



Asthma Data Workgroup



MEETING NOTES

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| Meeting Title: | Asthma Data Workgroup October Meeting |
| Date: | 1/22/2009 |
| Time: | 2:00 – 4:00 pm |
| Location: | Portland State Office Building – Room 612 |

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| Facilitated by: | Rodney D. Garland |
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| Attendees: | | |
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| Ellen | Altman | InterCommunity Health Network |
| Susan | Arbor | Division of Medical Assistance Programs |
| Susan | Boardman | Providence Health Plans |
| Mike | Brooks | Lane Individual Practice Association |
| Lilliam | Duda-Rivera | Tuality Health Alliance |
| Donna | Erbs | Kaiser Permanent |
| Susan | Fillmore | FamilyCare |
| Rodney | Garland | Oregon Asthma Program |
| James | Hanson | Central Oregon Individual Health Solutions |
| Jessica | Irvine | Acumentra Health |
| Alan | Johnson | CareOregon |
| Kate | Oetzel | Kaiser Permanent |
| Brian | Ritacco | Oregon Asthma Program |
| Kim | Shaw | Acumentra Health |
| Author | Sprenkle | McKesson |
| Ray | Woodmansee | Central Oregon Individual Health Solutions |
| Apologies: | | |
| Edith | Kotbage | ODS |
| Charity | Kreider | ODS |
| Prasad | Ravi | Kaiser Permanente |
| Artie | Veria | Providence Health Plans |



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Overview of Presentation to DMAP-QPI Workgroup

There was a question on the medication ratio and using the Kaiser weights that came up at the QPI Workgroup presentation. Several ADWG members stated that this topic has been visited many times in the ADWG. The problem is the weights only cover about a quarter of the medications in the HEDIS asthma medications spreadsheet. Therefore, the Oregon Asthma Program (OAP) would need to come up with the additional weights to fill in those that are missing. Rodney said the OAP does not have the capacity to do this. There was a concern at Kaiser on using the unweighted ratio because they use the weights for the medication ratio with physicians and use another ratio that is not weighted for ADWG/QPI population level measures. They think that this is very confusing of the physicians. Susan Boardman discussed the cost-benefit for using the weights and mentioned that all the other health plans are using unweighted ratios for their interventions. The recommendation is weighting the medications for all plans is not feasible at this time.

Art Sprenkle brought up that the Emergency Departments (ED) visits and the medication ratios in the plans do not track each other. He stated that if a plans overall medication ratio improves then you should see improvement in ED visits. However, this was not seen in the presentation of the data. No recommendations are currently know to deal with this discussion topic. Future meetings will need to review this issue and make recommendations.

There was also a discussion that cost increases in asthma medications may impact the medication ratio. Several plans discussed their thoughts on this topic and that there needs to be a larger discussion on the impact of increased costs of asthma medications, particularly around the conversion from CFC (chlorofluorocarbons) to HFA (hydrofluoroalkane) propellants.

Question from Facilitator: who would lead this discussion?

Discussion on Changes to Technical Specifications

Three potential changes were proposed to the ADWG and QPI Asthma Specifications.

1) Remove CPT code 99499 from the outpatient visits identifications code

CPT code 99499 is a generic code for unlisted evaluation and management services. It is not suppose to be used unless no other code can be found that then generally a text description is needed to describe the procedure. All members of the ADWG thought this was a minor change and keeps the specification in alignment with the HEDIS 2009 specifications. There was a question on how many times this code occurs. OAP could not answer this question as they do not have access to any claims or encounters systems.

2) Change method for determining if a person has asthma or persistent asthma using medication dispensings

This change "rolls up" all medication dispensings occurring on the same day for asthma medications with the same Drug Identification number (not National Drug Code) as a single dispensing and not as multiple dispensings. The point is to avoid counting multiple dispensing on the same day for the same drug as different dispensings. This only affects determination of if a member was a person with asthma and persistent asthma based on the number of dispensings of asthma medications in a year. It DOES NOT affect the medication ratio. This change keeps the specifications in alignment with the HEDIS 2008. The OAP was asked how big of a change this will make on the measures and PIPs. Again the OAP can not do an analysis of past data to check what this change will do to the measure. One plan questioned why we need to stay in alignment



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with HEDIS. Another plan stated that it was important to stay in alignment with national standards and many plans calculate HEDIS each year and are familiar with these changes and issues. In general most agreement this should be a minor change and be accepted. However there was concern about the PIP process.

3) **Accept or reject change to the method for determining if a person had followup to an ED visit**

This change was based on discovery that when the COPD and emphysema exclusion was included in the 2006 measurement year that there is the possibility to have a followup in the next year (30 days after the ED visit) where a member could be diagnosed with COPD or emphysema when otherwise they would be excluded from the population. Three plans checked to see if this ever occurs and found no occurrence. The chance of this happening is remote and there was strong feeling that the followup should be included. The decision was to make no change.

