



IME Asthma Quality Improvement Program Frequently Asked Questions

What is the IME?

Iowa Medicaid Enterprise (IME) is the division of the Iowa Department of Human Services that administers the Medicaid program. Providers are the dedicated health care providers that serve the health care needs of members of Iowa's Medicaid program. Members are the individuals who receive Medicaid to help pay for their medical and health care costs.

More information about IME can be found at their website: <http://www.ime.state.ia.us/>

What is the purpose of the IME Asthma Quality Improvement Program (QIP)?

The purpose of this QIP is to reduce asthma-related hospital admissions for Iowa Medicaid-enrolled adults by conducting interventions to raise provider adherence to evidence-based medicine for asthma care.

What are the goals of the Asthma QIP?

By December 20, 2014, we will improve asthma care for Iowa Medicaid enrolled adults by implementing a provider-focused intervention to achieve the following results:

1. Reduce the adult asthma hospital admission rate by 10%, from 152 admissions per 100,000 members to 137 admissions per 100,000 members
2. Reduce the adult asthma emergency department visit rate by 10%, from 449 visits per 100,000 members to 404 visits per 100,000 members
3. Increase adults compliant with prescribed asthma controller medication by 10 percentage points from 48% to 58%

What is the intervention?

The IME Asthma QIP focuses on using provider outreach to alert providers about patients in their panel that may be at risk of unmanaged asthma. The patient profile reports are sent to providers and include:

1. Patient Profile reports are sent to patients attributed to a PCP or appropriate specialist a monthly and includes:
 - a. Patients who have been identified as over-reliant on their asthma rescue medication - over-reliance defined as filling 3 or more prescriptions in a 60 day timeframe

- b. Patients who have been identified as non-adherent to their asthma controller medication as defined by patients who have no prescription for controller medications within the 90 day patient profile period
- c. Patients who have had an emergency department visit with a primary asthma diagnosis in the past 90 days
- d. Patients who have had an asthma-related hospital in patient admission in the past 90 days

What role do the clinical guidelines play in this QIP?

The National Asthma Education and Prevention Program (NAEPP) of the National Heart, Lung, and Blood Institute (NHLBI) published comprehensive guidelines for diagnosing and managing asthma. The most recent guidance was published in 2007 (previous versions were published in 1991, 1997, and 2002): *Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma* is also known as EPR-3.2

Provider adherence to NHLBI guideline recommendations has been shown to be effective in a variety of populations, including among high-risk populations, such as Medicaid-enrolled patients. As such, this QIP strives to substantiate the available evidence, which suggests that most people with asthma can be symptom-free if they receive appropriate medical care, use inhaled corticosteroids when prescribed, and modify their environment to reduce or eliminate exposure to allergens and irritants. Through this QIP, the IME intends to work with providers to support Medicaid-enrolled members with persistent asthma live healthier lives.

Which intervention variables provide the basis for this program?

The IME selected the following intervention variables because they represent standards for comprehensive asthma care.

Condition	Summary Description	Endorsed By
Asthma Care	Non-adherence to asthma controller medication – defined as filling no prescriptions within 90 days	
Asthma Care	Albuterol Over-Reliance – 3 or more Rx within 60 days	Iowa DUR
Asthma Care	Spirometry – Evidence of at least one spirometry test within 24 months	NHLBI
Asthma Utilization	Asthma Hospital Admission	AHRQ Adult Quality Measures
Asthma Utilization	Asthma Emergency Department Visit	

Why is IME asking providers to conduct spirometry?

Spirometry is the recommended asthma monitoring and diagnostic tool because it is an objective measure of lung function. The clinical guidelines recommend spirometry at the following times:¹

- At initial assessment;
- After treatment is initiated and symptoms have stabilized;
- During periods of progressive or prolonged loss of asthma control;
- At least every 1 – 2 years, more frequently depending on response to therapy.

Per the guidelines, we would expect that Iowa Medicaid members with persistent asthma would receive spirometry at the minimum of every 24 months. Findings from our baseline data analysis indicate only 17% of our intervention population received spirometry within the past 24 months.

Spirometry Use	%	N
Non-Adherent	83%	1144
Adherent	17%	233

How were patients assigned to providers?

IME used an attribution methodology that attributed patients to providers for their asthma care based on the frequency of visits over a 12 month period for their diabetes care. If a tie occurs, and two providers have the same number of visits, the attribution logic defers to the provider with the highest medical expense attributed to that patient.

What types of providers are included in the attribution logic?

The provider types included in the attribution logic were physicians, nurse practitioners, and provider groups (i.e., federally qualified health centers, rural health centers, etc.). Nurses were not included as a provider type.

What is the data source for the Asthma QIP?

IME is using Medicaid claims data as the data source for this QIP.

Will the claims lag affect the patients identified with a gap in care?

The list of patients identified with a gap in care (e.g., non-adherence to controller medications) uses the most recent 3 months of claims data available. If the test/screening/exam was completed in the most recent month or the claim for that test had not been received or paid as of the time we processed the data patients will still show as having a gap in care.

Why is this QIP only focusing on adults?

The IME understands the importance of controlling asthma for all persons with an asthma diagnosis: adults and children. However, this intervention focuses on adults with persistent asthma because it is funded by CMS’ adult quality measure grants.

Is this QIP associated with the IME Diabetes QIP?

Yes, the IME is implementing two provider-facing QIPs. One is focused on diabetes and the other is focused on asthma.

ⁱ National Asthma Education and Prevention Program. Expert Panel Report 3 (EPR-3): Guidelines for the Diagnosis and Management of Asthma—Summary Report 2007. *J Allergy Clin Immunol* 2007 Nov;120(5 Suppl):S94-138. PMID: 17983880.