Asthma Medication Ratio (AMR)

Geisinger

Tricia Heitzman, PharmD

Lauren Pheasant, PharmD, BCACP

Objectives

- Review the HEDIS Asthma Medication Ratio (AMR) Measure
- Explain current initiatives to address the measure
- Summarize best practices to improve AMR rates

AMR Measure Summary

- The percentage of members 5-64 years 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
- Goal: Identify patients who are overutilizing their reliever inhaler medications and underutilizing their controller medications
- A ratio of less than 0.5 often identifies patients with poorly controlled asthma and are more likely to require ED visits or inpatient stays
- Applicable lines of business: Medicaid, CHIP, Commercial, Exchange

$$\text{Asthma medication ratio} = \frac{\text{Units of controller medications}}{\text{Units of total asthma medications (controller+reliever)}}$$

AMR Measure Key Specifications

Eligible Population:

- At least one ED visit or acute inpatient encounter with a principal diagnosis of asthma
- At least one acute inpatient discharge with a principal diagnosis of asthma on the discharge claim
- At least four outpatient visits, telephone visits or e-visits or virtual check-ins on different dates of service, with any diagnosis of asthma AND at least 2 asthma medication dispensing events for any controller or reliever medication
- At least four asthma medication dispensing events for any controller or reliever medication

Exclusions:

- Diagnosis is on the exclusion list
- Hospice
- No asthma controller or reliever medications dispensed during the measurement year

Diagnosis Exclusion List

ICD-10	Diagnosis
E84.0	Cystic fibrosis with pulmonary manifestations
E84.11	Meconium ileus in cystic fibrosis
E84.19	Cystic fibrosis with other intestinal manifestations
E84.8	Cystic fibrosis with other manifestations
E84.9	Cystic fibrosis, unspecified
J43.0	Unilateral pulmonary emphysema [MacLeod's syndrome]
J43.1	Panlobular emphysema
J43.2	Centrilobular emphysema
J43.8	Other emphysema
J43.9	Emphysema, unspecified
J44.0	Chronic obstructive pulmonary disease with (acute) lower respiratory infection
J44.1	Chronic obstructive pulmonary disease with (acute) exacerbation

ICD-10	Diagnosis
J44.81	Bronchiolitis obliterans and bronchiolitis obliterans syndrome
J44.89	Other specified chronic obstructive pulmonary disease
J44.9	Chronic obstructive pulmonary disease, unspecified
J68.4	Chronic respiratory conditions due to chemicals, gases, fumes and vapors
J96.00	Acute respiratory failure, unspecified whether with hypoxia or hypercapnia
J96.01	Acute respiratory failure with hypoxia
J96.02	Acute respiratory failure with hypercapnia
J96.20	Acute and chronic respiratory failure, unspecified whether with hypoxia or hypercapnia
J96.21	Acute and chronic respiratory failure with hypoxia
J96.22	Acute and chronic respiratory failure with hypercapnia
J98.2	Interstitial emphysema
J98.3	Compensatory emphysema

AMR Example Calculation

Rescue Medication Fill History

Albuterol HFA

- 1 inhaler filled 6/2 for a 30-day supply (1 unit)
- 1 inhaler filled 7/2 for a 30-day supply (1 unit)
- 1 inhaler filled 8/4 for a 30-day supply (1 unit)
- 2 inhalers filled 9/2 for a 34-day supply (2 units)

Controller Medication Fill History

Fluticasone propionate and salmeterol diskus (Advair)

- 3 inhalers filled 6/15 for a 90-day supply (3 units)

AMR Calculation: $\frac{\textbf{3} \text{ units of controller}}{\textbf{8} \text{ units total}}$ = **0.375**

(3 controller + 5 reliever)

Current GHP Pharmacy Initiatives

Weekly telephonic outreach

Monthly member letters

Quarterly provider letters

Telephonic Outreach Interventions

Patient calls:

- **Identify barriers related to medication non-adherence**
  - Refills needed
  - Transportation concerns
  - Lack of knowledge
- **Education**
  - Inhaler technique
  - Disease State
  - Knowing how and when to use medications
- **Facilitate discussions with providers and pharmacies**
  - 90-day supplies of medications
  - Mail order pharmacies
  - Refills or automatic refills

Telephonic Outreach Interventions

Provider calls:

- Advising of frequent fill history of reliever medications
- Facilitating refills for patients
- Advising of compliance of controller medications
- Recommendations for controller medications
- Discussion of diagnosis exclusions or coding related to the measure

