

HEDIS Provider Tip Sheet



PCE Measure Description¹

Assesses chronic obstructive pulmonary disease (COPD) exacerbations for adults 40 years of age and older who had appropriate medication therapy to manage an exacerbation. A COPD exacerbation is defined as an inpatient or ED visit with a primary discharge diagnosis of COPD.

Why is PCE Important?1

Approximately 15 million adults in the United States have COPD, an irreversible disease that limits airflow to the lungs. COPD exacerbations or "flare-ups" make up a significant portion of the costs associated with the disease. However, symptoms can be controlled with appropriate medication. Appropriate prescribing of medication following exacerbation can prevent future flare-ups and drastically reduce the costs of COPD.

Best Practices

- ✓ Schedule follow up appointments after discharge.
- \checkmark Educate patients on how to manage disease by recognizing the signs of a flare-up.
- ✓ Checking if patients have any barriers that prevent them from filling or getting their prescriptions.
- ✓ Checking status of annual vaccinations such as pneumococcal or flu vaccinations.

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¹ Source: ncqa.org/hedis/measures

² Source: HEDIS MY 2024 Tech Specs Manual Vol. 2



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Numerator Compliance²

Rate 1: Systemic Corticosteroid - Dispensed prescription for systemic corticosteroid on or 14 days after the episode date. Count systemic corticosteroids that are active on the relevant date.

Rate 2: Bronchodilator - Dispensed prescription for a bronchodilator on or 30 days after the episode date. Count bronchodilators that are active on the relevant date.

Numerator Codes²

Refer to next page for the list of medications.

Data Collection Method²

Administrative (Claims)



Trillium Percentages/NCQA National Averages¹

PCE	Calendar Year	Trillium	NCQA National Average
Rate 1: Systemic Corticosteroid	2022	62.6	70.8
	2021	40.3	69.9
Rate 2: Bronchodilator	2022	71.8	84.6
	2021	22.8	84.3

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PCE Numerator Medications²

Description	Prescription		
Glucocorticoids	Cortisone Dexamethasone Hydrocortisone	Methylprednisolone Prednisolone Prednisone	
Anticholinergic agents	Aclidinium bromide Ipratropium	Tiotropium Umeclidinium	
Beta 2-agonists	Albuterol Arformoterol Formoterol Indacaterol	Levalbuterol Metaproterenol Olodaterol Salmeterol	
Bronchodilator combinations	Albuterol-ipratropium Budesonide-formoterol Fluticasone furoate-umeclidinium- vilanterol Fluticasone-salmeterol Fluticasone-vilanterol	Formoterol-aclidinium Formoterol-glycopyrrolate Formoterol-mometasone Glycopyrrolate-indacaterol Olodaterol-tiotropium Umeclidinium-vilanterol	

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