2017 OPTIONS FOR INDIVIDUAL MEASURES:
CLAIMS ONLY

MEASURE TYPE:
Process

DESCRIPTION:
Percentage of patients aged 18 years and older with a diagnosis of ischemic stroke or transient ischemic attack (TIA) who were prescribed antithrombotic therapy at discharge

INSTRUCTIONS:
This measure is to be reported for patients under active treatment for ischemic stroke or TIA **at discharge from a hospital** during the **performance period**. Part B claims data will be analyzed to determine the hospital discharge. If multiple qualifying diagnoses are submitted on the same claim form, only one instance of reporting will be counted. It is anticipated that eligible clinicians who care for patients with a diagnosis of ischemic stroke or TIA in the hospital setting will submit this measure.

Measure Reporting:
The listed denominator criteria is used to identify the intended patient population. The numerator quality-data codes included in this specification are used to submit the quality actions allowed by the measure. All measure-specific coding should be reported on the claim(s) representing the eligible encounter.

DENOMINATOR:
All patients aged 18 years and older with a diagnosis of ischemic stroke or transient ischemic attack (TIA)

Denominator Criteria (Eligible Cases):
Patients aged ≥ 18 years on date of encounter
AND
Diagnosis for ischemic stroke or transient ischemic attack (ICD-10-CM): G45.0, G45.1, G45.2, G45.8, G45.9, G46.0, G46.1, G46.2, I63.00, I63.011, I63.012, I63.013, I63.019, I63.02, I63.031, I63.032, I63.033, I63.039, I63.09, I63.10, I63.111, I63.112, I63.113, I63.119, I63.12, I63.131, I63.132, I63.133, I63.139, I63.19, I63.20, I63.211, I63.212, I63.213, I63.219, I63.22, I63.231, I63.232, I63.233, I63.239, I63.29, I63.30, I63.311, I63.312, I63.313, I63.319, I63.321, I63.322, I63.323, I63.329, I63.331, I63.332, I63.333, I63.339, I63.341, I63.342, I63.349, I63.39, I63.40, I63.411, I63.412, I63.413, I63.419, I63.421, I63.422, I63.423, I63.429, I63.431, I63.432, I63.433, I63.439, I63.441, I63.442, I63.449, I63.49, I63.50, I63.511, I63.512, I63.513, I63.519, I63.521, I63.523, I63.531, I63.532, I63.533, I63.539, I63.541, I63.542, I63.543, I63.549, I63.59, I63.6, I63.8, I63.9
AND
Patient encounter during the performance period (CPT): 99238, 99239

NUMERATOR:
Patients who were prescribed antithrombotic therapy at discharge

Numerator Instructions: If the consulting physician orders or agrees with a prior antithrombotic therapy order (from current or previous episodes of care during the **performance period**) and there is supporting documentation, report **G8696**.

Definitions:
Antithrombotic Therapy – Aspirin, combination of aspirin and extended-release dipyridamole, clopidogrel, ticlopidine, warfarin, low molecular weight heparin, dabigatran, rivaroxaban.*

The above list of medications/drug names is based on clinical guidelines and other evidence. The specified drugs were selected based on the strength of evidence for their clinical effectiveness. This list of selected drugs may not be all-inclusive or current. Physicians and other health care professionals should refer to the FDA's web site page entitled "Drug Safety Communications" for up-to-date drug recall and alert information when prescribing medications.

Prescribed – May include prescription given to the patient for antithrombotic therapy at discharge or antithrombotic therapy to be continued after discharge as documented in the discharge medication list.

NUMERATOR NOTE: In order to meet the measure, antithrombotic therapy is to be prescribed at the time of discharge. If a physician other than the discharging physician (e.g., consulting physician) is reporting on this measure, it should be clear from the documentation that the prescription is being ordered for the patient at the time of discharge, and included in the "medications prescribed at discharge".

