Implementation Notes 1.0

for the

ACC/AHA/Physician Consortium 2008 Clinical Performance Measures for Adults With Nonvalvular Atrial Fibrillation or Atrial Flutter

A Report of the

ACCF/AHA TASK FORCE ON PERFORMANCE MEASURES

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1. Introduction

1.1. Background and Purpose of this Document

Historically, ACCF/AHA performance measures have been published with only relatively high-level “macro” specifications to allow for maximum flexibility for users implementing them in various quality improvement programs, using a variety of data collection strategies. Changes in the performance measurement environment in recent years however, have made it necessary to modify this approach, both to meet requirements for national review and endorsement of our performance measures and to facilitate their implementation in electronic health records (EHRs).

Endorsement by the National Quality Forum (NQF), a non-profit national consensus-based entity, has become the gold standard for measures intended for use in both public and private programs. Often, as performance measures go through the NQF review process, modifications are requested by the NQF committees to make the measures more feasible, to make them more consistent with the latest evidence or to try to harmonize them with other similar endorsed measures. In addition, as measures are implemented in various programs (e.g. registries or other public or private quality improvement, payment or recognition programs) or adapted for EHRs, the original “macro” specifications may require clarification, modification, additional instructions or more detailed specification to better guide end users and to improve comparability across providers or settings. Because each of these circumstances is unique, the ACCF/AHA is inaugurating a new category of online-only document, Implementation Notes, to provide the details of any changes or additional specification developed after publication of the original measure set and to discuss the rationale for the modifications.

If necessary, the Implementation Notes will be accompanied by online data supplements containing additional information that should facilitate consistent implementation across settings, but which would
be difficult to publish—and update on an ongoing basis—in a print publication. This additional information might include the data elements required to collect the measures, mapped to the NQF Quality Data Model; the measure calculation logic and the applicable codes (e.g., SNOMED, LOINC, RxNorm, etc.) that may facilitate capturing the data from EHRs. The information in the Implementation Notes is intended to supplement or, in some cases, supersede the original published measures. How the additional information impacts the original measures will be discussed in detail in the Implementation Notes.

At the time the Implementation Notes are posted on the ACC and AHA Websites, we will also publish a Correction/Addendum notice in our journals (The Journal of the American College of Cardiology and Circulation) to notify readers that this new information is available and to ensure that it is indexed with the original measures so those searching for the measures in the medical literature or on the ACC or AHA Web sites will always be alerted to this additional information.

1.2. Review and Approval

The changes in these measures were reviewed and approved by the 2008 ACC/AHA/Physician Consortium Atrial Fibrillation and Atrial Flutter Performance Measures Writing Committee (hereafter Writing Committee) (Appendix A) and by the ACCF/AHA Task Force on Performance Measures.

2. Atrial Fibrillation and Atrial Flutter Performance Measures

2.1. Background

The revisions to measure 1 [Assessment of Thromboembolic Risk Factors (CHADS2)] and measure 2 (Chronic Anticoagulation Therapy) detailed in these Implementation Notes are meant to clarify the measures and were agreed upon as part of the process of review for endorsement by the National Quality
Forum’s Cardiovascular Endorsement and Maintenance Steering Committee. The specific revisions are summarized in Table 1 and incorporated in the measure specifications tables in Appendix B. The specifications included in Appendix B supersede those included in the ACC/AHA/Physician Consortium 2008 Clinical Performance Measures for Adults with Nonvalvular Atrial Fibrillation or Atrial Flutter publication(1)

2.2. Clarifications to Two Measures

The revisions included in these Implementation Notes relate only to measures 1 and 2 in the ACC/AHA/Physician Consortium 2008 Clinical Performance Measures for Adults with Nonvalvular Atrial Fibrillation or Atrial Flutter.(1) Measure 3 (Monthly INR Monitoring remains unchanged. For details on that measure, please refer to the 2008 publication.

2.2.1. Assessment of Thromboembolic Risk Factors (CHADS\textsubscript{2})

The language in the specifications for this measure (see Appendix B) was revised to make it clearer to end users that the CHADS\textsubscript{2} (Cardiac Failure, Hypertension, Age, Diabetes, Stroke [Doubled]) risk classification scheme was used in constructing the measure.

