2018 Asthma Symposium

The Wrap-Up

Wm Brendle Glomb, MD, FCCP, FAAP

Senior Medical Director

Superior HealthPlan

Agenda

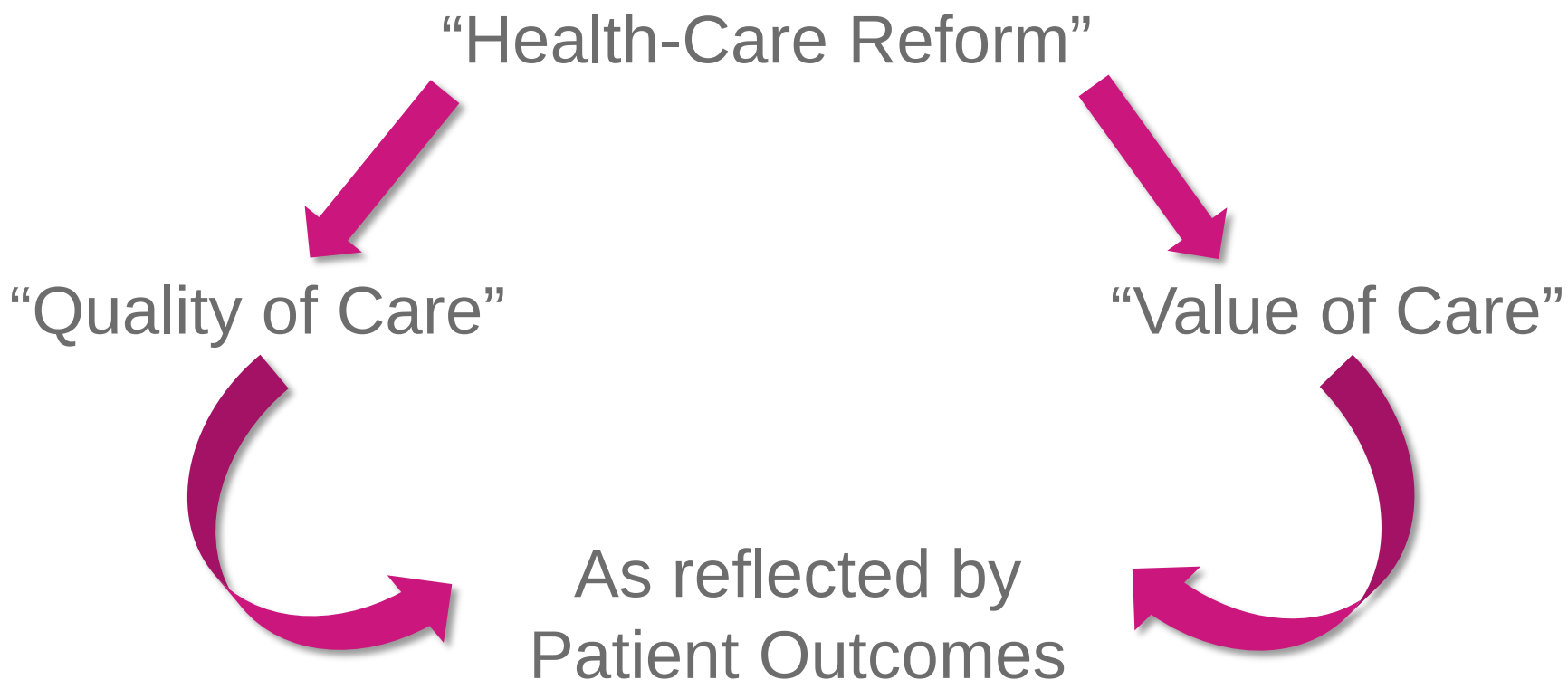
- Introduction
- HEDIS Asthma Measures
- Value of Care
- Quality of Care
- Bridges to Excellence

Introduction

- “The times, they are a-changin’”

- Bob Dylan

Introduction



Quality of Care

- Various “quality measures” have evolved, from many sources.
- One such set of measures, utilized by Centers for Medicare and Medicaid Services (CMS) and Department of Health and Human Services (DHHS), is the Healthcare Effectiveness Data and Information Set (HEDIS), promulgated by the National Committee for Quality Assurance (NCQA).
- Because Medicaid and Medicare are federal programs, the HEDIS measures are used to assess the “quality” of medical care being delivered.
- The HEDIS Measures include three primary asthma quality measures.

