Measure #204 (NQF 0068): Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic – National Quality Strategy Domain: Effective Clinical Care

2016 PQRS OPTIONS FOR INDIVIDUAL MEASURES:
CLAIMS, REGISTRY

DESCRIPTION:
Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) in the 12 months prior to the measurement period, or who had an active diagnosis of ischemic vascular disease (IVD) during the measurement period, and who had documentation of use of aspirin or another antithrombotic during the measurement period.

INSTRUCTIONS:
This measure is to be reported a minimum of once per reporting period for patients with IVD seen during the reporting period. The performance period for this measure is 12 months from the date of service. This measure may be reported by clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

Measure Reporting via Claims:
ICD-10-CM diagnosis codes, CPT or HCPCS codes, and patient demographics are used to identify patients who are included in the measure’s denominator. Quality-data codes are used to report the numerator of the measure.

When reporting the measure via claims, submit the listed ICD-10-CM diagnosis codes, CPT or HCPCS codes, and the appropriate quality-data code. There are no allowable performance exclusions for this measure. All measure-specific coding should be reported on the claim(s) representing the eligible encounter.

Measure Reporting via Registry:
ICD-10-CM diagnosis codes, CPT or HCPCS codes, and patient demographics are used to identify patients who are included in the measure’s denominator. The listed numerator options are used to report the numerator of 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. There are no allowable performance exclusions for this measure.

DENOMINATOR:
Patients aged 18 years of age and older with a visit during the measurement period, and an active diagnosis of ischemic vascular disease (IVD) OR who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) in the 12 months prior to the measurement period.

Denominator Criteria (Eligible Cases):
Patients aged ≥ 18 years on date of encounter
AND

Patient encounter during reporting period (CPT or HCPCS): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, G0402, G0438, G0439

Patient encounter during the reporting period (CPT) – Procedure: 33511, 33512, 33513, 33514, 33516, 33517, 33518, 33519, 33521, 33522, 33523, 33533, 33534, 33535, 33536, 92920, 92924, 92928, 92933, 92937, 92941, 92943

NUMERATOR:
Patients who have documentation of use of aspirin or another antithrombotic therapy during the measurement period

Numerator Instructions: Oral antithrombotic therapy consists of: aspirin, clopidogrel, combination of aspirin and extended release dipyridamole, prasugrel, ticagrelor or ticlodipine

Numerator Quality-Data Coding Options for Reporting Satisfactorily:
Aspirin or Another Antithrombotic Therapy Used
Performance Met: G8598: Aspirin or another antithrombotic therapy used

OR

Aspirin or Another Antithrombotic Therapy not Used, Reason not Given
Performance Not Met: G8599: Aspirin or another antithrombotic therapy not used, reason not given

RATIONALE:
Coronary heart disease (CHD) is a major cause of death in the United States – in 2004, it was an underlying or contributing cause of death for 451,300 people (1 of every 5 deaths). Acute myocardial infarction (AMI) was an underlying or contributing cause of death for 156,000 people (American Heart Association 2008). In addition, nearly 16 million people (or 7.3 percent of the American population) had CHD in 2005 (American Heart Association 2008). The cost of cardiovascular diseases and stroke in the United States for 2008 was estimated at $448.5 billion (American Heart Association 2008). This figure includes health expenditures (direct costs such as the cost of physicians and healthcare practitioners, hospital and nursing home services, medications, home health care and other medical durables) and lost productivity resulting from morbidity and mortality (indirect costs). AMI accounts for 18 percent of hospital discharges and 28 percent of deaths due to heart disease (National Heart, Lung, and Blood Institute 2000). Research has shown that costs associated with cardiovascular disease for hospitals are easily $156 billion (American Heart Association 2008).
Aspirin treatments reduce MI in men (127 events per 100,000 person-years) and women (17 events per 100,000 person-years) (Grieving et al. 2008). While studies have shown warfarin to be more effective, aspirin is a safer, more convenient, and less expensive form of therapy (Patrono et al. 2004). Aspirin therapy has been shown to directly reduce the odds of cardiovascular events among men by 14 percent and among women by 12 percent (Berger et al. 2006). Aspirin use has been shown to reduce the number of strokes by 20 percent, MI by 30 percent, and other vascular events by 30 percent (Weisman and Graham 2002).

