Asthma and COPD

Clinical Advisory Group Meeting 2

Meeting Date: 10/7

October 2015

Content

Tentative Meeting Schedule and Agenda

Part I - **Short Review and Questions from Previous CAG Meeting**

Part II - **Outcomes Measures for Pulmonary Episodes**

Tentative Meeting Schedule & Agenda

Depending on the number of issues addressed during each meeting, the meeting agenda for each CAG will likely consist of the following:

Meeting 1

- Introduction to Value Based Payment
- Clinical Advisory Group- Roles and Responsibilities
- Understanding the Approach: HCI3 Overview
- Pulmonary Episodes – Definition
- Pulmonary Episodes – Impressions of Data Available for Value Based Contracting

Meeting 2

- Pulmonary Episodes Definition Recap
- Pulmonary Episodes Outcome Measures - I
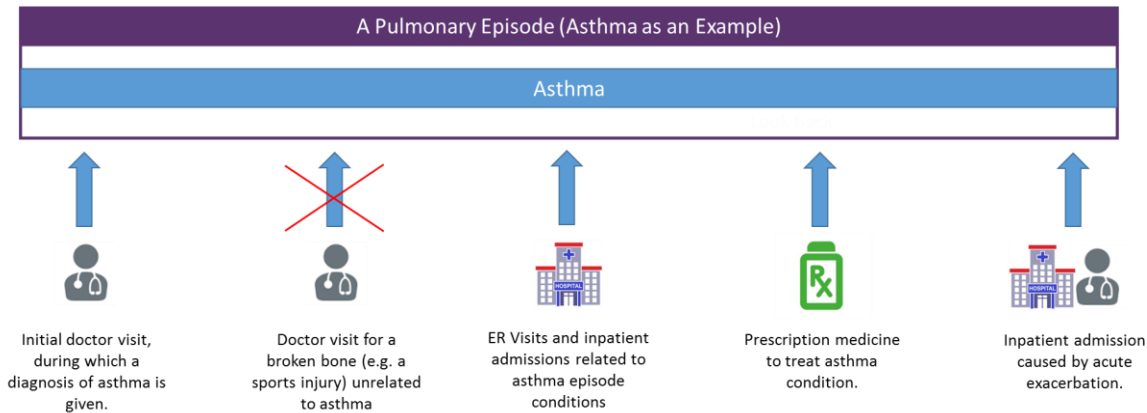
Meeting 3

- Pulmonary Episode Outcome Measures - II

Part I

Short Review and Questions from Previous CAG Meeting

Recap of last meeting

Pulmonary episodes

- Last time we discussed the Asthma and COPD episode and their clinical logic

Value Based Payment (VBP)

- Reward value instead of volume

- Different levels of VBP: variation in risk-sharing for the provider

- Provider groups will be responsible for total cost of all pulmonary patients attributed (MCO attributes patients to provider group)

- Challenge for provider group: lowering total costs PMPY by
  - 1) finding where the 'waste' in the system is and
  - 2) improving outcomes of care
  - 3) investing smartly

Recap of last meeting (2)

Concept of potentially avoidable complications

- Costs are separated by "typical" care from costs associated with Potentially Avoidable Complications (PACs)

- Can stem from poor coordination, failure to implement evidence-based practices or medical error

- Expected costs of PACs are built in as an incentive towards a shared savings

- Only events that are generally considered to be (potentially) avoidable by the caregivers that manage and co-manage the patient are labeled as 'PACs'

- Examples: exacerbations, ambulatory-care sensitive admissions, and inpatient-based patient safety features

Are there Any Questions, Comments or Suggestions Based on the Content of the First Meeting?

Content of Pulmonary CAG Meeting 1

- Introduction to Value Based Payment
- Clinical Advisory Group- Roles and Responsibilities
- Understanding the Approach: HCl3 Overview
- Pulmonary Episodes – Definition
- Pulmonary Episodes – Impressions of Data Available for Value Based Contracting

Part II

Introduction to Quality Measures

How Are the Quality Measures Going to be Used?