HEDIS Asthma Measures

HEDIS Asthma Measures

1. Use of Appropriate Medications for People With Asthma (ASM) - **RETIRED**

2. Medication Management for People With Asthma (MMA)

3. Asthma Medication Ratio (AMR)

Use of Appropriate Medication for People With Asthma (ASM)

- “The percentage of members 5–64 years of age during the measurement year who were identified as having persistent asthma and who were appropriately prescribed medication during the measurement year.”

ASM Treatment Rate (Overall)

Measurement Year	Commercial	Medicaid
2010	92.9	88.4
2009	92.7	88.6
2008	92.4	88.7
2007	92.3	86.9
2006	92.6	87.1
2005	89.9	85.7

Medication Management for People With Asthma (MMA)

- Two Rates
  - The percentage of members who remained on an asthma controller medication for at least 50% of their treatment period.
  - The percentage of members who remained on an asthma controller medication for at least 75% of their treatment period.

Medication Management for People With Asthma (MMA)

MEDICATION COMPLIANCE RATE 75% (5–11 YEARS)

	Commercial		Medicaid	Medicare	
Year	HMO	PPO	HMO	HMO	PPO
2017	40.3	41.1	31.2	-	-
2016	37.8	38.5	29.6	_	_
2015	38.4	39.7	28.3	_	_
2014	37.2	39.1	26.6	_	_
2013	38.4	42.8	27.6	_	_
2012	32.4	34.5	25.3	_	_

Medication Management for People With Asthma (MMA)

MEDICATION COMPLIANCE RATE 75% (19–50 YEARS)

