Quality ID #6 (NQF 0067): Coronary Artery Disease (CAD): Antiplatelet Therapy – National Quality Strategy Domain: Effective Clinical Care

2018 OPTIONS FOR INDIVIDUAL MEASURES:
REGISTRY ONLY

MEASURE TYPE:
Process

DESCRIPTION:
Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease (CAD) seen within a 12 month period who were prescribed aspirin or clopidogrel

INSTRUCTIONS:
This measure is to be submitted a minimum of **once per performance period** for all patients with CAD seen during the performance period. This measure may be submitted by eligible clinicians who perform the quality actions described in the measure for the primary management of patients with CAD based on the services provided and the measure-specific denominator coding.

Measure Submission:
The listed denominator criteria is used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions allowed by the measure. The quality-data codes listed do not need to be submitted for registry-based submissions; however, these codes may be submitted for those registries that utilize claims data.

DENOMINATOR:
All patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period

> *DENOMINATOR NOTE: *Signifies that this CPT Category I code is a non-covered service under the Medicare Part B Physician Fee Schedule (PFS). These non-covered services should be counted in the denominator population for registry-based measures.*

Denominator Criteria (Eligible Cases):
Patients aged ≥ 18 years on date of encounter
AND
Diagnosis for coronary artery disease (ICD-10-CM): I20.0, I20.1, I20.8, I20.9, I21.01, I21.02, I21.09, I21.11, I21.19, I21.21, I21.29, I21.3, I21.4, I22.0, I22.1, I22.2, I22.8, I22.9, I24.0, I24.1, I24.8, I24.9, I25.10, I25.110, I25.111, I25.118, I25.119, I25.2, I25.5, I25.6, I25.700, I25.701, I25.708, I25.709, I25.710, I25.711, I25.718, I25.719, I25.720, I25.721, I25.728, I25.729, I25.730, I25.731, I25.738, I25.739, I25.750, I25.751, I25.758, I25.759, I25.760, I25.761, I25.768, I25.769, I25.790, I25.791, I25.798, I25.799, I25.810, I25.811, I25.812, I25.82, I25.83, I25.89, I25.9, Z95.1, Z95.5, Z98.61
AND
Patient encounter during the performance period (CPT): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241*, 99242*, 99243*, 99244*, 99245*, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350
WITHOUT
Telehealth Modifier: GQ, GT, 95, POS 02

NUMERATOR:
Patients who were prescribed aspirin or clopidogrel

Definition:

Prescribed - May include prescription given to the patient for aspirin or clopidogrel at one or more visits in the measurement period OR patient already taking aspirin or clopidogrel as documented in current medication list.

Numerator Options:

Performance Met:	Aspirin or clopidogrel prescribed **(4086F)**

OR

Denominator Exception:	Documentation of medical reason(s) for not prescribing aspirin or clopidogrel (e.g., allergy, intolerance, receiving other thienopyridine therapy, receiving warfarin therapy, bleeding coagulation disorders, other medical reasons) **(4086F *with* 1P)**

OR
Denominator Exception:	Documentation of patient reason(s) for not prescribing aspirin or clopidogrel (e.g., patient declined, other patient reasons) **(4086F *with* 2P)**

OR
Denominator Exception:	Documentation of system reason(s) for not prescribing aspirin or clopidogrel (e.g., lack of drug availability, other reasons attributable to the health care system) **(4086F *with* 3P)**

OR

Performance Not Met:	Aspirin or clopidogrel was not prescribed, reason not otherwise specified **(4086F *with* 8P)**

RATIONALE:
Use of antiplatelet therapy has shown to reduce the occurrence of vascular events in patients with coronary artery disease, including myocardial infarction and death.

CLINICAL RECOMMENDATION STATEMENTS:
The following evidence statements are quoted verbatim from the referenced clinical guidelines.

2012 ACCF/AHA/ACP/AATS/PCNA/SCAI/STS Guideline for the Diagnosis and Management of Patients With Stable Ischemic Heart Disease (SIHD)

ANTIPLATELET THERAPY

Treatment with aspirin 75 to 162 mg daily should be continued indefinitely in the absence of contraindications in patients with SIHD. (Class I Recommendation, Level of Evidence: A)

Treatment with clopidogrel is reasonable when aspirin is contraindicated in patients with SIHD. (Class I Recommendation, Level of Evidence: B)

