Measure #204 (NQF 0068): Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic – National Quality Strategy Domain: Effective Clinical Care

<u>2017 OPTIONS FOR INDIVIDUAL MEASURES:</u>
CLAIMS ONLY

<u>MEASURE TYPE:</u>
Process

<u>DESCRIPTION:</u>
Percentage of patients 18 years of age and older who were diagnosed with acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) in the 12 months prior to the measurement period, or who had an active diagnosis of ischemic vascular disease (IVD) during the measurement period, and who had documentation of use of aspirin or another antiplatelet during the measurement period

<u>INSTRUCTIONS:</u>
This measure is to be reported a minimum of **once per performance period** for patients seen during the measurement period who had an active diagnosis of IVD or had an AMI, CABG, or PCI in the 12 months prior to the measurement period. This measure may be reported by eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

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.

<u>DENOMINATOR:</u>
Patients aged 18 years of age and older with a visit during the measurement period who had an AMI, CABG, or PCI during the 12 months prior to the measurement year or who had a diagnosis of IVD overlapping the measurement year

> *DENOMINATOR NOTE: *Signifies that this CPT Category I code is a non-covered service under the PFS (Physician Fee Schedule). These non-covered services will not be counted in the denominator population for claims-based measures.*

<u>Denominator Criteria (Eligible Cases):</u>
Patients aged ≥ 18 years on date of encounter
AND
Diagnosis for Ischemic Vascular Disease (ICD-10-CM): I20.0, I20.8, I20.9, I24.0, I24.1, I24.8, I24.9, I25.10, I25.110, I25.111, I25.118, I25.119, I25.5, I25.6, I25.700, I25.701, I25.708, I25.709, I25.710, I25.711, I25.718, I25.719, I25.720, I25.721, I25.728, I25.729, I25.730, I25.731, I25.738, I25.739, I25.750, I25.751, I25.758, I25.759, I25.760, I25.761, I25.768, I25.769, I25.790, I25.791, I25.798, I25.799, I25.810, I25.811, I25.812, I25.82, I25.83, I25.84, I25.89, I25.9, 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, I63.113, I63.112, 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, I63.522, I63.523, I63.529, I63.531, I63.532, I63.533, I63.539, I63.541, I63.542, I63.543, I63.549, I63.59, I63.6, I63.8, I63.9, I65.01, I65.02, I65.03, I65.09, I65.1, I65.21, I65.22, I65.23, I65.29, I65.8, I65.9, I66.01, I66.02, I66.03, I66.09, I66.11, I66.12, I66.13, I66.19, I66.21, I66.22, I66.23, I66.29, I66.3, I66.8, I66.9, I67.2, I70.0, I70.1, I70.201, I70.202, I70.203, I70.208,

I70.209, I70.211, I70.212, I70.213, I70.218, I70.219, I70.221, I70.222, I70.223, I70.228, I70.229, I70.231, I70.232, I70.233, I70.234, I70.235, I70.238, I70.239, I70.241, I70.242, I70.243, I70.244, I70.245, I70.248, I70.249, I70.25, I70.261, I70.262, I70.263, I70.268, I70.269, I70.291, I70.292, I70.293, I70.298, I70.299, I70.301, I70.302, I70.303, I70.308, I70.309, I70.311, I70.312, I70.313, I70.318, I70.319, I70.321, I70.322, I70.323, I70.328, I70.329, I70.331, I70.332, I70.333, I70.334, I70.335, I70.338, I70.339, I70.341, I70.342, I70.343, I70.344, I70.345, I70.348, I70.349, I70.35, I70.361, I70.362, I70.363, I70.368, I70.369, I70.391, I70.392, I70.393, I70.398, I70.399, I70.401, I70.402, I70.403, I70.408, I70.409, I70.411, I70.412, I70.413, I70.418, I70.419, I70.421, I70.422, I70.423, I70.428, I70.429, I70.431, I70.432, I70.433, I70.434, I70.435, I70.438, I70.439, I70.441, I70.442, I70.443, I70.444, I70.445, I70.448, I70.449, I70.45, I70.461, I70.462, I70.463, I70.468, I70.469, I70.491, I70.492, I70.493, I70.498, I70.499, I70.501, I70.502, I70.503, I70.508, I70.509, I70.511, I70.512, I70.513, I70.518, I70.519, I70.521, I70.522, I70.523, I70.528, I70.529, I70.531, I70.532, I70.533, I70.534, I70.535, I70.538, I70.539, I70.541, I70.542, I70.543, I70.544, I70.545, I70.548, I70.549, I70.55, I70.561, I70.562, I70.563, I70.568, I70.569, I70.591, I70.592, I70.593, I70.598, I70.599, I70.601, I70.602, I70.603, I70.608, I70.609, I70.611, I70.612, I70.613, I70.618, I70.619, I70.621, I70.622, I70.623, I70.628, I70.629, I70.631, I70.632, I70.633, I70.634, I70.635, I70.638, I70.639, I70.641, I70.642, I70.643, I70.644, I70.645, I70.648, I70.649, I70.65, I70.661, I70.662, I70.663, I70.668, I70.669, I70.691, I70.692, I70.693, I70.698, I70.699, I70.701, I70.702, I70.703, I70.708, I70.709, I70.711, I70.712, I70.713, I70.718, I70.719, I70.721, I70.722, I70.723, I70.728, I70.729, I70.731, I70.732, I70.733, I70.734, I70.735, I70.738, I70.739, I70.741, I70.742, I70.743, I70.744, I70.745, I70.748, I70.749, I70.75, I70.761, I70.762, I70.763, I70.768, I70.769, I70.791, I70.792, I70.793, I70.798, I70.799, I70.8, I70.90, I70.91, I70.92, I74.01, I74.09, I74.10, I74.11, I74.19, I74.2, I74.3, I74.4, I74.5, I74.8, I74.9, I75.011, I75.012, I75.013, I75.019, I75.021, I75.022, I75.023, I75.029, I75.81, I75.89

