2017 CMS Web Interface

IVD-2 (NQF 0068): Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet

Measure Steward: NCQA

Contents

INTRODUCTION

There are a total of 15 individual measures (including one composite consisting of two measures) included in the 2017 CMS Web Interface targeting high-cost chronic conditions, preventive care, and patient safety. The measures documents are represented individually and contain measure specific information. The corresponding coding documents are posted separately in an Excel format.

The Measure Documents are being provided to allow group practices and Accountable Care Organizations (ACOs) an opportunity to better understand each of the 15 individual measures included in the 2017 CMS Web Interface data submission method. Each Measure Document contains information necessary to submit data through the CMS Web Interface.

Narrative specifications, supporting submission documentation, and calculation flows are provided within each document. Please review all of the measure documentation in its entirety to ensure complete understanding of these measures.

WEB INTERFACE SAMPLING INFORMATION

BENEFICIARY SAMPLING

For more information on the sampling process and methodology please refer to the *2017 Web Interface Sampling Document*, available at CMS.gov.

NARRATIVE MEASURE SPECIFICATION

DESCRIPTION:
Percentage of patients 18 years of age and older who were diagnosed with 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 antiplatelet during the measurement period

IMPROVEMENT NOTATION:
Higher score indicates better quality

INITIAL POPULATION:
Patients 18 years of age and older with a visit during the measurement period who had an AMI, CABG, or PCI during the 12 months prior to the measurement year or who had a diagnosis of IVD overlapping the measurement year

DENOMINATOR:
Equals Initial Population

DENOMINATOR EXCLUSIONS:
Patients who had documentation of use of anticoagulant medications overlapping the measurement year

DENOMINATOR EXCEPTIONS:
None

NUMERATOR:
Patients who had an active medication of aspirin or another antiplatelet during the measurement year

NUMERATOR EXCLUSIONS:
Not Applicable

DEFINITIONS:
None

GUIDANCE:
None

SUBMISSION GUIDANCE

PATIENT CONFIRMATION

Establishing patient eligibility for reporting requires the following:

- Determine if the patient's medical record can be found
  - If you can locate the medical record select "Yes"

  OR
  - If you cannot locate the medical record select "No - Medical Record Not Found"

  OR
  - Determine if the patient is qualified for the sample
    - If the patient is deceased, in hospice, moved out of the country or was enrolled in HMO select "Not Qualified for Sample", select the applicable reason from the provided drop-down menu, and enter the date the patient became ineligible

Guidance *Patient Confirmation*

If "No – Medical Record Not Found" or "Not Qualified for Sample" is selected, the patient is completed but not confirmed. The patient will be "skipped" and another patient must be reported in their place, if available. The Web Interface will automatically skip any patient for whom "No – Medical Record Not Found" or "Not Qualified for Sample" is selected in all other measures into which they have sampled.

If "Not Qualified for Sample" is selected and the date is unknown, you may enter the last date of the measurement period (i.e., 12/31/2017).

The Measurement Period is defined as January 1 – December 31, 2017.

NOTE:

- *In Hospice: Select this option if the patient is not qualified for sample due to being in hospice care at any time during the measurement period (this includes non-hospice patients receiving palliative goals or comfort care)*
- *Moved out of Country: Select this option if the patient is not qualified for sample because they moved out of the country any time during the measurement period*
- *Deceased: Select this option if the patient died during the measurement period*
- *HMO Enrollment: Select this option if the patient was enrolled in an HMO at any time during the measurement period (i.e., Medicare Advantage, non-Medicare HMOs, etc.)*

SUBMISSION GUIDANCE

DENOMINATOR CONFIRMATION

- Determine if the patient was diagnosed with 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
    - If the patient was diagnosed with AMI, CABG or PCI OR had an active diagnosis of IVD select "Yes"

    OR

    - If you are unable to confirm if the patient was diagnosed with AMI, CABG or PCI OR had an active diagnosis of IVD select "Not Confirmed - Diagnosis"

    OR

    - If there is a denominator exclusion for patient disqualification from the measure select "Denominator Exclusion"

    OR

    - If there is an "other" CMS approved reason for patient disqualification from the measure select "No - Other CMS Approved Reason"

Denominator and Denominator Exclusion Drug codes can be found in the 2017 Web Interface IVD Coding Document. The Downloadable Resource Mapping Table can be located in Appendix II of this document.

