Heart/Stroke Recognition Program (HSRP)

October 2018

Agenda

Overview

Recognition Process

Benefits of Recognition

Resources

HSRP Basics…

Over 3,000 clinicians Recognized nationally

Launched in 2003

Voluntary program; non punitive

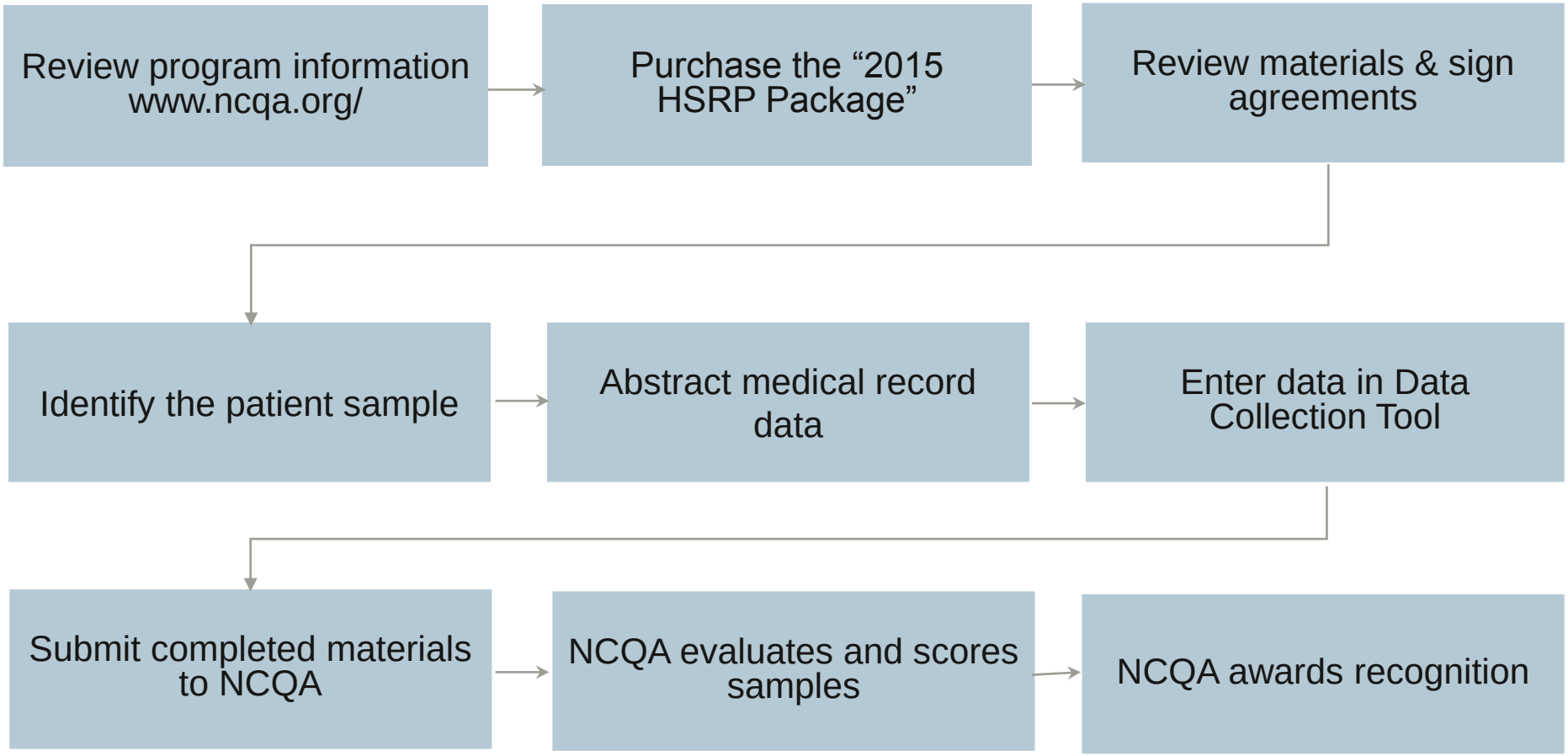
Uses nationally recognized measures

3-year Recognition period

HSRP 2015 Measures

Outcome	Process	Reporting Only
Blood Pressure Control <140/90 mm Hg	Use of Aspirin or Another Antiplatelet	Body Mass Index (BMI) Screening
	Smoking and Tobacco Use Cessation Assistance	Statin Therapy for Patients With Cardiovascular Disease

What is the process



Who May Apply?

Eligible clinicians are:

- an individual clinician (i.e., MD, DO, APRN or PA) or a clinician group.

