Measure #442 (NQF 0071): Persistence of Beta-Blocker Treatment After a Heart Attack – National Quality Strategy Domain: Effective Clinical Care

2017 OPTIONS FOR INDIVIDUAL MEASURES:
REGISTRY ONLY

MEASURE TYPE:
Process

DESCRIPTION:
The percentage of patients 18 years of age and older during the measurement year who were hospitalized and discharged from July 1 of the year prior to the measurement year to June 30 of the measurement year with a diagnosis of acute myocardial infarction (AMI) and who were prescribed persistent beta-blocker treatment for six months after discharge

INSTRUCTIONS:
This measure is to be reported a minimum of once per performance period for patients 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.

NOTE: Include only patients that are discharged through June 30 of the performance period. This will allow the evaluation of at least 180 days after discharge within the reporting year.

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 18 years of age and older as of December 31 of the measurement year who were hospitalized and discharged from July 1 of the year prior to the measurement year to June 30 of the measurement year with diagnosis of AMI

Table PBH-D: Medications to Identify Exclusions (History of Asthma)

Description	Prescription		
Bronchodilator combinations	• Albuterol-ipratropium • Budesonide-formoterol	• Fluticasone-salmeterol • Mometasone-formoterol	
Inhaled corticosteroids	• Beclomethasone • Budesonide • Ciclesonide	• Flunisolide • Fluticasone • Fluticasone CFC free	• Mometasone

Denominator Criteria (Eligible Cases):
Patients aged ≥ 18 years within measurement year
AND
Discharge(s) for AMI between July 1 of the year prior measurement year to June 30 of the measurement period: G9798
AND

Patient encounter(s) during **performance period** (CPT): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 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

AND NOT

DENOMINATOR EXCLUSIONS:

Patients with a diagnosis of Asthma, COPD, Obstructive chronic bronchitis, Chronic respiratory conditions due to fumes and vapors, Hypotension, heart block >1 or sinus bradycardia any time during the patient's history through the end of the measurement period: J45.20, J45.21, J45.22, J45.30, J45.31, J45.32, J45.40, J45.41, J45.42, J45.50, J45.51, J45.52, J45.901, J45.902, J45.909, J45.990, J45.991, J45.998, I44.1, I44.2, I44.4, I44.5, I44.60, I44.69, I44.7, I45.0, I45.10, I45.19, I45.2, I45.3, I45.6, I49.5, I95.0, I95.1, I95.2, I95.3, I95.81, I95.89, I95.9, R00.1, J68.4, J44.0, J44.1, J44.9

OR

Patients with a medication dispensing event indicator of a history of asthma any time during the patient's history through the end of the measure period: G9799

OR

Patients who are identified as having an intolerance or allergy to beta-blocker therapy: G9800

OR

Hospitalizations in which the patient was transferred directly to a non-acute care facility for any diagnosis: G9801

OR

Patients who use hospice services any time during the measurement period: G9802

NUMERATOR:

Patients who had a 180-day course of treatment with beta-blockers post discharge

Table: Beta-Blocker Medications

Description	Prescription		
Noncardioselective beta-blockers	• Carvedilol • Labetalol • Nadolol	• Penbutolol • Pindolol • Propranolol	• Timolol • Sotalol
Cardioselective beta-blockers	• Acebutolol • Atenolol	• Betaxolol • Bisoprolol	• Metoprolol • Nebivolol
Antihypertensive combinations	• Atenolol-chlorthalidone • Bendroflumethiazide-nadolol • Bisoprolol-hydrochlorothiazide		• Hydrochlorothiazide-metoprolol • Hydrochlorothiazide-propranolol

Numerator Options:

Performance Met: Patient prescribed a 180-day course of treatment with beta-blockers post discharge for AMI (G9803)

OR

Performance Not Met: Patient was not prescribed a 180-day course of treatment with beta-blockers post discharge for AMI (G9804)

RATIONALE:

This measure addresses the appropriate clinical management of a person who has experienced an AMI. Persistent beta-blocker treatment after a heart attack reduces the risk of mortality, reduces the risk and severity of reinfarction, and improves the preservation of the left ventricular function.

CLINICAL RECOMMENDATION STATEMENTS:

2013 ACCF/AHA Guideline for the Management of ST-Elevation Myocardial Infarction (O'Gara PT, Kushner FG, Ascheim DD, et al. 2013):

Beta blockers should be continued during and after hospitalization for all patients with STEMI and with no contradictions to their use (Level B, Class I).

