



***ABIM Asthma PIM™ Practice Improvement Module  
Measures Catalogue***

**Asthma PIM  
Measures Catalog  
September 2010**

**TABLE OF CONTENTS**

<b>Introduction .....</b>	<b>3</b>
<b>Outcomes of Care .....</b>	<b>5</b>
<b>Processes of Care.....</b>	<b>6</b>
<b>Patient Experience: Outcomes of Care .....</b>	<b>12</b>
<b>Patient Experience: Processes of Care .....</b>	<b>14</b>

## Introduction

**This catalogue provides information related to the American Board of Internal Medicine's Asthma Practice Improvement Module®. It is written in language that addresses the physician who might choose to complete this module, and it details the specifics of the module. Included is information regarding:**

- **Purpose and structuring of the module**
- **Patient inclusion criteria**
- **Detailed description of the measures**

This PIM examines the care you provide to your patients by addressing key processes and outcomes of asthma care based on recommendations of the Expert Panel Report 3 (EPR3): Guidelines for the Diagnosis and Management of Asthma. The EPR 3 Guidelines on Asthma were developed by an expert panel commissioned by the National Asthma Education and Prevention Program (NAEPP) Coordinating Committee, under the auspices of the National Heart, Lung, and Blood Institute (NHLBI) of the National Institutes of Health.

The PIM is divided into three parts, with multiple sections in each part.

### **Part 1 -Performance Data**

Provide baseline data about your practice's current performance by...

- Surveying your patients
- Reviewing your charts
- Assessing your practice systems

The 23 patient survey measures and 21 chart review measures are summarized below. **ABIM recommends a minimum of 25 patient surveys and 25 chart reviews.** If you have extreme difficulty meeting this recommendation in a reasonable time frame, you may satisfy this requirement with only ten surveys and ten charts.

The practice systems assessment comprises questions covering various aspects of practice structure and protocols.

Patients can be **included** in this module if **all** of the following are true:

1. They are between the ages of 15 and 90 (inclusive);
2. Management decisions regarding their asthma are made primarily by providers in the practice;
3. They have been patients in the practice for at least one year; *AND*
4. They have been seen by the practice within the past 12 months.

Patients should be **excluded** from this module if either of the following is true:

1. They are unable to complete the patient survey, even with assistance  
*OR*
2. They have a terminal illness, or treatment of their asthma is not clinically relevant.

### **Part 2 - Quality Improvement (QI) Plan**

Develop a plan for improving one aspect of your practice after reviewing the analysis of your current performance data. The analysis will include many aspects of care you provide to your patients. Ultimately, you will target only one of these to use in this quality improvement (QI) cycle.

### **Part 3 - Remeasurement**

Remeasure your performance data after you have implemented your QI plan to see if you achieved your goal. Then, you will reflect on the process of developing and implementing a QI plan.

You may claim CME credit for completing this activity. The University of Pennsylvania School of Medicine designates this educational activity for a maximum of 20 *AMA PRA Category 1 Credit(s)*<sup>TM</sup>.

## Asthma - OUTCOMES OF CARE

<b>Clinical Outcomes</b>				
<b>Measure Title</b>	<b>Description</b>	<b>Numerator</b>	<b>Denominator</b>	<b>Rationale</b>
Patient has minimal asthma symptoms	Patients in the sample who experienced severe asthma symptoms twice a week or less, during the month prior to the most recent visit	Number of patients in the sample who experienced severe asthma symptoms twice a week or less, during the month prior to the most recent visit	Number of patients in the sample	Frequency of symptoms is an important indicator of asthma severity and adequacy of control. Patient who report an increase in frequency or severity of symptoms may require more intensive treatment.
Patient has minimal nighttime asthma symptoms	Patients in the sample who experienced nighttime asthma symptoms twice a week or less, during the month prior to the most recent visit	Number of patients in the sample who experienced nighttime asthma symptoms twice a week or less, during the month prior to the most recent visit	Number of patients in the sample	Nocturnal symptoms are common in asthma and should be addressed in a patient's management plan. The frequency of nighttime awakenings is an important indicator of disease severity and adequacy of control.
Most recent FEV1 > 80% predicted	Patients in the sample who had spirometry done during the 24-month abstraction period, or three months prior to the abstraction period, and whose FEV1 was >80% predicted	Number of patients in the sample who had spirometry done during the 24-month abstraction period, or three months prior to the abstraction period, and whose FEV1 was >80% predicted	Number of patients in the sample	
0-1 exacerbation requiring oral systemic corticosteroids within past 12 months	Patients in the sample who had 0-1 exacerbation requiring oral systemic corticosteroids within the past 12 months	Number of patients in the sample who had 0-1 exacerbation requiring oral systemic corticosteroids within the past 12 months	Number of patients in the sample	Patients whose asthma is well controlled typically have fewer exacerbations. When exacerbations do occur, oral systemic corticosteroids may be appropriate, except for the most mild and most severe episodes. Short courses have been shown to shorten the duration of episodes and may prevent hospitalization and relapse.