Guidance *Denominator*

If "Not Confirmed-Diagnosis" or "Denominator Exclusion" or "No – Other CMS Approved Reason" is selected, the patient will be "skipped" and another patient must be reported in their place, if available. The patient will only be removed from the measure for which one of these options was selected, not all Web Interface measures.

CMS Approved Reason may only be selected when approved by CMS. To request a CMS Approved Reason, you would need to provide the patient rank, measure, and reason for request in a Quality Payment Program Service Desk inquiry. A CMS decision will be provided in the resolution of the inquiry. Patients for whom a CMS Approved Reason is selected will be "skipped" and another patient must be reported in their place, if available.

NOTE:

- *The diagnosis of Peripheral Vascular Disease (PVD) and/or Peripheral Arterial Disease (PAD) would not be considered confirmation of a diagnosis of IVD*
- *Active Diagnosis is defined as a diagnosis that is either on the patient's problem list, a diagnosis code listed on the encounter, or is documented in a progress note indicating that the patient is being treated or managed for the disease or condition during the denominator identification measurement period*
- *Denominator Exclusion medications include the following anticoagulant medications (i.e., Apixaban, Argatroban, Bivalirudin, Dabigatran, Dalteparin, Desirudin, Edoxaban, Enoxaparin, Fondaparinux, Heparin, Lepirudin, Rivaroxaban, Tinzaparin, Warfarin)*

SUBMISSION GUIDANCE

NUMERATOR REPORTING

- Determine if the patient has documented use of aspirin or another antiplatelet during the measurement period
  - If the patient does not use aspirin or another antiplatelet select "No"

  OR
  - If the patient uses aspirin or another antiplatelet select "Yes"

Numerator Drug codes can be found in the 2017 Web Interface IVD Coding Document. The Downloadable Resource Mapping Table can be located in Appendix II of this document.

Guidance ***Numerator***

NOTE:

- ***Oral Antiplatelet therapy includes:*** *Aspirin, clopidogrel or combination of aspirin and extended release dipyridamole, Prasugrel, Ticagrelor, and Ticlopidine*
- ***Documented use of aspirin or another antiplatelet during the measurement period*** *may be completed during a telehealth encounter*