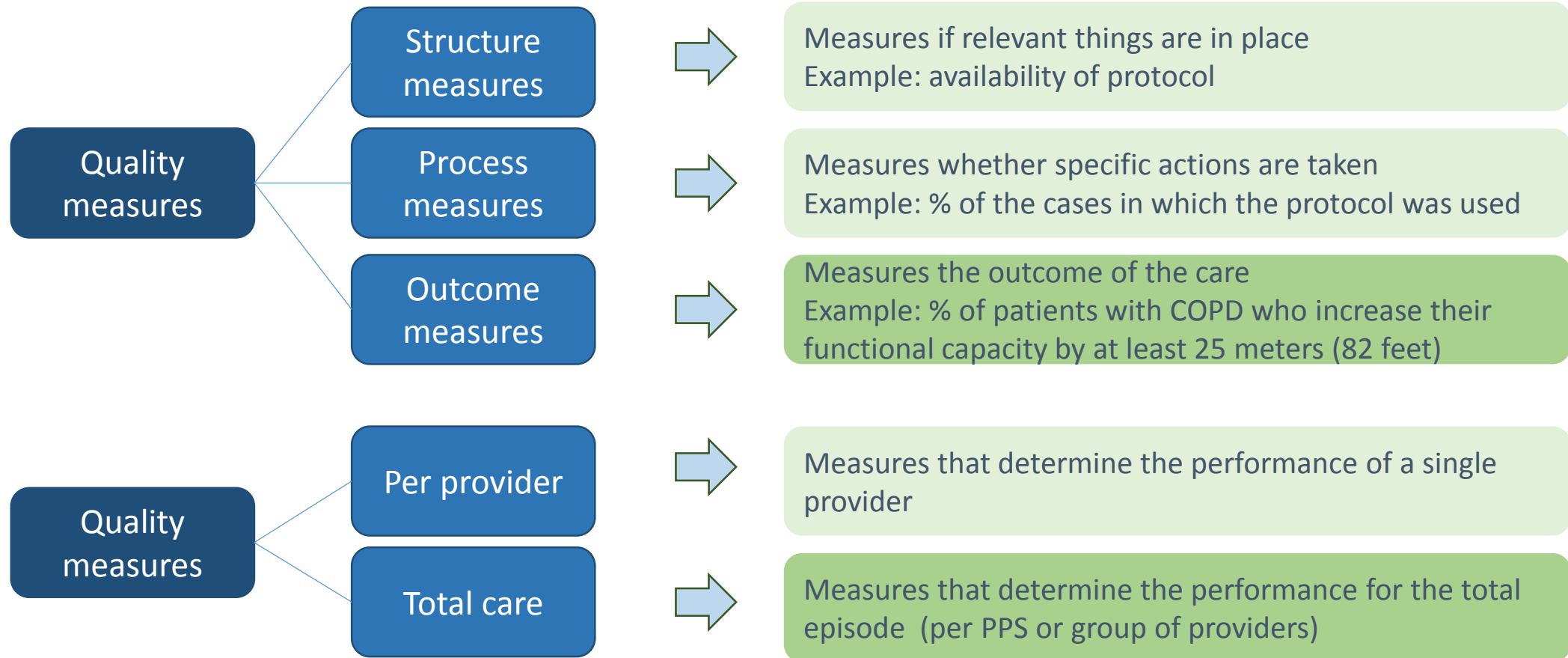## NY State / MCO relationship

- MCO's will be held accountable for the quality measures, and will get upward or downward adjustments based on the value of the care their network.

- The State will make the outcomes of the recommended measures transparent to all stakeholders. The quality measures set by the CAG and accepted by the State will be mandatory for the VBP arrangement involved.
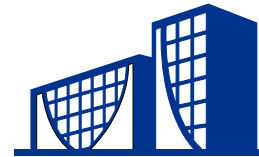
MCO / Provider relationship

- How the providers and MCO's translate the quality measures into financial consequences, and which measure(s) they want to focus on primarily, is left to these stakeholders.

- Improvement of quality measures could affect payment in different ways:
  - A higher or lower score leading to a higher or lower percentage of savings respectively available for the providers
  - A higher or lower score leading to a higher or lower negotiated rate respectively

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To Assess Value, a Small Key Set of Quality Measures is Needed. Focus Should Be on the *Performance* of the Overall Episode.

Quality measures

- **Structure measures** → Measures if relevant things are in place
Example: availability of protocol

- **Process measures** → Measures whether specific actions are taken
Example: % of the cases in which the protocol was used

- **Outcome measures** → Measures the outcome of the care
Example: % of patients with COPD who increase their functional capacity by at least 25 meters (82 feet)

Quality measures

- **Per provider** → Measures that determine the performance of a single provider

- **Total care** → Measures that determine the performance for the total episode (per PPS or group of providers)

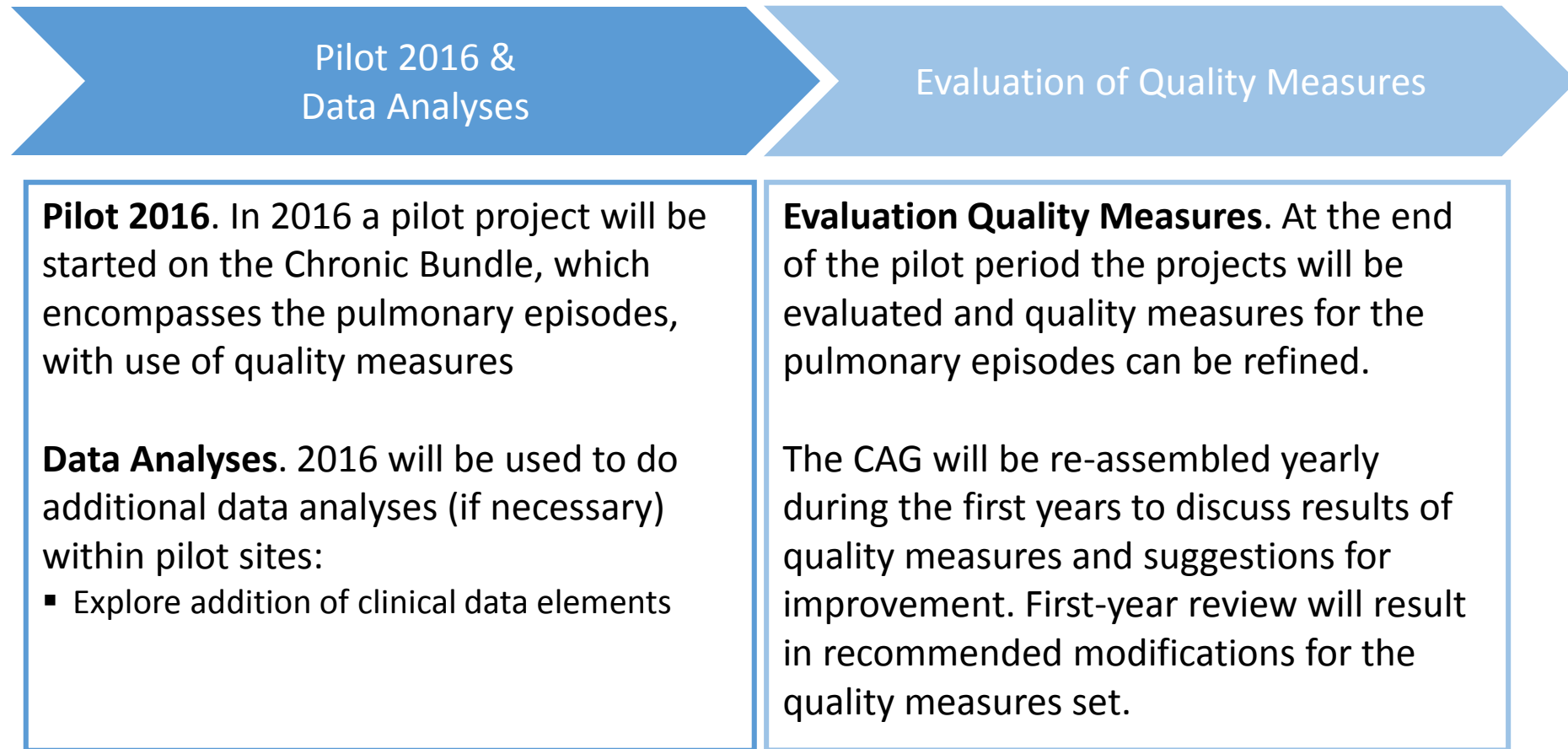NEW YORK STATE OF OPPORTUNITY. | Department of Health

