

# Asthma Data Workgroup Minutes

10/27/05, 2:00 to 4:00

Portland State Office Building, 800 NE Oregon Street, Portland, OR 97232-2162

## ATTENDEES:

Donna Erbs\* (Kaiser), Cindy Fessler (Regence), Sue Fillmore\* (FamilyCare), Sai Haranath (OHSU), Jamie Morrison (ClearChoice), Deborah Roberts (Casecade Comprehensive), David Rohrer (OMAP), Gretchen St. Claire (ODS), Stacey Schubert (DHS), Greg Ulman\* (OMAP), Khalid Wahab (ODS)

## ANNOUNCEMENTS:

- Stacey has taken a job with the Tobacco Prevention and Education Program. Please direct asthma epi and data questions to Karen Main at 971/673-1046. The opening should be posted by the end of November, and the announcement will be sent to the ADWG.
- The web-based Burden of Asthma Report is under construction. Sarah Tran has analyzed BRFSS data longitudinally by risk factor and demographic group. These data tables will be posted to their own mini-site on the Asthma Program website. Some tables will be posted by mid-December.
- The Asthma Program has a new *CD Summary* out. It is titled "Asthma and Air Pollution: Is There a Link?" You can find it online at <http://oregon.gov/DHS/ph/cdsummary/2005/ohd5419.pdf>.

## UPDATES:

- Qualis continues working on the Asthma Tobacco Indicator Chart Audit Project ([ATICAP](#)).

## DISCUSSIONS:

- Draft [Asthma Data Workgroup Fact Sheet](#), developed so that people interested in joining ADWG can learn at a glance what we do, and how we do it.
- Is there a need to [strengthen the confidentiality](#) of the proceedings of the ADWG?
- Reactions to the display of commercial and Medicaid [longitudinal indicator data](#).
- [Transition plan](#) once new Asthma Epidemiologist is on board. Meetings for 2006 are set: January 26, April 27, July 27, and October 26, in Room 710 of Portland State Office Building. Agenda for January already on track to be full.

\* People denoted with an asterisk started out the meeting on the phone. Due to an inaudible connection, most of these people did not stay on the call.

Item/Issue	Update/Discussion	Person Responsible	Status
The Asthma Data Workgroup Fact Sheet	<p>This draft fact sheet was created so that people interested in joining the group would have a one-sheet introduction to the group's purpose and structure.</p> <p>Susan Arbor suggested adding the entity "Oregon Health Plan/Medicaid" to the list of representatives in the second paragraph.</p> <p>Donna Erbs suggested that language be added to reflect that it is a public workgroup.</p>	Stacey Schubert and ADWG members	<p>SS will send revised draft.</p> <p>Will finalize at January meeting.</p>
Confidentiality of the ADWG	<p>This is a continuation of the discussion that began at the last meeting. Ultimately, participants decided that there was no need to further strengthen the confidentiality of the meetings, because the shared data are aggregated at such a high level that they would never be personally identifiable for plan members.</p> <p>At present, data are shared in a blinded fashion during the meetings, so that aggregate data are shown, but participants do not know which plan contributed it. This will be continued.</p>	ADWG members	Decision made
Asthma Tobacco Indicator Chart Audit Project (ATICAP)	<p>Qualis Health was chosen as the contactor for this project. Two fully capitated health plans are participating (CareOregon, DCIPA), two health plans with commercial lines of business (Kaiser, ODS) and one clinic site (Legacy Clinic Emanuel, Children and Adolescents). Subcontracts have been signed by four participants, with the final subcontract nearing completion. Data collection has already occurred at the Legacy Clinic. Charts are arriving from the other plans. The project is on track to finish by mid-Dec.</p>	Stacey Schubert	In process

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<p>Longitudinal indicator data figures</p>	<p>With four years of data to play with, Stacey created some example charts to display the data by age group, and totals, annually. Group generally responded favorably about it. The fully-capitated health plans want a copy of the final figures for their own internal benchmarking process.</p> <p>Khalid thought that the volume of data we have collected warrants using ACCESS rather than Excel. Stacey will mention this to Karen as a skill that would be important for the new Epi.</p> <p>Sai wanted to know how we were intending to use these now? Discussed the concept of making appointments to speak with each of the health plan's Medical Directors to show them the data, and discuss supports that the OAP can provide. Khalid thought that was a good idea, but suggested also meeting with the QI and analytic staff to get a sense of their capacity for working with the data.</p> <p>Sai thought that we should publish the aggregate data in a CD Summary. Stacey will mention this to Karen also.</p>	<p>Asthma Program</p>	<p>Ongoing</p> <p>Stacey will send final aggregate Medicaid data to FCHPs in advance of OMAP QPI meeting.</p>

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<p>Transition plan and upcoming sentinel dates/events</p>	<p>Meetings in 2006 are set: January 26, April 27, July 27, and October 26 – Stacey may attend the Jan meeting to ease the transition.</p> <p>HEDIS measure “Use of Appropriate Medications for People with Asthma” probably final, will certainly be by Nov 1, 2005 when NDC lists get posted. So far, minor clarifications only to the measure.</p> <p>At January meeting, new Epi should propose Specifications for three new indicators that were added to the updated Guide to Improving Asthma Care in Oregon:</p> <ul style="list-style-type: none"> <li>• The percentage of people hospitalized for asthma who are seen by a medical practitioner within one month of the hospital discharge date.</li> <li>• The percentage of people with asthma who have filled at least one prescription of a short-acting inhaled beta2-agonist every year.</li> <li>• The percentage of people with persistent asthma who have a medication ratio greater than or equal to .33 in a year.</li> </ul> <p>We should use enhanced measurements for both beta<sub>2</sub>-agonists and ICS so that we are looking at canisters. We will need to make sure that we have conversion factors for ICS, in addition to SABs.</p> <p>Donna Erbs offered to look into obtaining access to the Kaiser Permanente conversion factors again. If we can use these, we would no longer have to manually update the NDC with quantities, though we would still need to assign drug categories. More importantly, our measure would be more accurate by accounting for different drug strengths.</p>	<p>New epi</p>	

