HEDIS® Lunch and Learn

Respiratory Care

Asthma Medication Ratio and Pharmacotherapy Management of COPD Exacerbation

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What are HEDIS® Lunch and Learns?

Lunch and Learns will reinforce and elaborate on HEDIS News You Can Use information

Monthly Webinars: 30 minutes, 1 HEDIS topic

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Pharmacotherapy Management of COPD Exacerbation (PCE)

Pharmacotherapy Management of COPD Exacerbation (PCE)- Criteria

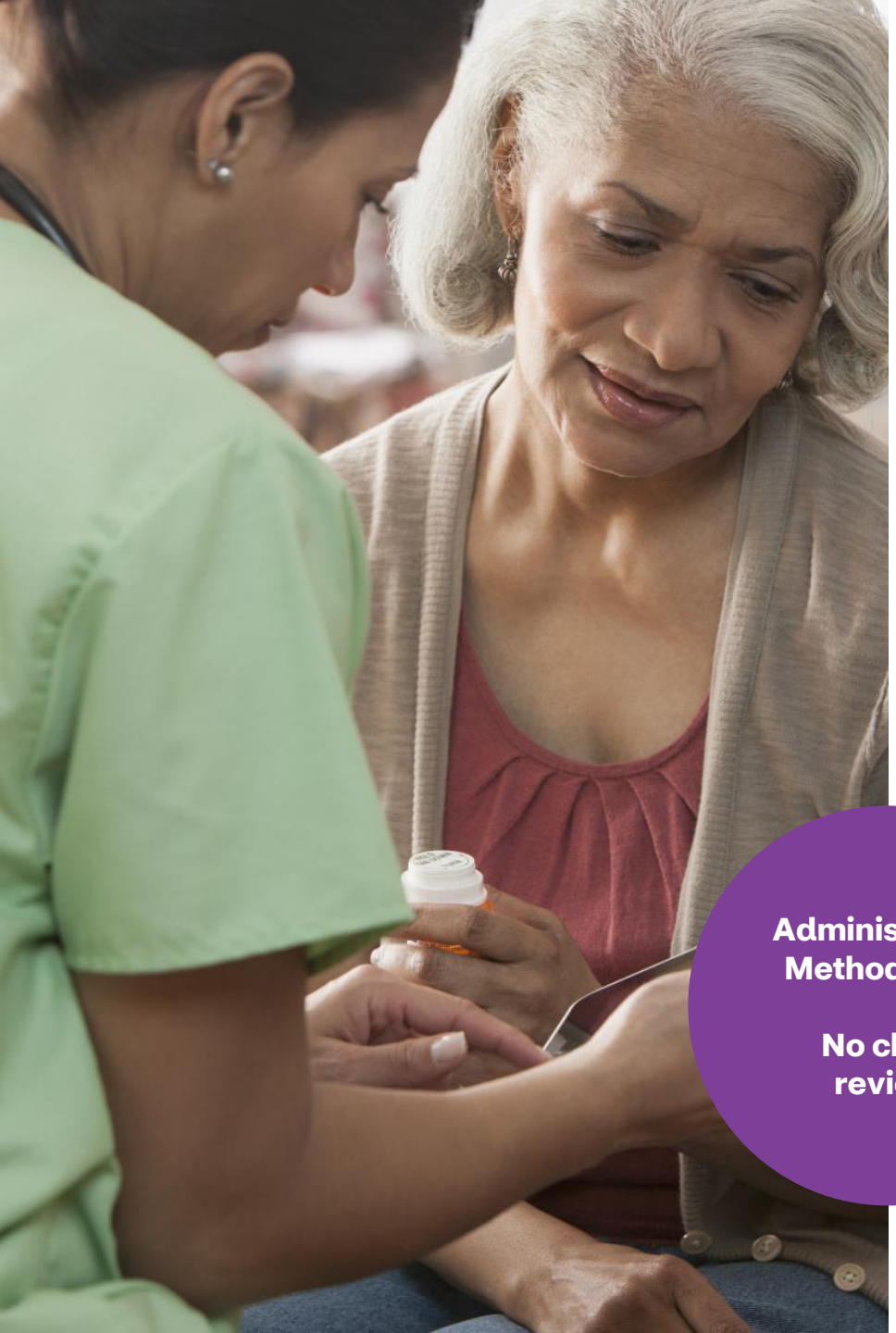
Who is in the measure (denominator)?

