



Asthma Data Workgroup



MEETING NOTES

Meeting Title:	Asthma Data Workgroup October Meeting
Date:	10/23/2008
Time:	2:00 – 4:00 pm
Location:	Portland State Office Building – Room 705

Facilitated by:	Rodney D. Garland
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Attendees:		
Ellen	Altman	InterCommunity Health Network
Susan	Arbor	Division of Medical Assistance Programs
Laurette	Blinn	InterCommunity Health Network
Tiffany	Dorsey	Kaiser Permanente
Rodney	Garland	Oregon Asthma Program
Alan	Johnson	CareOregon
Edith	Kotbage	ODS Health Plans
Charity	Kreider	ODS Health Plans
Prasad	Ravi	Kaiser Permanente
Brian	Ritacco	Oregon Asthma Program
Tracy	Scharn	Providence Health Plans
Stacey	Schubert	Oregon Tobacco Prevention & Education Program
Kim	Shaw	Acumentra Health
Thomas	Stibolt	Kaiser Permanente
Lee	Strandberg	InterCommunity Health Network
Artie	Veira	Providence Health Plans
Apologies:		
Author	Sprenkle	McKesson

Discussion Points
<p>1. Presentation by Dr. Thomas Stibolt on the Asthma Medication Ratio.</p> <p>Dr. Stibolt presented the history and current use of the asthma medication ratio in Oregon and Kaiser Permanente. He then fielded questions on the medication ratio. He also discussed the HEDIS measure and stated that the HEDIS measure is a less effective measure and was developed so all plans would be able to report whereas the medication ratio is a more difficult measure to calculate and report on.</p>



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One question on the medication ratio is why in the technical specification there is a requirement to only include members who have had greater than or equal to two canisters or nebulizers of inhaled SABs. The reason given was what that this provides a way to screen out members who never used SABs and therefore always get a ratio score of 1 (if they received control medications). Kaiser uses a threshold of four SABs.

2. Updates and follow-up from last weeks meeting.

Rodney discussed two issues that were brought up in the July 2008 meeting. The first was the potential for a chronic disease data workgroup. He stated that this was brought up with the managers of HPCDP and there was general support and some questions about concerns raised by the ADWG. Due to our current restructure efforts within HPCDP no consolidated meeting is expected in the near future.

The other point was the potential of a listserv to provide a way for analysts working on the asthma measures to work together on solutions. There was a concern about getting unsolicited emails from the listserv. Rodney will moderate the listserv to make sure this does not happen. One suggestion was to make the listserv more of a blog. A blog includes a website that maintains all questions and their responses so others can see if any questions were asked in the past that they could read to address a current technical issue. Rodney stated he was unsure if the state has this available but he will look into the possibility. Otherwise there was general support for setting up a listserv.

3. Update on the QPI and ADWG 2007 data submissions.

Rodney stated that all plans have provided their 2007 data to Medicaid and about half of the ADWG members have submitted data. Rodney also gave a brief overview of the process for updating the technical specifications documents and the medications list. There was some discussion on the drop in the medication ratios in Multnomah County. There was also discussion on the change in propellants and the downturn in the economy and that that will mean for asthma medications and the medication ratio.

4. Discuss issues found in the QPI/ADWG technical specifications on ED follow-up: How do we adjust.

One of the health plans found a problem related to the exclusion of emphysema and COPD for people being maintained in the data for asthma but no exclusion for follow-up outpatient visits. This is only a problem if people had a visit in December and follow-up in the January of the next year. ODS and Kaiser reviewed their data and found no cases where this occurred in 2007. However, all agreed it needed to be addressed in the technical specifications.

Rodney presented a number of responses to this technical glitch. ADWG members agreed that the best solution was not to count any outpatient visits for emphysema and/or COPD (in any diagnosis position) but otherwise not to change the specifications. This would only be applicable in the January of following year.

Rodney will send out this recommendation and any additional HEDIS changes or suggestions via email to the ADWG for review and ratify the change in the January 2009 meeting.

5. Open discussion on setting goals for QPI indicators:

The ADWG discussed possible ways to set goals and benchmarks for the two indicators in the QPI asthma measures. We discussed Gap Analysis and setting the goals to the best plan or coming up with an agreed upon number and use Gap Analysis to set goals for each individual



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<p>plan. It was noted that each plan has different strengths and weaknesses and than a single goal for all plans would likely not be feasible. DMAP pointed out that Gap Analysis would allow each plan to have their own goals based on their current state.</p> <p>Rodney gave DMAP a worksheet developed by the U.S. Department of Health and Human Services on setting Benchmarks and Goals for state asthma programs. The website is: http://www.ahrq.gov/qual/asthwork.pdf</p>
<p>6. Next Meeting:</p> <ul style="list-style-type: none">• Go through Technical Specification and Medication List and discuss any updates.• Present 2007 QPI and ADWG Data

Action Items	Owner	Due date
1. Look into possibility of a blog for the ADWG, otherwise set up and start a listserv	Rodney	Jan 2009
2. Look into putting asthma registries information on our website.	Rodney/Brian	Jan 2009
3.		
4.		