Telephonic Outreach Interventions

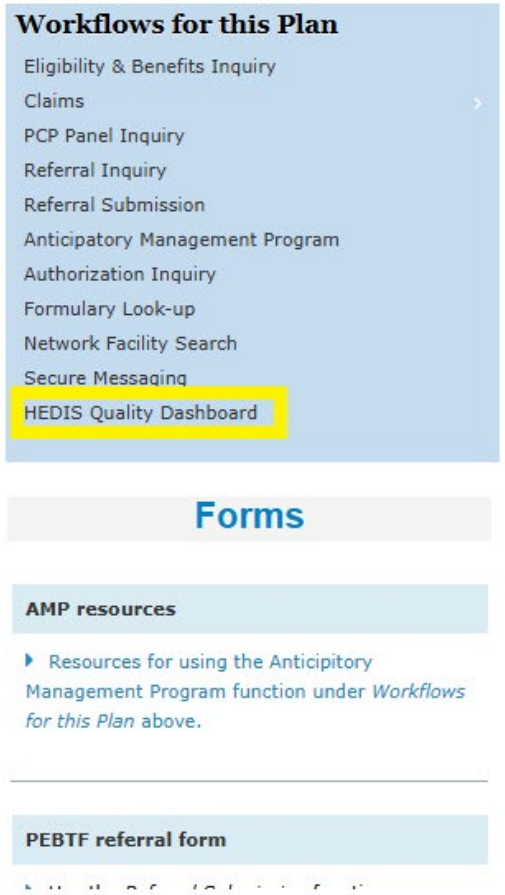
Pharmacy Calls:

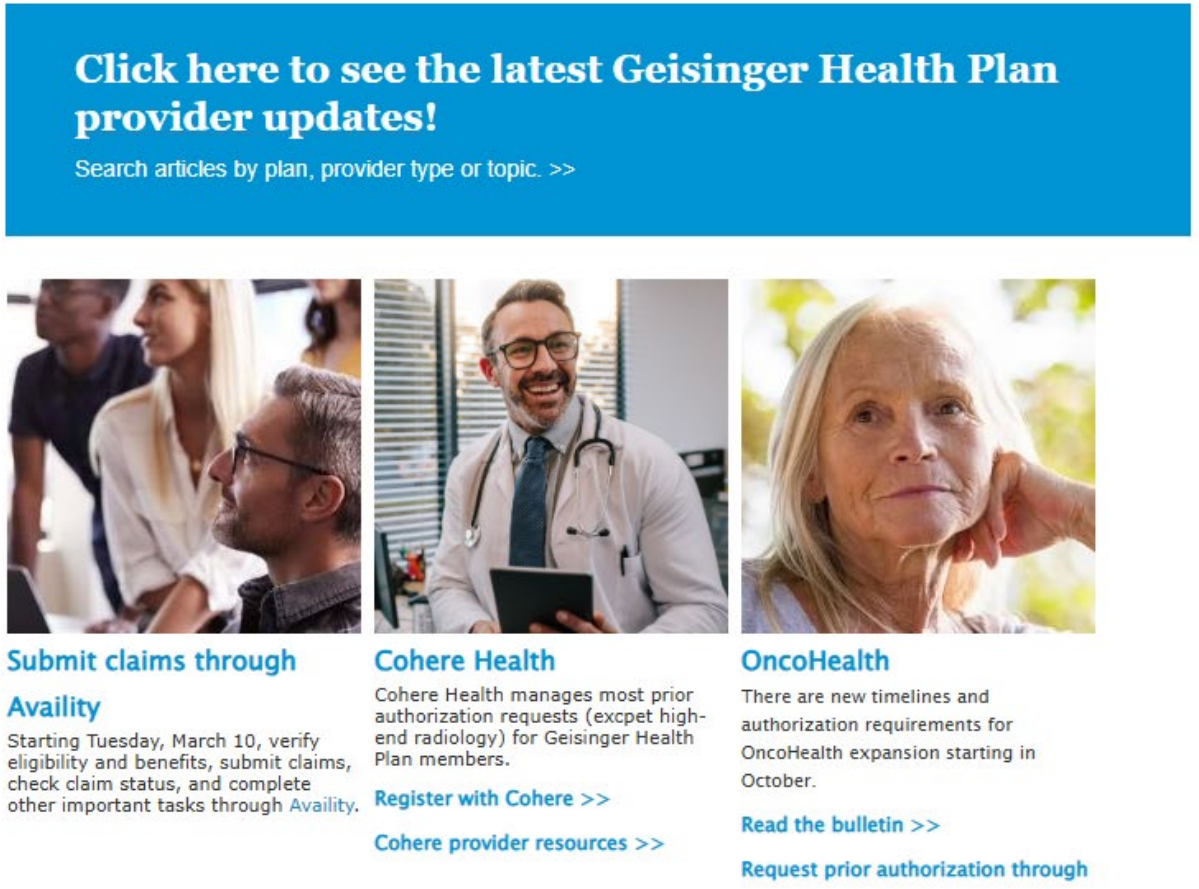
- Autofill to be turned off reliver medications
- Asking for refills to be processed

