

Asthma Data Workgroup



**2009 Performance Measures Specifications
for the 2008 Measurement Year**

**SUMMARY OF CHANGES AND CLARIFICATIONS TO THE
ASTHMA 2008 PERFORMANCE MEASURE SPECIFICATIONS**

Topic	Change	Page(s)
Included use of Drug ID from HEDIS 2008	Inhalers count as one dispensing event. For example, an inhaler with a 90-day supply is considered one dispensing event. In addition, multiple inhalers of the same medication (as identified by Drug ID in the Modified 2008 HEDIS Asthma Denominator list) filled on the <u>same date of service</u> are counted as one dispensing event. For example, a member may obtain two inhalers on the same day (one for home and one for work), but intend to use both during the same 30-day period. Note: this is only used for identifying people with asthma and persistent asthma, it is <u>not used for determining the number of dispensing of Inhaled Corticosteroids or Short-acting Bronchodilators</u> in other parts of these specifications.	7
Clarified difference in inhaler and non-inhaler dispensings	The National Drug Code (NDC) is not replaced by the Drug ID and is in the medication spreadsheet. In review there was confusion from the addition of the HEDIS language on the use of Drug ID for determining dispensings of inhalers. Clarified in the prior steps that they are for non-inhalers only. This clarification was followed-up with NCQA for accuracy.	7
Include only last two years of HEDIS medication list	To use the Drug_ID code, which started in HEDIS 2008, we will use only two years of HEDIS medication lists merged together. This will allow for counting medications that may be phased out while removing medications from the list that have not been used in more than two years or that are now deemed inappropriate to use for people with asthma. The Oregon Asthma Program will maintain the full medication list for reference.	NA
Change in HEDIS 2009 Specifications	Removed CPT code 99499 from outpatient visit type table in task 3.	8
Added section with history of changes to the specifications	Requested by Fully Capitated Health Plans and members of the Oregon Asthma Data Workgroup	13-14
Added additional worksheet to the reporting spreadsheet.	Requested by plans to add a QPI worksheet into the ADWG spreadsheet and have QPI measures automatically populated into the ADWG Medicaid section of the spreadsheet. This helps reduce double entry of data. Task numbers for both technical specifications are shown to ease the cross-walk between the two technical specifications documents.	

GETTING STARTED

Before measuring these indicators, you will need to develop a “Continuous Enrollment” dataset with the members of your plan who meet specified criteria. These criteria pertain to enrollment patterns, benefit package, residency, age, and other factors. This dataset should have the necessary identifiers to match with your health plan’s administrative data, as well as two calculated variables to denote age group (AGE_GRP; 4-8, 9-16, or 17-55 years old) and member months (MEMBERMO; total number of months a member was enrolled in your plan in 2008). You may also want to include fields such as race, language, county, address, city, state, ZIP code, and telephone number; these additional fields may be beneficial for targeted outreach.

If your health plan or health system has a Medicaid line of business and already reported the asthma performance measures to the Division of Medical Assistance Programs (DMAP), you may want to use the same continuous enrollment dataset for Medicaid members. However, you would still need to develop a corresponding dataset if your plan or system has a commercial line of business.

The steps outlined on the following pages specify the data manipulations necessary to calculate the asthma performance measures.

REPORTING THE DATA

A companion to this document is the Excel file entitled “ADWG Data Template_2008”. You will be instructed to enter numbers into this spreadsheet after you have performed a series of calculations. Data are reported in units of members or member months and are broken down by age group (4-8, 9-16, 17-55, and 4-55). The performance measures calculate **automatically** as soon as raw data are entered.

Please e-mail the completed spreadsheet to Rodney Garland, rodney.garland@state.or.us by October 15, 2009. Do NOT include any client-identifiable information in the e-mail or attachment.

PROVISION OF REFERENCE AND REPORTING DOCUMENTS TO PLANS

The Oregon Asthma Program will provide the following files:

- A copy of this simplified version of the technical specifications
- A copy of the full version of the technical specifications
- An Excel file called “ADWG Data Template_2008”
- An Excel file called “Modified 2009 HEDIS Asthma Denominator List”

