

# An Interdisciplinary Approach to Asthma Care Management

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## Background

The HEDIS Measure "Asthma Medication Ratio" (AMR) is a quality measure in several pay-for-performance programs administered in Population Health. It is a mandatory quality measure for the Medi-Cal population in the Quality Incentive Pool (QIP) Program and is worth approximately \$1,000,000 in annual incentive funding for UCSF. Pre-intervention, this measure had been tracked for QIP for over 6 years, with targets only met in 1 year and no consistent pattern of improvement.

This quality measure tracks the ratio of asthma controller medications to total asthma medications for patients aged 5-64 with severe persistent asthma with a goal of controllers comprising at least 50% of total asthma medications:

Increase patient use of controller medications



Decrease patient use of reliever (rescue) medications



## Problem Statement & Project Goal

**PROBLEM STATEMENT:** Many patients with asthma are not using controller medications adequately and rely on rescue medications as their asthma symptoms exacerbate. This can lead to uncontrolled asthma and decreased lung function. During Primary Care office visits there is often not enough time to demonstrate the use of medications, identify asthma triggers and provide the patient education that can lead to optimal patient self-management. Prior to implementation of this intervention, UCSF was not meeting targets for the QIP Asthma Medication Ratio measure and risked \$1 million incentive dollars.

**PROJECT GOAL:** Improve performance on the Asthma Medication Ratio (AMR) measure from the pre-intervention performance of 55% of eligible patients meeting the measure to achieve the 2023 target of 59.9%.

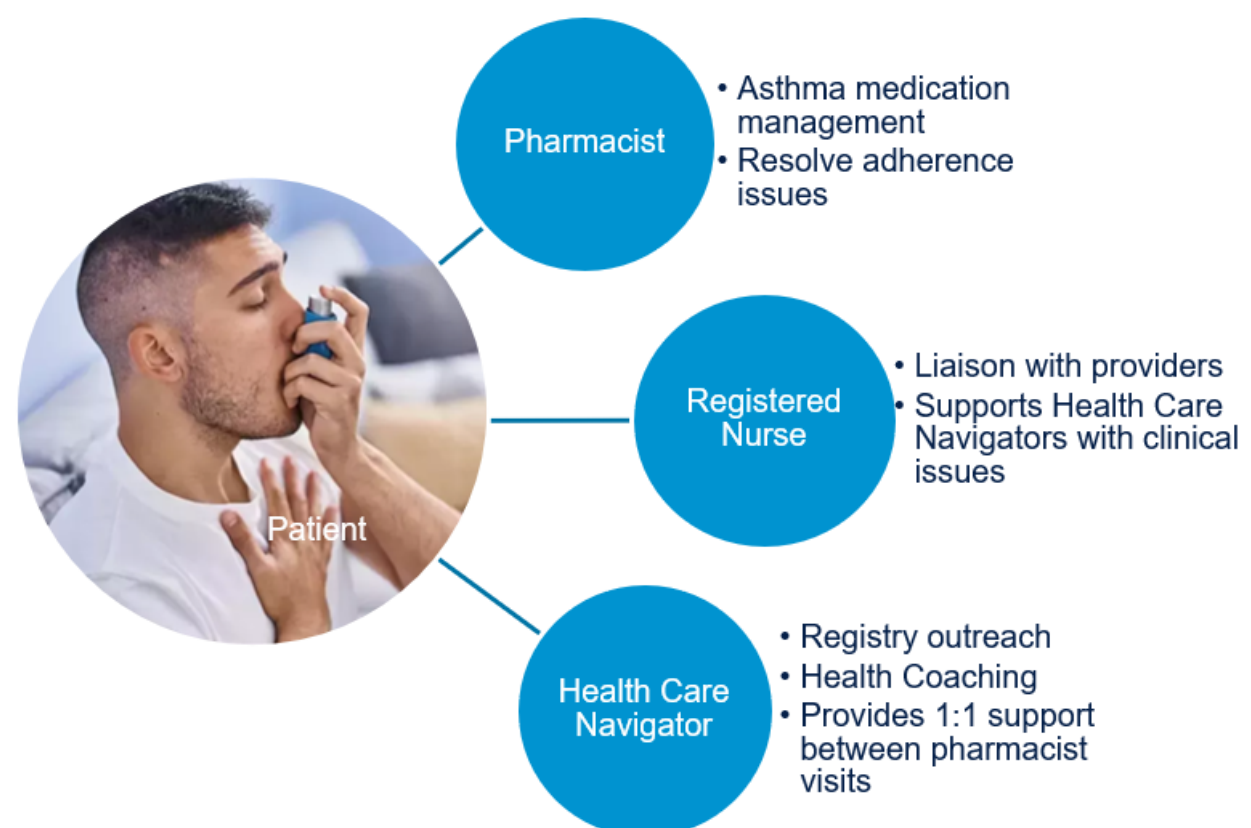
$$AMR = \frac{\text{\# of controller medications}}{\text{\# of total asthma medications}}$$