OR

Diagnosis for acute myocardial infarction (ICD-10-CM): I21.01, I21.02, I21.09, I21.11, I21.19, I21.21, I21.29, I21.3, I21.4

AND

Patient encounter during performance period (CPT or HCPCS): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, G0402, G0438, G0439

OR

Patient encounter during the performance period (CPT) – Procedure: 33510, 33511, 33512, 33513, 33514, 33516, 33517, 33518, 33519, 33521, 33522, 33523, 33533, 33534, 33535, 33536, 92920, 92924, 92928, 92933, 92937, 92941, 92943, S2205*, S2206*, S2207*, S2208*, S2209*

NUMERATOR:
Patients who had an active medication of aspirin or another antiplatelet during the measurement year

Numerator Instructions: Oral antiplatelet therapy consists of: aspirin, clopidogrel, combination of aspirin and extended release dipyridamole, prasugrel, ticagrelor or ticlopidine.
Anticoagulant medications consist of: Apixaban, Argatroban, Bivalirudin, Dabigatran, Dalteparin, Desirudin, Edoxaban, Enoxaparin, Fondaparinux, Heparin, Lepirudin, Rivaroxaban, Tinzaparin, or Warfarin.

Numerator Quality-Data Coding Options:
Patient receiving Hospice Services, Patient Not Eligible:
Denominator Exclusion: G9723:   Hospice services for patient received any time during the measurement period

OR

Aspirin or Another Antiplatelet Therapy not Used, Documentation of use of anticoagulant medication

Denominator Exclusion: G9724:   Patients who had documentation of use of anticoagulant medications overlapping the measurement year.

OR

Aspirin or Another Antiplatelet Therapy Used
Performance Met: G8598:   Aspirin or another antiplatelet therapy used

OR

Aspirin or Another Antiplatelet Therapy not Used, Reason not Given
Performance Not Met: G8599:   Aspirin or another antiplatelet therapy not used, reason not given

RATIONALE:

Cardiovascular disease, including stroke, is the leading cause of death in the United States. More than 85 million American adults have one or more types of cardiovascular disease. Specifically, more than 15 million adults (20 years and older) have coronary heart disease (CHD), over 8 million adults have angina, more than 7 million adults have had a myocardial infarction (MI), over 6 million adults have had a stroke, and nearly 7 million adults 40 years of age and older have peripheral artery disease (Mozaffarian et al., 2015). It is estimated that by 2030 more than 43 percent of Americans will have a form of cardiovascular disease (Heidenreich et al., 2011).

In 2011, the total cost of cardiovascular disease and stroke in the United States was estimated to be $320 billion. This total includes direct costs such as the cost of physicians and other health professionals, hospital services, prescribed medications and home health care, as well as indirect costs due to loss of productivity from premature mortality (Mozaffarian et al., 2015). By 2030, direct medical costs for cardiovascular disease are projected to increase to nearly $918 billion (Heidenreich, 2011).

