

Proposed Changes to Existing Measure for HEDIS 2010: Use of Appropriate Medications for People With Asthma (ASM)

NCQA seeks comments on proposed modifications to the *Use of Appropriate Medications for People With Asthma* measure, which assesses the percentage of patients 5–56 years of age during the measurement year who were identified as having persistent asthma and who were appropriately prescribed medication during the measurement year.

We propose two changes to this measure.

1. Lower the upper age limit from 56 years of age to 50 years of age and add new age stratifications of 5–11 years, 12 and older and a total rate
2. Add the following exclusions: cystic fibrosis, acute respiratory failure, bronchitis

NCQA has been working with the American Medical Association Physician Consortium for Performance Improvement (AMA/PCPI) to harmonize current Asthma measure definitions. With support from the joint NCQA-AMA/PCPI Asthma Measurement Advisory Panel (MAP), the upper age limit of 50 was selected to address concerns of misdiagnosis, as there is a higher risk of misclassification for COPD versus asthma as age increases. Furthermore, the stratifications of 5–11 and 12 and older were selected to align with current National Asthma Education and Prevention Program (NAEPP) guidelines.

Addition of these new exclusions was based on the concern that patients with these conditions were being incorrectly captured by the measure because they often meet inclusion criteria for the definition of “persistent asthma,” based on medication dispensing required to treat these diseases.

Supporting documents for the proposed measure include the draft measure specifications and associated measure rationale work-up, which contain field-test data.

NCQA thanks and acknowledges the contributions of the NCQA-AMA/PCPI Asthma MAP.

Use of Appropriate Medications for People With Asthma (ASM)

SUMMARY OF PROPOSED CHANGES TO HEDIS 2010

- [Lowered the upper age limit from 56 years to 50 years.](#)
- [Modified the age stratifications to 5–11 years, 12 years and older, total rate.](#)
- [Added ICD-9 codes 518.5, 518.6, 518.81 and 491.x to Table ASM-E.](#)

Description

The percentage of members 5–[50](#) years of age during the measurement year who were identified as having persistent asthma and who were appropriately prescribed medication during the measurement year.

Definitions

Dispensing event	A dispensing event is one prescription of an amount lasting 30 days or less. To calculate dispensing events for prescriptions longer than 30 days, divide the days supply by 30 and round down to convert. For example, a 100-day prescription is equal to three dispensing events ($100/30 = 3.33$, rounded down to 3). The organization should allocate the dispensing events to the appropriate year based on the date on which the prescription is filled. For two different prescriptions dispensed on the same day, sum the days supply to determine the number of dispensing events.
Inhaler dispensing event	Inhalers count as one dispensing event; for example, an inhaler with a 90-day supply is considered one event. Multiple inhalers of the same medication (as identified by the drug ID in the NDC list) filled on the same date of service should also be counted as one dispensing event; for example, a member may obtain two inhalers on the same day (one for home and one for work), but use both during the same 30-day period. The organization should allocate the dispensing events to the appropriate year, based on the date on which the prescription is filled.

Eligible Population

Product lines	Commercial, Medicaid (report each product line separately).
Ages	5– 50 years by December 31 of the measurement year. Report two age stratifications and a total rate. <ul style="list-style-type: none"> • 5–11 years • 12 and older • Total <p>The total is the sum of the two numerators divided by the sum of the two denominators.</p>
Continuous enrollment	The measurement year and the year prior to the measurement year.
Allowable gap	No more than one gap in enrollment of up to 45 days during each year of continuous enrollment. To determine continuous enrollment for a Medicaid beneficiary for whom enrollment is verified monthly, the member may not have more than a 1-month gap in coverage during each year of continuous enrollment year.

Anchor date	December 31 of the measurement year.
Benefits	Medical. Pharmacy during the measurement year.
Event/ diagnosis	Follow the steps below to identify the eligible population for the measure.

Step 1 Identify members as having persistent asthma who met at least one of the following criteria during both the measurement year and the year prior to the measurement year. Criteria need not be the same across both years.

