Annual Monitoring of Diuretics

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MEASURE DESCRIPTION:

Annual Monitoring of Diuretics indicates whether a patient, aged 18 years and older, who received at least 180 days of diuretic medication therapy during the measurement year, had at least one therapeutic monitoring event (lab tests) during that same period. This excludes patients who had an inpatient stay during the measurement year.

This measure is based on the HEDIS measure *Annual Monitoring for Patients on Persistent Medications* (MPM).

PROPRIETARY STATUS:
This measure is owned by NCQA [NQF-Endorsed ™].

CRITERIA REVISION:
- This measure is based on the HEDIS® 2013 Technical Specifications for Physician Measurement criteria.
- The NDC drug codes are from the NCQA files released November 2012.

CRITERIA REVIEW DATE: 03/26/2013

MEASURE TYPE: Quality - process of care

MEASURE PACKAGE: Advantage Nationally Endorsed

MINIMUM DATA REQUIREMENTS (months): 12

MEASURE DETAILS:

DENOMINATOR:

Identifies the unique count of patients, aged 18 years and older at the end of the measurement year, who received at least 180 treatment days of ambulatory medication therapy for a diuretic therapeutic agent during the measurement year. It excludes patients who had an inpatient stay during the measurement year.

At least 180 days supply of diuretics (during the measurement year) Note: Patients may switch diuretic drugs during the measurment year and have the days supply for those medications count toward the total 180 days supply.	NDC Codes as defined by NCQA (www.ncqa.org) And Days Supply >= 180 when summed across all diuretic drug prescriptions. Only prescriptions filled during the measurement year are counted. Only the number of calendar days covered by prescriptions filled within the measurement year are counted. For example, a prescription for 90 days dispensed 30 days prior to the end of the reporting period has only 30 days counted.
AND	
Age in years (as of the end of the measurement year)	Age in Years >= 18

EXCLUSIONS:

Excludes from the eligible population all patients who had an inpatient stay anytime during the measurement year. This includes admissions to hospitals, hospices, skilled nursing facilities, intermediate care facilities, rehabilitation facilities, and residential psychiatric or substance abuse facilities.

Inpatient admission (acute, non-acute, or long- term care) (during the measurement year)	(Place of Service Code Medstat = 21, 25, 31, 32, 34, 51, 54, 55, 56, 61 Or Bill Type Code UB = 11*, 12*, 18*, 21*, 22*, 41*, 81*, 82*, 84* Or Revenue Code UB = 0115, 0118, 0125, 0128, 0135, 0138, 0145, 0148, 0155, 0158, 019*, 0650, 0655, 0656, 0658, 0659, 1001, 1002 Or HCPCS Procedure Code = H0017-H0019, T2048)

NUMERATOR:

Identifes patients, aged 18 years and older, who had at least one serum potassium test *and either* a serum creatinine or a blood urea nitrogen (BUN) test during the measurement year.

At least one lab panel that includes all 3 tests (during the measurement year)	CPT Procedure Code = 80047, 80048, 80050, 80053, 80069
OR	
At least one serum potassium test performed along with either a creatinine test or a BUN test (during the measurement year) Note: The 2 tests do not need to occur on the same date of service, but may occur on the same date.	Potassium: CPT Procedure Code = 80051, 84132 And Creatinine: (CPT Procedure Code = 82565, 82575 Or BUN CPT Procedure Code = 84520, 84525)

CONTINUOUS ENROLLMENT:

Continuously enrolled with medical and drug coverage during the measurement year, which equates to 12 months out of 12 months.

MEASURE BACKGROUND:

Adverse drug events can lead to hospital admissions. A meta-analysis estimated that in 1994 more than 1 million Americans were hospitalized because of adverse drug events, accounting for 4.7 percent of all admissions. In one survey, 25 percent of primary care outpatients reported an adverse drug event. The incidence of adverse events appears to increase with patients taking multiple drugs. Some adverse events are related to suboptimal laboratory monitoring. In one study, nearly half of all patients taking at least one chronic medication did not receive all of the laboratory tests recommended for monitoring, including drug levels for seizure medications, or renal function and electrolytes for patients taking ACE inhibitors, diuretics, or digoxin.

Therapy with a diuretic may be associated with fluid and electrolyte complications---primarily volume depletion, azotemia and hypokalemia. Hypokalemia is a relatively common problem with diuretic use, although very marked hypokalemia is relatively rare, with occurrence in less than 15 percent of patients taking diuretics for hypertension. It is generally seen with the use of high doses of diuretics without potassium supplementation. In stable patients on a fixed dose of a diuretic, most of the diuretic-induced fluid and electrolyte complications occur in the first 3 weeks of treatment, unless there is another change in the patient's status, such as a change in the diuretic dose, diet, medications, or general medical status.

Hypokalemia is of greatest concern in patients with heart disease, cirrhosis or hypotension, since it can lead to cardiac arrhythmias, especially in the presence of digoxin. It can precipitate hepatic coma in patients with advanced cirrhosis, raise blood pressure and blood sugar, and increase the risk of stroke.

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