

My Asthma Dashboard

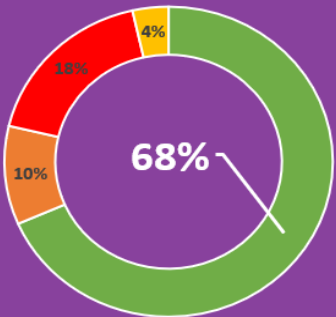
Date Range: Jan 1, 2023-Dec 30, 2023

Data Group: Dr. Test

IMPACT Asthma©



Where are they getting care? POPte Score

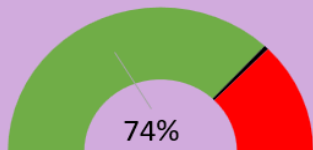


Office Visits Urgent Care ED Hospital

Proportion of Outpatient + Preventive Visits to Total Encounters

0% means all asthma care is taking place in the emergency room or hospital. 100% is a perfect score, where all asthma care is provided with outpatient or preventive encounters.

Am I Selecting an ICD-10 Code That Reflects Asthma Severity?



Percentage of patients who had a specific level of severity chosen if an asthma diagnosis code was assigned (Using J45.2x - J45.5x instead of J45.9x or J46)
Goal 100%

Asthma best practices include classifying asthma severity (e.g. moderate persistent asthma) rather than using a more generic "asthma" diagnosis code.

How can I help improve asthma control for my patients?

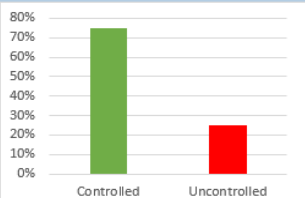
The causes of poorly controlled asthma can be challenging to identify, but there are several clues that can be gathered from reviewing data regarding medication use, performance of diagnostic testing, and other key indicators. Below are some possible areas for intervention that can improve asthma control for your patients.

- 51% of uncontrolled patients have not filled an ICS during the reporting period
Action item: Prescribe ICS first-line for persistent asthma (see EPR guidelines)
- 11% of uncontrolled patients have only used montelukast (a non-preferred med)
Action item: Educate patients about the safety of ICS and need to use it daily
- 74% of uncontrolled patients have not had spirometry in the reporting period
Action item: Track refills using CyberAccess, EMR data, and/or calling pharmacies
- 76% of uncontrolled patients have never been taught how to use inhaled meds
Action item: Perform spirometry to obtain objective measures of lung function
- 46 patients are uncontrolled despite refilling their ICS at least 4 times a year
Action item: Educate all pts on inhaler use, bill CPT code 94664 each time
- 14% of patients have taken 2 or more OCS bursts during the reporting period
Action item: Consider a home environmental assessment to look for triggers
- Uncontrolled patients averaged 4.3 SABA refills during the reporting period
Action item: Use Data Report to identify these patients and schedule follow up
- Based on level of control, 11 patients need follow up in office within 30-60 days
Action item: Check inhaler technique, ensure ICS is reaching the lungs, bill 94664
- 14% of patients have taken 2 or more OCS bursts during the reporting period
Action item: Educate patient regarding risks of repeated SOS use

Glossary: ICS = Inhaled Corticosteroids SOS=Systemic/Oral Steroids SABA=Short Acting Beta Agonist EPR=Expert Panel Report (Asthma Guidelines) CXR=Chest X-Ray

Are They Controlled?

of pts with asthma dx: 868
of uncontrolled pts: 219



What medications are my patients receiving?

Number of patients with 5 or more rounds of systemic/oral steroid (SOS): 7
 Number of patients with 2 or more rounds of systemic/oral steroid (SOS): 125
 Percentage of total asthma patients with 2 or more SOS bursts: 14%
 Total number of SOS bursts filled for all patients: 560
 Average number of SOS bursts per patient: 0.65
 Average number of SABA canisters filled/year for uncontrolled patients: 4
 Percentage of uncontrolled asthma pts only on montelukast (never filled an ICS): 11%
 Percentage of uncontrolled asthma patients who have never filled an ICS: 51%
 Mean possession rate for ICS inhalers in patients with uncontrolled asthma: 19%

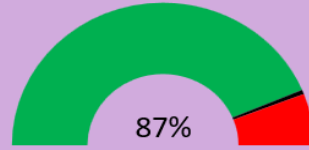


Are there other asthma patients in my practice hiding in plain sight?

Children who have recurrent respiratory symptoms may have undiagnosed asthma, especially those that require frequent bursts of systemic/oral steroids (SOS) to recover.

Number of patients with 2 or more episodes of respiratory symptoms: 667

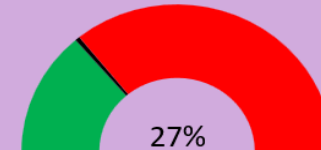
Do I Recognize Probable Asthma: SOS Use with Respiratory Symptoms



Percentage of patients >5 yrs old presenting with s/s suggestive of asthma (e.g. recurrent respiratory symptoms needing SOS) diagnosed with asthma versus respiratory s/s (Using J45/J46 instead of R05 or R06)
Goal >50%

Next steps for these patients:
Call it probable asthma, review chart, schedule visit w/spirometry if over age 5, start PEG asthma education, recheck in 3-6 months

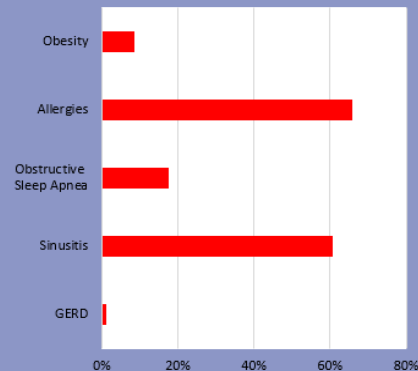
Do I Recognize Possible Asthma: Recurrent Respiratory S/S or Need for Inhalers



Percentage of patients >5 yrs old presenting with possible asthma (use of inhalers or 2+ respiratory episodes w/o SOS) diagnosed with asthma versus just respiratory s/s (Using J45/J46 instead of R05 or R06)
Goal >50%

Next steps for these patients:
Call it possible asthma, review chart, schedule visit w/spirometry if over age 5, start PEG asthma education, recheck in 3-6 months

What comorbidities do my patients have?



Average number of comorbidities in uncontrolled patients: 1.82
 Percentage of patients with 3 or more comorbidities: 12%

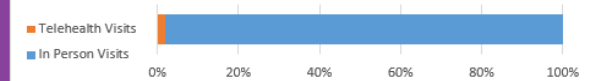
What types of diagnostic tests are my patients getting?

Percent of pts age >5 w/spirometry: 2%
 Avg # of CXRs in uncontrolled pts: 0.17
 # of patients with 2 or more CXR's: 0

What opportunities for practice growth am I missing?

Missed opportunity to bill 94664 inhaler training for each patient min once/year: 706
 Missed opportunity for office visits (based on 2 visits/year for all patients): 710
 Missed office visits (based on 2/year for controlled & 4/year for uncontrolled): 1150

Could I Expand Asthma Telehealth Services?



What other services are my patients eligible for?

Number of patients who are eligible for Preventive Asthma Services at home: 155
 Total number of patients who are eligible for Health Home enrollment: 199
 Number of patients eligible but not yet enrolled in the Health Home program: 116