

**Most recent services provided to patients with asthma**  
 A report of your patients with asthma, as defined by data from 12 Oregon health plans

Provider: Dr. Jones

**Table 1. Most recent asthma services received**

Patient name	Date of birth	Med ratio <sup>a</sup>	Weighted 12-month dispensing of asthma medications in reporting period					Date of last known service		
			Short-acting inhaled beta <sub>2</sub> -agonists	Inhaled corticosteroids	Other medications	Outpatient visit	Emergency department visit for asthma	Encounter	Emergency department visit for asthma	Hospital admission for asthma
Patient A	2/29/1980	0.17	10	2	1	4/26/2003	1/24/2003	1/29/2003		
Patient B	12/31/1961	0.2	4	1	4	2/23/2002		1/30/2002		
Patient C	2/22/1949	0.5	2	2	0					

Data source: Claims data from 12 Oregon health plans, 7/1/2001 – 6/30/2003.

<sup>a</sup>Medication ratio: Inhaled corticosteroid/(Inhaled corticosteroid + Short-acting inhaled beta<sub>2</sub>-agonist)

**Take action report for patients with asthma**  
**Guidelines-based asthma services missing from patient record**

**Provider: Dr. Jones**

**Table 2. Patients who may be overusing beta<sub>2</sub>-agonists and under-using controller medication**

Patient name	Date of birth	Med ratio <sup>a</sup>	Latest known weighted 12-month medication dispensings		
			Short-acting inhaled beta <sub>2</sub> -agonists	Inhaled corticosteroids	Other medications
Patient A	1/24/1973	0.17 *	10	2	3
Patient B	6/10/1966	0.2 *	4	1	4
Patient C	3/4/1945	0.5	4	2	2

Data source: Claims data from 12 Oregon health plans, 7/1/2001 – 6/30/2003.

<sup>a</sup>Medication ratio: Inhaled corticosteroid/(Inhaled corticosteroid + short-acting inhaled beta<sub>2</sub>-agonist). A ratio of  $\geq 0.5$  is excellent, a ratio of  $\leq 0.3$  is of concern. Medication ratio not applicable to patients with intermittent asthma.

\*Indicates action may be due based on health plan records.

Take action report for patients with asthma  
 Guidelines-based asthma services missing from patient record

Provider: Dr. Jones

Table 3. Patients with an emergency department visit for asthma

Patient name	Date of birth	Date of last known ED visit	Emergency department visits		
			Date of last known outpatient visit	Number of ED visits	Outpatient visit within 30 days of last ED visit <sup>a</sup>
Patient A	12/24/1973	1/24/2003	2/5/2003	1	Yes
Patient D	6/10/1966	7/29/2002	10/1/2002	2	No *
Patient E	1/2/1934	3/3/2003		1	No *

Data source: Claims data from 12 Oregon health plans, 7/1/2001 – 6/30/2003.

<sup>a</sup>Patients with ED visit should have an outpatient visit within 30 days.

\*Indicates action may be due based on health plan records.

**Take action report for patients with asthma**  
**Guidelines-based asthma services missing from patient record**

**Provider: Dr. Jones**

**Table 4. Patients with a hospitalization for asthma**

Patient name	Date of birth	Date of last known hospital admission	Total number of hospital admissions	Hospital admissions	
				Date of last known outpatient visit	Outpatient visit within 30 days of last hospital admission <sup>a</sup>
Patient A	1/24/1973	3/14/2003	2	3/25/2003	Yes
Patient D	6/10/1966	6/27/2002	2	10/5/2002	No *
Patient E	2/3/1945	3/25/2003	1		No *

Data source: Claims data from twelve Oregon health plans, 7/1/2001 – 6/30/2003.

<sup>a</sup>Patients with a hospitalization should have an outpatient visit within 30 days.

\*Indicates action may be due based on health plan records.

**Individual progress report for patient with asthma**  
**History of guidelines-based asthma services**

Provider: Dr. Jones

Patient:

DOB: 03/30/1951

**Table 5. Individual history of asthma services received**

Outpatient visits <sup>a</sup>		
Date	Primary diagnosis	Secondary diagnosis
9/18/2001 *		

Emergency department visits for asthma		
Date	Primary diagnosis	Secondary diagnosis

Hospitalizations for asthma		
Date	Primary diagnosis	Secondary diagnosis

Data source: Claims data from twelve Oregon health plans, 7/1/2001 – 6/30/2003.

<sup>a</sup>Should have an outpatient visit in the 12 months preceding the end of the reporting period.

\*Indicates action may be due based on health plan records.

