EVALUATION OF ASTHMA-RELATED PHARMACY QUALITY ALLIANCE (PQA) MEASURES IN THE MISSISSIPPI MEDICAID POPULATION.

Datar M¹, Null KD¹, Hardwick SP², Clark JP²
¹ Center for Pharmaceutical Marketing and Management and Department of Pharmacy Administration
² Mississippi Division of Medicaid

BACKGROUND: The National Quality Forum (NQF) has endorsed measures from the Pharmacy Quality Alliance (PQA) for suboptimal asthma control (SAC) and absence of controller therapy (ACT) to measure the quality of care among asthma beneficiaries. The purpose of this study was to evaluate a baseline for the Mississippi Division of Medicaid using the PQA measures.

METHODS: A retrospective cross-sectional analysis of 2008-2012 Mississippi Medicaid claims was undertaken. Asthma beneficiaries aged 5 - 50 years as of the last day of each measurement year were identified. The inclusion and exclusion criteria were applied according to the PQA measure specifications, with an expanded age inclusion to account for Medicaid's pediatric population. Beneficiaries with at least 3 canisters of short-acting beta agonists within 90 days were identified as those with SAC. Of SAC beneficiaries, those who did not receive controller therapy including inhaled steroids, long-acting beta agonist, and leukotriene inhibitors in the same 90 day period were defined as those with ACT. Costs were compared between ACT and non-ACT beneficiaries for each measurement year.

RESULTS: A total of 62,557 beneficiaries were identified from 2008 to 2012. The percentage of asthma beneficiaries having SAC along with ACT decreased from 8.08% (2008) to 5.15% (2012). Beneficiaries with ACT (compared to non-ACT beneficiaries) had significantly higher asthma-related total costs [$1,516.98 vs. $593.66 (2008); $1,571.98 vs. $648.78 (2009); $1,586.06 vs. $664.36 (2010); $1,748.73 vs. $722.36 (2011); $1,750.64 vs. $709.63 (2012)]. Cost differences between the two groups for all the years was significant (p<0.01).

CONCLUSION: This study of an expanded SAC/ACT measure in a Medicaid population found that the proportion of ACT beneficiaries has consistently decreased since 2008; providing a baseline measure for future interventions. Since beneficiaries with ACT have higher costs than non-ACT beneficiaries, further decline in the numbers for this population is needed in the coming years.

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