Quality Achievement = AMR Ratio of 0.599 or higher

# BY IMPLEMENTING AN ASTHMA CARE MANAGEMENT PROGRAM WE MET OUR QIP PROGRAM TARGET EARNING \$1 MILLION 2023

## Project Plan and Interventions

### Multi-disciplinary Longitudinal Asthma Care Management Intervention



### Medication Management/Targeted Asthma Health Coaching

- Healthcare Navigator outreaches to patients to enroll, completes intake, and schedules appointment with pharmacist, and provides health coaching at first contact and between pharmacist visits.
- Pharmacist assesses symptoms, creates/updates AAP, builds on initial coaching.
  - For patients with controlled asthma, 1-2 visits are sufficient.
  - For patients not controlled:
    - Start or step-up controller medication regimen
    - Monitor and adjust medications over 2+ months
- Targeted Asthma Health Coaching:
  - Identifying and addressing triggers
  - Recognizing symptoms and early warning signs
  - Having an up-to-date Asthma Action Plan (AAP)
  - Understanding what the AAP tells us about when to take quick relief medication, when to contact their doctor, when to get emergency care (911/ED)
  - Proper use of medication (which are controllers, which are relievers)
- Teach-back topics:
  - Symptoms and signs
  - Medication choice, correct dosage, timing
  - Medication administration technique