Task	Description	Done
Pre-analysis: Developing the Continuous Enrollment Dataset		
1	<p>Identify eligible members for the Continuous Enrollment dataset. Members must meet the following criteria to be included:</p> <ul style="list-style-type: none"> a. Residency: must be Oregon resident b. Age: 4-55 years old by the final day of the reporting period (i.e., by 12/31/2008 member must be 4.00 to 55.99 years old) c. Benefits: Must have medical and pharmacy benefits. For Medicaid recipients, those who are eligible for Medicare (i.e., "dual eligible") should be excluded. d. Enrollment: must have at least six months of continuous enrollment OR two spans of enrollment totaling six months with only one allowable gap of up to 45 days. e. Eligible claims: Paid or adjudicated medical or pharmacy claims with a date of service in the reporting period (1/1/2008 through 12/31/2008). <p>The dataset should include, at minimum, the following fields:</p> <ul style="list-style-type: none"> a. A unique identifier for each person. b. Age or age group designation for each person. Age groups include 4-8, 9-16, and 17-55, and can be calculated now or later in the analysis. c. Member months for each person (i.e., the total number of months the person was enrolled in the plan. This should range from 6.0 to 12.0). d. If your health plan or system serves commercial and Medicaid members, include a field that indicates the type of insurance (commercial or Medicaid). <p>Other optional fields such as race, sex, language, county, or ZIP code may also be used for registry, monitoring, or outreach purposes.</p>	
2	<p>Using the Continuous Enrollment dataset, run frequencies to determine how many members were enrolled in the following age groups: 4-8, 9-16, 17-55, and 4-55, separated by commercial and Medicaid insurance. <i>Record the results in row 1 of the ADWG Data Template for each type of insurance (note that there are separate Excel worksheets for commercial and Medicaid lines of insurance).</i></p>	

CEMWA=continuously enrolled members with asthma dataset

Task	Description	Done
3	<p>Using the CE member dataset, your plan's adjudicated (paid or denied/rejected but not pending) claims and the Modified 2009 HEDIS Asthma Denominator List, count <u>total dispensing events</u> per CE member during the period January 1 – December 31, 2008 for all asthma medications (any medication listed in the Modified 2008 HEDIS Asthma Denominator list qualifies as an asthma medication), using the following logic:</p> <ol style="list-style-type: none"> Any single non-inhaler asthma medication dispensing that is a 30-day or less supply counts as one (1). Any single non-inhaler asthma medication dispensing that is <u>more than a 30-day supply</u> must be divided by 30 and rounded down to convert. For example, a 100-day prescription is equal to 3 dispensing events (100/30 = 3.33, rounded down to 3). Inhalers count as one dispensing event. For example, an inhaler with a 90-day supply is considered one dispensing event. In addition, multiple inhalers of the same medication (as identified by Drug_ID in the Modified 2008 HEDIS Asthma Denominator list) filled on the <u>same date of service</u> are counted as one dispensing event. For example, a member may obtain two inhalers on the same day (one for home and one for work), but intend to use both during the same 30-day period. Note: this is only used for identifying people with asthma and persistent asthma, <u>it is not used for determining the number of dispensing of Inhaled Corticosteroids or Short-acting Bronchodilators found in other parts of these specifications.</u> Each medication dispensed should be counted separately. Sum the dispensing events into one variable. 	

Identifying People With Asthma

4	<p>This step identifies members with asthma. Using the total dispensing events from Task #3 and the following chart, retain only those members (and all of their administrative and pharmacy data) who meet any one or more of the following criteria during the period from January 1 – December 31, 2008.</p> <ol style="list-style-type: none"> Three (3) or more asthma medication dispensings, OR One (1) or more acute inpatient discharge(s) with a <u>primary</u> diagnosis of asthma, OR One (1) or more Emergency Department (ED) visits with a <u>primary</u> diagnosis of asthma, OR Two (2) or more outpatient visits with asthma listed as any of the diagnoses. 																	
	<table border="1"> <thead> <tr> <th>Type of Event:</th> <th>Asthma ICD-9-CM Diagnosis Code</th> <th>CPT Codes</th> <th>UB-92 Revenue Codes</th> </tr> </thead> <tbody> <tr> <td>Acute Inpatient (Hospitalization)</td> <td>493 (493, 493.x, or 493.xx)</td> <td>99221-99223, 99231-99233, 99238, 99239, 99251-99255, 99261-99263, 99291</td> <td>010X, 0110-0114, 0119, 0120-0124, 0129, 0130-0134, 0139, 0140-0144, 0149, 0150-0154, 0159, 016X, 020X-022X, 072X, 0987</td> </tr> <tr> <td>Emergency Department Services</td> <td>493 (493, 493.x, or 493.xx)</td> <td>99281-99285</td> <td>045X, 0981</td> </tr> <tr> <td>Outpatient Visit</td> <td>493 (493, 493.x, or 493.xx)</td> <td>99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99382-99386, 99392-99396, 99401-99404, 99411, 99412, 99420, 99429, 99499</td> <td>051X, 0520-0523, 0526-0529, 057X-059X, 077X, 0982, 0983</td> </tr> </tbody> </table>	Type of Event:	Asthma ICD-9-CM Diagnosis Code	CPT Codes	UB-92 Revenue Codes	Acute Inpatient (Hospitalization)	493 (493, 493.x, or 493.xx)	99221-99223, 99231-99233, 99238, 99239, 99251-99255, 99261-99263, 99291	010X, 0110-0114, 0119, 0120-0124, 0129, 0130-0134, 0139, 0140-0144, 0149, 0150-0154, 0159, 016X, 020X-022X, 072X, 0987	Emergency Department Services	493 (493, 493.x, or 493.xx)	99281-99285	045X, 0981	Outpatient Visit	493 (493, 493.x, or 493.xx)	99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99382-99386, 99392-99396, 99401-99404, 99411, 99412, 99420, 99429, 99499	051X, 0520-0523, 0526-0529, 057X-059X, 077X, 0982, 0983	
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CEMWA=continuously enrolled members with asthma dataset