**ASTHMA - PROCESSES OF CARE**

<b>Patient Evaluation</b>				
<b>Measure Title</b>	<b>Description</b>	<b>Numerator</b>	<b>Denominator</b>	<b>Rationale</b>
History of factors and exposures that make asthma symptom control more difficult	Of the total number of responses for all patients in the sample, the “Assessed” responses to questions about various factors and exposures that make control of asthma symptoms more difficult (chronic exposure to second-hand smoke; recurrent rhinitis and/or sinusitis; nasal polyps; gastroesophageal reflux; aspirin or NSAID sensitivity; exercise-induced bronchospasm; fur-bearing pets in the home; moisture, dampness, or visible mold in the home; cockroaches in the home; outdoor allergens; workplace exposures; stressors/stressful situations; depression; weather changes) and “Yes” or “No” responses for current smoking status	Of the total number of responses for all patient in the sample, the number of “Assessed” responses to questions about various factors and exposures that make control of asthma symptoms more difficult (chronic exposure to second-hand smoke; recurrent rhinitis and/or sinusitis; nasal polyps; gastroesophageal reflux; aspirin or NSAID sensitivity; exercise-induced bronchospasm; fur-bearing pets in the home; moisture, dampness, or visible mold in the home; cockroaches in the home; outdoor allergens; workplace exposures; stressors/stressful situations; depression; weather changes) and “Yes” or “No” responses for current smoking status	Number of total responses to questions about whether various factors and exposures make control of asthma symptoms more difficult and to the question about current smoking status	A complete medical evaluation should be performed to classify asthma, detect the presence of complications, and assess risk factors in patients with established asthma. This information will assist in formulating a management plan and provide a basis for continuing care.
Asthma severity classification documented	Patients in the sample whose asthma severity classification is documented	Number of patients in the sample for whom asthma severity classification is documented	Number of patients in the sample	Classification of asthma severity is essential when initiating treatment. Severity is best assessed in patients who are not using long-term control therapy. The two principle components of assessment are impairment (i.e., frequency and intensity of symptoms, functional limitations) and risk (i.e., likelihood of exacerbation or loss of lung function). A detailed classification scheme has been developed by the National Asthma Education and Prevention Program (NAEPP) of the National Heart, Lung, and Blood Institute (NHLBI); refer to the Expert Panel Report 3 (EPR3): Guidelines for the Diagnosis and Management of Asthma.

## ASTHMA - PROCESSES OF CARE

Diagnostic Testing				
Measure Title	Description	Numerator	Denominator	Rationale
Spirometry at any time	Patients in the sample who had spirometry done and whose results were documented	Number of patients in the sample who had spirometry done and whose results were documented	Number of patients in the sample	Spirometry is recommended as part of the initial patient evaluation, after therapy has begun and symptoms have stabilized, during times of increased symptoms and/or poor control, and at least every one to two years. More frequent testing may be appropriate for patients with severe asthma and those who have a poor response to therapy.
Spirometry within past two years	Patients in the sample who had spirometry done during the 24-month abstraction period, or three months prior to the abstraction period, and whose results were documented	Number of patients in this sample who had spirometry done during the 24-month abstraction period, or three months prior to the abstraction period, and whose results were documented	Number of patients in the sample	Spirometry is recommended as part of the initial patient evaluation, after therapy has begun and symptoms have stabilized, during times of increased symptoms and/or poor control, and at least every one to two years. More frequent testing may be appropriate for patients with severe asthma and those who have a poor response to therapy.
Office PEFr	Patients in the sample whose peak expiratory flow rate (PEFR) has been measured in the office and results documented	Number of patients in the sample whose PEFr has been measured in the office and results documented	Number of patients in the sample	A diagnosis of asthma is suggested when office measurement of PEFr yields a value below the predicted. The finding is not diagnostic, however. Improvement in PEFr after use of a bronchodilator provides further support for the diagnosis of asthma. PEFr values also can provide information to assist in monitoring asthma control, but they are not reliable measures of disease severity.