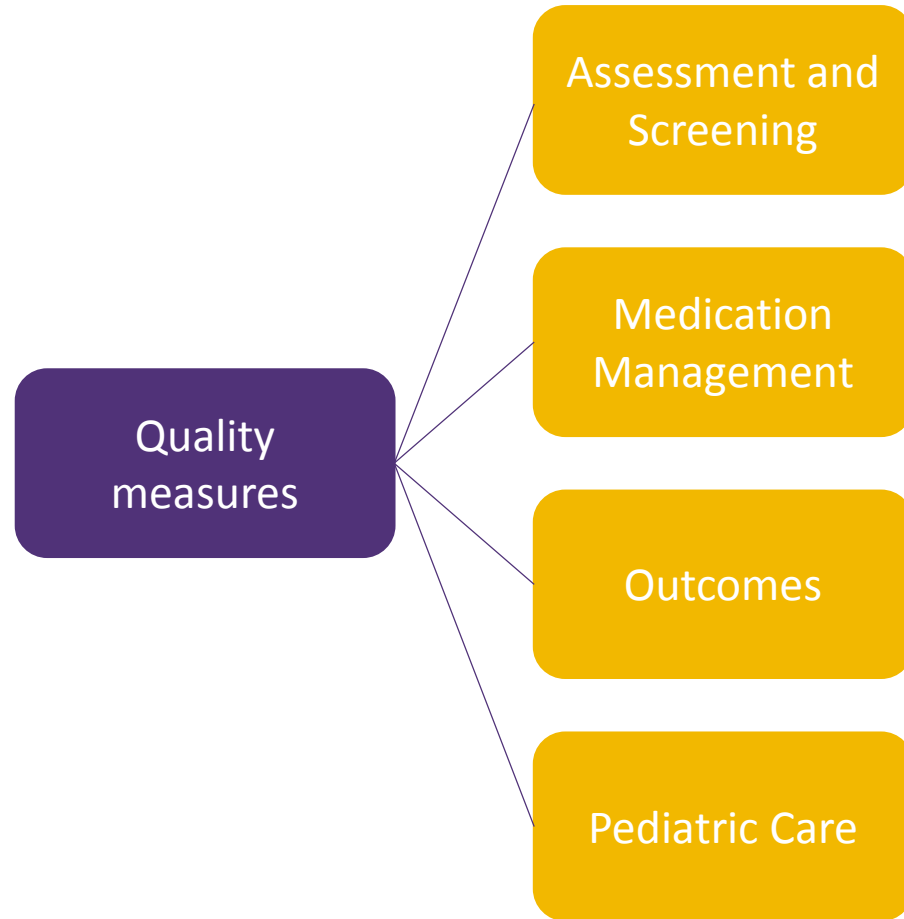# The Effort of Collecting Additional Data for Quality Measurement Must Be Weighed Against the Added Value

- For care for patients with pulmonary conditions, most widely used quality measures can be derived from claims data.

- Other data sources for quality measures including patient surveys, medical records and assessments. Incorporating this data will require standardized collection efforts and can be costly, unless currently existing clinical registries or available data collection mechanisms are used. Identification of key measures is important.
  - *The extra costs (in time and money) of collecting the additional data has to be weighed against the added value that the measure brings.*

Added Value for Quality Measures

Extra Costs (Time and Costs) for Administration
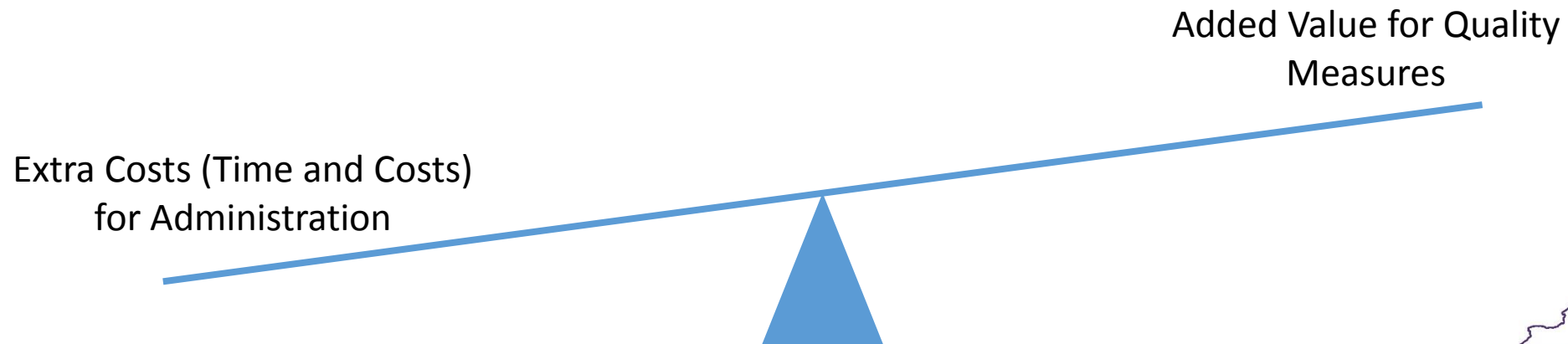
Suggested Process for Fine Tuning Quality Measures

Pilot 2016 & Data Analyses	Evaluation of Quality Measures
Pilot 2016. In 2016 a pilot project will be started on the Chronic Bundle, which encompasses the pulmonary episodes, with use of quality measures **Data Analyses**. 2016 will be used to do additional data analyses (if necessary) within pilot sites: ▪ Explore addition of clinical data elements	**Evaluation Quality Measures**. At the end of the pilot period the projects will be evaluated and quality measures for the pulmonary episodes can be refined. The CAG will be re-assembled yearly during the first years to discuss results of quality measures and suggestions for improvement. First-year review will result in recommended modifications for the quality measures set.