	<p>Use these calculation guidelines:</p> <ul style="list-style-type: none"> i. Qualifying encounter data must contain an asthma ICD-9-CM diagnosis code and one of the following: one of the listed CPT codes or one of the listed UB-92 revenue codes. ii. Codes for the ICD-9-CM and UB-92 are expressed at the lowest level of specificity. This means that criteria for a three-digit code could be met by a three-, four-, or five-digit code. For example, if an ICD-9-CM code was specified as 493, the following would meet that criteria: 493, 493.0–493.9, or 493.00–493.99. iii. Where an “X” appears in the UB-92 revenue codes, any number (0 through 9) is allowed to fill that digit. iv. Determine if a member is identified as having asthma because he or she had at least three asthma medication dispensing events and leukotriene modifiers were the sole asthma medication dispensed (where the value of the “OAP_Category” variable begins with “LM”). If a member’s asthma medications only include 3+ leukotriene modifiers, then the member must meet one of the following criteria to be included in the “continuously enrolled members with asthma” dataset: <ul style="list-style-type: none"> (a) Meet any of the other three criteria (b-d) above, OR (b) Have asthma listed in any diagnosis position in any setting (i.e., inpatient, ED visit, outpatient) during the 2008 year. v. Exclusions: Also exclude from the eligible population all members diagnosed with emphysema or chronic obstructive pulmonary disease (COPD) <u>any time</u> on or prior to December 31, 2008, as identified by the following ICD-9-CM codes: <ul style="list-style-type: none"> (a) Emphysema: 492, 506.4, 518.1, 518.2 (b) COPD: 491.2, 493.2, 496, 506.4 	
5	<p>Save the results of Task #4 into a file. Let’s call this the “continuously enrolled members with asthma” (CEMWA) dataset. Now you have identified continuously enrolled members with asthma based solely on claims data.</p>	
6	<p>Run frequencies of members and member months on the CEMWA dataset. The output should be broken into age group as specified in Task #1. <i>Record the results in rows 2 and 2a in the ADWG Data Template.</i></p>	
Identifying People With Persistent Asthma		
7	<p>Next, in the CEMWA dataset, flag as having <u>persistent asthma</u> those members who meet at least one of the following criteria from January 1 – December 31, 2008 using the same methods you employed in Task #4:</p> <ul style="list-style-type: none"> a. Four (4) or more asthma medication dispensings, OR b. One (1) or more acute inpatient discharges with asthma as the primary diagnosis, OR c. One (1) or more ED visits with asthma as the primary diagnosis, OR d. Four (4) or more outpatient visits with asthma listed anywhere as one of the diagnoses <u>and</u> two (2) or more asthma medication dispensings. <p>For a member identified as having persistent asthma because of at least four asthma medication dispensing events, where leukotriene modifiers (where the value of the “OAP_Category” variable begins with “LM”) were the sole asthma medication dispensed, the member must meet one of the following criteria to qualify as having persistent asthma (if they don’t, they shouldn’t be considered to have persistent asthma):</p> <ul style="list-style-type: none"> a. Meet any of the other three criteria (b-d) above, OR b. Have asthma listed in any diagnosis position in any setting (i.e., inpatient, ED visit, outpatient) during the 2008 year. 	