The percentage of COPD exacerbations for members 40 years of age or older who:

- Had an acute **inpatient discharge or emergency visit** with a principal diagnosis of COPD
- On or between January 1- November 30 of the measurement year

***Note:**

- The PCE measure is based on acute inpatient discharges and ED visits (not members), so it is possible for the measure denominator to include multiple events for the same member.
- Members in hospice are excluded



Pharmacotherapy Management of COPD Exacerbation (PCE)- Criteria

What is required for compliance (numerator)?

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

Administrative Methodology

No chart review

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Medication List

Systemic Corticosteroid Medications (within 14 days):

- **Glucocorticoids** - Cortisone-acetate, Dexamethasone, Hydrocortisone, Methylprednisolone, Prednisolone, Prednisone

Bronchodilator Medications (within 30 days):

- **Anticholinergic agents** - Aclidinium bromide, Ipratropium, Tiotropium, Umeclidinium
- **Beta 2-agonists** - Albuterol, Arformoterol, Formoterol, Indacaterol, Levalbuterol, Metaproterenol, Salmeterol
- **Bronchodilator Combinations** - Albuterol-ipratropium, Budesonide-formoterol, Dyphylline-guaifenesin, Fluticasone-salmeterol, Fluticasone-vilanterol, Fluticasone furoate-umeclidinium-vilanterol, Formoterol-aclidinium, Formoterol-glycopyrrolate, Formoterol-mometasone, Indacaterol-glycopyrrolate, Olodaterol hydrochloride, Olodaterol-tiotropium, Umeclidinium-vilanterol

Comprehensive drug lists are available by contacting QM.

Gaps in Care

Challenges

Why Gaps in Care?

- Provider unaware member has been in the emergency department or admitted to/ discharged from the hospital
- Not coding for breathing/medication treatment administration in provider office
- Facility discharge planning/education gaps

Special Note

What challenges do you encounter in practice?

- Poor member adherence to treatment plan
- Lack of member compliance with follow-up appointments with provider after ED or inpatient admission
- Member lack of understanding when/ how/ why to take medications

- Potential barrier for member to fill prescription and/or pick up medications
- Poor environmental control
- Not always recognizing symptoms of exacerbations

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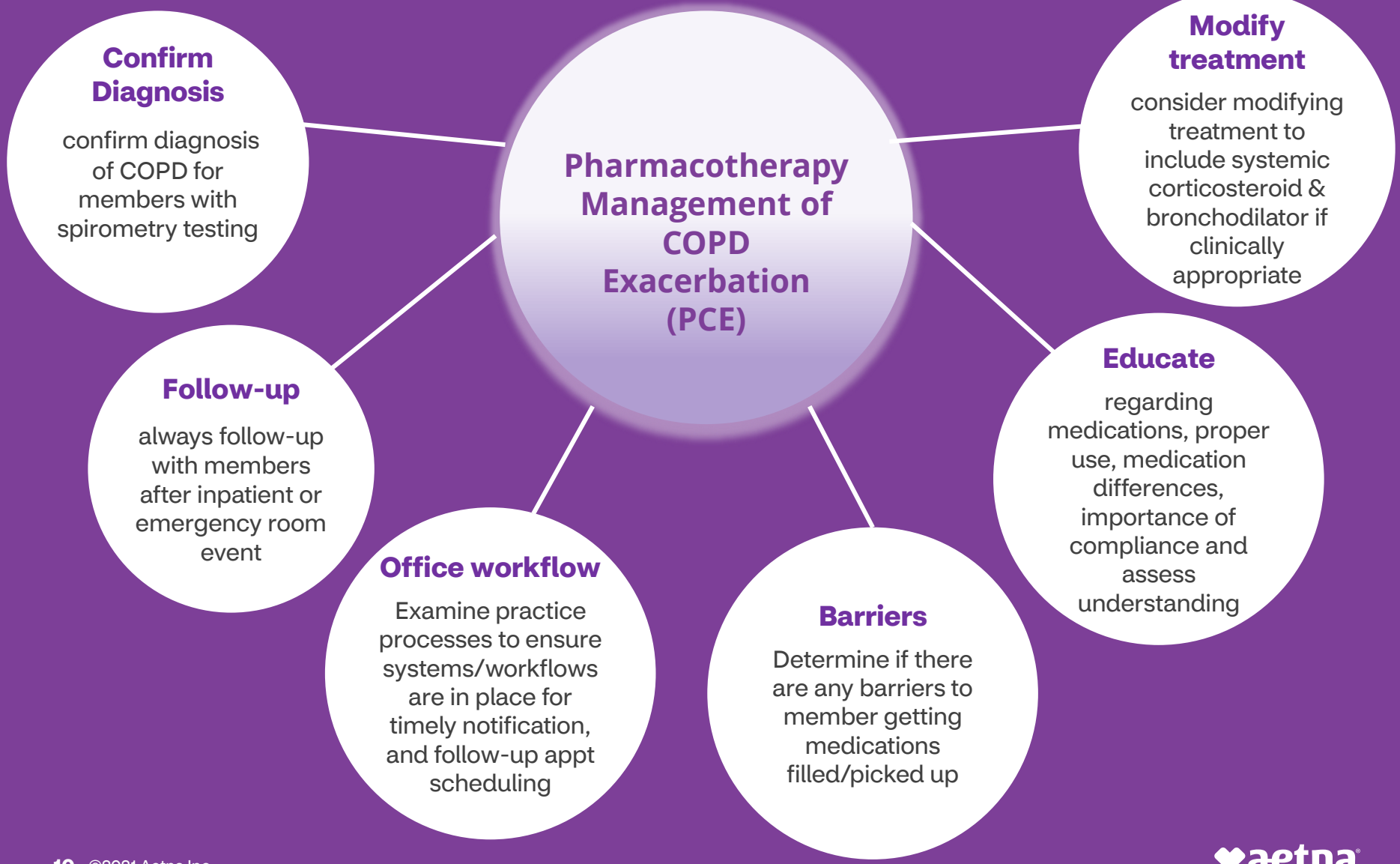
Take-Away Actions- PCE



