

Together for Quality
Asthma Measures – April 2010

BACKGROUND: Asthma was chosen as a priority disease for Alabama Medicaid’s Together for Quality (TFQ) Program. TFQ measures the use of a care management approach and/or the use of an electronic health record in addressing the needs of asthmatic patients. Pilot counties¹ were chosen to participate and missed opportunities (measurements) selected based on standards of care that would determine the impact of the various interventions.

REPORT CONTENT: The Asthma Data Report contains measurements on all identified asthmatic² recipients in the original baseline period³, measurements in the baseline period for recipients in the baseline period that were still eligible in April 2010⁴ and measurements for same group of recipients for different measurement period⁵.

MEASUREMENTS:

- Asthma Controller Use 1a: Patients with an asthma related ED visit (procedure codes 99281-99285) and/or asthma related hospital admission and fill <1 prescription every three months for an inhaled steroid.
- Asthma Controller Use 1b: Patients with >2 short acting bronchodilator prescriptions AND fill < 1 prescription every three months for an inhaled steroid or fill < 2 prescriptions every three months for leukotriene modifiers or mast cell stabilizers.
- Annual Influenza Immunization: Defined as CPT 90655-90660 or G0008 or V04.81
- Emergency Department Visit: Patients with ≥ 1 ED visit as identified via ED visit codes (procedure codes 99281-99285) AND also has an asthma diagnosis code ICD-9-CM codes 493.00, 493.01, 493.02, 493.10, 493.11, 493.12, 493.82, 493.90, 493.91, and 493.92 as the primary diagnosis on the ED claim.
- Hospitalization: Patients with ≥ 1 inpatient hospital admissions AND also has an asthma diagnosis code ICD-9-CM codes 493.00, 493.01, 493.02, 493.10, 493.11, 493.12, 493.81, 493.82, 493.90, 493.91, and 493.92 as the primary diagnosis on the inpatient hospital claim.

COLUMN DEFINITIONS:

- A. Number of recipients meeting the criteria during the baseline period.
- B. Percentage of recipients meeting the measure during the baseline period.
- C. Number of original baseline cohort recipients still eligible April 2010 period measured in the baseline period. This will allow for the original cohort to be tracked over a period of time.
- D. Percentage of original baseline cohort recipients meeting the measure in the baseline period.
- E. Original baseline cohort recipients meeting the criteria April 2010.
- F. Percentage of original cohort recipients meeting the measure in April 2010.
- G. End of Pilot target goals decided by the Clinical Workgroup based on national indicators.

Questions about the report or measures: Contact Janice O’Neal at Janice.Oneal@medicaid.alabama.gov or (334) 353-4771.

¹ Care Management Only Counties: Bullock, Pike; Electronic Health Record (QTool) Only Counties: Houston, Jefferson, Winston; Combination Counties: Calhoun, Lamar, Montgomery, Pickens, Talladega, Tuscaloosa

² Recipients age one and older with a claim containing ICD-9-CM codes 493.00, 493.01, 493.02, 493.10, 493.11, 493.12, 493.81, 493.82, 493.90, 493.91, and 493.92 (excludes 493.20, 493.21 and 493.22) or on two or more short acting beta adrenergic agent medication in AHFS 68:20.

³ Dates of service: March 1, 2006 to February 28, 2007 with paid dates through May 31, 2007.

⁴ Use same dates of service as original baseline measurement period but looks at results only for original cohort eligible in April 2009.

⁵ April 2009 reflects the measurement period for dates of service April 1, 2009 through March 31, 2010 with paid dates through June 30, 2010.