American Academy of Allergy Asthma & Immunology

**Measure #53 (NQF 0047): Asthma: Pharmacologic Therapy for Persistent Asthma – Ambulatory Care Setting – National Quality Strategy Domain: Effective Clinical Care**

**2016 PQRS OPTIONS FOR INDIVIDUAL MEASURES:**
**REGISTRY ONLY**

**DESCRIPTION:**
Percentage of patients aged 5 years and older with a diagnosis of persistent asthma who were prescribed long-term control medication

**INSTRUCTIONS:**
This measure is to be reported a minimum of **once per reporting period** for all patients with a diagnosis of persistent asthma seen during the reporting period. This measure may be reported by clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

**This measure will be calculated with three performance rates:**
1) Patients prescribed inhaled corticosteroids (ICS) as their long-term control medication
2) Patients prescribed alternative long-term control medications (non-ICS)
3) Total patients prescribed long-term control medication

**Measure Reporting via Registry:**
ICD-10-CM diagnosis codes, CPT codes, QDC code and patient demographics are used to identify patients who are included in the measure's denominator. The listed numerator options are used to report the numerator of the measure.

The quality-data codes listed do not need to be submitted for registry-based submissions; however, these codes may be submitted for those registries that utilize claims data.

**DENOMINATOR:**
All patients aged 5 years and older with a diagnosis of persistent asthma

**Denominator Instructions:** Documentation of persistent asthma must be present. One method of identifying persistent asthma is, at a minimum, daily use of short-acting bronchodilators

**Denominator Criteria (Eligible Cases):**
Patients aged ≥ 5 years on date of encounter
**AND**
**Diagnosis for asthma (ICD-10-CM):** J45.30, J45.31, J45.32, J45.40, J45.41, J45.42, J45.50, J45.51, J45.52, J45.901, J45.902, J45.909, J45.990, J45.991, J45.998
**AND**
**Patient encounter during the reporting period (CPT):** 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350
**AND**
Persistent Asthma (mild, moderate or severe) **(1038F)**

**NUMERATOR:**
Patients who were prescribed long-term control medication

**Definition:**
**Long-Term Control Medication Includes:**

Patients prescribed inhaled corticosteroids (the preferred long-term control medication at any step of asthma pharmacological therapy)
**OR**

Patients prescribed alternative long-term control medications (inhaled steroid combinations, anti-asthmatic combinations, antibody inhibitor, leukotriene modifiers, mast cell stabilizers, methylxanthines) OR an acceptable alternative long-term control medication at one or more visits in the 12-month period OR patient already taking inhaled corticosteroid OR an acceptable alternative long-term control medication as documented in current medication list

**Numerator Options:**

***Performance Met:*** Inhaled corticosteroids prescribed **(4140F)**

**OR**

***Performance Met:*** Alternative long-term control medication prescribed **(4144F)**

**OR**

***Patient Performance Exclusion:*** Documentation of patient reason(s) for not prescribing inhaled corticosteroids or alternative long-term control medication (eg, patient declined, other patient reason) **(4140F *with* 2P)**

**OR**

***Performance Not Met:*** Inhaled corticosteroids or alternative long-term control medication **not** prescribed, reason not otherwise specified **(4140F *with* 8P)**

**RATIONALE:**
The following statement is quoted verbatim from the NHLBI/NAEPP guideline (NHLBI, 2007):

"The broad action of ICS on the inflammatory process may account for their efficacy as preventive therapy. Their clinical effects include reduction in severity of symptoms; improvement in asthma control and quality of life; improvement in PEF and spirometry; diminished airway hyper-responsiveness; prevention of exacerbations; reduction in systemic corticosteroid courses; emergency department (ED) care; hospitalizations, and deaths due to asthma; and possibly the attenuation of loss of lung function in adults". (Rafferty P 1985; Haahtela T 1991; Jeffery PK 1992; Van Essesn-Zandvliet EE 1992; Barnes NC 1993; Fabbri L 1993; Gustafsson P 1993; Kamada AK 1996; Suissa S 2000; Pauwels RA 2003; Barnes PJ October 1992)

**CLINICAL RECOMMENDATION STATEMENTS:**
The following evidence statements are quoted verbatim from the referenced clinical guidelines:

The Expert Panel recommends that long-term control medications be taken daily on a long-term basis to achieve and maintain control of persistent asthma. The most effective long-term control medications are those that attenuate the underlying inflammation characteristic of asthma. (Evidence A) (NHLBI, 2007)

The Expert Panel concludes that ICS is the most potent and clinically effective long-term control medication for asthma. (Evidence A) (NHLBI, 2007)

The Expert Panel concludes that ICS is the most effective long-term therapy available for patients who have persistent asthma, and, in general, ICS is well tolerated and safe at the recommended dosages. (Evidence A) (NHLBI, 2007)

---

The American Academy of Allergy Asthma & Immunology (AAAAI) and PCPI owned and developed measure, Asthma: Pharmacologic Therapy for Persistent Asthma – Ambulatory Care Setting, specifications are copied verbatim from the 2016 Physician Quality Reporting System (PQRS) Measure Specifications Manual for Claims and Registry Reporting of Individual Measures.

**Measure Type:** Process