**CLINICAL RECOMMENDATION STATEMENTS:**

U.S. Preventive Services Task Force (2009):

The U.S. Preventive Services Task Force (USPSTF) strongly recommends that clinicians discuss aspirin chemoprevention with adults who are at increased risk (5-year risk of greater than or equal to 3 percent) for coronary heart disease (CHD). Discussions with patients should address both the potential benefits and harms of aspirin therapy.

The USPSTF found good evidence that aspirin decreases the incidence of coronary heart disease in adults who are at increased risk for heart disease. They also found good evidence that aspirin increases the incidence of gastrointestinal bleeding and fair evidence that aspirin increases the incidence of hemorrhagic strokes. The USPSTF concluded that the balance of benefits and harms is most favorable in patients at high risk of CHD (5-year risk of greater than or equal to 3 percent) but is also influenced by patient preferences.

USPSTF encourages men age 45 to 79 years to use aspirin when the potential benefit of a reduction in myocardial infarctions outweighs the potential harm of an increase in gastrointestinal hemorrhage. They encourage women age 55 to 79 years to use aspirin when the potential benefit of a reduction in ischemic strokes outweighs the potential harm of an increase in gastrointestinal hemorrhage.

American Diabetes Association (2008):

Use aspirin therapy (75-162 mg/day) as a primary prevention strategy in those with type 1 or 2 diabetes at increased cardiovascular risk, including those who are 40 years of age or who have additional risk factors (family history of CVD, hypertension, smoking, dyslipidemia, or albuminuria).

American Heart Association/American Stroke Association (2006):

AHA/ASA: The use of aspirin is recommended for cardiovascular (including but not specific to stroke) prophylaxis among persons whose risk is sufficiently high for the benefits to outweigh the risks associated with treatment (a 10-year risk of cardiovascular events of 6% to 10%).

American College of Clinical Pharmacy (2004):

For long-term treatment after PCI, the guideline developers recommend aspirin, 75 to 162 mg/day. For long-term treatment after PCI in patients who receive antithrombotic agents such as clopidogrel or warfarin, the guideline developers recommend lower-dose aspirin, 75 to 100 mg/day. For patients with ischemic stroke who are not receiving thrombolysis, the guideline developers recommend early aspirin therapy, 160 to 325 mg/day.

**COPYRIGHT:**

These performance measures were developed and are owned by the National Committee for Quality Assurance ("NCQA"). These performance measures are not clinical guidelines and do not establish a standard of medical care. NCQA makes no representations, warranties, or endorsement about the quality of any organization or physician that uses or reports performance measures and NCQA has no liability to anyone who relies on such measures. NCQA holds a copyright in this measure and can rescind or alter this measure at any time. Users of the measure shall not have the right to alter, enhance, or otherwise modify the measure and shall not disassemble, recompile, or reverse engineer the source code or object code relating to the measure. Anyone desiring to use or reproduce the measure...
without modification for a noncommercial purpose may do so without obtaining any approval from NCQA. All commercial uses must be approved by NCQA and are subject to a license at the discretion of NCQA. Use by health care providers in connection with their own practices is not commercial use. A "commercial use" refers to any sale, license, or distribution of a measure for commercial gain, or incorporation of a measure into any product or service that is sold, licensed, or distributed for commercial gain, even if there is no actual charge for inclusion of the measure. ©2004-2016 National Committee for Quality Assurance, all rights reserved.

Performance measures developed by NCQA for CMS may look different from the measures solely created and owned by NCQA.