To be eligible, applicants must:

- have a current, non restricted license as a MD, DO, APRN or PA.
- provide continuing care to patients with ischemic vascular disease (IVD) including primary care clinicians, cardiologist, neurologists.
- have had face-to-face contact with and submit data on care delivered for a 12-month period to a sample of patients with IVD.

Guidelines for Patient Identification

The patient sample:

1

Is identified using the HSRP patient identification methodology or a random sample methodology approved in advance by NCQA .

2

Is selected across the entire patient population.

3

Includes all eligible patients.

Patient Selection Methodology

Pick "Start Date"

The date applicants begin to select the patient sample.

Identify Eligible Patients

On each day moving backward from the start date, consecutively evaluate the eligibility of each patient seen for an office visit.

An eligible patient is one who meets 3 criteria:

- Is 18 – 75 years of age.
- Has had a diagnosis of IVD for at least 12 months.
- Has been under the care of the applicant clinician (or clinician group*) for at least 12 months.

* *Does not apply to clinicians seeking individual recognition*

Select Patient Sample

Select patients meeting the 3 eligibility criteria until the required sample size is met.

May not go back more than 12 months from the start date to select patients.

Sample Size – Individual Recognition

Individual Clinician	Sample Size	Public Reporting
One clinician practicing in any setting who provides continuing care to patients with IVD. May be a solo clinician or one clinician applying separately from other clinicians at the practice site.	35 patients per identified clinician.	Public reporting on website by individual names.

Sample Size – Individual Multiple Recognition

Individual Clinician

2 or more clinicians from the same practice site who are applying/submitting at the same time.

Applicants must have same start date and submit data on same date.

Sample Size

25 patients per identified clinician.

Public Reporting

Public reporting on website by individual names.

Sample Size – Alternate Sampling Option

Alternate Sampling

For sites with 9 or more eligible clinicians who are applying for individual recognition.

NCQA selects sample of clinicians.

Decision based on mean score of sampled clinicians.

Refer to HSRP Requirements, Appendix 3 for details.

Sample Size

25 patients per identified clinician.

Public Reporting

Public reporting on website by individual names.

Sample Size – Group Recognition

Clinician Group

An entity of two or more clinicians who:

- practice at the same site.
- share responsibility for a common panel of patients.

Sample Size

Sample size capped at 200 patients:

Eligible Clinicians at Site	Sample Size Requirement
2	50
3	75
4	100
5	125
6	150
7	175
8	200
9 or more	200

Public Reporting

Public reporting on website by group or site name only.

Example: Selecting the Patient Sample – Step One

Pick the Start Date

The *Start Date* is the date you begin to select the patient sample.

Applicants must submit the completed DCT and supporting materials to NCQA within 180 calendar days of the start date.

Example

You select January 1, 2018.

Example: Selecting the Patient Sample – Step Two

Identify Eligible Patients

On each day moving backward from the start date, consecutively evaluate the eligibility of each patient seen for an office visit.

Select patients who meet the 3 eligibility criteria.

Identify eligible patients until the required sample size is met.

May not go back more than 12 months from the start date to select patients.

Example

Moving consecutively *backward* from 1/1/18, you identify 35 eligible patients who had office visits on the following dates.

Visit Date Identified as Eligible	Number of Patients Identified
12/31/17	6
12/30/17	7
12/29/17	5
12/15/17	9
12/04/17	8

Abstract Medical Record Data

After selecting the patient sample, abstract data for patient care completed:

- for a12-month period going back from the last visit date that occurred prior to the start date.

- from medical record documentation (electronic or paper), administrative data systems or registries.

Abstract Medical Record Data

Determine 12-Month Abstraction Period

When moving backward from the start date, the visit date that a patient is identified as eligible establishes that patient's 12-month abstraction period.

After determining each patient's 12-month abstraction period, abstract data for care completed for each patient in the sample.

Example

12-month abstraction periods for 35 patients identified.

Visit Date Identified as Eligible	12-month Abstraction Period	Number of Patients
12/31/17	12/31/17 – 12/31/16	6
12/30/17	12/30/17 – 12/30/16	7
12/29/17	12/29/17 – 12/29/16	5
12/15/17	12/15/17 – 12/15/16	9
12/04/17	12/04/17 – 12/04/16	8

Abstract Medical Record Data

Blood Pressure (BP) Control

Patients with blood pressure <140/90 mm Hg.

Data Elements

Record date and value of most recent blood pressure measurement performed within the abstraction period.

Tips

To receive full credit for B/P both the systolic and diastolic readings must be below the goal, e.g., 139/89.

Partial credit available.