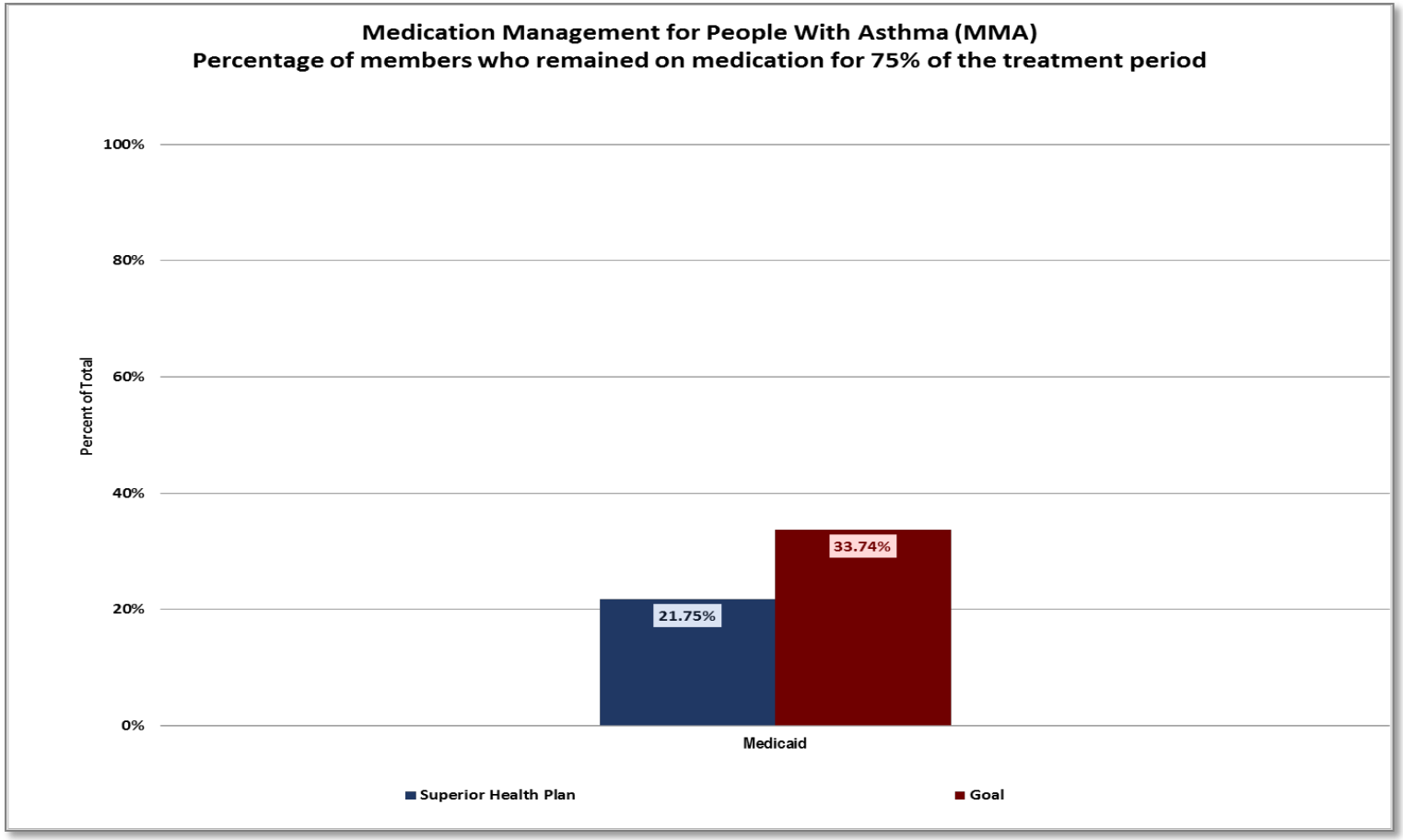
	Commercial		Medicaid	Medicare	
Year	HMO	PPO	HMO	HMO	PPO
2017	48.3	51.2	41.1	-	-
2016	45.6	47.5	39.0	_	_
2015	43.1	46.3	37.8	_	_
2014	42.4	43.2	35.6	_	_
2013	43.8	48.0	36.4	_	_
2012	39.7	42.1	34.3	_	_

Medication Management for People With Asthma (MMA)

MEDICATION COMPLIANCE RATE 75% (OVERALL)

	Commercial		Medicaid	Medicare	
Year	HMO	PPO	HMO	HMO	PPO
2017	50.3	52.6	36.9	-	-
2016	48.5	49.5	34.9	_	_
2015	46.2	48.5	32.8	_	_
2014	44.6	45.6	30.5	_	_
2013	46.1	49.7	31.3	_	_
2012	41.8	43.5	28.9	_	_

Medication Management for People With Asthma (MMA)



Asthma Medication Ratio (AMR)

- “The percentage of members 5-64 year of age, who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.”

Asthma Medication Ratio (AMR)

ASTHMA MEDICATION RATIO (5–11 YEARS)

	Commercial		Medicaid	Medicare	
Year	HMO	PPO	HMO	HMO	PPO
2017	87.1	87.5	72.4	-	-
2016	86.9	87.9	72.5	_	_
2015	87.0	88.7	70.1	_	_
2014	86.0	87.0	69.5	_	_
2013	89.4	89.7	76.6	_	_

Asthma Medication Ratio (AMR)

ASTHMA MEDICATION RATIO (19–50 YEARS)

