2018 Asthma Symposium
The Wrap-Up

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Agenda

- Introduction
- HEDIS Asthma Measures
- Value of Care
- Quality of Care
- Bridges to Excellence
• “The times, they are a-changin’”

- Bob Dylan
Introduction

“Health-Care Reform”

“Quality of Care”

As reflected by Patient Outcomes

“Value 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. Medication Management for People With Asthma (MMA)

2. Asthma Medication Ratio (AMR)
Medication Management for People with Asthma (MMA)

- The percentage of members 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 during the treatment period (50% or 75% of the time)

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<td>MMA -75% of treatment period*</td>
<td>22.26%</td>
<td>23.11%</td>
<td>26.47%</td>
<td>29.41%</td>
<td>35.60%</td>
<td>43.06%</td>
<td>51.22%</td>
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*no benchmarks available for the 50% of treatment period data
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.

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<tr>
<td>AMR</td>
<td>58.69%</td>
<td>58.12%</td>
<td>55.79%</td>
<td>56.85%</td>
<td>62.28%</td>
<td>67.03%</td>
<td>71.93%</td>
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Value of Care
Value of Care
Value of Care

\[ V = \frac{Q}{C} \]

You can \( \uparrow V \) by \( \uparrow Q \) or \( \uparrow V \) by \( \downarrow C \)
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.
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.
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](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
To download a copy of the speaker presentations visit: www.SuperiorHealthPlan.com/asthma-symposium
Questions and Answers

Thank you for attending!