# IT-1.2: Annual Monitoring for Patients on Persistent Medications

| **Measure Title** | **IT-1.2:** **Annual monitoring for patients on persistent medications - Angiotensin Converting Enzyme (ACE) inhibitors or Angiotensin Receptor Blockers (ARBs)**  |
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| **Description** | The percentage of patients 18 years of age and older who received at least 180 treatment days of angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARBs) during the measurement year and had at least one serum potassium and either a serum creatinine or a blood urea nitrogen therapeutic monitoring test in the measurement year. |
| **NQF Number** | Not applicable |
| **Measure Steward** | National Committee for Quality Assurance (NCQA) |
| **Link to measure citation** | http://www.qualitymeasures.ahrq.gov/content.aspx?id=47201 |
| **Measure type** | Non Stand-Alone (NSA) |
| **Performance and Achievement Type** | Pay for Performance (P4P) - QSMIC

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|  | Baseline | DY4 | DY5 |
| Achievement Level Calculations | Baseline below MPL | MPL | MPL + 10%\* (HPL-MPL) |
| Baseline above MPL | Baseline + 10%\*(HPL - Baseline) | Baseline + 20%\*(HPL - Baseline) |

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| **Benchmark Description** |

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| NCQA Quality Compass  |
| HPL (90th Percentile) | 91.30% |
| MPL (25th Percentile) or 10th if applicable | 83.70% |

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| **DSRIP-specific modifications to Measure Steward’s specification** | The Measure Steward’s specification has been modified as follows:* Replaced term "member" with "patient";
* Removed references to patient needing to be enrolled
* Replaced inclusion criteria with reference to the measure specifications;
* Removed references to Medicare specifications
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| **Denominator Description**  | Patients 18 years of age and older as of the last day of the measurement year on persistent angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARBs) -- defined as patients who received at least 180 treatment days of ambulatory medication during the measurement year  |
| **Denominator Inclusions** | Patients\* 18 years of age and older as of the last day of the measurement year on persistent angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARBs)\*\* -- defined as patients who received at least 180 treatment days\*\*\* of ambulatory medication during the measurement year* Patients may switch therapy with any medication listed in Table CDC-L during the measurement year and have the days supply for those medications count toward the total 180 treatment days (i.e., a member who received 90 days of ACE inhibitors and 90 days of ARBs meets the denominator definition for this measure)
* Treatment days are the actual number of calendar days covered with prescriptions within the measurement year (i.e., a prescription of 90 days supply dispensed on December 1 of the measurement year counts as 30 treatment days). Sum the days supply for all medications and subtract any days supply that extends beyond December 31 of the measurement year.
* Medications dispensed in the year prior to the measurement year must be counted toward the 180 treatment days.
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| **Denominator Exclusions** | Exclude patients who had an inpatient (acute or nonacute) claim/encounter during the measurement year. (Optional) |
| **Denominator Size** | Providers must report a minimum of 30 cases per measure during a 12-month measurement period * For a measurement period where the denominator size is less than or equal to 75, providers must report on all cases. No sampling is allowed.
* For a measurement period where the denominator size is less than or equal to 380 but greater than 75, providers must report on all cases (preferred, particularly for providers using an electronic health record) or a random sample of not less than 76 cases.
* For a measurement period where the denominator size is greater than 380, providers must report on all cases (preferred, particularly for providers using an electronic health record) or a random sample of cases that is not less than 20% of all cases; however, providers may cap the total sample size at 300 cases.
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| **Numerator Description**  | Patients from the denominator with at least one serum potassium and either a serum creatinine or a blood urea nitrogen therapeutic monitoring test in the measurement year  |
| **Numerator Inclusions** | Patients from the denominator with at least one serum potassium *and* either a serum creatinine or a blood urea nitrogen therapeutic monitoring test in the measurement year (refer to Table MPM-A in the original measure documentation for codes to identify physiologic monitoring tests). The patient must meet one of the following criteria to be compliant.* A code for a *lab panel* test during the measurement year
* A code for a serum potassium ***and*** a code for serum creatinine during the measurement year
* A code for serum potassium ***and*** a code for blood urea nitrogen during the measurement year

Note: The tests do not need to occur on the same service date, only within the same measurement year.  |
| **Numerator Exclusions** | The Measure Steward does not identify specific numerator exclusions beyond what is described in the numerator description. |
| **Setting** | Ambulatory |
| **Data Source** | Administrative clinical dataLaboratory dataPharmacy data  |
| **Allowable Denominator Sub-sets** | All denominator subsets are permissible for this outcome  |