

Spectrum of Health

Dear Colleague:

Assessing severity, achieving control and implementing effective treatment plans for children and adults living with asthma continues to be a challenge. **Healthfirst members living with asthma are not filling their asthma controller medications consistently and are admitted to hospital and emergency departments far too often.**

As I visit and meet with you and your staff, I know that this is a priority for you as well. Caring for our members living with asthma requires collaboration and a multidisciplinary approach. However, the central focus remains strict adherence to the NHLBI Guidelines for the Diagnosis and Management of Asthma (EPR-3) (NHBLI)¹.

What does this mean for you?

Join with Healthfirst as we focus on optimizing health outcomes for our patients with asthma. Critical assessment questions can identify care gaps that require particular attention in the care of our members living with asthma:

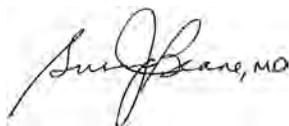
- Is “asthma severity” classified at the initial visit and “asthma control” at each subsequent visit?
- Is there monitoring for overprescribing and overuse of rescue medications and assurance that patients are regularly filling and adhering to use of controller medications?
- Is control achieved quickly with aggressive, intensive initial therapy to suppress airway inflammation and gain prompt control?
- Is office based spirometry used as an objective measure of asthma control: at the initial assessment to establish a diagnosis; during periods of progressive or prolonged loss of asthma control?
- Are there referrals to pulmonary or allergy-immunology specialists after a life threatening exacerbation or an exacerbation requiring hospitalization for a patient who is not meeting goals after up to 3 months of treatment?
- Is there an assessment of patient and family self-management skills and triggers, as well as a patient-specific Asthma Action Plan?

This Healthfirst Spectrum of Health Bulletin contains:

1. A summary of HEDIS and Health Outcomes requirements for Asthma
2. Patient tools and provider resources to enhance outcomes for your patient with asthma

Contact me if I can be of assistance as you promote optimal health outcomes for your patients.

Warm regards,



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1. www.nhlbi.nih.gov/guidelines/asthma/asthsumm.htm. Accessed 11/30/12.



Dear Practice and Quality Administrator:

When it comes to improving the health of patients with asthma, you, the practice staff can provide essential assistance to physicians and practitioners. Many patients and caregivers of patients with asthma are reluctant to take the medications prescribed to them. Patients also often express ambivalence about how to follow the many instructions received about taking care of their asthma. **Too many Healthfirst members living with asthma are not taking their controller medications regularly. Daily use of their asthma controller medications would keep them healthy and out of the emergency room and hospital.**

What does this mean for you?

There are clear guidelines and many tools to help patients with asthma and their families. In particular:

Diagnosis and Management of Asthma

- The best care for asthma may require pulmonary / lung tests to determine how the patient is breathing in response to their medicine. Spirometry and peak flow testing is a good practice initially at diagnosis and periodically to monitor asthma control
- Patients who receive educational information about asthma and learn self-management skills may be able to have better asthma control at home, school and work. Healthfirst provides these material on our website at www.healthfirst.org/asthma.html
- Referral to an asthma specialist is often recommended after a life-threatening exacerbation or an exacerbation requiring hospitalization. Also, a pulmonary or allergy-immunology specialist may be recommended for a patient who is not meeting goals for asthma control after up to 3 months of treatment

Asthma Medication Management

HEDIS measures focus on the type and frequency of medications that patients with asthma are filling at the pharmacy. Controller medications are the most important, helping to prevent the inflammation that is responsible for asthma symptoms. Patients with persistent asthma should take a controller medication daily, to keep them in the “Green Zone” and to function well at home and at school and while at work and play, with the best quality of life.

Your Network Management representative can assist you with these standards and help you locate resources to further your practice’s success with managing your Healthfirst members with asthma.

Best wishes,



Susan Kwon
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SUMMARY OF HEDIS REQUIREMENTS FOR MEASURES RELATED TO IMPROVING OUTCOMES FOR ASTHMA

MEASURE: USE OF APPROPRIATE MEDICATIONS FOR PEOPLE WITH ASTHMA (ASM)

How members are identified:

The percentage of members 5–64 years of age who were identified as having persistent asthma and who were appropriately prescribed medication during the measurement year.

1. Denominator requirements. Members with persistent asthma are defined as:

- Members with at least one ED visit with asthma as the principal diagnosis
OR
- Members with at least one acute inpatient claim/encounter with asthma as the principal diagnosis
OR
- Members with at least four outpatient asthma visits on different dates of service with asthma as one of the listed diagnoses AND who have filled at least two asthma medication prescriptions
OR
- Members who have filled at least four asthma medication prescriptions. Members with emphysema, COPD, cystic fibrosis or acute respiratory failure are excluded.

2. Numerator requirements. The ASM standard is met if:

- The member filled at least one prescription for a preferred asthma (controller) therapy during the measurement year.

MEASURE: APPROPRIATE ASTHMA MEDICATION THREE OR MORE CONTROLLER DISPENSING EVENTS (AAM) - NYS QARR Specific Measure

This measure reflects the percentage of individuals with persistent moderate to severe asthma who had 3 or more dispensing events of qualifying controller medications during the measurement year. This NYS-specific measure uses the HEDIS 2013 Use of Appropriate Medications for People with Asthma for ages 5 – 64 to establish the denominator. HEDIS 2013 NDC codes for controller medications will also be used. Numerator-compliant members will have three or more dispensing events. The results for ages 5 – 11, 12 – 18, 19 – 50, 51 – 64 and overall will be reported as five rates.

