Improving Asthma Care and the Asthma Medication Ratio

Presenters:

Vic Patel, PharmD, BCPS
Manager of Clinical Pharmacy

Susan Becker, PharmD, BCPS
Clinical Pharmacist

Joy Dionisio, MPH
Improvement Advisor

July 14, 2021
Webex Instructions

To avoid echoes and feedback, we request that you use the telephone audio instead of your computer audio for listening and speaking during the webinar.

**Figure 1**

You can switch your audio connection by clicking on the three dot ellipsis icon found at the bottom of your screen.

**Figure 2**

Enter telephone number
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Conflict of Interest

All presenters have signed a conflict of interest form and have declared that there is no conflict of interest and nothing to disclose for this presentation.

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**Provider approved by the California Board of Registered Nursing, Provider #CEP16728 for 1.00 hours.
Improving Asthma Care and the Asthma Medication Ratio

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Objectives/Agenda

• What is Asthma Medication Ratio and how does it support you in treating asthma patients?

• Global Initiative for Asthma (GINA) updated guidance discouraging SABA-only treatment.

• ICS/Formoterol as reliever only option OR maintenance plus reliever option.

• PHC formulary allows for a three month fill for inhalers.

• Data is available that summarizes current performance with a breakdown of how your population lands in the measure denominator.

• Potential medication coverage change post Pharmacy Carve-Out.
Partnership HealthPlan of California (PHC) Regions

**Southeast:** Solano, Yolo, Napa

**Southwest:** Sonoma, Marin, Mendocino, Lake

**Northeast:** Lassen, Modoc, Siskiyou, Trinity, Shasta

**Northwest:** Humboldt, Del Norte
Asthma is a treatable, reversible condition that affects more than 25 million people in the United States.

Why Control Asthma?

- Decrease school and work absence
- Improve function and productivity at work and school – quality of life
- Decrease unnecessary health care and resources costs

Asthma is Chronic Illness and Warrants Constant Attention to Treatment

• **Airway Constriction**
  ✓ Initiated by triggers
  ✓ Bronchodilators relax the airway muscles
  ✓ Rescue inhalers work here

• **Airway Inflammation**
  ✓ Initiated by triggers
  ✓ Creates longer reaction and contributes to poor outcomes
  ✓ Controllers work here: Steroids, Leukotriene inhibition, antihistamines
**How is Asthma Medication Ratio Measured?**

The percentage of patients ages 5 - 64 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.

\[
\text{Asthma Medication Ratio} = \frac{\text{Units of Controller Medications}}{\text{Units of Total Asthma Medications}}
\]

**Example:** If your clinic has 100 patients identified as having persistent asthma and 65 patients have ratio at 0.5 or greater, then the performance or score for your clinic is 65/100 or 65%. The goal is to maintain the percentage above a minimum of 70%.
Asthma Medication Ratio Calculation

Individual Ratios

\[
\begin{array}{c}
>0.5 \\
>0.5 \\
>0.5 \\
>0.5 \\
\end{array}
\]

Numerator (all with \( \geq 0.5 \))

\[
\frac{7}{10} = 70\%
\]

Denominator (all asthma)

Medicaid’s 75th Percentile = 68.52%*

70% > 68.52% = meets QIP full points

*Subject to change based on calendar year
Who is in the Asthma Medication Ratio Denominator?

Patients must meet one of the following criteria during both the measurement year and the year prior to the measurement year:

- At least one ED visit with asthma as the principal diagnosis.
- At least one acute inpatient claim/encounter with asthma as the principal diagnosis.
- At least four outpatient asthma visits with asthma as one of the listed diagnoses and at least two asthma medication dispensing events.
- At least four asthma medication dispensing events (if all four asthma medication dispensing events were only leukotriene modifiers or antibody inhibitors, then they must also have at least one diagnosis of asthma in any setting).
Some patients are excluded from the Asthma Medication Ratio Population

• Patients who did not have any asthma medication dispensed during the measurement year.

• Patients on hospice.