## ASTHMA - PROCESSES OF CARE

Diagnostic Testing (cont.)				
Measure Title	Description	Numerator	Denominator	Rationale
Allergy testing at any time	Patients in the sample who had allergy testing done and whose results were documented	Number of patients in the sample who had allergy testing done and whose results were documented	Number of patients in the sample	While patient history generally is sufficient to determine sensitivity to seasonal allergens, allergy testing (skin or in vitro) usually is needed to determine sensitivity to perennial indoor allergens. Patients should be tested only for allergens to which they may be exposed, and clinicians should assess the relevance of any sensitivities that are noted. Test results also are an important element of patient education, specifically avoiding exposures.

Treatment				
Measure Title	Description	Numerator	Denominator	Rationale
Short-acting beta agonists (SABAs) prescribed for all patients	Patients in the sample for whom SABAs are prescribed, except those with a contraindication to SABAs	Number of patients in the sample for whom SABAs are prescribed, except those with a contraindication to SABAs	Number of patients in the sample, except those with a contraindication to SABAs	Short-acting beta agonists (SABAs) are the treatment of choice for acute asthma symptoms and exacerbations. They typically provide relief within 3-5 minutes. Routine scheduled daily use of SABAs is not recommended.
Appropriate treatment for intermittent asthma	Patients in the sample with intermittent asthma for whom SABAs are prescribed, except those with a contraindication to SABAs, but for whom long-term control medication was NOT prescribed	Number of patients in the sample with intermittent asthma for whom SABAs are prescribed, except those with a contraindication to SABAs, but for whom long-term control medication was NOT prescribed	Number of patients in the sample with intermittent asthma, except those with a contraindication to SABAs	Patients who have asthma symptoms (daytime or nocturnal awakenings) on two days per week or fewer, with no disruption of normal activity, can be classified as having intermittent asthma. Further, such patients should require use of a short-acting beta agonist (SABA) on two days per week or fewer.

## ASTHMA – PROCESSES OF CARE

Treatment (cont.)				
Measure Title	Description	Numerator	Denominator	Rationale
Appropriate treatment for persistent asthma	Patients in the sample with persistent asthma for whom both SABAs and long-term control medication, other than a LABA alone, are prescribed, except those with a contraindication to SABAs	Number of patients in the sample with persistent asthma for whom both SABAs and long-term control medication, other than a LABA alone, are prescribed, except those with a contraindication to SABAs	Number of patients in the sample with persistent asthma, except those with a contraindication to SABAs	Patients with persistent asthma require both a long-term control medication and a short-acting medication to relieve acute symptoms. LABAs should be used as adjunctive therapy, with an inhaled corticosteroid.
Inappropriate use of long-acting beta agonists (LABAs)	Patients in the sample with persistent asthma for whom only a LABA is prescribed	Number of patients in the sample with persistent asthma for whom only a LABA is prescribed	Number of patients in the sample with persistent asthma and who have long-term control medication as part of their treatment plan	LABAs should be used as adjunctive therapy, with an inhaled corticosteroid. They are not appropriate to treat acute symptoms or exacerbations, nor as monotherapy for long-term control of persistent asthma.
Patient uses short-acting beta2-agonist <= 2 days/week	Patients in the sample for whom a SABA is prescribed for quick relief of asthma symptoms and who use it two days or less per week	Number of patients in the sample for whom a SABA is prescribed for quick relief of asthma symptoms and who use it two days or less per week	Number of patients in the sample for whom a SABA is prescribed for quick relief of asthma symptoms	Frequent use (>= 2 days/week) of a SABA for quick relief of asthma symptoms is a marker of poor control.

Preventive Care				
Measure Title	Description	Numerator	Denominator	Rationale
Influenza vaccine during most recent flu season	Patients in the sample who received influenza vaccination during the most recent flu season	Number of patients in the sample who received influenza vaccination during the most recent flu season	Number of patients in the sample	Influenza is a common, preventable infectious disease associated with high mortality and morbidity in the elderly and in people with chronic diseases. Observational studies of patients with a variety of chronic illnesses, including asthma, show an increase in hospitalizations for influenza and its complications. Influenza vaccine is widely underutilized in patients with asthma.

