Measure #326 (NQF 1525): Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy – National Quality Strategy Domain: Effective Clinical Care

2017 OPTIONS FOR INDIVIDUAL MEASURES:
REGISTRY ONLY

MEASURE TYPE:
Process

DESCRIPTION:
Percentage of patients aged 18 years and older with a diagnosis of nonvalvular atrial fibrillation (AF) or atrial flutter whose assessment of the specified thromboembolic risk factors indicate one or more high-risk factors or more than one moderate risk factor, as determined by CHADS2 risk stratification, who are prescribed warfarin OR another oral anticoagulant drug that is FDA approved for the prevention of thromboembolism

INSTRUCTIONS:
This measure is to be reported a minimum of once per performance period for patients with nonvalvular AF or atrial flutter seen during the performance 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 options included in this specification are used to submit the quality actions allowed by the measure. The quality-data codes listed do not need to be submitted for registry-based submissions; however, these codes may be submitted for those registries that utilize claims data.

DENOMINATOR:
All patients aged 18 years and older with a diagnosis of nonvalvular AF or atrial flutter whose assessment of the specified thromboembolic risk factors indicate one or more high-risk factors or more than one moderate risk factor, as determined by CHADS2 risk stratification

Denominator Criteria (Eligible Cases):
Patients aged ≥ 18 years on date of encounter
AND
Diagnosis for nonvalvular atrial fibrillation or atrial flutter (ICD-10-CM): I48.0, I48.1, I48.2, I48.3, I48.4, I48.91, I48.92
AND
Patient encounter during the performance period (CPT): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99281, 99282, 99283, 99284, 99285, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350
WITHOUT
Telehealth Modifier: GQ, GT
AND
One or more high risk factors for thromboembolism OR more than one moderate risk factor for thromboembolism: G8972
AND NOT
DENOMINATOR EXCLUSION:
Patient has mitral stenosis or prosthetic heart valves OR patient has transient or reversible cause of AF (e.g., pneumonia, hyperthyroidism, pregnancy, cardiac surgery): G9746

NUMERATOR:
Patients who are prescribed warfarin OR another oral anticoagulant drug that is FDA approved for the prevention of thromboembolism

Definition:
Prescribed – May include prescription given to the patient for warfarin OR another oral anticoagulant that is FDA approved for the prevention of thromboembolism at one or more visits in the measurement period OR patient already taking warfarin OR another oral anticoagulant that is FDA approved for the prevention of thromboembolism as documented in current medication list.

The assessment of patients with nonvalvular AF or atrial flutter for thromboembolic risk factors should include the following criteria:

Table 1 - Risk Factors for Atrial Fibrillation and Atrial Flutter

Risk Factors	Weighting
Prior stroke, TIA or systemic embolism	High risk
Age ≥ 75 years	Moderate risk
Hypertension	Moderate risk
Diabetes Mellitus	Moderate risk
Heart failure or impaired left ventricular systolic function	Moderate risk

Numerator Options:

Performance Met: Warfarin OR another oral anticoagulant that is FDA approved prescribed (G8967)

OR

Denominator Exception: Documentation of medical reason(s) for not prescribing warfarin OR another oral anticoagulant that is FDA approved for the prevention of thromboembolism (e.g., allergy, risk of bleeding, other medical reasons (G8968)

OR

Denominator Exception: Documentation of patient reason(s) for not prescribing warfarin OR another oral anticoagulant that is FDA approved for the prevention of thromboembolism (e.g., economic, social, and/or religious impediments, noncompliance, patient refusal, other patient reasons) (G8969)

OR

Performance Not Met: Warfarin OR another oral anticoagulant that is FDA approved not prescribed, reason not given (G8971)

RATIONALE:
Anticoagulation should be prescribed for all high risk patients with AF or atrial flutter except those with contraindications to anticoagulation. Aspirin is preferred in patients without risk factors or in those with contraindications to anticoagulation, and is an alternative to anticoagulation in those with only one moderate risk factor.