• Patients who had a diagnosis of:
  ✓ Emphysema
  ✓ Other Emphysema
  ✓ COPD
  ✓ Chronic Respiratory Conditions Due to Fumes/Vapors
  ✓ Acute Respiratory Failure
## Improving Asthma Care with Effective Pharmacotherapy

### Asthma Medications (list for your reference, is not exhaustive)

<table>
<thead>
<tr>
<th>Asthma Controller Medications</th>
<th>Description</th>
<th>Prescription</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corticosteroids (ICS)</td>
<td>Beclomethasone (Qvar)</td>
<td>Fluticasone (Flovent, Arnuity Ellipta)</td>
</tr>
<tr>
<td></td>
<td>Budesonide (Pulmicort Flexhaler)</td>
<td>Mometasone (Asmanex)</td>
</tr>
<tr>
<td>Corticosteroid/Long-Acting Beta Agonist (ICS/LABA) combinations</td>
<td>Fluticasone/Salmeterol (Advair Diskus, Wixela Inhub, AirDuo RespiClick)</td>
<td>Budesonide/Formoterol (Symbicort)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mometasone/Formoterol (Dulera)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Fluticasone/Vilanterol (Breo Ellipta)</td>
</tr>
<tr>
<td>Antibody Inhibitors</td>
<td>Omalizumab (Xolair)</td>
<td>Reslizumab (Cinqair)</td>
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<tr>
<td></td>
<td>Benralizumab (Fasenra)</td>
<td>Mepolizumab (Nucala)</td>
</tr>
<tr>
<td>Leukotriene Modifiers</td>
<td>Montelukast (Singulair)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Zafirlukast (Accolate)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Zileuton (Zyflo)</td>
<td></td>
</tr>
<tr>
<td>Long-Acting Anticholinergics (LAMA)</td>
<td>Tiotropium (Spiriva Respimat)</td>
<td></td>
</tr>
<tr>
<td>Methylxanthines</td>
<td>Theophylline (Theochron)</td>
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</tr>
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</table>

### Asthma Reliever Medications

<table>
<thead>
<tr>
<th>Description</th>
<th>Prescriptions</th>
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<tr>
<td>Short Acting Beta-2 Agonists (SABA)</td>
<td>Albuterol (Ventolin, ProAir, Proventil)</td>
</tr>
<tr>
<td></td>
<td>Levalbuterol (Xopenex)</td>
</tr>
</tbody>
</table>
**Updated Guidance Issued**

GINA 2019 guidelines no longer recommend starting with SABA-only treatment.

Recommendations for initial asthma management for ages 12 and older:

<table>
<thead>
<tr>
<th>Asthma Severity</th>
<th>Controller</th>
<th>Reliever</th>
</tr>
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<tbody>
<tr>
<td>Intermittent</td>
<td>As needed low-dose ICS-formoterol*</td>
<td></td>
</tr>
<tr>
<td>Mild Persistent</td>
<td>Daily low-dose ICS OR Low-dose ICS-formoterol PRN*</td>
<td>Low-dose ICS-formoterol PRN*</td>
</tr>
</tbody>
</table>

ICS/formoterol combination inhalers include Symbicort (Budesonide/Formoterol) and Dulera (Mometasone/Formoterol).

Both Symbicort and Dulera are PHC formulary medications.

*off-label: studies included budesonide-formoterol (Symbicort)*
## GINA vs. NIH Guidelines

<table>
<thead>
<tr>
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<th>Intermittent</th>
<th>Mild Persistent</th>
<th>Moderate Persistent</th>
<th>Severe Persistent</th>
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<td><strong>STEP 1</strong></td>
<td></td>
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<tr>
<td>Preferred Controller</td>
<td>PRN low dose ICS/formoterol</td>
<td>Daily and PRN low dose ICS/formoterol</td>
<td>Daily medium dose ICS/formoterol + PRN low dose ICS/formoterol</td>
<td>Daily high dose ICS/formoterol + PRN low dose ICS/formoterol</td>
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<tr>
<td>Releiver (SMART)</td>
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<td><strong>STEP 2</strong></td>
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<tr>
<td>Daily low dose ICS</td>
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<tr>
<td><strong>STEP 3</strong></td>
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</tr>
<tr>
<td>Preferred Controller</td>
<td>Daily low dose ICS</td>
<td></td>
<td>Daily medium dose ICS</td>
<td>Daily high dose ICS</td>
</tr>
<tr>
<td><strong>STEP 4</strong></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Other Controllers</td>
<td>Low dose ICS whenever SABA is taken</td>
<td>Low dose ICS whenever SABA is taken</td>
<td>Daily medium dose ICS</td>
<td>Daily high dose ICS</td>
</tr>
<tr>
<td></td>
<td>Daily LTRA</td>
<td></td>
<td>Add-on tiotropium (Spiriva Respimat)</td>
<td>Add-on tiotropium (Spiriva Respimat)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Daily high dose ICS + LTRA</td>
<td>Daily high dose ICS + LTRA</td>
</tr>
<tr>
<td><strong>STEP 5</strong></td>
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<td></td>
</tr>
<tr>
<td>Preferred Reliever</td>
<td>PRN SABA</td>
<td>PRN SABA</td>
<td></td>
<td>PRN SABA</td>
</tr>
</tbody>
</table>

