



One of a series of tip sheets that look at key Healthcare Effectiveness Data and Information Set measures

## Pharmacotherapy management of COPD exacerbation

This measure examines the percentage of chronic obstructive pulmonary disease exacerbations for members age 40 and older who:

- Had an acute inpatient discharge or emergency department visit on or between Jan. 1 to Nov. 30 of the current year and
- Who were dispensed appropriate medications

Two treatment options are reported:

- Patient was dispensed a **systemic** corticosteroid (or there was evidence of an active prescription) within 14 days of the event.
- Patient was dispensed a **bronchodilator** (or there was evidence of an active prescription) within 30 days of the event.

*Note: The eligible population for this measure is based on events (acute inpatient discharges and emergency department visit), not on members. It's possible for a single individual to be included more than once if they experience multiple events.*

### Did you know?

- **More than 50 percent of adults with low pulmonary function did not know they had COPD.**
- **COPD has a higher prevalence and mortality within the American Indian population in comparison to other ethnic or racial groups.**
- **Eighty percent of COPD deaths are due to smoking.**
- **Half of COPD patients say that their condition limits their ability to work.**

*For more details, see Tables 1 and 2 on the back.*

## Tip:

Help to ensure patient compliance with therapy after hospital discharge for COPD exacerbation by following up with the patient within seven days.

## Improving HEDIS® scores

- **Educate** patients on reducing risk of exacerbations through:
  - Participating in smoking cessation programs
  - Avoiding environmental pollutants: chemicals, dust, fumes, secondhand smoke
  - Keeping vaccinations for flu, pneumonia and pertussis current
  - Maintaining overall fitness and good nutrition
- **Assess** patients for proper use of inhalers. Include family and caregivers in your educational efforts.
- **Provide** patients with a prescription for a bronchodilator and systemic corticosteroid following an emergency department visit or inpatient discharge for COPD.
- **Counsel** patients on the importance of getting their prescriptions filled and remaining compliant.
- **Avoid** providing free drug samples to patients when possible. Doing so may interfere with pharmacy claim receipt and may falsely indicate patient non-adherence.

**Table 1: Bronchodilators**

Description	Prescriptions		
<b>Anticholinergic agents</b>	<ul style="list-style-type: none"> <li>• Albuterol-ipratropium</li> <li>• Aclidinium-bromide</li> </ul>	<ul style="list-style-type: none"> <li>• Ipratropium</li> <li>• Tiotropium</li> </ul>	<ul style="list-style-type: none"> <li>• Umeclidinium</li> </ul>
<b>Beta 2-agonists</b>	<ul style="list-style-type: none"> <li>• Albuterol</li> <li>• Arformoterol</li> <li>• Budesonide-formoterol</li> <li>• Fluticasone-salmeterol</li> <li>• Fluticasone-vilanterol</li> </ul>	<ul style="list-style-type: none"> <li>• Formoterol</li> <li>• Indacaterol</li> <li>• Levalbuterol</li> <li>• Mometasone-formoterol</li> <li>• Metaproterenol</li> <li>• Olodaterol hydrochloride</li> </ul>	<ul style="list-style-type: none"> <li>• Olodaterol tiotropium</li> <li>• Pirbuterol</li> <li>• Salmeterol</li> <li>• Umeclidinium-vilanterol</li> </ul>
<b>Methylxanthines</b>	<ul style="list-style-type: none"> <li>• Aminophylline</li> <li>• Dyphylline-guaifenesin</li> </ul>	<ul style="list-style-type: none"> <li>• Guaifenesin-theophylline</li> <li>• Dyphylline</li> </ul>	<ul style="list-style-type: none"> <li>• Theophylline</li> </ul>

*Note: A bronchodilator should be dispensed on or within 30 days after the date of inpatient discharge or emergency department visit. For documentation purposes, count bronchodilators that are active within that timeframe.*

**Table 2: Systemic corticosteroids**

Description	Prescriptions		
<b>Glucocorticoids</b>	<ul style="list-style-type: none"> <li>• Betamethasone</li> <li>• Dexamethasone</li> <li>• Hydrocortisone</li> </ul>	<ul style="list-style-type: none"> <li>• Methylprednisolone</li> <li>• Prednisolone</li> <li>• Prednisone</li> </ul>	<ul style="list-style-type: none"> <li>• Triamcinolone</li> </ul>

*Note: A systemic corticosteroid should be dispensed on or within 14 days after the date of inpatient discharge or emergency department visit. For documentation purposes, count systematic corticosteroids that are active within that timeframe.*

*\*HEDIS, which stands for Healthcare Effectiveness Data and Information Set, is a registered trademark of the National Committee for Quality Assurance.*