

Asthma Data Workgroup Minutes

7/27/06, 2:00 to 4:00

Portland State Office Building, 800 NE Oregon Street, Suite 710, Portland, OR 97232

ATTENDEES: Susan Arbor* (OMAP), Susan Boardman* (Providence), Jody Carson (Acumentra), Rich Clark (Mid-Valley IPA), Mike Emerson (DHS), Sai Haranath* (OHSU), Laura Huckaba* (FamilyCare, Inc.), Janet Kershner (Tuality Health Alliance), Thuy Kisselman (Mid-Valley IPA), Patti McIntire (CareOregon), Greg Ulman* (OMAP), Artie Veira (Providence)

* Attended meeting by conference call

ANNOUNCEMENTS:

1. Mike Emerson handed out and e-mailed a copy of the Oregon Asthma Surveillance Summary Report, which was recently submitted for the asthma program's competitive grant. The report has sections on asthma prevalence, ED visits and urgent care visits, hospitalizations, deaths, asthma control, asthma management, risk factors for asthma, and asthma in the Medicaid population.
 - **Action request:** Please let Mike know if you (a) have suggestions on additional data that should be included, or (b) use this data to inform policy or make changes in your organization (e.g., decide to measure something else or target an intervention to improve asthma care).
2. The Oregon Asthma Program's health systems liaison, Kirsten Aird, has taken another position in the Tobacco Prevention and Education Program. It is anticipated that her position will be filled in the next 4-6 weeks.
3. Susan Arbor provided an overview of the next performance measurement cycle for the health plans that serve Medicaid clients in Oregon. The plan's member list, technical specifications, submission template, and NDC drug list were sent on a CD to each health plan, and the plans were asked to fill in an Excel template with the results of the analysis due back to Susan by August 14, 2006.
 - Susan was asked about the specific measures being examined for the Performance Measures analysis and the Performance Improvement Project. The Performance Measures include the following except for 2d:

Indicator 1 - Emergency Department (ED) Visits and Follow-up Care

- 1a. Percent of members who met the asthma criteria and who had one (1) or more ED visits with a primary diagnosis of asthma.
- 1b. Percent of ED visits with primary diagnosis of asthma that had a follow-up outpatient visit within one (1) month of the ED visit.

Indicator 2 – Pharmacology (measured in member months)

- 2a. Percentage of members who met the persistent asthma criteria and who received at least one (1) inhaled corticosteroid (ICS) medication **dispensing** in the past year.
- 2b. Percentage of members who met the persistent asthma criteria and who had an average of more than one (1) inhaled short-acting bronchodilator (SAB) **dispensing** (whether in the form of a metered dose inhaler [MDI] or nebulizer) every two months. This is known as the "standard measure."
- 2c. Percentage of members who met the persistent asthma criteria and who had an average of more than one (1) inhaled SAB MDI **canister or nebulizer dispensing** every two months. This is known as the "enhanced measure."

- 2d. Percentage of members who met the persistent asthma criteria **and** had two or more inhaled SAB canisters or nebulizer dispensings who had a medication ratio greater than or equal to 0.33 in a year. The ratio for this measure is calculated using the following formula:

$$\text{Ratio} = \frac{(\text{Canisters of ICS})}{(\text{Canisters of ICS}) + (\text{Canisters of inhaled SAB MDI}) + (\text{inhaled SAB nebulizer dispensings})}$$

The Performance Improvement Project focuses on improving two of the measures listed above, namely (1b) the rate of a 30-day follow-up outpatient visit after an Emergency Department visit for asthma among members with asthma, and (2d) the percentage of members who met the persistent asthma criteria (and had two or more SABs in a year) who had a medication ratio greater than or equal to 0.33 in a year.

- Susan Boardman noted that the technical specifications for the Performance Measures comprise a separate document from the Asthma Data Workgroup technical specifications. She recommended that we reconcile the documents into a single document to minimize potential discrepancies among the two versions of technical specifications.

