

MHSPHP Background

The Military Health System Population Health Portal (MHSPHP) methodology is based on 2012 Healthcare Effectiveness Data and Information Set (HEDIS®) criteria. These are a set of criteria used to benchmark treatment facilities using a common methodology and should not be confused with clinical practice guidelines.

Asthma - Use of Appropriate Medications

This process measure evaluates if enrollees with persistent asthma are prescribed medications for long-term asthma control. In order to obtain information based on administrative sources, the term “persistent” asthma is based on two years of services and/or medication use rather than the clinical measurement of severity. The prevalence report provided to medical treatment facilities (MTF) and Managed Care Support Contractors (MCSC) on the MHSPHP includes all TRICARE Prime/Plus asthmatics regardless of age or continuous enrollment.

Measure Definition:

Percentage of enrollees continuously enrolled in TRICARE Prime, age 5–64, with persistent asthma, who are prescribed medications considered acceptable as a primary therapy for the long-term control of asthma. The measure is presented in several age groups:

- ➔ Total
- ➔ 5–11 years
- ➔ 12–18 years
- ➔ 19–50 years
- ➔ 51–64 years

Benchmark:

HEDIS® 50th-75th-90th percentiles: National Committee for Quality Assurance (NCQA), State of Health Care Quality, 2011.

Benchmark	HEDIS Percentiles (50-75-90)
Appropriate Meds for Asthmatics Total	93.2%---94.5%---95.7%
Appropriate Meds for Asthmatics 5-11	96.9%---98.0%---99.2%
Appropriate Meds for Asthmatics 19-50	92.1%---93.7%---95.0%

*No benchmarks available this year for the new 12-18 or 51-64 age groups

Numerator:

Denominator patients dispensed at least one prescription for a preferred asthma therapy medication during the measurement year. Short and long acting inhaled beta-2 agonists do not meet the numerator criteria.

Denominator:

Number of TRICARE Prime enrollees, ages 5-64, continuously enrolled for the last two years, who were identified as having persistent asthma. Persistent asthma is defined by meeting at least one of the criteria listed below, during BOTH the last 12 months (measurement year) and the year prior to the measurement year. The criteria met do not need to be the same across years. A patient whose coverage lapses for more than one month (30 days) during each previous 12-month period of enrollment is not considered continuously enrolled.

1. At least four outpatient asthma visits with asthma as one of the listed diagnoses and at least two asthma medication dispensing events.
2. At least one acute inpatient discharge with asthma as the principle diagnosis.
3. At least one Emergency Department (ED) visit with asthma as the principal diagnosis.
4. At least four medication dispensing events of medications listed in the table below.
5. Patients identified as having persistent asthma because of at least four medication dispensing events, where leukotriene modifiers were the sole medication dispensed in that year, must also have at least one diagnosis of asthma in any setting in the same year as the leukotriene modifier (measurement year or year prior to the measurement year).

Note: Patients with diagnosis codes for emphysema, Chronic Obstructive Pulmonary Disease (COPD), Cystic Fibrosis, or acute respiratory failure are *excluded*.

Dispensing Events:

Oral medication dispensing event: One prescription for an amount lasting 30 days or less. To calculate dispensing events for prescriptions longer than 30 days, the days supply is divided by 30 and rounded down.

Multiple prescriptions dispensed on the same day: Multiple prescriptions for different medications dispensed on the same day are assessed separately. If multiple prescriptions for the same medication are dispensed on the same day, the days supply is summed and divided by 30. The Drug ID is used to determine if prescriptions are the same or different. For example:

- ➔ *Two prescriptions for different medications dispensed on the same day, each with a 60 day supply, will be counted as four dispensing events (two prescriptions with 2 dispensing events each)*

- ➔ *Two prescriptions for different* medications dispensed on the same day, each with a 15 day supply, is counted as 2 dispensing events (two prescriptions with one dispensing event each)
- ➔ *Two prescriptions for the same* medication dispensed on the same day, each with a 15 day supply is considered one dispensing event (sum the days supply for a total of 30 days).
- ➔ *Two prescriptions for the same* medication dispensed on the same day, each with a 60 day supply, equals four dispensing events (sum the days supply for a total of 120 days)

Inhaler/Injection dispensing events: Inhalers and injections count as one dispensing event. An inhaler with a 90 day supply is considered one dispensing event. Multiple inhalers or injections of the same medication (identified by Drug ID in the NDC list) filled on the same date of service count as one dispensing event. The dispensing events are attributed to the year in which the prescription is filled.