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Process to Walk Through Measures in this Meeting

Quality measures

- Assessment and Screening
- Medication Management
- Outcomes
- Pediatric Care

- The quality measures are divided into four groups.

- Per group we will walk through the measures and try to assign them to a category or 'bucket' (see next slide)

- We broke out the specific pediatric measures. Some other measures include both the adults and children. They will be flagged by a ⭐

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For Categorizing and Prioritization of Measures We Use Three Categories (or 'Buckets')

1

CATEGORY 1
Approved quality measures that are felt to be both clinically relevant, reliable and valid, and feasible.

2

CATEGORY 2
Measures that are clinically relevant, valid and probably reliable, but where the feasibility could be problematic. These measures should be investigated during the 2016 or 2017 pilot.

3

CATEGORY 3
Measures that are insufficiently relevant, valid, reliable and/or feasible.

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Criteria for Selecting Quality Measures

CLINICAL RELEVANCE

- **Focused on key outcomes of integrated care process**

  I.e. outcome measures are preferred over process measures; outcomes of the total care process are preferred over outcomes of a single component of the care process (i.e. the quality of one type of professional's care).

- **For process measures: crucial evidence-based steps in integrated care process that may not be reflected in the patient outcome measures**

- **Existing variability in performance and/or possibility for improvement**

RELIABILITY AND VALIDITY

- **Measure is well established by reputable organization**

  By focusing on established measures (owned by e.g. NYS Office of Quality and Patient Safety (OQPS), endorsed by the National Quality Forum (NQF), HEDIS measures and/or measures owned by organizations such as the Joint Commission, the validity and reliability of measures can be assumed to be acceptable.

- **Outcome measures are adequately risk-adjusted**

  Measures without adequate risk adjustment make it impossible to compare outcomes between providers.

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Criteria for Selecting Quality Measures

FEASIBILITY

- **Claims-based measures are preferred over non-claims based measures (clinical data, surveys)**

- **When clinical data or surveys are required, existing sources must be available**

  I.e. the link between the Medicaid claims data and this clinical registry is already established.

- **Preferably, data sources be patient-level data**

  This allows drill-down to patient level and/or adequate risk-adjustment. The exception here is measures using samples from a patient panel or records. When such a measure is deemed crucial, and the infrastructure exists to gather the data, these measures could be accepted.

- **Data sources must be available without significant delay**

  I.e. data sources should not have a lag longer than the claims-based measures (which have a lag of six months).

Quality Measure Stewards and Sources

- AAAAI Allergy, Asthma & Immunology Quality Clinical Data Registry in collaboration with CECity
- Agency for Healthcare Research and Quality (AHRQ)
- AMA-convened Physician Consortium for Performance Improvement
- American Association of Cardiovascular Pulmonary Rehabilitation
- American Thoracic Society
- Centers for Medicare & Medicaid Services
- DSRIP Measure Specification Manual (Attachment J)
- Pharmacy Quality Alliance
- QARR/HEDIS (National Committee for Quality Assurance)
- The Joint Commission

Selection of Measures – Assessment and Screening

	#	Condition	Quality Measure	Type of Measure	QARR/HEDIS	DSRIP	AHRQ	CMS	NQF	AAAAI	Joint Comm	AMA - PCPI	PQA	ATS	AACVPR	HCI3	Medicaid Claims Data	Clinical data	Survey Data	CAG categorization
Assessment and Screening	1	Asthma	Asthma Assessment and Classification	Process						X							YES			⭐
	2	Asthma	Asthma: Assessment of Asthma Control – Ambulatory Care Setting	Process						X							YES			⭐
	3	Asthma	Lung Function/Spirometry Evaluation	Process						X							YES	YES		⭐
	4	Asthma	Patient Self-Management and Action Plan	Process						X							YES			⭐
	5	COPD	Use of spirometry testing in the assessment and diagnosis of COPD: percentage of members 40 years of age and older with a new diagnosis of COPD or newly active COPD, who received appropriate spirometry testing to confirm the diagnosis.	Process	X				X								YES			

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Selection of Measures – Medication Management

	#	Condition	Quality Measure	Type of Measure	QARR/HEDIS	DSRIP	AHRQ	CMS	NQF	AAAAI	Joint Comm	AMA - PCPI	PQA	ATS	AACVPR	HCI3	Medicaid Claims Data	Clinical data	Survey Data	CAG categorization
	6	Asthma	Use of appropriate medications for people with asthma: percentage of members 5 to 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.	Process	X				X								YES			⭐
Medication Management	7	Asthma	Asthma: Pharmacologic Therapy for Persistent Asthma	Process				X	X			X					YES	YES		⭐
	8	Asthma	Medication management for people with asthma: percentage of members 5 to 64 years of age during the measurement year who were identified as having persistent asthma and who were dispensed an asthma controller medication that they remained on for at least 75% of their treatment period.	Process	X				X									YES		⭐
	9	Asthma	Asthma Medication Ratio	Process	X				X									YES		⭐
	10	Asthma	Suboptimal Asthma Control (SAC) and Absence of Controller Therapy (ACT)	Process					X				X				YES	YES		⭐
	11	COPD	COPD: inhaled bronchodilator therapy	Process					X					X			YES	YES		
	12	COPD	Pharmacotherapy management of COPD exacerbation: percentage of COPD exacerbations for members 40 years of age and older who had an acute inpatient discharge or ED visit on or between January 1 and November 30 of the measurement year and who were dispensed a bronchodilator within 30 days of the event.	Process	X												YES			

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Selection of Measures – Outcomes of Care