MEASURE: MEDICATION MANAGEMENT FOR PEOPLE WITH ASTHMA (MMA)

How members are identified:

The percentage of members 5-64 year of age who were identified as having persistent asthma who remained on an asthma controller medication for at least 50% and 75% of their treatment period.

We exclude members with emphysema, COPD, cystic fibrosis or acute respiratory failure or no dispensed medications.

Numerator Requirements. The MMA standard is met if:

- Members who have filled their controller medication prescriptions to have medication available or “drug coverage” for 50% and 75% of their treatment period during the measurement year.
- This is called the “portion of days covered” or PDC rate.

MEASURE: ASTHMA MEDICATION RATIO (AMR)

How members are identified:

The percentage of members 5-64 year of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.

Members with emphysema, COPD, cystic fibrosis or acute respiratory failure or those who are not dispensed medications are excluded.

Numerator requirements. The AMR standard is met if:

- Per member, the ratio of units of filled controller medications to the units of total asthma medications filled is ≥ 0.50 .

To learn more about your practice’s current HEDIS performance for this or other measures, or for assistance in compliance with the HEDIS guidelines, contact Laisha Washington, AVP, Clinical Quality (212) 801-6186 or LaWashington@healthfirst.org

Frequently Asked Questions About Improving Outcomes for Asthma

1. How can I access a quick reference version of the NYS Department of Health (DOH) Asthma Management Guideline?

You can find the NYS DOH Clinical Guideline for asthma on the Healthfirst website @ www.healthfirstny.org/sites/default/files/files/pdfs/Diagnosis%2C%20Evaluation%20and%20Management%20of%20Adults%20and%20Children%20with%20Asthma.pdf

2. How can I know if patients are filling the asthma medications that I prescribed?

As a first step, Healthfirst recommends that you have a non-judgmental discussion with your patients and families living with asthma at every visit:

- Use an Asthma Action Plan as a tool to talk about your medication plan for your patients at every visit: www.aaaai.org/Aaaai/media/MediaLibrary/PDF%20Documents/Libraries/NEW-WEBSITE-LOGO-asthma-action-plan_HI.pdf
- Your patients are more likely to be clear on what to take every day (Green), what to add if there are worsening symptom (Yellow) and what to do for extreme breathing difficulty (Red)
- In addition, patients can self-monitor and manage better if you prescribe a peak flow meter for their use at home

AAAAI American Academy of Allergy Asthma & Immunology

Name: _____ Date: _____
 Emergency Contact: _____ Relationship: _____
 Cell phone: _____ (Work) phone: _____
 Health Care Provider: _____ Phone number: _____
 Personal Best Peak Flow: _____

ASTHMA ACTION PLAN

Take these medications every day, for control and maintenance:

Medicine	How much to take	When and how often

GREEN ZONE:
 Doing Well
 ✓ No coughing, wheezing, chest tightness, or difficulty breathing
 ✓ Can walk, play, exercise, perform usual activities without symptoms
 OR
 Peak flow _____ (80% to 100% of personal best)

→ CONTINUE your Green Zone regimen PLUS take these quick relief medicines:

Medicine	How much to take	When and how often

YELLOW ZONE:
 Caution/Getting Worse
 ✓ Coughing, wheezing, chest tightness, or difficulty breathing
 ✓ Symptoms with daily activities, work, play, or exercise
 ✓ Nighttime awakenings with symptoms
 OR
 Peak flow _____ (50% to 80% of personal best)

→ CONTINUE your Green Zone regimen PLUS take these quick relief medicines:

Medicine	How much to take	When and how often

Call your doctor if you have been in the Yellow Zone for more than 24 hours.
 Ask your doctor if _____

RED ZONE:
 Alert
 ✓ Difficulty handling, coughing, wheezing not helped with quick relief
 ✓ Trouble walking or talking due to asthma symptoms
 ✓ Not responding to quick relief medication
 OR
 Peak flow is less than _____ (50% or lower than best)

FOR EXTREME TROUBLE BREATHING/SHORTNESS OF BREATH GET IMMEDIATE HELP!
 Take these quick relief medicines:

Medicine	How much to take	When and how often

CALL your doctor NOW.
 GO to the hospital/emergency department or CALL for an ambulance NOW!

3. I have a few patients who seem to end up in the Emergency Room or even admitted to the hospital in spite of everything I have tried. What do you suggest?

Healthfirst encourages you to utilize pulmonary and allergy-immunology specialists to support you in managing patients with complex needs, such as:

- Emergency Room visits
- Hospitalization (whether or not there was a need for ICU)
- Lack of control in spite of following the recommendations for step therapy by the NHBLI Guidelines for the Diagnosis and Management of Asthma (EPR-3)

4. Does Healthfirst have tools that can assist me in explaining asthma and asthma care to my patients in language that they can understand?

Yes. Our website provides helpful tools for you and your patients. The patient handouts are available in English, Spanish and Chinese: www.healthfirst.org/asthma.html

5. How can Healthfirst assist me with members who may have other challenges such as housing, smoking or difficulty coordinating with the school nurse?

Please reach out to our Healthfirst Spectrum Care Management team by calling our toll free number at 1-866-237-0997