions for the 2023 PCP QIP *Asthma Medication Ratio* measure.
- Discuss the Global Initiative for Asthma (GINA), guidance on controller medication.
- Review Medi-Cal pharmacy benefit information.
- Identify best and promising practices that can be used to address clinical processes, improve interpersonal communication, education and outreach, address disproportionate prevalence and/or rates, and improve technical barriers to improve asthma medication ratio rates.

Partnership HealthPlan of California (PHC) Regions



Southeast: Solano, Yolo, Napa

Southwest: Sonoma, Marin, Mendocino, Lake

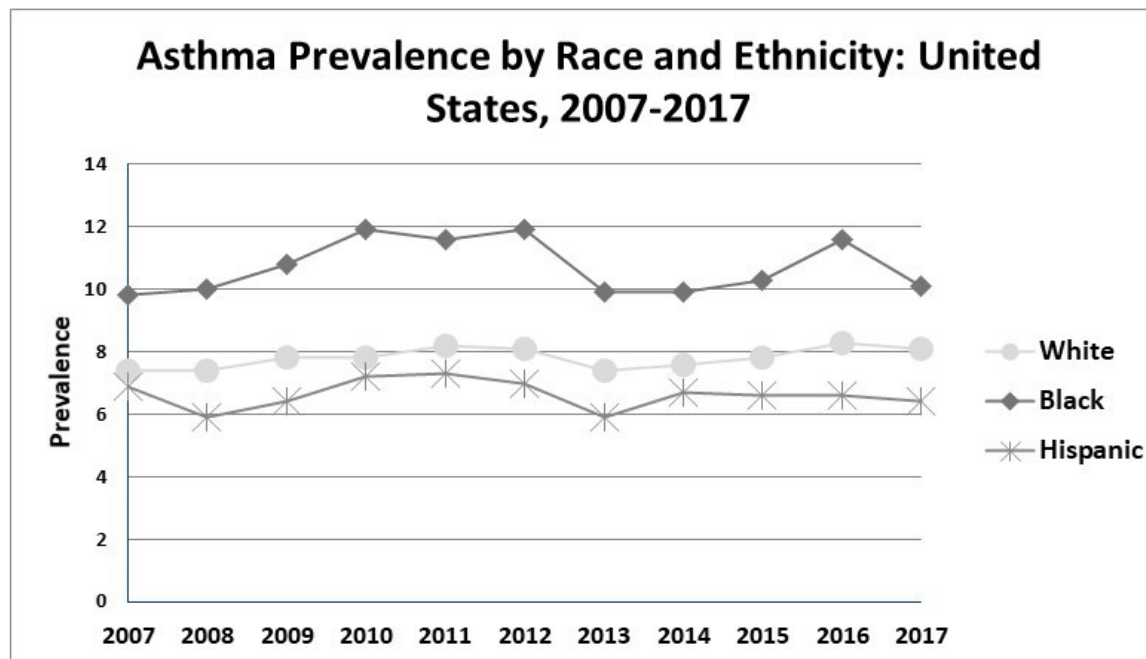
Northeast: Lassen, Modoc, Siskiyou, Trinity, Shasta

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.¹



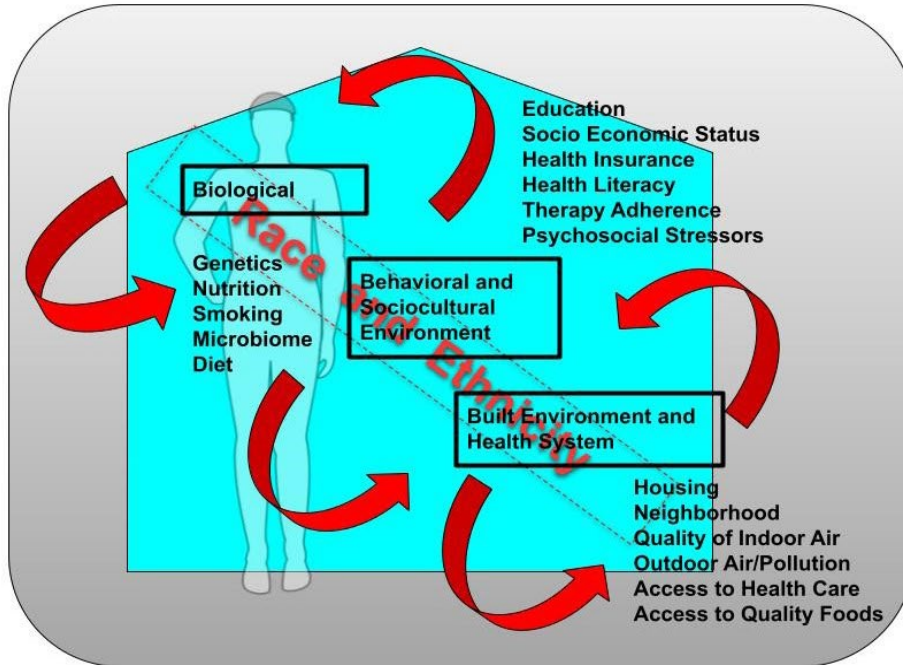
¹Centers for Disease Control and Prevention (CDC). 2011. "CDC Vital Signs: Asthma in the US." <http://www.cdc.gov/vitalsigns/pdf/2011-05-vitalsigns.pdf>

²An Overview of Health Disparities in Asthma, Perez, MF, Coutinho, MT; Yale Journal of Biology and Medicine

Why Control Asthma?

