

# Pharmacotherapy Management of COPD Exacerbation (PCE)

## Measure Description

The percentage of COPD exacerbations for members 40 years and older who had an acute inpatient discharge or ED visit on or between January 1 and November 30 of the measurement year and who were dispensed appropriate medications. Two rates are reported:

1. Dispensed a Systemic Corticosteroid (or there was evidence of an active prescription) within 14 days of the event.
2. Dispensed a Bronchodilator (or there was evidence of an active prescription) within 30 days of the event.

**Note:** The eligible population for this measure is based on acute inpatient discharges and ED visits, not on members. It is possible for the denominator to include multiple events for the same individual.

**Product Lines:** Commercial, Medicaid, Medicare

**Intake Period:** An 11-month period that begins on January 1 of the measurement year (MY) and ends on November 30 of the measurement year. The intake period captures eligible episodes of treatment.

2025												2026											
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
MY 2025 Intake Period												MY 2026 Intake Period											

## Codes Included in the Current HEDIS® Measure

Description	Code
Chronic Obstructive Pulmonary Diseases	ICD-10: J41.0, J41.1, J41.8, J42, J43.0-J43.2, J43.8, J43.9, J44.0, J44.1, J44.81, J44.89, J44.9

## Medications

### Systemic Corticosteroid Medications

Description	Prescription
Glucocorticoids	Cortisone, Dexamethasone, Hydrocortisone, Methylprednisolone, Prednisolone, Prednisone

### Bronchodilator Medications

Description	Prescription
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-salmeterol, Fluticasone-vilanterol, Fluticasone furoate-umeclidinium-vilanterol, Formoterol-aclidinium, Formoterol-glycopyrrolate, Formoterol-mometasone, Glycopyrrolate-indacaterol, Olodaterol-tiotropium, Umeclidinium-vilanterol

## Ways Providers can Improve HEDIS® Performance

- Schedule a follow-up appointment within 7-14 days of discharge.
- Consider standing orders for systemic corticosteroids and bronchodilators for those patients discharged from the hospital or emergency room for COPD.
- Contact your patient once they have been discharged to schedule a follow-up appointment as soon as possible.
- Refer to the GOLD clinical practice guidelines for COPD management.
  - [2024 GOLD Report - Global Initiative for Chronic Obstructive Lung Disease - GOLD \(goldcopd.org\)](https://goldcopd.org)

## Ways Health Plans can Improve HEDIS® Performance

- Remind members to fill their corticosteroid and bronchodilator prescriptions.
- Establish care coordination among multiple providers responsible for COPD care.
- Support members to create a written COPD action plan for disease management and medication adherence.
- Audit, identify, and educate top 10 providers who have not prescribed appropriate medications for members upon discharge.
- Provide culturally and linguistically appropriate education about COPD risk factors, complications, and the importance of medication adherence.

## Required Exclusions

- Members who use hospice services or elect to use a hospice benefit any time during the measurement year.
- Members who die any time during the measurement year.

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1100 13th Street NW, Third Floor,  
Washington, DC 20005