Outpatient Use of Beta-Blockers to Be Measured

BY ALICIA AULT
Associate Editor, Practice Trends

WASHINGTON — The National Committee for Quality Assurance will begin reporting in earnest next year on how many myocardial infarction patients are receiving beta-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 that it would no longer collect data on how many acute MI patients receive beta-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 beta-blocker upon discharge in 2006, according to the most recent NCQA State of Health Care Quality report.

Postdischarge beta-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 beta-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 to "evolve" the beta-blocker measure by setting the bar at a higher level, and it 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 beta-blockers 6 months after a myocardial infarction.

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. Most post-MI care is done on an outpatient basis, Dr. Dove said in an interview. Plus, "the data suggest that most people who are on a beta-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, Dr. Dove said.

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. ■

Generic Carvedilol Receives Green Light From FDA

The first generic formulations of the beta-blocker carvedilol (Coreg) have been approvedby the Food and Drug Administration for treating hypertension, mild to severe chronic heart failure, and left ventricular dysfunction following a myocardial infarction in clinically stable patients.

Available in four strengths—3.125 mg, 6.25 mg, 12.5 mg, and 25 mg—the tablets are made by these companies: Actavis Elizabeth LLC, Apotex Inc., Aurobindo Pharma Ltd., Caraco Pharmaceutical Laboratories Ltd., Dr. Reddy's Laboratories Ltd., Glenmark Pharmaceuticals Ltd., Lupin Ltd., Mylan Pharmaceuticals Inc., Ranbaxy Laboratories Ltd., Sandoz Inc., Taro Pharmaceutical Industries Ltd., TEVA Pharmaceuticals USA, Watson Laboratories Inc., and Zydus Pharmaceuticals (USA) Inc.

—Elizabeth Mechcatie