	#	Condition	Quality Measure	Type of Measure	QARR/HEDIS	DSRIP	AHRQ	CMS	NQF	AAAAI	Joint Comm	AMA - PCPI	PQA	ATS	AACVPR	HCI3	Medicaid Claims Data	Clinical data	Survey Data	CAG categorization
Outcomes of Care	13	Asthma/COPD	Proportion of patients with a chronic condition that have a potentially avoidable complication during a calendar year.	Outcome												X	YES			
	14	Asthma	PQI #15 Adult Asthma Admission Rate	Outcome	X	X		X									YES			
	15	Asthma	Optimal Asthma Control	Outcome					X									YES		
	16	Asthma	Asthma Control: Minimal Important Difference Improvement	Outcome					X								YES	YES		
	17	COPD	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI 5)	Outcome	X				X								YES			
	18	COPD	Functional Capacity in COPD patients before and after Pulmonary Rehabilitation	Outcome					X						X			YES		
	19	COPD	Health-related Quality of Life in COPD patients before and after Pulmonary Rehabilitation	Outcome					X						X				YES	
	20	COPD	Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization	Outcome				X	X								YES			
	21	COPD	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization	Outcome				X	X								YES			

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Selection of Measures – Pediatric Care

	#	Condition	Quality Measure	Type of Measure	QARR/HEDIS	DSRIP	AHRQ	CMS	NQF	AAAAI	Joint Comm	AMA - PCPI	PQA	ATS	AACVPR	HCI3	Medicaid Claims Data	Clinical data	Survey Data	CAG categorization
Pediatric care	23	Asthma	PDI #14 Asthma Admission Rate	Outcome		X	X		X									YES		
	24	Asthma	Relievers for Inpatient Asthma (process)	Process							X							YES		
	25	Asthma	Systemic Corticosteroids for Inpatient Asthma (process)	Process							X							YES		
	26	Asthma	Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver (process)	Process							X							YES		

Weighting the Different Measures

- To create a single composite measure to establish 'value' of pulmonary care (cost / quality)

- Not all measures may be equally important. By allocating different 'weights' to the measures we can take relative importance into account.

- How would we weight the individual measures?

Part of Care	Measure	Weight
Screening and Assessment	Measure 1	10
	Measure 2	15
Medication Management	Measure 3	5
	Measure 4	20
	Measure 5	10
	Measure 6	5
Outcome and Costs	Measure 7	15
	Measure 8	5
	Measure 9	5
	Measure 10	10
Total		100

To be determined in a later stage

Appendix

Definitions Measures: Assessment and Screening (1/2)

#	Measure	Measure Steward	Data Source	Description	Numerator	Denominator	
1	Asthma Assessment and Classification	AAAAI Allergy, Asthma & Immunology Quality Clinical Data Registry in collaboration with CECity	Claims data and/or clinical data	Percentage of patients aged 5 years and older with asthma and documentation of an asthma assessment and classification	Patients aged 5 years and older with a diagnosis of asthma and documentation of an asthma assessment and classification	Patients aged 5 years and older with a documented diagnosis of asthma	⭐
2	Asthma: Assessment of Asthma Control – Ambulatory Care Setting	AAAAI Allergy, Asthma & Immunology Quality Clinical Data Registry in collaboration with CECity	Claims data	Percentage of patients aged 5 years and older with a diagnosis of asthma who were evaluated at least once during the measurement period for asthma control (comprising asthma impairment and asthma risk)	Patients who were evaluated at least once during the measurement period for asthma control	Patients who were evaluated at least once during the measurement period for asthma control	⭐
3	Lung Function/Spirometry Evaluation	AAAAI Allergy, Asthma & Immunology Quality Clinical Data Registry in collaboration with CECity	Claims data and clinical data	Percentage of patients aged 5 years and older with asthma and documentation of a spirometry evaluation	Patients aged 5 years and older with a diagnosis of asthma and documentation of a spirometry evaluation, unless a physical inability exists.	Patients aged 5 years and older with a documented diagnosis of asthma	⭐
4	Patient Self-Management and Action Plan	AAAAI Allergy, Asthma & Immunology Quality Clinical Data Registry in collaboration with CECity	clinical data	Percentage of patients aged 5 years and older with asthma and documentation of an asthma self-management plan	Patients aged 5 years and older with a diagnosis of asthma and documentation of an asthma self-management plan.	Patients aged 5 years and older with a documented diagnosis of asthma	⭐

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Definitions Measures: Assessment and Screening (2/2)

#	Measure	Measure Steward	Data Source	Description	Numerator	Denominator
5	Use of spirometry testing in the assessment and diagnosis of COPD: percentage of members 40 years of age and older with a new diagnosis of COPD or newly active COPD, who received appropriate spirometry testing to confirm the diagnosis.	QARR/HEDIS (NCQA)	Claims data and/or clinical data	This measure is used to assess the percentage of health plan members 40 years of age and older with a new diagnosis of chronic obstructive pulmonary disease (COPD) or newly active COPD, who received appropriate spirometry testing to confirm the diagnosis.	At least one claim/encounter for spirometry during the 730 days (2 years) prior to the Index Episode Start Date (IESD) through 180 days (6 months) after the IESD	Members 42 years of age or older as of December 31 of the measurement year, with a Negative Diagnosis History and a new diagnosis of chronic obstructive pulmonary disease (COPD) or newly active COPD

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Definitions Measures: Medication Management (1/4)

#	Measure	Measure Steward	Data Source	Description	Numerator	Denominator
6	Use of appropriate medications for people with asthma: percentage of members 5 to 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.	QARR/HEDIS (NCQA)	Claims data	This measure is used to assess the percentage of members 5 to 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.	Dispensed at least one prescription for an asthma controller medication during the measurement year	Members 5 to 64 years of age by December 31 of the measurement year with persistent asthma
7	Asthma: Pharmacologic Therapy for Persistent Asthma	AMA-convened Physician Consortium for Performance Improvement	Claims data and clinical data	Percentage of patients aged 5 through 64 years with a diagnosis of persistent asthma who were prescribed long-term control medication Three rates are reported for this measure: 1. Patients prescribed inhaled corticosteroids (ICS) as their long term control medication 2. Patients prescribed other alternative long term control medications (non-ICS) 3. Total patients prescribed long-term control medication	Patients who were prescribed long-term control medication	All patients aged 5 through 64 years with a diagnosis of persistent asthma

Definitions Measures: Medication Management (2/4)

