



FACT SHEET

Summary of AMI and HF Changes for 4/1/09+ Discharges

Updated: March 2009

AMI and HF Medication Measures: AMI-1, AMI-2, AMI-3, AMI-5, and HF-3

- ▶ Medication contraindication decision points in algorithms rearranged. The new order will allow the case to pass if the medication was given, regardless of whether a reason for not getting the medication was documented. Data element names were changed from medication “contraindication” to “reason” for not getting medication, accordingly.

Change made across all topics in response to Q&As and voiced concerns from the provider community. False exclusions will be reduced. Abstraction time will also decrease because tools may be programmed in such a way that the abstractor can skip answering whether the patient had a reason for not getting a medication if he/she ultimately got it. Mismatches in validation should decline as well.

AMI-6: Beta-Blocker at Arrival

- ▶ Measure retired. Specifications Manual for National Hospital Inpatient Quality Measures, addendum 2.6b.

Measure retired pursuant to changes in the ACC/AHA practice guidelines for ST-segment elevation MI and non-ST segment elevation MI, the ACC/AHA AMI performance measure set, and the evolving science for AMI patient care. Hospitals that participate in the RHQDAPU program will no longer be required to submit data on the measure, beginning with discharges dated April 1, 2009, or later. CMS plans to remove AMI-6 from the Hospital Compare website by early spring 2009.

Note: Retirement of this performance measure does not reflect a disagreement with existing guidelines, which support the use of beta-blockers in many patients with coronary artery disease (CAD), including those with MI. ACC/AHA guidelines still include class I indications for beta-blockers for many such patients. Beta-blockers remain recommended therapy for patients with acute or chronic CAD, including early use in some patients with AMI.

Data Element or Table	New	Clarification	Change
Comfort Measures Only	✓		<ul style="list-style-type: none"> • Added abstraction guideline disallowing the use of CMO documentation that is dated prior to arrival or that refers to the pre-arrival time period (e.g., comfort measures only order in previous hospitalization record, “Pt. on hospice at home” in H&P). EXCEPTION: CMO documented on state-authorized portable orders (SAPOs) that are dated prior to arrival will count as CMO. SAPO examples: <ul style="list-style-type: none"> o DNR-Comfort Care form o MOLST (Medical Orders for Life-Sustaining Treatment) o POLST (Physician Orders for Life-Sustaining Treatment) • Added inclusions: Brain death, Organ harvest • Deleted inclusion: Allow natural death
All Contraindication (or Reason for no medication) data elements	✓		<ul style="list-style-type: none"> • Changed language from medication “contraindication” to “reason” for no medication, in accordance with algorithm reorder. • Made some changes so that wording, structure, etc., of definitions would be more standard across measure sets. • Made many minor changes that reduce the volume of abstraction guidelines and simplify wording. • Removed many hold “exceptions” (e.g., 1x holds, discontinuation in combination with start of different medication or dose, pre-op holds). They will now count as reasons for no medication. • Added abstraction guideline clarifying that deferral of a medication from one

Data Element or Table	New	Clarification	Change
			physician/APN/PA or pharmacist to another does NOT count as a reason for not prescribing the medication UNLESS the problem underlying the deferral is also noted.
ACEI/ARB Contraindication (or Reason for No ACEI and No ARB at Discharge)		✓	<ul style="list-style-type: none"> Modified Hypotension Inclusion list to clarify that references to “blood pressure (BP)” as the reason for no ACEI or no ARB count as a Reason for no ACEI and No ARB at Discharge. “Hypotension” need not be specified (e.g., “Start candesartan after BP normalizes”). <p>Made similar changes to the Hyperkalemia Inclusions (“potassium” references) and Worsening Renal Function Inclusions (“creatinine” references and “renal function” references not specified as renal dysfunction).</p>
All Discharge Instruction data elements		✓	<ul style="list-style-type: none"> Made many minor changes that reduce the volume of abstraction guidelines and simplify wording.
Discharge Instructions Address Symptoms Worsening	✓		<ul style="list-style-type: none"> Instructions on what to do if “symptoms worsen,” “problems occur,” “the patient’s condition changes or worsens,” etc., will NO LONGER COUNT. Credit will require that instructions be specific to heart failure symptoms. Examples: <ul style="list-style-type: none"> “Call the office if weight gain greater than 2 pounds.” “Come to the emergency room if you experience a problem with breathing.” “Make an appointment if heart failure symptoms return.”
First PCI Date AND First PCI Time		✓	<ul style="list-style-type: none"> Removed guideline: Do NOT include PCIs which were attempted but not completed on at least one vessel - e.g., angioplasty device (balloon, stent, thrombectomy device) could not be delivered to the blocked area of the artery, balloon could not be inflated, guidewire could not be advanced. Include PCIs that are completed but unsuccessful in maintaining the flow of blood through the artery. These may be described as “failed completed.” This guideline is not needed. Assignment of the ICD-9-CM PCI procedure code (00.66) has always determined which cases are included in the PCI timing measures.
LVSD	✓		<ul style="list-style-type: none"> Changed abstraction methodology for cases for which multiple in-hospital tests were done, but there is either no report or there are no EF/LVSF findings noted in the report from the most recent test. In such cases, you will now use other (non-report) sources that clearly reference the most recent test before moving on to use findings from the second most recent test if need be. [Current guidelines have the abstractor working backwards through all reports before using any non-report sources.] The priority order in the Conflicting Documentation section (numeric over narrative, calculated EF over estimated EF, etc.) now applies to ALL steps in the Methodology section, including cases in which an inpatient test was not done, but “floating” EF/LVSF descriptions are documented. (“Floating” descriptions are notations of EF/LVSF with timeframe not specified). <ul style="list-style-type: none"> Example: H&P states that patient was admitted with “moderate LVD” and the discharge summary notes that the EF was 40% (no connection to any test). Abstractor will now select ‘No.’ Made many minor changes that reduce the volume of abstraction guidelines and simplify wording.

For a complete list of changes, please see the “Release Notes” located in the Specifications Manual for National Hospital Quality Measures for discharges 4/1/2009. The manual can be found at <http://www.qualitynet.org/dcs/ContentServer?cid=1221491528970&pagename=QnetPublic%2FPage%2FQnetTier4&c=Page>

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