2.2.2. Chronic Anticoagulation Therapy

While the NQF review process was underway, the oral anticoagulant drug dabigatran (Pradaxa) was approved by the U.S. Food and Drug Administration (FDA) for the prevention of thromboembolism in patients with atrial fibrillation. Shortly thereafter, the ACCF/AHA guidelines for management of patients with atrial fibrillation were updated to include a Class I recommendation for use of dabigatran in patients with nonvalvular atrial fibrillation.(2) In light of these events, the NQF steering committee requested, and the Writing Committee agreed, to revise the measure to allow for prescription of this new
oral anticoagulant. Acknowledging that there were a number of other oral anticoagulant drugs in the pipeline and expected to be approved in coming months, the Writing Committee elected to broaden the numerator for this measure to allow for prescription of any oral anticoagulant approved by the FDA for the prevention of thromboembolism in patients with atrial fibrillation. These changes are reflected in the measure specifications in Appendix B and summarized in Table 1.

3. Summary

As noted in the Introduction, the measure specifications in these Implementation Notes supersede those included in the 2008 publication.(1) These specifications should be considered current unless superseded by future Implementation Notes or updates to the full measure set.
Table 1. Changes in the ACC/AHA/Physician Consortium 2008 Clinical Performance Measures for Adults With Nonvalvular Atrial Fibrillation or Atrial Flutter

<table>
<thead>
<tr>
<th>Measure Title: Assessment of Thromboembolic Risk Factors (CHADS2)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Measure Title:</strong> Assessment of Thromboembolic Risk Factors (CHADS2)</td>
</tr>
<tr>
<td><strong>Description:</strong> Patients with nonvalvular AF or atrial flutter in whom assessment of thromboembolic risk factors has been documented.</td>
</tr>
<tr>
<td><strong>Denominator Excluded Populations:</strong></td>
</tr>
<tr>
<td>• Patients with valvular AF, specifically those with prosthetic heart valves or mitral stenosis</td>
</tr>
<tr>
<td>• Patients with transient or reversible causes of AF (e.g., pneumonia or hyperthyroidism)</td>
</tr>
<tr>
<td>• Postoperative patients</td>
</tr>
<tr>
<td>• Patients who are pregnant.</td>
</tr>
<tr>
<td>• Medical reason(s) documented by a physician, nurse practitioner, or physician assistant for not assessing risk factors. Examples of medical reasons for not assessing risk factors include, but are not limited to: Allergy to warfarin, risk of bleeding</td>
</tr>
<tr>
<td><strong>N/A</strong></td>
</tr>
<tr>
<td><strong>2006 ACC/AHA/ESC Guidelines for the Management of Patients with AF(3)</strong></td>
</tr>
</tbody>
</table>

**Measure 1: Assessment of Thromboembolic Risk Factors (CHADS2)**

<table>
<thead>
<tr>
<th>2008 ACC/AHA/Physician Consortium Document</th>
<th>Revised Language</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Measure Title:</strong> Assessment of Thromboembolic Risk Factors</td>
<td><strong>Measure Title:</strong> Assessment of Thromboembolic Risk Factors (CHADS2)</td>
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<td><strong>Description:</strong> Patients with nonvalvular AF or atrial flutter in whom assessment of thromboembolic risk factors using the CHADS2 risk criteria has been documented.</td>
</tr>
<tr>
<td><strong>Denominator Excluded Populations:</strong></td>
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</tr>
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<td>• Patients with mitral stenosis or prosthetic heart valves</td>
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<td></td>
</tr>
<tr>
<td>• Medical reason(s) documented by a physician, nurse practitioner, or physician assistant for not assessing risk factors. Examples of medical reasons for not assessing risk factors include, but are not limited to: Allergy to warfarin and all other oral anticoagulant drugs that are FDA approved for the prevention of thromboembolism, risk of bleeding</td>
<td></td>
</tr>
</tbody>
</table>

| **Clinical Recommendations:** |
| **2006 ACC/AHA/ESC Guidelines for the Management of Patients with AF(3)** |

