

Pharmacotherapy Management of COPD Exacerbation (PCE)

COPD (chronic obstructive pulmonary disease) affects approximately 15 million adults in the United States. Exacerbation of symptoms can be controlled with medication and prevent future flare-ups.ⁱ

APPLICABLE LINES OF BUSINESS

- Commercial
- Medicare

MEASURE DESCRIPTION

Percentage of COPD exacerbations for patients 40 years of age and older who had an acute inpatient discharge or emergency department (ED) encounter on January 1 through November 30 of the measurement year and who were dispensed appropriate medications to manage their COPD upon discharge. HEDIS evaluates two separate rates in this measure:

- Rate 1: Patient was dispensed a systemic corticosteroid within 14 days of the event.
- Rate 2: Patient was dispensed a bronchodilator within 30 days of the event.ⁱⁱ

EXCLUSIONS

Patients are excluded if they:

- Received hospice care any time during the measurement year
- ED visits that result in an inpatient stay

PATIENT MEDICAL RECORD SHOULD INCLUDE

- Name and date of prescription, or a copy of prescription that was given to the member

Systemic Corticosteroid Medications

Description	Prescription	
Glucocorticoids	• Cortisone-acetate	• Prednisolone
	• Dexamethasone	• Prednisone
	• Hydrocortisone	• Methylprednisolone

Bronchodilator Medications

Description	Prescription	
Anticholinergic agents	• Acclidinium bromide	• Tiotropium
	• Ipratropium	• Umeclidinium
Beta 2-agonists	• Albuterol	• Levalbuterol
	• Arformoterol	• Metaproterenol
	• Formoterol	• Salmeterol
	• Indacaterol	
Bronchodilator	• Albuterol-ipratropium	• Formoterol-glycopyrrolate
	• Budesoride-formoterol	• Formoterol-mometasone
	• Dyphylline-guaifenesin	• Indacaterol-glycopyrrolate
	• Fluticasone-salmeterol	• Olodaterol hydrochloride
	• Fluticasone-vilanterol	• Olodaterol-tiotropium
	• Fluticasone furoate-umeclidinium-vilanterol	• Umeclidinium-vilanterol
	• Formoterol-aclidinium	

TIPS FOR SUCCESS

- Contact the patient to schedule a follow-up visit 7-14 days after a discharge from the hospital or ED.
- Remind patients to fill prescriptions for corticosteroids and bronchodilators.
- Complete documentation of the patient's medication and their response to treatment of their COPD exacerbation.
- Coordinate care with patient's cardiologist and pulmonologist.
- Discuss and deliver a written COPD action plan to the patient to support self-management and medication adherence.

ⁱ Pharmacotherapy Management of COPD Exacerbation. In: NCQA. <https://www.ncqa.org/hedis/measures/pharmacotherapy-management-of-copd-exacerbation>.

ⁱⁱ National Committee for Quality Assurance. HEDIS® Measurement Year 2020 & Measurement Year 2021 Volume 2 Technical Specifications for Health Plans (2020), 139-143