**NOTE:** GINA guidelines no longer recommend starting with SABA-only treatment.

Yellow = Supported by both GINA & NIH  
Green = Supported by GINA only  
Orange = Supported by NIH only
ICS - LABA Combination Comparison

PHC Formulary relative to GINA & NIH guidance on ICS-Formoterol

Combination Medications
- Budesonide/Formoterol (Symbicort)
- Mometasone/Formoterol (Dulera)

Advantages:
- On formulary without restrictions
- Formoterol has rapid onset of action comparable to albuterol (works within five minutes)
- Treats both airway smooth muscle constriction and underlying airway inflammation
- Works as rescue AND maintenance therapy

Combination Medications
- Fluticasone/Salmeterol (Advair Diskus, AirDuo, Wixela Inhub)

Advantages:
- On formulary without restrictions (except Advair HFA form)
- Treats both airway smooth muscle constriction and underlying airway inflammation

Disadvantages:
- Salmeterol only has long-acting properties and should not be used as rescue
Inhaled SABA Medications
• Albuterol (Ventolin HFA, Proventil HFA, ProAir HFA, ProAir RespiClick)
• Levalbuterol (Xopenex HFA)

Oral Controllers
• Montelukast (Singulair)
• Zafirlukast (Accolate)

Other Inhaled Medications
• Budesonide (Pulmicort) Nebulizer
• Tiotropium (Spiriva Respimat)

Corticosteroids
• Beclomethasone (Qvar RediHaler)
• Budesonide (Pulmicort FlexHaler)
• Ciclesonide (Alvesco)
• Fluticasone (Flovent Diskus, Flovent HFA, Arnuity Ellipta)
• Mometasone (Asmanex HFA, Asmanex TwistHaler)

Combination Medications
• Fluticasone/Salmeterol (Advair Diskus, AirDuo, Wixela Inhub)
• Mometasone/Formoterol (Dulera)
• Budesonide/Formoterol (Symbicort)

NOTE: PHC covers a brand name product only when a generic is not available on the market.
Treating Asthma Exacerbations

Regular use of SABA alone increases allergic responses and airway inflammation.

Over-use (i.e., > 3 canisters in a year) is associated with increased risk of severe exacerbation; > 12 canisters in a year is associated with increased risk of asthma-related deaths (GINA 2019).

For intermittent asthma, albuterol alone is no longer recommended – Instead, whenever albuterol is used for intermittent symptoms, add a low-dose ICS to control inflammation and reduce complications.

Updates for Urgent Care & Emergency Department Visits

**Mild Persistent Asthma**
- For controller therapy, consider daily low dose ICS or as-needed low dose Symbicort or Dulera.
- For reliever treatment, consider as needed low dose Symbicort or Dulera or as needed albuterol.

**Moderate to Severe Persistent Asthma**
- For controller therapy, consider daily dose ICS-LABA.
- For reliever treatment, consider as needed low dose Symbicort or Dulera or as needed albuterol.

**Allergic Rhinitis & Asthma**
- Consider Montelukast for the controller medication in addition to ICS.
Path to Improving Asthma Medication Ratio Performance

Units of Medications:

One medication unit is equal to:

- One inhaler canister
- One injection (for biologics)
- ≤ 30 day supply of oral medications

Note: a 90-day supply of oral medications would be counted as 3 units (90/30 = 3)

Case Example:

Current Patient Asthma Medication Score
(January-June)
1 Qvar inhaler filled on: 1/8, 3/12, and 5/24 (3 units)
1 Albuterol inhaler filled on: 1/8, 2/7, 3/12, 5/24, and 6/23 (5 units)
Total Score: 3/8 = 0.375