Abstract Medical Record Data

Use of Aspirin or Another Antiplatelet

Patients with documentation of use of aspirin or another antiplatelet.

Data Elements

Record date of documentation of use of aspirin or another antiplatelet during the abstraction period.

Numerator exclusions: Patient use of anticoagulants, allergy to aspirin or contraindication to another antiplatelet.

Tips

Acceptable Aspirin and Antiplatelet Therapies:

- Aspirin
- Clopidogrel
- Ticlopidine
- Prasugrel
- Ticagrelor
- Aspirin-dipyridamole

Patients meeting exclusion criteria should be noted as having a contraindication.

Patient self-report not acceptable.

Abstract Medical Record Data

Smoking and Tobacco Use Cessation Assistance

Patients who smoke or use tobacco with cessation counseling or treatment.

Data Elements

Document smoking and tobacco use status.

For smokers/tobacco users, record date that documents cessation counseling or treatment within the abstraction period.

Tips

If there is documentation that the patient is a non-smoker/non-tobacco user, no further documentation is required.

Abstract Medical Record Data

Body-Mass Index (BMI) Screening

Patients who have documentation of a recent body mass index.

Data Elements

Provide documentation of BMI screening during the 12-month abstraction period:

- For patients 20–75 years of age, record BMI value.
- For patients 18–19 years of age, record BMI percentile.

Tips

To receive points, must respond to all questions on all patients:

- BMI screening status.
- BMI screening exclusion.
- BMI assessment date.
- BMI measurement.

Patient self-report not acceptable.

Abstract Medical Record Data

Statin Therapy for Patients With Cardiovascular Diseases

Patients who are routinely taking a statin medication.

Data Elements

Provide documentation of routine use of a statin medication of low, moderate or high intensity during the abstraction period.

Routine use of a statin of moderate or high intensity is the prescription for a statin from the provider seeking recognition or notation that the provider confirmed the patient was prescribed a statin from another provider during the abstraction period.

Tips

To receive points, must respond to all questions on all patients:

- Statin use contraindication.
- Statin use status.
- Date of most recent statin prescription.
- Statin intensity level.

Patient self-report not acceptable.

Statin Therapy for Cardiovascular Diseases

Acceptable Statin Therapy Medications

Refer to the HSRP Requirements for detailed information.

Prescription		
Description	**Acceptable Statin Therapy Medications**	
High-intensity statin therapy	• Atorvastatin 40–80 mg • Amlodipine-atorvastatin 40–80 mg • Ezetimibe-atorvastatin 40–80 mg	• Rosuvastatin 20–40 mg • Simvastatin 80 mg • Ezetimibe-simvastatin 80 mg
Moderate-intensity statin therapy	• Atorvastatin 10–20 mg • Amlodipine-atorvastatin 10–20 mg • Ezetimibe-atorvastatin 10–20 mg • Rosuvastatin 5–10 mg • Simvastatin 20–40 mg • Ezetimibe-simvastatin 20–40 mg • Niacin-simvastatin 20–40 mg • Sitagliptin-simvastatin 20–40 mg	• Pravastatin 40–80 mg • Lovastatin 40 mg • Niacin-lovastatin 40 mg • Fluvastatin XL 80 mg • Fluvastatin 40 mg bid • Pitavastatin 2–4 mg
Statin Therapy Medications for Reference		
Low-intensity statin therapy	• Simvastatin 10 mg • Ezetimibe-simvastatin 10 mg • Sitagliptin-simvastatin 10 mg • Pravastatin 10–20 mg	• Lovastatin 20 mg • Niacin-lovastatin 20 mg • Fluvastatin 20–40 mg • Pitavastatin 1 mg

