

PQI15-AD: (AAR)

Asthma in Younger Adults — Admission Rate



Measure Focus

Rates of inpatient admissions for asthma among adults ages 19–39, reported as admissions per 100,000 beneficiary months.

Goal

Lower admission rates indicate better performance.

Measure Definition

- Members qualify based on total months of enrollment during the measurement year for ages 19–39.
- Compliance: No inpatient hospital discharge with a principal ICD-10-CM diagnosis of asthma.
- Example: A patient discharged with asthma as the principal diagnosis counts as noncompliant.

Exclusions

- Transfers from another hospital, SNF, ICF, or other healthcare facility
- Ungroupable DRG
- Missing age, year, or principal diagnosis
- Obstetric discharges
- Diagnosis of cystic fibrosis or anomalies of the respiratory system

Provider Tips to Reduce Asthma-Related Admissions

1. Empower Self-Management

- Educate on triggers, medications, and symptom monitoring
- Provide an Asthma Action Plan (green/yellow/red zones)
- Support transition to adulthood (refills, follow-ups, self-monitoring)

2. Medication Strategy (GINA Guidelines)

- Reliever: Use ICS-containing reliever therapy instead of SABA alone
- Controller: Use the lowest effective ICS dose and step down after three months of control
- Review inhaler technique and adherence at every visit

3. Comprehensive Assessment

- Assess symptom control, nighttime symptoms, activity limits (Rule of Twos)
- Identify triggers: allergens, smoke, infections, exercise
- Screen comorbidities: rhinitis, GERD, obesity, anxiety, sleep apnea

4. Patient-Centered Care

- Set goals for minimal symptoms and normal activity
- Provide resources (American Lung Association, community programs)