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

Racial Disparities



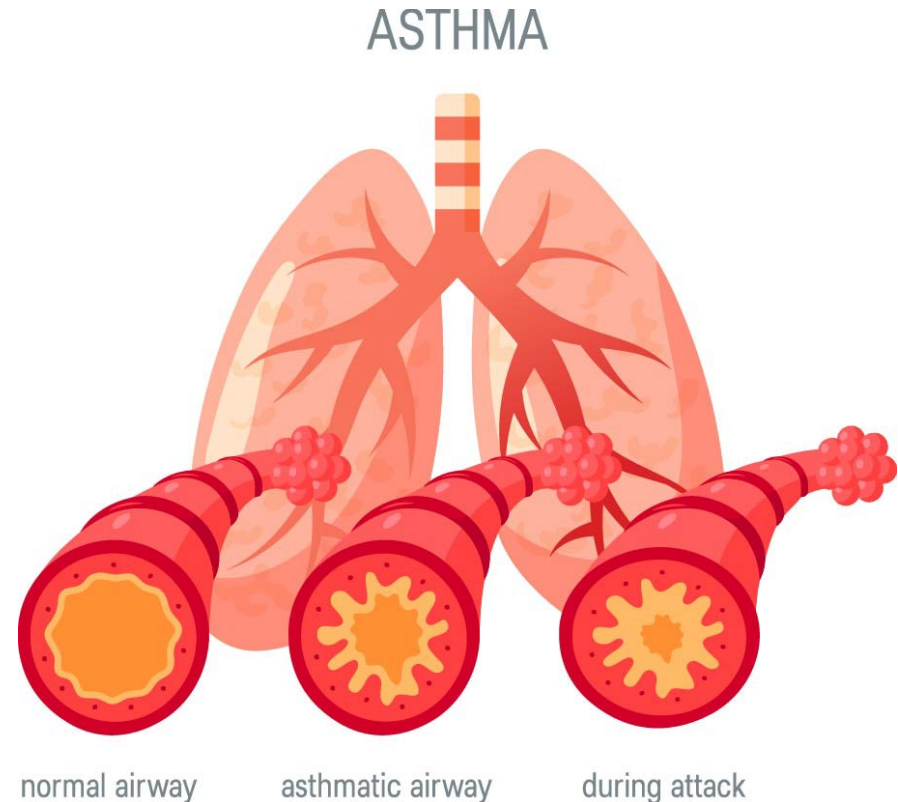
- Racial disparities are multifactorial in origin
- Historic mistreatment by the healthcare system leads to
 - System mistrust
 - Lower satisfaction
 - Non-adherence to treatment
 - Misperceptions about asthma
 - Higher ED use, morbidity
 - Under treatment

An Overview of Health Disparities in Asthma, Perez, MF, Coutinho, MT; Yale Journal of Biology and Medicine

Asthma and Allergy Foundation of America, (2020). [Asthma Disparities in America: A Roadmap to Reducing Burden on Racial and Ethnic Minorities]. Retrieved from aafa.org/asthmadisparities

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

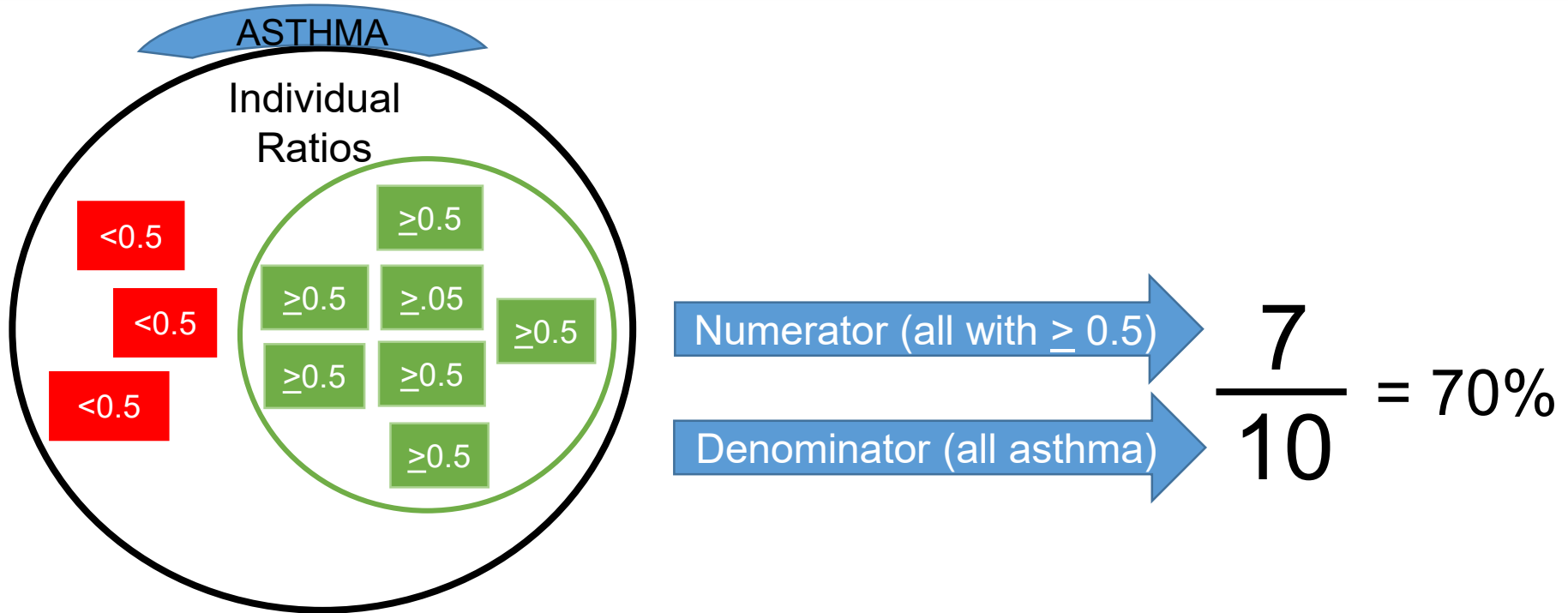
How is Asthma Medication Ratio Measured?