General notes on the discussion of changing the technical specifications

There was concern expressed among plans in the asthma PIP process that these changes could mask improvements they are making in their plans for asthma. Changes also complicate reporting on the PIP process. There was also concern on the statistical analysis they have to conduct and provide to Acumentra in the PIP process. Acumentra and DMAP stated that changes have occurred in the past and plans will not be held accountable for these changes. Acumentra stated that plans could conduct a retrospective analysis of their data by applying the new specification to past years. However, they are not required to do so.

From this discussion there was a number of decisions made:

- 1) OAP will document ALL changes made to the specifications and include this documentation as part of the technical specifications in an appendix. This will also include discussions such as the medication ratio and the issue with followup so that these decisions and issues need not be discussed again with changes in staff.
- 2) Common language will be developed that can be used in the PIP process by the health plans to ease the burden of explaining these changes. OAP will work with DMAP and Acumentra on this language and then have it reviewed by the QPI plans. This language will then be included in the technical specifications. Plans want to make sure that this language will pass muster with Acumentra in the PIP process.
- 3) Changes will be sent to the QPI coordinators with an explanation of the changes for comment.

Note from facilitator: If any plan does conduct a retrospective analysis it would be beneficial to all to share the results with the QPI and ADWG.

Update on Medication Spreadsheet

Rodney updated the ADWG on the process currently in use to update the asthma medications spreadsheet. Currently OAP updates with the help of DMAP pharmacists. Updating included adding new medications to the spreadsheet from the new HEDIS spreadsheet and adding a package size to medications with the following OAP codes: AI CS Inhaled; AI CS LAB Inhaled; SAB Inhaled; and SAB AC Inhaled. He asked for suggestions and help in the process to make sure that the list is accurate as possible, especially because the switchover from CFC to HFA propellants has increased the number of new drugs. In addition, Drug ID is only available in two years of the medications list. The current two-years are around 850 records where the historical list is almost 3,000, many of which are no longer available. The group decided that OAP will maintain a two-year rolling list from HEDIS and maintain a complete list



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for historical purposes. The two-year list will be used for analysis.

Susan Boardman discussed the history of how the list was pulled together and how she created the package sizes. She said we should use the latest Physicians Desk Reference to get package sizes.

We also talked about the Kaiser weight file. Although it does not include all medications, it has package sizes and we can use these to refine our list. Rodney will check with Kaiser to make sure we can post the list with their weights and package sizes on the web and will email to the entire ADWG. Any plans or other groups who would like to help with the list are encouraged to review and provide edits and feedback.

It was suggested we ask NCQA to include package sizes in their medication list since their contract has to create the list in the first place. Rodney will request and also talk to Tom Stibolt at Kaiser if he can help with this request.

Discuss how plans gather medications dispensing, particularly from commercial pharmacies

A question was asked by Kaiser's Center for Health Research if we are actually getting dispensings for our ratio, especially when a plans member goes to a private pharmacy. The Kaiser members of the ADWG stated this question likely is a result of CHR pulling most of their data from electronic medical records and are unfamiliar with claims systems. Kaiser stated we are getting dispensings for the ADWG. Rodney will followup and send this information to CHR.

Other Topics

OAP is coming up on its five year competitive reapplication with the CDC. It is currently unknown what the requirements and funding will be.

OAP will be writing a CD Summary for distribution some time after July, 2009. CD Summaries are articles sent to physicians and other health professionals in Oregon that discuss topics of interest to clinicians.

Next Meeting Agenda Item

Rodney stated that 2007 ADWG data should all be submitted by next meeting. He will start a series of data presentation on 2007 data starting at the April meeting.

The medication list will be complete and provided for final review.

Changes to the ADWG/QPI specifications and related issues should be clarified and ratified/rejected by this meeting to be ready for QPI specifications being complete for data processing and submission in the summer of 2009.

Note from facilitator: Please provide any other suggestions.



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| Action Items | Owner | Due date |
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| 1. Look into putting asthma registries information on our website. (From last meeting; not done) | Rodney/Brian | Jan 2009 |
| 2. Send CHR email on discussion | Rodney | Jan 2009 |
| 3. Send out medication list to ADWG members to review | Rodney | 1 st Week Feb 2009 |
| 4. Create history of changes and discussions on changes of the QPI/ADWG specifications and include as an appendix to the specifications | Rodney | Feb 2009 |
| 5. Create common language on changes for the PIP process that is acceptable to Acumentra | All | Feb 2009 |
| 6. Followup with plans and determine if any plan are conducting retrospective analysis based on current asthma specifications | Rodney | Feb 2009 |
| 7. Send email to NCQA and Tom Stibolt on having NCQA contractor include package size in future asthma medication lists | Rodney | Feb 2009 |
| 8. Discuss between OAP, DMAP and Acumentra on thoughts on specification changes and impacts on PIPs; send notes to QPI coordinators to review | Rodney | March 2009 |