

HEDIS® News You Can Use

Aetna Better Health® of West Virginia

June 2021



Let's Improve Medication Adherence Together!

Asthma Medication Ratio (AMR)

i Measure Requirements:

Members 5 – 64 years of age who were 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. to include multiple events for the same member.

Pharmacotherapy Management of COPD Exacerbation (PCE)

i Measure Requirements:

Adults age 40 and older who had an acute inpatient discharge or emergency department visit for COPD exacerbation between January 1 – November 30 of the measurement year and the following appropriate medications were dispensed:

- Dispensed a systemic corticosteroid (or there was evidence of an active prescription) **within 14 days** of the event
- Dispensed a bronchodilator (or there was evidence of an active prescription) **within 30 days** of the event

The PCE measure is based on acute inpatient discharges and ED visits, so it is possible for the measure to include multiple events for the same member.



Medication Criteria:

Asthma Controller Medications:

- **Antiasthmatic combinations:** Dyphylline-guaifenesin
- **Antibody inhibitors:** Omalizumab
- **Anti-interleukin-4:** Dupilumab
- **Anti-interleukin-5:** Benralizumab, Mepolizumab, Reslizumab
- **Inhaled steroid combinations:** Budesonide-formoterol, Fluticasone-salmeterol, Fluticasone-vilanterol, Formoterol-mometasone
- **Inhaled corticosteroids:** Beclomethasone, Budesonide, Ciclesonide, Flunisolide, Fluticasone, Mometasone
- **Leukotriene modifiers:** Montelukast, Zafirlukast, Zileuton
- **Methylxanthines:** Theophylline

Asthma Reliever Medications:

- **Short-acting, inhaled beta-2 agonists:** Albuterol, Levalbuterol
- Exclusions:** Emphysema, COPD, obstructive chronic bronchitis, chronic respiratory conditions due to fumes or vapors, cystic fibrosis, acute respiratory failure.

Comprehensive drug lists are available by contacting QM.

Pharmacotherapy Management of COPD Exacerbation:

Systemic Corticosteroid Medications:

Glucocorticoids

Bronchodilator Medications: Anticholinergic agents, Beta 2-agonists, Bronchodilator Combinations

Comprehensive drug lists are available by contacting QM.

Common Gaps in Care:

- Poor adherence to treatment
- Unable to recognize signs and symptoms of exacerbations
- Poor environmental control
- Lack of understanding of asthma action plan
- Provider office not coding for breathing/medication treatment administered in office



Great Resources!

https://www.cdc.gov/copd/basics-about.html#anchor_1510688244450

<https://www.cdc.gov/copd/maps/index.html>

<https://www.cdc.gov/asthma/management.html>

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/asthma.html>

Patients trust you:

Patients consider you their most trusted source of information when it comes to their health. When talking to patients, encourage and allow time for questions.

Here for you!

Thank you for the care you provide to our members!

For questions or for more information, please contact Shelly Rouse, ABHWV Quality HEDIS Manager at ABHWVHEDIS@aetna.com or **304-348-2923**.



Best Practices

- Always follow-up with the member after an inpatient or emergency room event – examine practice, policy/process to ensure systems and workflows are in place for timely follow-up.
- Confirm diagnosis of COPD for members with spirometry testing.
- If medically appropriate consider modifying treatment to include systemic corticosteroid and bronchodilator for the treatment of COPD.
- Assess the need for a controller medication as part of the Asthma treatment regimen.
- Educate members/parents regarding importance of taking asthma controller medication, even if they feel well.
- Educate members/parents regarding the difference between their controller medication versus their rescue inhaler.
- Work with member to develop an Asthma Action Plan and assess understanding of the plan.
- Assess for environmental home and community risk factors that may contribute to exacerbations and reliance on rescue inhaler.
- Ensure understanding of proper inhaler use.