**The following was added to the Clinical Recommendations section:**

ACCF/AHA/HRS 2011 Focused Update on the Management of Patients with Atrial Fibrillation (Update on Dabigatran)(2)

Emerging Antithrombotic Agents

Class I

Dabigatran is useful as an alternative to warfarin for the prevention of stroke and systemic thromboembolism in patients with paroxysmal to permanent AF and risk factors for stroke or systemic embolization who do not have a prosthetic heart valve or hemodynamically significant valve disease, severe renal failure (Creatinine clearance < 15 mL/min) or advanced liver disease (impaired baseline clotting function) *(Level of Evidence: B)*
Preventing Thromboembolism
(Recommendations regarding antithrombotic therapy other than those listed below pertain to patients with AF or atrial flutter undergoing cardioversion)

**Class I**

1. Antithrombotic therapy to prevent thromboembolism is recommended for all patients with AF, except those with lone AF or contraindications. (Level of Evidence: A)

2. The selection of the antithrombotic agent should be based upon the absolute risks of stroke and bleeding and the relative risk and benefit for a given patient. (Level of Evidence: A)

3. Anticoagulation with a vitamin K antagonist is recommended for patients with more than one moderate risk factor. Such factors include age 75 y or greater, hypertension, HF, impaired LV systolic function (ejection fraction 35% or less or fractional shortening less than 25%), and diabetes mellitus. (Level of Evidence: A) *(see Class I clinical recommendation above)*

4. For patients without mechanical heart valves at high risk of stroke, chronic oral anticoagulant therapy with a vitamin K antagonist is recommended in a dose adjusted to achieve the target intensity INR of 2.0 to 3.0, unless contraindicated. Factors associated with highest risk for stroke in patients with AF are prior thromboembolism (stroke, TIA, or systemic embolism) and rheumatic mitral stenosis. (Level of Evidence: A)

5. The INR should be determined at least weekly during initiation of therapy and monthly when anticoagulation is stable. (Level of Evidence: A)

6. Aspirin, 81–325 mg daily, is recommended as an alternative to vitamin K antagonists in low-risk patients or in those with contraindications to oral anticoagulation. (Level of Evidence: A)

7. Antithrombotic therapy is recommended for patients with atrial flutter as for those with AF. (Level of Evidence: C)

**Method of Reporting:**

**Per patient:**
- Documentation that thromboembolic risk was assessed

**Per patient population:**
- Percentage of patients assessed for thromboembolic risk factors.
Measure 2: Chronic Anticoagulation Therapy

2008 ACC/AHA/Physician Consortium Document

**Description:** Prescription of warfarin for all patients with nonvalvular AF or atrial flutter at high risk for thromboembolism, according to risk stratification and 2006 guideline recommendations, as follows:

| Low risk | No risk factors | Aspirin 81 to 325 mg daily |
| Intermediate risk | One moderate-risk factor | Aspirin 81 to 325 mg daily or warfarin (INR 2.0 to 3.0, target 2.5) |
| High risk | Any high-risk factor or more than 1 moderate-risk factor | Warfarin (INR 2.0 to 3.0, target 2.5) |

**Denominator: Included Population**
Patients with nonvalvular AF or atrial flutter for whom assessment of the specified thromboembolic risk factors documented 1 or more high-risk factor or more than 1 moderate-risk factor.

The assessment of patients with nonvalvular AF for thromboembolic risk factors should include the following criteria:

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Weighting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior stroke, TIA or systemic embolism</td>
<td>High risk</td>
</tr>
<tr>
<td>Age ≥75 years</td>
<td>Moderate risk</td>
</tr>
</tbody>
</table>

Revised Language

**Description:** Prescription of warfarin or another oral anticoagulant drug that is FDA approved for the prevention of thromboembolism for all patients with nonvalvular AF or atrial flutter at high risk for thromboembolism, according to CHADS₂ risk stratification.

**Denominator: Included Population**
All patients 18 years of age or older with nonvalvular AF or atrial flutter for whom assessment of the specified thromboembolic risk factors documented one or more high-risk factor or more than one moderate-risk factor.