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 = 70.67%*

70% < 70.67% = does not meet QIP full points

*Subject to change based on calendar year

Regional PCP QIP by Ethnicity

Region	Ethnicity	Jan 2023
NE	Hispanic	67.54
	Unknown	54.72
	White	64.30
NW	Hispanic	70.11
	Native American	61.02
	Unknown	73.08
	White	65.05
SE	Black	65.48
	Filipino	83.33
	Hispanic	76.83
	Other	70.89
	Unknown	74.77
SW	White	69.89
	Black	82.14
	Hispanic	77.99
	Native American	63.16
	Other	71.37
	Unknown	68.89
	White	69.25

- Many ethnicities have denominators below 30 members and are not reliable for comparison
- Native American Population shows the highest discrepancy in 2 of the 4 subregions

	NE	NW	SE	SW
	63.84	64.14	72.71	72.36
	75th%			
	50th%			
	25th%			
	below 25th%			

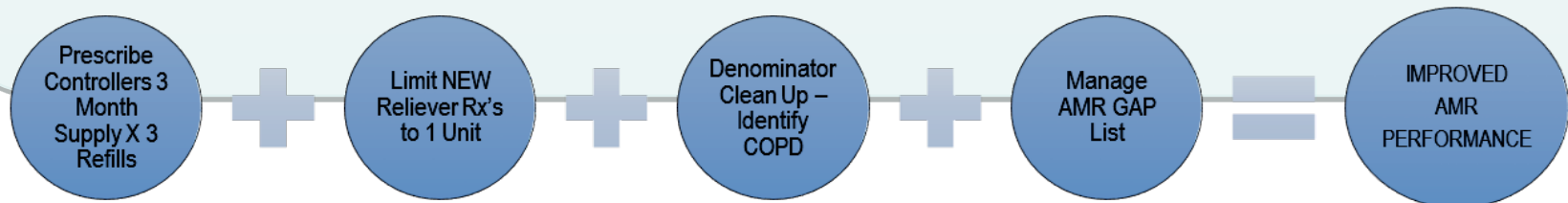
Note: Denominators >30 members

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).



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 Medi-Cal Rx CDL covered 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
GINA Report 2022					
Preferred Controller	PRN low dose ICS/formoterol		MART: Daily low dose ICS/formoterol	MART: Daily medium dose ICS-formoterol	MART: Daily medium or high dose ICS/formoterol + LAMA
Preferred Reliever	PRN low dose ICS/formoterol				
NIH 2020 Focused Update and 2007 Expert Panel Report 3					
Preferred Controller	None (2007)	Daily low dose ICS OR Intermittent ICS whenever SABA used (2020)	MART: Daily low dose ICS/formoterol (2020)	MART: Daily medium dose ICS/formoterol (2020)	High dose ICS-LABA + LAMA (2020)
Preferred Reliever	PRN SABA (2007)		PRN low dose ICS/formoterol (2020)		PRN SABA (2007)

Green = supported by both NIH and GINA

Why No Solo SABA?

SABA only therapy is associated with negative outcomes

Regular SABA use is associated with increased AHR, allergic response and eosinophils, and reduced bronchodilator effect (*Hancox, 2000; Aldridge, 2000*)

- Can lead to a vicious cycle encouraging overuse
- SABA overuse is linked to increased exacerbations and mortality (*Suissa 1994; Nwaru 2020*)

Initiating SABA only treatment trains patients to view the SABA as their primary asthma treatment

In 2019, GINA's recommendation to use PRN low-dose ICS/formoterol was a fundamental change

- Based on results of several RCTs such as the SYGMA 1 & 2 trials

Because It Doesn't Work!

