

Measure #5: Assessment of Asthma Risk

Asthma

Measure Description

Percentage of patients aged 5 years and older with an emergency department visit OR an inpatient admission for an asthma exacerbation who were evaluated for asthma risk.

Measure Components

Numerator Statement	Patients who were evaluated for asthma risk* * Asthma risk is defined as number of asthma exacerbations requiring oral systemic corticosteroids in the prior 12 months
Denominator Statement	All patients aged 5 years and older with an emergency department visit OR an inpatient admission for an asthma exacerbation
Denominator Exclusion(s)	None
Denominator Exception(s)	None
Supporting Guideline	The following evidence statements are quoted <u>verbatim</u> from the referenced clinical guidelines. NHLBI/NAEPP Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma⁴ The Expert Panel recommends that ongoing monitoring of asthma control be performed to determine whether all the goals of therapy are met—that is, reducing both impairment and risk (Evidence B); 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	Through evaluation of asthma risk, emergency department and hospital providers are able to assess whether a patient meets criteria for persistent asthma. Persons with 2 or more exacerbations in the last twelve months are categorized with persistent asthma and recommended to be prescribed long term asthma control medications. ⁴ Thus, evaluation of asthma risk serves as a guide in determining appropriate asthma management as patients who have had exacerbations requiring emergency department emergency department visits and hospitalizations, especially in the past year, have a greater risk of future exacerbations. ⁴
Opportunity for Improvement	While no published data regarding a quality gap or variation in performance are available regarding how often assessment of asthma risk in the emergency department or inpatient setting is performed, the work group agreed that this is an aspect of care that is not regularly performed for all patients. Through implementation and testing of this measure, it is expected that we will be able to collect data that will help us demonstrate whether or not a gap in care or variation in performance exists.
Exception Justification	This measure has no exceptions.
Harmonization with Existing Measures	There are no existing provider level or system level measures that address the assessment of asthma risk in the emergency department or inpatient setting

Measure Designation

Measure purpose	Quality Improvement Accountability
Type of measure	Process
Care setting	Emergency Department Inpatient
Data source	Registry Electronic Health Record System

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