Antiplatelet medications, such as aspirin and clopidogrel, are drugs that inhibit platelets from clumping together and forming clots. Their use in the secondary prevention of cardiovascular events is well established. In patients who are at high risk because they already have occlusive cardiovascular disease, long-term antiplatelet therapy reduces the yearly risk of serious vascular events (MI, stroke, death) by about twenty-five percent (Antiplatelet Trialists' Collaboration, 1994; 2002; 2009). A more recent systematic review of the literature confirmed the benefits of antiplatelet therapy in reducing death from cardiovascular causes, MI, or stroke (Cheng, 2013). Antiplatelet agents also have a beneficial effect in reducing all-cause mortality and fatal cardiovascular events in patients with peripheral arterial disease (Wong et al., 2011).

CLINICAL RECOMMENDATION STATEMENTS:

AHA/ACCF SECONDARY PREVENTION AND RISK REDUCTION THERAPY FOR PATIENTS WITH CORONARY AND OTHER ATHEROSCLEROTIC VASCULAR DISEASE: 2011 UPDATE:

- Aspirin 75-162 mg daily is recommended in all patients with coronary artery disease unless contraindicated. (Level of Evidence: A) Clopidogrel 75 mg daily is recommended as an alternative for patients who are intolerant of or allergic to aspirin. (Level of Evidence: B) Class I

- A P2Y12 receptor antagonist in combination with aspirin is indicated in patients after ACS or PCI with stent placement. (Level of Evidence: A) For patients receiving a bare-metal stent or drug-eluting stent during PCI for ACS, clopidogrel 75 mg daily, prasugrel 10 mg daily, or ticagrelor 90 mg twice daily should be given for at least 12 months. (Level of Evidence: A) Class I

- For patients undergoing coronary artery bypass grafting, aspirin should be started within 6 hours after surgery to reduce saphenous vein graft closure. Dosing regimens ranging from 100 to 325 mg daily for 1 year appear to be efficacious. (Level of Evidence: A) Class I

- In patients with extracranial carotid or vertebral atherosclerosis who have had ischemic stroke or TIA, treatment with aspirin alone (75-325 mg daily), clopidogrel alone (75 mg daily), or the combination of aspirin plus extended-release

dipyridamole (25 mg and 200 mg twice daily, respectively) should be started and continued. (Level of Evidence: B) Class I

- For patients with symptomatic atherosclerotic peripheral artery disease of the lower extremity, antiplatelet therapy with aspirin (75-325 mg daily) or clopidogrel (75 mg daily) should be started and continued. (Level of Evidence: A) Class I

- Antiplatelet therapy is recommended in preference to anticoagulant therapy with warfarin or other vitamin K antagonists to treat patients with atherosclerosis. (Level of Evidence: A) Class I

GUIDELINES FOR THE PREVENTION OF STROKE IN PATIENTS WITH STROKE AND TRANSIENT ISCHEMIC ATTACK: 2014:

- For patients with noncardioembolic 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 (Class I; Level of Evidence A).

- Aspirin (50-325 mg/d) monotherapy (Class I; Level of Evidence A) or the combination of aspirin 25 mg and extended-release dipyridamole 200 mg twice daily (Class I; Level of Evidence B) is indicated as initial therapy after TIA or ischemic stroke for prevention of future stroke. (Revised recommendation)

- Clopidogrel (75 mg) monotherapy is a reasonable option for secondary prevention of stroke in place of aspirin or combination aspirin/dipyridamole (Class IIa; Level of Evidence B). This recommendation also applies to patients who are allergic to aspirin.

