



2015

Clinical quality corner

One in a series of tip sheets focusing on key Healthcare Effectiveness Data and Information Set measures

Persistence of beta-blocker treatment after a heart attack

This measure focuses on the percentage of members age 18 and older during the current year who:

- Were hospitalized and discharged between July 1 of the prior year and June 30 of the current year with a diagnosis of acute myocardial infarction
- and**
- Received persistent beta-blocker treatment for six months following discharge

Improving HEDIS® scores*

- **Discharge** patients who have had acute myocardial infarction from the hospital with a prescription for a beta-blocker (unless contraindicated).
- **Follow up** with AMI patients after hospitalization with strategically planned phone calls and office visits to assess compliance to medication therapy. This is critical during the first 90 days when patients are most likely to become noncompliant and at 30-day intervals when prescriptions need refilling.

Did you know?

- The use of beta-blocker therapy following AMI was first reported 50 years ago in *The Lancet* medical journal.
- Beta-blocker therapy can decrease the mortality rate in AMI patients by 23 percent and decrease the chance of re-infarction by 28 percent.
- Noncompliance with medication is a significant problem. Only 59 percent of patients take their medication for more than 80 percent of their days on therapy.
- The largest drop in adherence to beta-blocker therapy occurs during the initial 90 days.

*HEDIS, which stands for Healthcare Effectiveness Data and Information Set, is a registered trademark of the National Committee for Quality Assurance.

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- **Avoid** giving beta-blocker samples because this could delay or interrupt pharmacy claims data that are used to determine adherence.
- **Educate** your patients, stressing the importance of beta-blockers in the prevention of future heart attacks. Studies show that lack of knowledge as a reason for non-adherence to medication therapy.
- **Document** patient medical history and medications. This will ensure that patients with conditions that contraindicate beta-blocker therapy are properly excluded through claims data and do not end up in the audit population.

Notations

Results for this measure are captured solely through claims data. Patients are identified by ICD-9 code 410.x1 (hospitalized for acute MI) and beta-blocker therapy is derived from prescription claims.

Exclusions

- Asthma, chronic obstructive pulmonary disease, obstructive chronic bronchitis or chronic respiratory conditions
- Hypotension, first-degree heart block or sinus bradycardia
- Intolerance or allergy to beta-blocker therapy

Further reading

Yen Nguyen, "Adherence of Beta-Blockers Post Myocardial Infarction," University of Texas (2011, Feb. 4)



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