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FACT SHEET

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CMS Updates the National Hospital Quality Measure Acute Myocardial Infarction Set for Discharges as of April 1, 2009

The Centers for Medicare & Medicaid Services (CMS) announced today that it plans to retire one of the quality measures it collects under the Agency's hospital quality pay-for-reporting program. Hospitals will see a change in their reporting requirements as of April 1, 2009, and consumers will also notice changes to the information available to them on the Hospital Compare website.

Background

CMS currently collects 30 quality measures as part of its Reporting Hospital Quality Data for Annual Payment Update (RHQDAPU) program, which requires most hospitals to submit data for specific quality measures for health conditions common among people with Medicare, and which typically result in hospitalization. This initiative is intended to equip consumers with quality of care information to make more informed decisions about their health care, while encouraging hospitals and clinicians to improve the quality of inpatient care provided to all patients. The hospital quality of care information gathered through the initiative is available to consumers on the Hospital Compare website at http://www.hospitalcompare.hhs.gov.

Hospitals that do not participate in the RHQDAPU initiative—or that do not meet CMS' data reporting requirements under the program—will receive a reduction of **2.0 percent** in their Medicare Annual Payment Update for the coming fiscal year.

Retirement of Quality Measure

As of April 1, 2009, CMS plans to retire measure AMI-6, known as, "Acute myocardial infarction patients without beta-blocker contraindications who received a beta-blocker within 24 hours after hospital arrival."

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Hospitals that participate in the RHQDAPU program will no longer be required to submit data on the measure, beginning with discharges dated April 1, 2009 or after. Until then, CMS encourages hospitals to use the "Reason for No Beta-Blocker on Arrival" exclusion in order to remove high-risk patients from the measure.

Changes to Hospital Compare

CMS currently reports AMI-6 as one of the quality measures available to consumers on the Hospital Compare website at www.hospitalcompare.hhs.gov. CMS is working to remove the AMI-6 measure from the website, and hopes to complete the measure removal on the site by early spring 2009.

Reason for the Retirement

These changes are pursuant to changes in the American College of Cardiology/American Heart Association (ACC/AHA) practice guidelines for ST-segment elevation myocardial infarction and non-ST segment elevation myocardial infarction and the evolving science for AMI patient care.

CMS has collected AMI-6 data on hospitals' acute myocardial infarction (AMI) patients since the RHQDAPU program began in 2005. Since then, more recent evidence has surfaced about the importance of treating AMI patients with beta-blocker therapy. In particular, the Clopidogrel and Metoprolol in Myocardial Infarction Trial (COMMIT) found that while beta-blockers reduced the risk of death from arrhythmia and re-infarction, they also can significantly increase the risk of cardiogenic shock within the first 24 hours of admission in some patients with a previous history of heart failure.

In response to the COMMIT results, a joint practice advisory was issued by the ACC, the AHA, the Agency for Healthcare Research & Quality, the Joint Commission, and CMS, which acknowledged the new evidence, but determined that the measure should remain in place for hospital quality reporting.

In December 2007, the ACC/AHA updated some of its clinical guidelines to acknowledge that some AMI patients are not appropriate for early beta-blocker therapy, and that the current evidence base for the administration of oral versus intravenous (IV) beta-blockers differs. The new guideline recommends that early intravenous beta blockers should specifically be avoided in some patient populations. Balancing and integrating these factors into clinical decision making produces a complexity for performance measurement which would make a revised AMI-6 measure a burden to collect. Based on these new studies, the ACC/AHA Task Force on Performance Measures has removed this measure from their list of supported performance measures as of November 10, 2008.

Although performance measures are not intended to be used as practice standards, many end-users interpret them in this manner. For AMI-6, there is a potential unintended consequence that clinicians or providers may attempt to treat patients with beta blockers despite the presence of clinical contraindications and despite the ability to exclude these cases from the current measure through appropriate documentation.

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CMS and other hospital quality measurement stakeholders have reviewed the issue, and determined that due to changes in and interpretation of the evidence base, the current requirement to submit this measure for the RHQDAPU and other reporting initiatives may adversely affect the way physicians practice medicine and ultimately harm patients. Therefore, under CMS' legal authority for the RHQDAPU program, CMS decided to suspend the measure. In adherence to the process mentioned in the FY 2008 final rule (72 Fed. Reg. 47,359) regarding retiring or replacing a measure, CMS will use the Measure Management System and initiate an ad-hoc review of the measure.

It is also noteworthy that the retirement of this performance measure does not reflect a disagreement with existing guidelines, which support the use of beta blockers in many patients with coronary artery disease, including those with myocardial infarction. Specifically, the ACC/AHA guidelines still include class I indications for beta blockers for many such patients (note, class I indications are those conditions for which there is evidence and/or general agreement that a given procedure or treatment is beneficial, useful, and effective).

Thus, although the ACC/AHA have recommended the retirement of the performance measure assessing rates of use of beta blockers within 24 hours of presentation for patients with AMI, there remain many clinical circumstances where beta blockers are recommended therapy for patients with both acute and chronic coronary artery disease, including early use in some patients with AMI.

It is important to note that this evidence in no way affects the SCIP-Card-2 measure, Surgery Patients on Beta-Blocker Therapy Prior to Admission Who Received a Beta-Blocker During the Perioperative Period.

For more information about the change, hospitals and other quality stakeholders should visit the QualityNet website at www.qualitynet.org or contact the Hospital Quality Reporting Support Contractor at hrpqiosc@iaqio.sdps.org. For more information about Hospital Compare, visit www.hospitalcompare.hhs.gov.

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