



One in a series of tip sheets that look at key Healthcare Effectiveness Data and Information Set measures, commonly referred to as HEDIS® measures.



## Persistence of beta-blocker treatment after a heart attack

This measure is used to assess the percentage of members age 18 and older who were hospitalized and discharged with a diagnosis of acute myocardial infarction, or AMI, who received persistent beta-blocker treatment for six months after 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 used to determine adherence.
- **Educate** your patients, stressing the importance of beta-blockers in the prevention of future heart attacks. Studies show lack of knowledge is a common reason for nonadherence 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.

### Did you know?

- Beta-blockers have been used extensively in the past 40 years after AMI as part of primary therapy and in secondary prevention.
- Beta-blockers can decrease mortality in AMI patients by 23 percent and decrease the chance of reinfarction 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.

## Helpful HEDIS hints

- Results for this measure are captured solely through claims data. Patients are identified by ICD 10 codes I21.01, I21.02, I21.09, I21.11, I21.19, I21.21, I21.29, I21.3, I21.4 (hospitalized for AMI) 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 AMI, 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"><li>• Carvedilol</li><li>• Labetalol</li><li>• Nadolol</li><li>• Penbutolol</li><li>• Pindolol</li><li>• Propranolol</li><li>• Timolol</li><li>• Sotalol</li></ul>
Cardioselective beta blockers	<ul style="list-style-type: none"><li>• Acebutolol</li><li>• Atenolol</li><li>• Betaxolol</li><li>• Bisoprolol</li><li>• Metoprolol</li><li>• Nebivolol</li></ul>
Antihypertensive combinations	<ul style="list-style-type: none"><li>• Atenolol chlorthalidone</li><li>• Bendroflumethiazide nadolol</li><li>• Bisoprolol hydrochlorothiazide</li><li>• Hydrochlorothiazide metoprolol</li><li>• Hydrochlorothiazide propranolol</li></ul>

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This measure applies to both commercial and Medicare members.

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