Persistence of Beta-Blocker Treatment after a Heart Attack (PBH)

HEDIS® Measurement Year 2022

Measure description: This measure captures the percentage of members 18 years of age and older during the measurement year who were hospitalized and discharged from July 1 of the year prior to the measurement year to June 30 of the measurement year with a diagnosis of AMI and who received persistent beta-blocker treatment for six months after discharge.

Eligible population

Members 18 years and older as of December 31 of the measurement year. Compliance is measured by at least 135 days of treatment with beta-blockers during the 180-day measurement interval. This allows gaps in medication treatment of up to a total of 45 days during the 180-day measurement interval.

Measure adherence

Adherence for the PBH measure is determined by the member remaining on their prescribed beta-blocker medications for six months following discharge for a diagnosis of AMI. This is determined by pharmacy claims data (the plan will capture data each time the member fills their prescription).

The medications the NCQA lists in the HEDIS specifications are below. This is a general list and should not replace the advice or care you provide your patients regarding what is optimal to meet their healthcare needs.

Strategies for increasing medication adherence

- Advise patients who suddenly stop medication can lead to complications such as heart attack, increased hypertension, or increased anxiety.
- Develop a medication routine with each patient if they are on multiple medications that require them to be taken at different times.
- Utilize pill boxes or organizers.
- Advise patients to set up reminders and alarms for when medications are due.
- Discuss potential side effects and ways to treat the side effects of medications.

Beta-blocker medications

Description	Prescription
Noncardioselective beta-blockers	Carvedilol Labetalol Nadolol Penbutolol Pindolol Propranolol Timolol Sotalol
Cardioselective beta-blockers	Acebutolol Atenolol Betaxolol Bisoprolol Metoprolol Nebivolol
Antihypertensive combinations	Atenolol-chlorthalidone Bendroflumethiazide-nadolol Bisoprolol-hydrochlorothiazide Hydrochlorothiazide-metoprolol Hydrochlorothiazide-propranolol

What You Can Do – Coding for Telehealth:

- Synchronous telehealth visits: Requires real-time interactive audio and video tele-communications. A measure specification that is silent about telehealth includes synchronous telehealth. This is because tele-health is billed using standard CPT and HCPCS codes for professional services in conjunction with a telehealth modifier and/or a telehealth POS code.
- Telephone visits: A measure will indicate when telephone visits are eligible for use by referencing the Telephone Visits Value Set.
- Asynchronous e-visits: Sometimes referred to as an e-visit or virtual check-in, is not "real-time" but still requires two-way interaction between the member and provider.

Codes

Telehealth Modifier: 95, GT Telehealth POS: 02
Telephone Visit CPT: 98966-98968, 99441-99443
Online Assessment CPT: 989-98972, 99421-99423, 99444, 99458
Online Assessment HCPCS: G2010, G2012, G2061-G2063

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