#	Measure	Measure Steward	Data Source	Description	Numerator	Denominator
8	Medication management for people with asthma: percentage of members 5 to 64 years of age during the measurement year who were identified as having persistent asthma and who were dispensed an asthma controller medication that they remained on for at least 75% of their treatment period.	QARR/HEDIS (NCQA)	Clinical data	This measure is used to assess the percentage of members 5 to 64 years of age during the measurement year who were identified as having persistent asthma and who were dispensed an asthma controller medication that they remained on for at least 75% of their treatment period.	The number of members who achieved a proportion of days covered (PDC) of at least 75% for their asthma controller medications during the measurement year	Members 5 to 64 years of age by December 31 of the measurement year with persistent asthma
9	Asthma Medication Ratio	QARR/HEDIS (NCQA)	Clinical data	This measure is used to assess the percentage of members 5 to 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	The number of members who have a medication ratio of 0.50 or greater during the measurement year	Members 5 to 64 years of age by December 31 of the measurement year with persistent asthma

Definitions Measures: Medication Management (3/4)

#	Measure	Measure Steward	Data Source	Description	Numerator	Denominator
10	Suboptimal Asthma Control (SAC) and Absence of Controller Therapy (ACT)	Pharmacy Quality Alliance	Claims data and clinical data	Rate 1 (SAC): The percentage of patients aged 5-50 years as of the last day of the measurement year with persistent asthma who were dispensed more than 3 canisters of a short-acting beta2 agonist inhaler during the same 90-day period. Rate 2 (ACT): The percentage of patients aged 5-50 years as of the last day of the measurement year with persistent asthma who were dispensed more than 3 canisters of short-acting beta2 agonist inhalers over a 90-day period and who did not receive controller therapy during the same 90-day period.	Rate 1 (SAC): Patients in the denominator who received more than 3 canisters of short-acting Beta2 Agonist Inhalers within a 90-day period. From the date of each prescription fill, count the total number of canisters of short-acting Beta2 Agonist Inhalers dispensed at that fill and dispensed within 90 days of that fill. If the patient receives more than 3 canisters in at least one 90-day period, then the patient is included in the numerator. (Note: This is a count of canisters dispensed, not prescriptions filled. If a patient received 2 canisters at one fill, it counts as 2 canisters.) Rate 2 (ACT): Patients in the denominator who were not dispensed a controller therapy medication during the same 90-day period where they received more than 3 canisters of short-acting Beta2 Agonist inhalers.	Rate 1 (SAC): Patients aged 5-50 years as of the last day of the measurement year who were dispensed consecutive fills (consecutive fills = the dispensing of two asthma medications on different days within 120 days of one another) for asthma medication during the measurement year, excluding those patients who were dispensed one or more prescriptions for a COPD medication, or one or more prescriptions for a cystic fibrosis medication, or one or more prescriptions for a nasal steroid medication during the measurement year. Rate 2 (ACT): Patients aged 5-50 years as of the last day of the measurement year who were dispensed consecutive fills (consecutive fills = the dispensing of two asthma medications on different days within 120 days of one another) for asthma medication during the measurement year, excluding those patients who were dispensed one or more prescriptions for a COPD medication, or one or more prescriptions for a cystic fibrosis medication, or one or more prescriptions for a nasal steroid medication during the measurement year.

Definitions Measures: Medication Management (4/4)

#	Measure	Measure Steward	Data Source	Description	Numerator	Denominator
11	COPD: inhaled bronchodilator therapy	American Thoracic Society	Claims data and clinical data	Percentage of patients aged 18 years and older with a diagnosis of COPD and who have an FEV1/FVC < 60% and have symptoms who were prescribed an inhaled bronchodilator	Patients who were prescribed an inhaled bronchodilator	All patients aged 18 years and older with a diagnosis of COPD, who have an FEV1/FVC <60% and have symptoms (eg, dyspnea, cough/sputum, wheezing)
12	Pharmacotherapy management of COPD exacerbation: percentage of COPD exacerbations for members 40 years of age and older who had an acute inpatient discharge or ED visit on or between January 1 and November 30 of the measurement year and who were dispensed a bronchodilator within 30 days of the event.	QARR/HEDIS (NCQA)	Claims data	This measure is used to assess the percentage of chronic obstructive pulmonary disease (COPD) exacerbations for members 40 years of age and older who had an acute inpatient discharge or emergency department (ED) visit on or between January 1 and November 30 of the measurement year and who were dispensed a bronchodilator within 30 days of the event.	Dispensed prescription for a bronchodilator on or 30 days after the Episode Date. Count bronchodilators that are active on the relevant date	Members 40 years of age or older as of January 1 of the measurement year with a chronic obstructive pulmonary disease (COPD) exacerbation as indicated by an acute inpatient discharge or an emergency department (ED) visit with a principal diagnosis of COPD

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Definitions Measures: Outcomes and Costs (1/5)