Final Patient Asthma Medication Score
(January-December)
1 Qvar inhaler filled on: 1/8, 3/12, 5/24, 7/24, 8/24, 9/24, 10/24, 11/26, and 12/27 (9 units)
1 Albuterol inhaler filled on: 1/8, 2/7, 3/12, 5/24, 6/23, and 9/8 (6 units)
Total Score: 9/15 = 0.60
Improving Asthma Care and the Asthma Medication Ratio

Prescribe Controllers 3 Month Supply X 3 Refills + Limit NEW Reliever Rx's to 1 Unit + Denominator Clean Up - Identify COPD + Manage AMR GAP List = IMPROVED AMR PERFORMANCE
Best Practices

• **Deliver preventative asthma care** at non-asthma related visits. Assess asthma symptoms at every visit to determine if additional action is needed.

• **Increase asthma medication adherence by:**
  - Educate patients on the difference between rescue and controller medications.
  - Create opportunities for patient centered interactions by listening and incorporating patient’s feedback into their Asthma Action Plan.

• **Ensure accurate diagnosis** by avoiding coding asthma if the diagnosis is for an asthma-like symptom (i.e., wheezing during upper respiratory infection or acute bronchitis is not “asthma”). Correct claims or encounters which may have been submitted with incorrect diagnosis information.
Use **eReports** to identify and monitor patients in your Asthma Medication Ratio population.

- Prioritize members with ratio of 0.3 to 0.6
# POINT ALLOCATION AND THRESHOLD:

## CLINICAL DOMAIN

<table>
<thead>
<tr>
<th>PRACTICE TYPE</th>
<th>MEASURE</th>
<th>MEASURE CATEGORY</th>
<th>AGE RANGE</th>
<th>TARGETS</th>
<th>FULL / PARTIAL POINTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>FAMILY</td>
<td>INTERNAL</td>
<td>Peds</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Asthma Medication Ratio</strong></td>
<td></td>
<td>5 - 64 YRS</td>
<td>68.52%</td>
<td>12.5 / 9</td>
</tr>
<tr>
<td></td>
<td><strong>Comprehensive Diabetic Care - HbA1c Control</strong></td>
<td></td>
<td>18 - 75 YRS</td>
<td>67.15%</td>
<td>12.5 / 9</td>
</tr>
<tr>
<td></td>
<td><strong>Controlling High Blood Pressure</strong></td>
<td></td>
<td>18 - 85 YRS</td>
<td>66.91%</td>
<td>12.5 / 9</td>
</tr>
<tr>
<td></td>
<td><strong>Immunization for Adolescents - Combination 2</strong></td>
<td></td>
<td>13 YRS</td>
<td>40.39%</td>
<td>12.5 / 9</td>
</tr>
<tr>
<td></td>
<td><strong>Breast Cancer Screening</strong></td>
<td></td>
<td>50 - 74 YRS</td>
<td>63.98%</td>
<td>12.5 / 9</td>
</tr>
<tr>
<td></td>
<td><strong>Cervical Cancer Screening</strong></td>
<td></td>
<td>21 - 64 YRS</td>
<td>66.49%</td>
<td>12.5 / 9</td>
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<tr>
<td></td>
<td><strong>Childhood Immunization Status - Combination 10</strong></td>
<td></td>
<td>2 YRS</td>
<td>42.02%</td>
<td>12.5 / 9</td>
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<tr>
<td></td>
<td><strong>Colorectal Cancer Screening</strong></td>
<td></td>
<td>51 - 75 YRS</td>
<td>41.84%</td>
<td>12.5 / 9</td>
</tr>
<tr>
<td></td>
<td><strong>Counseling for Nutrition for Children/Adolescents</strong></td>
<td></td>
<td>3 - 17 YRS</td>
<td>70.92%</td>
<td>12.5 / 9</td>
</tr>
<tr>
<td></td>
<td><strong>Counseling for Physical Activity for Children/Adolescents</strong></td>
<td></td>
<td>3 - 17 YRS</td>
<td>64.96%</td>
<td>12.5 / 9</td>
</tr>
<tr>
<td></td>
<td><strong>Child and Adolescent Well Care Vist</strong></td>
<td></td>
<td>3 - 17 YRS</td>
<td>47.54%</td>
<td>12.5 / 9</td>
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<tr>
<td></td>
<td><strong>Well Child Visits in the First 15 Months of Life</strong></td>
<td></td>
<td>15 MONTHS</td>
<td>69.83%</td>
<td>12.5 / 9</td>
</tr>
</tbody>
</table>

