



Asthma Data Workgroup



MEETING NOTES

Meeting Title:	Asthma Data Workgroup XXX Meeting
Date:	7/24/2008
Time:	2:00 – 4:00 pm
Location:	Portland State Office Building – Room 705

Facilitated by:	Rodney D. Garland
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Attendees:		
Cynthia	Ackerman	Mid Rogue Health Plan
Ellen	Altman	InterCommunity Health Network
Susan	Arbor	Division of Medical Assistance Programs
Emilia	Biavascun	Asthma Intern Washington County Environ. Health
Laurette	Blinn	InterCommunity Health Network
Donna	Erbs	Kaiser Permanente
Rodney	Garland	Oregon Asthma Program
Jennie	Giuliany	Douglas County Individual Practice Association
Susan	Good	Division of Medical Assistance Programs
Alan	Johnson	CareOregon
Janet	Kershner	Tuality Health Alliance
Kati	Moseley	Oregon Asthma Program
Prasad	Ravi	Kaiser Permanente
Manuel	Rivera	Mid Valley IPA
Tracy	Scharn	Providence Health Plans
Kim	Shaw	Acumentra Health
Art	Sprenkle	McKesson
Lee	Strandberg	InterCommunity Health Network
Elizabeth (Beth)	Traux	InterCommunity Health Network
Apologies:		
None		

Discussion Points
<p>1. Discussion on the interests, thoughts, concerns and possibilities of a chronic disease workgroup.</p> <p>Oregon Asthma Program personnel outlined thoughts on having a chronic disease wide data workgroup that covers all the chronic disease and health promotion programs in the Health Promotion and Chronic Disease Prevention (HPCDP) section. Chronic Disease and Health</p>



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Discussion Points

Promotion programs include asthma, arthritis, diabetes, comprehensive cancer, heart disease and stroke, tobacco prevention and possibly obesity. The goal is to have a more comprehensive chronic diseases and health promotion data discussion and reduce travel time and meetings for partners.

Discussions on this idea were generally supportive with some concerns. Support focused on decreasing the amount of travel and having a time to discuss broader data initiatives, especially for data initiatives that cover a range of chronic diseases. Concerns generally were around the need for intensive discussion on disease specific topics that would be lost in a broader discussion and the fact that many of the asthma data workgroups attendees are focused on asthma only and do not want to attend a broader discussion.

There were further discussions on if the other disease programs have a data workgroup (diabetes is known to have a group) and developing ways to share methods and technical solutions between plans and groups.

The potential option to satisfy both the support and concerns for a chronic disease data workgroup was to have a meeting broken into several parts: first scheduled time to talk about broader topics and then a second half where partners break into smaller teams focused on specific chronic diseases and would talk about both technical data extraction as well as applying data/incorporating data into care delivery practices. Partners could attend one or both of the parts of the meeting, depending on their interests.

The Oregon Asthma Program will bring the results of this discussion to the wider HPCDP section for reactions and report back the ADWG.

2. Discussion on how the medication ratio is used by the plans.

This was a general discussion on the medication ratio (ratio between inhaled corticosteroids and short acting beta-agonists) and how the ratio used by the plans to manage their asthma patients. Kaiser discussed how they use the ratio to provide their clinicians with reports on their asthma patients and how they have a roster that uses the ratio to rank members as red, yellow or green.

Tuality uses the medication ratio as part of their quarterly reports to their clinicians on their members with asthma along with tobacco use, urgent care and emergency room visits, ect. Providence stated they use the medication ratio in a manner similar to Tuality.

There was a discussion on how the medication ratio equates to the HEDIS measure. It was discussed that the HEDIS measure is crude measure and only looks at controller medications. Discussed how Q-Corp is looking at the HEDIS measures for their first round of measures.

Kaiser discussed weighting drugs and provided several article on the medication ratio. They will provide the articles to the ADWG.

DMAP had a question on how to set a goal or target for the number of members with an appropriate medication ratio.

3. Presentation on select 2006 asthma data by age-group.

Rodney presented total commercial and Medicaid data (not by plan) from 2006 on the percent of people with asthma who had an Emergency Department visit for asthma, percentage with persistent asthma who filled at least on prescription for a daily inhaled corticosteroid and the percentage of people with persistent asthma who overuse short-acting inhaled beta-agonists. These measures were broken down by age groups of 4-8, 9-16 and 17-55.



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A major topic for discussion was why overuse beta-agonists is so much higher among Medicaid members age 17-55 as compared to commercial plans. It was noted that Medicaid adults are twice as likely to be smokers. It was also noted that there was a drop (improvement) in overuse of beta-agonists in 2006 from previous years. Janet stated that 2006 was when all members with emphysema or COPD were removed from the eligible population and this would account for the improvement. ADWG member discussed how many members under 56 have emphysema or COPD. It was also noted that doctors are getting better at diagnosing COPD.

DMAP mentioned how enrolment for Oregon Health Plan standard was closed in 2004(5?) and this removed a lot of the sickest people.

There was interest in seeing Medicaid enhanced and standard analyzed separately. Also it was suggested that for all future aggregate analysis the Oregon Asthma Program show the age groups.

Rodney asked if there was any interest in seeing age-group data by plan. Everyone stated that they have their own data and the interest is looking at the aggregate to see how they compare.

4. Asthma registries open discussion.

Kaiser, Tuality and Providence described their asthma registries and discussed the technology, methods and level of acceptance from their clinicians. See the discussion in item 2 on medication ratio.

Acceptance by clinicians was a major topic as well as how information is provided to clinicians in a timely manner. Tuality noted they are now working towards a diabetes registry. Kaiser and Providence also have a diabetes registry.

DMAP noted that some of the other Medicaid plans say that when they try a registry they get complaints from the doctors that the information is out-of-date. This is because registry data provided to the doctors are often months old. Tuality noted that they had this problem and are working on methods to provide more timely data to clinicians.

DMAP asked Tuality how they provide the registry data to their clinicians (electronically). Tuality hand delivers their quarterly reports because not all their clinicians have routine access to computers. For smaller plans where electronic is not always available, mail/fax/email and hand delivery are all acceptable options.

5. Brainstorming of agenda items for the next meeting. Possible agenda items include:

- Rodney will work with Kaiser to see if we can get Dr. Tom Stibolt to give a 30 minute presentation on the medication ratio.
- DMAP would like to have a discussion on setting goals for the QP&I indicators.
- Rodney will report back on the Chronic Disease Data Workgroup discussion.
- We will discuss progress on ADWG data submissions and possibly present some aggregate data results for 2007.
- Rodney will provide a brief presentation on age-groups with standard and enhanced data from separated.



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Action Items	Owner	Due date
1. Present findings from the Chronic Diseases Data Workgroup discussion to HPCDP programs and report back at the next ADWG meeting.	Rodney Garland	November ADWG Meeting
2. Look into making providing a method for ADWG members to share methods and techniques. This could be done using a monitored listserv.	Rodney	September 2008
3. Send out articles on the medication ration to ADWG members.	Rodney and Kaiser	July 2008
4. Separate out standard and enhanced from the total analysis of Medicaid data and present age-groups for these plan types separately.	Rodney	November ADWG Meeting