BPCI Advanced and Quality

The Center for Medicare & Medicaid Innovation’s (the CMS Innovation Center’s) BPCI Advanced Model rewards health care providers for delivering services more efficiently, supports enhanced care coordination, and recognizes high quality care. Hospitals and clinicians should work collaboratively to achieve these goals, which have the potential to improve the BPCI Advanced Beneficiary experience and align to the CMS Quality Strategy goals of promoting effective communication and care coordination, highlighting best practices, and making care safer and more affordable. A goal of the BPCI Advanced Model is to promote seamless, patient-centered care throughout each Clinical Episode, regardless of who is responsible for a specific element of that care.

Background on Chronic Anticoagulation Therapy

Stroke and systemic embolization are the most frequent major complications of atrial fibrillation. Anticoagulants are medications that dissolve existing blood clots and prevent new ones from forming. These medications substantially reduce the risk of embolic events, and current guidelines include a class I A (Strong recommendation; High quality evidence) recommendation for oral anticoagulation in atrial fibrillation / atrial flutter patients at increased risk for stroke.

CMS Innovation Center Rationale for Including the Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy Measure in BPCI Advanced

The CMS Innovation Center applied the Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy Measure to the Cardiac Arrhythmia Clinical Episode because it promotes patient-centric care for atrial fibrillation patients at increased risk for stroke.


those experiencing atrial flutter and atrial fibrillation.\(^7\) The appropriate use of antithrombotic therapy and the control of other risk factors, including hypertension and hypercholesterolemia, substantially reduce stroke risk.\(^7\) Current guidelines recommend a careful risk assessment of patients with atrial fibrillation and flutter. The selection of an antithrombotic agent should be based on shared decision making that acknowledges risk factors, cost, tolerability, patient preference, potential for drug interactions, and other clinical considerations. The Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy measure clearly indicates whether care teams have conducted an assessment and prescribed anticoagulation therapy for those patients whose risk level warrants it. CMS uses this measure in Federal reporting programs, including CMS\(^7\) Quality Payment Program, Merit-Based Incentive Payment System (QPP MIPS).

### Applicable Clinical Episodes

The Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy measure is included in the Alternate Quality Measures Set and applies to the following inpatient Clinical Episode:\(^8\):

- Cardiac Arrhythmia: Medicare Severity–Diagnosis-Related Groups (MS-DRG) 308, 309, and 310

### Measure Specifications

The Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy measure selected for BPCI Advanced follows National Quality Forum (NQF) #1525 measure specifications. The measure involves using the using the CHA\(_2\)DS\(_2\)-VASc Stroke Risk Assessment tool, which allows providers and care teams to quantify stroke risk for patients with nonvalvular atrial fibrillation or atrial flutter. Any Medicare health care provider, including physicians, advance practice nurses, registered nurses, licensed practical nurses, physician assistants and medical assistants can conduct the CHA\(_2\)DS\(_2\)-VASc Stroke Risk Assessment and calculate the score for each patient by adding up the points in each Yes/No criterion, where only a “Yes” answer results in points. If the result from the assessment is two or greater, they should make sure the patient is discharged with a prescription for an anti-coagulant.

<table>
<thead>
<tr>
<th>CHA(_2)DS(_2)-VASc Criteria</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Congestive heart failure (HF)</td>
<td>1</td>
</tr>
<tr>
<td>Hypertension</td>
<td>1</td>
</tr>
<tr>
<td>Age &gt;= 75 years</td>
<td>2</td>
</tr>
<tr>
<td>Diabetes mellitus</td>
<td>1</td>
</tr>
<tr>
<td>Stroke/Transient Ischemic Attack (TIA)/Thromboembolism (TE)</td>
<td>2</td>
</tr>
<tr>
<td>Vascular disease (prior myocardial infarction (MI), peripheral artery disease (PAD), or aortic plaque)</td>
<td>1</td>
</tr>
</tbody>
</table>


\(^8\) MS-DRGs are up to date as of Model Year 3 (2020) and will be updated for Model Year 4 as needed.
The registry will calculate acute care hospital (ACH) level performance for all patients included in the

denominator. The term “patients” refers to people 18 years and older who undergo a procedure at the
hospital associated with the Clinical Episodes from the “Applicable Clinical Episodes” section, not limited
to Medicare beneficiaries or BPCI Advanced Beneficiaries. For Physician Group Practices (PGPs), the
registry will calculate the measure as specified at individual hospitals, then the CMS Innovation Center
will weight measure performance based on PGP Clinical Episode volume for each ACH where a PGP
triggers an episode.

Denominator

The denominator for the Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy measure
includes all patients 18 years and older with a diagnosis of nonvalvular atrial fibrillation or atrial flutter
with a diagnosis of nonvalvular AF or atrial flutter who do not have a documented CHA2DS2-VASc risk
score of 0 or 1 for men; or 0, 1, or 2 for women.

Numerator

The numerator includes all individuals in the previously defined denominator who received a
prescription for chronic warfarin or another FDA-approved oral anticoagulant prior to hospital
discharge, as indicated by the CPT II G8967.

Measure Submission

BPCI Advanced Participants may submit this measure through the American Heart Association® (AHA)
Get with the Guidelines (GWTG)®-AFib Registry.

Revisions to the Published Specifications

The BPCI Advanced version of this measure uses the denominator listed above based on the updated
2019 AF guideline.

Composite Quality Score

The Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy measure is one component of
the BPCI Advanced Composite Quality Score (CQS) calculation. The CMS Innovation Center uses the CQS
to adjust a portion of any Positive Total Reconciliation Amount and any Negative Total Reconciliation
Amount. The CQS adjustment will not adjust the Positive Total Reconciliation Amount down by more
than 10 percent, nor will it adjust the Negative Total Reconciliation Amount up by more than 10 percent.
More information is available at the BPCI Advanced website provided below.
### Other Resources

<table>
<thead>
<tr>
<th>Organization/Resource</th>
<th>Website Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>NQF #1525 specifications</td>
<td><a href="https://www.qualityforum.org/QPS/1525">https://www.qualityforum.org/QPS/1525</a></td>
</tr>
<tr>
<td>BPCI Advanced</td>
<td><a href="https://innovation.cms.gov/initiatives/bpci-advanced">https://innovation.cms.gov/initiatives/bpci-advanced</a></td>
</tr>
<tr>
<td>AHA® GWTG®</td>
<td><a href="https://www.heart.org/en/professional/quality-improvement">https://www.heart.org/en/professional/quality-improvement</a></td>
</tr>
</tbody>
</table>