

Measure #444 (NQF 1799): Medication Management for People with Asthma – National Quality Strategy Domain: Efficiency and Cost Reduction

**2017 OPTIONS FOR INDIVIDUAL MEASURES:
REGISTRY ONLY**

MEASURE TYPE:
Process

DESCRIPTION:

The percentage of patients 5-64 years of age during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications that they remained on for at least 75% of their treatment period

INSTRUCTIONS:

This measure is to be reported a minimum of **once per performance period** for patients with a diagnosis of persistent asthma seen during the performance period. This measure may be reported by eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

Measure Reporting:

The listed denominator criteria is used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions allowed by the measure. The quality-data codes listed do not need to be submitted for registry-based submissions; however, these codes may be submitted for those registries that utilize claims data.

DENOMINATOR:

Patients 5-64 years of age with persistent asthma and a visit during the measurement period

***DENOMINATOR NOTE:** *Signifies that this CPT Category I code is a non-covered service under the Medicare Part B Physician Fee Schedule (PFS). These non-covered services should be counted in the denominator population for registry-based measures.*

Denominator Criteria (Eligible Cases):

Patients aged 5-64 years on date of encounter

AND

Diagnosis for persistent asthma (ICD-10-CM): J45.30, J45.31, J45.32, J45.40, J45.41, J45.42, J45.50, J45.51, J45.52

AND

Patient encounter during the performance period (CPT): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381*, 99382*, 99383*, 99384*, 99385*, 99386*, 99387*, 99391*, 99392*, 99393*, 99394*, 99395*, 99396*, 99397*

AND NOT

DENOMINATOR EXCLUSIONS:

Diagnosis of COPD, Emphysema, Obstructive Chronic Bronchitis, Chronic Respiratory Conditions Due to Fumes/Vapors, Cystic Fibrosis, or Acute Respiratory Failure any time during the patient's history through the end of the measurement year: E84.0, E84.11, E84.19, E84.8, E84.9, J43.0, J43.1, J43.2, J43.8, J43.9, J44.0, J44.1, J44.9, J68.4, J96.00, J96.01, J96.02, J96.20, J96.21, J96.22, J98.2, J98.3

OR

Any patients who had no asthma controller medications dispensed during the measurement year: G9808

OR

Patients who use hospice services any time during the measurement period: G9809

NUMERATOR:

The number of patients who achieved a proportion of days (PDC) of at least 75% for their asthma controller medications during the measurement year

Definition:

PDC- The proportion of days covered by at least one asthma controller medication prescription, divided by the number of days in the treatment period. The treatment period is the period of time beginning on the earliest prescription dispensing date for any asthma controller medication during the measurement year through the last day of the measurement year.

Table MMA-B: Asthma Controller Medications

Description	Prescriptions		
Antiasthmatic combinations	• Dyphylline-guaifenesin	• Guaifenesin-theophylline	
Antibody inhibitor	• Omalizumab		
Inhaled steroid combinations	• Budesonide-formoterol	• Fluticasone-salmeterol	• Mometasone-formoterol
Inhaled corticosteroids	• Beclomethasone • Budesonide	• Ciclesonide • Flunisolide	• Fluticasone CFC free • Mometasone
Leukotriene modifiers	• Montelukast	• Zafirlukast	• Zileuton
Mast cell stabilizers	• Cromolyn		
Methylxanthines	• Aminophylline	• Dyphylline	• Theophylline

Numerator Options:

Performance Met:

Patient achieved a PDC of at least 75% for their asthma controller medication (**G9810**)

OR

Performance Not Met:

Patient did not achieve a PDC of at least 75% for their asthma controller medication (**G9811**)

RATIONALE:

This measure assesses adherence to long-term asthma controller medications in patients with persistent asthma. The improvement in quality envisioned by the use of this measure is increasing adherence to long-term asthma controller medications in patients with persistent asthma. Increasing adherence to asthma controller medications can prevent and control asthma symptoms, improve quality of life, reduce the frequency and severity of asthma exacerbations, and potentially prevent a significant proportion of asthma-related costs (hospitalizations, emergency room visits and missed work and school days) (Akinbami 2009; (National Heart, Lung, and Blood Institute [NHLBI]/National Asthma and Education Prevention Program [NAEPP] 2007).

CLINICAL RECOMMENDATION STATEMENTS:

Akinbami, L.J., J.E. Moorman, P.L. Garbe, E.J. Sondik. 2009. Status of Childhood Asthma in the United States, 1980–2007. *Pediatrics* 123:S131-45. doi: 10.1542/peds.2008-2233C.

National Heart Lung and Blood Institute/National Asthma Education and Prevention Program. 2007. Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma. Washington (DC): National Heart Lung and Blood Institute (NHLBI), NIH Publication No. 07-4051. <http://www.nhlbi.nih.gov/guidelines/asthma/asthgdln.pdf> (November 19, 2015).

Stillman, L. 2010. Living with Asthma in New England: Results from the 2006 BRFSS and Call-back Survey. A report by the Asthma Regional Council of New England (February). http://www.hria.org/uploads/catalogerfiles/living-with-asthma-innew-england/HRiA_Living_with_Asthma_BRFSS_2010.pdf (November 19, 2015).

