Beta-Blockers for Acute Myocardial Infarction

Question:

How are heart failure patients with AMI handled in the CMS/JCAHO beta blocker measures?

Answer:

In the ‘Beta Blocker on Arrival’ measure (AMI-6), patients with documented heart failure on arrival or within 24 hours of arrival are automatically excluded from the measure, regardless of whether they received a beta blocker, via any route. Terminology considered synonymous with heart failure is extensive (see ‘Contraindication to Beta Blocker on Arrival’ definition for more details):

- biventricular failure
- cardiac decompensation
- cardiac failure
- congestive heart failure (CHF)
- edema described as alveolar, diffuse interstitial, diffuse interstitial pulmonary, interstitial, pulmonary, or pulmonary interstitial
- edema of the lungs
- edema not described as pulmonary in nature, if referenced as chest x-ray finding (e.g., “CXR shows mild edema”)
- fluid overload
- heart failure described as left, right, or unspecified
- perihilar congestion
- pulmonary congestion
- pump failure
- vascular congestion
- venous congestion
- ventricular failure
- volume overload
- wet lungs

Please note that chest x-ray reports are excluded sources in data collection – but MD/NP/PA references to chest x-ray findings are acceptable.

AMI patients with heart failure are not automatically excluded from the Beta Blocker at Discharge measure (AMI-5). If an MD/NP/PA documents that he/she did not prescribe beta blockers at discharge because of the patient’s heart failure, the case will be excluded.
Question:
Will the CMS/JCAHO measure be changed as a result of the findings from the COMMIT/CCS-2 study?

Answer:
We are aware of this study and CMS, JCAHO, ACC, AHA and AHRQ are working together to address these findings. See CMS, JCAHO, ACC, AHA and AHRQ Practice Advisory “Commitment to Respond to COMMIT/CCS-2 Trial Results Beta Blocker Use for Myocardial Infarction (MI) Within 24 Hours of Hospital Arrival” dated April 27, 2005.