

PQI 05-AD: (CPR)

Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate



Measure Focus

Number of inpatient hospital admissions for chronic obstructive pulmonary disease (COPD) or asthma per 100,000 beneficiary months for beneficiaries age 40 and older.

Goal

Lower admission rates indicate better performance.

Measure Definition

- Members are qualified for this measure by looking at the total number of months of enrollment for beneficiaries 40 and older during the measurement period.
- Compliance for this measure means no inpatient discharges for beneficiaries 40 and older with an ICD-10 CM principal diagnosis of COPD or Asthma.
- Example: If a member is discharged from an inpatient status with a principal diagnosis of COPD or Asthma, they will appear as noncompliant.

Exclusions

- Transfer from a hospital (different facility), a Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF), or another health care facility
- Admissions with an ungroupable DRG
- Admissions with missing age, year, or principal diagnosis
- Obstetric discharges
- Cases with any listed ICD-10-CM diagnosis code for cystic fibrosis and anomalies of the respiratory system

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Provider Tips to Reduce COPD or Asthma-Related Admissions

1. Clinical Management and Optimization

- Implement Comprehensive Action Plans: Develop and review written Asthma Action Plans (AAPs) or COPD action plans with patients at least annually to help them recognize symptoms early.
- Optimize Medication Regimens:
 - COPD: Utilize combination Long-Acting Beta-Agonist (LABA)/Long-Acting Muscarinic Antagonist (LAMA) therapy for better symptom control and fewer exacerbations compared to monotherapy.
 - Asthma: Ensure appropriate use of controller medications, specifically Inhaled Corticosteroids (ICS).
 - Inhaler Technique Education: Frequently check, demonstrate, and have patients demonstrate proper inhaler technique to ensure medication reaches the lungs.
 - Vaccination: Ensure patients receive annual flu shots and appropriate pneumococcal vaccines to prevent respiratory infections that trigger exacerbations.
 - Targeted Therapy: Use eosinophil levels to guide corticosteroid administration in non-critically ill COPD exacerbations.

2. Patient Education and Support

- Smoking Cessation: Actively encourage and support smoking cessation for all patients with COPD, as it is the most effective intervention for reducing risk and slowing progression.
- Pulmonary Rehabilitation: Refer eligible patients to pulmonary rehabilitation programs to improve exercise tolerance and reduce hospitalizations.

- Self-Management Education: Teach patients to identify early "red zone" symptoms (fever, increased sputum, increased dyspnea) and provide a plan for action, such as contacting the office for a medication change (antibiotics/steroids) to avoid emergency care.
- Environmental Control: Advise patients to avoid triggers like secondhand smoke, pollution, and allergens.

3. Care Coordination and Monitoring

- Post-Discharge Follow-Up: Schedule follow-up visits within seven days of an emergency department visit or hospitalization for COPD/asthma.
- Case Management: Utilize care management services for patient education and support between office visits.
- Regular Routine Visits: See patients regularly (e.g., every six months) to monitor lung function, even if they are currently feeling fine.
- Address Comorbidities: Monitor and manage cardiovascular issues, as they can complicate COPD/asthma management.

4. Technical Coding Tips for Documentation

- Accurate Diagnosis Coding: Ensure that the principal diagnosis reflects the true reason for the visit.
- Differentiate Asthma/COPD: Ensure proper coding, as these conditions are aggregated for this measure.
- Exclude Acute Bronchitis: Note that acute bronchitis is excluded from the principal diagnosis unless accompanied by a secondary diagnosis of COPD.

The information listed here is not all-inclusive and should be used as a reference only. Please refer to current ICD-10/CPT®/HCPCS coding and documentation guidelines found at [cms.gov](https://www.cms.gov). HEDIS® measures can be found at [ncqa.org](https://www.ncqa.org).