The assessment of patients with nonvalvular AF for thromboembolic risk factors should include the following criteria:

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<tr>
<td>Hypertension</td>
<td>Moderate risk</td>
</tr>
<tr>
<td>--------------</td>
<td>---------------</td>
</tr>
<tr>
<td>Diabetes Mellitus</td>
<td>Moderate risk</td>
</tr>
<tr>
<td>Heart failure or impaired left ventricular systolic function</td>
<td>Moderate risk</td>
</tr>
</tbody>
</table>

**Denominator: Excluded Populations:**

- Patients with valvular AF, specifically those with prosthetic heart valves or mitral stenosis.
- Patients at low risk for thromboembolism (i.e., those with none of the risk factors listed above).
- Patients with only one moderate risk factor.
- Postoperative patients.
- Patients with transient or reversible causes of AF (e.g., pneumonia or hyperthyroidism).
- Patients who are pregnant.
- Medical reason(s) documented by a physician, nurse practitioner, or physician assistant for not prescribing warfarin. Examples of medical reasons for not prescribing warfarin include, but are not limited to:
  - Allergy
  - Risk of bleeding
  - Documentation of patient reason(s) for not prescribing (e.g., economic, social, and/or religious impediments, noncompliance or other reason for refusal to take warfarin)

**Rationale:**

Adjusted-dose warfarin is highly efficacious in preventing thromboembolism in patients with AF and should be prescribed for all high risk patients except those with contraindications to anticoagulation. Aspirin is preferred in patients without risk factors or in those with contraindications to anticoagulation, and is an alternative to anticoagulation in those with only one moderate risk factor.

**N/A**

**Denominator: Excluded Populations:**

- Patients with mitral stenosis or prosthetic heart valves.
- Patients at low risk for thromboembolism (i.e., those with none of the risk factors listed above).
- Patients with only one moderate risk factor.
- Postoperative patients.
- Patients with transient or reversible causes of AF (e.g., pneumonia or hyperthyroidism).
- Patients who are pregnant.
- Medical reason(s) documented by a physician, nurse practitioner, or physician’s assistant for not prescribing warfarin or another oral anticoagulant drug that is FDA approved for the prevention of thromboembolism. Examples of medical reasons include, but are not limited to:
  - Allergy
  - Risk of bleeding
  - Documentation of patient reason(s) for not prescribing warfarin or another oral anticoagulant drug that is FDA approved for the prevention of thromboembolism (e.g., economic, social, and/or religious impediments, noncompliance or patient refusal)

**Rationale:**

Anticoagulation should be prescribed for all high risk patients with AF or atrial flutter except those with contraindications to anticoagulation. Aspirin is preferred in patients without risk factors or in those with contraindications to anticoagulation, and is an alternative to anticoagulation in those with only one moderate risk factor.

**The following was added to the clinical recommendations section:**

Copyright 2012 by American College of Cardiology Foundation; the American Heart Association, Inc.; and the American Medical Association
### ACCF/AHA/HRS 2011 Focused Update on the Management of Patients with Atrial Fibrillation (Update on Dabigatran)

#### Class I

Dabigatran is useful as an alternative to warfarin for the prevention of stroke and systemic thromboembolism in patients with paroxysmal to permanent AF and risk factors for stroke or systemic embolization who do not have a prosthetic heart valve or hemodynamically significant valve disease, severe renal failure (Creatinine clearance < 15 mL/min) or advanced liver disease (impaired baseline clotting function) *(Level of Evidence: B)*

### Method of Reporting

**Per patient:**
- Whether or not warfarin was prescribed for a patient with AF or atrial flutter who has one or more high-risk factors or more than one moderate-risk factor for thromboembolism

**Per patient population:**
- Percentage of all patients with AF or atrial flutter who have one or more high-risk factors or more than one moderate-risk factor for thromboembolism for whom warfarin was prescribed
- Percentage of all patients with AF or atrial flutter who have one or more high-risk factors or more than one moderate-risk factors for thromboembolism for whom warfarin was prescribed, once all denominator exclusions have been applied

