

Quality Measures

Quality measures should be:

- Something that can improve health for your patients
- Easy to quantify (has a clear number, rather than a subjective evaluation)
- Easy to measure (data that is collected in the record, not something that must be determined by reviewing each chart)
- Something that you have the ability to impact

Possible Asthma Quality Measures

- Asthma Medication Ratio (AMR) for patients with persistent asthma (NQF #1800, HEDIS measure, [NCQA](#))
- Optimal Asthma Control ([MIPS #398](#))
- Medication Management for People with Asthma (NQF #1799, [MIPS #444](#))
- Use of appropriate medications for asthma (NQF #0036)
- Asthma: Pharmacologic therapy for persistent asthma ([NQF #0047](#))
- Suboptimal asthma control (SAC) and absence of controller therapy (ACT) (NQF #0548)
- Asthma action plan for individuals with asthma
- Spirometry on the chart for individuals with an asthma diagnosis
- Rate of asthma exacerbations requiring office visit
- Rate of asthma exacerbations requiring emergency room visit
- Documentation of barriers to optimal medication usage and measure taken to address these barriers *

It is an option, for many of these measures, to work on health equity issues by looking for differences in the measure between groups of different race/ethnicities, socioeconomic status, or insurance status.

Interventions

Good interventions will:

- Use the entire team effectively - Not just more work for the physician and other clinical staff
- Often engage patients in improving their health
- Generally involve incremental change - Make small changes, then make more changes later if the initial changes work well
- Only change one or two processes at a time
- Include educating staff on the disease or treatment being addressed

Possible asthma Interventions

- Establishment of standing orders for spirometry ♦
- Start doing spirometry in your office ♦
- Have nurse/MA confirm that spirometry is on the chart for each patient with asthma ♦
- Development of an asthma care template (other paper or in the EHR) to facilitate evidence-based asthma care * ♦
- Implement the use of clinical decision support tools for management of asthma * ♦
- Develop list of resources (including pharmaceutical company, hospital, and community-based medication assistance programs and [Prescription Bliss](#)) to help patient obtain their asthma medications * ♦
- Incorporate the development or review of a personalized asthma action plan into each asthma visit
- Develop patient education resources to support appropriate medication usage * ♦
- Train nurses to do asthma-related patient education

* Ideas for physicians without continuity of patients

♦ Ideas for physicians in administrative roles