Measure #1: Assessment of Asthma Control

Asthma

Measure Description

Percentage of patients aged 5 years and older with a diagnosis of asthma who were evaluated for asthma control (comprising asthma impairment and asthma risk) at least once during the measurement period

Measure Components

Numerator Statement	Patients who were evaluated for asthma control (comprising asthma impairment and asthma risk)* at least once during the measurement period *Evaluation of asthma control is defined as: • Documentation of an evaluation of asthma impairment which must include: daytime symptoms AND nighttime awakenings AND interference with normal activity AND short-acting beta$_2$-agonist (SABA) use for symptom control. *Note: Completion of a validated questionnaire will also meet the numerator requirement for this component of the measure. Validated questionnaires for asthma assessment include, but are not limited to the Asthma Therapy Assessment Questionnaire [ATAQ], the Asthma Control Questionnaire [ACQ], or the Asthma Control Test [ACT]* **AND** • Documentation of asthma risk which must include the number of asthma exacerbations requiring oral systemic corticosteroids in the prior 12 months Additional Numerator Instructions: • The specifications of this numerator enable documentation for the impairment and risk components separately to facilitate quality improvement. • Evaluation of asthma impairment and asthma risk must occur during the same medical encounter.
Denominator Statement	All patients aged 5 years and older with a diagnosis of asthma
Denominator Exclusion(s)	Patients diagnosed with COPD, chronic bronchitis, emphysema, or cystic fibrosis
Denominator Exception(s)	None
Supporting Guideline	The following evidence statements are quoted verbatim from the referenced clinical guidelines. National Heart, Lung, and Blood Institute (NHLBI) / National Asthma Education and Prevention Program (NAEPP) Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma[4] The Expert Panel recommends that asthma control be defined as follows: (Evidence A)

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	Control: the degree to which the manifestations of asthma (symptoms, functional impairments, and risks of untoward events) are minimized and the goals of therapy are met. The goals of therapy are to achieve asthma control by (Evidence A) • Reducing impairment: – Prevent chronic and troublesome symptoms (eg, coughing or breathlessness in the daytime, in the night, or after exertion) – Require infrequent use (≤2 days a week) of inhaled SABA for quick relief of symptoms – Maintain (near) "normal" pulmonary function – Maintain normal activity levels (including exercise and other physical activity and attendance at work or school) – Meet patients' and families' expectations of and satisfaction with asthma care • Reducing risk: – Prevent recurrent exacerbations of asthma and minimize the need for ED visits or hospitalizations – Prevent progressive loss of lung function; for children, prevent reduced lung growth – Provide optimal pharmacotherapy with minimal or no adverse effects Periodic assessments (at 1- to 6-month intervals) and ongoing monitoring of asthma control are recommended to determine if the goals of therapy are being met and if adjustments in therapy are needed (Evidence B, extrapolation from clinical trials; and Evidence C, observational studies).

Measure Importance

Relationship to desired outcome

The goal of asthma therapy is to achieve asthma control. Once asthma is diagnosed and therapy is initiated, clinical management shifts to the periodic assessment of asthma control, as the level of asthma control will guide decisions either to maintain or adjust therapy.[4]

Compared to those with well controlled asthma, individuals with uncontrolled or partly controlled asthma report an increased use of health care services and greater limitations of their daily activities.[5] Asthma that is uncontrolled is associated with more than twice the risk of outdoor or physical activity limitations and about a two-thirds (66%) increased risk of daily activity limitations.[6]

Opportunity for Improvement

While there are little to no published data regarding a quality gap or variation in performance are available regarding how often assessment of asthma control, in terms of impairment and risk, is performed, the Asthma Measures Work Group agreed that this is an aspect of care that is not regularly performed for all patients and should be tested further through the application of performance measures since asthma control is suboptimal in US patients.

One study found a majority percentage of patients (within all levels of asthma severity) failed to achieve "well-controlled" asthma[7]:

- 58% of patients with intermittent asthma,
- 69% of patients with mild persistent asthma,
- 89% of patients with moderate persistent asthma, and
- 96% of patients with severe persistent asthma

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Exception Justification	This measure has no exceptions.
Harmonization with Existing Measures	There are no existing performance measures at the individual provider or system levels that address the assessment of asthma control.

Measure Designation

Measure purpose	Quality Improvement Accountability
Type of measure	Process
Care setting	Ambulatory Care: Clinician Office Clinic
Data source	Registry Electronic Health Record System

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