OCS Stewardship Measure

Oral corticosteroids (OCS) are an important treatment for patients with asthma and COPD exacerbations in primary care and specialty practices. However, repeated use of OCS is associated with serious adverse side effects (listed below) and is an indicator of poor Asthma or COPD control. The INHALE Oral Corticosteroid Stewardship measure aims to help providers identify BCBSM patients at high risk for adverse outcomes related to OCS use and patients with poor disease control who may warrant changes to their chronic disease management.

There are multiple ways that providers can help patients with poor disease control and high OCS use in both asthma and COPD. Current national (Pyrls Asthma Management) and international (GINA, GOLD) guidelines have many suggestions for reducing OCS use including:

- Ensure the patient is on an appropriate maintenance inhaler. The INHALE dashboard can be used to find patients who received 2 or more OCS fills and had no maintenance inhaler fills.
- For patients already on maintenance inhalers, review adherence.
- Provide inhaler education and ensure appropriate technique (link to Inhaler Education billing and Inhaler Toolkit).
    - Consider inspiratory effort testing (link to Inspiratory Effort decision algorithm and In-Check Dial device guide), which is important for both COPD and asthma patients. Inadequate inspiratory effort is linked to poor control and is most commonly seen in older patients, women and the very young.
- Address modifiable risk factors like smoking (link to TCC billing and information documents) and weight; comorbidities such as allergies, GERD, and OSA; and confirm diagnoses through testing (spirometry, FeNO, eosinophils).
- Using the lowest OCS dose possible and tapering as soon as possible when OCS is needed.
- Refer patients to a pulmonologist or allergist for disease verification, further testing (spirometry, FeNO, allergy) and disease management escalation including use of biologics.
- Measure eosinophil count. If elevated, this may indicate that a patient could benefit from biologics or other treatment options (i.e. azithromycin, triple inhaler therapy in COPD, etc).

The goal of both asthma and COPD management is to maximize symptom-free days while minimizing adverse side effects. Be sure to look out for the following symptoms of adrenal insufficiency that can be caused by exposure to OCS:

- Fatigue
- Weakness
- Malaise
- Vomiting
- Diarrhea
- Abdominal pain
- Headache
- Vision changes
- Weight gain
- Poor weight gain or growth
- Myalgia
- Arthralgia
- Psychiatric symptoms- depression, anxiety
- Hypotension
- Hypo or hyperglycemia

And the increased risk of chronic diseases that have been linked to a cumulative lifetime of one gram of OCS:

- Cerebrovascular accident
- Heart Failure
- Myocardial Infarction
- Cardio-cerebrovascular disease
- Type 2 Diabetes
- Cataracts and Glaucoma
- Osteoporosis diagnosis/Fractures
- Pneumonia
- Sleep Apnea
- Depression
- Peptic Ulcer
- Renal Impairment

Measure description: The percentage of patient in each defined population (adult asthma, pediatric asthma, COPD) with 0, 1, or 2+ OCS medication claims (total number of OCS fill event dates) in the measurement year. A lower proportion with 2+ OCS fills indicates better performance. The OCS Stewardship measure includes patients that meet the INHALE population definition and have at least one paid prescription claim through commercial BCBSM/BCN or Medicare Advantage.

VBR details: The measure is a PO-level measure of all PCP and SCP attributed patients combined. 103% VBR will be earned if the PO achieves 10% or more relative reduction in the percentage of their patients receiving 2 or more oral corticosteroid fills in the measurement year.

There are some important exclusions that aim to pull out patients with other chronic conditions or fill-level diagnoses that may require OCS treatment. Some of these exclusions are (See MDC User Guide for complete details):

- Cystic Fibrosis
- Interstitial Lung Disease
- Primary Pulmonary Hypertension
- Sarcoidosis
- Lung or other organ transplant
- Hyper eosinophilic syndrome
- Churg-Strauss Syndrome
- Eosinophilic pneumonia
- Allergic Bronchopulmonary Aspergillosis (ABPA)
- Wegener's granulomatosis
- Vasculitis
- Systemic lupus erythematosus
- Scleroderma
- Rheumatoid or psoriatic arthritis
- Sjogren's syndrome
- Ulcerative colitis
- Adrenal insufficiency
- Polymyalgia rheumatica
- Cancer
- Contact Dermatitis
- Gout
- Back pain
- Long term (Current) use of systemic steroids (≥28 days)