CBE ID

0072

Title

CAD: Beta-Blocker Treatment after a Heart Attack

Endorsement Status

Endorsement Removed

Is Under Review

No

Previous Endorsement Cycle

Full Year 2010

Removal Date

Mon, 05/07/2012 - 20:00

Initial Endorsement

Sun, 08/09/2009 - 20:00

Steward

National Committee for Quality Assurance

1.0 New or Maintenance

Maintenance

1.1 Measure Structure

Single Measure

1.3 Electronic Clinical Quality Measure (eCQM)

No

1.6 Measure Description

Percentage of patients who have a claim indicating beta blocker therapy or who received an ambulatory prescription for beta-blockers rendered within 7 days after discharge.

1.7 Measure Type

Process

1.8 Level of Analysis

Clinician: Individual

1.9 Care Setting

Ambulatory Care: Clinic

1.14 Numerator

Patients who received an ambulatory prescription for beta-blockers rendered within seven days after discharge. Prescriptions filled on an ambulatory basis anytime while the patient is hospitalized for AMI through the seventh day after discharge count toward this measure. If unable to determine if the prescription was rendered on an inpatient or ambulatory basis, count those prescriptions rendered after discharge.To account for patients who are on beta-blockers prior to admission, count prescriptions for beta-blockers that are active at the time of admission.Documentation in medical record must include, at a minimum, a note indicating that the patient received a prescription for beta-blockers within the time frame specified

1.15 Denominator

A systematic sample of patients age 35 years and older as of December 31 of the measurement year who are discharged alive from an inpatient setting with an AMI from January 1–December 24 of the measurement year. If a patient has more than one episode of AMI from January 1–December 24 of the measurement year, only include the first eligible discharge. Transfers to acute facilities: Include hospitalizations in which the patient was transferred directly to another acute care facility for any diagnosis. The discharge date from the facility to which the patient was transferred must occur on or before December 24 of the measurement year.Transfers to nonacute facilities. Exclude from the denominator hospitalizations in which the patient was transferred directly to a nonacute care facility for any diagnosis.Readmissions. Exclude from the denominator hospitalizations in which the patient was readmitted to an acute or nonacute care facility for any diagnosis within seven days after discharge, because tracking the patient between admissions is not deemed feasible.The denominator (patients for inclusion): A sample should be determined using the most accurate data available in the settings in which the measure will be implemented. The measure developer recommends that in most settings office visit claims or other codified encounter data should be used to identify patients who have had at least one office visit in the prior (12) months from which a purposeful sample (random, consecutive retrospective or prospective from a specific date) can then be chosen for the denominator. In other uses of the measure, insurer level claims (pooled or single insurer) data can be used to identify the denominator.

Exclusions

Exclude from the denominator patients who are identified as having a contraindication to beta-blocker therapy or previous adverse reaction (i.e., intolerance) to beta-blocker therapy. Look back as far as possible in the patient's history through either administrative data or medical record review for evidence of a contraindication or previous adverse reaction to beta-blocker therapy.
Any of the following codes may be used:
History of asthma (prescription: Inhaled corticosteroids): ICD-9: 493
Hypotension: ICD-9: 458
Heart block >1 degree: ICD-9: 426.0, 426.12, 426.13, 426.2-426.4, 426.51- 426.54, 426.7
Sinus bradycardia: ICD-9: 427.81
COPD: ICD-9: 491.2, 496, 506.4

Risk Adjustment

No risk adjustment necessary

Steward Organization

National Committee for Quality Assurance

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