New evidence for PRN low dose ICS/formoterol in mild asthma

2021 Meta-analysis of four RCTs looking at PRN low dose ICS/formoterol
(*Crossingham, Cochrane 2021*)

- 55% reduction in severe exacerbations compared with SABA alone
- Similar risk of severe exacerbations compared with daily ICS+PRN SABA
- 65% lower risk of ED visit/hospitalization compared with SABA alone
- 37% lower risk of ED visit/hospitalization compared with daily ICS+PRN SABA

PRN low dose ICS/formoterol in patients who were previously taking SABA alone

- Lower risk of severe exacerbations compared to ICS + PRN SABA (*Bateman, 2021; Beasley 2019*)

Combination Medications

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

Advantages:

- On Medi-Cal Rx CDL 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)
- Fluticasone/Vilanterol (Breo Ellipta)

Advantages:

- On Medi-Cal Rx CDL (limited to Brand name)
- Treats both airway smooth muscle constriction and underlying airway inflammation

Disadvantages:

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

Inhaled SABA Medications

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

Oral Controllers

- Montelukast (Covers BRAND Singulair + select generics)

Corticosteroids

- Beclomethasone (QVAR Redihaler)
- Budesonide (Pulmicort FlexHaler)
- Ciclesonide (Alvesco HFA)
- Fluticasone (Flovent Diskus, Flovent HFA, Arnuity Ellipta)
- Mometasone (Asmanex Twisthaler)

Combination Medications

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

Other Inhaled Medications

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

NOTE: Medi-Cal often covers a brand name product even when a generic is available on the market. Updated March 2023.

Treating Asthma Exacerbations



Updates for Urgent Care & Emergency Department Visits

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.

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: $3/8 = 0.375$

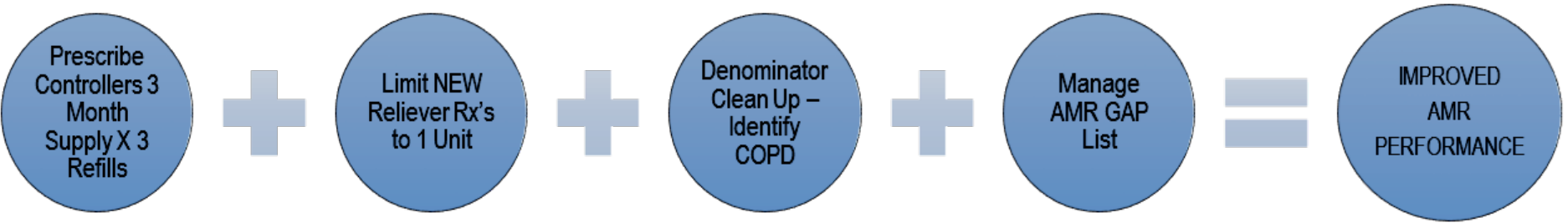
Final Patient Asthma Medication Score (January-December)