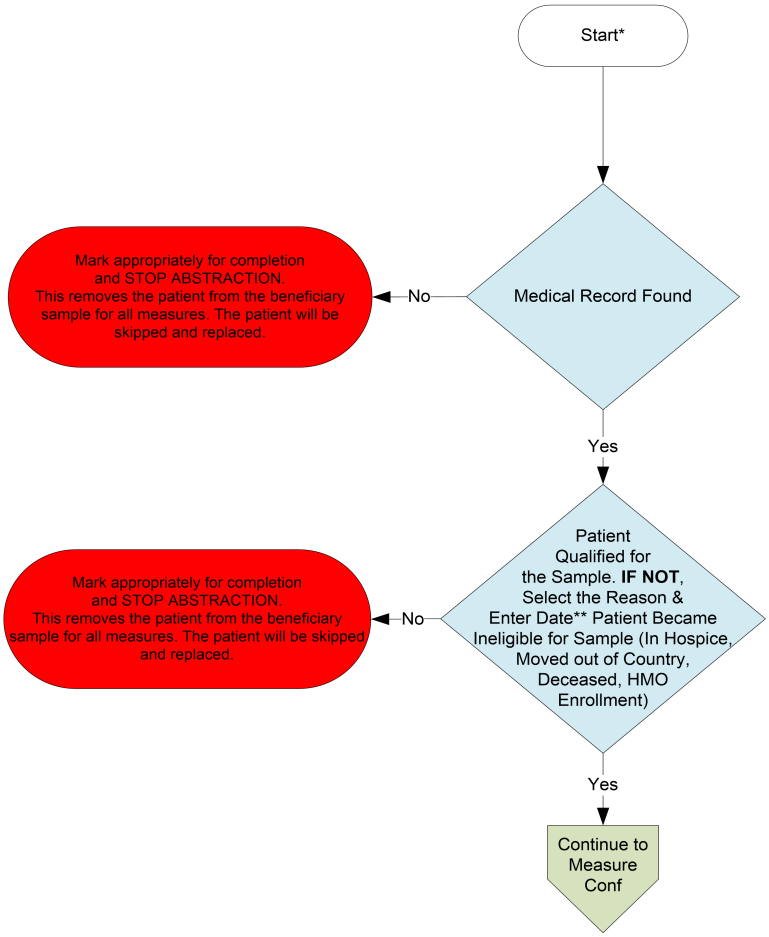
DOCUMENTATION REQUIREMENTS

When submitting data through the CMS Web Interface, the expectation is that medical record documentation is available that supports the action reported in the Web Interface i.e., medical record documentation is necessary to support the information that has been submitted.

Appendix I: Performance Calculation Flow

Patient Confirmation Flow

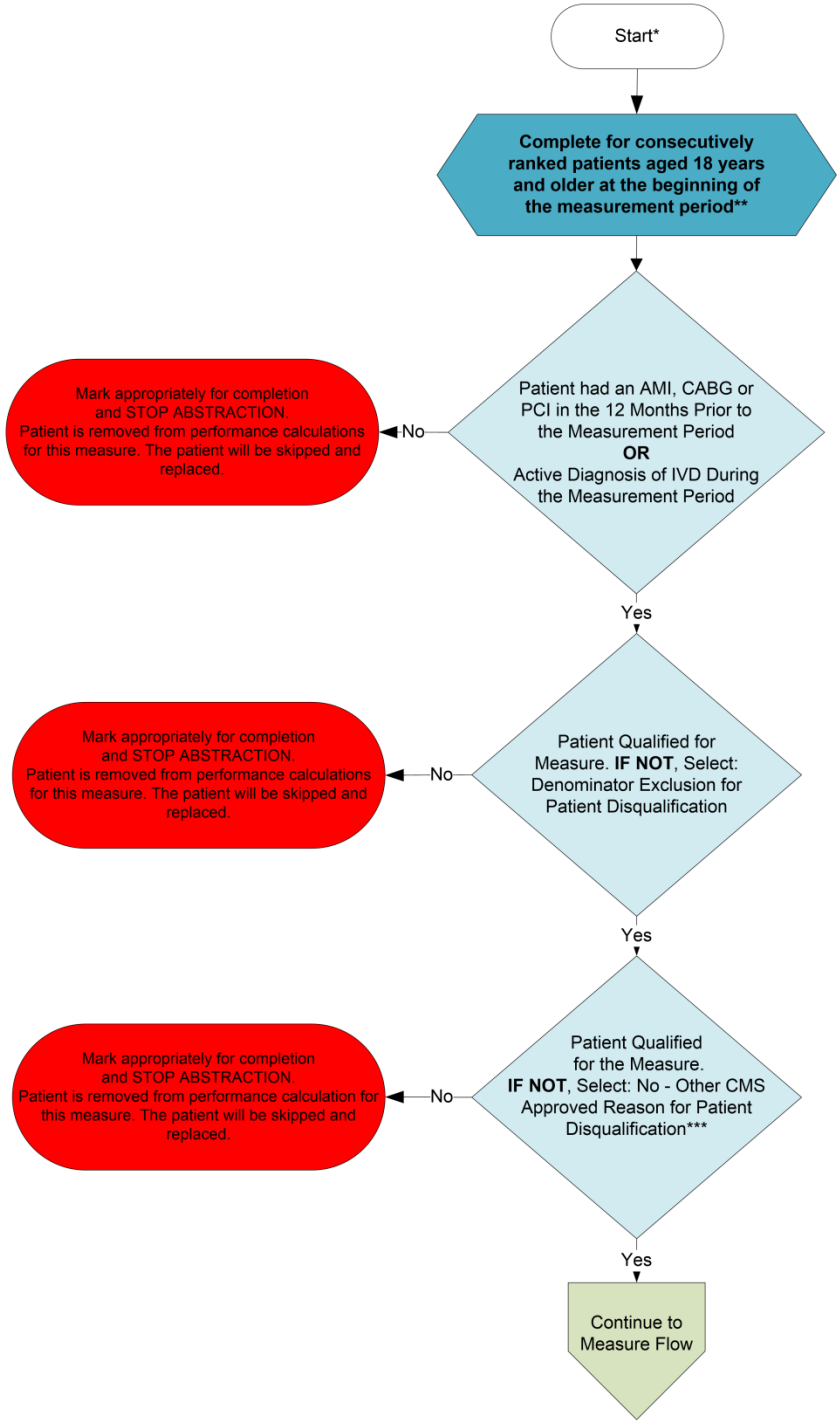
For 2017, confirmation of the “Medical Record Found”, or indicating the patient is “Not Qualified for Sample” with a reason of "In Hospice", "Moved out of Country", "Deceased", or "HMO Enrollment", will only need to be done **once** per patient.