Data Sources:

- ➔ Defense Eligibility Enrollment Registration System (DEERS)
- ➔ Purchased Care Claims Data: (NETWORK) (M2)
- ➔ Standard Ambulatory Data Record (SADR) (M2)
- ➔ Comprehensive Ambulatory/Professional Encounter Record (CAPER) (M2)
- ➔ Standard Inpatient Data Record (SIDR) (M2)
- ➔ Pharmacy Data Transcription Service (PDTS) (Includes prescriptions received from MTF, network and mail order pharmacies)
- ➔ Composite Health Care System (CHCS) Managed Care Platform National Enrollment Database (NED) module

Methodology:

- ➔ Use DEERS to identify patients continuously enrolled in TRICARE Prime/Plus
- ➔ Use M2 (SADR, SIDR, PDTS and Network) claims data to identify patients with persistent asthma
- ➔ Use PDTS to identify members with appropriate medication
- ➔ Use CHCS Managed Care Platform NED module ad hoc report to identify Primary Care Manager (PCM) in direct care

Data Sources & Codes:

Codes to Identify Asthma and Outpatient, ED, and Inpatient Asthma Encounters

Description	Current Procedural Technology (CPT) Codes	ICD-9-CM Diagnosis
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Description	Current Procedural Technology (CPT) Codes	ICD-9-CM Diagnosis
Acute Inpatient	M2 does not use five digit CPT Codes	493.0, 493.1, 493.8, 493.9
ED Services	99281-99285	493.0, 493.1, 493.8, 493.9
Outpatient Visits	99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99382-99386, 99392-99396, 99401-99404, 99411, 99412, 99420, 99429	493.0, 493.1, 493.8, 493.9

Codes to Exclude Members with COPD and Emphysema

Description	ICD-9-CM Codes
Emphysema	492, 506.4, 518.1, 518.2
COPD	491.2, 493.2, 496, 506.4
Cystic Fibrosis	277.0
Acute Respiratory Failure	518.81

Asthma Medications

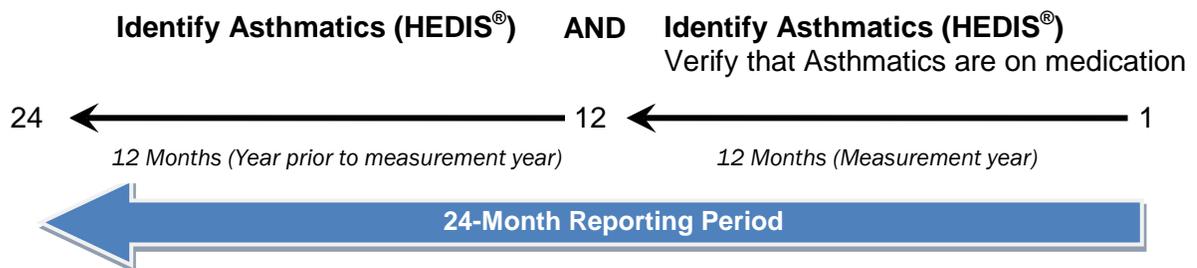
Description	Prescriptions	
Preferred Asthma Therapy		
Antiasthmatic combinations	dyphylline-guaifenesin guaifenesin-theophylline potassium iodide-theophylline	
Antibody inhibitor	omalizumab	
Inhaled steroid combinations	budesonide-formoterol fluticasone-salmeterol formoterol-mometasone	
Inhaled corticosteroids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