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



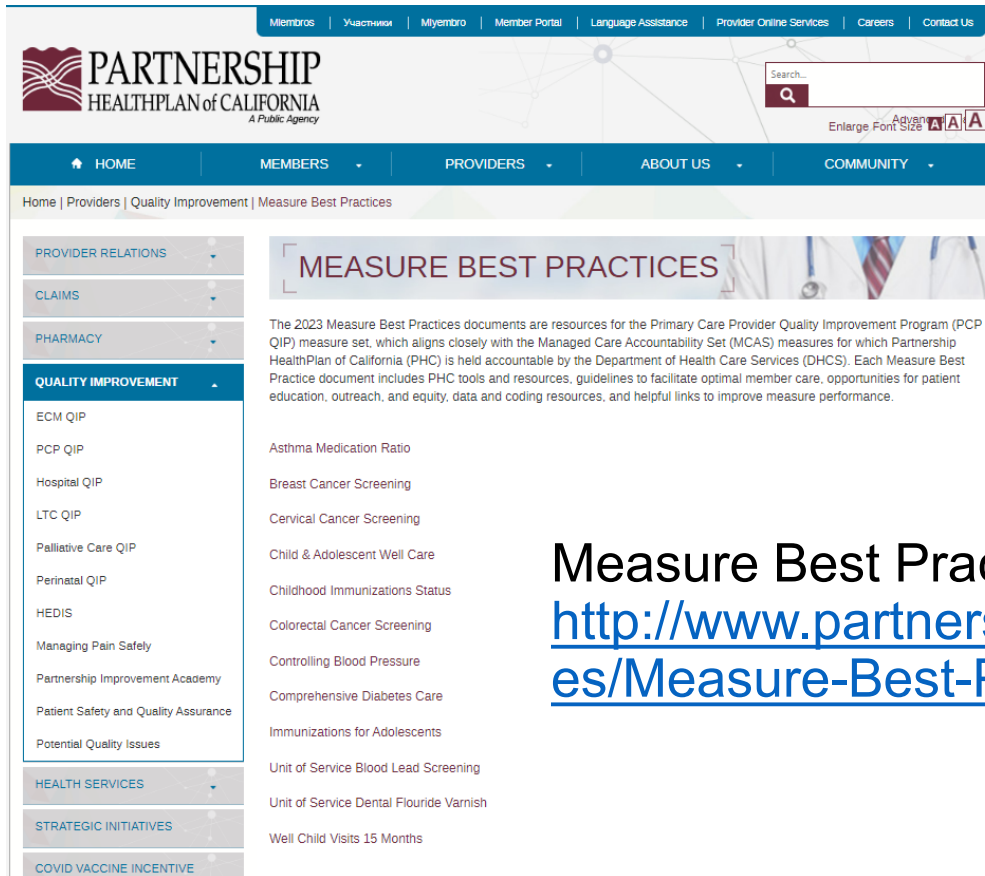
Best Practices

- **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.

Best Practices for Disparities

- **Identify social determinants** affecting asthma and leverage resources to remediate (smoking, poor air quality at home, mold, etc).
- Customize asthma care plans to factor **culturally-appropriate elements** in the patient's language.
- Utilize care coordination and case management services for patients with comorbidities.

PCP QIP Specifications & Measure Best Practices



The screenshot shows the website's navigation menu with links for Members, Member Portal, Language Assistance, Provider Online Services, Careers, and Contact Us. The main navigation bar includes Home, Members, Providers, About Us, and Community. The breadcrumb trail reads: Home | Providers | Quality Improvement | Measure Best Practices. A sidebar menu on the left lists categories: Provider Relations, Claims, Pharmacy, Quality Improvement (selected), Health Services, Strategic Initiatives, and COVID Vaccine Incentive. Under Quality Improvement, the following items are listed: ECM QIP, PCP QIP, Hospital QIP, LTC QIP, Palliative Care QIP, Perinatal QIP, HEDIS, Managing Pain Safety, Partnership Improvement Academy, Patient Safety and Quality Assurance, and Potential Quality Issues. The main content area features a banner for 'MEASURE BEST PRACTICES' with a background image of a doctor. Below the banner, a paragraph explains that the 2023 Measure Best Practices documents are resources for the PCP QIP program, which aligns with MCAS measures. Each document includes PHC tools, guidelines, and resources for patient education and performance improvement. A list of measures is provided:

- Asthma Medication Ratio
- Breast Cancer Screening
- Cervical Cancer Screening
- Child & Adolescent Well Care
- Childhood Immunizations Status
- Colorectal Cancer Screening
- Controlling Blood Pressure
- Comprehensive Diabetes Care
- Immunizations for Adolescents
- Unit of Service Blood Lead Screening
- Unit of Service Dental Fluoride Varnish
- Well Child Visits 15 Months

Measure Best Practices direct link:
<http://www.partnershiphp.org/Providers/Quality/Pages/Measure-Best-Practices.aspx>

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:

Select a 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

Asthma Medication Ratio Report



Partnership HealthPlan of California Analysis of Asthma Medication Ratio eReports Measure Data Source Details

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

Parent Organization

Provider Name

Parent Organization View

PCP Name: All Providers in

Communicare: Current Performance as of Report Date 3/10/2023 8:34:24 PM

Measure Name	QIP Score	Numerator	Denominator	75th Threshold %	75th (Achieved/Target)	
Asthma Medication Ratio	74.82	104	139	68.52	104/96	✓

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.

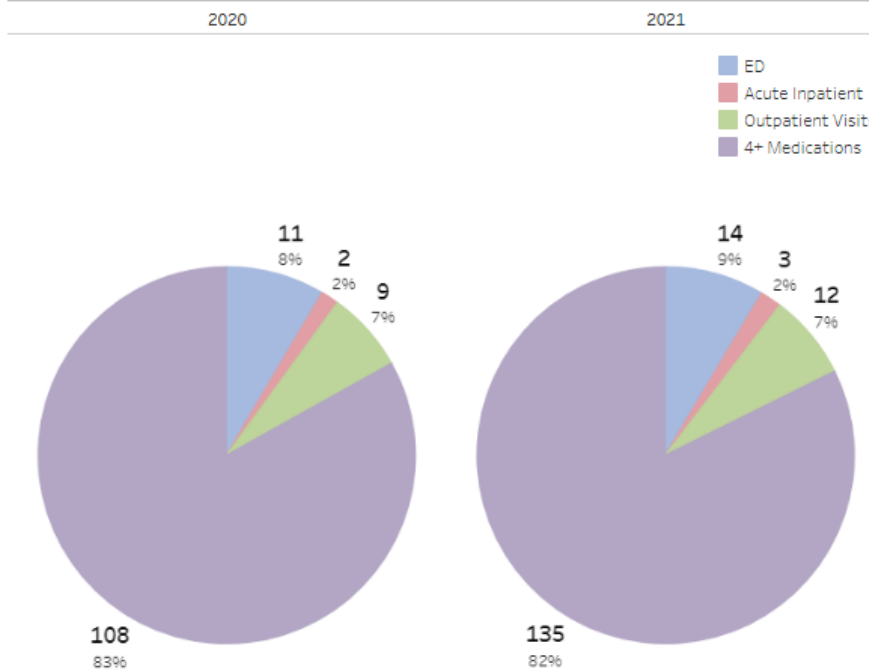
ED: at least one ED visit with a principal diagnosis of asthma

