

An FAQ on Medication Therapy for Patients With Asthma

by Jessica Murphy, PharmD

WHERE DOES THIS MEASURE FIT INTO THE OVERALL MEDICATION THERAPY PART D STAR RATINGS?

Medication therapy for patients with asthma is a pharmacy quality alliance (PQA) quality measure that has been endorsed by the National Quality Forum (NQF). This particular measure is not currently used to determine Centers for Medicare & Medicaid Services (CMS) Star Ratings for Medicare Part D plans. That said, it could be in use by other health plans to assess performance in provider networks.

WHAT DOES THE MEASURE ANALYZE?

This PQA measure calculates the percentage of patients with asthma who were dispensed more than three canisters of a short-acting beta-2 agonist inhaler over a 90-day time frame. Two rates are reported: suboptimal control and absence of controller therapy.

Suboptimal control is defined as “the percentage of patients with persistent asthma who were dispensed more than three canisters of a short-acting beta-2 agonist inhaler during the same 90-day period.”

Absence of controller therapy is defined as “the percentage of patients with asthma during the measurement period who were dispensed more than three canisters of short-acting beta-2 agonist inhalers over a 90-day period, and who did not receive controller therapy during the same 90-day period.”

WHAT IMPACT CAN THIS HAVE ON MY PHARMACY?

Although the PQA measure of short-acting inhaler usage does not determine Medicare Part D Star Ratings at this time, there is a possibility it could be included in the future. This year (2015) was the “beta test” year for the Health Insurance Marketplace (sometimes referred to as the Exchange Plans or Obamacare) Quality Rating System, which included a similar measure that calculated adherence to asthma controller medication in asthmatic patients. Health plans are showing a growing interest in high value pharmacies—pharmacies where patients are on appropriate therapy and reach therapy goals.

WHAT IMPACT DOES THIS HAVE ON PATIENT SAFETY?

Reporting and improvement on this measurement will have a highly positive impact on patient safety. Taking too much of a short-acting beta 2 agonist inhaler such as albuterol can cause adverse effects such as rapid heart rate, tremor, and possible overdose. Being able to identify patients who are over using their short-acting beta 2 agonist inhaler can initiate a potentially lifesaving intervention from the pharmacist.

Overuse of this short-acting inhaler can indicate the need for additional therapy, such as a long-acting asthma controller medication. Adding a long-acting controller can help slow or prevent irreversible damage caused by the inflammatory progression of asthma.

WHAT CAN I DO TO IMPROVE PERFORMANCE IN MY PHARMACY?

In the community pharmacy setting, pharmacists can improve their performance concerning medication therapy for persons with asthma. If a pharmacist notices a patient with asthma filling his or her short-acting inhaler frequently, this can trigger further investigation and intervention. For a more proactive approach, the pharmacist or technician could look through the profiles of patients filling short-acting beta-2 agonist inhalers to see if they are prescribed and also filling a controller medication. If a problem is found, the pharmacist can call the patient and discuss potential therapy issues.

Warning patients with asthma and their caregivers about the dangers of overusing short-acting inhalers and informing them that they may gain better control by the addition of a long-acting inhaler will hopefully discourage continued overuse and encourage a trip to their doctor. With pharmacist intervention and adequate counseling, measurements for medication therapy for persons with asthma may improve. ■

Jessica Murphy, PharmD, is a 2015 graduate of the SWOSO College of Pharmacy.

Additional References

- *PQA Measures*: www.pqaalliance.org
- *CMS Quality Initiatives*: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/index.html>
- *Guidelines for the Diagnosis and Management of Asthma (EPR-3)*: <http://www.nhlbi.nih.gov/files/docs/guidelines/asthgdln.pdf>