## ASTHMA - PROCESSES OF CARE

Preventive Care (cont.)				
Measure Title	Description	Numerator	Denominator	Rationale
Smoking-cessation counseling at most recent visit	Patients in the sample who are smokers and who received smoking-cessation counseling or treatment at their most recent visit	Number of patients in the sample who are smokers and for whom smoking-cessation counseling or treatment was documented at their most recent visit	Number of patients in the sample who are smokers	A number of large randomized clinical trials have demonstrated the efficacy and cost-effectiveness of smoking-cessation counseling in changing smoking behavior and reducing tobacco use.
Smoking cessation counseling within past 12 months	Patients in the sample who are smokers and who received smoking-cessation counseling or treatment during the 12-month abstraction period	Number of patients in this sample who are smokers and for whom smoking-cessation counseling or treatment was documented during the 12-month abstraction period or three months prior to the abstraction period	Number of patients in this sample who are smokers	A number of large randomized clinical trials have demonstrated the efficacy and cost-effectiveness of smoking-cessation counseling in changing smoking behavior and reducing tobacco use.

Patient Self-Care Support				
Measure Title	Description	Numerator	Denominator	Rationale
Patient has written asthma management plan	Patients in the sample who have a written asthma-management plan	Number of patients in the sample who have a written asthma-management plan	Number of patients in the sample	All asthma patients should have a written action plan that includes both daily management, as well as how to recognize and handle worsening symptoms. The patient and physician should agree upon the plan, thus involving the patient directly in self-management. Written plans may be particularly important for patients who have moderate or severe persistent asthma, severe exacerbations, or poorly controlled asthma. Patients should be given a copy of their plan, which should be reviewed at every visit.

**ASTHMA - PROCESSES OF CARE**

<b>Patient Self-Care Support (cont.)</b>				
<b>Measure Title</b>	<b>Description</b>	<b>Numerator</b>	<b>Denominator</b>	<b>Rationale</b>
Plan was created, updated and/or reviewed at most recent visit	Patients who had a written asthma-management plan created, updated, and/or reviewed at the most recent visit	Number of patients in the sample who had a written asthma-management plan created, updated, and/or reviewed at their most recent visit	Number of patients in the sample	All asthma patients should have a written action plan that includes both daily management, as well as how to recognize and handle worsening symptoms. The patient and physician should agree upon the plan, thus involving the patient directly in self-management. Written plans may be particularly important for patients who have moderate or severe persistent asthma, severe exacerbations, or poorly controlled asthma. Patients should be given a copy of their plan, which should be reviewed at every visit.
Written copy of management plan at most recent visit	Patients in the sample who were given a written copy of their asthma management plan	Number of patients who were given a written copy of their asthma management plan	Number of patients in the sample whose written asthma-management plan was created, updated, or reviewed at their most recent visit	

**PATIENT EXPERIENCE: ASTHMA – OUTCOMES OF CARE**

<b>Clinical Outcomes</b>				
<b>Measure Title</b>	<b>Description</b>	<b>Numerator</b>	<b>Denominator</b>	<b>Rationale</b>
Patient has minimal nighttime asthma symptoms – PtSrv	Patients in the sample who reported that their asthma did not wake them up at night	Number of patients who responded “No” to the Survey question “In the past four weeks, did your asthma wake you up at night?”	Number of patients who completed a survey	Nocturnal symptoms are common in asthma and should be addressed in a patient’s management plan. The frequency of nighttime awakenings is an important indicator of disease severity and adequacy of control.
Patient states asthma is well controlled	Patients in the sample who report that their asthma is well controlled	Number of surveyed patients who responded “Yes” to the question “In the past four weeks, did you feel that your asthma was well controlled?”	Number of patients who completed a survey	The goals of asthma treatment are twofold: 1.) to decrease impairment, including frequency and severity of both daytime and nocturnal symptoms, infrequent use of SABAs for acute symptoms, and normal activity levels; and 2.) to decrease the risk of exacerbations, ED visits, hospitalizations, and progressive loss of function. Physicians should assess patient expectations and work closely with patients to improve self-management skills and compliance.
No ER visits for asthma in past year	Patients in the sample who report having no ER visits for asthma during the past year	Number of surveyed patients who responded “None” to the question, “In the past 12 months, how many times did you go to the emergency department because of your asthma symptoms?”	Number of patients who completed a survey	In general, more frequent and intense exacerbations (e.g., requiring urgent, unscheduled care, hospitalization, or ICU admission) indicate greater underlying disease severity.

