2018 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 submitted a minimum of once per performance period for patients seen during the performance period. 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.

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 performance year.

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-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)

<table>
<thead>
<tr>
<th>Description</th>
<th>Prescription</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bronchodilator combinations</td>
<td>Albuterol-irratropium</td>
</tr>
<tr>
<td></td>
<td>Budesonide-formoterol</td>
</tr>
<tr>
<td></td>
<td>Fluticasone-salmeterol</td>
</tr>
<tr>
<td></td>
<td>Mometasone-formoterol</td>
</tr>
<tr>
<td>Inhaled corticosteroids</td>
<td>Beclomethasone</td>
</tr>
<tr>
<td></td>
<td>Budesonide</td>
</tr>
<tr>
<td></td>
<td>Ciclesonide</td>
</tr>
<tr>
<td></td>
<td>Flunisolide</td>
</tr>
<tr>
<td></td>
<td>Fluticasone</td>
</tr>
<tr>
<td></td>
<td>Fluticasone CFC free</td>
</tr>
</tbody>
</table>

Denominator Criteria (Eligible Cases):
Patients aged ≥ 18 years within measurement year
AND
Discharge(s) for AMI between July 1 of the year prior to the 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, T44.7X5A,
T44.7X5D, T44.7X5S
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

<table>
<thead>
<tr>
<th>Description</th>
<th>Prescription</th>
</tr>
</thead>
<tbody>
<tr>
<td>Noncardioselective beta-blockers</td>
<td>Carvedilol</td>
</tr>
<tr>
<td></td>
<td>Labetalol</td>
</tr>
<tr>
<td></td>
<td>Nadolol</td>
</tr>
<tr>
<td>Cardioselective beta-blockers</td>
<td>Acebutolol</td>
</tr>
<tr>
<td></td>
<td>Atenolol</td>
</tr>
<tr>
<td>Antihypertensive combinations</td>
<td>Atenolol-chlorthalidone</td>
</tr>
<tr>
<td></td>
<td>Bendroflumethiazide-nadolol</td>
</tr>
<tr>
<td></td>
<td>Bisoprolol-hydrochlorothiazide</td>
</tr>
<tr>
<td></td>
<td>Hydrochlorothiazide-metoprolol</td>
</tr>
<tr>
<td></td>
<td>Hydrochlorothiazide-propranolol</td>
</tr>
</tbody>
</table>

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).


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 bisoprolol (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).

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2018 Registry Flow for Quality ID #442 NQF #0071: Persistence of Beta-Blocker Treatment After a Heart Attack

Start

Denominator

Patients age at Date of Service ≥ 16 Years

No

Patients with a Diagnosis of Asthma, COPD, Obstructive Chronic Bronchitis, Chronic Respiratory Conditions Due to Fumes and Vapors, Hypertension, Heart Block >1 or Sinus Bradycardia

Yes

Denominator Exclusions

Yes

Patients with a Medication Disposition Event Indicator of a History of Asthma G9799 or Equivalent

No

Not Included in Eligible Population/Denominator

No

Discharges(s) for 301 Between July 1 of the Year Prior to the Performance Year to June 30 of the Performance Period G8793 or Equivalent

Yes

Encounter as Listed in Denominator (11/1/2018 thru 12/31/2018)

No

Yes

Patients Who are Identified as Having an Intolerance or Allergy to Beta-Blocker Therapy G8630 or Equivalent

No

Hospitalizations in Which the Patient was Transferred Directly to a Non-Acute Care Facility For any Diagnosis G8601 or Equivalent

Yes

Patients Who Use Hospice Services Any Time During the Measurement Period G9802 or Equivalent

No

Include in Eligible Population/Denominator (60 Patients)

No

Continue to Measure Flow

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

NOTE: Submission Frequency = Patient-process
2018 Registry Flow for Quality ID #442 NQF #0071: Persistence of Beta-Blocker Treatment After a Heart Attack

**Numerator**

Continue to Measure Flow

Patient Prescribed a 180-Day Course Treatment With Beta-Blocker Post Discharge For AMI

Yes → Data Completeness Met + Performance Met G6503 or Equivalent (40 Patients)

No → Data Completeness Met + Performance Met Not Met G6504 or Equivalent (30 Patients)

Patient Was Not Prescribed a 180-Day Course of Treatment With Beta-Blockers Post Discharge for AMI

Yes → Data Completeness Met + Performance Met Not Met G6504 or Equivalent (30 Patients)

No → Data Completeness Not Met Quality Data Code or Equivalent Not Submitted (10 Patients)

**SAMPLE CALCULATIONS:**

Data Completeness:

\[
\text{Data Completeness} = \frac{\text{Performance Met (a = 40 patients)}}{\text{Performance Not Met (c = 30 patients)}} \times 100 = 70\% = 87.56\%
\]

Eligible Population / Denominator (d = 60 patients) = 60 patients

Performance Rate:

\[
\text{Performance Rate} = \frac{\text{Performance Met (a = 40 patients)}}{\text{40 patients}} = 57.14\%
\]

Data Completeness Numerator (70 patients) = 70 patients

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

NOTE: Submission Frequency: Claim Based
2018 Registry Flow For Quality ID
#442 NQF #0071: Persistence of Beta-Blocker Treatment After a Heart Attack

Please refer to the specific section of the 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 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 to the performance year to June 30 of the performance 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 to the performance year to June 30 of the performance 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, proceed 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 80 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 40 patients in the 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 30 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 submitted. 10 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

 SAMPLE CALCULATIONS:

| Data Completeness= | Performance Met (a =40 patients) + Performance Not Met (c=30 patients) = 70 patients = 87.50% | Eligible Population / Denominator (d=80 patients) = 80 patients |
|--------------------|-------------------------------------------------------------------------------------------------------------------------------|
| Performance Rate=  | Performance Met (a = 40 patients) = 40 patients = 57.14%                                                                                 |
| Data Completeness Numerator (70 patients) = 70 patients                                                                  |