

Asthma Medication Ratio (AMR)

By collaborating, we can improve health outcomes for your patients, our members. This MDwise tip sheet provides best practices and tips that can optimize HEDIS scores and identify opportunities to improve patient care.

Did you know?

- Recent studies have identified AMR as a significant predictor of ED visits and hospitalizations in children.
- Using AMR to identify at-risk patients may be an effective way to target interventions for those populations and reduce future asthma-related emergency visits.

What Is the Measure?

This measure assesses the percentage of members 5–64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.

Measure rate interpretation: The AMR is the number of controller units of medication divided by the number of units of total asthma medications (controller and rescue units) dispensed. If a member's ratio is less than 0.50, it means that a member is using too much rescue medication, and their asthma may not be controlled well. The goal is for a medication ratio

IHCP-Covered Codes to Identify Asthma Medication Ratio:

Description	Codes
Asthma	ICD10CM: J45.21, J45.22, J45.30, J45.31, J45.32, J45.10, J45.41, J45.42, J45.50, J45.51, J45.52, J45.901, J45.902, J45.909, J45.991, J45.998

Earn incentive dollars when your members meet this measure!

For example, a panel of 500 members = \$375/month [Physician Pay for Value \(mdwise.org\)](https://www.mdwise.org)

Medication Group Classifications:

Asthma Controller Medications

Omalizumab (injection), Dupilumab (injection), Benralizumab (injection), Mepolizumab (injection), Reslizumab (injection), Budesonide-formoterol (inhalation), Fluticasone-salmeterol (inhalation), Fluticasone-vilanterol (inhalation), Formoterol-mometasone (inhalation), Beclomethasone (inhalation), Budesonide (inhalation), Ciclesonide (inhalation), Flunisolide (inhalation), Fluticasone (inhalation), Mometasone (inhalation), Montelukast (oral), Zafirlukast (oral), Zileuton (oral), Theophylline (oral)

Asthma Reliever Medications

Albuterol (inhalation), Levalbuterol (inhalation)



How to Improve Your Quality Score:

- **Educate patients** about the difference between controller and rescue medications/inhalers, the importance of controller medications in their treatment plan, and utilizing more controller (preventive) medication instead of rescue medications to manage their asthma.
- **Prescribe a long-term controller medication** with 90-day refills and prescribe the same day if a patient requires a rescue inhaler for multiple locations (school, home, daycare). All inhalers of the same medication dispensed on the same day count as one dispensing event.
- **Monitor member's compliance** with medication and ensure the member is not using more rescue medications than controller medications.
- **Verify that the patient's diagnoses** are coded correctly.
- **Regularly evaluate** the patient's inhaler technique.
- **Ask the patient** if they have any barriers to filling their prescriptions.
- **Assess asthma symptoms** at every visit to determine if preventive medication action is needed (i.e., new controller medication, step up in therapy prescription, reinforcement of adherence).
- **Help patients to identify their asthma triggers.** Educate patients on the importance of an asthma-friendly home environment and perform allergen sensitivity testing if needed. Use the Centers for Disease Control & Prevention's (CDC's) Home Assessment Checklist to guide patients in assessing their home environment. [CDC Home Assessment Checklist](#)
- **Ensure proper coding** to avoid coding asthma if not formally diagnosing asthma and only asthma-like symptoms are present (for example, wheezing during a viral URI and acute bronchitis is not asthma).