MN Community MEASUREMENT

Proposed Changes for Optimal Asthma Control

Summary of Workgroup Recommendations

Recommendation #1

Remove Asthma Control Questionnaire (ACQ) from the list of acceptable tools for numerator compliance.

Rationale: ACQ has not been used by medical groups for at least five years.

Recommendation #2

Include Asthma Impairment and Risk Questionnaire (AIRQ) in the list of acceptable tools for calculating the well-controlled component. An AIRQ score of 0 to 1 indicates well-controlled asthma.

Rationale: Tool has a validated ability to assess both impairment and risk. It is also non-proprietary, free for public to use in perpetuity, and easily incorporated into EMR workflows[1,2,3].

Recommendation #3

Incorporate the AIRQ results into the definition of low risk of exacerbation. An AIRQ score of 0 to 1 indicates a low risk of asthma exacerbation.

Rationale: Validation studies revealed ability of AIRQ tool to predict risk of future exacerbations[2,3].

Recommendation #4

Measure results should be categorized and reported according to the PRO tool used. Statewide results by tool type will be calculated, and medical groups/clinics results will be compared to the corresponding statewide results.

Rationale: Differences in cut points across PRO tool make comparisons challenging. Some tools are more stringent in the definition of well-controlled asthma[4,5].

Recommendation #5

Within a three-to-five year period, transition the measure to include only the AIRQ tool for defining both well-controlled and low risk of exacerbation components.

Rationale: AIRQ has significant advantages in terms of validity, accessibility, and clinical value. To allow health systems to integrate tool into workflows, a three-to-five year period is recommended before the measure becomes a one-tool measure. Additionally, using only one tool in the measure ensures fair comparisons of medical groups across the state.

Sources:

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5 Mosnaim, G., Carrasquel, M.C., Snedden, N., Oppenheimer, J., Lang, D., Rathkopf, M. (2024). Patient-reported outcomes in asthma. *J Allergy Clin Immunol Pract, 12*(10), 2562-2572. https://doi.org/10.1016/j.jaip.2024.04.061