

ACCPIN7: PERIPHERAL ARTERY DISEASE: TREATMENT OF BLOOD CHOLESTOROL TO REDUCE ATHEROSCLEROTIC CARDIOVASCULAR RISK (ACC/Veradigm)

NQS Domain: Effective Clinical Care		Measure Type: Process, Proportional
Meaningful Measure Area: Management of Chronic Conditions		
Measure Description	Percentage of Patients 18-75 years of age with PAD who were offered moderate-to-high intensity statin.	
Numerator	Patients with a diagnosis of Peripheral Artery Disease that received a moderate (Fluvastatin, Pravastatin, or Simvastatin) or high statin therapy (Atorvastatin or Rosuvastatin)	
Denominator	All patients aged 18 years and older with a history of Symptomatic Peripheral Artery Disease	
Exceptions and exclusions of the measure (if applicable)	<p>Exceptions:</p> <p>Documentation of medical reason(s) for not prescribing moderate or high intensity statin (eg, allergy, intolerant, postural hypotension, other medical reasons)</p> <p>Documentation of patient reason(s) for not prescribing moderate or high intensity statin (eg, patient declined, other patient reasons)</p> <p>Documentation of system reason(s) for not prescribing moderate or high intensity statin (eg, financial reasons, other reasons attributable to the health care delivery system)</p>	
Proportion measure scoring	Yes	
Data Source	EHR/Registry	
Rationale	<p>2016 AHA/ACC Guideline on the Management of Patients With Lower Extremity Peripheral Artery Disease: A guideline-based program of pharmacotherapy to reduce cardiovascular ischemic events and limb-related events should be prescribed for each patient with PAD and is customized to individual risk factors, such as whether the patient also has diabetes mellitus. Treatment with a statin is recommended for all patients with PAD. Pharmacotherapy for the patient with PAD includes antiplatelet and statin agents and is customized to additional risk factors, such as whether the patient also has diabetes mellitus or hypertension.</p> <p>Statin therapy improves both cardiovascular and limb outcomes in patients with PAD. Several studies have shown that statin therapy is highly beneficial in reducing both morbidity and mortality in such patients. One such study, looked at the effect of statin use and improvement of limb salvage after intervention for peripheral artery disease. In this study, a total of 488 patients were identified who underwent surgical/endovascular procedures between 2009 and 2010. 41% patients received statins, 56% received antiplatelets, 26% received oral anticoagulants, 9% required a major amputation, and 11% died during follow-up of up to 88 months. Of the 3 medications (statins, antiplatelet, oral anticoagulants), statins use was associated with improved survival and improved limb salvage. Another study looked at the relative benefit of higher statin dosing in patients with PAD with comparison of patients with low-or moderate-intensity statin dose on clinical outcomes in patients with PAD. The results showed that high intensity therapy was associated with improved survival and decreased major adverse cardiovascular events.</p> <p>Source: https://www.ncbi.nlm.nih.gov/pubmed/30718113 https://www.ahajournals.org/doi/full/10.1161/JAHA.117.005699</p>	

*The measures listed above are calculated based on the 1st performance rate, traditional (unless indicated differently under *Measure Type*) and are NOT risk adjusted. The measure listed above does NOT include telehealth and is for Ambulatory Care: Clinician Office/Clinic care settings.
 Updated on 01/01/2021