*See the Measure Reporting Document for further instructions on how to report this measure
**If date is unknown, enter 12/31/2017

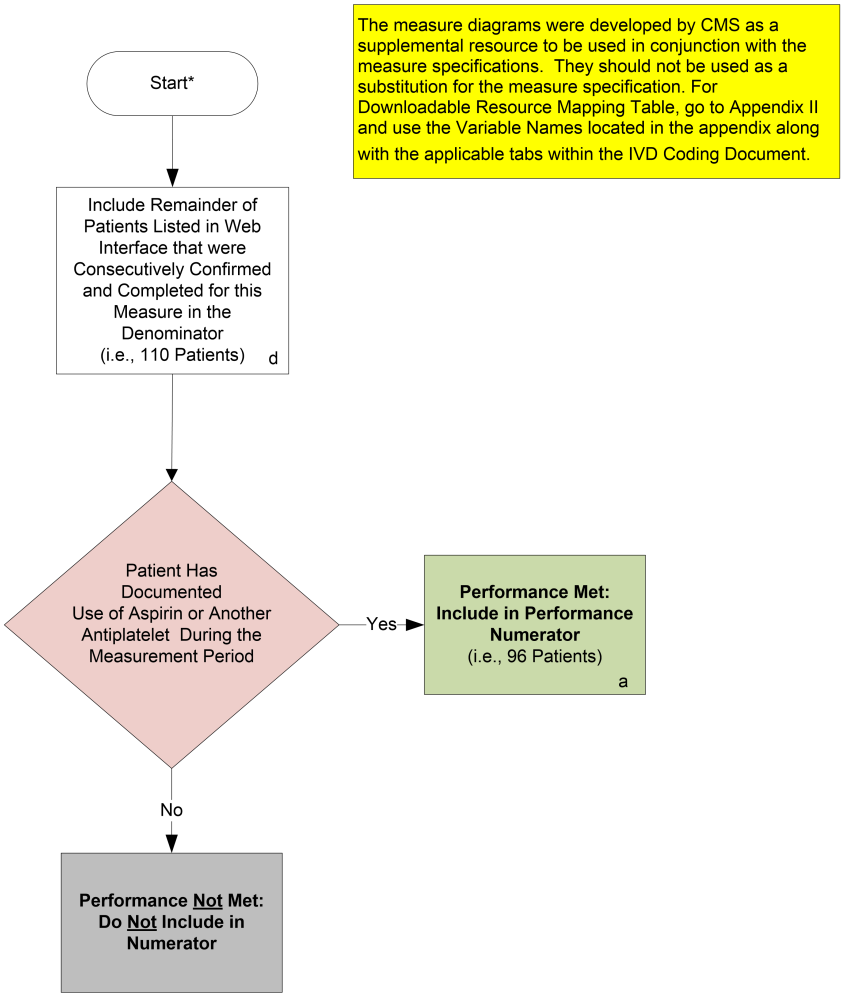
Measure Confirmation Flow for IVD-2

For 2017, measure specific reasons a patient is "Not Confirmed" or excluded for "Denominator Exclusion" or "Other CMS Approved Reason" will need to be done for each measure where the patient appears.