DISCUSSIONS:

1. The burden of measuring indicators from *The Guide to Improving Asthma Care in Oregon* (the *Guide*)
 - a. **Synopsis:** Data analysts from several plans agreed that the time to analyze the previous 5 measures was not burdensome, and they also agreed that the time to analyze the 3 new measures proposed for the 2005 measurement year also would be create undue burden on the analysts. In particular, it was noted that some of the new measures are quite similar or build upon the previous measures; therefore, many of the analysis steps required for these new measures can be derived from steps saved from analyzing data in previous years.
 - b. **Action:** We agreed to continue to analyze all measures in the current version of the *Guide*.
2. Discussion of asthma data workgroup technical specifications for new measures
 - a. Measure: A successful program will show an increase in the percentage of people hospitalized for asthma who are seen by a medical practitioner within one month of the hospital discharge date.
 - i. **Changes suggested to tech specs:**
 1. Make sure it is clear that when referring to the primary or secondary diagnosis codes, the secondary code refers to any code that is not a primary code. This means it could be in the 2nd, 3rd, 4th, etc. position so long as it is not the 1st diagnosis.
 2. The current language refers to a “medical practitioner” visit within 30 days. We mean an outpatient visit, so we should try to change that language or at least make sure it’s clear in the tech specs.
 - b. Measure: A successful program will show an increase in the percentage of people with asthma who have filled at least one prescription of a short-acting inhaled beta₂-agonist in a year.

i. **Changes suggested to tech specs:**

1. Clarify the language used to describe the ADWG version of the HEDIS[®] NDC list to clarify the medication categorization process added by the ADWG.
2. Clarify that this measure may be calculated using either the standard (i.e., dispensings) or enhanced (i.e., canisters) method. Either method is suitable because the measure simply asks for people who have filled one or more SABs in a year.

c. Measure: A successful program will show an increase in the percentage of people with persistent asthma who have a medication ratio greater than or equal to 0.33 in a year.

i. **Changes suggested to tech specs:**

1. Clarify the language used to describe the ADWG version of the HEDIS[®] NDC list to clarify the medication categorization process added by the ADWG (same as for b. above).
2. Clarify that ratio is to be calculated only for those members who have filled 2 or more SAB canisters in the past year.

ii. **Action request:** There have been a few recent research articles that use a ratio of 0.5 instead of 0.33. We will ask participating plans to submit data for the 0.33 ratio and to provide comparable data for the 0.5 ratio when possible.

3. Discussion of the definition of persistent asthma used by the ADWG

a. Janet Kershner raised the issue that using the current ADWG definition of persistent asthma (which is based on the HEDIS[®] definition but modified to only require 6 months of health plan enrollment) results in a relatively high percentage of false positives (i.e., persons identified as having persistent asthma who, upon further investigation, do not have asthma). All meeting attendees recognized the problem but there were varying views on whether to adjust the definition, add the optional HEDIS[®] exclusion that reduces people with COPD or Emphysema diagnoses, or leave it unchanged.

The discussion was cut short due to time and was continued by e-mail the following week. The majority of attendees thought that adjusting the definition for our purposes would be difficult, make it difficult to compare ADWG data across previous years, and would represent a larger departure from the HEDIS[®] definition than the 6-month enrollment currently represents. However, the majority of attendees did agree that we should use the optional exclusion to reduce the number of false positives.

Mike Emerson will research the changes to HEDIS[®] to understand (a) the process of changing the denominator and (b) whether there's a way to mimic the more stringent definition used by HEDIS[®] while using the 6-month enrollment requirement. He will also work with ADWG members to document false positives so we can gain a better picture of the problems associated with using the HEDIS[®] definition for our purposes. The results of this research will not change the persistent asthma definition for the 2005 measurement year, but will inform the ADWG and allow the ADWG to discuss potential definition adjustments at a later time.

Decision: Keep the persistent asthma definition the same for the 2005 measurement year but use the optional HEDIS[®] exclusion.