- At least one ED visit (Table ASM-B) with asthma as the principal diagnosis (Table ASM-A)
- At least one acute inpatient discharge (Table ASM-B) with asthma as the principal diagnosis (Table ASM-A)
- At least four outpatient asthma visits (Table ASM-B) with asthma as one of the listed diagnoses (Table ASM-A) and at least two asthma medication dispensing events (Table ASM-C)
- At least four asthma medication dispensing events (Table ASM-C)

Table ASM-A: Codes to Identify Asthma

Description	ICD-9-CM Diagnosis
Asthma	493

Table ASM-B: Codes to Identify Visit Type

Description	CPT	UB Revenue
Outpatient	99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99382-99386, 99392-99396, 99401-99404, 99411, 99412, 99420, 99429	051x, 0520-0523, 0526-0529, 057x- 059x, 077x, 0982, 0983
Acute inpatient	99221-99223, 99231-99233, 99238, 99239, 99251-99255, 99261-99263, 99291	010x, 0110-0114, 0119, 0120-0124, 0129, 0130-0134, 0139, 0140-0144, 0149, 0150-0154, 0159, 016x, 020x-022x, 072x, 0987
ED	99281-99285	045x, 0981

Table ASM-C: Asthma Medications

Description	Prescriptions		
Antiasthmatic combinations	• dyphylline-guaifenesin	• guaifenesin-theophylline	• potassium iodide-theophylline
Antibody inhibitor	• omalizumab		
Inhaled steroid combinations	• budesonide-formoterol	• fluticasone-salmeterol	
Inhaled corticosteroids	• beclomethasone • flunisolide	• fluticasone CFC free • mometasone	• triamcinolone
Leukotriene modifiers	• montelukast	• zafirlukast	• zileuton
Long-acting, inhaled beta-2 agonists	• aformoterol	• formoterol	• salmeterol
Mast cell stabilizers	• cromolyn	• nedocromil	
Methylxanthines	• aminophylline • dyphylline	• oxtriphylline • theophylline	
Short-acting, inhaled beta-2 agonists	• albuterol • levalbuterol	• metaproterenol • pirbuterol	

Note: NCQA will provide a comprehensive list of medications and NDC codes on its Web site (www.ncqa.org) by November 16, 2009.

Step 2 A member identified as having persistent asthma because of at least four asthma medication dispensing events, where leukotriene modifiers were the sole asthma medication dispensed in that year, must also meet the following criterion.

- Have at least one diagnosis of asthma, in any setting, in the same year as the leukotriene modifier (i.e., measurement year or year prior to the measurement year).

Administrative Specification

Denominator The eligible population.

Numerator Dispensed at least one prescription for a preferred therapy during the measurement year (Table ASM-D).

Table ASM-D: Preferred Asthma Therapy Medications

Description	Prescriptions		
Antiasthmatic combinations	• dyphylline-guaifenesin	• guaifenesin-theophylline	• potassium iodide-theophylline
Antibody inhibitor	• omalizumab		
Inhaled steroid combinations	• budesonide-formoterol	• fluticasone-salmeterol	
Inhaled corticosteroids	• beclomethasone • flunisolide	• fluticasone CFC free • mometasone	• triamcinolone
Leukotriene modifiers	• montelukast	• zafirlukast	• zileuton
Mast cell stabilizers	• cromolyn	• nedocromil	
Methylxanthines	• aminophylline • dyphylline	• oxtriphylline • theophylline	

Exclusion (optional)

- Members diagnosed with emphysema, COPD, [cystic fibrosis](#), [acute respiratory failure](#), or [acute bronchitis](#) (Table ASM-E) any time on or prior to December 31 of the measurement year.

Table ASM-E: Codes to Identify Exclusions

(These codes are preliminary and will be confirmed by the Coding Panel at a later date.)

Description	ICD-9-CM Diagnosis
Emphysema	492, 506.4, 518.1, 518.2
COPD	491.2, 493.2, 496, 506.4
Cystic fibrosis	518.5 , 518.6*
Acute respiratory failure	518.81*
Acute bronchitis	491.x*

Data Elements for Reporting

Organizations that submit HEDIS data to NCQA must provide the following data elements.

Table ASM-1/2: Data Elements for Use of Appropriate Medications for People With Asthma

	Administrative
Measurement year	✓
Data collection methodology (Administrative)	✓
Eligible population	<i>For each age stratification and total</i>
Numerator events by administrative data	<i>For each age stratification and total</i>
Reported rate	<i>For each age stratification and total</i>
Lower 95% confidence interval	<i>For each age stratification and total</i>
Upper 95% confidence interval	<i>For each age stratification and total</i>