Effectiveness of Care Measure



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

Learn how to improve your HEDIS¹ 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.

24-519 (6/24) (continued)

¹HEDIS - Healthcare Effectiveness Data and Information Set.

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Beta-blocker medication list

Description	Prescription
Non-cardioselective beta- blockers	 Carvedilol Labetalol Nadolol Pindolol Propranolol Timolol Sotalol
Cardio selective beta-blockers	 Acebutolol Atenolol Bisoprolol Metoprolol Nebivolol*
Antihypertensive combinations	 Atenolol-chlorthalidone* Bisoprolol-hydrochlorothiazide Hydrochlorothiazide-metoprolol

^{*}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 Health Net*, to identify members who recently discharged and had a principal diagnosis of acute myocardial infarction. Start patients on a 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 monitoring of medication adherence.
- Provide smoking cessation information and other appropriate health education programs to eliminate risk factors.
 - Kick It California is a free program to help people quit using tobacco including vaping and smokeless products. It offers a range of services, from one-on-one quit coaching to text programs and self-help materials. Visit their website, kickitca.org, for more information.

• 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 Asthma Exclusions Medications table below).

Asthma exclusions medications

Required

exclusions

Description	Prescription
Bronchodilator combinations	Budesonide-formoterolFluticasone-vilanterolFluticasone-salmeterolFormoterol-mometasone
Inhaled corticosteroids	 Beclomethasone Budesonide Ciclesonide Flunisolide Fluticasone Mometasone

Dementia exclusion medications

Description	Medication
Cholinesterase inhibitors	DonepezilGalantamineRivastigmine
Miscellaneous central nervous system agents	Memantine
Dementia combinations	Donepezil-memantine