

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.

	Measure # 0964 Therapy with aspirin, P2Y12 inhibitor, and statin at discharge following PCI in eligible patients	Measure # 2452 Percutaneous Coronary Intervention (PCI): Post-procedural Optimal Medical Therapy	Measure Developer comment: Level of harmonization
Measure Title (De.1)	Therapy with aspirin, P2Y12 inhibitor, and statin at discharge following PCI in eligible patients	Percutaneous Coronary Intervention (PCI): Post-procedural Optimal Medical Therapy	Conceptually harmonized
Brief Description of Measure (De.2)	Patients undergoing PCI who receive prescriptions for all medications (aspirin, P2Y12 and statins) for which they are eligible for at discharge	Percentage of patients aged 18 years and older for whom PCI is performed who are prescribed optimal medical therapy at discharge	Conceptually harmonized
Level of Analysis	Facility	Clinician: Individual	
Measure Focus/ Numerator Statement	Patients who receive all medications for which they are eligible. 1. Aspirin prescribed at discharge (if eligible for aspirin as described in denominator) AND 2. P2Y12 agent (clopidogrel, prasugrel, or ticlopidine) prescribed at discharge (if eligible for P2Y12 as described in denominator) AND 3. Statin prescribed at discharge (if eligible for statin as described in denominator)	Patients who are prescribed* all of the medications, for which they are eligible, at discharge *Prescribed may include prescription given to the patient for medications at discharge OR patient already taking medications as documented in current medication list	Conceptually & Technically harmonized
Time Window	1 year	For Perioperative Measures: Once for each surgical procedure performed during the measurement period	Conceptually harmonized

Target Population/ Denominator Statement	<p>Patients surviving hospitalization who are eligible to receive any of the three medication classes:</p> <p>1) Eligible for aspirin (ASA): Patients undergoing PCI who do not have a contraindication to aspirin documented</p> <p>AND</p> <p>2) Eligible for P2Y12 agent (clopidogrel, prasugrel, or ticlopidine): Patients undergoing PCI with stenting who do not have a contraindication to P2Y12 agent documented</p> <p>AND</p> <p>3) Eligible for statin therapy: Patients undergoing PCI who do not have a contraindication to statin therapy.</p>	<p>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):</p> <ul style="list-style-type: none"> • Aspirin • P2Y12 inhibitor (only for PCIs with stenting) • Statin 	Conceptually & Technically harmonized
Exclusions from Target Population/ Denominator	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Patients who expired • Patients who left against medical advice • Patient discharged to hospice or for whom comfort care measures only is documented • Patient discharged to other acute care hospital 	Conceptually harmonized, not technically harmonized
Exclusion Details	<p>NCDR has a clear distinction between absolute “Exclusions” (e.g., death, transfer) and relative “Exceptions”, (e.g., contraindications).</p> <p>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.</p> <p>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).</p>	<p>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).</p> <p>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. etc.</p> <p>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.</p>	
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 Nallamotheu BK, Tommaso CL,	Conceptually harmonized, not technically harmonized

	and performance met.	<p>Anderson H, et al. ACC/AHA/SCAI/AMA–Convened PCPI/NCQA 2013 Performance Measures for Adults Undergoing Percutaneous Coronary Intervention: A Report of the American College of Cardiology/American Heart Association Task Force on Performance Measures, the Society for Cardiovascular Angiography and Interventions, the American Medical Association–Convened Physician Consortium for Performance Improvement, and the National Committee for Quality Assurance. J Am Coll Cardiol. 2014;63(7):722-745. doi:10.1016/j.jacc.2013.12.003.</p> <p>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</p>	
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