*See the Measure Reporting Document for further instructions on how to report this measure
**Further information regarding patient selection for specific disease and patient care measures can be found in the Web Interface Sampling Methodology Document. For patients who have the incorrect date of birth listed, a change of the patient date of birth by the abstractor may result in the patient no longer qualifying for the IVD-2 measure. If this is the case, the system will automatically remove the patient from the measure requirements.
***"Other CMS Approved Reason" may only be selected if you have received an approval from CMS in the resolution of a requested Quality Payment Program Service Desk Inquiry at qpp@cms.hhs.gov

Measure Flow for IVD-2



SAMPLE CALCULATION:

Performance Rate=
Performance Met (a=96 Patients) / Denominator (d=110 Patients) = 96 Patients / 110 Patients = 87.27%

CALCULATION MAY CHANGE PENDING PERFORMANCE MET ABOVE

*See the Measure Reporting Document for further instructions on how to report this measure

Patient Confirmation Flow

For 2017, confirmation of the "Medical Record Found", or indicating the patient is "Not Qualified for Sample" with a reason of "In Hospice", "Moved out of Country", "Deceased", or "HMO Enrollment", will only need to be done once per patient. Please refer to the Measure Reporting Document for further instructions.

1. Start Patient Confirmation Flow.

2. Check to determine if Medical Record can be found.
    a. If no, Medical Record not found, mark appropriately for completion and stop abstraction. This removes the patient from the beneficiary sample for all measures. The patient will be skipped and replaced. Stop processing.
    b. If yes, Medical Record found, continue processing.

3. Check to determine if Patient Qualified for the sample.
    a. If no, the patient does not qualify for the sample, select the reason why and enter the date (if date is unknown, enter 12/31/2017) the patient became ineligible for sample. For example; In Hospice, Moved out of Country, Deceased, HMO Enrollment. Mark appropriately for completion and stop abstraction. This removes the patient from the beneficiary sample for all measures. The patient will be skipped and replaced. Stop processing.
    b. If yes, the patient does qualify for the sample, continue to the Measure Confirmation Flow for IVD-2.

Measure Confirmation Flow for IVD-2

For 2017, measure specific reasons a patient is "Not Confirmed" or excluded for "Denominator Exclusion" or "Other CMS Approved Reason" will need to be done for each measure where the patient appears. Refer to the Measure Reporting Document for further instructions.

1. Start Measure Confirmation Flow for IVD-2. Complete for consecutively ranked patients aged 18 years and older at the beginning of the measurement period. Further information regarding patient selection for specific disease and patient care measures can be found in the Web Interface Sampling Methodology Document. For patients who have the incorrect date of birth listed, a change of the patient date of birth by the abstractor may result in the patient no longer qualifying for the IVD-2 measure. If this is the case, the system will automatically remove the patient from the measure requirements.
2. Check to determine if the patient had an AMI, CABG, or PCI in the 12 months prior to the measurement period OR has an active diagnosis of IVD during the measurement period.
    a. If no, the patient does not have an AMI, CABG, or PCI in the 12 months prior to the measurement period OR an active diagnosis of IVD during the measurement period, mark appropriately for completion and stop abstraction. Patient is removed from the performance calculations for this measure. The patient will be skipped and replaced. Stop processing.
    b. If yes, the patient had an AMI, CABG, or PCI in the 12 months prior to the measurement OR an active diagnosis of IVD during the measurement period, continue processing.
3. Check to determine if the patient qualifies for the measure (Denominator Exclusion).
    a. If no, the patient does not qualify for the measure select: Denominator Exclusion for patient disqualification. Mark appropriately for completion and stop abstraction. Patient is removed from the performance calculations for this measure. The patient will be skipped and replaced. Stop processing.
    b. If yes, the patient does qualify for the measure, continue processing.
4. Check to determine if the patient qualifies for the measure (Other CMS Approved Reason).
    a. If no, the patient does not qualify for the measure select: No – Other CMS Approved Reason for patient disqualification. Mark appropriately for completion and stop abstraction. Patient is removed from the performance calculations for this measure. The patient will be skipped and replaced. "Other CMS Approved Reason" may only be selected if you have received an approval from CMS in the resolution of a requested Quality Payment Program Service Desk Inquiry at QPP Service Desk. Stop processing.
    b. If yes, the patient does qualify for the measure, continue to IVD-2 measure flow.