Description	Prescriptions
	oxtriphylline theophylline
Additional Asthma Medications *Do not meet numerator criteria	
Long-acting, inhaled beta-2 agonists	aformoterol formoterol salmeterol indacaterol
Short-acting, inhaled beta-2 agonists	albuterol levalbuterol metaproterenol pirbuterol

HEDIS® MTF/MCSC Metrics and Report:

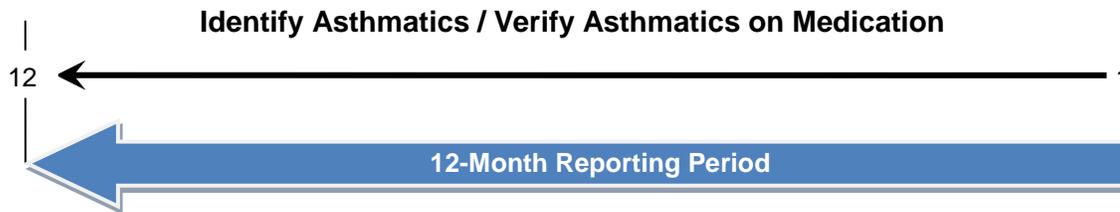
The numerator and denominator that meet the HEDIS® criteria. This report will use a more restrictive methodology than the action report in order to fully comply with HEDIS®. The following additional criteria are used:

- ➔ The HEDIS® report will include only persistent asthmatics. Those identified as having asthma in BOTH the year prior to measurement year and the measurement year.
- ➔ The HEDIS® report will contain all MTF TRICARE Prime enrollees with coded asthma, age 5-64. Asthmatics must be continuously enrolled for the last 24 months.



Prevalence Report:

The action report contains patient information for TRICARE Prime/Plus enrollees regardless of age or continuous enrollment. It also includes all enrollees who met the asthma criteria during the measurement year (the last 12 months) without regard to persistence—it does NOT require they also meet criteria in the year prior to the measurement year. It displays the date and name of the last asthma numerator medication received within the past 12 months and information on how the asthmatic was identified by displaying counts for asthma coded hospitalizations, ED visits, outpatient visits, and dispensing events.



A member may be listed more than once if more than one medication with the same quantity was dispensed on the same day. The Persistence column identifies Persistent Asthmatics.

Prevalence Report Data Elements:

- ➔ ACG RUB (only AF users: see ACG methodology)
- ➔ Patient's Name
- ➔ Sponsor's Social Security Number (SSN)
- ➔ Family Member Prefix (FMP)
- ➔ Date of Birth
- ➔ Age
- ➔ Gender
- ➔ Beneficiary Category (BENCAT)
- ➔ PCM**
- ➔ Provider Group**
- ➔ PCM ID*
- ➔ PCMID Type*
- ➔ Hospitalizations
- ➔ ER Visits
- ➔ Outpatient Visits
- ➔ Dispensing Events
- ➔ Rx Date
- ➔ Drug Name
- ➔ Steroid
- ➔ Steroid Rx Date
- ➔ Spirometry Date (most recent in last 2 years)

- ➔ Controller
- ➔ Controller Ratio: Ratio of controller medication dispensing events to all asthma medication dispensing events. Lower ratio (<0.5) has been associated with higher cost care and exacerbations resulting in ER visits.
- ➔ Persistence: Met a criteria in each of the last 2 years = Yes; most recent year only=No
- ➔ Contact Information**
- ➔ Defense Medical Information System (DMIS)
- ➔ TRO*
- ➔ Notes Detail for Asthma Medication and/or Generic Note entered by users

*TRO Action Lists only

**Direct Care Action Lists only

Recommended Action:

- ➔ Primary care teams can use the information as a starting point to assist them in identifying individuals who may benefit from more optimal asthma management.
- ➔ Consider condition management program
- ➔ Consider implementation of Department of Defense/Veterans Affairs (DoD/VA) or other clinical practice guidelines <https://www.qmo.amedd.army.mil/pguide.htm>

Notes:

Due to the record reporting lag time, not all of the previous months' records may be included in this reporting period.