Numerator Quality-Data Coding Options:
If Patient is not Eligible for this Measure because Patient was Admitted for Performance of Elective Carotid Intervention, Report:
Denominator Exclusion: G9689:   Patient admitted for performance of elective carotid intervention

OR

Antithrombotic Therapy Prescribed
Performance Met: G8696:   Antithrombotic therapy prescribed at discharge

OR

Antithrombotic Therapy not Prescribed for Documented Reasons
Denominator Exception: G8697:   Antithrombotic therapy not prescribed for documented reasons [(e.g., patient had stroke during hospital stay, patient expired during inpatient stay, other medical reason(s)]; (e.g., patient left against medical advice, other patient reason(s))

OR

Antithrombotic Therapy Prescription not Prescribed, Reason not Given
Performance Not Met: G8698:   Antithrombotic therapy was not prescribed at discharge, reason not given

RATINALE:
The focus on stroke as an outcome is important because patients who experience a stroke or TIA are most likely to have a stroke as their next serious vascular outcome. Platelet anti-aggregation drugs prevent strokes. The selection of individual drugs is primarily based on interpretation of their relative efficacy, safety, and cost. Therefore, following a stroke, patients should be prescribed antithrombotic therapy to decrease the risk of additional strokes.

CLINICAL RECOMMENDATION STATEMENTS:
The following evidence statements are quoted verbatim from the referenced clinical guidelines.

For patients with ischemic stroke or TIA with paroxysmal (intermittent) or permanent AF, anticoagulation with a vitamin K antagonist (target INR 2.5; range, 2.0 to 3.0) is recommended. (ASA, 2011)

Patients with ischemic stroke or TIA in the setting of acute MI complicated by LV mural thrombus formation identified by echocardiography or another cardiac imaging technique should be treated with oral anticoagulation (target INR 2.5; range 2.0 to 3.0) for at least 3 months. (ASA, 2011)

Warfarin (INR 2.0 to 3.0), aspirin (81 mg daily), clopidogrel (75 mg daily), or the combination of aspirin (25 mg twice daily) plus extended-release dipyramidamole (200 mg twice daily) may be considered to prevent recurrent ischemic

events in patients with previous ischemic stroke or TIA and cardiomyopathy. (ASA, 2011)

For patients with ischemic stroke or TIA who have rheumatic mitral valve disease, whether or not AF is present, long-term warfarin therapy is reasonable with an INR target range of 2.5 (range, 2.0 to 3.0). (ASA, 2011)

For patients with ischemic stroke or TIA who have mechanical prosthetic heart valves, warfarin is recommended with an INR target of 3.0 (range, 2.5 to 3.5). (ASA, 2011)