#	Measure	Measure Steward	Data Source	Description	Numerator	Denominator
13	Proportion of patients with a chronic condition that have a potentially avoidable complication during a calendar year.	Bridges To Excellence	Claims Data	Percent of adult population aged 18 – 65 years who were identified as having at least one of the following six chronic conditions: Diabetes Mellitus (DM), Congestive Heart Failure (CHF), Coronary Artery Disease (CAD), Hypertension (HTN), Chronic Obstructive Pulmonary Disease (COPD) or Asthma, were followed for one-year, and had one or more potentially avoidable complications (PACs).	Outcome: Potentially avoidable complications (PACs) in patients having one of six chronic conditions: Diabetes Mellitus (DM), Congestive Heart Failure (CHF), Coronary Artery Disease (CAD), Hypertension (HTN), Chronic Obstructive Pulmonary Disease (COPD) or Asthma, during the episode time window of one calendar year (or 12 consecutive months).	Adult patients aged 18 – 65 years who had a trigger code for one of the six chronic conditions: Diabetes Mellitus (DM), Congestive Heart Failure (CHF), Coronary Artery Disease (CAD), Hypertension (HTN), Chronic Obstructive Pulmonary Disease (COPD) or Asthma (with no exclusions), and were followed for one year from the trigger code.
14	PQI #15 Asthma in younger adults	DSRIP (AHRQ)	Claims Data	Admissions for a principal diagnosis of asthma per 100,000 population, ages 18 to 39 years. Excludes admissions with an indication of cystic fibrosis or anomalies of the respiratory system, obstetric admissions, and transfers from other institutions.	Discharges, for patients ages 18 through 39 years, with a principal ICD-9-CM diagnosis code for asthma.	Population ages 18 through 39 years in metropolitan area or county. Discharges in the numerator are assigned to the denominator based on the metropolitan area or county of the patient residence, not the metropolitan area or county of the hospital where the discharge occurred.
15	Optimal Asthma Control	AAAAI Allergy, Asthma & Immunology Quality Clinical Data Registry in collaboration with CECity	Clinical data	Patients aged 5 years and older (pediatrics ages 5-17) whose asthma is well-controlled as demonstrated by one of three age appropriate patient reported outcome tools	Asthma well-controlled (use the most recent asthma control result available) using any of the following tools below: • Asthma Control TestTM (ACT) score of 20 or above - ages 12 and older Childhood Asthma Control Test (C-ACT) score of 20 or above - ages 11 and younger • Asthma Control Questionnaire (ACQ) score of 0.75 or lower - ages 17 and older • Asthma Therapy Assessment	Patients aged 5 years and older with asthma

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Definitions Measures: Outcomes and Costs (2/5)

#	Measure	Measure Steward	Data Source	Description	Numerator	Denominator
16	Asthma Control: Minimal Important Difference Improvement	AAAAI Allergy, Asthma & Immunology Quality Clinical Data Registry in collaboration with CECity	Claims data and clinical data	Percentage of patients aged 12 years and older whose asthma is not well-controlled as indicated by the Asthma Control Test, Asthma Control Questionnaire, or Asthma Therapy Assessment Questionnaire and who demonstrated a minimal important difference improvement upon a subsequent office visit during the 12-month reporting period.	Patients who demonstrate a minimal important difference (MID) improvement using one of the following three asthma assessment patient-completed questionnaires: • Change in the Asthma Control Test (ACT) by ≥ 3 points • Change in Asthma Control Questionnaire (ACQ) by ≥ 0.5 points • Change in Asthma Therapy Assessment Questionnaire (ATAQ) by ≥ 1 point	All patients aged 12 years or older whose asthma is not well-controlled and who had at least one follow-up ACT, ACQ, or ATAQ within the 12-month reporting period.
17	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI 5)	Agency for Healthcare Research and Quality	Claims data	Admissions with a principal diagnosis of chronic obstructive pulmonary disease (COPD) or asthma per 100,000 population, ages 40 years and older. Excludes obstetric admissions and transfers from other institutions. [NOTE: The software provides the rate per population. However, common practice reports the measure as per 100,000 population. The user must multiply the rate obtained from the software by 100,000 to report admissions per 100,000 population.]	Discharges, for patients ages 40 years and older, with either • a principal ICD-9-CM diagnosis code for COPD (excluding acute bronchitis); or • a principal ICD-9-CM diagnosis code for asthma; or • a principal ICD-9-CM diagnosis code for acute bronchitis and any secondary ICD-9-CM diagnosis codes for COPD (excluding acute bronchitis). [NOTE: By definition, discharges with a principal diagnosis of COPD, asthma, or acute bronchitis are precluded from an assignment of MDC 14 by grouper software. Thus, obstetric discharges should not be considered in the PQI rate, though the AHRQ QITM software does not explicitly exclude obstetric cases.]	Population ages 40 years and older in metropolitan area† or county. Discharges in the numerator are assigned to the denominator based on the metropolitan area or county of the patient residence, not the metropolitan area or county of the hospital where the discharge occurred. † The term "metropolitan area" (MA) was adopted by the U.S. Census in 1990 and referred collectively to metropolitan statistical areas (MSAs), consolidated metropolitan statistical areas (CMSAs) and primary metropolitan statistical areas (PMSAs). In addition, "area" could refer to either 1) FIPS county, 2) modified FIPS county, 3) 1999 OMB Metropolitan Statistical Area or 4) 2003 OMB Metropolitan Statistical Area. Metropolitan Statistical Areas are not used in the QI software.

Definitions Measures: Outcomes and Costs (3/5)

#	Measure	Measure Steward	Data Source	Description	Numerator	Denominator
18	Functional Capacity in COPD patients before and after Pulmonary Rehabilitation	American Association of Cardiovascular Pulmonary Rehabilitation	Clinical data	The percentage of patients with COPD who are found to increase their functional capacity by at least 25 meters (82 feet), as measured by a standardized 6 minute walk test (6MWT) after par-ticipating in pulmonary rehabilitation (PR).	Number of patients who are found to increase their functional capacity by at least 25 meters (82 feet), as measured by 6MWT distance at PR program entry and completion.	All patients with clinician diagnosed COPD at PR program entry who completed PR during the measurement period and who completed at least 10 PR sessions within 3 months of PR program entry.
19	Health-related Quality of Life in COPD patients before and after Pulmonary Rehabilitation	American Association of Cardiovascular Pulmonary Rehabilitation	Survey data	The percentage of patients with COPD enrolled in pulmonary rehabilitation (PR) who are found to increase their health-related quality of life score (HRQOL).	Number of patients with clinician diagnosed COPD who have participated in PR and have been found to increase their HRQOL score by 1.0 points, as measured by the Chronic Respiratory Disease Questionnare (CRQ), or a similar tool, at the beginning and the end of PR.	All patients with COPD, during the reporting period, who are enrolled in a PR program.