### Challenges to Implementation:

- Ambiguity regarding medical or patient reasons for not prescribing warfarin
- Difficulty locating reasons in the medical record for not prescribing warfarin

### Method of Reporting

**Per patient:**
- Whether or not warfarin or another oral anticoagulant drug that is FDA approved for the prevention of thromboembolism was prescribed for a patient with nonvalvular AF or atrial flutter who has one or more high-risk factors or more than one moderate-risk factor for thromboembolism

**Per patient population:**
- Percentage of all patients with nonvalvular AF or atrial flutter who have one or more high-risk factors or more than one moderate-risk factor for thromboembolism for whom warfarin or another oral anticoagulant drug that is FDA approved for the prevention of thromboembolism was prescribed
- Percentage of all patients with nonvalvular AF or atrial flutter who have one or more high-risk factors or more than one moderate-risk factors for thromboembolism for whom warfarin or another oral anticoagulant drug that is FDA approved for the prevention of thromboembolism was prescribed, once all denominator exclusions have been applied

### Challenges to Implementation:

- Ambiguity regarding medical or patient reasons for not prescribing an oral anticoagulant drug that is FDA approved for the prevention of thromboembolism for all patients with nonvalvular AF or atrial flutter
- Difficulty locating reasons in the medical record for not prescribing an oral anticoagulant drug that is FDA approved for the prevention of thromboembolism for all patients with nonvalvular AF or atrial flutter
Appendix A—2008 ACC/AHA/Physician Consortium Writing Committee

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Jonathan L. Halperin, MD, FACC, FAHA Co-Chair
Hugh Calkins, MD, FACC, FAHA
Michael D. Ezekowitz, MB, ChB, FACC
Paul Gitman, MD, MACP
Alan S. Go, MD
Robert L. McNamara, MD, MHS, FACC
Joseph V. Messer, MD, MACC, FAHA
James L. Ritchie, MD, FACC, FAHA
Sam J. W. Romeo, MD, MBA
Albert L. Waldo, MD, FACC, FAHA, FHRS
D. George Wyse, MD, PhD, FACC, FAHA, FHRS
Appendix B

ACCF/AHA/Physician Consortium Atrial Fibrillation and Atrial Flutter Performance Measurement Set Specifications
(with changes incorporated)

1. Assessment of Thromboembolic Risk Factors (CHADS\textsuperscript{2})

| Numerator | Patients with nonvalvular AF or atrial flutter in whom assessment of all of the specified thromboembolic risk factors is documented. For patients with nonvalvular AF or atrial flutter, assessment of thromboembolic risk should include the following factors:
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk Factors</td>
<td>Weighting</td>
</tr>
<tr>
<td>Prior stroke or TIA</td>
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<td>Diabetes mellitus</td>
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<td>Heart failure or impaired LV systolic function</td>
<td>Moderate risk</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Denominator</th>
<th>All patients 18 years of age or older with nonvalvular AF or atrial flutter other than those specifically excluded. Excluded Populations:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Patients with mitral stenosis or prosthetic heart valves</td>
<td></td>
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<td>• Medical reason(s) documented by a physician, nurse practitioner, or physician assistant for not assessing risk factors. Examples of medical reasons for not assessing risk factors include, but are not limited to:</td>
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</tr>
<tr>
<td>• Allergy to warfarin and all other oral anticoagulant drugs that are FDA approved for the prevention of thromboembolism</td>
<td></td>
</tr>
<tr>
<td>Period of Assessment</td>
<td>Reporting year</td>
</tr>
<tr>
<td>Sources of Data</td>
<td>Prospective flow sheet, retrospective medical record review, electronic medical record.</td>
</tr>
</tbody>
</table>

Rationale

Assessment of thromboembolic risk and discussion of the potential benefits and risks of anticoagulant therapy are crucial steps in the evaluation and management of patients with nonvalvular AF or atrial flutter. Identification of factors that increase risk warrants consideration of chronic anticoagulant therapy. Individual risk varies over time, so the need for anticoagulation must be re-evaluated at regular intervals in all patients with AF or atrial flutter.