Measure Flow for IVD-2

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 as a substitution for the measure specifications. For Downloadable Resource Mapping Table, go to Appendix II and use the Variable Names located in the appendix along with the applicable tabs within the IVD Coding Document.

1. Start processing 2017 IVD-2 (NQF 0068) Flow for the patients that qualified for the sample in the Patient Confirmation Flow and the Measure Confirmation Flow for IVD-2. Note: Include remainder of patients listed in the Web Interface that were consecutively confirmed and completed for this measure in the denominator. For the sample calculation in the flow these patients would fall into the 'd' category (eligible denominator, i.e. 110 patients).
2. Check to determine if the patient has documented use of Aspirin or Another Antiplatelet during the measurement period
    a. If no, the patient does not have a documented use of Aspirin or Another Antiplatelet during the measurement period, performance is not met and the patient should not be included in the numerator. Stop processing.
    b. If yes, the patient does have a documented use of Aspirin or Another Antiplatelet during the measurement period, performance is met and the patient will be included in the numerator. For the sample calculation in the flow these patients would fall into the 'a' category (numerator, i.e. 96 patients). Stop processing.

Sample Calculation

Performance Rate Equals
Performance Met is category 'a' in the measure flow (96 patients)
Denominator is category 'd' in measure flow (110 patients)
96 (Performance Met) divided by 110 (Denominator) equals a performance rate of 87.27 percent
Calculation May Change Pending Performance Met

Appendix II: Downloadable Resource Mapping Table

Each data element within this measure's denominator or numerator is defined as a pre-determined set of clinical codes. These codes can be found in the 2017 Web Interface IVD Coding Document.

* IVD-2: Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet			
Measure Component/Excel Tab	Data Element	Variable Name	Coding System(s)
Denominator/Denominator Codes	Ischemic Vascular Disease Diagnosis	IVD_DX_CODE	I9 I10 SNM
		AMI_CODE	I9 I10 SNM
		CABG_CODE	C4 HCPCS SNM
		PCI_CODE	C4 SNM
Denominator Exclusion/Denominator Exclusion Drug Codes	Anticoagulant Medications	ANTICOAG_DRUG_CODE	RxNorm (Drug EX=Y)
Numerator/Numerator Drug Codes	Aspirin/Antiplatelet Therapy	ASA_DRUG_CODE	RxNorm (Drug EX=N)

**For EHR mapping, the coding within IVD-2 is considered all-inclusive. The Antiplatelet therapy drug coding is considered all-inclusive*

Appendix III: Measure Rationale and Clinical Recommendation Statements

RATIONALE:

Cardiovascular disease, including stroke, is the leading cause of death in the United States. More than 85 million American adults have one or more types of cardiovascular disease. Specifically, more than 15 million adults (20 years and older) have coronary heart disease (CHD), over 8 million adults have angina, more than 7 million adults have had a myocardial infarction (MI), over 6 million adults have had a stroke, and nearly 7 million adults 40 years of age and older have peripheral artery disease (Mozaffarian et al., 2015). It is estimated that by 2030 more than 43 percent of Americans will have a form of cardiovascular disease (Heidenreich et al., 2011).

In 2011, the total cost of cardiovascular disease and stroke in the United States was estimated to be $320 billion. This total includes direct costs such as the cost of physicians and other health professionals, hospital services, prescribed medications and home health care, as well as indirect costs due to loss of productivity from premature mortality (Mozaffarian et al., 2015). By 2030, direct medical costs for cardiovascular disease are projected to increase to nearly $918 billion (Heidenreich, 2011).