CEMWA=continuously enrolled members with asthma dataset

8	Run frequencies of members and member months for those flagged with <u>persistent asthma</u> from Task #7. The output should be broken into age groups and insurance type as specified in Task #2. <i>Record the results in rows 3 and 3a in the ADWG Data Template.</i>	
Indicator 1: Outpatient visit		
9	Flag members with <u>asthma</u> who had one or more outpatient visits for asthma with asthma as a diagnosis code in any position (not restricted to primary diagnosis) during the period January 1 – December 31, 2008. Run frequencies of members and member months, by age group. <i>Record the results in rows 4 and 4a in the ADWG Data Template.</i>	
Indicator 3, Measure 1: Hospitalizations for Asthma and Follow-up Outpatient Care		
10	Flag members with <u>asthma</u> who had one or more asthma hospitalizations (i.e., hospital inpatient stay with asthma as the <u>primary</u> diagnosis) during the period January 1 – December 31, 2008. Run frequencies of members and member months, by age group. <i>Record the results in rows 5 and 5a in the ADWG Data Template.</i>	
11	Sum the total number of hospitalizations with a primary diagnosis of asthma during the period January 1 – December 31, 2008. Total these asthma hospitalizations by age group. <i>Record the results in row 6 in the ADWG Data Template.</i>	
12	For each asthma hospitalization identified in the last step, determine whether an outpatient visit with a diagnosis code of 460-519 (in any diagnosis position) took place ≥ 1 to ≤ 30 days after the hospital discharge date. To identify an outpatient visit, refer to the table in task 4 and use the CPT codes and UB-92 revenue codes for “Outpatient Visits” and the expanded ICD-9-CM Diagnosis Codes of 460-519. Count the number of hospitalizations that received such follow-up. Total these hospitalizations by age group. <i>Record the results in row 6a in the ADWG Data Template.</i> Calculation notes: The range of dates during which the follow-up could have occurred is January 2, 2008 – January 30, 2009. One outpatient visit may be counted toward more than one hospitalization as long as the outpatient visit occurred between 1 and 30 days after each hospitalization. Be careful not to count a hospitalization more than once. Hospitalizations sometimes generate numerous codes (facilities codes, CPT codes, etc.). If multiple data sources are used for case finding, be cautious not to overstate the true hospitalization count).	
Indicator 3, Measure 2: ED Visits For Asthma and Follow-up Outpatient Care		
13	Flag members with <u>asthma</u> who had one or more ED visits with a <u>primary</u> diagnosis of asthma during the period from January 1 – December 31, 2008. <u>Do not count ED visits that led to a hospitalization.</u> Run frequencies of members and member months, by age group. <i>Record the results in rows 7 and 7a in the ADWG Data Template.</i>	
14	Among members with <u>asthma</u> , sum the total number of ED visits with a primary diagnosis of asthma during the period from January 1 – December 31, 2008 per member. Total these ED visits by age group. <i>Record the results in row 8 in the ADWG Data Template.</i>	

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15	<p>For each ED visit identified in the last step, determine whether an outpatient visit with a diagnosis code of 460-519 (in any diagnosis position) took place ≥ 1 to ≤ 30 days after the ED visit. To identify an outpatient visit, refer to the table in task 4 and use the CTP codes and UB-92 revenue codes for “Outpatient Visits” and the expanded ICD-9-CM Diagnosis Codes of 460-519. Count ED visits that received such follow-up. Total these ED visits by age group. <i>Record the results in row 8a in the ADWG Data Template.</i></p> <p>Calculation notes: The range of dates during which the follow-up could have occurred is January 2, 2008 – January 30, 2009. One outpatient visit may be counted toward more than one ED visit as long as the outpatient visit occurred between 1 and 30 days after each ED visit.</p> <p>Be careful not to count an ED visit more than once. Most ED visits will generate numerous codes (facilities codes, CPT codes, etc.). If multiple data sources are used for case finding, be cautious not to overstate the true visit count. Also, if possible in your data system, do not count ED visits that led to a hospitalization.</p>	
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Indicator 6: Influenza Immunization for Members with Asthma or Persistent Asthma

16	<p>Flag members with <u>asthma</u> who had an influenza immunization (flu shot) during the period from January 1 – December 31, 2008. Use CPT codes 90655-90660 to identify receipt of an influenza immunization. Run frequencies of members and member months, by age group. <i>Record the results in rows 9 and 9a in the ADWG Data Template.</i></p>	
17	<p>Same as Step #13 but for persistent asthma. Flag members with <u>persistent asthma</u> who had an influenza immunization (flu shot) during the period from January 1 – December 31, 200. Use CPT codes 90655-90660 to identify receipt of an influenza immunization. Run frequencies of members and member months, by age group. <i>Record the results in rows 10 and 10a in the ADWG Data Template.</i></p>	