2014 AHA/ACC Guideline for the Management of Patients with Non-ST Elevation Acute Coronary Syndromes: Executive Summary (Amsterdam EA, Wenger NK, Brindis RG, et al. 2014):

In patients with concomitant NSTE-ACS [non-ST-elevation acute coronary syndrome], stabilized HF [heart failure], and reduced systolic function, it is recommended to continue beta blocker therapy with 1 of the 3 drugs proven to reduce mortality in patients with HF: sustained-release metoprolol succinate, carvedilol, or bosoprolol (Level C, Class I).

It is reasonable to continue beta blocker therapy in patients with normal LV [left ventricular] function with NSTE-ACS (Level C, Class IIa).

2017 Registry Individual Measure Flow
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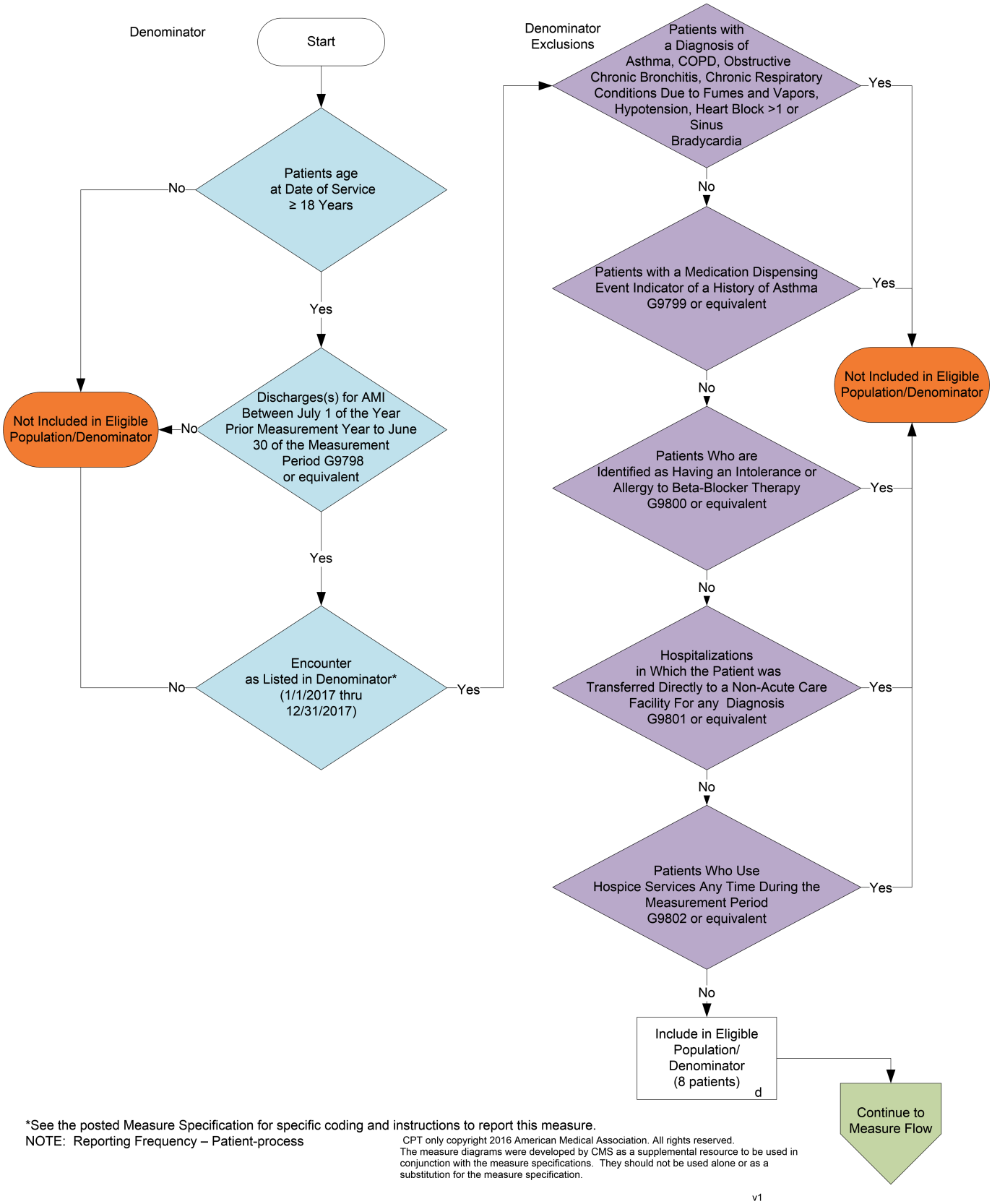

*See the posted Measure Specification for specific coding and instructions to report this measure.