- For patients with noncardioembolic 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 (Class I; Level of Evidence A).
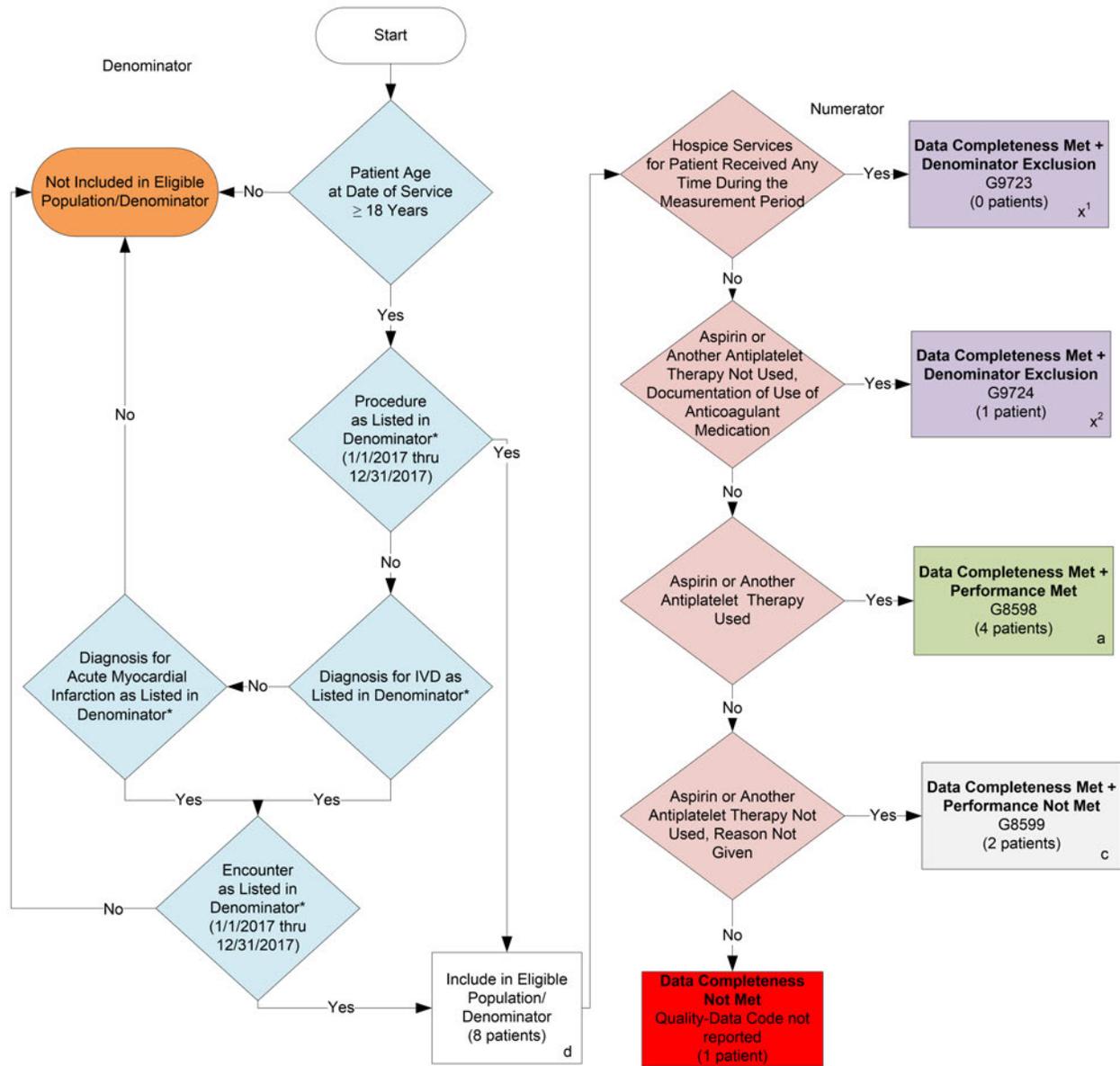
2017 Claims Individual Measure Flow
#204 NQF #0068: Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet

Start

Denominator

Numerator

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

Yes ↓

Procedure as Listed in Denominator* (1/1/2017 thru 12/31/2017) — Yes →

No ↓

Diagnosis for IVD as Listed in Denominator* — No → Diagnosis for Acute Myocardial Infarction as Listed in Denominator*

Yes / Yes ↓

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

Yes →

Include in Eligible Population/Denominator (8 patients) d

Hospice Services for Patient Received Any Time During the Measurement Period — Yes → **Data Completeness Met + Denominator Exclusion G9723 (0 patients)** x^1

No ↓

Aspirin or Another Antiplatelet Therapy Not Used, Documentation of Use of Anticoagulant Medication — Yes → **Data Completeness Met + Denominator Exclusion G9724 (1 patient)** x^2

No ↓

Aspirin or Another Antiplatelet Therapy Used — Yes → **Data Completeness Met + Performance Met G8598 (4 patients)** a

No ↓

Aspirin or Another Antiplatelet Therapy Not Used, Reason Not Given — Yes → **Data Completeness Met + Performance Not Met G8599 (2 patients)** c

No ↓

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

SAMPLE CALCULATIONS:

