

Quality ID #243 (NOF 0643): Cardiac Rehabilitation Patient Referral from an Outpatient Setting – National Quality Strategy Domain: Communication and Care Coordination

2018 OPTIONS FOR INDIVIDUAL MEASURES:
REGISTRY ONLY

MEASURE TYPE:
Process

DESCRIPTION:

Percentage of patients evaluated in an outpatient setting who within the previous 12 months have experienced an acute myocardial infarction (MI), coronary artery bypass graft (CABG) surgery, a percutaneous coronary intervention (PCI), cardiac valve surgery, or cardiac transplantation, or who have chronic stable angina (CSA) and have not already participated in an early outpatient cardiac rehabilitation/secondary prevention (CR) program for the qualifying event/diagnosis who were referred to a CR program

Definition:

Referral - A referral is defined as an official communication between the health care provider and the patient to recommend and carry out a referral order to an outpatient CR program. This includes the provision of all necessary information to the patient that will allow the patient to enroll in an outpatient CR program. This also includes a written or electronic communication between the healthcare provider or healthcare system and the cardiac rehabilitation program that includes the patient's enrollment information for the program. A hospital discharge summary or office note may potentially be formatted to include the necessary patient information to communicate to the CR program (the patient's cardiovascular history, testing, and treatments, for instance). According to standards of practice for cardiac rehabilitation programs, care coordination communications are sent to the referring provider, including any issues regarding treatment changes, adverse treatment responses, or new non-emergency condition (new symptoms, patient care questions, etc.) that need attention by the referring provider. These communications also include a progress report once the patient has completed the program. All communications must maintain an appropriate level of confidentiality as outlined by the 1996 Health Insurance Portability and Accountability Act (HIPAA).

***NOTE:** A patient with a qualifying diagnosis should have a referral to CR within the subsequent 12 months. In the event that the patient has a second (recurrent) qualifying event before the original 12 month "referral" period has ended, a new 12 month "referral" period for CR referral starts at the time of the second qualifying event, since the patient again becomes eligible for CR at that time.*

INSTRUCTIONS:

This measure is to be submitted a minimum of **once per performance period** for all patients seen during the performance period who had a qualifying diagnosis within the previous 12 months and who have not already participated in an outpatient CR program. This measure may be submitted by eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

Measure Submission:

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 submissions; however, these codes may be submitted for those registries that utilize claims data.

DENOMINATOR:

All patients age \geq 18 years evaluated in the outpatient setting during the reporting period who have a qualifying

event/diagnosis [who within the previous 12 months have had a chronic stable angina, an acute myocardial infarction (AMI) or have undergone coronary artery bypass graft (CABG) surgery, a percutaneous coronary intervention (PCI), cardiac valve surgery, or cardiac transplantation] who do not meet any of the denominator exceptions (medical factors, health care system factors, previous cardiac rehabilitation for qualifying cardiac event completed)

Denominator Instructions: Chronic Stable Angina, Coronary Artery Bypass Graft, Percutaneous Coronary Intervention, Cardiac Valve surgery, Cardiac Transplant or Acute Myocardial Infarction are all considered qualifying events. In order to meet the criteria for inclusion of the measure, the qualifying event must have occurred or been performed within 12 months of date of encounter.

Denominator Criteria (Eligible Cases):

Patients aged \geq 18 years on date of encounter

AND

Patient encounter during the performance period (CPT or HCPCS): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, G0438, G0439

WITHOUT

Telehealth Modifier: GQ, GT, 95, POS 02

AND

Diagnosis for Chronic Stable Angina (ICD-10-CM): I20.1, I20.8, I20.9

OR

Diagnosis of Acute Myocardial Infarction (ICD-10-CM): I21.01, I21.02, I21.09, I21.11, I21.19, I21.21, I21.29, I21.3, I21.4, I22.0, I22.1, I22.2, I22.8, I22.9, I25.2

OR

Coronary Artery Bypass Graft Surgery (CPT): 33510, 33511, 33512, 33513, 33514, 33516, 33517, 33518, 33519, 33521, 33522, 33523, 33530, 33533, 33534, 33535, 33536, 33572, 33999, 35500, 35600, 35682, 35683