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 2021 DRILLDOWN							
Petaluma Health Center	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	5	1	5	Member 1	1	13	0.07
Prescriber 2	22	5	4.4	Member 2	0	12	0
Prescriber 3	4	1	4	Member 3	0	9	0
Prescriber 4	4	1	4	Member 4	6	9	0.4
Prescriber 5	4	1	4	Member 5	0	8	0
Prescriber 6	38	10	3.8	Member 6	0	8	0
Prescriber 7	21	6	3.5	Member 7	4	8	0.33
Prescriber 8	10	3	3.33	Member 8	0	8	0
Prescriber 9	3	1	3	Member 9	6	8	0.43
Prescriber 10	16	6	2.67	Member 10	0	8	0
Prescriber 11	23	9	2.56	Member 11	6	7	0.46
Prescriber 12	5	2	2.5	Member 12	0	7	0
Prescriber 13	16	7	2.29	Member 13	3	7	0.3
Prescriber 14	9	4	2.25	Member 14	2	7	0.22
Prescriber 15	9	4	2.25	Member 15	0	7	0
Prescriber 16	4	2	2	Member 16	1	6	0.14
Prescriber 17	2	1	2	Member 17	0	6	0
Prescriber 18	6	3	2	Member 18	0	6	0
Prescriber 19	14	7	2	Member 19	0	6	0
Prescriber 20	2	1	2	Member 20	1	6	0.14
Prescriber 21	2	1	2	Member 21	0	6	0
Prescriber 22	4	2	2	Member 22	0	6	0
Prescriber 23	2	1	2	Member 23	1	6	0.14
Prescriber 24	2	1	2	Member 24	2	5	0.29
Prescriber 25	4	2	2	Member 25	0	5	0
Prescriber 26	2	1	2	Member 26	0	5	0
Prescriber 27	2	1	2	Member 27	0	5	0
Prescriber 28	2	1	2	Member 28	0	5	0
Prescriber 29	15	8	1.88	Member 29	0	4	0
Prescriber 30	9	5	1.8	Member 30	3	4	0.43
Prescriber 31	21	13	1.62	Member 31	1	4	0.2
Prescriber 32	24	15	1.6	Member 32	2	4	0.33
Prescriber 33	9	6	1.5	Member 33	2	4	0.33
Prescriber 34	13	9	1.44	Member 34	0	4	0
Prescriber 35	7	5	1.4	Member 35	0	4	0
Prescriber 36	7	5	1.4	Member 36	3	4	0.43
Prescriber 37	11	8	1.38	Member 37	3	4	0.43
Prescriber 38	6	5	1.2	Member 38	0	4	0
Prescriber 39	13	11	1.18	Member 39	2	3	0.4
Prescriber 40	14	12	1.17	Member 40	0	3	0

Voices from the Field



NORTHEASTERN RURAL HEALTH CLINICS

ASTHMA MEDICATION RATIO

- **Sadie Albonico, MSHI, RHIA, CCS, CHC,**
- Chief Quality Officer
- salbonico@northeasternhealth.org



BACKGROUND

- Location:
Susanville, CA
- Total HC Population:
44,767 unique UDS visits/ in last 12 mo
- # of facilities
2 – Susanville and Westwood, CA
- Providers and staff
12 Providers, 3 Dentists, 91 Staff Members

STEPS TO SUCCESS

- Efforts started over 1 year ago
 - Educating providers on the Asthma Medication Ratio measure and rationale
 - Educated staff on exclusion criteria like COPD
 - Worked with clinical teams to identify members not meeting the measure
- Summer of 2022
 - Utilized PHC QIP reports as soon as they were available to schedule appointments for patients

CHART REVIEW IS KEY

- Chart Review Process
 - Identified patients with asthma diagnosis but no controller prescribed
 - Looked for incorrect persistent asthma diagnosis and corrected
 - Incorrect diagnosis was usually a result of UC visit not PCP
 - Identified patients who did have controller but used bronchodilators 2x or greater compared to controller
 - Had coordinators contact patients and schedule asthma appointments to address use
 - Utilized dedicated provider who addresses members who may be falling through the cracks to address asthma

Questions



Evaluation

Please complete your evaluation.
Your feedback is important to us!



Contact Us

Medical Director:

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Manager of Performance Improvement:

James Devan – jdevan@partnershiphp.org

QI/Performance Team:

ImprovementAcademy@partnershiphp.org



Upcoming Trainings

Accelerated Learning Webinar Series

Target Audience: Clinicians, practice managers, quality improvement team, and staff who are responsible for participating and leading quality improvement efforts within their organization.

The Accelerated Learning Series offers Quality Improvement teams the opportunity to take the next step towards improving quality service and clinical outcomes around specific measures of care. These learning sessions will cover Partnership HealthPlan of California's Primary Care Provider Quality Incentive Program measures with a focus on direct application on best practices with examples from quality improvement teams who are doing the work.

