Optimal Asthma Care Measure: History, Results and Updates

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MN Community Measurement
About MN Community Measurement

- Multi-stakeholder collaboration started in 2002
- Became an independent 501(c)(3) in 2005
- **Our mission:** To accelerate the improvement of health by publicly reporting health care information
- **Our vision:**
  - To be **THE trusted source** for performance measurement and public reporting of quality data across the spectrum of care
  - To **drive change** toward more safe, effective, patient-centered, timely efficient and equitable care
  - Be a resource **used** by providers to improve care and patients to make better decisions
  - Catalyze our community to work together on health care measurement to reduce administrative costs and maximize value
Measure Development Process

1. Measure Concept
2. MARC Approval
3. Technical Advisory Workgroup
4. Approval Process
5. Implement Measure

- Comments from MARC incorporated into charter
- Develop Measure
- MARC Approval
- Pilot / Feasibility Testing
- Measure Release
- Implement

- Draft impact document
- Draft Specs
- Public Comment Period
- Board Approval
History of the Measure

**Existing Measure:**
- Reported prescribing practices
- Statewide average = 92%
- New measure desired to be more descriptive of entire treatment regimen and capture patient outcome

**Measure Development**
- Work group convened, developed draft specifications
- Public comment period
- Finalization of specifications

**October:**
- Work group reconvened, MARC approved measure without modifications

**November:**
- Asthma measure adopted into MN Rule

**Dates of Service**
- **2010:** July 2010 – June 2011
- **2011:** July 2011
- **2012:** July 2011 – June 2012
- **2013:** July 2012 – June 2013

**Data Submission**
- **2010:** July 2011
- **2011:** July 2012
- **2012:** July 2013

**Results**
- **2010:** December 2011 in Health Care Quality Report
- **2011:** December 2012 in Health Care Quality Report
- **2012:** December 2013 in Health Care Quality Report

**March:**
- Reporting Advisory Committee (RAC) approved development for new asthma measure, work group forms

**October:**
- RAC approved 3 component composite measure titled “Optimal Asthma Care”
What is the OAC Measure?

Measures the percentage of patients ages 5 – 17 years old and ages 18 – 50 years old with persistent asthma who have reached three targets for control:

1. Evidence of well-controlled asthma

2. Not at risk for elevated exacerbation as evidenced by patient-reported ED visits or hospitalizations

AND

3. Patient has been educated about his or her asthma and self-management of the condition and has received a written asthma management plan
Who is required to report?

• Provider specialties include:
  • Family Practice
  • Internal Medicine
  • General Practice
  • Pediatrics
  • Allergy/Immunology
  • Pulmonology

• Provider types include:
  • MD/DO
  • Physician Assistant
  • Nurse Practitioner
Results

Table 5: Statewide Rate for Optimal Asthma Care- Children and Adults

<table>
<thead>
<tr>
<th></th>
<th>Statewide Average</th>
<th>95% CI</th>
<th>Numerator (Patients who met treatment goals)</th>
<th>Denominator (Patients Sampled)</th>
<th>Total Eligible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Optimal Asthma Care- Children</td>
<td>37.2%</td>
<td>36.7%-37.7%</td>
<td>12,026</td>
<td>34,455</td>
<td>39,119</td>
</tr>
<tr>
<td>Optimal Asthma Care- Adults</td>
<td>30.2%</td>
<td>29.8%-30.5%</td>
<td>16,123</td>
<td>53,550</td>
<td>55,400</td>
</tr>
</tbody>
</table>

Figure 5: Statewide Rates for Optimal Asthma Care Over Time

Caution is recommended when making comparisons from year to year. Annual rate differences can occur due to natural variation, changes in measurement specifications, changes in data sources and other factors.

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• MNCM 2012 Health Care Quality Report
Resources for Consumers

MN HealthScores.org - Asthma
What’s Next?

• Work group is reconvening in November with multiple goals:
  • Evaluate asthma control assessment tools
  • Evaluate written asthma management plan and applicability
  • Evaluate elevated risk of exacerbation component

• Keys to work group success:
  • Conduct a comprehensive literature review
  • Emphasize evidence based practices
  • Adhere to a consensus based decision making process

• If revisions are warranted, earliest implementation would be July 2015 – June 2016 dates of service
• Questions or comments?

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