OR

Percutaneous Coronary Intervention (CPT): 92920, 92924, 92928, 92933, 92937, 92941, 92943

OR

Cardiac Valve Surgery (CPT): 33361, 33362, 33363, 33364, 33365, 33390, 33391, 33404, 33405, 33406, 33410, 33411, 33412, 33413, 33414, 33415, 33416, 33417, 33418, 33419, 33420, 33422, 33425, 33426, 33427, 33430, 33460, 33463, 33464, 33465, 33468, 33470, 33471, 33474, 33475, 33476, 33477, 33478, 33496, 33600, 33602

OR

Cardiac Transplantation (CPT): 33935, 33945

AND

Qualifying cardiac event/diagnosis in previous 12 months: 1460F

NUMERATOR:

Patients who have had a qualifying event/diagnosis within the previous 12 months, who have been referred to an outpatient cardiac rehabilitation/secondary prevention (CR) program

Numerator Instructions: CR programs may include a traditional CR program based on face-to-face interactions and training sessions or other options that include home-based approaches. If alternative CR approaches are used, they should be designed to meet appropriate safety standards.

Numerator Options:

Performance Met:

Referral to an outpatient cardiac rehabilitation/secondary prevention program. Referred to an outpatient cardiac rehabilitation program (4500F)

OR

Denominator Exception:

Documentation of medical reason(s) for not referring to an outpatient CR program (4500F with 1P)

OR

Denominator Exception:

Documentation of system reason(s) for not referring to an outpatient CR program (4500F with 3P)

OR

Denominator Exception:

Previous cardiac rehabilitation for qualifying cardiac event completed (4510F)

OR

Performance Not Met:

Patient not referred to outpatient CR/secondary prevention program, reason not otherwise specified (4500F with 8P)

RATIONALE:

Cardiac rehabilitation services have been shown to help reduce morbidity and mortality in persons who have experienced a recent coronary artery disease event, but these services are used in less than 30% of eligible patients(1). A key component to CR utilization is the appropriate and timely referral of patients to an outpatient CR program. While referral takes place generally while the patient is hospitalized for a qualifying event (MI, CSA, CABG, PCI, cardiac valve surgery, or heart transplantation), there are many instances in which a patient can and should be referred from an outpatient clinical practice setting (e.g., when a patient does not receive such a referral while in the hospital, or when the patient fails to follow through with the referral for whatever reason).

This performance measure has been developed to help health care systems implement effective steps in their systems of care that will optimize the appropriate referral of a patient to an outpatient CR program.

This measure is designed to serve as a stand-alone measure or, preferably, to be included within other performance measurement sets that involve disease states or other conditions for which CR services have been found to be appropriate and beneficial (e.g., following MI, CABG surgery)(2, 3). This performance measure is provided in a format that is meant to allow easy and flexible inclusion into such performance measurement sets.

Referral of appropriate outpatients to a CR program is the responsibility of the health care provider within a health care system that is providing the primary cardiovascular care to the patient in the outpatient setting.

CLINICAL RECOMMENDATION STATEMENTS:

2011 ACCF/AHA Guideline for Coronary Artery Bypass Graft Surgery(4) Class I

Cardiac rehabilitation is recommended for all eligible patients after CABG. (Level of Evidence: A)

ACC/AHA 2007 Update of the Guidelines for the Management of Patients with ST-Elevation Myocardial Infarction(5) Class I

Advising medically supervised programs (cardiac rehabilitation) for high-risk patients (e.g., recent acute coronary syndrome or revascularization, heart failure) is recommended. (Level of Evidence: B)

ACC/AHA 2007 Guidelines for the Management of Patients with Unstable Angina and Non-ST-Segment Elevation Myocardial Infarction(6) Class I

Cardiac rehabilitation/secondary prevention programs are recommended for patients with UA/NSTEMI, particularly those with multiple modifiable risk factors and/or those moderate- to high-risk patients in whom supervised exercise training is particularly warranted. (Level of Evidence: B)