Antiplatelet medications, such as aspirin and clopidogrel, are drugs that inhibit platelets from clumping together and forming clots. Their use in the secondary prevention of cardiovascular events is well established. In patients who are at high risk because they already have occlusive cardiovascular disease, long-term antiplatelet therapy reduces the yearly risk of serious vascular events (MI, stroke, death) by about twenty-five percent (Antiplatelet Trialists' Collaboration, 1994; 2002; 2009). A more recent systematic review of the literature confirmed the benefits of antiplatelet therapy in reducing death from cardiovascular causes, MI, or stroke (Cheng, 2013). Antiplatelet agents also have a beneficial effect in reducing all-cause mortality and fatal cardiovascular events in patients with peripheral arterial disease (Wong et al., 2011).

CLINICAL RECOMMENDATION STATEMENTS:

AHA/ACCF SECONDARY PREVENTION AND RISK REDUCTION THERAPY FOR PATIENTS WITH CORONARY AND OTHER ATHEROSCLEROTIC VASCULAR DISEASE: 2011 UPDATE:

- Aspirin 75-162 mg daily is recommended in all patients with coronary artery disease unless contraindicated. (Level of Evidence: A) Clopidogrel 75 mg daily is recommended as an alternative for patients who are intolerant of or allergic to aspirin. (Level of Evidence: B) Class I

- A P2Y12 receptor antagonist in combination with aspirin is indicated in patients after ACS or PCI with stent placement. (Level of Evidence: A) For patients receiving a bare-metal stent or drug-eluting stent during PCI for ACS, clopidogrel 75 mg daily, prasugrel 10 mg daily, or ticagrelor 90 mg twice daily should be given for at least 12 months. (Level of Evidence: A) Class I

- For patients undergoing coronary artery bypass grafting, aspirin should be started within 6 hours after surgery to reduce saphenous vein graft closure. Dosing regimens ranging from 100 to 325 mg daily for 1 year appear to be efficacious. (Level of Evidence: A) Class I

- In patients with extracranial carotid or vertebral atherosclerosis who have had ischemic stroke or TIA, treatment with aspirin alone (75-325 mg daily), clopidogrel alone (75 mg daily), or the combination of aspirin plus extended-release dipyridamole (25 mg and 200 mg twice daily, respectively) should be started and continued. (Level of Evidence: B) Class I

- For patients with symptomatic atherosclerotic peripheral artery disease of the lower extremity, antiplatelet therapy with aspirin (75-325 mg daily) or clopidogrel (75 mg daily) should be started and continued. (Level of Evidence: A) Class I

- Antiplatelet therapy is recommended in preference to anticoagulant therapy with warfarin or other vitamin K antagonists to treat patients with atherosclerosis. (Level of Evidence: A) Class I

GUIDELINES FOR THE PREVENTION OF STROKE IN PATIENTS WITH STROKE AND TRANSIENT ISCHEMIC ATTACK: 2014:

- For patients with noncardioembolic ischemic stroke or TIA, the use of antiplatelet agents rather than oral anticoagulation is recommended to reduce the risk of recurrent stroke and other cardiovascular events (Class I; Level of Evidence A).

- Aspirin (50-325 mg/d) monotherapy (Class I; Level of Evidence A) or the combination of aspirin 25 mg and extended-release dipyridamole 200 mg twice daily (Class I; Level of Evidence B) is indicated as initial therapy after TIA or ischemic stroke for prevention of future stroke. (Revised recommendation)

- Clopidogrel (75 mg) monotherapy is a reasonable option for secondary prevention of stroke in place of aspirin or combination aspirin/dipyridamole (Class IIa; Level of Evidence B). This recommendation also applies to patients who are allergic to aspirin.

- For patients with noncardioembolic ischemic stroke or TIA, the use of antiplatelet agents rather than oral anticoagulation is recommended to reduce the risk of recurrent stroke and other cardiovascular events (Class I; Level of Evidence A).

Appendix IV: Use Notices, Copyrights, and Disclaimers

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