Indicator 5, Measure 1: Prescribed 1+ Short-acting Bronchodilators for Members with Asthma

18	<p>Using the Excel file “Modified 2009 HEDIS Asthma Denominator List.xls,” select only those records (NDC codes) where the value of the “OAP_Category” variable is either “SAB Inhaled” or “SAB AC Inhaled.” This is a list of inhaled short-acting bronchodilators (SABs; do not include oral bronchodilators [no “SAB Oral”]). Then, using this list and the CEMWA file, count <u>dispensings</u> of inhaled SAB medications during the time period from January 1 – December 31, 2008. Flag members who have received one or more dispensings of SAB medications.</p> <p>For members with <u>asthma</u>, run frequencies on this flag by members and member months, by age group. <i>Record the results in rows 11 and 11a in the ADWG Data Template.</i> Also save the number of SAB dispensings by member for Task #20 below.</p>	
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Indicator 5, Measure 2: Prescribed 1+ Inhaled Corticosteroids (ICS) for Members with Persistent Asthma		
19	<p>Using the Excel file “Modified 2009 HEDIS Asthma Denominator List.xls,” select only those records (NDC codes) where the value of the “OAP_Category” variable is either “AI CS Inhaled” or “AI CS LAB Inhaled.” This is a list of inhaled corticosteroid (ICS) medications. Then, using this list and the CEMWA file, count <u>dispensings</u> of ICS medications during the time period from January 1 – December 31, 2008. Flag members who have received one or more dispensings of ICS medications.</p> <p>For members with <u>persistent asthma</u>, run frequencies on this flag by members and member months, by age group. <i>Record the results in rows 12 and 12a in the ADWG Data Template.</i></p>	
Indicator 5, Measure 3: Standard and Enhanced Measures of Over-use of Short-acting Bronchodilators (SABs) for Members with Persistent Asthma		
20	<p>Get the number of SAB dispensings by member from Task #18. Divide the number of SAB dispensings by the member months for each member. Create a flag for those members where the proportion of the count to the member months is greater than 0.50. For members with <u>persistent asthma</u>, run frequencies on this flag by members and member months, by age group. <i>Record the results in rows 13 and 13a in the ADWG Data Template.</i></p>	
21	<p>Obtain information from your plan’s pharmacy data or pharmacy benefits manager pertaining to the <u>quantity</u> of the drugs identified in Task #18. The variable you are looking for may be named “Metric Quantity” or “Quantity”. Using the variable “Pkg_Size” in the Excel file “Modified 2009 HEDIS Asthma Denominator List.xls,” calculate the <u>number of canisters</u> of inhaled SABs dispensed by dividing the quantity of each applicable medication from your plan’s pharmacy data by the corresponding “Pkg_Size” for that medication, then sum the number of canisters for each member. For medications in which the “Pkg_Size” variable equals zero (0), count it as one (1) canister. This last method is a work-around for medications in which a common package size is not readily available; hence, the method simply treats these medications as a single dispensing. Save this count of inhaled SAB canisters for use in Tasks #22, #24, #25, and #26.</p> <p>NOTE: This procedure more accurately measures SAB use by measuring the amount of SAB medication used by each member instead of the number of dispensings.</p>	
22	<p>Divide the count created in Task #21 by the member months for each member. Create a flag for those members where the proportion of the count to the member months is greater than 0.5. For members with <u>persistent asthma</u> (from Task #7), run frequencies on this flag by members and member months, by age group. <i>Record the results in rows 14 and 14a in the ADWG Data Template.</i></p>	
Indicator 5, Measure 4: Medication Ratio (0.33 and 0.50)		
23	<p>Similar to Task #21, obtain information from your plan’s pharmacy data or pharmacy benefits manager pertaining to the <u>quantity</u> of the inhaled corticosteroid (ICS) medications identified in Task #19. The variable you are looking for may be named “Metric Quantity” or “Quantity”. Using the variable “Pkg_Size” in the Excel file “Modified 2009 HEDIS Asthma Denominator List.xls,” calculate the <u>number of canisters</u> of ICS dispensed by dividing the quantity of each applicable medication from your plan’s pharmacy data by the corresponding “Pkg_Size” for that medication, then sum the number of canisters for each member. For medications in which the “Pkg_Size” variable equals zero (0), count one (1) canister. As before, this method is a work-</p>	

