

Asthma Data Workgroup Minutes

01/27/05, 2:00 to 4:00

Portland State Office Building, 800 NE Oregon Street, Portland, OR 97232-2162

ATTENDEES: Ron Bissell (FamilyCare), Barbara Carey (Tuality Health Alliance, on phone), Sue Fillmore (FamilyCare), Patti McIntire (CareOregon), Nate Perrizo (phtech), Thomas Smith (phtech), Khalid Wahab (The ODS Companies), Rie Wood (DOCS, on phone)

GUESTS: Nancy Clarke (DHS), Kirsten Jensen (DHS)

ANNOUNCEMENTS: Nancy is leaving her current position to become Executive Director of the Health Care Quality Corporation, located here in Portland. The transition will occur shortly ☹, but we will continue to work with her in her new capacity.

UPDATES:

- From Kirsten: revision of the [Guide to Improving Asthma Care in Oregon](#) continues.
- From Nancy: work on the [Chronic Disease Data Clearinghouse](#) continues.
- From Stacey: the Asthma Tobacco Indicator Chart Audit Project ([ATICAP](#)) bid deadline is 01/31/05.

DISCUSSIONS:

- Quality Improvement Coordinators in the OMAP-QPI Workgroup expressed an interest in benchmarks for the Pharmacology and ED Indicators that they measured. Members of the Asthma Data Workgroup discussed [using control charts](#) to try to develop benchmarks.
- Because there is going to be a new pharmacology indicator that is a ratio of # inhaled corticosteroids to short-acting beta₂-agonists, now we will have to have [conversion factors](#) for inhaled corticosteroids as well.

Item/Issue	Conclusions	Action &/or Note	Person Responsible	Status
<p>“The Guide” is being updated because the NAEPP issued an update of the National Asthma Guidelines in 2002.</p>	<p>The following have been accepted by the Physician Advisory Council on Asthma, and will affect the measurement work of the Asthma Data Workgroup:</p> <ol style="list-style-type: none"> 1. Clinical recommendations added: <ol style="list-style-type: none"> a. Follow up after a hospitalization within 30 days b. Follow up after an ED or urgent care visit within 30 days 2. Indicators added: <ol style="list-style-type: none"> a. Follow up after a hospitalization within 30 days b. Dispensing of one or more short-acting beta2-agonist (SAB) in a year c. Ratio of inhaled corticosteroids to SABs 3. Indicators changed: <ol style="list-style-type: none"> a. “Daily inhaled anti-inflammatory” is NOW “daily-inhaled corticosteroid” <p>Another major change that will not directly affect the work of the ADWG is that the Written Asthma Action Plan and the Asthma Education indicators, which in the old Guide were separate, are now combined.</p>		<p>Kirsten Jensen, Asthma Health Systems Coordinator</p>	<p>Nearly finalized</p>
<p>Chronic Disease Data Clearinghouse progress</p>	<p>This is a “proof in concept” pilot project, and as such had four main ideas to test:</p> <ol style="list-style-type: none"> 1. Can enough health plans be persuaded to try it? (yes, 12 participated in providing data) 2. Can the legal issues be worked out? (yes) 3. Can technical issues pertaining to receiving, storing, merging and analyzing data be overcome? (answer not yet clear; proving to be very challenging) 4. Will physicians find the reports useful and use them? (pretest indicates “maybe”; post test not completed.) <p>In order to complete the project on budget, staff will use reverse engineering to prepare the final reports for the test clinics.</p>		<p>Kirsten Jensen, and OMPRO</p>	<p>In process</p>

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<p>Asthma Tobacco Indicator Chart Audit Project (ATICAP) will incorporate measuring the tobacco indicators found in the document <i>Tobacco Cessation: An Opportunity for Oregon's Health Systems</i> with chart audits to measure the asthma indicators found in the <i>Guide</i>.</p>	<p>This RFP was originally in November, but no organizations applied. It reopened in December, and will close 1/31/05. It is posted to the Contracts website: http://www.dhs.state.or.us/admin/contracts/solicitopen.htm</p>		<p>Stacey Schubert</p>	<p>In process</p>
<p>OMAP-QPIWG wants benchmarks for the indicators that they measured, and control charts may help us determine appropriate benchmarks. Control charts are a way of graphing the data monthly for a 24-month period to try to uncover smaller variations that might be masked when data are aggregated in more gross units (i.e., a year, like we currently use).</p>	<p>The group agreed that we should ask a few analysts to voluntarily pilot reporting the data in a way that could be placed into a control chart (i.e., monthly numbers). Analysts who are willing to help can chose one (or more) indicator(s).</p> <p>If someone tests each of the major indicators, we will get good information about the feasibility of undertaking this on a bigger scale.</p>	<p>Stacey will contact key analysts who were not at the meeting and discuss the idea with them, and see if they have an interest in testing a particular indicator. Patti will look at the flu shot indicator, since CareOregon has had so many flu shot initiatives, and looking at the data this way might be illuminating to their QI.</p>	<p>Stacey</p>	<p>In process</p>

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<p>Conversion factors are currently used for the enhanced beta₂-agonist measure, and they allow us to count a dispensing of multiple canisters as the number of canisters, rather than just one dispensing. We need to review the 2005 NDC denominator list for the HEDIS asthma measure for new beta₂-agonists, as well as newly create conversion factors for the inhaled corticosteroids.</p>	<p>Both Sue Fillmore and Patti McIntire said that their pharmacy people could probably help with this task.</p>	<p>Stacey will work with the plan's pharmacists to update the list with appropriate conversion factors before the next meeting.</p>	<p>Stacey Schubert</p>	<p>In process</p>

MEMBER UPDATES:

- Patti McIntire reported that **CareOregon** is still populating their registry through claims data and predictive risk modeling software. Nine diseases or conditions (Asthma, Coronary Artery Disease, Alcohol/Drug Chemical Dependency, Congestive Heart Failure, Cystic Fibrosis, Diabetes, Hemophilia, HIV, Mental Health), as well as pregnant women, populate their registry. New members are added to the registry via a welcome call during which they are surveyed about preexisting conditions.
- Khalid Wahab reported that **The ODS Companies** is using predictive risk-adjusted modeling to risk-stratify their asthma members and then target ~2,000 to case-manage. The modeling software enables them to perform cost calculations on their members, for instance predicting what total costs will be for a certain disease, and how costs for the sickest members compares to the costs for caring for all of the other members. Using it, they are able to forecast risk for each member during the upcoming year.
- Thomas Smith and Nate Perrizo reported on **phtech**'s work with Marion Polk Community Health Plan (MPCHP). They have been a third party administrator for MPCHP for some time, but they have recently begun developing a registry and EMR for MPCHP as well.
- Barbara Carey reported that **Tuality Health Alliance**'s asthma registry is still being used successfully, and that they are reviewing all ED and hospital visits for asthma.