Statin Therapy for Cardiovascular Diseases

Numerator Exclusions

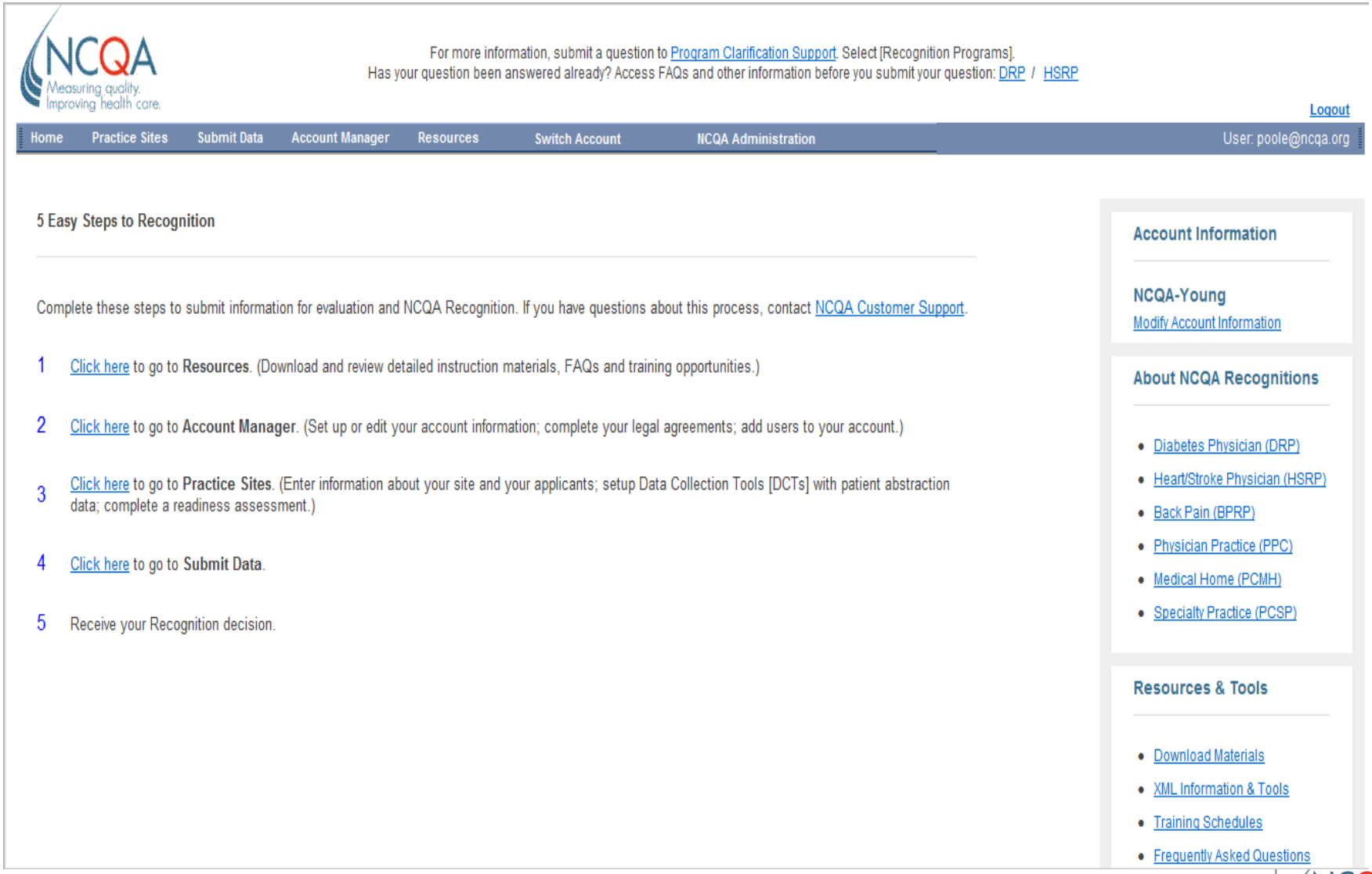
The following occurrences indicate the patient should not be evaluated for the service or procedure. Patients should be noted as having a contraindication and will count towards the numerator count.

- Men 18–20 years of age.
- Women 18–39 years of age.
- Pregnancy during the abstraction period or year prior to the abstraction period.
- Women of childbearing age who are not actively using birth control during the abstraction period.
- Women who are breastfeeding during the abstraction period.
- Kidney impairment during the measurement year or the year prior to the abstraction period.
- Liver impairment during the measurement year or the year prior to the abstraction period.
- History of intolerance to a prior trial of statin medication.

Scoring of Measures

Clinical Measures	Criteria	Points
Blood Pressure Control *BP Result* — *Credit Toward Numerator* <140/90 mm Hg ..... 1.00 <145/90 or <140/95 mm Hg ..... 0.75 <145/95 mm Hg ..... 0.50 ≥145/95 mm Hg 0.00	75% of patients in sample	30.0
Use of Aspirin or Another Antiplatelet	80% of patients in sample	20.0
Smoking and Tobacco Use Cessation Assistance	85% of patients in sample	20.0
Body Mass Index (BMI) Screening	Reporting only	15.0
Statin Therapy for Patients With Cardiovascular Disease	Reporting only	15.0
	Total Points	***100.0***
	Points Needed to Achieve Recognition	***80.0***

Data Collection Tool



Data for Submission

Application fee	Business Associates Agreement
HSRP Recognition Review Agreement	Completed Data Collection Tool

What Happens Next

Decision Timeframe

Within 30 days of receiving all information needed to complete the application, NCQA reviews and makes recognition decisions.