**PATIENT EXPERIENCE: ASTHMA – OUTCOMES OF CARE**

<b>Functional Outcomes and Self-Care</b>				
<b>Measure Title</b>	<b>Description</b>	<b>Numerator</b>	<b>Denominator</b>	<b>Rationale</b>
No activities missed because of asthma	Patients in the sample who report missing no activities because of asthma	Number of surveyed patients who responded "No" to the question, "In the past 4 weeks, did you miss any work, school, or normal daily activity (for example, household chores or social engagements) because of your asthma?"	Number of patients who completed a survey	A patient's ability to maintain normal activity levels, including exercise and attendance at work or school, is an important indicator of disease severity and control.
Good fitness level	Patients in the sample who described their current level of fitness as "Really in shape" or "In shape"	Number of surveyed patients who responded "Really in shape" or "In shape" to the question "How would you describe your current level of fitness?"	Number of patients who completed a survey	An important measure of asthma severity and disease control is the patient's ability to maintain normal activity levels. This includes exercise and other physical activity, as well as attendance at work or school.

<b>Patient Satisfaction</b>				
<b>Measure Title</b>	<b>Description</b>	<b>Numerator</b>	<b>Denominator</b>	<b>Rationale</b>
Patient rates asthma care "excellent"	Patients in the sample who rate their asthma care as "excellent"	Number of patients who responded "Excellent" to the survey question, "How would you describe your overall asthma care?"	Number of patients who completed a survey	The goals of asthma treatment are twofold: 1.) to decrease impairment, including frequency and severity of both daytime and nocturnal symptoms, infrequent use of SABAs for acute symptoms, and normal activity levels; and 2.) to decrease the risk of exacerbations, ED visits, hospitalizations, and progressive loss of function. Physicians should assess patient expectations and work closely with patients to improve self-management skills and compliance.

**PATIENT EXPERIENCE: ASTHMA – PROCESSES OF CARE**

<b>Treatment</b>				
<b>Measure Title</b>	<b>Description</b>	<b>Numerator</b>	<b>Denominator</b>	<b>Rationale</b>
Rescue inhaler alone	Patients in the survey who reported use of a short-acting beta agonist but no long-term control medication	Number of surveyed patients reporting use of a short-acting beta agonist but no long-term control medication	Number of patients who completed a survey	Short-acting beta agonists (SABAs) are the most effective treatment for acute symptoms. Routine scheduled daily use is not recommended, however. If SABAs are needed more than two days per week (or more than one canister per month), asthma is considered to be poorly controlled. Additional therapy should be recommended. Excess use of SABAs has been associated with an increased risk for severe exacerbations and death.
Rescue inhaler plus long-term control medication	Surveyed patients reporting use of a short-acting beta agonist and a long-term control medication	Number of surveyed patients reporting use of a short-acting beta agonist and a long-term control medication	Number of patients who completed a survey	Patients with persistent asthma require treatment with both a long-term control medication and a quick-relief medication. Long-term control medications include inhaled corticosteroids (ICSs), inhaled long-acting bronchodilators, leukotriene modifiers, cromolyn, theophylline, and immunomodulators. Of these, ICSs have been shown to be the most effective.
Long-term control medication alone	Surveyed patients reporting use of long-term control medication but no short-acting beta-agonist	Number of surveyed patients reporting use of long-term control medication but no short-acting beta-agonist	Number of patients who completed a survey	Patients with persistent asthma require treatment with both a long-term control medication and a quick-relief medication. Long-term control medications include inhaled corticosteroids (ICSs), inhaled long-acting bronchodilators, leukotriene modifiers, cromolyn, theophylline, and immunomodulators. Of these, ICSs have been shown to be the most effective.