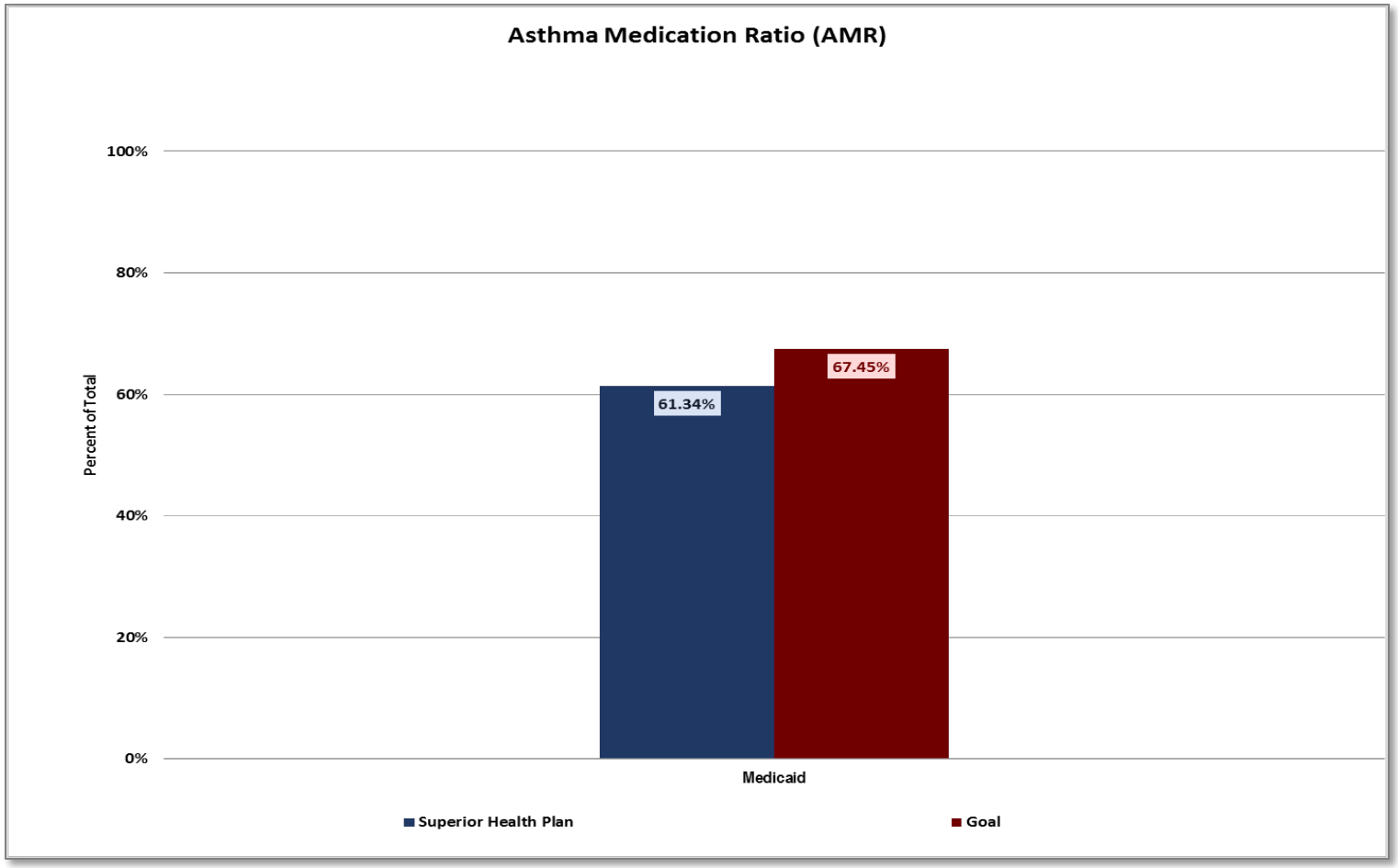
	Commercial		Medicaid	Medicare	
Year	HMO	PPO	HMO	HMO	PPO
2017	73.7	74.8	52.5	-	-
2016	73.1	72.6	51.6	_	_
2015	71.6	71.5	49.0	_	_
2014	71.4	70.1	47.2	_	_
2013	73.5	71.9	50.1	_	_

Asthma Medication Ratio (AMR)

Asthma Medication Rate (Overall)

	Commercial		Medicaid	Medicare	
Year	HMO	PPO	HMO	HMO	PPO
2017	78.6	79.5	61.4	-	-

Asthma Medication Ratio (AMR)



