

Asthma Data Workgroup Minutes

4/27/06, 2:00 to 4:00

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

ATTENDEES: Kirsten Aird (DHS), Susan Arbor (OMAP), Susan Boardman (Providence), Mike Emerson (DHS), Donna Erbs (Kaiser), Greg Ulman (OMAP), Janet Kershner (Tuality Health Alliance), Susan Yates-Miller (OMPRO)

ANNOUNCEMENTS:

1. Mike Emerson is the new epidemiologist for the Asthma Program. Contact him at 971-673-1121 or michael.j.emerson@state.or.us.
2. The Asthma Program is currently working on a competitive grant to secure funding after September of 2006. The asthma program has been funded through a CDC grant for the past several years, and our success on this grant will determine the type and level of activities that the program can conduct.
3. The Burden of Asthma Report, which consists of BRFSS asthma data analyzed over several years by various demographic and risk factors, is available on the Asthma Program website at <http://www.oregon.gov/DHS/ph/asthma/datareport/toc.shtml>.
4. Related to the above two announcements, the Asthma Program is currently developing a comprehensive surveillance report that will cover the following topics: adult prevalence, child prevalence, hospitalizations, mortality, asthma in the Medicaid population, asthma control indicators (e.g., sleep disturbances, activity limitations, missed days of work, frequency of asthma symptoms, and perceived health status), and asthma management indicators (action plans and use of medications). This report is required for the competitive grant mentioned above; therefore, a draft of the report will be sent with the grant and a more polished version will be sent to ADWG members sometime this summer.

UPDATES:

1. Kirsten provided an update on the "Measuring Health Care Value In Oregon: Ambulatory Care" project. The website shown below provides the list of Ambulatory Quality Care Measures that have been recommended for a starter list of quality measures. These measure have wide spread national support and are being seriously considered by the Workgroup.

<http://www.ahrq.gov/qual/aqastart.pdf>

Attached with these minutes are a report on this project and the proposed set of measures.

DISCUSSIONS:

1. Draft of the technical specifications for three new measures proposed in the 2005 *Guide*.
 - a. After the initial discussion of the three new measures, it was suggested and agreed that the ADWG should discuss all of the measures in the Guide to determine which ones we should focus our efforts on given (a) the limited time and resources health plans have available to analyze additional measures, and (b) similar measures produced for regulatory requirements. This topic will be discussed at the next ADWG meeting on July 27, 2006, and Mike Emerson will make an effort to get more people and plans to the meeting so participating plans are represented.
 - b. Extensive discussion of the technical specifications for the three new measures was tabled until after the above meeting takes place. However, the ADWG did raise some issues for two of the three measures as specified below:
 - i. The first new measure is under Indicator III: Coordination of Care. The measure reads as follows:

A successful program will show an increase in the percentage of people hospitalized for asthma who are seen by a medical practitioner within one month of the hospital discharge date.

This measure is based on a similar measure that examines whether a follow-up outpatient visit occurred within 30 days of an ED visit. The discussion of this measure indicated that the ADWG thought it was consistent with the ED measure. However, the question was raised as to whether we should limit the case identification to those with a primary asthma discharge code (i.e., 493.xx) or whether we should consider cases with a primary or a secondary asthma discharge code.

For example, if a patient was hospitalized for pneumonia which then led to an asthma exacerbation that was also treated during the inpatient stay, the patient may have a primary discharge code of pneumonia and a secondary discharge code for asthma. Such a case would not be included if only the primary discharge code is considered.

ADWG members agreed that we needed to find out whether an asthma discharge code is included for hospitalized patients who may have had asthma at some point, or only for hospitalized patients who were actively treated for asthma. Mike Emerson will send a question on this issue to Susan Arbor and Cc the rest of the members, and then Susan will talk to a person or group of people who perform medical coding as part of their job responsibilities to find out how this issue is handled in practice.
 - ii. The second new measure is under Indicator V: Pharmacology. The measure reads as follows:

A successful program will show an increase in the percentage of people with asthma who have filled at least one prescription of a short-acting inhaled beta₂-agonist in a year.

This measure was not discussed in detail; however, comments made by ADWG members indicated that it should be fairly easy to measure and, in some cases, is already being measured.

- iii. The third new measure is under Indicator VI: Pharmacology. The measure reads as follows:

A successful program will show an increase in the percentage of people with persistent asthma who have a medication ratio greater than or equal to 0.33 in a year.

$$\text{Ratio} = \frac{\text{Canisters of inhaled corticosteroids}}{(\text{Canisters of short-acting inhaled beta}_2\text{-agonists}) + (\text{Canisters of inhaled corticosteroids})}$$

Previously, the conversion factor for short-acting inhaled beta₂-agonists was derived from an NDC list kept by Stacey Schubert. However, Donna Erbs of Kaiser Permanente has shared Kaiser's list which has the conversion factor and also includes a weighting factor. This list will be shared with all ADWG members for perusal before a decision is made as to which list is preferable for analyses conducted by ADWG members on this measure.

2. Discussion of the second draft of the Asthma Data Workgroup Fact Sheet, which was developed so that people interested in joining ADWG can learn at a glance what we do and how we do it. Mike Emerson will make modifications as suggested by ADWG members and then make this available to people who are new to the ADWG.
3. Open discussion of other ADWG developments and issues.
 - a. Susan Arbor of OMAP gave an update on the AHRQ project, which focuses on reducing pediatric disparities in asthma. She also provided an update on the Performance Improvement Project being worked on by the Medicaid plans.
 - b. Preliminary findings and thoughts on the HEDIS measure for the 2005 measurement year were discussed.