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	<p>around for medications in which a common package size is not readily available. Save this count of ICS canisters for use in Tasks #25 and #26.</p> <p>NOTE: This procedure more accurately measures ICS use by measuring the amount of ICS medication used by each member instead of the number of dispensings.</p>	
24	<p>Using the number of canisters or nebulizers of inhaled SABs from Task #21, create a flag for those members where the number is greater than or equal to two (i.e., SAB canisters ≥ 2). For members with <u>persistent asthma</u> (from Task #7), run frequencies on this flag by members and member months, by age group. <i>Record the results in rows 15 and 15a in the ADWG Data Template.</i></p>	
25	<p>Using the flag created in Task #24 (i.e., only those members who had two or more SAB canisters or nebulizers in Task #21), calculate the following ratio for each applicable member: divide the number of ICS canisters created in Task #23 by the sum of the ICS canisters created in Task #23 and the inhaled SAB canisters created in Task #21.</p> <p>Ratio = $\frac{\text{(Canisters of inhaled corticosteroid from Task \#23)}}{\text{(Canisters of inhaled corticosteroid from Task \#23) + (Canisters of inhaled short-acting bronchodilators from Task \#21)}}$</p> <p>Create a flag for those members where the ratio of ICS canisters to the sum of ICS and inhaled SAB canisters is greater than or equal to 0.33 (i.e., ratio ≥ 0.33). For members with <u>persistent asthma</u> (from Task #7), run frequencies on this flag by members and member months, by age group. <i>Record the results in rows 16 and 16a in the ADWG Data Template.</i></p>	
26	<p><u>Optional and recommended:</u> Nearly identical to Task #25, using the flag created in Task #24 (i.e., only those members who had two or more SAB canisters or nebulizers in Task #21), calculate the following ratio: divide the number of ICS canisters created in Task #23 by the sum of the ICS canisters created in Task #23 and the inhaled SAB canisters created in Task #21.</p> <p>Ratio = $\frac{\text{(Canisters of inhaled corticosteroid from Task \#23)}}{\text{(Canisters of inhaled corticosteroid from Task \#23) + (Canisters of inhaled short-acting bronchodilators from Task \#21)}}$</p> <p>Create a flag for those members where the ratio of ICS canisters to the sum of ICS and inhaled SAB canisters is greater than or equal to 0.50 (i.e., ratio ≥ 0.50). For members with <u>persistent asthma</u> (from Task #7), run frequencies on this flag by members and member months, by age group. <i>Record the results in rows 17 and 17a in the ADWG Data Template.</i></p>	
27	<p>You have successfully completed the Asthma Data Workgroup Measures. Congradulations!</p>	

This is what the ADWG Data Template looks like (without data entered):

Row	Indicator Spreadsheet - Raw Data	Age 4 to 8: (DOB 1/1/00- 12/31/04)	Age 9 to 16: (DOB 1/1/92- 12/31/99)	Age 17 to 55: (DOB 1/1/53- 12/31/91)	Total: (DOB 1/1/53- 12/31/04)
1	# of Members who had 6 months enrollment between 1/1/2008 and 12/31/2008				0
2	# of Members who met asthma criteria				0
2a	Sum total of the months enrolled for those members who met asthma criteria				0.0
3	# of Members who met persistent asthma criteria				0
3a	Sum total of the months enrolled for those members who met persistent asthma criteria				0.0
4	# of Members with asthma who had an outpatient visit with a primary or secondary asthma diagnosis (i.e., asthma diagnosis in any position)				0
4a	Sum total of the months enrolled for the Members who met #4 criteria				0.0
5	# Members who met the asthma criteria and had ≥1 hospitalization with primary asthma dx				0
5a	Sum total of the months enrolled for the Members who met #5 criteria				0.0
6	# of hospitalizations with primary asthma dx				0
6a	# hospitalizations with a primary asthma dx that had an outpatient visit with a primary or secondary respiratory dx ≥1 to ≤30 days post that hospitalization				0
7	# Members who met the asthma criteria and had ≥1 ED visit with primary asthma dx				0
7a	Sum total of the months enrolled for the Members who met #7 criteria				0.0
8	# of ED visits with primary asthma dx				0
8a	# ED visits with a primary asthma dx that had an outpatient visit with a primary or secondary respiratory dx ≥1 to ≤30 days post that ED visit				0
9	# of Members who met the asthma criteria and received an influenza immunization				0
9a	Sum total of the months enrolled for the Members who met #9 criteria				0.0
10	# of Members who met the persistent asthma criteria and received an influenza immunization				0