For patients with non-cardioembolic ischemic stroke or TIA, the use of antiplatelet agents rather than oral anticoagulation is recommended to reduce the risk of recurrent stroke and other cardiovascular events. (ASA, 2011)
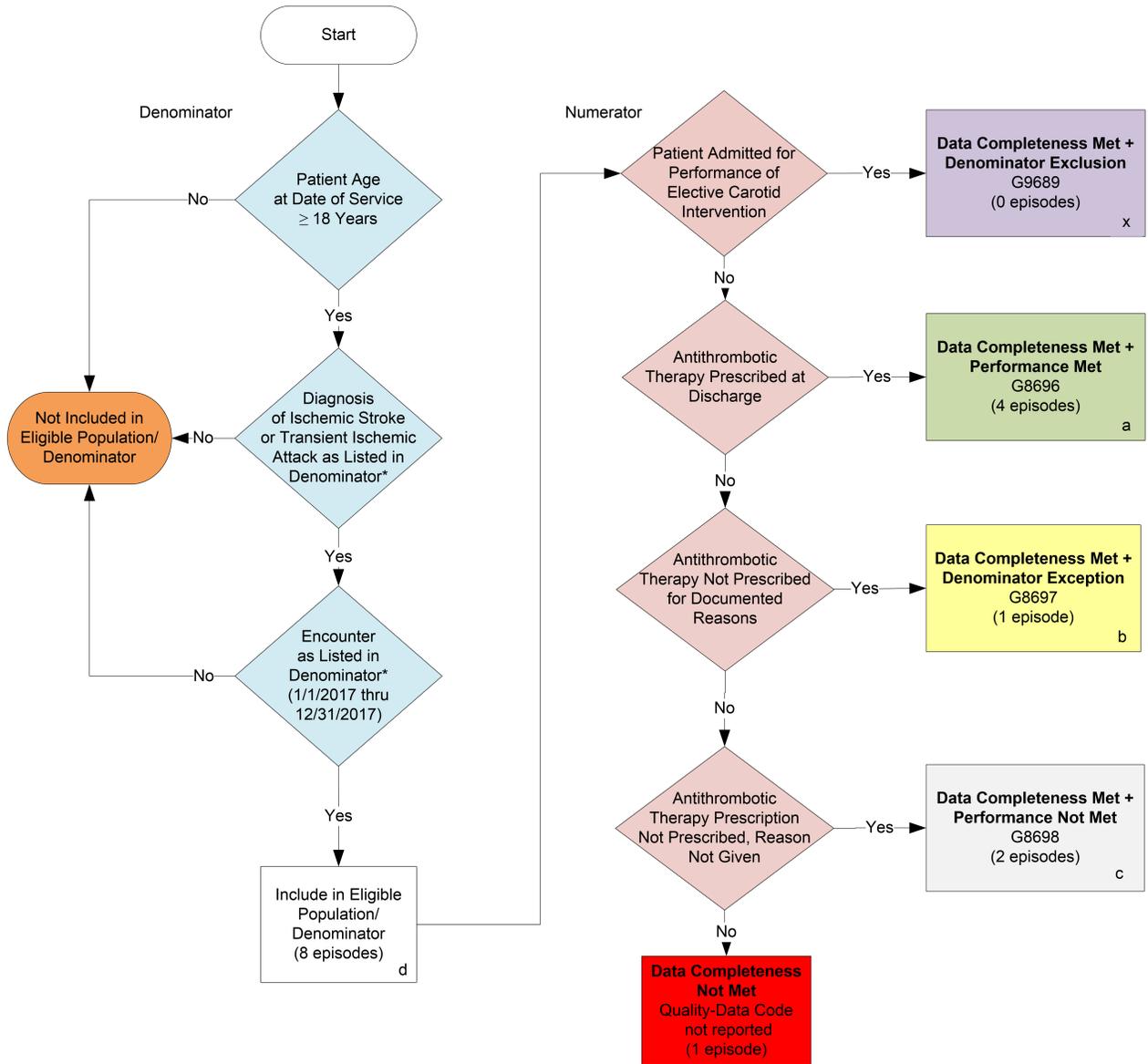
2017 Claims Individual Measure Flow
#32: Stroke and Stroke Rehabilitation: Discharged on Antithrombotic Therapy

Start

Denominator

Patient Age at Date of Service ≥ 18 Years — No → **Not Included in Eligible Population/Denominator**

Yes ↓

Diagnosis of Ischemic Stroke or Transient Ischemic Attack as Listed in Denominator* — No → **Not Included in Eligible Population/Denominator**

Yes ↓

Encounter as Listed in Denominator* (1/1/2017 thru 12/31/2017) — No → **Not Included in Eligible Population/Denominator**

Yes ↓

Include in Eligible Population/Denominator (8 episodes) — d

Numerator

Patient Admitted for Performance of Elective Carotid Intervention — Yes → **Data Completeness Met + Denominator Exclusion** G9689 (0 episodes) — x

No ↓

Antithrombotic Therapy Prescribed at Discharge — Yes → **Data Completeness Met + Performance Met** G8696 (4 episodes) — a

No ↓

Antithrombotic Therapy Not Prescribed for Documented Reasons — Yes → **Data Completeness Met + Denominator Exception** G8697 (1 episode) — b

No ↓

Antithrombotic Therapy Prescription Not Prescribed, Reason Not Given — Yes → **Data Completeness Met + Performance Not Met** G8698 (2 episodes) — c

No ↓

Data Completeness Not Met Quality-Data Code not reported (1 episode)

SAMPLE CALCULATIONS:

Data Completeness=

$$\frac{\text{Denominator Exclusion(x=0 episodes)+Performance Met(a=4 episodes)+Denominator Exception(b=1 episode)+Performance Not Met(c=2 episodes)=7 episodes}}{\text{Eligible Population / Denominator (d=8 episodes)}} = \frac{7 \text{ episodes}}{8 \text{ episodes}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=4 episodes)}}{\text{Data Completeness Numerator (7 episodes) – Denominator Exclusion (x=0 episodes) – Denominator Exception (b=1 episode) = 6 episodes}} = \frac{4 \text{ episodes}}{} = 66.67\%$$

*See the posted Measure Specification for specific coding and instructions to report this measure.

