



California Physician Performance Initiative (CPPI)

Clinical Quality Measure Specifications 2009

Annual Monitoring for Patients on Persistent Medications (MPM)

(updated 8/14/09)

Measure:

Combined rate for patients 18 years of age and older who were prescribed at least a 180-days supply of ambulatory medication during the measurement year (October 1, 2007 through September 30, 2008) as follows:

- ACE (angiotensin converting enzyme) inhibitors or ARBs (angiotensin receptor blockers). These medications are used to treat heart disease, kidney disease, and high blood pressure;
- Digoxin; and

Diuretics (often referred to as “water pills”). This medication helps the body release water through urine. Diuretics are often used to help control high blood pressure.

This measure shows the percent of patients that had certain lab tests to monitor how their medication was working at least once in the measurement year (October 1, 2007 through September 30, 2008).

Reasons for this measure:

Patient safety is highly important, especially for patients at increased risk of adverse drug events from long-term medication use. Persistent use of these drugs warrants monitoring and follow-up by the prescribing physician to assess for side-effects and adjust drug dosage/therapeutic decisions accordingly. The drugs included in this measure also have potentially more harmful effects in the elderly.

Appropriate monitoring of drug therapy remains a significant issue to guide therapeutic decision making and provides largely unmet opportunities for improvement in care for patients on persistent medications.

Eligible Population:

Patients on persistent medications—defined as patients who received at least a 180-days supply of ambulatory medication in the measurement year. To determine continuity of treatment during the 365-day period, sum the number of treatment days (days supply from all the scripts filled during the year) for a total of 180 days.

Continuous Enrollment in Health Plan:

The measurement year (October 1, 2007 through September 30, 2008). No more than one gap in enrollment of up to 45 days during the measurement year.

Exclusions:

None.

Numerator Event:

Rate 1: Annual Monitoring for Members on ACE Inhibitors or ARBs

Additional eligible population criteria

Patients who received at least a 180-days supply of ACE inhibitors or ARBs, during October 1, 2007 through September 30, 2008. Members may switch therapy with any medication listed in CDC-L during the measurement year and have the days supply for those medications count toward the total 180-days supply (i.e., a member who received 90 days of ACE inhibitors and 90 days of ARBs meets the denominator definition for rate 1).

Numerator

At least one serum potassium and either a serum creatinine or a blood urea nitrogen therapeutic monitoring test in the measurement year.

Note: The two tests do not need to occur on the same service date, only within the measurement year.

Codes to Identify Physiologic Monitoring Tests

Description	CPT	LOINC
Serum potassium (K+)	80047, 80048, 80050, 80051, 80053, 80069, 84132	2824-1, 2823-3, 6298-4, 12812-4, 12813-2, 22760-3, 24320-4, 24321-2, 24322-0, 24323-8, 24326-1, 24362-6, 29349-8, 32713-0, 34548-8, 34554-6
<i>WITH</i>		
Serum creatinine (SCr)	80047, 80048, 80050, 80053, 80069, 82565, 82575	2160-0, 2163-4, 2164-2, 11041-1, 11042-9, 12195-4, 13441-1, 13442-9, 13443-7, 13446-0, 13447-8, 13449-4, 13450-2, 14682-9, 16188-5, 16189-3, 21232-4, 24321-2, 24322-0, 24323-8, 24320-4, 24362-6, 26752-6, 33558-8, 34555-3, 35591-7, 35592-5, 35593-3, 35594-1, 38483-4
<i>OR</i>		
Blood urea nitrogen (BUN)	80047, 80048, 80050, 80053, 80069, 84520, 84525	3094-0, 6299-2, 11064-3, 11065-0, 12964-3, 12965-0, 12966-8, 14937-7, 24320-4, 24321-2, 24322-0, 24323-8, 24362-6

Rate 2: Annual Monitoring for Members on Digoxin

Additional eligible population criteria

Members who received at least a 180-days supply of digoxin during the October 1, 2007 through September 30, 2008.

Numerator

At least one serum potassium and either a serum creatinine or a blood urea nitrogen therapeutic monitoring test in the measurement year.

Note: The two tests do not need to occur on the same service date, only within the measurement year.

Drugs to Identify Members on Digoxin:

Description	Prescription
Inotropic agents	• digoxin

Rate 3: Annual Monitoring for Members on Diuretics

Additional eligible population criteria

Members who received at least a 180-days supply of a diuretic, during the October 1, 2007 through September 30, 2008.

Note: Members may switch therapy with any medication listed below during the measurement year and have the days supply for those medications count toward the total 180-days supply.

Numerator

At least one serum potassium and either a serum creatinine or a blood urea nitrogen therapeutic monitoring test in the measurement year.

Note: The two tests do not need to occur on the same service date, only within the measurement year.

Drugs to Identify Members on Diuretics:

Antihypertensive combinations

- aliskiren-hydrochlorothiazide
- amiloride-hydrochlorothiazide
- atenolol-chlorthalidone
- benazepril-hydrochlorothiazide
- bendroflumethiazide-nadolol
- bisoprolol-hydrochlorothiazide
- candesartan-hydrochlorothiazide
- captopril-hydrochlorothiazide
- chlorthalidone-clonidine
- enalapril-hydrochlorothiazide
- eprosartan-hydrochlorothiazide
- fosinopril-hydrochlorothiazide
- hydrochlorothiazide-irbesartan
- hydrochlorothiazide-lisinopril
- hydrochlorothiazide-losartan
- hydrochlorothiazide-methyldopa
- hydrochlorothiazide-metoprolol
- hydrochlorothiazide-moexipril
- hydrochlorothiazide-olmesartan
- hydrochlorothiazide-propranolol
- hydrochlorothiazide-quinapril
- hydrochlorothiazide-spirolactone
- hydrochlorothiazide-telmisartan
- hydrochlorothiazide-timolol
- hydrochlorothiazide-triamterene
- hydrochlorothiazide-valsartan
- polythiazide-prazosin

Loop diuretics

- bumetanide
- ethacrynic acid
- furosemide
- torsemide

Potassium-sparing diuretics

- amiloride
- eplerenone
- spironolactone
- triamterene

Thiazide diuretics

- bendroflumethiazide
- chlorothiazide
- chlorthalidone
- hydrochlorothiazide
- hydroflumethiazide
- indapamide
- methyclothiazide
- metolazone
- polythiazide
- trichlormethiazide

Designated Specialties: Family Practice, internal medicine and cardiology.

Measure Definition Source: NCQA HEDIS 2009.

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