



California Physician Performance Initiative (CPPI)

Clinical Quality Measure Specifications 2009

Cardiovascular Care: Beta Blocker Therapy at 6 Months After a Heart Attack (PBH)

Measure:

The percentage of members 35 years of age and older who were hospitalized and discharged alive from April 1, 2007 to March 31, 2008 with a diagnosis of acute myocardial infarction (AMI) and who received persistent beta-blocker treatment for six months after discharge.

Reasons for this measure:

Patients who have had a heart attack, also known as an acute myocardial infarction or AMI, are at higher risk than the general public to have another one. Medications called beta blockers are an important part of follow-up treatment after a heart attack. When taken shortly after a heart attack by patients without other heart problems, beta blockers can help prevent another heart attack by lowering blood pressure and decreasing how hard the heart has to work. Long term administration of beta blockers following a heart attack has been shown to improve survival and reduce the risk of future heart attacks.

Eligible Population:

Members 35 years of age and older who were hospitalized and discharged alive from April 1, 2007 to March 31, 2008 with a diagnosis of acute myocardial infarction (AMI).

Continuous Enrollment in Health Plan:

Discharge date through 180 days after discharge. No more than one gap in continuous enrollment of up to 45 days within the 180 days of the event.

Codes to Identify AMI:

Description	ICD-9-CM Diagnosis
AMI	410.x1*

*An organization that does not have fifth-digit specificity must develop a methodology to ensure that only the first eligible episode of an AMI is included in the measure.

Transfers to acute facilities. Include hospitalizations in which the member was transferred directly to another acute care facility for any diagnosis. Count the discharge from the subsequent acute inpatient facility, not the initial discharge. The discharge date from the facility to which the member was transferred must occur on or before June 30 of the measurement year.

Transfers to nonacute facilities. Exclude from the denominator hospitalizations in which the member was transferred directly to a nonacute care facility for any diagnosis.

Readmissions. If the member was readmitted to an acute or nonacute care facility for any diagnosis, include the member in the denominator and use the discharge date from the original hospitalization.

Exclusions:

Members identified as having a contraindication to beta-blocker therapy or previous adverse reaction (i.e., intolerance) to beta-blocker therapy. See below for medications representing contraindications to beta-blocker therapy.

Codes to Identify Exclusions

Description	ICD-9-CM Diagnosis
History of asthma	493
Hypotension	458
Heart block >1 degree	426.0, 426.12, 426.13, 426.2-426.4, 426.51-426.54, 426.7
Sinus bradycardia	427.81
COPD	491.2, 496, 506.4

Medications to Identify Exclusions (History of Asthma)

Description	Prescription
Bronchodilator combinations	<ul style="list-style-type: none"> • budesonide-formoterol • fluticasone-salmeterol
Inhaled corticosteroids	<ul style="list-style-type: none"> <li style="width: 50%;">• beclomethasone <li style="width: 50%;">• fluticasone <li style="width: 50%;">• budesonide <li style="width: 50%;">• mometasone <li style="width: 50%;">• flunisolide <li style="width: 50%;">• triamcinolone

Note: NCQA has provided a comprehensive list of medications and NDC codes on its Web site (www.ncqa.org).

Numerator:

A 180-day course of treatment with beta-blockers.

Identify all patients in the denominator population whose dispensed days supply is ≥ 135 days in the 180 days following discharge. Persistence of treatment for this measure is defined as at least 75 percent of the days supply filled.

To determine continuity of treatment during the 180-day period, sum the number of allowed gap days to the number of treatment days for a maximum of 180 days (i.e.,

135 treatment days + 45 gap days = 180 days); identify all prescriptions filled within 180 days of the Discharge Date.

To account for members who are on beta-blockers prior to admission, the organization should factor those prescriptions into adherence rates if the actual treatment days fall within the 180 days following discharge.

Beta-Blocker Medications

Description	Prescription		
Noncardioselective beta-blockers	<ul style="list-style-type: none"> • carteolol • carvedilol • labetalol 	<ul style="list-style-type: none"> • nadolol • penbutolol • pindolol 	<ul style="list-style-type: none"> • propranolol • timolol • sotalol
Cardioselective beta-blockers	<ul style="list-style-type: none"> • acebutolol • atenolol 	<ul style="list-style-type: none"> • betaxolol • bisoprolol 	<ul style="list-style-type: none"> • metoprolol • nebivolol
Antihypertensive combinations	<ul style="list-style-type: none"> • atenolol-chlorthalidone • bendroflumethiazide-nadolol • bisoprolol-hydrochlorothiazide 	<ul style="list-style-type: none"> • hydrochlorothiazide-metoprolol • hydrochlorothiazide-propranolol • hydrochlorothiazide-timolol 	

Note: NCQA has provided a comprehensive list of medications and NDC codes on its Web site (www.ncqa.org)

Designated Specialties:

Family Practice, internal medicine and cardiology.

Measure Definition Source: NCQA HEDIS 2009.

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