CBE ID

0047

Title

Asthma: Pharmacologic Therapy for Persistent Asthma

Project

Pulmonary and Critical Care

Endorsement Status

Endorsement Removed

Is Under Review

No

Previous Endorsement Cycle

Full Year 2015

Removal Date

Tue, 08/23/2022 - 04:47

Initial Endorsement

Sun, 08/09/2009 - 20:00

Steward

The American Academy of Asthma Allergy and Immunology

1.0 New or Maintenance

Maintenance

1.1 Measure Structure

Single Measure

1.3 Electronic Clinical Quality Measure (eCQM)

No

1.6 Measure Description

Percentage of patients aged 5 years and older 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

1.7 Measure Type

Process

1.8 Level of Analysis

Clinician: Group/Practice, Clinician: Individual

1.9 Care Setting

Outpatient Services

1.14 Numerator

Patients who were prescribed long-term control medication

1.15 Denominator

All patients aged 5 years and older with a diagnosis of persistent asthma

1.20 Types of Data Sources

Claims Data, Electronic Health Records: Electronic Health Records, Paper Patient Medical Records, Registry data

Exclusions

Denominator Exceptions:
Documentation of patient reason(s) for not prescribing inhaled corticosteroids or alternative long-term control medication (eg, patient declined, other patient reason)

The AAAAI follows PCPI exception methodology and PCPI distinguishes between measure exceptions and measure exclusions. Exclusions arise when patients who are included in the initial patient or eligible population for a measure do not meet the denominator criteria specific to the intervention required by the numerator. Exclusions are absolute and apply to all patients and therefore are not part of clinical judgment within a measure.

For this measure, exceptions may include patient reason(s) (eg, patient declined). Although this methodology does not require the external reporting of more detailed exception data, the AAAAI recommends that physicians document the specific reasons for exception in patients' medical records for purposes of optimal patient management and audit-readiness. In further accordance with PCPI exception methodology, the AAAAI advocates the systematic review and analysis of each physician's exceptions data to identify practice patterns and opportunities for quality improvement.

Risk Adjustment

No risk adjustment or risk stratification

Target Population

Children, Dual eligible beneficiaries, Elderly, Individuals with multiple chronic conditions, Populations at Risk, Veterans, Women

Use In Federal Program

Medicare Physician Quality Reporting System (PQRS), Physician Feedback/Quality and Resource Use Reports (QRUR), Physician Value-Based Payment Modifier (VBM)

Steward Organization

The American Academy of Asthma Allergy and Immunology

Steward POC email

sheitzig@aaaai.org