



Hello,

As you are likely aware, the final 2015 Statewide Quality and Reporting Measurement System (SQRMS) Rule released in mid-January retained the asthma action plan measure. Considerable discussion occurred over the past year about measuring the use of asthma action plans in primary and specialty care practices. We appreciate the many discussions and viewpoints shared during the process.

Background

In past years, three components came together to create the Optimal Asthma Care measure that was included in SQRMS. One was the Asthma Education and Management component — also known as the asthma action plan component. In 2014, MN Community Measurement's (MNCM) Measurement and Reporting Committee (MARC) recommended the removal of that component after significant community discussion and debate; the revised two-component measure is now called the Optimal Asthma Control measure.

In the Rule, the Minnesota Department of Health (MDH) retained the Asthma Education and Management component as a standalone measure. It will be a separate measure from the new Optimal Asthma Control measure. MDH will continue to share the results of the asthma plan measure with the public; MNCM will not publicly report those results.

Rationale

MDH's decision to retain the standalone measure was arrived at after a year-long public process involving MNCM's recommendations and public comments. MDH received 23 comments both in support of and opposition to continuing to measure the use of asthma action plans.

The reasons that MDH retained the measure include:

- MDH's determination that research indicates asthma action plan use helps control asthma;
- The endorsement of asthma management plans by recognized state and national clinical care guidelines, such as the National Heart, Lung, and Blood Institute's Guidelines for the Diagnosis and Management of Asthma (EPR-3); the Global Initiative for Asthma's Global Strategy for Asthma Management and Prevention (GINA); and the Institute for Clinical Systems Improvement's (ICSI) Health Care Guideline for the Diagnosis and Management of Asthma;

- The measure aligns with MDH’s goals of reducing health disparities, as the burden of asthma in Minnesota falls disproportionately on populations of color and people in poverty; and,
- Keeping the asthma measure did not result in a new collection burden for clinics.

Next Steps

MNCM will collect data for the standalone Asthma Education and Management measure and the Optimal Asthma Control measure through the submission of one data file. For medical groups, MNMCM expects the data collection and submission process to remain similar to past years; however, the MNMCM Data Portal will be adjusted to allow separate rate calculations of both the Optimal Asthma Control measure (adults and children) as well as the standalone Asthma Education and Management measure (adults and children). MNMCM will release the draft 2015 report year data collection guide for asthma measures in mid-April.

Additionally, MDH and MNMCM have agreed to explore a research project with the University of Minnesota that could examine the relationship between asthma severity and asthma action plans. This research could inform future asthma measurement.

For more information, please refer to the Asthma Fact Sheet and measure specifications on the statewide [quality reporting website](#) or contact MNMCM at support@mncm.org.

Sincerely,



Edward P. Ehlinger, M.D., M.S.P.H,
Commissioner of Health



Jim Chase, M.H.A.
MNCM President