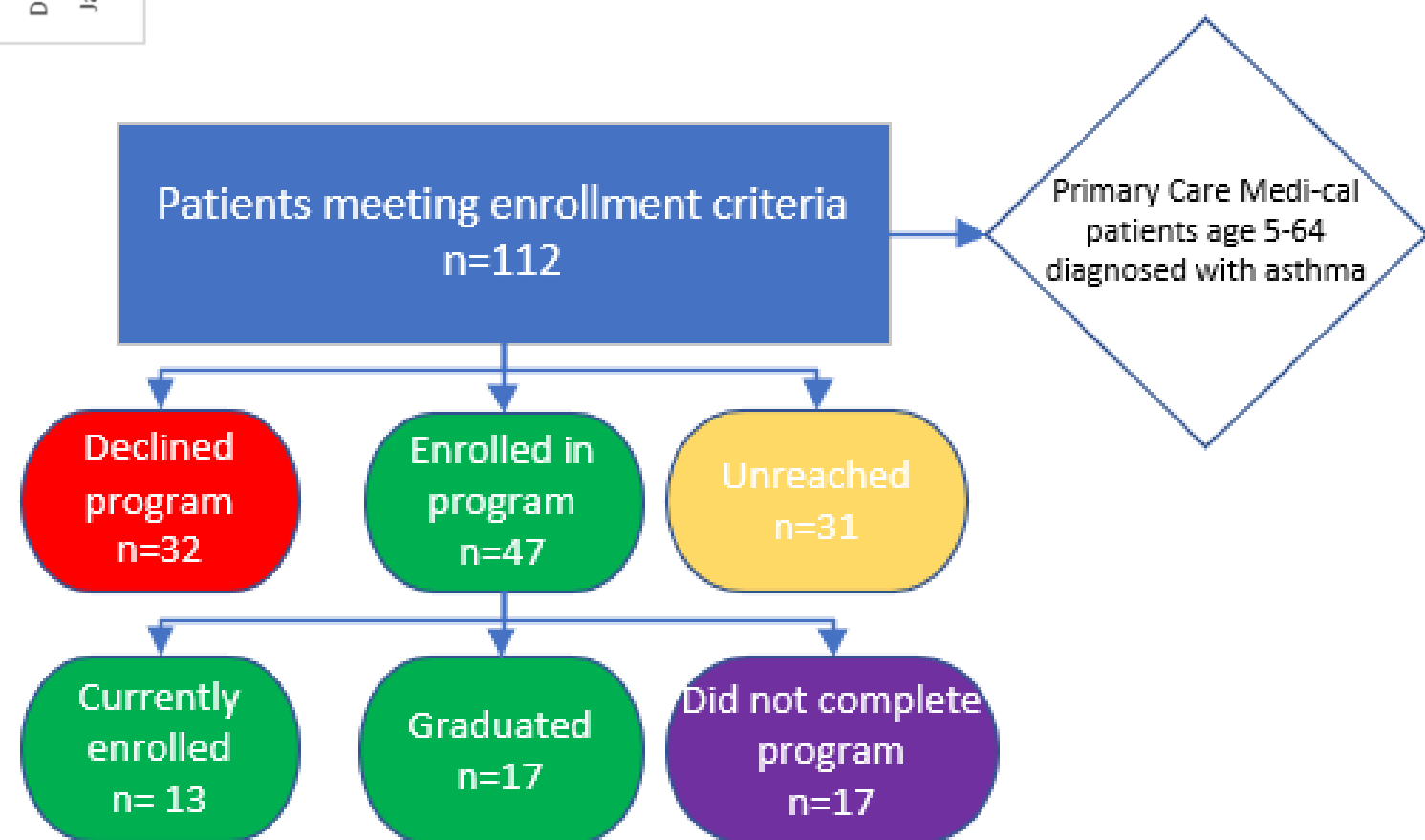
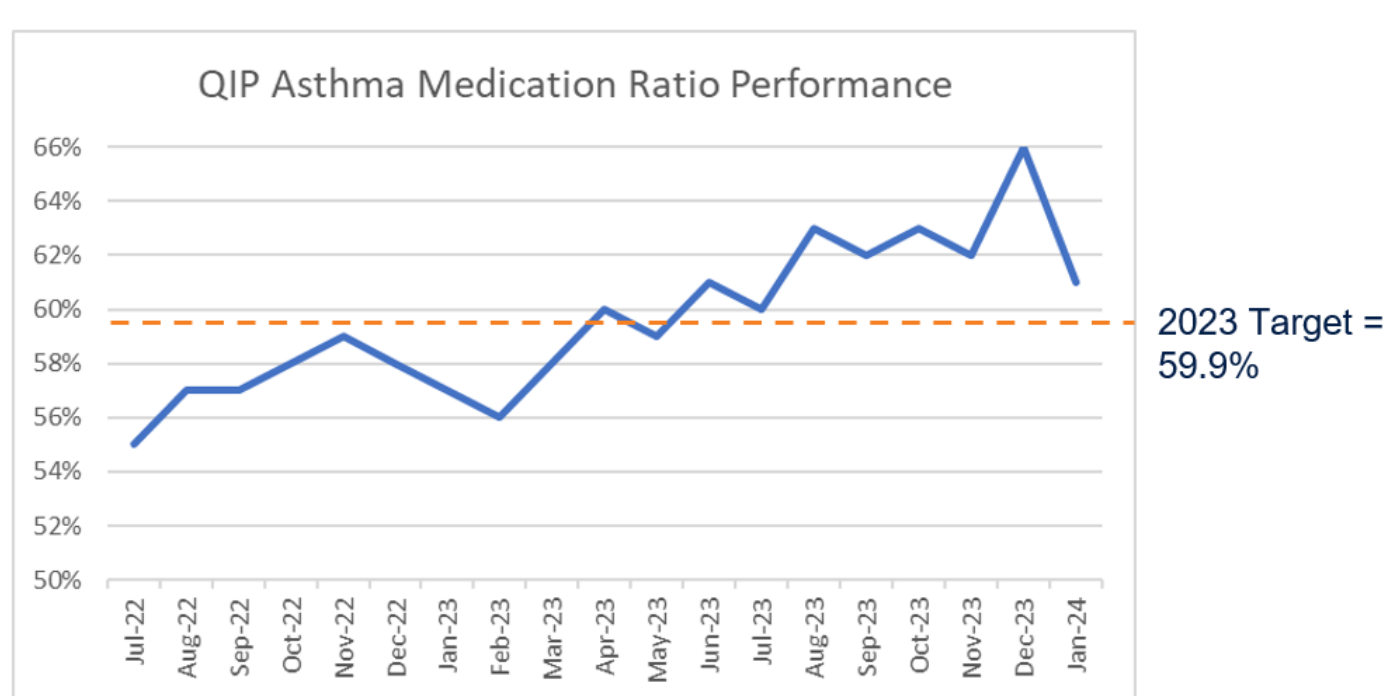
### Provider Interventions