Sessions will be offered during the lunch hour and will be approximately 60-90 minutes in length. CME/CEs will be offered for live attendance.

Final remaining session:

04/25/23 - Early Cancer Detection: Cervical, Colorectal, Breast Cancer Screening

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

Contact: improvementacademy@partnershiphp.org

Upcoming Trainings

Advancing Health Equity: Linking Quality and Equity in QI Projects

Target Audience: Quality improvement staff, team leaders, managers, and front-line staff.

Presented by: The Health Alliance of Northern California (HANC) and North Coast Clinics Network (NCCN)

In order to reduce health disparities and health care disparities in our patient populations, our actions must be part of a broader shift to build the culture of equity. Similar to building a culture of quality in our organizations, creating and sustaining a culture of equity takes time, teamwork, and continual attention. This webinar presents information from the [Roadmap to Advance Health Equity](#) developed by Advancing Health Equity: Leading Care, Payment and Systems Transformation (AHE). The webinar will discuss key topics including: discovering and prioritizing differences in care, outcomes, and/or experiences across patient groups; planning equity-focused projects; and measuring impact.

Planned session: Tuesday, April 18, 2023, Noon – 1 p.m.

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

Contact: cackerman@partnershiphp.org

Quality Improvement Trainings

On-Demand Courses

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

Webinars



PHC provides resources and webinars to help our providers improve performance across a variety of clinical, operational and patient experience metrics.

[Click Here for On Demand Courses](#)

- Accelerated Learning
- PCP QIP High Performers - How'd They Do That?
- Project Management 101
- Tools for Prioritizing Quality Measures
- Understanding the Benefits Delivery System

PHC QI Resources

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

Email us at:

improvementacademy@partnershiphp.org

DHCS Formulary Search Tool

<https://medi-calrx.dhcs.ca.gov/provider/drug-lookup/>

Quality Improvement Program email: QIP@partnershiphp.org

2023 PCP QIP Webpage:

<http://www.partnershiphp.org/Providers/Quality/Pages/PCP-QIP-2022.aspx>

Measure Highlights:

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

QI Monthly Newsletters:

