



Optimal Asthma Care Measure Specifications 2011 -2012

Revised 05/16/2011

Summary of Changes	Age Ranges for Asthma Control Tools Clarification: The ATAQ control tool is applicable for children, adolescents, and adults.
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MNCM Measure	Optimal Asthma Care
Description	<p>Composite measure of the percentage of pediatric and adult patients who have asthma. Optimal care is defined as:</p> <ul style="list-style-type: none"> - Asthma is well controlled - Patient is not at increased risk of exacerbations - Patient has a current written asthma action/management plan
Methodology	Population identification is accomplished via a query of a practice management system or Electronic Medical Record (EMR) to identify the population of eligible patients (denominator). Data elements are either extracted from an EMR system or abstracted through medical record review. Data is submitted via the summary data submission process using MNCM’s portal to upload data files.
Rationale	Roughly 7% of adults and children in Minnesota are currently living with asthma. Asthma is a chronic disease associated with familial, infectious, allergenic, socioeconomic, psychosocial and environmental factors. It is not curable but is treatable. Despite improvements in diagnosis and management, and an increased understanding of the epidemiology, immunology, and biology of the disease, asthma prevalence has progressively increased over the past 15 years. In addition, variation in practice from recommended clinical guidelines is evident with only 33% of adult asthma patients in Minnesota reporting in 2005 to having an action plan and 75% reporting instruction on what to do when having an asthma attack. It is up to providers to assess patients, prescribe medications, educate about self-management, help patients identify and mitigate triggers so patients can prevent their exacerbations.
Measurement Period	Measurement period will be a fixed 12 month period. Data will be collected for dates of service July 1, 2011 – June 30, 2012. Medical groups will be requested to submit data to Minnesota Community Measurement beginning in July of 2012.
Denominator: Patients with asthma	<p>Established patients meeting the following criteria:</p> <ul style="list-style-type: none"> • Date of birth on or between 07/01/1961-06/30/2006 (ages 5-50 during the measurement period). • Patient has been seen at least two times for asthma (face-to-face with a provider) in the past two years (07/01/2010 - 06/30/2012) AND patient has had at least one office visit during the measurement period (07/01/2011 - 06/30/2012). Visits with asthma ICD-9 codes are listed below. Please use the two-year dates of service (07/01/2010 – 06/30/2012) when querying your practice management or EMR system to allow you to count the number of visits within this time frame. • Asthma is defined as any one of the following ICD-9 diagnosis codes, in any position, not just primary. Codes are stated to the minimum specificity required. For example, if a three-digit code is listed, it is valid as a three, four, or five-digit code. Where there is a range of codes, we have listed them in an effort to be clearer. <ul style="list-style-type: none"> Extrinsic asthma 493.00, 493.01, 493.02 Intrinsic asthma 493.10, 493.11, 493.12 Other forms of asthma 493.80, 493.81, 493.82 Asthma, unspecified 493.90, 493.91, 493.92 • Provider specialties included: Family Practice, Internal Medicine, General Practice, Pediatrics, Allergy/Immunology, Pulmonology



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	<ul style="list-style-type: none"> • Include all provider types who manage care: MD, Physician Assistant, Nurse Practitioner, etc.
Exclusions	<ul style="list-style-type: none"> • Patient was a permanent nursing home resident home during the measurement period • Patient was in hospice at any time during the measurement period • Patient died prior to the end of the measurement period • Documentation that diagnosis was coded in error • Exclude patients with all of the diagnoses below: <ul style="list-style-type: none"> ○ COPD (491.2, 493.2, 496, 506.4) ○ Emphysema (492, 506.4, 518.1, 518.2) ○ Cystic fibrosis (277.0) ○ Acute respiratory failure (518.81)
<p>Numerator: Optimal Asthma Care</p> <p>Please refer to each data element definition for further instruction on collection.</p>	<p>Percentage of asthma patients ages 5-50 in the measurement period who meet ALL of the following targets:</p> <ul style="list-style-type: none"> a) Asthma well-controlled (take the most recent asthma control tool available): <ul style="list-style-type: none"> • Patient has an Asthma Control Test (ACT) score of 20 or above (taken from most recent Asthma Control Test on file) – for patients 12 and older ---OR--- • Patient has a Childhood Asthma Control Test (C-ACT) score of 20 or above (taken from most recent C-ACT on file) – for patients 11 and younger ---OR--- • Patient has an Asthma Control Questionnaire (ACQ) score of 0.75 or lower (taken from most recent ACQ on file) – for patients 17 and older ---OR--- • Patient has an Asthma Therapy Assessment Questionnaire (ATAQ) score of 0 (taken from most recent ATAQ) – for children, adolescents, and adults b) Patient not at elevated risk of exacerbation: <ul style="list-style-type: none"> • Patient reports values for all of the following questions (at date of most recent asthma visit): <ul style="list-style-type: none"> ○ Number of emergency department visits not resulting in a hospitalization due to asthma in last 12 months ---AND--- ○ Number of inpatient hospitalizations requiring an overnight stay due to asthma in last 12 months • The total number of emergency department visits and hospitalizations due to asthma must be less than 2.



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<p><i>(continued from above)</i></p> <p>Numerator: Optimal Asthma Care</p> <p>Please refer to each data element definition for further instruction on collection.</p>	<p>c) Patient has been educated about his or her asthma and self-management of the condition and also has a written asthma management plan present (created or reviewed and revised within the measurement period):</p> <p>Patient has a written asthma management plan in the chart with the following documented:</p> <ul style="list-style-type: none"> ○ Plan contains information on medication doses and purposes of these medications ○ Plan contains information on how to recognize and what to do during an exacerbation ○ Plan contains information on the patient’s triggers