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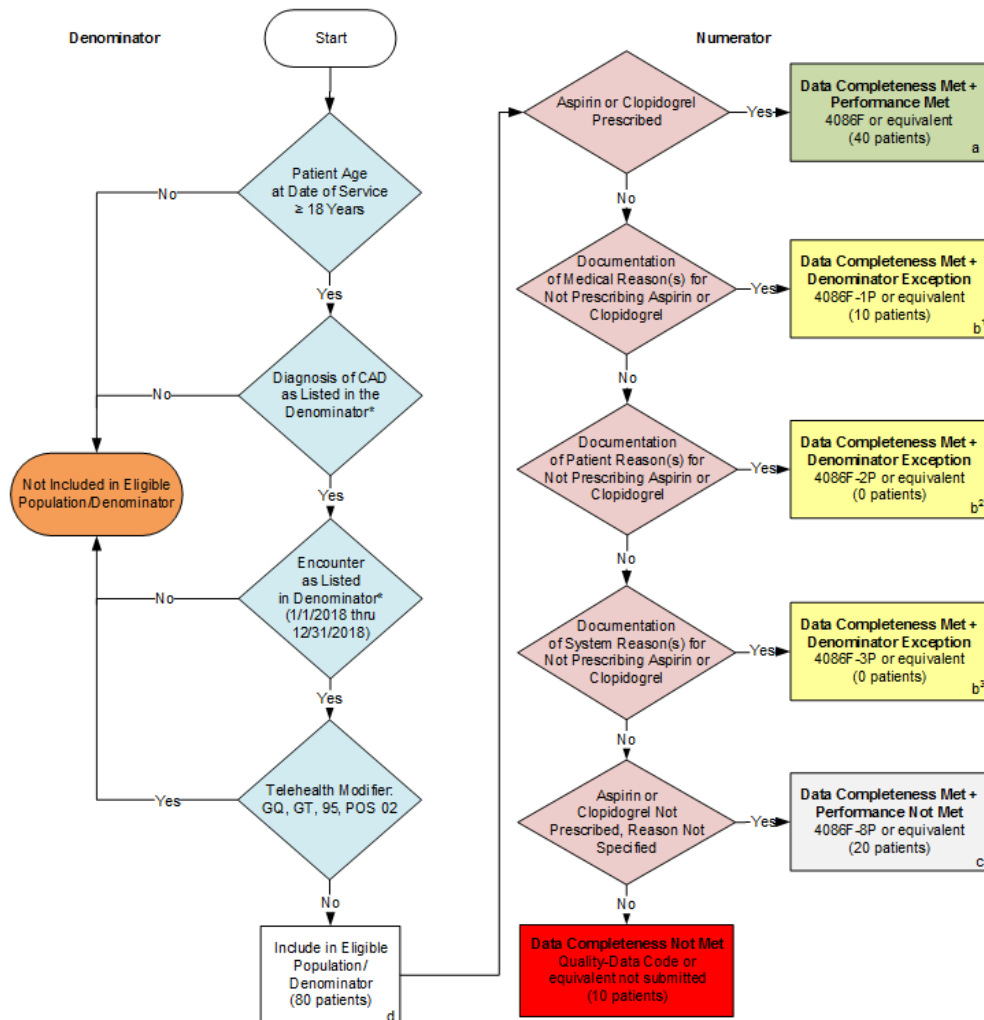
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2018 Registry Flow for Quality ID #6 NQF #0067:
Coronary Artery Disease (CAD): Antiplatelet Therapy

Denominator

Start

Patient Age at Date of Service ≥ 18 Years — No →

Diagnosis of CAD as Listed in the Denominator* — No →

Not Included in Eligible Population/Denominator

Encounter as Listed in Denominator* (1/1/2018 thru 12/31/2018) — No →

Telehealth Modifier: GQ, GT, 95, POS 02 — Yes →

Include in Eligible Population/ Denominator (80 patients) d

Numerator

Aspirin or Clopidogrel Prescribed — Yes → **Data Completeness Met + Performance Met** 4086F or equivalent (40 patients) a

No ↓

Documentation of Medical Reason(s) for Not Prescribing Aspirin or Clopidogrel — Yes → **Data Completeness Met + Denominator Exception** 4086F-1P or equivalent (10 patients) b^1

No ↓

Documentation of Patient Reason(s) for Not Prescribing Aspirin or Clopidogrel — Yes → **Data Completeness Met + Denominator Exception** 4086F-2P or equivalent (0 patients) b^2

No ↓

Documentation of System Reason(s) for Not Prescribing Aspirin or Clopidogrel — Yes → **Data Completeness Met + Denominator Exception** 4086F-3P or equivalent (0 patients) b^3

No ↓

Aspirin or Clopidogrel Not Prescribed, Reason Not Specified — Yes → **Data Completeness Met + Performance Not Met** 4086F-8P or equivalent (20 patients) c

No ↓

Data Completeness Not Met Quality-Data Code or equivalent not submitted (10 patients)

SAMPLE CALCULATIONS:

Data Completeness=

$$\frac{\text{Performance Met (a=40 patients)} + \text{Denominator Exception } (b^1+b^2+b^3=10 \text{ patients}) + \text{Performance Not Met (c=20 patients)}}{\text{Eligible Population / Denominator (d=80 patients)}} = \frac{70 \text{ patients}}{80 \text{ patients}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=40 patients)}}{\text{Data Completeness Numerator (70 patients)} - \text{Denominator Exception } (b^1+b^2+b^3=10 \text{ patients})} = \frac{40 \text{ patients}}{60 \text{ patients}} = 66.67\%$$

*See the posted Measure Specification for specific coding and instructions to submit this measure.
NOTE: Submission Frequency: Patient-process.

