

HEDIS® 2017 MEASURE: ASTHMA MEDICATION RATIO (AMR)

Members 5-85 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of .50 or greater during the measurement year.

Inclusion into the measure can include any of the following four events:

- ▶ Outpatient visit or observation visit where there was a diagnosis of asthma and the patient received two separate asthma dispensing events.
- ▶ Acute inpatient visits where the patient received a principal diagnosis of asthma.
- ▶ ED visits with a principal diagnosis of asthma.
- ▶ At least four asthma medication dispensing events.

Exclusions:

- ▶ Members who had any of the following diagnoses from any time during the member's history through December 31 of the measurement year:
 - Emphysema
 - COPD
 - Obstructive Chronic Bronchitis
 - Chronic Respiratory Conditions due to fumes/vapors
 - Cystic Fibrosis
 - Acute Respiratory Failure
- ▶ Members who had no asthma medications dispensed during the measurement year.
- ▶ Members in hospice care excluded from the eligible population.

HOW TO IMPROVE YOUR HEDIS SCORE:

- Use complete and accurate Value Set Codes.
- Timely submit claims and encounter data. Note that claim submission dates vary by payer.
- Request training on the Rady Children's TCPi Clinical Guideline for Asthma to properly assess, classify, treat and control asthma.
 - Use the Asthma Control Test to assess asthma.
 - Avoid coding asthma if the diagnosis is for an asthma-like symptom (e.g. wheezing during viral URI and acute bronchitis is not "asthma").
 - Familiarize your practice with Asthma Step Up and Step Down treatment protocols.
 - Follow TCPi protocols for follow up visits.
- Prioritize patients with a low AMR (e.g. less than 0.5):
 - Flag these patients in the EMR and schedule extra time at every visit (even sick visits)
 - Educate patients on asthma and taking asthma medications correctly, including the proper use of long-term controller medications to manage asthma.



- Educate patients on the importance of an asthma-friendly home environment and perform allergen sensitivity testing if indicated.
- Be proactive about providing an Asthma Action Plan for school and follow up with the school to confirm access and compliance. The school may or may not have a required form.
- Capture patient school in the EMR and run reports to see how many of your patients may be in a single school. See how you can improve communication at the school.
- Be sure to document education provided in the EMR.
- Include members of all health care disciplines (e.g. physicians, pharmacists, nurses, respiratory therapists, and asthma educators) in providing and reinforcing education at all points of care.
- Use gap lists to help manage your total population. Make outreach calls and/or send letters to advise members/parents of the need for a visit to fill a controller medication.
- Clinicians should be familiar with the following asthma controller and reliever medications:

ASTHMA CONTROLLER MEDICATIONS			
Description	Prescriptions		
Antiasthmatic combinations	Dyphylline-guaifenesin	Guaifenesin-theophylline	
Antibody inhibitors	Omalizumab		
Inhaled steroid combinations	Budesonide-formoterol	Fluticasone-salmeterol	Mometasone-formoterol
Inhaled corticosteroids	Beclomethasone Budesonide Ciclesonide	Flunisolide Fluticasone CFC free Mometasone	
Leukotriene modifiers	Montelukast	Zafirlukast	Zileuton
Mast cell stabilizers	Cromolyn		
Methylxanthines	Aminophylline	Dyphylline	Theophylline
ASTHMA RELIEVER MEDICATIONS			
Description	Prescriptions		
Short-acting, inhaled beta-2 agonists	Albuterol	Levalbuterol	Pirbuterol

Codes used to identify Asthma

Description	ICD-10-CM
ASTHMA	J45.20, J45.21, J45.22, J45.30-J45.32, J45.40-J45.42, J45.50-J45.52, J45.901, J45.902, J45.909, J45.990, J45.991, J45.998



Codes used to identify visits

Type	CPT	HCPCS
OUTPATIENT	99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99420, 99429, 99455, 99456	G0402, G0438, G0439, G0463, T1015
ACUTE INPATIENT	99221-99223, 99231-99233, 99238, 99239, 99251-99255, 99291	
ED	99281-99285 ED OBSERVATION: 99217-99220	

Codes used to identify exclusions

Exclusion	ICD-10-CM	HCPCS
ACUTE RESPIRATORY FAILURE	J96.0 - J96.22	
CHRONIC RESPIRATORY CONDITIONS DUE TO FUMES/VAPORS	J68.4	
COPD	J44.0 - J44.9	
CYSTIC FIBROSIS	E84.0, E84.11, E84.19, E84.8, E84.9	
EMPHYSEMA	J43.0 – J43.9, J98.2 - J98.3	
Hospice Services		G9702