**CHRONIC DISEASE MGMT.**

**PREVENTATIVE SCREENING**

**UTILIZATION**
**Asthma Medication Ratio Report**

**Partnership HealthPlan of California**

**Analysis of Asthma Medication Ratio (AMR)**

**eReports Measure Data Source Details**

**Individual Provider View**

**PCP Name: Mendocino Coast Clinics**

**Mendocino Coast Clinics: Current Performance as of Report Date 5/15/2021 9:16:16 AM**

<table>
<thead>
<tr>
<th>Measure Name</th>
<th>OIP Score</th>
<th>Numerator</th>
<th>Denominator</th>
<th>75th Threshold %</th>
<th>75th (Achieved/Target)</th>
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</thead>
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<tr>
<td>Asthma Medication Ratio</td>
<td>63.64</td>
<td>14</td>
<td>22</td>
<td>68.52</td>
<td>14/16</td>
</tr>
</tbody>
</table>

**Who Is In the AMR Eligible Population?**

Members are qualified as having persistent asthma if they met at least one eligibility criteria during both the measurement year (2021) and the year prior (2020). Criteria need not be the same across both years.

- **ED**: at least one ED visit with a principal diagnosis of asthma
- **Acute Inpatient**: at least one acute inpatient stay with a principal diagnosis of asthma
- **Outpatient Visits**: at least four outpatient or observation visits, with any diagnosis of asthma on different dates of service, and at least two asthma medications dispensed
- **4+ Medications**: at least four asthma medications dispensed

**Distribution of Qualifying AMR Events**

<table>
<thead>
<tr>
<th>Year</th>
<th>ED</th>
<th>4+ Medications</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020</td>
<td>1</td>
<td>99%</td>
</tr>
<tr>
<td>2021</td>
<td>22</td>
<td>100%</td>
</tr>
</tbody>
</table>

- **2020**: 1 ED event, 99% of patients with 4+ medications
- **2021**: 22 ED events, 100% of patients with 4+ medications
## Measurement Year 2020 Drilldown

<table>
<thead>
<tr>
<th>Prescriber</th>
<th>Total Rescue (SABA) Units Dispensed</th>
<th>Number of Members</th>
<th>Average unit/member</th>
<th>Non-compliant Members</th>
<th>Total Controller Units Dispensed</th>
<th>Total Rescue Units Dispensed</th>
<th>Estimated AMR Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescriber 1</td>
<td>14</td>
<td>1</td>
<td>14.00</td>
<td>Member 1</td>
<td>5</td>
<td>28</td>
<td>0.15</td>
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<td>Prescriber 2</td>
<td>66</td>
<td>10</td>
<td>6.60</td>
<td>Member 2</td>
<td>3</td>
<td>18</td>
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<td>Prescriber 3</td>
<td>25</td>
<td>4</td>
<td>6.25</td>
<td>Member 3</td>
<td>10</td>
<td>18</td>
<td>0.36</td>
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<td>4</td>
<td>5.25</td>
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<td>Prescriber 15</td>
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<td>3</td>
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<td>Member 15</td>
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<td>1</td>
<td>1.00</td>
<td>Member 16</td>
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<td>1.00</td>
<td>Member 17</td>
<td>0</td>
<td>1</td>
<td>0.00</td>
</tr>
</tbody>
</table>

**DISCLAIMER:** If a member assigned to your practice site received a prescription order from an emergency room or urgent care provider, that prescriber may be listed on this report. Prescribers with a score of 0 indicate that they authorized prescription for controller medication(s) and no rescue (SABA) medications during the measurement year.
Inhaled SABA Medications
• Albuterol (BRAND ONLY: Ventolin HFA, ProAir HFA, Proventil HFA)

Oral Controllers
• Montelukast (Covers BRAND Singulair + select generics)

Corticosteroids
• Beclomethasone (QVAR RediHaler)
• Budesonide (Pulmicort FlexHaler)
• Fluticasone (Flovent Diskus, Flovent HFA)

Combination Medications
• Fluticasone/Salmeterol (BRAND ONLY: Advair Diskus, Advair HFA)
• Mometasone/Formoterol (Dulera)
• Budesonide/Formoterol (BRAND ONLY: Symbicort)

Other Inhaled Medications
• Tiotropium (Spiriva Respimat)
• Budesonide (Pulmicort) Nebulizer – age restriction of < 4 years.