Cardiac rehabilitation/secondary prevention programs, when available, are recommended for patients with UA/NSTEMI, particularly those with multiple modifiable risk factors and those moderate- to high-risk patients in whom supervised or monitored exercise training is warranted. (Level of Evidence: B)

ACC/AHA 2007 Chronic Angina Focused Update of the Guidelines for the Management of Patients With Chronic Stable Angina (7) Class I

Medically supervised programs (cardiac rehabilitation) are recommended for at-risk patients (e.g., recent acute coronary syndrome or revascularization, heart failure). (Level of Evidence: B)

2009 Focused update incorporated into the ACC/AHA 2005 Guidelines for the Diagnosis and Management of Heart Failure in Adults (8) Class I

Exercise training is beneficial as an adjunctive approach to improve clinical status in ambulatory patients with current or prior symptoms of HF and reduced LVEF. (Level of Evidence: B)

Effectiveness-based Guidelines for the Prevention of Cardiovascular Disease in Women—2011 update: A Guideline from the American Heart Association(9)Class I

A comprehensive CVD risk-reduction regimen such as cardiovascular or stroke rehabilitation or a physician-guided home- or community-based exercise training program should be recommended to women with a recent acute coronary syndrome or coronary revascularization, new-onset or chronic angina, recent cerebrovascular event, peripheral arterial disease (Class I; Level of Evidence A) or current/prior symptoms of heart failure and an LVEF $\leq 35\%$. (Class I; Level of Evidence B)

ACC/AHA/SCAI 2007 Focused Update of the Guidelines for Percutaneous Coronary Intervention(10)Class I

Medically supervised exercise programs (cardiac rehabilitation) should be recommended to patients after PCI, particularly for patients at moderate to high risk, for whom supervised exercise training is warranted. (Class I; Level of Evidence A)

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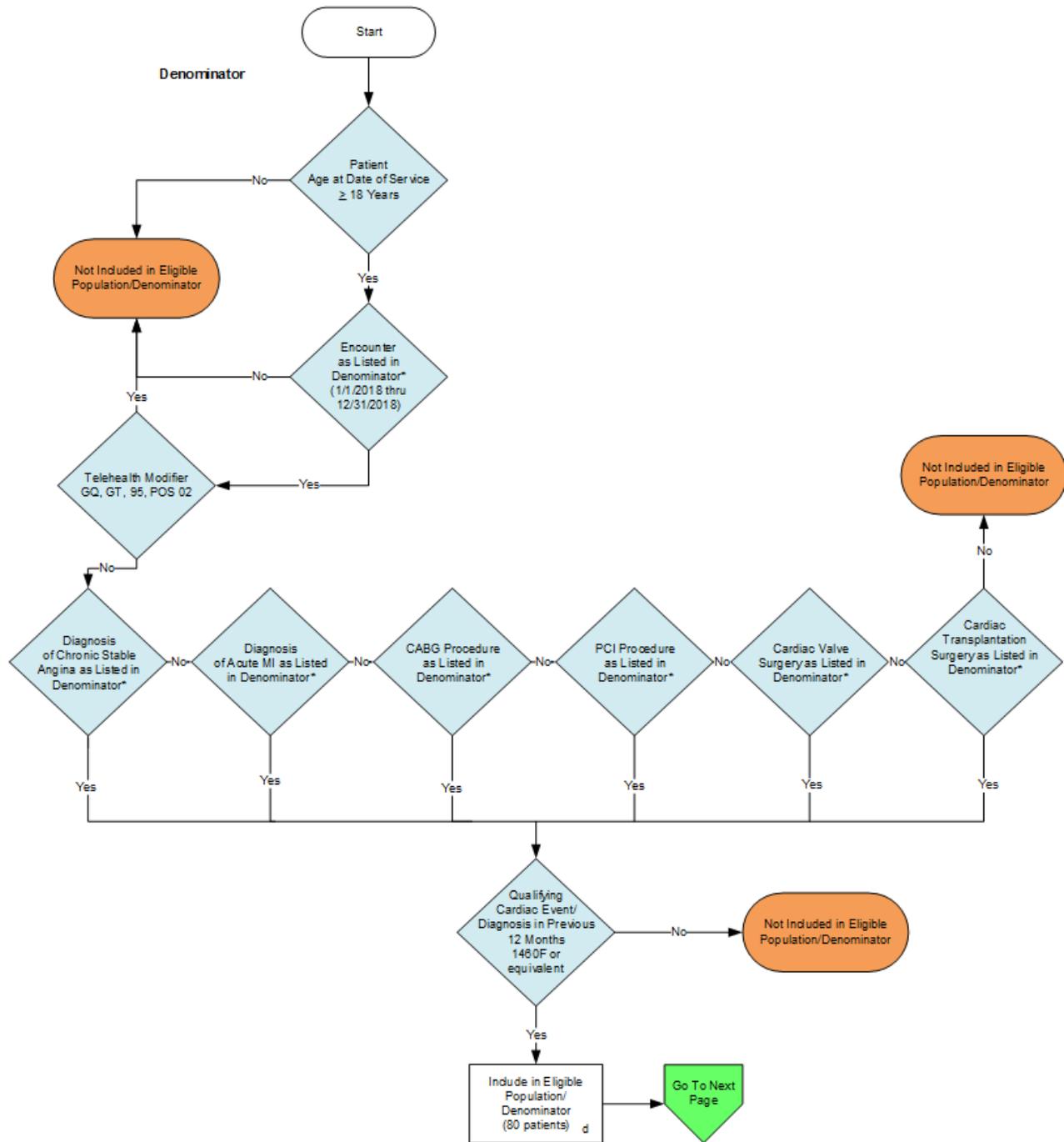
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**2018 Registry Flow for Quality ID #243 NQF #0643:
Cardiac Rehabilitation Patient Referral from an Outpatient Setting**