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

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

A Quick Guide to Starting Your Quality Improvement Projects

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



PCP QIP 2023

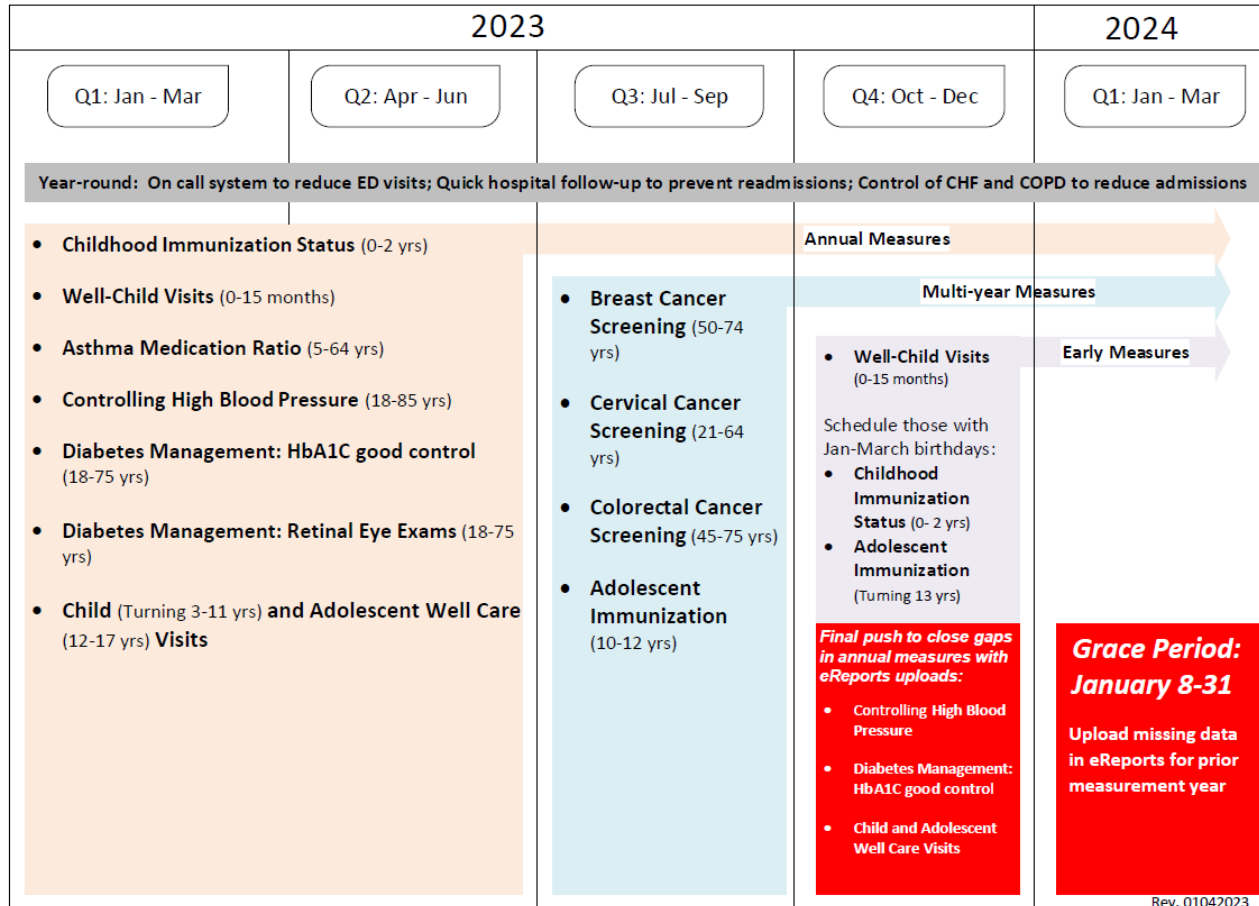
Clinical Domain: Measurement

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 MANAGEMENT		69.67%	64.26%	6 / 4	8 / 6	13 / 10
✓	✓		Comprehensive Diabetes Care: HbA1c Control		64.48%	60.10%	6 / 4	11 / 8	-	
✓	✓		Comprehensive Diabetes Care: Retinal Eye Exams		56.51%	51.06%	5 / 3	5 / 3	-	
✓	✓		Controlling High Blood Pressure		65.10%	59.85%	6 / 4	10 / 8	-	
✓		✓	Childhood Immunization Status: Combo 10	PREVENTATIVE SCREENING		42.09%	34.79%	6 / 5	-	16 / 12
✓		✓	Immunizations for Adolescents: Combo 2		41.12%	55.72%	6 / 5	-	16 / 12	
✓	✓		Breast Cancer Screening		56.52%	50.95%	6 / 5	12 / 9	-	
✓	✓		Cervical Cancer Screening		62.53%	57.64%	6 / 4	12 / 9	-	
✓	✓		Colorectal Cancer Screening		40.23%	32.80%	5 / 4	12 / 9	-	
✓		✓	Child and Adolescent Well Care Visits		57.44%	48.93%	9 / 7	-	16 / 12	
✓		✓	Well-Child Visits in the First 15 Months of Life	UTILIZATION	61.19%	55.72%	9 / 7	-	16 / 12	

Timeline for addressing 2023 and 2024 PCP QIP Measures

Timeline for addressing 2023 and 2024 PCP QIP Measures



Rev. 01042023

Resources on Health and Racial Equity

California Improvement Network (CIN): <https://www.chcf.org>

Toolkit to Advance Racial Health Equity in Primary Care Improvement <https://www.chcf.org/publication/toolkit-racial-equity-primary-care-improvement/>

American Medical Association: <https://www.ama-assn.org/about/ama-center-health-equity> AMA Center for Health Equity: The AMA Center for Health Equity works to embed health equity across the AMA organization so that health equity becomes part of the practice, process, action, innovation, and organizational performance and outcomes. Also jointly released with [Association of American Medical Colleges](#), led by its [Center for Health Justice](#), a new health equity guide to language, narrative, and concepts entitled, “[Advancing Health Equity: A Guide to Language, Narrative, and Concepts](#).”

Center for Health Care Strategies : <https://www.chcs.org/>

[Diversifying Medicaid's Leaders to Better Address Health Equity](#) - Highlights strategies for ensuring a robust pipeline of strong and diverse Medicaid leaders. See also a related [infographic](#).

[Words Matter: How Language Used in Health Care Settings Can Impact the Quality of Pediatric Care](#) - This webinar featured perspectives on the impact of language used during care and in medical records, and how provider interactions rooted in respect can support health and well-being. This is not exclusive to pediatric delivery.

Health Begins: <https://healthbegins.org>

[Health Equity Strategies from the AHC Model](#): Working with Mathematica on behalf of the Centers for Medicare & Medicaid Services (CMS), Health Begins has [this tip sheet](#) provides a multi-level framework for understanding health equity, including actionable strategies related to social needs interventions that organizations such as health systems, payers, and community service providers can leverage to improve health equity.

Resources on Health and Racial Equity

Implicit Bias Association Test <https://implicit.harvard.edu/implicit/takeatest.html>.

Tool for showing bias and how our unconscious drives our day to day decision making. This tool was developed by a group of researchers from Harvard University and has proven validity. The test is free and results are kept confidential, but tagged for research purposes. Please refer to the disclaimer.

Diversity Science: <https://www.diversityscience.org/equal-perinatal-care/>

Developed an interactive training courses and resources for perinatal providers focused on implicit bias and reproductive justice. These resources are developed in accordance with the training requirements outlined in the California Dignity in Pregnancy and Childbirth Act ([Senate Bill 464](#)).

Asthma Disparities in America <https://aafa.org/asthma-allergy-research/our-research/asthma-disparities-burden-on-minorities/>

Comprehensive research conducted by Asthma and Allergy Foundation of America looking at asthma disparities across multiple indicators.

Questions