NOTE: Medi-Cal covers a brand name product even when a generic is available on the market (thus, generics are not covered unless noted otherwise). Updated January 2021.
<table>
<thead>
<tr>
<th>Medication</th>
<th>PHC Formulary</th>
<th>Medi-Cal Formulary</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inhaled SABAs</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Albuterol HFA</td>
<td>Generic + Brand (ProAir, Ventolin, Proventil)</td>
<td>BRAND ONLY: Ventolin, Proventil, ProAir HFA</td>
</tr>
<tr>
<td>Levalbuterol HFA</td>
<td>✓ Covered</td>
<td>× Not Covered</td>
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<tr>
<td><strong>Oral Controllers</strong></td>
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</tr>
<tr>
<td>Montelukast</td>
<td>Generic Only</td>
<td>BRAND Singulair + Select Generics</td>
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<tr>
<td>Zafirlukast</td>
<td>✓ Covered (w/ Step Therapy)</td>
<td>× Not Covered</td>
</tr>
<tr>
<td><strong>Corticosteroids</strong></td>
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<td></td>
</tr>
<tr>
<td>Fluticasone</td>
<td>Flovent Diskus, Flovent HFA, Arnuity Ellipta</td>
<td>Flovent Diskus &amp; Flovent HFA ONLY</td>
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<td>Ciclesonide</td>
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<td>Mometasone</td>
<td>✓ Covered (Asmanex)</td>
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<td><strong>Combination Medications</strong></td>
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<td></td>
</tr>
<tr>
<td>Fluticasone/Salmeterol</td>
<td>Advair Diskus, AirDuo, Wixela Inhub</td>
<td>BRAND ONLY: Advair Diskus, Advair HFA</td>
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<tr>
<td>Budesonide/Formoterol</td>
<td>Generic Only</td>
<td>BRAND ONLY: Symbicort</td>
</tr>
</tbody>
</table>
PHC QI Resources

- PHC Performance Improvement Team offers to provide **Asthma Medication Ratio organization-specific reports.**

  Email us at: improvementacademy@partnershipphp.org

- Fill out survey to receive CE/CME credits.
DHCS Formulary Search Tool (to be referenced after carve-out)
https://www.dhcs.ca.gov/services/Pages/FormularyFile.aspx

Quality Improvement Program:  QIP@partnershiphp.org

2021 PCP QIP Webpage:
http://www.partnershiphp.org/Providers/Quality/Pages/PCP-QIP-2021.aspx

QI Monthly Newsletters:
http://www.partnershiphp.org/Providers/Quality/Pages/PCPQIPMonthlyNewsletter.aspx

Measure Highlights:
http://www.partnershiphp.org/Providers/Quality/Pages/Quality-Measure-Highlights.aspx

eReports:  https://qip.partnershiphp.org/
Upcoming Quality Improvement Trainings

Accelerated Learning Education Program
These learning sessions will cover Partnership HealthPlan of California's Primary Care Provider Quality Incentive Program measures.

- April 13 - Well-Child Visits and Immunizations (0 - 2 years) *(Recorded)*
- April 27 - Early Cancer Detection (Cervical, Breast, and Colorectal Screening) *(Recorded)*
- May 11 - Controlling High Blood Pressure *(Recorded)*
- May 25 - Diabetes Management HbA1C Good Control *(Recorded)*
- July 14 - Improving Asthma Care and the Asthma Medication Ratio *(Recorded)*

**Date:** July 27  
**Time:** Noon - 1 p.m.
Child and Adolescent Well-Care Visits (3 - 17 years)

http://www.partnershipphp.org/Providers/Quality/Pages/Quality_Events.aspx
The Role of Leadership in Quality Improvement Efforts

**Date:** September 23    **Time:** Noon - 1 p.m.
Petaluma Health Center
Interview with top performing leadership including the CEO and CMO

**Date:** October 5    **Time:** 11 a.m. - Noon
Community Medical Center
Interview with top performing leadership including the CMO, COO, Director of Quality, and FNP

[http://www.partnershipphp.org/Providers/Quality/Pages/Quality_Events.aspx](http://www.partnershipphp.org/Providers/Quality/Pages/Quality_Events.aspx)
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Quality Improvement Advisor:
Joy Dionisio (jcdionisio@partnershiphp.org)

QI/Performance Team:
ImprovementAcademy@partnershiphp.org
Questions