Coronary Artery Disease (CAD): Oral Antiplatelet Therapy Prescribed for Patients with CAD (NQF 0067)

EMeasure Name	Coronary Artery Disease (CAD): Oral Antiplatelet Therapy Prescribed for Patients with CAD	**EMeasure Id**	Pending
Version Number	1	**Set Id**	Pending
Available Date	No information	**Measurement Period**	January 1, 20xx through December 31, 20xx
Measure Steward	American Medical Association – Physician Consortium for Performance Improvement		
Endorsed by	National Quality Forum		
Description	Percentage of patients aged 18 years and older with a diagnosis of CAD who were prescribed oral antiplatelet therapy.		
Measure scoring	Proportion		
Measure type	Process		
Rationale	Oral antiplatelet therapy is recommended for all patients with coronary artery disease. By limiting the ability of clots to form in the arteries, antiplatelet agents have proven benefits in reducing the risk of non-fatal myocardial infarction, non-fatal stroke and death.		
Clinical Recommendation Statement	Chronic Stable Angina: Class I – Aspirin 75-325 mg daily should be used routinely in all patients with acute and chronic ischemic heart disease with or without manifest symptoms in the absence of contraindications. Class IIa – Clopidogrel is recommended when aspirin is absolutely contraindicated. Class III – Dipyridamole. Because even the usual oral doses of dipyridamole can enhance exercise-induced myocardial ischemia in patients with stable angina, it should not be used as an antiplatelet agent (ACC/AHA/ACP-ASIM). Unstable Angina and Non-ST-Segment Elevation Myocardial Infarction: Class I – Aspirin 75 to 325 mg/dl in the absence of contraindications. Class I – Clopidogrel 75 qd for patients with a contraindication to ASA (ACC/AHA). Acute Myocardial Infarction (AMI): Class I – A dose of aspirin, 160 to 325 mg, should be given on day one of AMI and continued indefinitely on a daily basis thereafter. Trials suggest long-term use of aspirin in the postinfarction patient in a dose as low as 75 mg per day can be effective, with the likelihood that side effects can be reduced. Class IIb – Other antiplatelet agents such as dipyridamole, ticlopidine or clopidogrel may be substituted if true aspirin allergy is present or if the patient is unresponsive to aspirin (ACC/AHA). Coronary Artery Bypass Graft Surgery: Aspirin is the drug of choice for prophylaxis against early saphenous graft thrombotic closure and should be considered a standard of care for the first postoperative year. In general, patients are continued on aspirin indefinitely, given its benefit in the secondary prevention of AMI. Ticlopidine is efficacious but offers no advantage over aspirin except as an alternative in the truly aspirin-allergic patient. Clopidogrel offers the		

	potential of fewer side effects compared with ticlopidine as an alternative to aspirin for platelet inhibition. Indobufen appears to be as effective as aspirin for saphenous graft patency over the first postoperative year but with fewer gastrointestinal side effects. Current evidence suggests that dipyridamole adds nothing to the aspirin effect for saphenous graft patency (ACC/AHA).
References	
Definitions	

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Please refer to the spreadsheet for this measure for detail regarding data criteria and code lists.

Population criteria

- **Initial Patient Population** =

    - AND: "Patient characteristic: birth date" (age) >= 18 years;
    - AND: "Diagnosis active: coronary artery disease includes MI";
        - OR: "Procedure performed: cardiac surgery";
    - AND:
        - >= 2 count(s) of:
            - OR: "Encounter: encounter outpatient";
            - OR: "Encounter: encounter nursing facility";
        - OR: >=1 count(s) of "Encounter: encounter inpatient discharge";

- **Denominator** =

    - AND: All patients in the initial patient population;

- **Numerator** =

    - AND:
        - OR: "Medication order: antiplatelet therapy";
        - OR: "Medication active: antiplatelet therapy";

- **Exclusions** =

    - OR: "Medication allergy: antiplatelet therapy";
    - OR: "Diagnosis active: bleeding coagulation disorders";
    - OR: "Medication adverse event: antiplatelet therapy";
    - OR: "Medication intolerance: antiplatelet therapy";
    - OR: "Medication not done: medical reason";
    - OR: "Medication not done: patient reason";
    - OR: "Medication not done: system reason";

Data criteria (QDS Data Elements)

- **Initial Patient Population =**

  - "Patient characteristic: birth date" using "birth date code list" before the beginning of the "measurement period";
  - "Diagnosis active: coronary artery disease includes MI" using "coronary artery disease includes MI code list grouping" before or simultaneously to "Encounter: encounter inpatient discharge" OR "Encounter: encounter nursing facility" OR "Encounter: encounter outpatient";
  - "Procedure performed: cardiac surgery" using "cardiac surgery code list grouping" before or simultaneous to "Encounter: encounter inpatient discharge" OR "Encounter: encounter nursing facility" OR "Encounter: encounter outpatient";
  - "Encounter: encounter inpatient discharge" using "encounter inpatient discharge encounter code list" during the "measurement period";
  - "Encounter: encounter nursing facility" using "encounter nursing facility code list" during the "measurement period";
  - "Encounter: encounter outpatient" using "encounter outpatient code list" during the "measurement period";

- **Denominator =**

  - All patients in the initial patient population;

- **Numerator =**

  - "Medication order: oral antiplatelet therapy" using "antiplatelet therapy code list" during the "measurement period";
  - "Medication active: oral antiplatelet therapy" using "antiplatelet therapy code list" during the "measurement period";

- **Exclusions =**

  - "Medication allergy: antiplatelet therapy" using "antiplatelet therapy code list" before or simultaneously to "Encounter: encounter outpatient" OR "Encounter: encounter nursing facility" OR "Encounter: encounter inpatient discharge";
  - "Diagnosis active: bleeding coagulation disorders" using "bleeding coagulation disorders code list grouping" before or simultaneous to "Encounter: encounter outpatient" OR "Encounter: encounter nursing facility" OR "Encounter: encounter inpatient discharge";
  - "Medication adverse event: antiplatelet therapy" using "antiplatelet therapy code list" before or simultaneous to "Encounter: encounter outpatient" OR "Encounter: encounter nursing facility" OR "Encounter: encounter inpatient discharge";
  - "Medication intolerance: anti-platelet therapy" using "antiplatelet therapy code list" before or simultaneous to "Encounter: encounter outpatient" OR "Encounter: encounter nursing facility" OR "Encounter: encounter inpatient discharge";
  - "Medication not done: medical reason" using "medical reason code list" for "Medication order: anti-platelet therapy" OR "Medication active: anti-platelet therapy";
  - "Medication not done: patient reason" using "patient reason code list" for "Medication order: anti-platelet therapy" OR "Medication active: anti-platelet therapy";
  - "Medication not done: system reason" using "system reason code list" for "Medication order: antiplatelet therapy" OR "Medication active: anti-platelet therapy";

Summary Calculation

Calculation is generic to all measures:

- Calculate the final denominator by adding all that meet denominator criteria.
- Subtract from the final denominator all that do not meet numerator criteria yet also meet exclusion criteria. Note some measures do not have exclusion criteria.
- The performance calculation is the number meeting numerator criteria divided by the final denominator.
- For measures with multiple patient populations, repeat this process for each patient population and report each result separately.
- For measures with multiple numerators, calculate each numerator separately within each population using the paired exclusion.

Measure set	CLINICAL QUALITY MEASURE SET 2011-2012