Audits

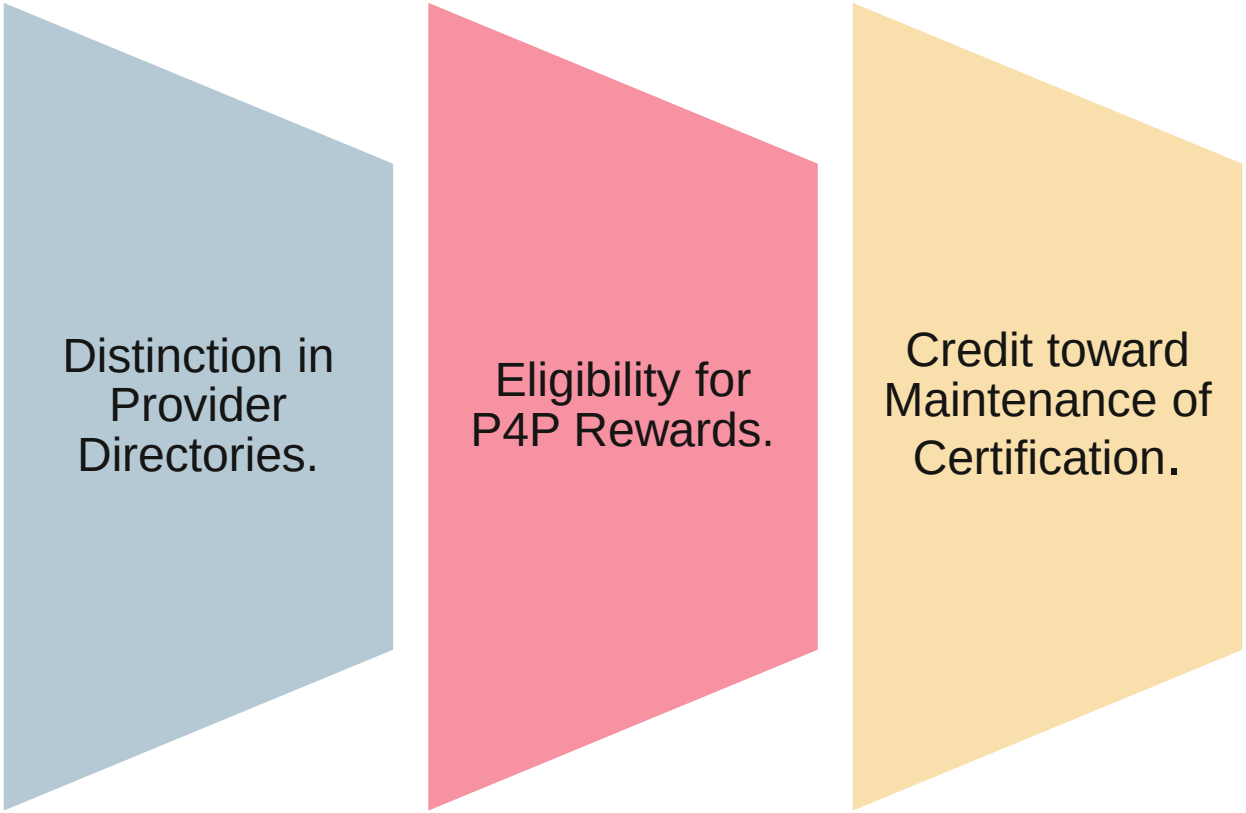
5 percent of applications are selected for audit.

Announcement of Recognition

Clinicians or groups achieving Recognition receive:

- letter of recognition.
- posting to the Recognition Directory.
- certificate of Recognition.
- media kit/marketing and advertising guidelines.

Benefits of Recognition



Resources

Before
I'm Considering

- Health Plans Using Recognition
- HSRP Pricing & Fee Schedule
- Changes to Heart Stroke Program (HSRP)
- Program Training
- Purchase Materials

During
I'm in Process

- HSRP Pricing & Fee Schedule
- Application Fee Check Cover Sheet
- Use of DRP & HSRP in PCMH
- Program Training
- Changes to HSRP

After
I'm Recognized

- Seals & Graphics
- Advertising Guidelines
- MOC Credit

Contact Information

Mailing Address:

NCQA
Heart/Stroke Recognition Program
1100 13th Street, NW, Third Floor
Washington, DC 20005

Customer Support:

- my.ncqa
- 1-888-275-7585

DRP Staff via PCS:

http://ncqa.force.com/pcs/login

Thank you