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**2017 Registry Individual Measure Flow
#444 NQF #1799: Medication Management for People with Asthma**



*See the posted Measure Specification for specific coding and instructions to report this measure.

NOTE: Reporting Frequency: Patient-process

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2017 Registry Individual Measure Flow
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SAMPLE CALCULATIONS:

Data Completeness=

$$\frac{\text{Performance Met (a=5 patients)} + \text{Performance Not Met (c=2 patients)}}{\text{Eligible Population / Denominator (d=8 patients)}} = \frac{7 \text{ patients}}{8 \text{ patients}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=5 patients)}}{\text{Data Completeness Numerator (7 patients)}} = \frac{5 \text{ patients}}{7 \text{ patients}} = 71.43\%$$

NOTE: Reporting Frequency: Patient-process

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Please refer to the specific section of the Measure Specification to identify the denominator and numerator information for use in reporting this Individual Measure.

1. Start with Denominator
2. Check Patient Age:
 - a. If Patient age is 5 thru 64 years equals No, do not include in Eligible Patient Population. Stop Processing.
 - b. If Patient age is greater than or equal to 18 years equals Yes, proceed to check Diagnosis.
3. Check Diagnosis:
 - a. If Diagnosis for Persistent Asthma as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
 - b. If Diagnosis for Persistent Asthma as Listed in the Denominator equals Yes, proceed to check Encounter Performed.
4. Check Encounter Performed:
 - a. If Encounter Performed as Listed in the Denominator equals No, proceed to check Inpatient Encounter Performed.
 - b. If Encounter Performed as Listed in the Denominator equals Yes, proceed to Check Diagnosis of COPD, Emphysema, Obstructive Chronic Bronchitis, Chronic Respiratory Conditions Due to Fumes/Vapors, Cystic Fibrosis, or Acute Respiratory Failure.
5. Check Diagnosis of COPD, Emphysema, Obstructive Chronic Bronchitis, Chronic Respiratory Conditions Due to Fumes/Vapors, Cystic Fibrosis, or Acute Respiratory Failure:
 - a. If Diagnosis of COPD, Emphysema, Obstructive Chronic Bronchitis, Chronic Respiratory Conditions Due to Fumes/Vapors, Cystic Fibrosis, or Acute Respiratory Failure equals No, proceed to check No Asthma Controller Medications Dispensed During the Measurement Year.
 - b. If Diagnosis of COPD, Emphysema, Obstructive Chronic Bronchitis, Chronic Respiratory Conditions Due to Fumes/Vapors, Cystic Fibrosis, or Acute Respiratory Failure equals Yes, do not include in Eligible Patient Population. Stop Processing.
6. Check No Asthma Controller Medications Dispensed During the Measurement Year:
 - a. If No Asthma Controller Medications Dispensed During the Measurement Year equals No, proceed to check Patients Who Use Hospice Services Any Time During the Measurement Period.
 - b. If No Asthma Controller Medications Dispensed During the Measurement Year equals Yes, do not include in Eligible Patient Population. Stop Processing.
7. Check Patients Who Use Hospice Services Any Time During the Measurement Period:
 - a. If Patients Who Use Hospice Services Any Time During the Measurement Period equals No, include in Eligible population.

- b. If Patients Who Use Hospice Services Any Time During the Measurement Period equals Yes, do not include in Eligible Patient Population. Stop Processing.
8. Denominator Population:
- a. Denominator population is all Eligible Patients in the denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 8 patients in the sample calculation.
9. Start Numerator
10. Check Patient Achieved a PDC of at Least 75% for Their Asthma Controller Medication:
- a. If Patient Achieved a PDC of at Least 75% for Their Asthma Controller Medication equals Yes, include in Data Completeness Met and Performance Met.
 - b. Data Completeness Met and Performance Met letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 5 patients in Sample Calculation.
 - c. If Patient Achieved a PDC of at Least 75% for Their Asthma Controller Medication equals No, proceed to Patient Did Not Achieve a PDC of at Least 75% for Their Asthma Controller Medication.
11. Check Patient Did Not Achieve a PDC of at Least 75% for Their Asthma Controller Medication:
- a. If Patient Did Not Achieve a PDC of at Least 75% for Their Asthma Controller Medication equals Yes, include in Data Completeness Met and Performance Not Met.
 - b. Data Completeness Met and Performance Not Met letter is represented as Data Completeness in the Sample Calculation listed at the end of this document. Letter c equals 2 patients in the Sample Calculation.
 - c. If Patient Did Not Achieve a PDC of at Least 75% for Their Asthma Controller Medication equals No, proceed to Data Completeness Not Met.
12. Check Data Completeness Not Met:
- a. If Data Completeness Not Met equals No, Quality Data Code or equivalent not reported. 1 patient has been subtracted from the Data Completeness numerator in the sample calculation.

SAMPLE CALCULATIONS:

Data Completeness=

$$\frac{\text{Performance Met (a=5 patients)} + \text{Performance Not Met (c=2 patients)}}{\text{Eligible Population / Denominator (d=8 patients)}} = \frac{7 \text{ patients}}{8 \text{ patients}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=5 patients)}}{\text{Data Completeness Numerator (7 patients)}} = \frac{5 \text{ patients}}{7 \text{ patients}} = 71.43\%$$