Asthma Medication Ratio (AMR)

Asthma Medication Ratio (AMR)-Criteria

Who is in the measure (denominator)?

Members aged 5 – 64 years of age who were identified as having persistent asthma

Persistent asthma is identified by at least ONE Of the following criteria during both the measurement year AND the year prior to the measurement year:

- At least one ED visit with a principal diagnosis of asthma
- At least one acute inpatient encounter with a principal diagnosis of asthma
- At least one inpatient discharge with a principial diagnosis of asthma on the discharge claim
- At least four outpatient visits, observation visits, telephone visits or evisits/virtual check-ins on different dates of service, with any diagnosis of asthma AND at least two asthma medication dispensing events for any controller or reliever medication
- At least four asthma medication dispensing events for any controller or reliever medication.

Asthma Medication Ratio (AMR)- Criteria

What is required for compliance (numerator)?

- A medication ratio of controller medications to total asthma medications of 50 percent or greater during the measurement year.

Administrative Methodology

No chart review

Medication List

Asthma Controller Medications:

- **Antiasthmatic combinations:** Dyphyllineguaifenesin
- **Antibody inhibitors:** Omalizumab
- **Anti-interleukin-4:** Dupilumab
- **Anti-interleukin-5:** Benralizumab, Mepolizumab, Reslizumab
- **Inhaled steroid combinations:** Budesonideformoterol, Fluticasone-salmeterol, Fluticasonevilanterol, 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, hospice

Comprehensive drug lists are available by contacting QM.

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Gaps in Care

Challenges

Why Gaps in Care?

- Inaccurate coding
- Lack of coding that would exclude member from the measure
- Asthma Action Plan not in place
- Provider unaware member has been in the emergency department or admitted to/ discharged from the hospital

Special Note

What challenges do you encounter in practice?

- Poor adherence to treatment
- Reliance on rescue medication only
- Perception by member and/or parent that controller medication not necessary, especially if feel well
- Lack of member compliance with follow-up appointments with provider after ED or inpatient admission

- Poor environmental control
- Member lack of understanding when/ how/ why to take medications
- Lack of understanding of asthma action plan
- Potential barrier for member to fill prescription and/or pick up medications

