AAO24: Allergic Rhinitis: Avoidance of Leukotriene Inhibitors

High Priority: No

Percentage of patients with allergic rhinitis who do not receive leukotriene inhibitors.

Denominator:
Patients with allergic rhinitis with a diagnosis of allergic rhinitis who do not have an active order (prescription or reported over the counter use) of intranasal corticosteroids or second generation antihistamines.

Denominator Exclusions:
Exclude patients with concomitant diagnosis of asthma or sleep apnea.

Denominator Exceptions:
Patients with allergy to intranasal corticosteroids, allergy to second generation antihistamines, or prostate issues (due to concern for intolerance of primary therapy options).

Numerator:
Patients who do not receive leukotriene inhibitors.

Measure Classifications:
Measure Type: Process
National Quality Strategy (NQS) domain: Effective Clinical Care
Meaningful Measure Area: Medication Management
Calculation: 1st Performance Rate
   Inverse Measure: No
   Continuous Measure: No
   Proportional Measure: Yes
   Ratio Measure: No
   Risk Adjusted: No

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Empowering otolaryngologist–head and neck surgeons to deliver the best patient care
**QCDR Measure Flow for:**

**AAO24**

**Allergic Rhinitis: Avoidance of Leukotriene Inhibitors**

**INITIAL PATIENT POPULATION (IPP)**

- **MEASURE DESCRIPTION**
  - Percentage of patients with allergic rhinitis who do not receive leukotriene inhibitors.

  - Was the patient seen by an eligible provider in the calendar year?
    - **NO**
      - Patient NOT included in IPP
    - **YES**
      - INCLUDED in IPP — Continue to Denominator

**DENOMINATOR**

- **Does the patient have a concomitant diagnosis of asthma or sleep apnea?**
  - **YES**
    - Denominator Exclusion
  - **NO**

- **Was the patient diagnosed with allergic rhinitis?**
  - **NO**
  - **YES**
    - **Does the patient have an active order (prescription or reported over the counter use) of intranasal corticosteroids or second generation antihistamines?**
      - **NO**
      - **YES**
        - **Does the patient have an allergy to intranasal corticosteroids, allergy to second generation antihistamines, or prostate issues (due to concern for intolerance of primary therapy options)?**
          - **NO**
          - **YES**
            - **INCLUDE in Denominator — Continue to Numerator**
          - **Measure Not Met**

**NUMERATOR**

- **Was the patient prescribed a leukotriene inhibitor?**
  - **YES**
    - Measure NOT Met
  - **NO**
    - Measure Met