



# Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)

Learn how to improve your HEDIS<sup>1</sup> rates. This tip sheet gives key details about the Persistence of Beta-Blocker Treatment After a Heart Attack (PBH) measure, best practices and more resources.



## Measure

Percentage of patients ages 18 years and older during the measurement year who:

- Were hospitalized and discharged from July 1 of the year prior to the measurement year to June 30 of the measurement year with a diagnosis of acute myocardial infarction (AMI); and
- Received persistent beta-blocker treatment for six months after discharge.

## Eligible population

Ages:	18 years and older as of December 31 of the measurement year.
Continuous enrollment:	Discharge date through 179 days after discharge.

<sup>1</sup>HEDIS – Healthcare Effectiveness Data and Information Set.

## Beta-blocker medication list

Description	Prescription
Non-cardioselective beta-blockers	<ul style="list-style-type: none"> <li>• Carvedilol</li> <li>• Labetalol</li> <li>• Nadolol</li> <li>• Pindolol</li> <li>• Propranolol</li> <li>• Timolol</li> <li>• Sotalol</li> </ul>
Cardio selective beta-blockers	<ul style="list-style-type: none"> <li>• Acebutolol</li> <li>• Atenolol</li> <li>• Betaxolol*</li> <li>• Bisoprolol</li> <li>• Metoprolol</li> <li>• Nebivolol</li> </ul>
Antihypertensive combinations	<ul style="list-style-type: none"> <li>• Atenolol-chlorthalidone</li> <li>• Bendroflumethiazide-nadolol*</li> <li>• Bisoprolol-hydrochlorothiazide</li> <li>• Hydrochlorothiazide-metoprolol</li> <li>• Hydrochlorothiazide-propranolol*</li> </ul>

\*Non-formulary

## Best practices

- Counsel patients that suddenly stopping medication can lead to complications such as heart attack, increased high blood pressure or increased anxiety.
- Create a medication schedule with each patient if they are on multiple medications that require them to be taken at different times.
- Recommend patients set up reminders or alarms for when medications are due.
- Discuss potential side effects and ways to treat the side effects of medications.
- Utilize pill boxes or organizers.
- Know and use appropriate diagnosis codes.
- Connect with Cozeva® to receive timely admission, discharge, transfer Admission Discharge Transfer Data (ADT) data from Wellcare, to identify members who recently discharged and had a principal diagnosis of acute myocardial infarction. Start patients on 90-day supply for better medication adherence and educate them on the benefits of a Beta-blocker and the importance of taking it as prescribed.
- Collaborate with the patient's cardiologist and pharmacist to help ensure consistent messaging, follow-up, and monitor medication adherence.
- Provide smoking cessation information and other appropriate health education programs to eliminate risk factors.
  - Teladoc's Medicare Tobacco Cessation Program: This program includes communications with educational resources. Coaching support is available 24/7 for up to a year during their flexible quit approach. A member initiates through the Teladoc smartphone app, or visiting [www.teladoc.com/hn](http://www.teladoc.com/hn), or can be referred into the program by a provider during a general medical visit. Ways to request a consult include the smartphone app, website, or dialing 800-TELADOC (800-835-2362; TTY: 711).

(continued)

## Required exclusions

- Patients in hospice or using hospice services any time during the measurement year.
- Patients who died any time during the measurement year.
- Patients identified as having an intolerance or allergy to beta-blocker therapy.
- Patients identified with any of the following during the member's history through the end of the continuous enrollment period criteria:
  - Asthma
  - COPD
  - Obstructive chronic bronchitis
  - Chronic respiratory conditions due to fumes and vapors
  - Hypotension, heart block > 1 degree or sinus bradycardia
  - A medication dispensing event indicative of a history of asthma (see table below).

## Asthma exclusions medications

Description	Prescription
Bronchodilator combinations	<ul style="list-style-type: none"> <li>• Budesonide-formoterol</li> <li>• Fluticasone-vilanterol</li> <li>• Fluticasone-salmeterol</li> <li>• Formoterol-mometasone</li> </ul>
Inhaled corticosteroids	<ul style="list-style-type: none"> <li>• Beclomethasone</li> <li>• Budesonide</li> <li>• Ciclesonide</li> <li>• Flunisolide</li> <li>• Fluticasone</li> <li>• Mometasone</li> </ul>

## Other exclusions

- Medicare patients ages 66 years and older as of December 31 of the measurement year who meet either of the following:
  - Enrolled in an Institutional Special Needs Plan (I-SNP) or living in a long-term institution any time on or between July 1 of the year prior to the measurement year and the end of the measurement year.
- Patients ages 66–80 years as of December 31 of the measurement year with frailty and advanced illness. Members must meet both frailty and advanced illness criteria to be excluded.
- Patients ages 81 years and older as of December 31 of the measurement year with at least two indications of frailty.
- During the measurement year or the year prior to the measurement year if dispensed dementia medication (see table below).

## Dementia exclusion medications

Description	Medication
Cholinesterase inhibitors	<ul style="list-style-type: none"> <li>• Donepezil</li> <li>• Galantamine</li> <li>• Rivastigmine</li> </ul>
Miscellaneous central nervous system agents	<ul style="list-style-type: none"> <li>• Memantine</li> </ul>
Dementia combinations	<ul style="list-style-type: none"> <li>• Donepezil-memantine</li> </ul>