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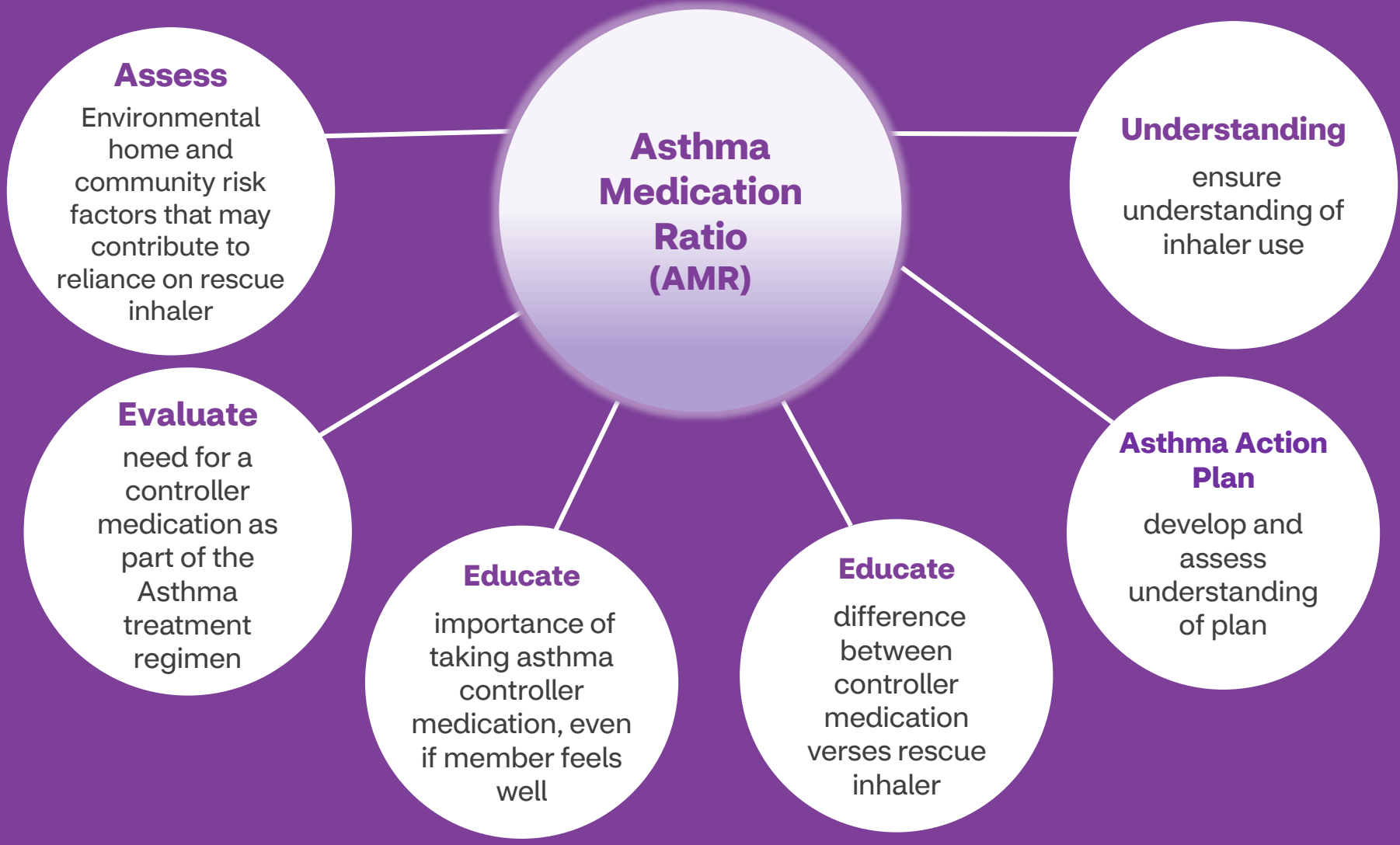
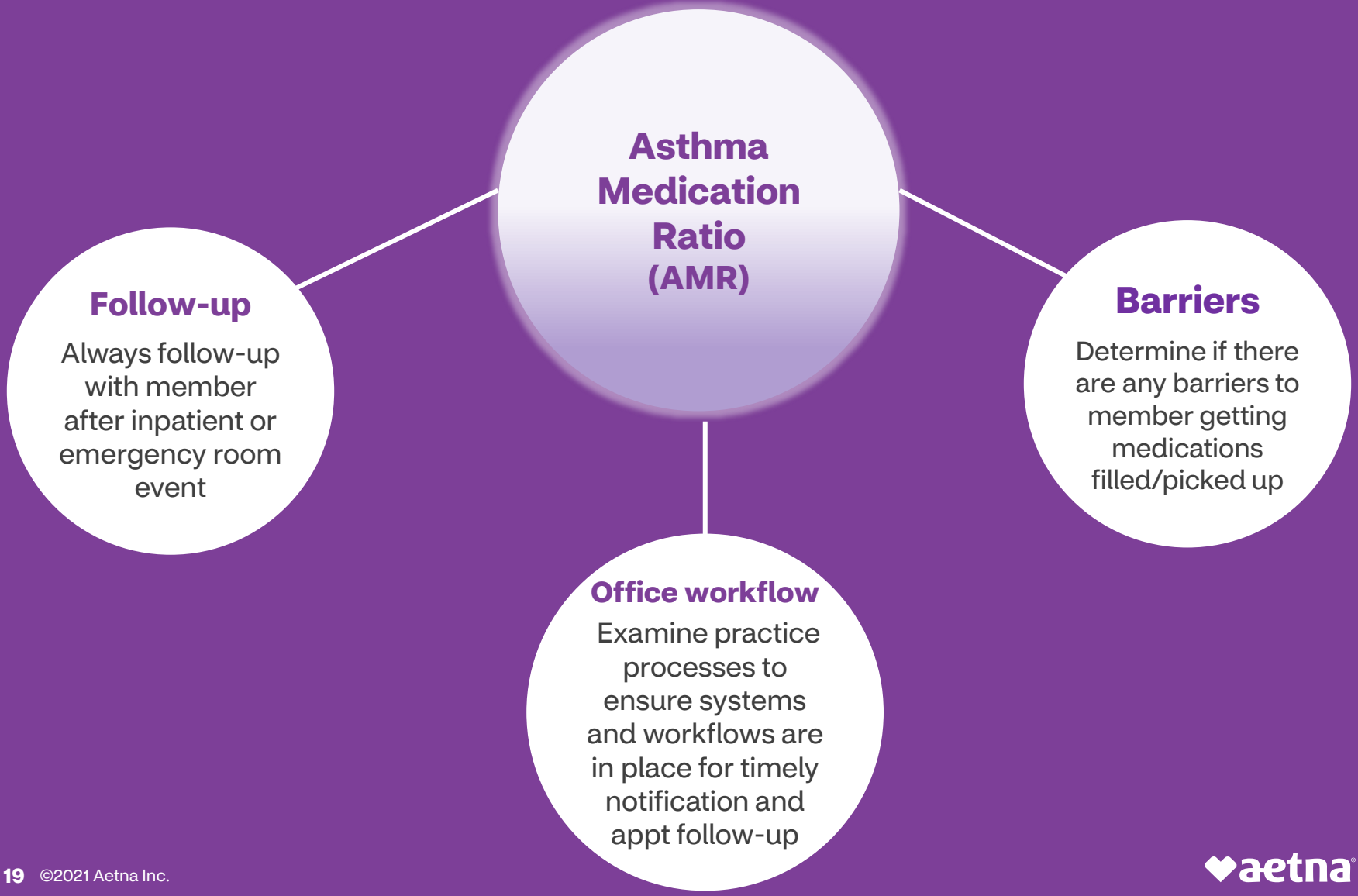
Take Action!

