

Cardiac Surgery

© Ingenix, Inc. 2011
Confidential

Care Pattern

CP-N

9000002 Patient(s) 18 years of age and older hospitalized for an isolated CABG procedure taking a beta-blocker at admission or within seven days of discharge.

Beta-blocker therapy preoperatively or early postoperatively is recommended to prevent atrial fibrillation after coronary artery bypass graft (CABG) surgery for all patients unless otherwise contraindicated or not tolerated (1). This is a Class I* recommendation from the ACC/AHA guidelines for Coronary Artery Bypass Graft Surgery (1).

This measure identifies patients 18 years of age and older with a hospital admission for an isolated CABG procedure during the time frame 365 days prior to the common report period end date. All CABG episodes during the report period are identified. Members are not included in this condition if they died during the CABG admission or the discharge date occurred during the 7 days prior to the end of the report period. A member is adherent to this measure if one of the following criteria are met: 1) a beta-blocker prescription is dispensed while the patient is hospitalized for the CABG or within 7 days of hospital discharge or 2) there is an active beta-blocker prescription at the time of the CABG hospitalization. If the intervention is absent and the member has a beta-blocker therapy contraindication, then a result flag of NA (not applicable) is assigned. Beta-blocker therapy exclusion criteria are defined using the HEDIS[®] Beta-Blocker Treatment After a Heart Attack specification document. The HEDIS[®] identification of contraindications to beta-blocker therapy is enhanced by a hybrid methodology that includes the use of administrative data and medical record review. EBM Connect will only identify contraindications identified by administrative claims data.

Although this measure is based on the CMS.2010 PQRI measure specification document (2), it differs in several ways. Most significantly, this EBM Connect measure uses pharmacy claims to identify an active beta-blocker prescription for numerator compliance. The corresponding CMS PQRI measure is endorsed by the National Quality Forum (NQF) and the AQA alliance.

*The ACC/AHA guideline recommendation format for classifying indications and summarizing both the evidence and expert opinions is as follows (1):

Class I: Conditions for which there is evidence for and/or general agreement that the procedure or treatment is useful and effective.

Class II: Conditions for which there is conflicting evidence and/or divergence of opinion about the usefulness/efficacy of a procedure or treatment.

Class IIa: The weight of evidence or opinion is in favor of the procedure or treatment.

Class IIb: Usefulness/efficacy is less well established by evidence or opinion.

Class III: Conditions for which there is evidence and/or general agreement that the procedure or treatment is not useful/effective and in some cases may be harmful.

1. ACC/AHA 2004 guideline update for coronary artery bypass graft surgery: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines (Committee to Update the 1999 Guidelines for Coronary Artery Bypass Graft Surgery). *Circulation* 2004;110(14):e340-437.
2. CMS. 2010 PQRI Measure Specifications Manual for Claims and Registry Reporting of Individual Measures and Release Notes. [online] 2009 [cited November 11, 2009]. URL: http://www.cms.hhs.gov/PQRI/15_MeasuresCodes.asp.

CP-N

9000003 Patient(s) 18 years of age and older hospitalized for an isolated CABG procedure taking a lipid-lowering medication at admission or within seven days of discharge.

Statin therapy is recommended for all patients undergoing coronary artery bypass graft (CABG) surgery unless otherwise contraindicated (1). This is a Class I* recommendation from the ACC/AHA guidelines for Coronary Artery Bypass Graft Surgery (1).

This measure identifies patients 18 years of age and older with a hospital admission for an isolated CABG procedure during the time frame 365 days prior to the common report period end date. All CABG episodes during the report period are identified. Members are not included in this condition if they died during the CABG admission or the discharge date occurred during the 7 days prior to the end of the report period. A member is adherent to this measure if one of the following criteria are met: 1) a lipid-lowering medication prescription is dispensed while the patient is hospitalized for the CABG or within 7 days of hospital discharge or 2) there is an active lipid-lowering medication prescription at the time of the CABG hospitalization.

Although this measure is based on the CMS.2010 PQRI measure specification document (2), it differs in several ways. Most significantly, this EBM Connect measure uses pharmacy claims to identify an active lipid-lowering medication prescription for numerator compliance. The corresponding CMS PQRI measure is endorsed by the National Quality Forum (NQF) and the AQA alliance.

*The ACC/AHA guideline recommendation format for classifying indications and summarizing both the evidence and expert opinions is as follows (1):

Class I: Conditions for which there is evidence for and/or general agreement that the procedure or treatment is useful and effective.

Class II: Conditions for which there is conflicting evidence and/or divergence of opinion about the usefulness/efficacy of a procedure or treatment.

Class IIa: The weight of evidence or opinion is in favor of the procedure or treatment.

Class IIb: Usefulness/efficacy is less well established by evidence or opinion.

Class III: Conditions for which there is evidence and/or general agreement that the procedure or treatment is not useful/effective and in some cases may be harmful.

1. ACC/AHA 2004 guideline update for coronary artery bypass graft surgery: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines (Committee to Update the 1999 Guidelines for Coronary Artery Bypass Graft Surgery). *Circulation* 2004;110(14):e340-437.
2. CMS. 2010 PQRI Measure Specifications Manual for Claims and Registry Reporting of Individual Measures and Release Notes. [online] 2009 [cited November 11, 2009]. URL: http://www.cms.hhs.gov/PQRI/15_MeasuresCodes.asp.

CP-NA

9000004 Patient(s) 18 years of age and older hospitalized for an isolated CABG procedure that have evidence of a CVA during the hospitalization or within seven days of discharge.

A cerebrovascular accident can be a significant cause of morbidity and mortality after a CABG procedure (1,2).

This measure identifies patients 18 years of age and older with a hospital admission for an isolated CABG procedure during the time frame 365 days prior to the common report period end date. All CABG episodes during the report period are identified. Members are not

included in this condition if they died during the CABG admission or the discharge date occurred during the 7 days prior to the end of the report period. This measure identifies patients with evidence of occlusive vascular disease or non-hemorrhagic stroke during the CABG admission through 7 days after hospital discharge. Members are excluded from this measure if there is evidence of a hemorrhagic or non-hemorrhagic stroke at least 365 days before the CABG admission.

Although this measure is based on the CMS.2010 PQRI measure specification document (3), it differs in several ways. Most significantly, this EBM Connect measure uses administrative claims to identify patients with evidence of a post-operative occlusive vascular disease or non-hemorrhagic stroke. The corresponding CMS PQRI measure is endorsed by the National Quality Forum (NQF) and the AQA alliance.

1. *Stamou, SC. Stroke after coronary artery bypass: incidence, predictors, and clinical outcome. Stroke 2001; 32:1508*
2. *McKhann, GM, Grega, MA, Borowicz, LM Jr, et al. Stroke and encephalopathy after cardiac surgery: an update. Stroke 2006; 37:562.*
3. *CMS. 2010 PQRI Measure Specifications Manual for Claims and Registry Reporting of Individual Measures and Release Notes. [online] 2009 [cited November 11, 2009]. URL: http://www.cms.hhs.gov/PQRI/15_MeasuresCodes.asp.*