

**Measure #423 (NQF 0465): Perioperative Anti-platelet Therapy for Patients Undergoing Carotid Endarterectomy - National Quality Strategy Domain: Effective Clinical Care**

**2017 OPTIONS FOR INDIVIDUAL MEASURES:**  
**REGISTRY ONLY**

**MEASURE TYPE:**  
Process

**DESCRIPTION:**  
Percentage of patients undergoing carotid endarterectomy (CEA) who are taking an anti-platelet agent) within 48 hours prior to surgery and are prescribed this medication at hospital discharge following surgery

**INSTRUCTIONS:**  
This measure is to be reported **each time** carotid endarterectomy is performed 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:**  
Patients over age 18 undergoing carotid endarterectomy

**Denominator Criteria (Eligible Cases):**  
Patients aged  $\geq 18$  years on date of encounter  
**AND**  
Patient procedure during the **performance period** (CPT): 35301

**NUMERATOR:**  
Patients undergoing carotid endarterectomy who received anti-platelet agents within 48 hours prior to the initiation of surgery AND are prescribed this medication at hospital discharge following surgery

**Numerator Instructions:** There must be documentation in the patient's medical record of an order (written order, verbal order, or standing order/protocol) for anti-platelet agents OR documentation that anti-platelet agents was given within 48 hours prior to surgery AND patient has prescription for this medication hospital discharge following surgery.

**Numerator Options:**  
***Performance Met:***

Documentation of an order for anti-platelet agents  
(G9609)

**OR**  
***Denominator Exception:***

Documentation of medical reason(s) in the patient's record for not ordering anti-platelet agents (G9610)

**OR**  
***Performance Not Met:***

Order for anti-platelet agents was not documented in the patient's record, reason not given (G9611)

**RATIONALE:**

Carotid Endarterectomy is performed for patients at risk for stroke or recurrent stroke. Anti-platelets have been shown to reduce stroke risk and recurrent stroke risk as well as reduce recurrent disease.