**Individual progress report for patient with asthma**  
**History of guidelines-based asthma services**

**Provider: Dr. Jones**

**Patient:**

**DOB: 03/30/1951**

**Table 6. Individual history of medication dispensings**

Medication ratio <sup>a</sup> : 0.16	Unit	7/1/02-9/30/02		10/1/02-12/31/02		1/1/03-3/31/03		4/1/03-6/30/03		Total
Inhaled corticosteroids	Fluticasone propionate 1000 mcg	Disk	1	0	0	0	0	0	0	1
	Fluticasone/salmeterol 100-50 mcg	Disk	0	0	0	0	0	1	1	1
Short-acting inhaled beta <sub>2</sub> -agonists	Albuterol 0.83 mg/ml – nebulized	Rx	0	1	0	0	0	0	0	1
	Albuterol 90 mcg (-200 inh/MDI)	Rx	3	4	2	2	0	0	0	9
Other medications	Accolate 20 mg	Rx	0	0	0	1	0	0	0	1
	Singular 10 mg	MDI	0	0	0	0	0	1	1	1

Data source: Claims data from 12 Oregon health plans, 7/1/2001 – 6/30/2003.

<sup>a</sup>Medication ratio: Inhaled corticosteroid/(Inhaled corticosteroid + short-acting inhaled beta<sub>2</sub>-agonist). A ratio of  $\geq 0.5$  is excellent, a ratio of  $\leq 0.3$  is of concern. Medication ratio not applicable to patients with intermittent asthma.

\*Indicates action may be due based on health plan records.

# Practice Summary Report

## Based on National and Oregon Guidelines for Asthma Care

Provider: Dr. Jones

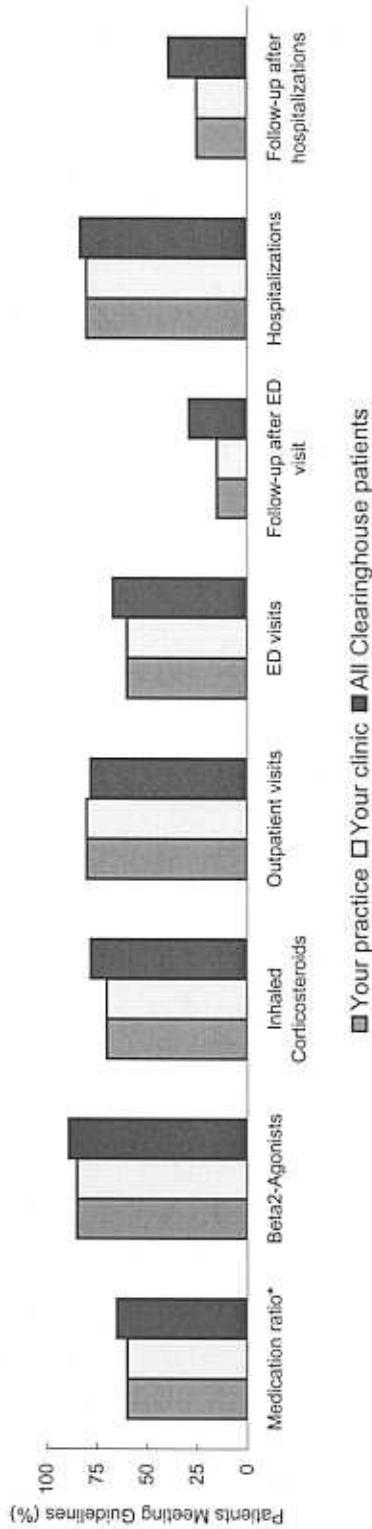
### Report D

Table 4. Provider summary of asthma patients

Quality of Care Indicators	Your patients		
	eligible to meet indicator criteria	# who met guidelines	% who met guidelines
Medication ratio*	5	3	60
Short-Acting Inhaled Beta <sub>2</sub> -Agonists	% with medication ratio > .5	5	60
Inhaled Corticosteroids	% with < 6 dispensings in past 12 months	1	40
Outpatient visit	% with >1 dispensing in past 12 months	2	80
ED visits	% with at least one visit in past 12 months	4	60
Follow-up after ED visit	% with <1 visit in past 12 months	3	0
Hospitalizations	% with outpatient visit within 30 days	2	80
Follow-up after hospitalizations	% with <1 visit in past 12 months	5	0
	% with outpatient visit within 30 days	1	0

Data source: Claims data from twelve Oregon health plans, 4/1/2003 – 3/31/2004

### Patients with asthma who have met National or Oregon guidelines for asthma



\* Medication ratio: Inhaled corticosteroid/ (inhaled corticosteroid + short-acting inhaled beta<sub>2</sub>-agonist)

A ratio of ≥.5 is excellent, a ratio of ≤.3 is of concern

Medication ratio not applicable to patients with intermittent asthma