

IMPLEMENT California Asthma QI Collaborative

| REQUIRED MEASURES numbered 1 - 4 | | |
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| Measures 1 – 4 are for children/adolescents between the ages of 3-21 | | |
| # | Measure name | Definition for Data Collection; Exclusions/Inclusions if applicable |
| 1 | Asthma severity documented | Definition: Asthma severity was documented as Intermittent or persistent for patients who are not on a controller. If persistent, documentation of: mild, moderate, or severe. Inclusions: Includes documentation of severity within the past 6 months, or more often if needed |
| 2 | Inhaled Corticosteroids or other controller medication prescribed | Definition: If asthma severity is “persistent,” a controller/maintenance medication was prescribed (inhaled corticosteroids, inhaled steroid combinations, leukotriene modifiers, mast cell stabilizers, and omalizumab). Inclusions: Includes prescriptions from elsewhere (e.g. pulmonology, allergist) |
| 3 | Asthma Control Assessed with validated tool or standardized questions | Definition: Asthma control was assessed with a validated tool or a standardized set of questions at the visit. Examples of tools include ACT, ACQ, TRACK, and ATAQ, or specific questions based on NHLBI guidelines: 1) daytime symptoms, 2) nighttime awakenings, and 3) any recent short-acting beta-agonist (SABA) use not in the setting of preventing exercise-induced bronchospasm. The charting has to include all three elements. See Asthma Control Assessment Validated Tools Definitions and Information sheet for additional clarification/information. |
| 4 | Asthma Action Plan Updated | Definition: Documentation at the visit that an asthma action plan (AAP) created or reviewed and/or updated, if needed, during the past 12 months. Inclusion: Includes AAP created at that visit |

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| MEASURES 5 - 8 Choose 2 measures from the 4 measures below | | |
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| # | Measure name | Definition for Data Collection; Exclusions/Inclusions if applicable |
| 5 | Planned Asthma visit | <p>Definition: Patient had at least one asthma visit within the past 6 months. The visit should be a planned asthma encounter where management and control are discussed.</p> <p>Inclusions: The types of interactions that can be counted as part of an asthma visit depend on the severity of a given patient’s asthma. A face-to-face visit about asthma is necessary for this interaction to count as a “planned asthma visit.” If asthma was specifically assessed/addressed and documented during a well-child visit this would also count as an “asthma visit.” Documentation that they saw a pulmonologist or allergist specific to their asthma also counts.</p> <p>Exclusions: Phone calls or sick visits</p> |
| 6 | Assessment of Tobacco Exposure/Use | <p>Definition: Tobacco exposure or use was assessed.</p> |
| 6 A | Tobacco Use Interventions | <p>Definition: If the screening results were positive, an in-office smoking cessation intervention (referral, counseling) was offered and documented in the medical record.</p> |
| 7 | Device Teaching | <p>Definition: Patients and/or caregivers were provided instruction on how to use their asthma medication delivery device (inhaler/spacer). This instruction and teaching was documented in the medical record</p> |
| 8 | Asthma patients received education | <p>Definition: Patients and/or their caregivers, were provided education about their asthma (e.g. information about asthma triggers and self-management).</p> <p>Inclusions: Asthma education includes teaching patients about: self-monitoring to assess level of asthma control and to recognize signs of worsening asthma; taking medications correctly (long-term control or quick-relief medications); avoiding environmental factors that worsen asthma; agreeing on treatment goals; teaching patients how to use the asthma action plan and encouraging adherence to the asthma action plan. Asthma education includes communication with the family and school/childcare when appropriate. The education could occur during a structured phone follow-up call. See NHLBI Asthma Care Quick Reference: Diagnosing and Managing Asthma, Patient Education for Self –Management: Key Clinical Activities and Action Steps, page 3.</p> |