Putting the Quality Measure for Optimal Asthma Care into Practice

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While asthma cannot be cured, it is most effectively controlled with comprehensive care that includes both medical and environmental management techniques.
4 Components of Asthma Management

Component 1: Measures of Asthma Assessment & Monitoring

Component 2: Education for a Partnership in Asthma Care

Component 3: Control of Environmental Factors & Comorbid Conditions that Affect Asthma

Component 4: Medications
MNCM Optimal Asthma Care Direct Data Submission Measure

All or None Composite Measure with 3 Components:

★ Asthma is well controlled (Use of asthma control tool)

★ Patient not at elevated risk of exacerbation as measured by patient having less than two of the following in 12 months:
  – ED visit that does not result in a hospitalization due to asthma;
  – hospitalization requiring an overnight stay due to asthma

★ Patient has been educated about asthma as measured by having a current asthma action/management plan (written /reviewed in measurement period) containing information on:
  – medication doses and effects, what to do during an exacerbation, and information on the patient’s triggers
Optimal Asthma Care

Rates will look like this:

\[
\text{Rate} = \left( \frac{\text{Numerator: Patients who meet all three components}}{\text{Denominator: Patients with asthma}} \right) \times 100
\]
Optimal Asthma Care Numerator Components

First numerator component – Control

- **Asthma Control Experience**: Patient reports that over the last several weeks his or her asthma has been well controlled.

- **Patient demonstrates that his or her asthma is well-controlled over the past several weeks using the score of one of three validated asthma assessment tools**:
  - Asthma Control Test (ACT) / Child Asthma Control Test (C-ACT)
  - Asthma Control Questionnaire (ACQ)
  - Asthma Therapy Assessment Questionnaire (ATAQ)
Optimal Asthma Care Numerator Components

Second numerator component – Risk

- **Asthma Risk Experience**: A patient’s past exacerbations can provide information for potential future exacerbations.

- **Patient self reports** less than two of the following events in last 12 months:
  - Hospitalizations with an overnight stay due to asthma
  - Emergency department visits due to asthma (not resulting in a hospitalization)
Optimal Asthma Care Numerator Components

Third numerator component – Education and written asthma management plan

- **Written Asthma Management Plan**: Patient received education and a written asthma management plan (created or reviewed and revised within the measurement period). The plan is in the chart with the following documented:
  - Information on medication doses and purpose of these medications
  - Information on how to recognize and what to do during an exacerbation
  - Information on the patient’s triggers
What Happens Next?

★ Clinics collect asthma data on dates of service July 1, 2010 – June 30, 2011
MN Community Measurement

For more information

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Health Care Homes

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MN Health Reform

In 2008 MN legislature passed health reform legislation that takes a comprehensive approach:

- Public Health Investment (SHIP)
- Market transparency (Statewide Quality Reporting and Provider Peer Grouping)
- Care redesign and payment reform (Health Care Homes)
- Consumer Engagement (ALL)
Statewide Quality Reporting and Measurement System

- MDH RULE included Optimal Asthma Care as one of the measures for inclusion in the SQRMS for 2011

- Fits well with health reform objectives and measure preferences

http://www.health.state.mn.us/healthreform/measurement/MDHRiskAdjustmentProposal.pdf
Health Care Homes

Definition:

✦ A clinic or provider that is certified as a health care home offers personalized care with your team of providers and specialists to meet your health care needs and improve your health.

✦ Clinicians or clinics providing the full scope of primary care services must meet 5 standards for certification. Once certified they are eligible to receive care coordination payments.

There are currently 134 certified clinics.
Health Care Homes - Outcomes Measurement Requirements

- HCHs must submit data to a statewide measurement reporting system
- Outcomes measures are based on the clinic’s total certified population
- The commissioner announces annually:
  - HCH outcome measures
  - Benchmarks to determine whether a HCH has demonstrated sufficient progress
- These are determined through a community work group process.
Health Care Homes - Improvement in Patient Health

The technical team recommended two quality measures:

1. Optimal vascular care
   - Low-Density Lipoprotein (LDL) cholesterol (less than 100mg/dl)
   - Blood pressure control (less than 130/80 mm Hg)
   - Daily aspirin use as appropriate
   - Documented tobacco free

2. Optimal asthma care
   - Asthma is well controlled
   - Patient is not at increased risk of exacerbations
   - Patient has a current written asthma action/management plan
THANK YOU!