

**CBE ID**

0613e

**Title**

MI - Use of Beta Blocker Therapy

**Project**

National Voluntary Consensus Standards For Clinically Enriched Administrative Data

**Endorsement Status**

Endorsement Removed

**Is Under Review**

No

**Previous Endorsement Cycle**

Full Year 2009

**Removal Date**

Mon, 02/03/2014 - 19:00

**Initial Endorsement**

Thu, 12/03/2009 - 19:00

**Steward**

ActiveHealth Management

**1.0 New or Maintenance**

Maintenance

**1.1 Measure Structure**

Single Measure

**1.3 Electronic Clinical Quality Measure (eCQM)**

Yes

**1.6 Measure Description**

The percentage of patients aged 18 years and older diagnosed with myocardial infarction (MI) who are taking a beta blocker

**1.7 Measure Type**

Process

**1.8 Level of Analysis**

Clinician: Group/Practice, Clinician: Individual, Facility, Health Plan, Integrated Delivery System,

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Other, Population: Community, County or City, Population: Regional and State

## **1.9 Care Setting**

Home Care, Inpatient/Hospital, Outpatient Services

## **1.14 Numerator**

Patients with a current fill for beta blocker therapy

## **1.15 Denominator**

All patients aged 18 and older diagnosed with myocardial infarction (MI) anytime in the past

## **1.20 Types of Data Sources**

Claims Data, Electronic Health Data, Electronic Health Records: Electronic Health Records, Instrument-Based Data, Other

## **6.1.2 Current or Planned Use(s)**

Public Reporting, Quality Improvement (Internal to the specific organization)

## **6.1.3 Current Use(s)**

Public Reporting, Quality Improvement (Internal to the specific organization)

## **Exclusions**

Contraindications to a beta blocker, including:

- Asthma
- COPD
- Bradycardia
- Hypotension
- Aortic stenosis
- Peripheral artery disease medications
- Heart block
- Heart transplant

General exclusions:

- Evidence of metastatic disease or active treatment of malignancy (chemotherapy or radiation therapy) in the last 6 months;
- Patients who have been in a skilled nursing facility in the last 3 months
- Patient or provider feedback indicating allergy or intolerance to the drug in the past
- Patient or provider feedback indicating that there is a contraindication to adding the drug

## **Planned Use**

Public Reporting, Quality Improvement (Internal to the specific organization)

## **Risk Adjustment**

No risk adjustment or risk stratification

## **Steward Organization**

ActiveHealth Management

**Steward POC email**

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