Take-Away Actions- AMR



Take-Away Actions- AMR (cont.)



ABHWV website
NEW Provider HEDIS Section

There is now a HEDIS tab within the Provider Tab on the ABHWV website. The following are now available:

1. **What is HEDIS? –** a short description of HEDIS
2. **HEDIS News You Can Use** –emailed to providers each month and will be available on the website, including current and prior months
3. **HEDIS Toolkit For Provider Offices** – comprehensive document of all HEDIS measures, including a coding/billing section. This is updated annually or sooner as needed.
4. **HEDIS Lunch and Learn Webinars For Providers** – monthly webinars such as the one today. Links for past webinars and invite information for the next upcoming Lunch and Learn will be here.

https://www.aetnabetterhealth.com/westvirginia/providers/hedis

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Closing Thoughts and Resources

Members trust you!

Patients consider you their most trusted source of medical information.

Your guidance and encouragement is critical in their respiratory health management.

Allow time for discussion and questions. Hearing your answers can help patients feel more confident and comfortable.

ABHWV Quality Partnerships

Shelly Rouse, ABHWV Quality HEDIS Manager

ABHWVHEDIS@aetna.com

304-348-2923

- ABHWV can outreach to your members to assist in getting them into the office.

Event Partnering

David Roberts

304-348-2010

robertsj13@aetna.com

Candace Smith

csmith19@aetna.com

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Other Resources

ABHWV Integrated Care Management

Refer member to Aetna Better Health of West Virginia Case Management:

- Fax to 844-330-1001
- Call 1-888-348-2922

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

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Questions?


Thank You for making a difference!
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