#6 NQF #0087: Coronary Artery Disease (CAD): Antiplatelet Therapy

Please refer to the specific section of the specification to identify the denominator and numerator information for use in submitting this Individual Specification. This flow is for registry data submission.

1. Start with Denominator

2. Check Patient Age:

    a. If the Age is greater than or equal to 18 years of age on Date of Service and equals No during the measurement period, do not include in Eligible Patient Population. Stop Processing.

    b. If the Age is greater than or equal to 18 years of age on Date of Service and equals Yes during the measurement period, proceed to check Patient Diagnosis.

3. Check Patient Diagnosis:

    a. If Diagnosis of CAD as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.

    b. If Diagnosis of CAD as Listed in the Denominator equals Yes, proceed to check Encounter Performed.

4. Check Encounter Performed:

    a. If Encounter as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.

    b. If Encounter as Listed in the Denominator equals Yes, proceed to check Telehealth Modifier.

5. Check Telehealth Modifier:

    a. If Telehealth Modifier equals Yes, do not include in Eligible Patient Population. Stop Processing.

    b. If Telehealth Modifier equals No, include in the Eligible Population.

6. Denominator Population:

    a. Denominator population is all Eligible Patients in the denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 80 patients in the Sample Calculation.

7. Start Numerator

8. Check Aspirin or Clopidogrel Prescribed:

    a. If Aspirin or Clopidogrel Prescribed equals Yes, include in Data Completeness Met and Performance Met.

    b. Data Completeness Met and Performance Met letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 40 patients in Sample Calculation.

    c. If Aspirin or Clopidogrel Prescribed equals No, proceed to Documentation of Medical Reason(s) for Not Prescribing Aspirin or Clopidogrel.

9. Check Documentation of Medical Reason(s) for Not Prescribing Aspirin or Clopidogrel:

   a. If Documentation of Medical Reason(s) for Not Prescribing Aspirin or Clopidogrel equals Yes, include in Data Completeness Met and Denominator Exception.

   b. Data Completeness Met and Denominator Exception letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b1 equals 10 patients in the Sample Calculation.

   c. If Documentation of Medical Reason(s) for Not Prescribing Aspirin or Clopidogrel equals No, proceed to Documentation of Patient Reason(s) for Not Prescribing Aspirin or Clopidogrel.

10. Check Documentation of Patient Reason(s) for Not Prescribing Aspirin or Clopidogrel:

    a. If Documentation of Patient Reason(s) for Not Prescribing Aspirin or Clopidogrel equals Yes, include in Data Completeness Met and Denominator Exception.

    b. Data Completeness Met and Denominator Exception letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b2 equals 0 patients in the Sample Calculation.

    c. If Documentation of Patient Reason(s) for Not Prescribing Aspirin or Clopidogrel equals No, proceed to Documentation of System Reason(s) for Not Prescribing Aspirin or Clopidogrel.

11. Check Documentation of System Reason(s) for Not Prescribing Aspirin or Clopidogrel:

    a. If Documentation of System Reason(s) for Not Prescribing Aspirin or Clopidogrel equals Yes, include in Data Completeness Met and Denominator Exception.

    b. Data Completeness Met and Denominator Exception letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b3 equals 0 patients in the Sample Calculation.

    c. If Documentation of System Reason(s) for Not Prescribing Aspirin or Clopidogrel equals No, proceed to Aspirin or Clopidogrel Not Prescribed and Reason Not Otherwise Specified.

12. Check Aspirin or Clopidogrel Not Prescribed and Reason Not Otherwise Specified:

    a. If Aspirin or Clopidogrel was Not Prescribed and Reason Not Otherwise Specified equals Yes, include in Data Completeness Met and Performance Not Met.

    b. Data Completeness Met and Performance Not Met letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c equals 20 patients in the Sample Calculation.

    c. If Aspirin or Clopidogrel was Not Prescribed and Reason Not Otherwise Specified equals No, proceed to Data Completeness Not Met.

13. Check Data Completeness Not Met:

    a. If Data Completeness Not Met equals No, Quality Data Code or equivalent not submitted. 10 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

SAMPLE CALCULATIONS:

Data Completeness=

$$\frac{\text{Performance Met (a=40 patients) + Denominator Exception (}b^1+b^2+b^3\text{=10 patients) + Performance Not Met (c=20 patients)}}{\text{Eligible Population / Denominator (d=80 patients)}} = \frac{70 \text{ patients}}{80 \text{ patients}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=40 patients)}}{\text{Data Completeness Numerator (70 patients) – Denominator Exception (}b^1+b^2+b^3\text{=10 patients)}} = \frac{40 \text{ patients}}{60 \text{ patients}} = 66.67\%$$