Additional GHP Initiatives

Inovalon Provider Enablement Tool

- Access via Navinet (soon to be Availity)
- Sign in under Tax ID
- HEDIS Quality Dashboard





Inovalon Provider Enablement Tool

Patient Details

Customize Layout | Download

Patient Detail (by Measure) | Patient Detail (by Patient)

25 records displayed (download to see full data)

ient Information		Provider Information			Program Information	Measure Details	
Patient Name	Medical Group ID	Clinic Name	Practitioner First Name	Practitioner Last Name	Program Name	Measure Name	Adherence Status
		Fpc-Hughesville	Quinn	Kirk	All Care Gaps (GHPACG25)	Asthma Medication Ratio (AMRMY24-5TO64PD50)	Excluded
		Fpc-Hughesville	Quinn	Kirk	GHP Family P4Q (GHPP4Q25)	Asthma Medication Ratio (AMRMY24-5TO64PD50)	Excluded
		Fpc-Sunbury	David R.	Kalodner	All Care Gaps (GHPACG25)	Asthma Medication Ratio (AMRMY24-5TO64PD50)	Compliant
		Fpc-Sunbury	David R.	Kalodner	GHP Family P4Q (GHPP4Q25)	Asthma Medication Ratio (AMRMY24-5TO64PD50)	Compliant
		Fpc-Shamokin Dam	Sally J.	Ferguson-Avery	GHP Family P4Q (GHPP4Q25)	Asthma Medication Ratio (AMRMY24-5TO64PD50)	Open Gap
		Fpc-Shamokin Dam	Sally J.	Ferguson-Avery	All Care Gaps (GHPACG25)	Asthma Medication Ratio (AMRMY24-5TO64PD50)	Open Gap
		Fpc-Mt Pleasant Mill	James D.	Pagana	All Care Gaps (GHPACG25)	Asthma Medication Ratio (AMRMY24-5TO64PD50)	Excluded
		Fpc-Mt Pleasant Mill	James D.	Pagana	GHP Family P4Q (GHPP4Q25)	Asthma Medication Ratio (AMRMY24-5TO64PD50)	Excluded
		Fpc-Williamsport	William J.	Pagana	All Care Gaps (GHPACG25)	Asthma Medication Ratio (AMRMY24-5TO64PD50)	Compliant
		Fpc-Williamsport	William J.	Pagana	GHP Family P4Q (GHPP4Q25)	Asthma Medication Ratio (AMRMY24-5TO64PD50)	Compliant
		Fpc-Mifflintown	Kenneth L.	Erdman	All Care Gaps (GHPACG25)	Asthma Medication Ratio (AMRMY24-5TO64PD50)	Compliant
		Fpc-Mifflintown	Kenneth L.	Erdman	GHP Family P4Q (GHPP4Q25)	Asthma Medication Ratio (AMRMY24-5TO64PD50)	Compliant

Challenges faced with AMR

- Automatic refills
- Patient education
- Non-asthma diagnoses
- Exclusionary diagnosis not coded
- Claims data/fill history not accessible to providers
- Medication list directory inclusions and exclusions
- Pediatric population (split living, school/home supplies)

Patient Encounter Best Practices

Medication list review

- Evaluate overutilization of reliever medications
- Evaluate fill history of controller medications
- Barriers to adherence
- Ensure medication list is up to date

Patient education

- Review frequency of use/directions for both reliever and controller medications
- Review proper inhaler technique
- Review disease state as needed

Office visit coding

- Ensure all associated diagnosis codes are included with encounter claim

Prescribing Best Practices

90-day supplies

- Most beneficial for controller inhalers
- Promotes compliance
- Less trips to pharmacy

Mail order pharmacies

- Most beneficial for controller inhalers
- Eliminates transportation issues
- Cost savings to some patients

Limit prescribing

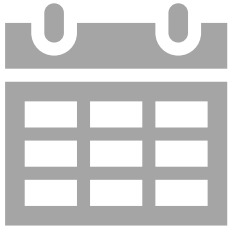
- For reliever medications only
- Limit to shortest duration necessary with limited refills
- Specify 1 inhaler
- 90-day prescriptions of an as needed medication can be wasteful and promote overutilization

Additional Considerations

Partnerships

-Create with pharmacies/health plans/pharmacists

-Helps to see fill history/claims of medications



Review HEDIS changes

-HEDIS specs change yearly

-Changes published yearly approx. end of March – early April

Questions?

Geisinger