Asthma is the most frequent cause of hospitalizations among children and also bears a heavy burden on the adult population. 1,2 Medicaid programs have set guidelines in terms of medication use for the optimal management of asthma. Mississippi Medicaid currently allows for up to two canisters of short-acting beta agonists to be dispensed per calendar month. 3

The purpose of this study was to assess the NQF measures among Mississippi Medicaid beneficiaries (children and adults) with asthma. The intention level of analysis is at the health plan level and assesses how well is Mississippi Medicaid currently performing at population asthma control.

Table 1: Demographic characteristics of beneficiaries with asthma in each calendar year

<table>
<thead>
<tr>
<th>Year</th>
<th>N</th>
<th>Mean Age</th>
<th>Male</th>
<th>Female</th>
<th>Caucasian</th>
<th>African American</th>
<th>Other</th>
<th>Hispanic</th>
<th>Native American/Native Hawaiian</th>
<th>Non Native American/Native Hawaiian</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>6,526</td>
<td>12.37</td>
<td>54.98</td>
<td>45.02</td>
<td>6,190</td>
<td>336</td>
<td>90</td>
<td>10</td>
<td>0.06</td>
<td>0.51</td>
</tr>
<tr>
<td>2011</td>
<td>6,474</td>
<td>12.51</td>
<td>55.32</td>
<td>44.68</td>
<td>6,136</td>
<td>338</td>
<td>96</td>
<td>12</td>
<td>0.06</td>
<td>0.52</td>
</tr>
<tr>
<td>2012</td>
<td>6,347</td>
<td>12.63</td>
<td>55.46</td>
<td>44.54</td>
<td>6,067</td>
<td>370</td>
<td>97</td>
<td>15</td>
<td>0.07</td>
<td>0.55</td>
</tr>
</tbody>
</table>

The percentage of patients with persistent asthma who were dispensed more than 3 canisters of a short-acting beta agonist inhaler during the same 90-day period.

The expanded NQF measures assess SAC and ACT in adult patients (≥18 years) with asthma. We adapted the measure to include children due to which we will refer to them as 'expanded NQF measures'.

ABSENCE OF CONTROLLER THERAPY (ACT)

Beneficiaries with asthma (at least two consecutive fills for any asthma medication* during each measurement year and who had continuous enrollment in Medicaid for the entire year).

CONCLUSIONS

- The percentage of asthma patients with SAC and ACT decreased from 2008 to 2012. Suboptimal asthma control along with absence of controller therapy was associated with lower medical, pharmacy, and total costs. A significant decrease in the percentage of beneficiaries with SAC and ACT in 2011. This may be due to the movement of some beneficiaries into managed care, thereby decreasing the burden associated with them on Medicaid.

REFERENCES

1. AFRO Figures and facts on inpatient hospital stays by diagnosis. Available at: http://www.hosp- inpatient.org/html/afro_depression.html

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ABSTRACT: The percentage of asthma patients with SAC and ACT decreased from 2008 to 2012. Suboptimal asthma control along with absence of controller therapy was associated with lower medical, pharmacy, and total costs. A significant decrease in the percentage of beneficiaries with SAC and ACT in 2011. This may be due to the movement of some patients into managed care.