2016 Claims/Registry Individual Measure Flow
PQRS #204 NQF #0068: Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic

Start

Denominator

Not Included in Eligible Population/Denominator

No

Patient Age at Date of Service ≥ 18 Years

Yes

Numerator

Aspirin or Another Antithrombotic Therapy Used

Yes

Reporting Met + Performance Met G6598 or equivalent (4 patients)

a

No

Reporting Met + Performance Not Met G8599 or equivalent (3 patients)

c

Yes

Aspirin or Another Antithrombotic Therapy Not Used, Reason Not Given

Reporting Not Met Quality-Data Code or equivalent not reported (1 patient)

d

No

Diagnosis for Acute Myocardial Infarction as Listed in Denominator*

Yes

Encounter as Listed in Denominator* (1/11/2016 thru 12/31/2016)

No

Diagnosis for IVD as Listed in Denominator*

Yes

Procedure as Listed in Denominator* (1/11/2016 thru 12/31/2016)

No

Include in Eligible Population/Denominator (6 patients)

SAMPLE CALCULATIONS:

Reporting Rate=
Performance Met (a=4 patients) + Performance Not Met (c=3 patients) = 7 patients, 87.50%
Eligible Population / Denominator (a+c=8 patients) =
6 patients

Performance Rate=
Performance Met (a=4 patients) = 4 patients, 57.14%
Reporting Numerator (7 patients) = 7 patients

*See the posted Measure Specification for specific coding and instructions to report this measure.

NOTE: Reporting Frequency: Patient-process

CPT only copyright 2015 American Medical Association. All rights reserved.
The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.
2016 Claims Registry Individual Measure Flow
PQRS #204 NQF #0068: Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic

Please refer to the specific section of the Measure Specification to identify the denominator and numerator information for use in reporting this Individual Measure.

1. Start with Denominator

2. Check Patient Age:
   a. If the Age is greater than or equal to 18 years of age at 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 at Date of Service and equals Yes during the measurement period, proceed to check Patient Diagnosis of IVD as Listed in the Denominator.

3. Check Patient Diagnosis of IVD as Listed in the Denominator:
   a. If Diagnosis for IVD as Listed in the Denominator equals No, proceed to Patient Diagnosis of Acute Myocardial Infarction.
   b. If Diagnosis of for IVD as Listed in the Denominator equals Yes, proceed to check Encounter Performed.

4. Check Patient Diagnosis of Acute Myocardial Infarction as Listed in the Denominator:
   a. If Diagnosis for Acute Myocardial Infarction as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
   b. If Diagnosis of for Acute Myocardial Infarction as Listed in the Denominator equals Yes, proceed to check Encounter Performed.

5. Check Encounter Performed:
   a. If Encounter as Listed in the Denominator equals No, proceed to Procedure as Listed in Denominator.
   b. If Encounter as Listed in the Denominator equals Yes, include in the Eligible Population.

6. Check Procedure Performed:
   a. If Procedure 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, include in the Eligible Population.

7. 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 8 patients in the sample calculation.

8. Start Numerator

9. Check Aspirin or Another Antithrombotic Therapy Used:
a. If Aspirin or Another Antithrombotic Therapy Used equals Yes, include in Reporting Met and Performance Met.

b. Reporting Met and Performance Met letter is represented in the Reporting Rate and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 4 patients in Sample Calculation.

c. If Aspirin or Another Antithrombotic Therapy Used equals No, proceed to Aspirin or Another Antithrombotic Therapy Not Used, Reason Not Specified.

10. Check Aspirin or Another Antithrombotic Therapy Not Used, Reason Not Given:

a. If Aspirin or Another Antithrombotic Therapy Not Used, Reason Not Given equals Yes, include in Reporting Met and Performance Not Met.

b. Reporting Met and Performance Not Met letter is represented in the Reporting Rate and Performance Rate in the Sample Calculation listed at the end of this document. Letter c equals 3 patients in the Sample Calculation.

c. If Aspirin or Another Antithrombotic Therapy Not Used, Reason Not Given equals No, proceed to Reporting Not Met.

11. Check Reporting Not Met:

a. If Reporting Not Met equals No, Quality Data Code or equivalent not reported. 1 patient has been subtracted from the reporting numerator in the same calculation.

### SAMPLE CALCULATIONS:

#### Reporting Rate

\[
\text{Performance Met (a=4 patients) + Performance Not Met (c=3 patients)} = \frac{7 \text{ patients}}{8 \text{ patients}} = 87.50\%
\]

#### Performance Rate

\[
\text{Performance Met (a=4 patients)} = \frac{4 \text{ patients}}{7 \text{ patients}} = 57.14\%
\]

11/17/2015 Page 7 of 7