- Capitalized on relationship with Primary Care physician champions to further our ability to reach providers.
- PharmD-developed and led in-service trainings for adult and pediatric providers in 2023, with additional trainings planned for 2024
- Plans in 2024 for Population Health to contribute to PC newsletters on an on-going basis.

**Learning Objectives**

- Identify the clinical background, specifications, and performance threshold definitions for the Asthma Medication Ratio (AMR) measure.
- Describe UCSF's multi-disciplinary Asthma Health Coaching Program.
- Compare clinical practice guidelines for stepwise, personalized asthma management.
- Identify best and promising practices that can be used to improve AMR rates and asthma control.

## Project Outcomes, Results & Impact



### Barriers/Challenges

Problem Area	Barrier/Challenge	Mitigation Tactic(s)
Provider Prescribing Patterns	<ul style="list-style-type: none"> <li>Rescue medications prescribed with many refills (up to X per year)</li> <li>Controller/reliever Rx fills not easily visible in Apex</li> </ul>	<ul style="list-style-type: none"> <li>PharmD presentation on best practices in asthma medication management at Grand Rounds</li> <li>Investigating Apex options for provider view of Rx refills</li> <li>RN review of patients with 20+ relievers and provider outreach</li> </ul>
Patient Enrollment	Difficult to get patients to enroll through a cold call	Developed flyer with direct telephone number of HCN
Patient Engagement	Patients/parents believe their asthma is in-control	Additional training by Pharmacist to develop scripting language for HCNs
Identifying Patients Appropriate for Program	Requires extensive chart review by navigators/PharmD	RN chart review to verify asthma diagnosis
Asthma Action Plan	Missing or out-of-date Asthma Action Plans	<ul style="list-style-type: none"> <li>Escalation to Pediatric physician champion</li> <li>PharmD creates AAP for adult patients</li> <li>Effective 6/23 extended to Pediatric patients</li> </ul>
Provider Communication	Providers non-responsive to navigator communication	RN assistance: <ul style="list-style-type: none"> <li>Providing GINA guidelines</li> <li>Initiating discussion on why no controller meds prescribed</li> <li>Simplify message to providers/lead with action items</li> </ul>

## Conclusions, Next Steps & Lessons Learned

After reviewing results from 2023, the decision was made to continue this program in 2024. Our team is investigating opportunities to disseminate information on our interdisciplinary care team model, as well as expand provider education on best practices in asthma medication management, according to the Global Initiative for Asthma (GINA). Scaling these results would require additional investment in Pharmacy/RN/Health Care Navigator resources.

### Lessons Learned:

Even though we are a small program that faced challenges in enrolling and keeping patients engaged, we were able to make a substantial impact on improving performance for this quality measure. Prescribing practices that better align with the GINA guidelines would improve asthma management for this population.