β-Blocker Quality Measure Focuses on Outpatients

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WASHINGTON — The National Committee for Quality Assurance will begin reporting in earnest next year on how many myocardial infarction patients are receiving β-blockers 6 months after hospital discharge, as recommended by the American Heart Association and the American College of Cardiology.

This follows the organization's announcement last month that it would no longer collect data on how many acute MI patients receive β-blockers within a week of hospital discharge.

First collected in 1996, that measure—an element of the Healthcare Effectiveness Data and Information Set (HEDIS)—was "retired" in May because so many patients are now meeting the benchmark, said NCQA president Margaret O'Kane at a briefing.

Ninety-eight percent of privately insured patients older than 35 years who had survived a heart attack were prescribed a β-blocker upon discharge in 2006, according to the most recent NCQA State of Health Care Quality report.

Postdischarge β-blockers were prescribed to 94% of Medicare managed care patients and 88% of Medicaid managed care patients in 2006.

When the measure was first reported, only "two-thirds of U.S. patients who survived acute myocardial infarction received β-blockers; today, nearly all do," according to Dr. Thomas H. Lee, cochair of the NCQA Committee on Performance Measurement. "At least when it comes to this intervention, the U.S. health care system has become reliable" he said (N. Engl. J. Med. 2007;357:1175-7).

Thus, NCQA decided it would no longer collect this information. The organization decided to "evolve" the β-blocker measure by setting the bar higher, and began asking for the data in 2005, said Ms. O'Kane in an interview.

In the latest report, only 68% of Medicaid patients, 70% of Medicare patients, and 72% of privately insured patients were still taking β-blockers 6 months after an MI. There's also a huge amount of variability among plans. Ms. O'Kane said she believes that putting more scrutiny on the 6-month measure is appropriate and will improve results.

Dr. James Dove, president of the American College of Cardiology, agreed that the 6-month measure was important—probably more important than whether patients were receiving β-blockers immediately after discharge.

Most post-MI care is done on an outpatient basis, said Dr. Dove, in an interview. Plus, "the data suggest that most people who are on a β-blocker at 6 months got it at discharge," he said, adding that the new measure will capture both the immediate postdischarge data and the picture at 6 months. Dr. Dove practices at Prairie Cardiovascular Consultants in Springfield, Ill.

It will be a challenge to both health plans and physicians to improve compliance rates, he said. Electronic health records could help; health plans could use the systems to send reminders, for instance, said Dr. Dove.

Patient compliance, however, is one of the biggest hurdles. Patients might not take medications for a variety of reasons—cost, forgetfulness, fears about side effects, or because they feel better, he said.

"It's our obligation as we see the patient to reinforce why they need to take the medication," said Dr. Dove. ■

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