



CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

One in a series of tip sheets that look at key Healthcare Effectiveness Data and Information Set measures, commonly referred to as HEDIS® measures.

Pharmacotherapy Management of COPD Exacerbation (PCE)

Effectiveness of Care HEDIS® Measure*

HEDIS measure description

The percentage of members with COPD exacerbations who had an acute inpatient discharge or emergency department visit and were dispensed appropriate medications.

Measure population (denominator)

Members age 40 and older who had:

- An acute inpatient discharge or emergency department visit with a principal diagnosis of COPD on or between January 1st to November 30th of the measurement year.

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

Measure compliance (numerator)

Two rates are reported:

1. Patient was dispensed a systemic corticosteroid (or evidence of an active prescription) on or within 14 days after the event.
2. Patient was dispensed a bronchodilator (or evidence of an active prescription) on or within 30 days after the event.

Did you know?

- COPD is the third-leading cause of death in the U.S., and smoking accounts for eight out of 10 COPD-related deaths.
- COPD often is not diagnosed until the disease is advanced because people typically don't know early warning signs.

This measure applies to both commercial and Medicare members.

continued

Exclusions

- Members in hospice or using hospice services anytime during the measurement year
- Members deceased during measurement year

Helpful HEDIS hints

- **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 adherent.
- **Ensure** patient adherence with therapy after hospital discharge for COPD exacerbation by following up with the patient within seven days.
- **Be aware** that medication samples do not count toward the measure. Gap closure is dependent on pharmacy claims.

Table 1: Bronchodilators

Description	Prescription / Common Brands			
Anticholinergic agents	Acclidinium-bromide Ipratropium	Tudorza Pressair Atrovent HFA	Tiotropium Umeclidinium	Spiriva Incruse Ellipta
Beta 2-agonists	Albuterol Arformoterol Formoterol Indacaterol	ProAir; Ventolin Brovana Perforomist Arcapta	Levalbuterol Metaproterenol Salmeterol Olodaterol	Xopenex Alupent Serevent Diskus Striverdi Respimat
Bronchodilator combinations	Albuterol-ipratropium Budesonide-formoterol Fluticasone-salmeterol Fluticasone-vilanterol Fluticasone furoate-umeclidinium-vilanterol Formoterol-acclidinium	Combivent Symbicort Advair Breo Ellipta Trelegy Ellipta Duaklir Pressair	Formoterol-glycopyrrolate Formoterol-mometasone Indacaterol-glycopyrrolate Olodaterol-tiotropium Umeclidinium-vilanterol	Bevespi Aerosphere Dulera Utibron Neohaler Stiolto Respimat Anoro Ellipta

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		
Glucocorticoids	Cortisone Dexamethasone	Hydrocortisone Methylprednisolone	Prednisolone Prednisone

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.

Resources

1. National Heart, Lung, and Blood Institute. "Morbidity and Mortality: 2012 Chart Book on Cardiovascular, Lung, and Blood Diseases." nhlbi.nih.gov/files/docs/research/2012_ChartBook_508.pdf
2. Global Initiative for Chronic Obstructive Lung Disease. "Global strategy for the diagnosis, management, and prevention of chronic obstructive pulmonary disease: 2020 Report." goldcopd.org/wp-content/uploads/2019/11/GOLD-2020-REPORT-ver1.0wms.pdf

* *HEDIS*[®], which stands for *Healthcare Effectiveness Data and Information Set*, is a registered trademark of the National Committee for Quality Assurance, or NCQA.

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