NOTE: Reporting Frequency – Patient-process

v1

2017 Registry Individual Measure Flow
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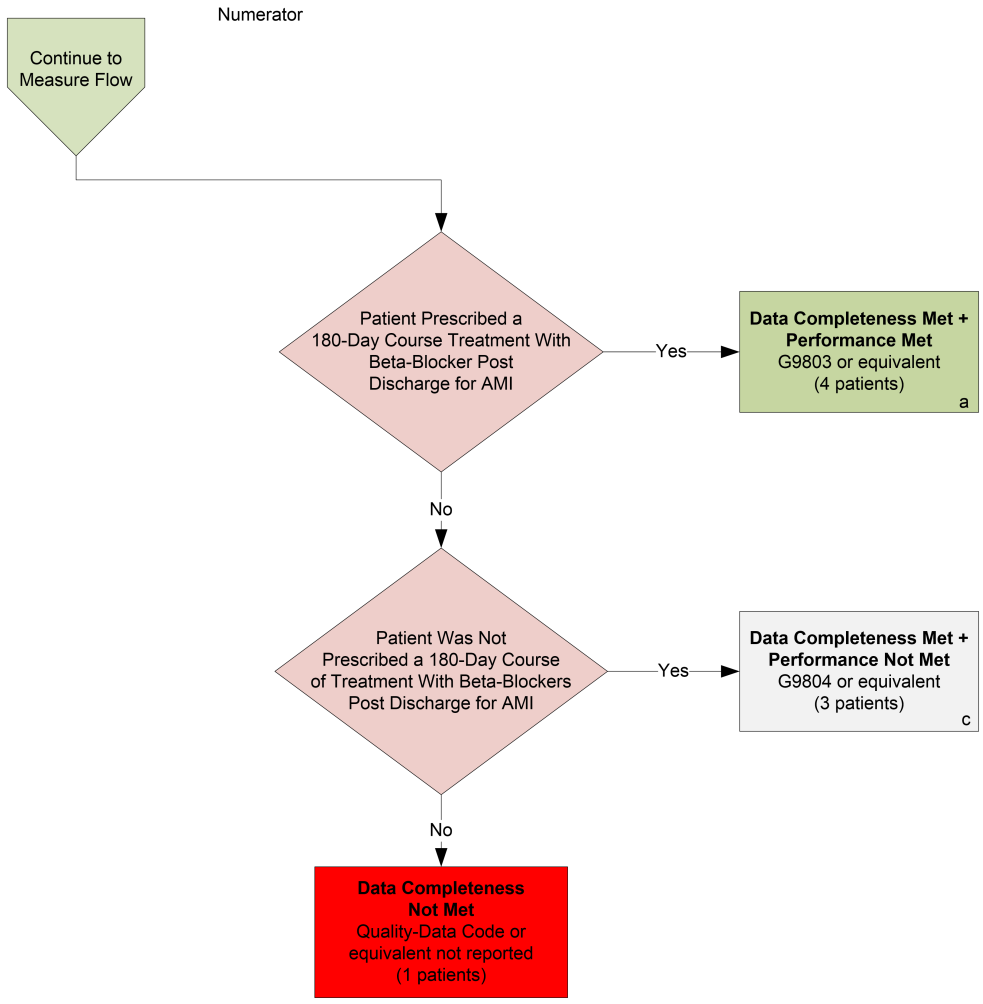

SAMPLE CALCULATIONS:

Data Completeness=
Performance Met (a =4 patients) + Performance Not Met (c=3 patients) = 7 patients = **87.50%**
Eligible Population / Denominator (d=8 patients) = 8 patients

Performance Rate=
Performance Met (a = 4 patients) = 4 patients = **57.14%**
Data Completeness Numerator (7 patients) = 7 patients

*See the posted Measure Specification for specific coding and instructions to report this measure.
NOTE: Reporting Frequency: Patient-process