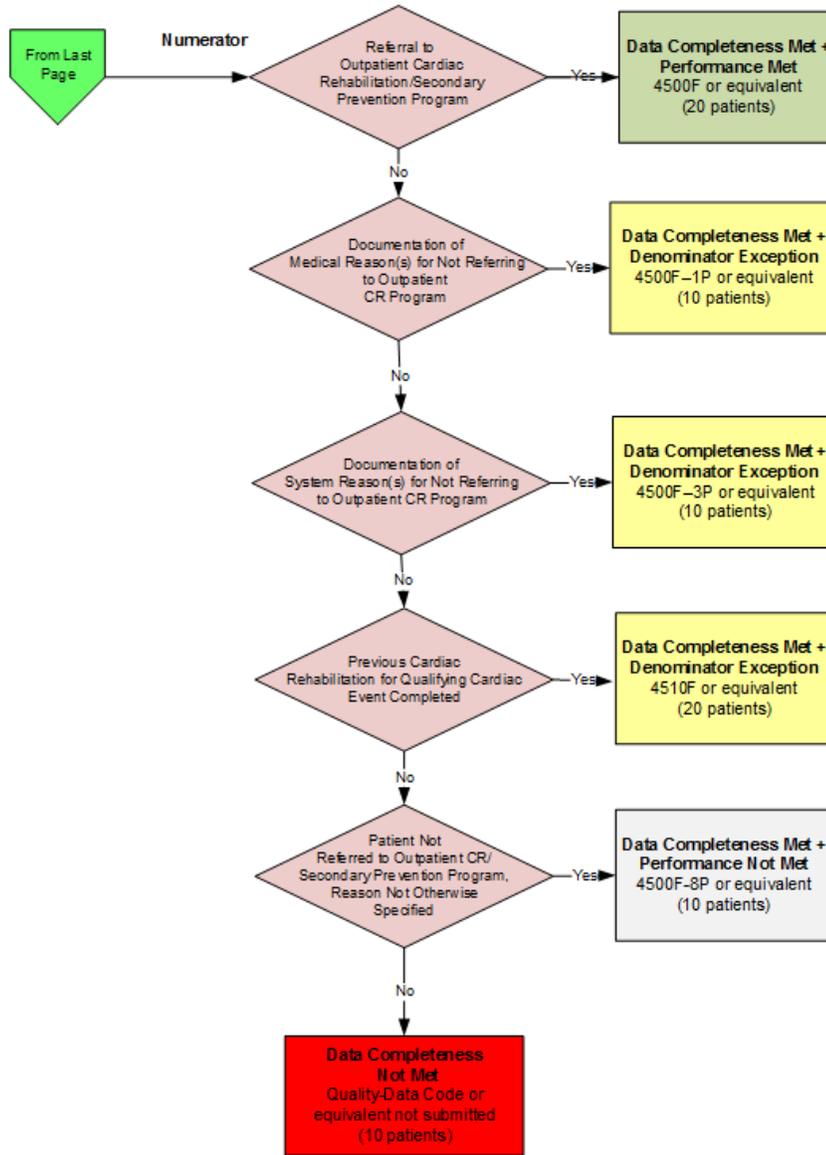


*See the posted Measure Specification for specific coding and instructions to submit this measure.
NOTE: Submission Frequency: Patient-process

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v2

**2018 Registry Flow for Quality ID #243 NQF #0643:
Cardiac Rehabilitation Patient Referral from an Outpatient Setting**



SAMPLE CALCULATIONS:

Data Completeness=

$$\frac{\text{Performance Met (a=20 patients)} + \text{Denominator Exception (b}^1+\text{b}^2+\text{b}^3=40 \text{ patients)} + \text{Performance Not Met (c=10 patients)}}{\text{Eligible Population / Denominator (d=80 patients)}} = \frac{70 \text{ patients}}{80 \text{ patients}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=2 patients)}}{\text{Data Completeness Numerator (70 patients) - Denominator Exception (b}^1+\text{b}^2+\text{b}^3=40 \text{ patients)}} = \frac{20 \text{ patients}}{30 \text{ patients}} = 66.67\%$$

NOTE: Submission Frequency: Patient-process

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v2

2018 Registry Flow for Quality ID

#243 NOF #0643: Cardiac Rehabilitation Patient Referral from an Outpatient Setting

Please refer to the specific section of the Measure Specification to identify the denominator and numerator information for use in submitting this Individual Specification. This flow is for registry-data submission.

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 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 equals Yes during the measurement period, proceed to check Patient Diagnosis.
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, proceed to check Telehealth Modifier
4. 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 Diagnosis of Chronic Stable Angina as Listed in Denominator.
5. Check for Qualifying Event: Diagnosis of Chronic Stable Angina as Listed in Denominator:
 - a. If Diagnosis of Chronic Stable Angina as Listed in Denominator equals No, proceed to Diagnosis of Acute MI as Listed in Denominator.
 - b. If Diagnosis of Chronic Stable Angina as Listed in Denominator equals Yes, proceed to check Qualifying Cardiac Event/Diagnosis in Previous 12 Months.
6. Check for Qualifying Event: Diagnosis of Acute MI as Listed in Denominator:
 - a. If Diagnosis of Acute MI as Listed in Denominator equals No, to proceed CABG Procedure as Listed in Denominator.
 - b. If Diagnosis of Acute MI as Listed in Denominator equals Yes, proceed to check Qualifying Cardiac Event/Diagnosis in Previous 12 Months.
7. Check for Qualifying Event: CABG Procedure as Listed in Denominator:
 - a. If CABG Procedure as Listed in Denominator equals No, proceed to PCI Procedure as Listed in Denominator.
 - b. If CABG Procedure as Listed in Denominator equals Yes, proceed to check Qualifying Cardiac Event/Diagnosis in Previous 12 Months.