CLINICAL RECOMMENDATION STATEMENTS:
2013 Guidelines for the Management of Patients with Atrial Fibrillation (compilation of 2006 ACCF/AHA/ESC and 2011 ACCF/AHA/HRS recommendations): a Report of the American College of Cardiology Foundation/American

Heart Association Task Force on Practice Guidelines:

Class I

Antithrombotic therapy to prevent thromboembolism is recommended for all patients with AF, except those with lone AF or contraindications. (Level of Evidence: A)

The selection of the antithrombotic agent should be based upon the absolute risks of stroke and bleeding and the relative risk and benefit for a given patient. (Level of Evidence: A)

For patients without mechanical heart valves at high risk of stroke, chronic oral anticoagulant therapy with a vitamin K antagonist is recommended in a dose adjusted to achieve the target intensity international normalized ratio (INR) of 2.1 to 3.0, unless contraindicated. Factors associated with highest risk for stroke in patients with AF are prior thromboembolism (stroke, transient ischemic attack, or systemic embolism) and rheumatic mitral stenosis. (Level of Evidence: A)

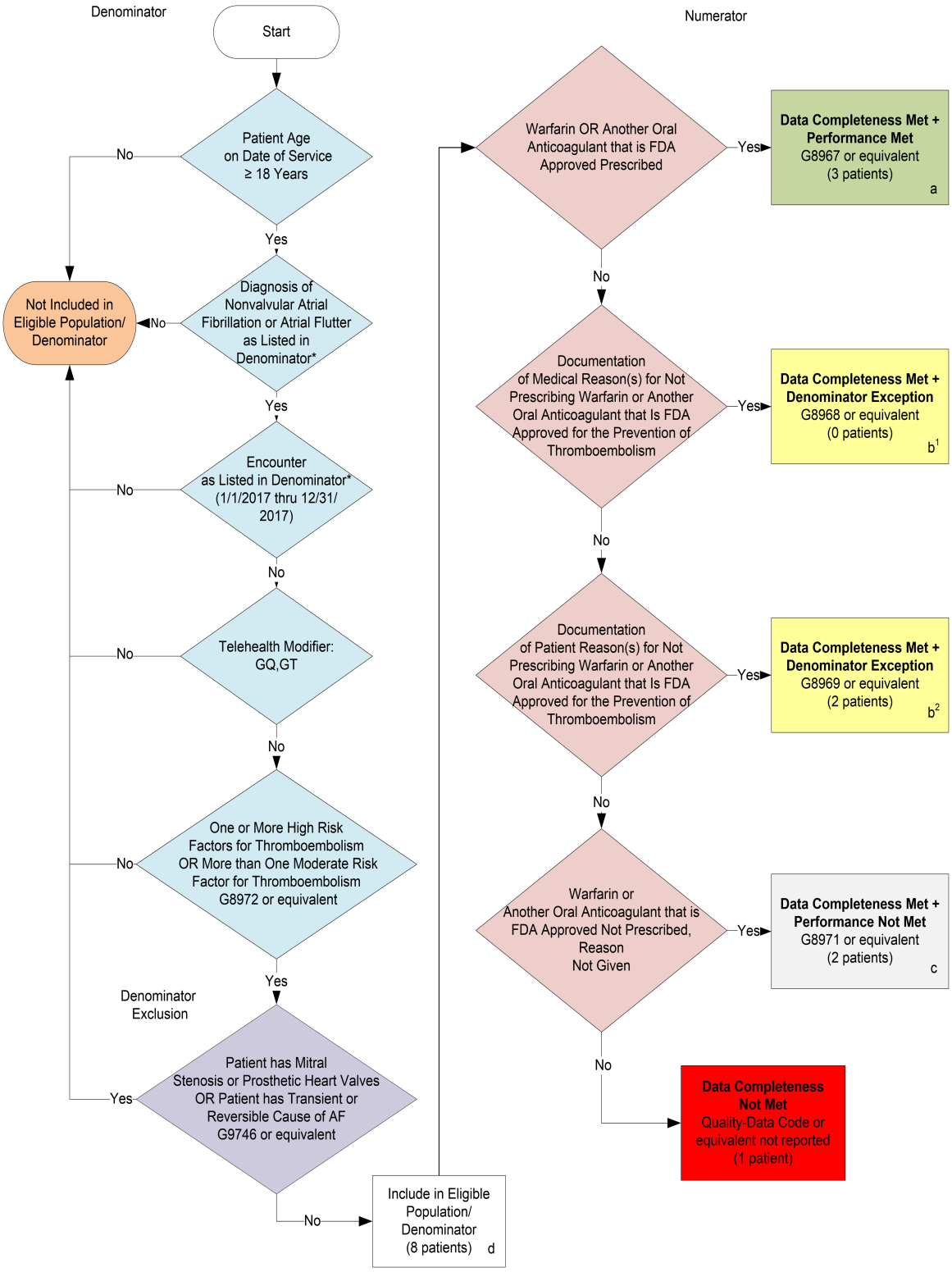
Anticoagulation with a vitamin K antagonist is recommended for patients with more than 1 moderate risk factor. Such factors include age 75 y or greater, hypertension, HF, impaired LV systolic function (ejection fraction 35% or less or fractional shortening less than 25%), and diabetes mellitus. (Level of Evidence: A)