2017 Registry Individual Measure Flow
#442 NQF #0071: Persistence of Beta-Blocker Treatment After a Heart Attack

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 Patient age is greater than or equal to 18 years equals No, do not include in Eligible Patient Population. Stop Processing.
    b. If Patient age is greater than or equal to 18 years equals Yes, proceed to check Discharge.
3. Check Discharge:
    a. If Discharge(s) for AMI between July 1 of the year prior measurement year to June 30 of the measurement period equals No, do not include in Eligible Patient Population. Stop Processing.
    b. If Discharge(s) for AMI between July 1 of the year prior measurement year to June 30 of the measurement period equals Yes, proceed to check 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 Performed as Listed in the Denominator equals Yes, proceed to check Patients with a Diagnosis of Asthma, COPD, Obstructive Chronic Bronchitis, Chronic Respiratory Conditions Due to Fumes and Vapors, Hypotension, Heart Block >1 or Sinus Bradycardia.
5. Check Patients with a Diagnosis of Asthma, COPD, Obstructive Chronic Bronchitis, Chronic Respiratory Conditions Due to Fumes and Vapors, Hypotension, Heart Block >1 or Sinus Bradycardia:
    a. If Patients with a Diagnosis of Asthma, COPD, Obstructive Chronic Bronchitis, Chronic Respiratory Conditions Due to Fumes and Vapors, Hypotension, Heart Block >1 or Sinus Bradycardia equals No, proceed to check Patients with a Medication Dispensing Event Indicator of a History of Asthma.
    b. If Patients with a Diagnosis of Asthma, COPD, Obstructive Chronic Bronchitis, Chronic Respiratory Conditions Due to Fumes and Vapors, Hypotension, Heart Block >1 or Sinus Bradycardia equals Yes, do not include in Eligible Patient Population. Stop Processing.
6. Check Patients with a Medication Dispensing Event Indicator of a History of Asthma:
    a. If Patients with a Medication Dispensing Event Indicator of a History of Asthma equals No, proceed to check Patients Who are Identified as Having an Intolerance or Allergy to Beta-Blocker Therapy.
    b. If Patients with a Medication Dispensing Event Indicator of a History of Asthma equals Yes, do not include in Eligible Patient Population. Stop Processing.
7. Check Patients Who are Identified as Having an Intolerance or Allergy to Beta-Blocker Therapy:

a. If Patients Who are Identified as Having an Intolerance or Allergy to Beta-Blocker Therapy equals No, procced to Hospitalizations in Which the Patient was Transferred Directly to a Non-Acute Care Facility for Any Diagnosis.

b. If Patients Who are Identified as Having an Intolerance or Allergy to Beta-Blocker Therapy equals Yes, do not include in Eligible Patient Population. Stop Processing.

8. Check Hospitalizations in Which the Patient was Transferred Directly to a Non-Acute Care Facility for Any Diagnosis:

    a. If Hospitalizations in Which the Patient was Transferred Directly to a Non-Acute Care Facility for Any Diagnosis equals No, proceed to check Patients Who Use Hospice Services Any Time During the Measurement Period.

    b. If Hospitalizations in Which the Patient was Transferred Directly to a Non-Acute Care Facility for Any Diagnosis equals Yes, do not include in Eligible Patient Population. Stop Processing.

9. Check Patients Who Use Hospice Services Any Time During the Measurement Period:

    a. If Patients Who Use Hospice Services Any Time During the Measurement Period equals No, include in the Eligible population.

    b. If Patients Who Use Hospice Services Any Time During the Measurement Period equals Yes, do not include in Eligible Patient Population. Stop Processing.

10. 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.

11. Start Numerator

12. Check Patient Prescribed a 180-day Course of Treatment with Beta-Blockers Post Discharge for AMI:

    a. If Patient Prescribed a 180-day Course of Treatment with Beta-Blockers Post Discharge for AMI 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 Patient Prescribed a 180-day Course of Treatment with Beta-Blockers Post Discharge for AMI equals No, proceed to Patient Was Not Prescribed a 180-day Course of Treatment with Beta-Blockers Post Discharge for AMI.

13. Check Patient Was Not Prescribed a 180-day Course of Treatment with Beta-Blockers Post Discharge for AMI:

    a. If Patient Was Not Prescribed a 180-day Course of Treatment with Beta-Blockers Post Discharge for AMI 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 3 patients in the Sample Calculation.

c. If Patient Was Not Prescribed a 180-day Course of Treatment with Beta-Blockers Post Discharge for AMI equals No, proceed to Data Completeness Not Met.

14. Check Data Completeness Not Met:

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

SAMPLE CALCULATIONS:

Data Completeness=

Performance Met (a =4 patients) + Performance Not Met (c=3 patients) = 7 patients = **87.50%**
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Performance Rate=

Performance Met (a = 4 patients) = 4 patients = **57.14%**
Data Completeness Numerator (7 patients) = 7 patients