Value of Care

Value of Care

Value of Care

$$V = Q / C$$

You can ↑V by ↑Q or ↑V by ↓C

Quality of Care (QOC)

National Attempts at Increasing “Quality”

- Choosing Wisely Campaign
  - For example, recommendations of the AAAAAI:
    1. **Don’t perform unproven diagnostic tests, such as immunoglobulin G (IgG) testing or an indiscriminate battery of immunoglobulin E (IgE) tests, in the evaluation of allergy.**
    2. Don’t order sinus computed tomography (CT) or indiscriminately prescribe antibiotics for uncomplicated acute rhinosinusitis.
    3. Don’t routinely do diagnostic testing in patients with chronic urticaria.
    4. Don’t recommend replacement immunoglobulin therapy for recurrent infections unless impaired antibody responses to vaccines are demonstrated.
    5. **Don’t diagnose or manage asthma without spirometry.**

National Attempts at Increasing “Quality”

- Choosing Wisely Campaign
  - More recommendations of the AAAAAI:
    6. Don’t rely on antihistamines as first-line treatment in severe allergic reactions.
    7. **Don’t perform food IgE testing without a history consistent with potential IgE-mediated food allergy.**
    8. Don’t routinely order low- or iso-osmolar radiocontrast media or pretreat with corticosteroids and antihistamines for patients with a history of seafood allergy, who require radiocontrast media.
    9. **Don’t routinely avoid influenza vaccination in egg-allergic patients.**
    10. Don’t overuse non-beta lactam antibiotics in patients with a history of penicillin allergy, without an appropriate evaluation.

Superior and Initiatives to Increase Asthma QOC

- Asthma Symposia
- Providers' Dashboard comparing Asthma Measurements and Outcomes
- Asthma Providers' Resource Guide
- Superior Members' Asthma Toolkit
- Bridges to Excellence – Asthma

Bridges to Excellence (BTE)

BTE Asthma

- The Bridges to Excellence (BTE) Asthma Care Recognition Program is used to distinguish providers demonstrating a high-level of quality for asthma care.

- Superior-contracted providers who participate in any product line and are BTE-recognized for asthma care and who have an open panel will be eligible for Superior's BTE Asthma Care Incentive Program.

Incentive Program Structure

- The incentive will be a Per-Member (with asthma) Per-Year (PMPY) bonus. The amount of the incentive will be dependent on the level of recognition achieved through HCI3.
  - Level I: $50/PMPY
  - Level II: $75/PMPY
  - Level III: $100/PMPY
- Providers will also be eligible to receive an additional bonus of $25 per attributed asthma member per year if the member has less than 57 Potentially Preventable Visits (PPVs) per 1000 members.

BTE Gold Carding

- As an added bonus, all physicians and their mid-level staff participating in Superior's BTE Asthma Care Recognition Program are automatically enrolled in our pharmacy Gold Card Program.

- The Gold Card Program gives prescribing providers direct access to many asthma-related prescriptions, omitting prior authorizations for select products. In addition, quantity limits will be waived for these select asthma medications, leaving the dosing discretion up to the provider.

- The dedicated concierge line will allow providers to speak directly to a Superior Clinical Pharmacist and pharmacy support team. This team will help expedite authorizations for prescriptions and answer pharmacy-related questions or concerns.

How to Become BTE Recognized?

- Any Superior contracted provider in good standing with an open panel who would like to participate in Superior's BTE Asthma Care Incentive Program will need to become BTE recognized for asthma care through HCI3 before applying to Superior's BTE incentive program.
  - For more information about becoming BTE recognized, please visit the HCI3 Bridges to Excellence website: http://www.bridgestoexcellence.org/clinicians-participate-bte

- Once BTE Recognized, in order to begin the amendment process, please contact your local Clinical Nurse Liaison or Kyle Trzaskalski at: Kyle.Trzaskalski@SuperiorHealthPlan.com

Questions and Answers

Thank you for attending!