10a	Sum total of the months enrolled for the Members who met #10 criteria				0.0
11	# of Members who met the <u>asthma</u> criteria and who filled ≥ 1 inhaled short-acting bronchodilator (SAB) dispensings				0.0
11a	Sum total of the months enrolled for the Members who met #11 criteria				0.0
12	# of Members who met the <u>persistent asthma</u> criteria and who had ≥ 1 inhaled corticosteroid (ICS) dispensings				0
12a	Sum total of the months enrolled for the Members who met #12 criteria				0.0
13	# of Members who met the persistent asthma criteria and who had > 0.5 SAB <u>dispensings</u> (in the form of metered dose inhalers (MDIs) and/or nebulizers) per month enrolled [Standard]				0
13a	Sum total of the months enrolled for the Members who met #13 criteria				0.0
14	# of Members who met the persistent asthma criteria and who had >0.5 SAB MDI <u>canisters</u> or SAB nebulizer dispensings converted to canisters per month enrolled [Enhanced]				0
14a	Sum total of the months enrolled for the Members who met #14 criteria				0.0
15	# of Members who met the persistent asthma criteria and who had 2 or more inhaled SAB canisters or nebulizer dispensings in a year				0
15a	Sum total of the months enrolled for the Members who met #15 criteria				0.0
16	# of Members who met the persistent asthma criteria, had 2 or more inhaled SAB canisters, and had a ratio of ICS canisters to the sum of ICS and inhaled SAB canisters (in MDI or nebulizer form) that is ≥ 0.33 .				0
16a	Sum total of the months enrolled for Members who met #16 criteria.				0.0
17	# of Members who met the persistent asthma criteria, had 2 or more inhaled SAB canisters, and had a ratio of ICS canisters to the sum of ICS and inhaled SAB canisters (in MDI or nebulizer form) that is ≥ 0.50 .				0
17a	Sum total of the months enrolled for Members who met #17 criteria.				0.0

Age on December 31, 2008

Indicator Calculation Spreadsheet

		Age 4 to 8	Age 9 to 16	Age 17 to 55	Total
1	% of Members in each age group	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
2	% of Members who met asthma criteria	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
3	% of Members who met persistent asthma criteria	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
4	% of Members with asthma who had an outpatient visit with a primary or secondary asthma diagnosis (in member months)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
5	% of Members who met the asthma criteria and had ≥1 hospitalizations with primary asthma dx, in member months	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
6	% of Members who met the persistent asthma criteria and had ≥1 hospitalizations with primary asthma dx, in member months	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
7	% of hospitalizations with a primary asthma dx that had outpatient visit with a primary or secondary respiratory dx ≥1 to ≤30 days post ED visit	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
8	% of Members who met the asthma criteria and had ≥1 ED visit with primary asthma dx, in member months	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
9	% of Members who met the persistent asthma criteria and had ≥1 ED visit with primary asthma dx, in member months	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
10	% of ED visits with a primary asthma dx that had an outpatient visit with a primary or secondary respiratory dx ≥1 to ≤30 days post ED visit	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
11	% of Members who met the <u>asthma</u> criteria and who had ≥1 inhaled short-acting bronchodilator (SAB) dispensings in the past year, in member months	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
12	% of Members who met the persistent asthma criteria and who had ≥1 inhaled corticosteroid (ICS) dispensings in the past year, in member months	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
13	% of Members who met the persistent asthma criteria and who had >0.5 short-acting inhaled bronchodilator MDI or nebulizer dispensings per month enrolled, in member months	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
14	% of Members who met the persistent asthma criteria and who had >0.5 short-acting inhaled bronchodilator MDI canister or nebulizer dispensings per month enrolled, in member months	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

15	% of Members who met the persistent asthma criteria, had 2 or more inhaled SAB canisters, and who had a medication ratio ≥ 0.33 (ratio = number of ICS canisters divided by the sum of ICS and SAB canisters or canister equivalents), in member months	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
16	% of Members who met the persistent asthma criteria, had 2 or more inhaled SAB canisters, and who had a medication ratio ≥ 0.50 (ratio = number of ICS canisters divided by the sum of ICS and SAB canisters or canister equivalents), in member months	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
17	% of Members meeting asthma and influenza immunization criteria, in member months	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
18	% of Members meeting persistent asthma and influenza immunization criteria, in member months	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

HISTORY OF CHANGES TO THE ADWG SPECIFICATIONS SINCE 2005 (THE 2004 MEASUREMENT YEAR)

Year 2005 (for measurement year 2004)

Only adjudicated (paid or denied/rejected but not pending) health plan claims are counted towards calculations to align with HEDIS specifications

Changing the method for rounding the dispensings calculation to align with the HEDIS 2005 specifications: Prior to this change a prescription for 100 days is divided by 30 (30 days) and results in 3.33, which would be rounded up to 4 dispensing. After the change the result of 3.33 is rounded down to 3 dispensings.

