The two measures, # 0964 and # 2452 have been conceptually or technically harmonized to the greatest extent possible by the measure stewards. The variation from this harmonization exists only in the treatment of patients who are contraindicated to the specific medication therapies.

Patients within measure # 0964: ‘Therapy with aspirin, P2Y12 inhibitor, and statin at discharge following PCI in eligible patients,’ that have relevant medications coded as “contraindicated” due to a clinically determined medical exceptions or patient reasons, are treated as “performance met” and are included in the numerator.

Patients within measure # 2452: ‘Percutaneous Coronary Intervention (PCI): Post-procedural Optimal Medical Therapy,’ that have relevant medications coded “contraindicated” due to a clinically determined medical exceptions or patient reasons, are removed entirely from consideration.

A side by side comparison of the harmonization between each factor of these two measures is copied below.

<table>
<thead>
<tr>
<th>Measure Title (De.1)</th>
<th>Measure Description (De.2)</th>
<th>Measure Focus/Numerator Statement</th>
<th>Time Window</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Measure # 0964</strong></td>
<td>Therapy with aspirin, P2Y12 inhibitor, and statin at discharge following PCI in eligible patients</td>
<td>Patients undergoing PCI who receive prescriptions for all medications (aspirin, P2Y12 and statins) for which they are eligible for at discharge</td>
<td>1 year</td>
</tr>
<tr>
<td><strong>Measure # 2452</strong></td>
<td>Percutaneous Coronary Intervention (PCI): Post-procedural Optimal Medical Therapy</td>
<td>Percentage of patients aged 18 years and older for whom PCI is performed who are prescribed optimal medical therapy at discharge</td>
<td>For Perioperative Measures: Once for each surgical procedure performed during the measurement period</td>
</tr>
<tr>
<td><strong>Measure Developer comment:</strong></td>
<td>Level of harmonization</td>
<td></td>
<td>Conceptually &amp; Technically harmonized</td>
</tr>
</tbody>
</table>

**Conceptually harmonized**
### Target Population/Denominator Statement

Patients surviving hospitalization who are eligible to receive any of the three medication classes:

1) Eligible for aspirin (ASA): Patients undergoing PCI who do not have a contraindication to aspirin documented AND

2) Eligible for P2Y12 agent (clopidogrel, prasugrel, or ticlopidine): Patients undergoing PCI with stenting who do not have a contraindication to P2Y12 agent documented AND

3) Eligible for statin therapy: Patients undergoing PCI who do not have a contraindication to statin therapy.

All patients aged 18 years and older for whom PCI is performed who are eligible for any of the following medications (ie, patient has no contraindication, allergy, intolerance):

- Aspirin
- P2Y12 inhibitor (only for PCIs with stenting)
- Statin

### Exclusions from Target Population/Denominator

- Discharge status of expired;
- Patients who left against medical advice,
- Patients discharged to hospice or for whom comfort care measures only is documented;
- Patients discharged to other acute hospital

### Exclusion Details

NCDR has a clear distinction between absolute “Exclusions” (e.g., death, transfer) and relative “Exceptions”, (e.g., contraindications).

While patients with exclusions are always automatically removed from the denominator and numerator, exceptions allow clinicians the opportunity to identify an intervention/process/medication as not clinically indicated based on the unique patient scenario.

Each of the three medications incorporated into this composite may be coded as Yes (medication prescribed), No (medication not prescribed), Blinded (pt. involved in a clinical trial, medication type unavailable for data entry), and Contraindicated (used to capture many of the medical exceptions used in measure #2452).

According to the ACCF/AHA/PCPI methodology, exclusions arise when the intervention required by the numerator is not appropriate for a group of patients who are otherwise included in the initial patient or eligible population of a measure (ie, the denominator).

Exclusions are absolute and are to be removed from the denominator of a measure and therefore clinical judgment does not enter the decision. For this measure, exclusions include patients who died, etc.

Exclusions, including applicable value sets, are included in the measure specifications. Additional details by data source are as follows: The electronic specifications for registry reporting necessary to capture the excluded population are included in the Appendix, attached to Section A.1 in the ‘Additional’ tab.

### Exceptions

Note: Contraindicated and those participating in blinded studies are also considered as exceptions

The Exception Justification intended for this measure is described in the Nallamothu BK, Tommaso CL,
and performance met.


The PCI Work Group agreed to include a medical reason exception so that clinicians can exclude patients for whom the prescription of aspirin, P2Y12 inhibitor, or statin therapy may not be appropriate (eg, allergy, intolerance, other medical reasons for not prescribing the therapy at discharge). A patient reason exception has been included for patients who might decline any of these particular pharmacologic agents.