Annual Monitoring of ACE and ARB Drugs

MEASURE DESCRIPTION:

Annual Monitoring of ACE and ARB Drugs indicates whether a patient, aged 18 years and older, who received at least 180 days of ACE inhibitor or ARB 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® 2012 Technical Specifications for Physician Measurement criteria.
- The NDC drug codes are from the NCQA files released November 2012.

CRITERIA REVIEW DATE: 03/29/2013

MEASURE TYPE:

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 an ACE/ARB therapeutic agent during the measurement year. It excludes patients who had an inpatient stay during the measurement year.

At least 180 days supply of ACE/ARB drugs (during the measurement year) Note: Patients may switch therapy during the measurement year and have the days supply for those medications count toward the total 180 days supply, (e.g., a patient who received 90 days of ACE inhibitors and 90 days of ARB drugs meets the denominator definition).	NDC Codes as defined by NCQA (www.ncqa.org) And Days Supply >= 180 when summed across all ACE or ARB 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:

Identifies 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 two 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 admission. A meta-analysis estimated that in 1994 more than one 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.

Angiotensin-converting enzyme (ACE) inhibitors and angiotensin II receptor blockers (ARBs) are widely used in the treatment of hypertension, chronic kidney disease, and heart failure, as well as other indications. These drugs are generally well tolerated, but side effects, such as hypotension, hyperkalemia, and acute renal failure do occur. The risk of hyperkalemia is increased in patients with renal insufficiency, diabetes, use of drugs that may also increase potassium such as a potassium-sparing diuretic or a nonsteroidal antiinflammatory drug, or among the elderly. The drugs are contraindicated in pregnancy due to effects on the developing fetus.