8. Check for Qualifying Event: PCI Procedure as Listed in Denominator:
 - a. If PCI Procedure as Listed in Denominator equals No, proceed to Cardiac Valve Surgery as Listed in Denominator.
 - b. If PCI Procedure as Listed in Denominator equals Yes, proceed to check Qualifying Cardiac Event/Diagnosis in Previous 12 Months.
9. Check for Qualifying Event: Cardiac Valve Surgery as Listed in Denominator:
 - a. If Cardiac Valve Surgery as Listed in Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
 - b. If Cardiac Valve Surgery as Listed in Denominator equals Yes, proceed to check Qualifying Cardiac Event/Diagnosis in Previous 12 Months.
10. Check for Qualifying Event: Cardiac Transplantation Surgery as Listed in Denominator:
 - a. If Cardiac Transplantation Surgery as Listed in Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
 - b. If Cardiac Transplantation Surgery as Listed in Denominator equals Yes, proceed to check Qualifying Cardiac Event/Diagnosis in Previous 12 Months.
11. Check Qualifying Cardiac Event/Diagnosis in Previous 12 Months:
 - a. If Qualifying Cardiac Event/Diagnosis in Previous 12 Months equals No, do not include in Eligible Patient Population. Stop Processing.
 - b. If Qualifying Cardiac Event/Diagnosis in Previous 12 Months equals Yes, include in the Eligible Population.
12. 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 80 patients in the Sample Calculation. Proceed to Next Page of Measure Flow.
13. Start Numerator
14. Check Referral to Outpatient Cardiac Rehabilitation/Secondary Prevention Program:
 - a. If Referral to Outpatient Cardiac Rehabilitation/Secondary Prevention Program 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 20 patients in the Sample Calculation.
 - c. If Referral to Outpatient Cardiac Rehabilitation/Secondary Prevention Program equals No, proceed to Documentation of Medical Reason(s) for Not Referring to Outpatient (CR) Program.
15. Check Documentation of Medical Reason(s) for Not Referring to Outpatient CR Program:

- a. If Documentation of Medical Reason(s) for Not Referring to Outpatient CR Program equals Yes, include in Data Completeness Met and Denominator Exception.
 - 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 b¹ equals 10 patients in the Sample Calculation.
 - c. If Documentation of Medical Reason(s) for Not Referring to Outpatient CR Program equals No, proceed to Documentation of System Reason(s) for Not Referring to Outpatient CR Program.
16. Check Documentation of System Reason(s) for Not Performing Not Referring to Outpatient CR Program:
- a. If Documentation of System Reason(s) for Not Referring to Outpatient CR Program equals Yes, include in Data Completeness Met and Denominator Exception.
 - 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 b² equals 10 patients in the Sample Calculation.
 - c. If Documentation of System Reason(s) for Not Referring to Outpatient CR Program equals No, proceed to Previous Cardiac Rehabilitation for Qualifying Cardiac Event Completed.
17. Check Previous Cardiac Rehabilitation for Qualifying Cardiac Event Completed:
- a. If Previous Cardiac Rehabilitation for Qualifying Cardiac Event Completed equals Yes, include in Data Completeness Met and Denominator Exception.
 - 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 b³ equals 20 patients in the Sample Calculation.
 - c. If Previous Cardiac Rehabilitation for Qualifying Cardiac Event Completed equals No, proceed to Patient Not Referred to Outpatient CR/Secondary Prevention Program, Reason Not Otherwise Specified.
18. Check Patient Not Referred to Outpatient CR/Secondary Prevention Program, Reason Not Otherwise Specified:
- a. If Patient Not Referred to Outpatient CR/Secondary Prevention Program, Reason Not Otherwise Specified 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 10 patients in the Sample Calculation.
 - c. If Patient Not Referred to Outpatient CR/Secondary Prevention Program, Reason Not Otherwise Specified equals No, proceed to Data Completeness Not Met.
19. Check Data Completeness Not Met:
- a. If Data Completeness Not Met, the Quality Data Code or equivalent was not submitted. 10 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

SAMPLE CALCULATIONS:

Data Completeness=

$$\frac{\text{Performance Met (a=20 patients)} + \text{Denominator Exception (b}^1\text{+b}^2\text{+b}^3\text{=40 patients)} + \text{Performance Not Met (c=10 patients)}}{\text{Eligible Population / Denominator (d=80 patients)}} = \frac{70 \text{ patients}}{80 \text{ patients}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=2 patients)}}{\text{Data Completeness Numerator (70 patients) - Denominator Exception (b}^1\text{+b}^2\text{+b}^3\text{=40 patients)}} = \frac{20 \text{ patients}}{30 \text{ patients}} = 66.67\%$$