



One of a series of tip sheets that look at key Healthcare Effectiveness Data and Information Set measures

Persistence of beta-blocker treatment after a heart attack

This measure examines 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.

- **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.

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.

Notations:

Results for this measure are captured solely through claims data. Patients are identified by ICD-10 codes I.21.01, I21.02, I21.09, I21.11, I21.19, I21.21, I21.29, I21.3, I21.4 (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 due to fumes and vapors
- Hypotension, greater than first-degree heart block or sinus bradycardia
- Intolerance or allergy to beta-blocker therapy
- Members in hospice

Following an acute MI, a 180-day treatment course with any of the following beta blockers is compliant for this measure:

Description	Prescription		
Noncardioselective beta-blockers	<ul style="list-style-type: none">• Carvedilol• Labetalol• Nadolol	<ul style="list-style-type: none">• Penbutolol• Pindolol• Propranolol	<ul style="list-style-type: none">• 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	