

*** Measure #33: Stroke and Stroke Rehabilitation: Anticoagulant Therapy Prescribed for Atrial Fibrillation at Discharge**

2010 PQRI REPORTING OPTIONS FOR INDIVIDUAL MEASURES: REGISTRY ONLY

DESCRIPTION:

Percentage of patients aged 18 years and older with a diagnosis of ischemic stroke or transient ischemic attack (TIA) with documented permanent, persistent, or paroxysmal atrial fibrillation who were prescribed an anticoagulant at discharge

INSTRUCTIONS:

This measure is to be reported for patients under active treatment for ischemic stroke or TIA with documented atrial fibrillation at discharge from a hospital during the reporting period. It is anticipated that clinicians who care for patients with a diagnosis of ischemic stroke or TIA in the hospital setting will submit this measure.

Measure Reporting via Registry:

ICD-9-CM diagnosis codes, CPT codes, and patient demographics are used to identify patients who are included in the measure's denominator. The listed numerator options are used to report the numerator of the measure. The quality-data codes have been provided for registry only measures for use by registries that utilize claims data. It is not necessary to submit these codes for registry-based submissions. Do not report this measure via claims.

NUMERATOR:

Patients who were prescribed an anticoagulant at discharge

Definitions:

Persistent Atrial Fibrillation – Recurrent atrial fibrillation, not self-terminating or terminated electrically or pharmacologically

Paroxysmal Atrial Fibrillation – Recurrent atrial fibrillation, self-terminating

Permanent Atrial Fibrillation – Long-standing atrial fibrillation (> 1 year), cardioversion failed or not attempted

Prescribed – May include prescription given to the patient for anticoagulant therapy at discharge or patient already taking anticoagulant therapy as documented in the current medication list.

Numerator Options:

Anticoagulant therapy prescribed at discharge (4075F)

OR

Anticoagulant therapy not prescribed at discharge for medical reason (4075F *with* 1P)

OR

Anticoagulant therapy not prescribed at discharge for patient reason (4075F *with* 2P)

OR

Anticoagulant therapy not prescribed at discharge, reason not specified (4075F *with* 8P)

DENOMINATOR:

All patients aged 18 years and older with the diagnosis of ischemic stroke or transient ischemic attack (TIA) with documented permanent, persistent, or paroxysmal atrial fibrillation

Denominator Criteria (Eligible Cases):

Patients aged \geq 18 years on date of encounter

AND

Diagnosis for ischemic stroke or transient ischemic attack (TIA) (ICD-9-CM): 433.01, 433.11, 433.21, 433.31, 433.81, 433.91, 434.01, 434.11, 434.91, 435.0, 435.1, 435.2, 435.3, 435.8, 435.9

AND

Diagnosis for atrial fibrillation (ICD-9-CM): 427.31

AND

Patient encounter during the reporting period (CPT): 99221, 99222, 99223, 99238, 99239

RATIONALE:

Patients with atrial fibrillation (permanent, persistent, or paroxysmal) and stroke should be prescribed an anticoagulant to prevent recurrent strokes.

CLINICAL RECOMMENDATION STATEMENTS:

Administer antithrombotic therapy (oral anticoagulation or aspirin) to all patients with AF, except those with lone AF, to prevent thromboembolism. (ACC/AHA/ESC, 2001)(Class I, Level of Evidence: A)

It is recommended that clinicians use long-term oral anticoagulation (target INR of 2.5; range, 2.0 to 3.0) for prevention of stroke in atrial fibrillation patients who have suffered a recent stroke or TIA. Oral anticoagulation is also beneficial for prevention of recurrent stroke in patients with several other high-risk cardiac sources. (Albers, ACCP, 2001) (Grade 1A)

For patients with ischemic stroke or TIA with persistent or paroxysmal AF, anticoagulation with adjusted-dose warfarin (target INR, 2.5; range 2.0 to 3.0) is recommended. (Sacco, ASA, 2006) (Class I, Level of Evidence: A)