**PATIENT EXPERIENCE: ASTHMA – PROCESSES OF CARE**

<b>Treatment (cont.)</b>				
<b>Measure Title</b>	<b>Description</b>	<b>Numerator</b>	<b>Denominator</b>	<b>Rationale</b>
Patient uses short-acting beta2-agonist <= 2 days /week - PtSrv	Patients in the sample who report using a SABA inhaler two days or less per week in the four week prior to completing the survey	Number of surveyed patients who report using a SABA inhaler two days or less per week in the four weeks prior to completing the survey	Number of surveyed patients who report using a SABA inhaler	Frequent use (>= 2 days/week) of a SABA for quick relief of asthma symptoms is a marker of poor control.
Patient uses long-term control medication every day	Surveyed patients reporting use of long-term control medication every day	Number of surveyed patients reporting use of long-term control medication every day.	Number of surveyed patients who report that for whom an asthma inhaler or pill that is NOT used for quick relief but is used to control asthma is prescribed.	Patients with persistent asthma require both a long-term control medication and a short-acting medication to relieve acute symptoms. Long-term control medications should be taken daily for maximum effectiveness.

<b>Preventive Care</b>				
<b>Measure Title</b>	<b>Description</b>	<b>Numerator</b>	<b>Denominator</b>	<b>Rationale</b>
Smoking cessation counseling - PtSrv	Patients in the sample who responded "Yes, more than once" to the survey question "If you smoke, has your doctor advised you to stop?"	Number of patients in the sample who responded "Yes, more than once" to the survey question "If you smoke, has your doctor advised you to stop?"	Number of surveyed patients who are smokers	A number of large randomized clinical trials have demonstrated the efficacy and cost-effectiveness of smoking-cessation counseling in changing smoking behavior and reducing tobacco use.
Help to stop smoking	Patients in the sample who reported receiving assistance, medication, or a referral to help them stop smoking	Number of surveyed patients who smoke and responded "Yes" to the survey question, "Did you doctor offer you assistance, medication, or a referral to help you stop smoking?"	Number of surveyed patients who smoke	

**PATIENT EXPERIENCE: ASTHMA – PROCESSES OF CARE**

<b>Patient Self-Care Support</b>				
<b>Measure Title</b>	<b>Description</b>	<b>Numerator</b>	<b>Denominator</b>	<b>Rationale</b>
Asthma attack	Patients in the sample who report knowing what to do for an asthma attack	Number of patients in the sample who responded "Yes" to the survey question, "Do you have written instructions from your doctor or someone in the practice on what to do if you are having an asthma attack?"	Number of patients who completed a survey	All asthma patients should have a written action plan that includes both daily management, as well as how to recognize and handle worsening symptoms. The patient and physician should agree upon the plan, thus involving the patient directly in self-management. Written plans may be particularly important for patients who have moderate or severe persistent asthma, severe exacerbations, or poorly controlled asthma. Patients should be given a copy of their plan, which should be reviewed at every visit.
Inhaler use has been observed during past year	Patients in the sample who responded "Yes" to the survey question, "In the past 12 months, has your doctor or someone in the doctor's office watched you use an inhaler to make sure you use it correctly?"	Number of patients in the sample who responded "Yes" to the survey question, "In the past 12 months, has your doctor or someone in the doctor's office watched you use an inhaler to make sure you use it correctly?"	Number of surveyed patients who report using an inhaler for quick relief from asthma symptoms	Experts recommend that a patient's inhaler technique be assessed at every visit. This is an important component of self-management education for all asthma patients. Elderly asthma patients may need additional attention because inhaler use can be compromised by physical and/or cognitive impairments.
Patient reports shared decision-making about asthma treatment	Patients in the sample who report that they share decision-making about their asthma treatment with their doctor	Number of patients in the sample who responded "Yes" to the survey question "Do you and your doctor share decision-making about your asthma care?"	Number of patients who completed a survey	Care should be patient-centered, respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions. Patients' overall experiences with doctors are shaped by communication style and content and both contribute to the likelihood that a patient will understand and be able to follow treatment recommendations.