NOTE: Report Frequency: Episode

v1

Please refer to the specific section of the Measure Specification to identify the denominator and numerator information for use in reporting this Individual Measure Start with Denominator

1. Check Patient Age:

    a. If the Age is greater than or equal to 18 years of age at Date of Service and equals No during the measurement period, do not include in Eligible Patient Population. Stop Processing.

    b. If the Age is greater than or equal to 18 years of age at Date of Service and equals Yes during the measurement period, proceed to check Patient Diagnosis.

2. Check Patient Diagnosis:

    a. If Diagnosis of Ischemic Stroke or Transient Ischemic Attack as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.

    b. If Diagnosis of Ischemic Stroke or Transient Ischemic Attack as Listed in the Denominator equals Yes, proceed to check Encounter Performed.

3. Check Encounter Performed:

    a. If Encounter as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.

    b. If Encounter as Listed in the Denominator equals Yes, include in the Eligible Population.

4. Denominator Population:

    a. Denominator population is all Eligible Patients in the denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 8 episodes in the sample calculation.

5. Start Numerator

6. Check Patient Admitted for Performance Of Elective Carotid Intervention:

    a. If Patient Admitted for Performance Of Elective Carotid Intervention equals Yes, include in Data Completeness Met and Denominator Exclusion.

    b. Data Completeness Met and Denominator Exclusion letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter x equals 0 patients in the Sample Calculation.

    c. If Patient Admitted for Performance of Elective Carotid Intervention equals No, proceed to Antithrombotic Therapy Prescribed at Discharge.

7. Check Antithrombotic Therapy Prescribed at Discharge:

    a. If Antithrombotic Therapy Prescribed at Discharge equals Yes, include in Data Completeness Met and Performance Met.

    b. Data Completeness Met and Performance Met letter is represented in the Data Completeness and

Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 4 episodes in Sample Calculation.

    c. If Antithrombotic Therapy Prescribed at Discharge equals No, proceed to Antithrombotic Therapy Not Prescribed for Documented Reasons.

8. Check Antithrombotic Therapy Not Prescribed for Documented Reasons:

    a. If Antithrombotic Therapy Not Prescribed for Documented Reasons equals Yes, include in Data Completeness Met and Denominator Exception.

    b. Data Completeness Met and Denominator Exception letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b equals 1 episode in the Sample Calculation.

    c. If Antithrombotic Therapy Not Prescribed for Documented Reasons equals No, proceed to Antithrombotic Therapy Prescription Not Prescribed, Reason not Given.

9. Check Antithrombotic Therapy Prescription Not Prescribed, Reason Not Given:

    a. If Antithrombotic Therapy Prescription not Prescribed, Reason not Given equals Yes, include in Data Completeness Met and Performance Not Met.

    b. Data Completeness Met and Performance Not Met letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c equals 2 episodes in the Sample Calculation.

    c. If Antithrombotic Therapy Prescription Not Prescribed, Reason Not Given equals No, proceed to Data Completeness Not Met.

10. Check Data Completeness Not Met:

    a. If Data Completeness Not Met equals No, Quality Data Code not reported. 1 episode has been subtracted from the data completeness numerator in the sample calculation.

SAMPLE CALCULATIONS:

Data Completeness=

$$\frac{\text{Denominator Exclusion(x=0 episodes)+Performance Met(a=4 episodes)+Denominator Exception(b=1 episode)+Performance Not Met(c=2 episodes)}}{\text{Eligible Population / Denominator (d=8 episodes)}} = \frac{7 \text{ episodes}}{8 \text{ episodes}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=4 episodes)}}{\text{Data Completeness Numerator (7 episodes) – Denominator Exclusion (x=0 episodes) – Denominator Exception (b=1 episode) = 6 episodes}} = \frac{4 \text{ episodes}}{6 \text{ episodes}} = 66.67\%$$