Data Completeness=

$$\frac{\text{Denominator Exclusion } (x^1+x^2= 1 \text{ patient}) + \text{Performance Met (a=4 patients)} + \text{Performance Not Met (c=2 patients)}}{\text{Eligible Population / Denominator (d=8 patients)}} = \frac{7 \text{ patients}}{8 \text{ patients}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=4 patients)}}{\text{Data Completeness Numerator (7 patients)- Denominator Exclusion } (x^1+x^2= 1 \text{ patient})} = \frac{3 \text{ patients}}{6 \text{ patients}} = 50.00\%$$

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

NOTE: Reporting Frequency: Patient-process

#204 NQF #0068: Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet

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

1. Start with Denominator

2. 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 of IVD as Listed in the Denominator.

3. Check Procedure Performed:

   a. If Procedure as Listed in the Denominator equals No, proceed to check Patient Diagnosis of IVD as Listed in the Denominator.

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

4. Check Patient Diagnosis of IVD as Listed in the Denominator:

   a. If Diagnosis for IVD as Listed in the Denominator equals No, proceed to Patient Diagnosis of Acute Myocardial Infarction.

   b. If Diagnosis of for IVD as Listed in the Denominator equals Yes, proceed to check Encounter Performed.

5. Check Patient Diagnosis of Acute Myocardial Infarction as Listed in the Denominator:

   a. If Diagnosis for Acute Myocardial Infarction as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.

   b. If Diagnosis of for Acute Myocardial Infarction as Listed in the Denominator equals Yes, proceed to check Encounter Performed

6. 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.

7. 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 patients in the sample calculation.

8. Start Numerator

9. Check Hospice Services for Patient Received Any Time During the Measurement Period:

a. If Hospice Services for Patient Received Any Time During the Measurement Period equals Yes, include in Data Completeness Met and Denominator Exclusion.

b. Data Completeness Met and Denominator Exclusion letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter x1 equals 0 patients in Sample Calculation.

c. If Hospice Services for Patient Received Any Time During the Measurement Period equals No, proceed to Aspirin or Another Antiplatelet Therapy Not Used, Documentation of Use of Anticoagulant Medication

10. Check Aspirin or Another Antiplatelet Therapy Not Used, Documentation of Use of Anticoagulant Medication:

a. If Aspirin or Another Antiplatelet Therapy Not Used, Documentation of Use of Anticoagulant Medication equals Yes, include in Data Completeness Met and Denominator Exclusion.

b. Data Completeness Met and Denominator Exclusion letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter x2 equals 1 patient in Sample Calculation.

c. If Aspirin or Another Antiplatelet Therapy Not Used, Documentation of Use of Anticoagulant Medication No, proceed to Aspirin or Another Antiplatelet Therapy Used.

11. Check Aspirin or Another Antiplatelet Therapy Used:

a. If Aspirin or Another Antiplatelet Therapy Used equals Yes, include in Data Completeness Met and Performance Met.

b. Data Completeness Met and Performance Met letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 4 patients in Sample Calculation.

c. If Aspirin or Another Antiplatelet Therapy Used equals No, proceed to Aspirin or Another Antiplatelet Therapy Not Used, Reason Not Specified.

12. Check Aspirin or Another Antiplatelet Therapy Not Used, Reason Not Given:

a. If Aspirin or Another Antiplatelet Therapy Not Used, 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 as Data Completeness in the Sample Calculation listed at the end of this document. Letter c equals 2 patients in the Sample Calculation.

c. If Aspirin or Another Antiplatelet Therapy Not Used, Reason Not Given equals No, proceed to Data Completeness Not Met.

13. Check Data Completeness Not Met:

a. If Data Completeness Not Met equals No, Quality Data Code not reported. 1 patient has been subtracted from the Data Completeness numerator in the same calculation.

SAMPLE CALCULATIONS:

Data Completeness=

$$\frac{\text{Denominator Exclusion } (x^1 + x^2 = 1 \text{ patient}) + \text{Performance Met } (a=4 \text{ patients}) + \text{Performance Not Met } (c=2 \text{ patients})}{\text{Eligible Population / Denominator } (d=8 \text{ patients})} = \frac{7 \text{ patients}}{8 \text{ patients}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met } (a=4 \text{ patients})}{\text{Data Completeness Numerator (7 patients)- Denominator Exclusion } (x^1 + x^2 = 1 \text{ patient})} = \frac{3 \text{ patients}}{6 \text{ patients}} = 50.00\%$$