

Persistent Beta Blocker Treatment After a Heart Attack (PBH)

The Healthcare Effectiveness Data and Information Set (HEDIS®) from the National Committee for Quality Assurance (NCQA) standardizes and measures quality for all patients. HEDIS is one tool we use to measure many aspects of performance. One of these measures looks at using the prevalence of medication adherence to beta blockers after admission for a heart attack.

What is the measure?

The measure focuses on patients ages 18 years and older who were hospitalized and discharged with a diagnosis of acute myocardial infarction from July 1 of the year prior to the measurement year through June 30 of the measurement year. Compliance in this measure is determined by six months (180 days) of persistent beta blocker treatment following the discharge.

How to Improve Your Quality Score

- Review and document the diagnosis and discuss the importance of filling the prescription with your patient.
- Ask if your patient has a barrier to filling the prescription.
- Schedule follow-up appointments and ensure the patient receives prescriptions during the patient check-out process.

Compliance reported by patients who receive a minimum of 135 days of beta blocker medication during the 180-day measurement interval following a qualified discharge.

Beta Blocker Medications

Non-Cardio-selective Beta Blocker	Carvedilol Pindolol Sotalol	Labetalol Propranolol	Nadolol Timolol
Cardio-selective Beta Blocker	Acebutolol Bisoprolol	Atenolol Metoprolol	Betaxolol Nebivolol
Anti-Hypertensive Combinations	Atenolol-chlorthalidone Bisoprolol-hydrochlorothiazide Hydrochlorothiazide-propranolol		Bendroflumethiazide-nadolol Hydrochlorothiazide-metoprolol

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For some patients, there are some events or conditions that, if documented in your medical evaluation, will designate your patient as excluded from this HEDIS metric. These cases do not negatively affect your performance for NCQA:

Exclusion Events or Conditions	
Transfers to non-acute facility	Any admission where a member transfers to a non-acute facility is not considered. The member can still have other admissions considered as a “qualified admission” for this measure.
Special needs members	Members enrolled in an Institutional Special Needs Plan (I-SNP) or living long-term in an institution
Advanced illness or frailty	If a member has been diagnosed with Malignant Neoplasm, Cirrhosis, CKD, Pressure Ulcers, Leukemia, Dementia, Parkinson’s Disease, Alzheimer’s, Heart Failure, Emphysema, Creutzfeldt-Jakob Disease, Weakness, and/or Falls
Conditions	Asthma or medication evidence of asthma, COPD, Chronic Bronchitis, Chronic Respiratory Issues due to Fumes/Vapors, or Hypotension
Members in hospice	Members in hospice or using hospice services anytime during the measurement year
Death of a member	Members who died during the measurement year

Asthma Exclusions Medications	
Description	Prescription
Bronchodilator combinations	Budesonide-formoterol, Fluticasone-salmeterol, Fluticasone-vilanterol, Formoterol-mometasone
Inhaled corticosteroids	Beclomethasone, Budesonide, Ciclesonide, Flunisolide, Fluticasone, Mometasone

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Dementia Medication Exclusions

Description	Prescription
Cholinesterase inhibitors	Donepezil, Galantamine, Rivastigmine
Miscellaneous central nervous system agents	Memantine
Dementia combinations	Donepezil-memantine

Exclusion Codes

Hospice Encounter HCPCS: G9473-G9479, G5003-G5008, G5010, S9126, T2042-T2046

Hospice Intervention CPT: 99377-99378, HCPCS: G0182

Codes for Visit Types

Online Assessments CPT: 98969-98972, 99421-99423, 99444, 99457-99458

HCPCS: G0071, G2010, G2012, G2061-G2063, G2250-G2252

Telephone Visits CPT: 98966-98968, 99441-99443

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