Aspirin, 81–325 mg daily, is recommended as an alternative to vitamin K antagonists in low-risk patients or in those with contraindications to oral anticoagulation. (Level of Evidence: A)

Antithrombotic therapy is recommended for patients with atrial flutter as for those with AF. (Level of Evidence: C)

Dabigatran is useful as an alternative to warfarin for the prevention of stroke and systemic thromboembolism in patients with paroxysmal to permanent AF and risk factors for stroke or systemic embolization who do not have a prosthetic heart valve or hemodynamically significant valve disease, severe renal failure (creatinine clearance 15 mL/min) or advanced liver disease (impaired baseline clotting function). (Level of Evidence: B)

2017 Registry Individual Measure Flow
#326 NQF #1525: Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy



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

NOTE: Reporting Frequency: Patient-process

2017 Registry Individual Measure Flow
#326 NQF #1525: Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy

SAMPLE CALCULATIONS:

Data Completeness=

$$\frac{\text{Performance Met (a=3 patients) + Denominator Exception (b^1 + b^2 =2 patients) + Performance Not Met (c=2 patients)}}{\text{Eligible Population / Denominator (d=8 patients)}} = \frac{\text{7 patients}}{\text{8 patients}} = \mathbf{87.50\%}$$

Performance Rate=

$$\frac{\text{Performance Met (a=3 patients)}}{\text{Data Completeness Numerator (7 patients) – Denominator Exception (b^1 + b^2 =2 patients)}} = \frac{\text{3 patients}}{\text{5 patients}} = \mathbf{60.00\%}$$

NOTE: Reporting Frequency: Patient-process

v1

2017 Registry Individual Measure Flow
#326 NQF #1525: Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy

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 on 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 on Date of Service and equals Yes during the measurement period, proceed to check Patient Diagnosis.
3. Check Patient Diagnosis:
    a. If Diagnosis of Nonvalvular Atrial Fibrillation or Atrial Flutter as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
    b. If Diagnosis of Nonvalvular Atrial Fibrillation or Atrial Flutter as Listed in the Denominator equals Yes, proceed to Encounter Performed.
4. Check Encounter Performed:
    a. If Encounter Performed 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, proceed to check Telehealth Modifier.
5. Check Telehealth Modifier:
    a. If Telehealth Modifier equals Yes, do not include in Eligible Patient Population. Stop Processing.
    b. If Telehealth Modifier equals No, proceed to check One or More High Risk Factors for Thromboembolism OR More than One Moderate Risk Factor for Thromboembolism.
6. Check One or More High Risk Factors for Thromboembolism OR More than One Moderate Risk Factor for Thromboembolism:
    a. If One or More High Risk Factors for Thromboembolism OR More than One Moderate Risk Factor for Thromboembolism equals No, do not include in Eligible Patient Population. Stop Processing.
    b. If One or More High Risk Factors for Thromboembolism OR More than One Moderate Risk Factor for Thromboembolism equals Yes, proceed to check Patient has Mitral Stenosis or Prosthetic Heart Valves OR Patient has Transient or Reversible Cause of AF.
7. Check Patient has Mitral Stenosis or Prosthetic Heart Valves OR Patient has Transient or Reversible Cause of AF:
    a. If Patient has Mitral Stenosis or Prosthetic Heart Valves OR Patient has Transient or Reversible Cause of AF equals Yes, do not include in Eligible Patient Population. Stop Processing.
    b. If Patient has Mitral Stenosis or Prosthetic Heart Valves OR Patient has Transient or Reversible Cause

of AF equals No, include in the Eligible Population.