Addition of CPT codes for qualifying emergency department and inpatient asthma encounters to align with HEDIS 2005 specifications: Added CPT codes 99356 and 99357 to the list of codes for a patient to have a qualifying emergency department and inpatient asthma encounter.

Addition of UB-92 codes for qualifying emergency department and inpatient asthma encounters to align with HEDIS 2005 specifications: Added UB-92 codes 72X and 80X to the list of codes for a patient to have a qualifying emergency department and inpatient asthma encounter.

Year 2006 (for measurement year 2005)

Indicators using inhaled medication dispensing changed from any anti-inflammatory asthma medication to any inhaled corticosteroid medication to align with the published literature: The specification previously used three codes (AI CS Inhaled (Inhaled Corticosteroid), AI CS LAB Inhaled (Inhaled Steroid Combination), and AI MC Inhaled (Inhaled Mast Cell Stabilizer)). Starting in this year the AI MC Inhaled medications were dropped.

Added indicator 2d (percentage of members who met persistent asthma criteria and had two or more inhaled SABA canisters or nebulizer dispensings who had a medication ratio greater than or equal to 0.33)

DMAP added race, language, county, address, city, state, zip code, and telephone number to Continuous Enrollment (CE) dataset. This does not affect indicators.

Year 2007 (for measurement year 2006)

Changed CPT and UB-92 revenue codes for outpatient, ED, and acute inpatient visits to align with HEDIS 2007 specifications: Added and removed a number of CPT and UB-92 revenue codes (see HEDIS 2007 for full list).

Exclusion of people with COPD or emphysema from list of people with asthma or persistent asthma: This is a longstanding optional exclusion in the HEDIS specifications. The ADWG/QPI indicators use a 6-month enrollment period instead of the HEDIS two-year enrollment period to accommodate the dynamic nature of Medicaid enrollment. However, this departure likely results in more people identified as having asthma and persistent asthma when, in fact, they do not. It was decided to use the COPD or emphysema exclusion to reduce this issue.

Only count ED visits that did not lead to a hospitalization: This was added so that ED visits that lead to a hospitalization are not counted toward both an ED visit and a hospitalization.

Year 2008 (for measurement year 2007)

No changes

Year 2009 (for measurement year 2008)

Included use of Drug ID for the purpose of identifying people with asthma or persistent asthma to align with HEDIS 2008 specifications: Inhalers count as one dispensing event. For example, an inhaler with a 90-day supply is considered one dispensing event. In addition, multiple inhalers of the same medication (as identified by Drug ID in the Modified 2008 HEDIS Asthma Denominator list) filled on the same date of service are counted as one dispensing event. For example, a member may obtain two inhalers on the same day (one for home and one for work), but intend to use both during the same 30-day period. Note: this is only used for identifying people with asthma and persistent asthma, it is not used for determining the number of dispensing of Inhaled Corticosteroids or Short-acting Bronchodilators in other parts of these specifications.

Include only last two years of HEDIS medication list to align with uses of Drug ID in the HEDIS 2008 specification: To use the Drug_ID code, which started in HEDIS 2008 we will use only two years of HEDIS medication lists merged together. This will allow for counting medications that may be phased out while removing medications from the list that have not been used in more than two years or that are now deemed inappropriate to use for people with asthma. The Oregon Asthma Program will maintain the full medication list for reference.

Removed CPT code 99499 from outpatient visit type table to align with HEDIS 2009 specifications: Removed CPT code 99499 from outpatient visit type table in task 3.

Discussion on use of Kaiser Permanente medications weights: Use of the weights has been discussed a number of times. For the indicators it was decided not to use weights since they only cover about a quarter of appropriate medications for people with asthma and all other plans are using unweighted medication data for their interventions. No change, included for documentation.

Discussion on the effect of the emphysema and COPD exclusion on ED visit follow-up: This discussion 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. No change, included for documentation.

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