Definitions Measures: Outcomes and Costs (4/5)

#	Measure	Measure Steward	Data Source	Description	Numerator	Denominator
20	Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization	Centers for Medicare & Medicaid Services	Claims data	The measure estimates a hospital-level risk-standardized readmission rate (RSRR) for patients discharged from the hospital with either a principal diagnosis of COPD or a principal diagnosis of respiratory failure with a secondary diagnosis of acute exacerbation of COPD. The outcome is defined as unplanned readmission for any cause within 30 days of the discharge date for the index admission. A specified set of planned readmissions do not count as readmissions. The target population is patients 40 and over. CMS will annually report the measure for patients who are 65 years or older, are enrolled in fee-for-service (FFS) Medicare and hospitalized in non-federal hospitals.	The outcome for this measure is 30-day readmission. We define readmission as an inpatient admission for any cause, with the exception of certain planned readmissions, within 30 days from the date of discharge from the index admission for patients discharged from the hospital with either a principal diagnosis of COPD or a principal diagnosis of respiratory failure with a secondary diagnosis of acute exacerbation of COPD. If a patient has more than one unplanned admission within 30 days of discharge from the index admission, only the first one is counted as a readmission. The measure looks for a dichotomous yes or no outcome of whether each admitted patient has an unplanned readmission within 30 days. However, if the first readmission after discharge is considered planned, any subsequent unplanned readmission is not counted as an outcome for that index admission because the unplanned readmission could be related to care provided during the intervening planned readmission rather than during the index admission.	The target population for this measure is patients aged 40 years and older discharged from the hospital with either a principal diagnosis of COPD (see codes below) OR a principal diagnosis of respiratory failure (see codes below) WITH a secondary discharge diagnosis of acute exacerbation of COPD (see codes below) and with a complete claims history for the 12 months prior to admission. CMS will annually report the measure for patients who are 65 years or older, are enrolled in fee-for-service (FFS) Medicare and hospitalized in non-federal hospitals. As noted above, this claims-based measure can be used in either of two patient cohorts: (1) patients aged 65 years or older or (2) patients aged 40 years or older. We have explicitly tested the measure in both age groups.

Definitions Measures: Outcomes and Costs (5/5)

#	Measure	Measure Steward	Data Source	Description	Numerator	Denominator
21	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization	Centers for Medicare & Medicaid Services	Claims data	The measure estimates a hospital-level risk-standardized mortality rate (RSMR), defined as death from any cause within 30 days after the index admission date, for patients 40 and older discharged from the hospital with either a principal diagnosis of COPD or a principal diagnosis of respiratory failure with a secondary diagnosis of acute exacerbation of COPD. CMS will annually report the measure for patients who are 65 years or older, enrolled in fee-for-service (FFS) Medicare, and hospitalized in non-federal hospitals.	The outcome for this measure is 30-day all-cause mortality. We define mortality as death from any cause within 30 days from the date of admission for patients 40 and older discharged from the hospital with either a principal diagnosis of COPD or a principal diagnosis of respiratory failure with a secondary diagnosis of acute exacerbation of COPD.	This claims-based measure can be used in either of two patient cohorts: (1) patients aged 65 years or older or (2) patients aged 40 years or older.

The cohort includes admissions for patients discharged from the hospital with either a principal diagnosis of COPD (see codes below) OR a principal diagnosis of respiratory failure (see codes below) WITH a secondary diagnosis of acute exacerbation of COPD (see codes below) and with a complete claims history for the 12 months prior to admission. |

New York STATE OF OPPORTUNITY. | Department of Health

Definitions Measures: Pediatric (1/2)

#	Measure	Measure Steward	Data Source	Description	Numerator	Denominator
22	PDI #14 Asthma Admission Rate	DSRIP (AHRQ)	Clinical data	Admissions with a principal diagnosis of asthma per 100,000 population, ages 2 through 17 years. Excludes cases with a diagnosis code for cystic fibrosis and anomalies of the respiratory system, obstetric admissions, and transfers from other institutions.	Discharges, for patients ages 2 through 17 years, with a principal ICD-9-CM diagnosis code for asthma.	Population ages 2 through 17 years in metropolitan area or county. Discharges in the numerator are assigned to the denominator based on the metropolitan area or county of the patient residence, not the metropolitan area or county of the hospital where the discharge occurred.
23	Relievers for Inpatient Asthma (process)	The Joint Commission	Clinical data	Use of relievers in pediatric patients, age 2 years through 17 years, admitted for inpatient treatment of asthma. This measure is a part of a set of three nationally implemented measures that address children's asthma care (CAC-2: Systemic Corticosteroids for Inpatient Asthma, and CAC-03: Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver) that are used in The Joint Commission's accreditation process.	Pediatric asthma inpatients who received relievers during hospitalization	Pediatric asthma inpatients (age 2 years through 17 years) who were discharged with a principal diagnosis of asthma.
24	Systemic Corticosteroids for Inpatient Asthma (process)	The Joint Commission	Clinical data	Use of systemic corticosteroids in pediatric asthma patients (age 2 through 17 years) admitted for inpatient treatment of asthma. This measure is a part of a set of three nationally implemented measures that address children's asthma care (CAC-1: Relievers for Inpatient Asthma, CAC-3: Home Management Plan of Care (HMPC) Document Given to Parent/Caregiver) that are used in The Joint Commission's accreditation process.	Pediatric asthma inpatients who received systemic corticosteroids during hospitalization.	Pediatric asthma inpatients (age 2 years through 17 years) who were discharged with a principal diagnosis of asthma.

NEW YORK STATE OF OPPORTUNITY. | Department of Health

Definitions Measures: Pediatric (2/2)

#	Measure	Measure Steward	Data Source	Description	Numerator	Denominator
25	Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver (process)	The Joint Commission	Clinical data	This measure assesses the proportion of pediatric asthma patients discharged from an inpatient hospital stay with a Home Management Plan of Care (HMPC) document in place. This measure is one of a set of three nationally implemented measures that address children's asthma care	Pediatric asthma inpatients with documentation that they or their caregivers were given a written Home Management Plan of Care (HMPC) document that addresses all of the following: 1. Arrangements for follow-up care 2. Environmental control and control of other triggers 3. Method and timing of rescue actions 4. Use of controllers 5. Use of relievers	Pediatric asthma inpatients (age 2 years through 17 years) discharged with a principal diagnosis of asthma.

3rd CAG Meeting: October 21, 2015 in NYC (9 AM – 12 PM)

Meeting 3

- Pulmonary Episodes Outcome Measures - II