8. 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.

9. Start Numerator

10. Check Warfarin OR Another Oral Anticoagulant that is FDA Approved Prescribed:

    a. If Warfarin OR Another Oral Anticoagulant that is FDA Approved Prescribed equals Yes, include in Data Completeness Met and Performance Met.

    b. Data Completeness Met and Performance Met is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter a equals 3 patients in Sample Calculation.

    c. If Warfarin OR Another Oral Anticoagulant that is FDA Approved Prescribed equals No, proceed to check Documentation of Medical Reason(s) for Not Prescribing Warfarin OR Another Oral Anticoagulant that is FDA Approved for Prevention of Thromboembolism.

11. Check Documentation of Medical Reason(s) for Not Prescribing Warfarin or Another Oral Anticoagulant that is FDA Approved for Prevention of Thromboembolism:

    a. If Documented of Medical Reason(s) for Not Prescribing Warfarin OR Another Oral Anticoagulant that is FDA Approved for Prevention of Thromboembolism equals Yes, include in the Data Completeness Met and Denominator Exception.

    b. Data Completeness Met and Denominator Exception is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter b1 equals 0 patients in the Sample Calculation.

    c. If Documentation of Medical Reason(s) for Not Prescribing Warfarin OR Another Oral Anticoagulant that is FDA Approved for Prevention of Thromboembolism equals No, proceed to check Documentation of Patient Reason(s) for Not Prescribing Warfarin OR Another Oral Anticoagulant that is FDA Approved for Prevention of Thromboembolism.

12. Check Documentation of Patient Reason(s) for Not Prescribing Warfarin OR Another Oral Anticoagulant that is FDA Approved for Prevention of Thromboembolism:

    a. If Documentation of Patient Reason(s) for Not Prescribing Warfarin OR Another Oral Anticoagulant that is FDA Approved for Prevention of Thromboembolism equals Yes, include in the Data Completeness Met and Denominator Exception.

    b. Data Completeness Met and Denominator Exception is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter b2 equals 2 patients in the Sample Calculation.

    c. If Documentation of Patient Reason(s) for Not Prescribing Warfarin ORAnother Oral Anticoagulant that is FDA Approved for Prevention of Thromboembolism equals No, proceed to Warfarin or Another Oral Anticoagulant that is FDA Approved Not Prescribed, Reason Not Given.

13. Check Warfarin OR Another Oral Anticoagulant that is FDA Approved Not Prescribed, Reason Not Given:

a. If Warfarin OR Another Oral Anticoagulant that is FDA Approved 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 patients in the Sample Calculation.

c. If Warfarin OR Another Oral Anticoagulant that is FDA Approved Not Prescribed, Reason Not Given equals No, proceed to Data Completeness Not Met.

14. Check Data Completeness Not Met:

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

SAMPLE CALCULATIONS:

Data Completeness=

$$\frac{\text{Performance Met (a=3 patients) + Denominator Exception (}b^1 + b^2\text{ =2 patients) + Performance Not Met (c=2 patients)}}{\text{Eligible Population / Denominator (d=8 patients)}} = \frac{\text{7 patients}}{\text{8 patients}} = \mathbf{87.50\%}$$

Performance Rate=

$$\frac{\text{Performance Met (a=3 patients)}}{\text{Data Completeness Numerator (7 patients) – Denominator Exception (}b^1 + b^2\text{ =2 patients)}} = \frac{\text{3 patients}}{\text{5 patients}} = \mathbf{60.00\%}$$