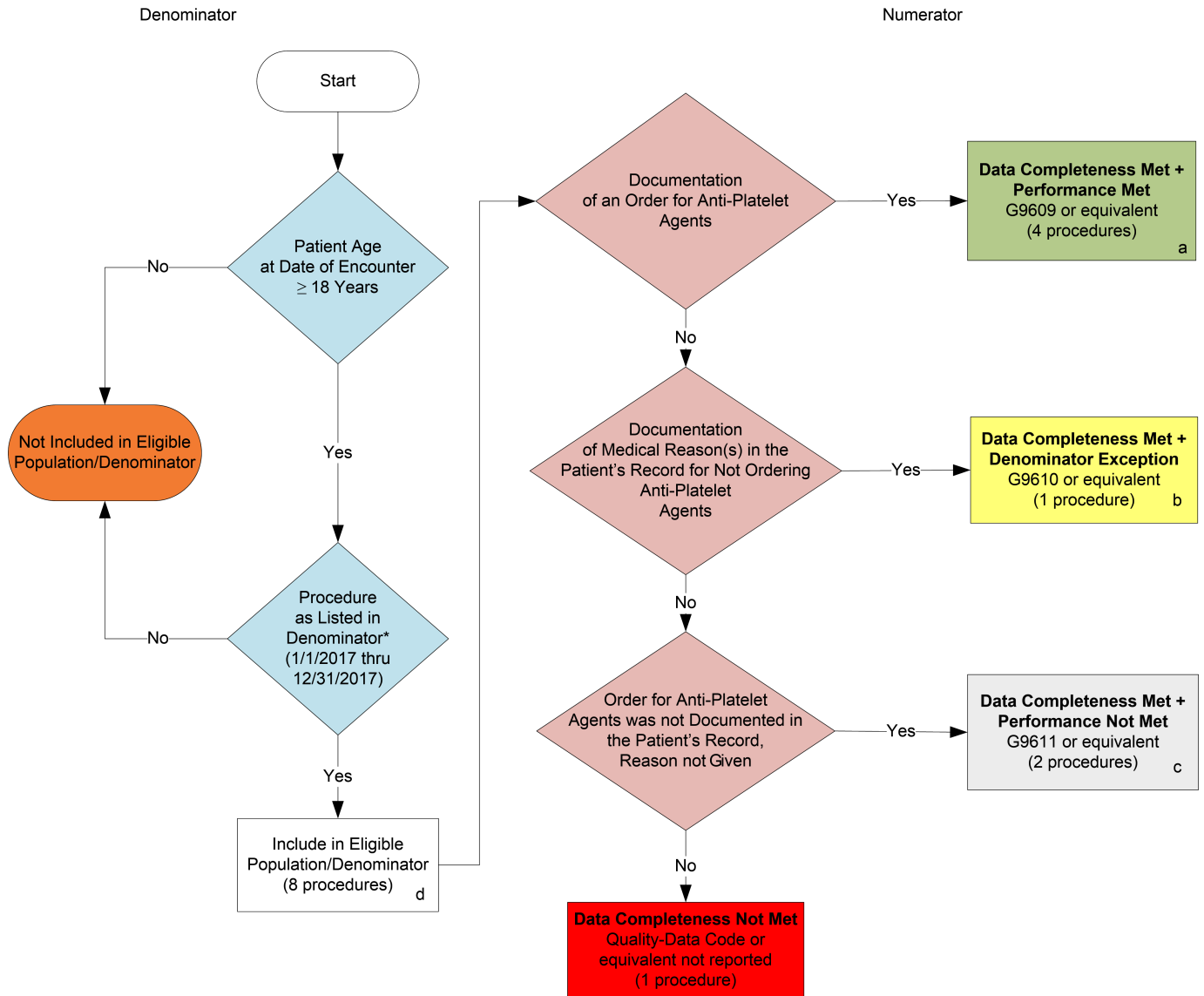
**CLINICAL RECOMMENDATION STATEMENTS:**

Perioperative Management with Antiplatelet and Statin Medication is Associated with Reduced Mortality Following Vascular Surgery J Vasc Surg 2014; 59: 1615 - 21

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**2017 Registry Individual Measure Flow**  
**#423 NQF#0465: Perioperative Anti-platelet Therapy for Patients**  
**Undergoing Carotid Endarterectomy**



**SAMPLE CALCULATIONS:**

**Data Completeness=**

Performance Met (a=4 procedures) + Denominator Exception (b=1 procedures) + Performance Not Met (c=2 procedures) = 7 procedures = 87.50%  
 Eligible Population / Denominator (d=8 procedures) = 8 procedures

**Performance Rate=**

Performance Met (a=4 procedures) = 4 procedures = 66.67%  
 Data Completeness Numerator (7 procedures) – Denominator Exception (b=1 procedures) = 6 procedures

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

Note: Report Frequency: Procedure

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 The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.

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**2017 Registry Individual Measure Flow**  
**#423 NQF #0465: Perioperative Anti-platelet Therapy for Patients Undergoing Carotid Endarterectomy**

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 Encounter 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 Encounter and equals Yes during the measurement period, proceed to check Current Encounter Performed.
3. Check Procedure Performed:
  - a. If Procedure as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
  - b. If Procedure as Listed in the Denominator equals Yes, include in 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 procedures in the sample calculation.
5. Start Numerator
6. Check Documentation of an Order for Anti-Platelet Agents:
  - a. If Documentation of an Order for Anti-Platelet Agents equals Yes, include in Data Completeness Met and Performance Met.
  - b. Data Completeness Met and Performance Met is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 4 procedures in Sample Calculation.
  - c. If Documentation of an Order for Anti-Platelet Agents equals No, proceed to Documentation of Medical Reason(s) for Not Ordering Anti-Platelet Agents.
7. Check documentation of Medical Reason(s) in the Patient's Record for Not Ordering Anti-Platelet Agents:
  - a. If Documentation of Medical Reason(s) in the Patient's Record for Not Ordering Anti-Platelet Agents equals Yes, include in Data Completeness Met and Performance Exclusion.
  - b. Data Completeness Met and Denominator Exception is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b equals 1 procedure in the Sample Calculation.

- c. If Documentation of Medical Reason(s) in the Patient's Record for Not Ordering Anti-Platelet Agents equals No, proceed to Order for Anti-Platelet Agents was Not Documented, Reason Not Given.
8. Check Order for Anti-Platelet Agents was Not Documented in the Patient's Record, Reason Not Given:
  - a. If Order for Anti-Platelet Agents was Not Documented in the Patient's Record, Reason Not Given equals Yes, include in Data Completeness Met and Performance Not Met.
  - b. Data Completeness Met and Performance Not Met is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c equals 2 procedures in the Sample Calculation.
  - c. If Order for Anti-Platelet Agents was Not Documented in the Patient's Record, Reason Not Given equals No, proceed to Data Completeness Not Met.
9. Check Data Completeness Not Met:
  - a. If Data Completeness Not Met equals No, Quality Data Code or equivalent not reported. 1 procedure has been subtracted from the Data Completeness numerator in the sample calculation.

**SAMPLE CALCULATIONS:**

**Data Completeness=**

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

**Performance Rate=**

$$\frac{\text{Performance Met (a=4 procedures)}}{\text{Data Completeness Numerator (7 procedures) - Denominator Exception (b=1 procedures)}} = \frac{4 \text{ procedures}}{6 \text{ procedures}} = 66.67\%$$