**PATIENT EXPERIENCE: ASTHMA – PROCESSES OF CARE**

<b>Patient Self-Care Support (cont.)</b>				
<b>Measure Title</b>	<b>Description</b>	<b>Numerator</b>	<b>Denominator</b>	<b>Rationale</b>
Practice is excellent at encouraging questions and answering them clearly	Patients in the sample who rated the practice "excellent" at encouraging questions and answering them clearly	Number of patients who responded "Excellent" to the survey question, "How is this practice at encouraging questions and answering them clearly?"	Number of patients who completed a survey	Care should be patient-centered, respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions. Patients' overall experiences with doctors are shaped by communication style and content and both contribute to the likelihood that a patient will understand and be able to follow treatment recommendations.
Practice is excellent at going over how to take asthma medications	Patients in the sample who rated the practice "excellent" at going over how to take asthma medications	Number of patients who responded "Excellent" to the survey question, "How is this practice at going over how to take your medications?"	Number of patients who completed a survey	Care should be patient-centered, respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions. Patients' overall experiences with doctors are shaped by communication style and content and both contribute to the likelihood that a patient will understand and be able to follow treatment recommendations.
Practice is excellent at providing information on side effects of medications	Patients in the sample who rated the practice "excellent" at providing information on side effects of medications	Number of patients in the sample who responded "Excellent" to the survey question, "How is this practice at providing information on side effects of medications?"	Number of patients who completed a survey	Care should be patient-centered, respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions. Patients' overall experiences with doctors are shaped by communication style and content and both contribute to the likelihood that a patient will understand and be able to follow treatment recommendations.

**PATIENT EXPERIENCE: ASTHMA – PROCESSES OF CARE**

<b>Patient Self-Care Support (cont.)</b>				
<b>Measure Title</b>	<b>Description</b>	<b>Numerator</b>	<b>Denominator</b>	<b>Rationale</b>
Practice is excellent at reviewing asthma triggers	Patients in the sample who rated the practice "excellent" at reviewing asthma triggers	Number of patients in the sample who responded "Excellent" to the patient survey question, "How is this practice at reviewing asthma triggers?"	Number of patients who completed a survey	A variety of exposures can induce or trigger symptoms of asthma. Common triggers include cigarette smoke, dust mites, air pollution, and pets. Triggers can be patient-specific, so it is important that each patient is aware of what his/her triggers are and how they can be avoided. This is a critical element of patient self-management.

<b>Access to Practice</b>				
<b>Measure Title</b>	<b>Description</b>	<b>Numerator</b>	<b>Denominator</b>	<b>Rationale</b>
Patient reports no problem with scheduling appointments	Patients in the sample who report no problems scheduling appointments with the practice	Number of patients in the sample who responded "Not a problem" to the survey question, "In the past 12 months, how much of a problem has it been to schedule appointments with this practice?"	Number of patients in the sample, excluding those who responded "Not applicable" to the survey question, "In the past 12 months, how much of a problem has it been to schedule appointments with this practice?"	A key expectation for many patients is the ability to get medical care when they believe they need it.
Patient reports no problem with reaching someone with a question	Patients in the sample who report no problems reaching the practice with questions or concerns	Number of patients in the sample who responded "Not a problem" to the survey question, "In the past 12 months, how much of a problem has it been to reach this practice when you have a question or concern?"	Number of patients in the sample, excluding those who responded "Not applicable" to the survey question, "In the past 12 months, how much of a problem has it been to reach this practice when you have a question or concern?"	The Institute of Medicine (IOM) recommends that patients receive care whenever they need it and in many forms, not just face-to-face visits. This implies that the health care system should be responsive at all times (24 hours a day, every day) and that access to care should be provided over the Internet, by telephone, and by other means in addition to face-to-face visits.

**PATIENT EXPERIENCE: ASTHMA – PROCESSES OF CARE**

<b>Access to Practice (cont.)</b>				
<b>Measure Title</b>	<b>Description</b>	<b>Numerator</b>	<b>Denominator</b>	<b>Rationale</b>
Patient reports no problem with obtaining prescription refills	Patients in the sample who report no problems obtaining prescription refills	Number of patients in the sample who responded "Not a problem" to the survey question, "In the past 12 months, how much of a problem has it been to get a prescription refill from this practice?"	Number of patients in the sample, excluding those who responded "Not applicable" to the survey question, "In the past 12 months, how much of a problem has it been to get a prescription refill from this practice?"	The Institute of Medicine (IOM) recommends that patients receive care whenever they need it and in many forms, not just face-to-face visits. This implies that the health care system should be responsive at all times (24 hours a day, every day) and that access to care should be provided over the Internet, by telephone, and by other means in addition to face-to-face visits.

© 2010 American Board of Internal Medicine. All rights reserved. ABIM publications are protected by United States and international copyright laws. Written permission for any reproduction or adaptation, in whole or in part, in any format or medium must be obtained from ABIM. Contact [request@abim.org](mailto:request@abim.org).