

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

Patients 18 years of age and older who were hospitalized and discharged from July 1 of the year prior to the measurement period to June 30 of the measurement period with a diagnosis of AMI and who received persistent beta-blocker treatment for 180 days (6 months) after discharge.

### Exclusions

- Medicare enrollees, 66 years of age and older by the last day of the measurement period, in an institutional SNP (I-SNP) or living long-term in an institution (LTI).
- Persons 66–80 years of age by the last day of the measurement period, with both frailty and advanced illness.
- Persons 81 years of age and older as of the last day of the measurement period, with frailty.
- Persons with a contraindication to beta-blocker therapy.

### Documentation Requirements

- Continuous beta-blocker therapy must be maintained for 6 months following myocardial infarction.
- Documentation should support prescription and ongoing therapy.
- Measure performance data is collected from Prescription Drug Event (PDE) data.
- Document any intolerance or allergies to beta-blocker therapy.
- For patients on beta-blockers prior to admission, those prescriptions are factored into adherence rates.

### Included Beta-Blockers

Code	Description
Noncardioselective beta-blockers	Carvedilol, Labetalol, Nadolol, Pindolol, Propranolol, Timolol, Sotalol
Cardioselective beta-blockers	Acebutolol, Atenolol, Betaxolol, Bisoprolol, Metoprolol, Nebivolol
Antihypertensive combinations	Atenolol-chlorthalidone, Bendroflumethiazide-nadolol, Bisoprolol-hydrochlorothiazide, Hydrochlorothiazide-metoprolol, Hydrochlorothiazide-propranolol

## Common Documentation Insufficiencies

- No documentation of beta-blocker therapy initiated at discharge following myocardial infarction.
- Gaps in therapy due to missed refills or discontinuation without documentation.
- Medication changes (e.g., switching beta-blockers) not updated in the medical record.
- Lack of documentation explaining contraindications or intolerance to beta-blocker therapy.
- Incomplete or missing medication reconciliation during follow-up visits.

## Best Practices

- Outreach patients with prescriptions that have not been filled.
- Educate patients on the risks of not taking their medication. Discuss any potential side effects and management tips.
- Discuss any barriers to medication adherence. Advise on use of pill boxes and setting reminder alarms to help patients remember to take their medications.
- Utilize or distribute [ACN's cost-saving resources](#) for medications to assist patients minimize cost, including: providing patients with 90-day prescriptions, prescribing generics, and using savings or assistance programs (i.e., GoodRx, Blink Health).