Clinical Recommendation(s)

ACCF/AHA/HRS 2011 Focused Update on the Management of Patients with Atrial Fibrillation (Update on Dabigatran)
Emerging Antithrombotic Agents(2)

Class I

Dabigatran is useful as an alternative to warfarin for the prevention of stroke and systemic thromboembolism in patients with paroxysmal to permanent AF and risk factors for stroke or systemic embolization who do not have a prosthetic heart valve or hemodynamically significant valve disease, severe renal failure (Creatinine
clearance < 15 mL/min) or advanced liver disease (impaired baseline clotting function) (Level of Evidence: B)

2006 ACC/AHA/ESC Guidelines for the Management of Patients with AF(3)

Preventing Thromboembolism

(Recommendations regarding antithrombotic therapy other than those listed below pertain to patients with AF or atrial flutter undergoing cardioversion) (4)

Class I

- Antithrombotic therapy to prevent thromboembolism is recommended for all patients with AF, except those with lone AF or contraindications. (Level of Evidence: A)
- The selection of the antithrombotic agent should be based upon the absolute risks of stroke and bleeding and the relative risk and benefit for a given patient. (Level of Evidence: A)
- Antithrombotic therapy is recommended for patients with atrial flutter as for those with AF. (Level of Evidence: C)

Method of Reporting

Per patient:

- Documentation that thromboembolic risk using the CHADS2 risk criteria was assessed

Per patient population:

- Percentage of patients assessed for thromboembolic risk factors using the CHADS2 risk criteria.

Challenges to Implementation

- Lack of documentation regarding medical or patient reasons for not prescribing an oral anticoagulant drug that is FDA approved for the prevention of thromboembolism
- Difficulty locating reasons in the medical record for not prescribing an oral anticoagulant drug that is FDA approved for the prevention of thromboembolism.
- Lack of documentation regarding assessment of patient risk factors
2. Chronic Anticoagulation Therapy

Prescription of warfarin or another oral anticoagulant drug that is FDA approved for the prevention of thromboembolism for all patients with nonvalvular AF or atrial flutter at high risk for thromboembolism, according to CHADS\(^2\) risk stratification.

### Numerator

All patients with nonvalvular AF or atrial flutter at high risk of thromboembolism (i.e., those with any high-risk factor or more than one moderate-risk factor) who are prescribed warfarin OR another oral anticoagulant drug that is FDA approved for the prevention of thromboembolism.

### Denominator

**Included population:**

All patients 18 years of age or older with nonvalvular AF or atrial flutter for whom assessment of the specified thromboembolic risk factors documented one or more high-risk factor or more than one moderate-risk factor.

The assessment of patients with nonvalvular AF for thromboembolic risk factors should include the following criteria:

<table>
<thead>
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<td>Prior stroke, TIA or systemic embolism</td>
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</tbody>
</table>

**Excluded Populations:**

- Patients with mitral stenosis or prosthetic heart valves.
- Patients at low risk for thromboembolism (i.e., those with none of the risk factors listed above).
- Patients with only one moderate risk factor.
- Postoperative patients.
- Patients with transient or reversible causes of AF (e.g., pneumonia or hyperthyroidism).
- Patients who are pregnant.
- Medical reason(s) documented by a physician, nurse practitioner, or physician’s assistant for not prescribing warfarin or another oral anticoagulant drug that is FDA approved for the prevention of thromboembolism. Examples of medical reasons include, but are not limited to:
  - Allergy
  - Risk of bleeding
  - Documentation of patient reason(s) for not prescribing warfarin or another oral anticoagulant drug that is FDA approved for the prevention of thromboembolism (e.g., economic, social, and/or religious impediments, noncompliance or patient refusal)

**Period of Assessment**

Reporting year

**Sources of Data**

Prospective flow sheet, retrospective medical record review, electronic medical record.

**Rationale**

Anticoagulation should be prescribed for all high risk patients with AF or atrial flutter except those with contraindications to anticoagulation. Aspirin is preferred in patients without risk factors or in those with contraindications to anticoagulation, and is an alternative to anticoagulation in those with only one moderate risk factor.
Clinical Recommendation(s)

ACCF/AHA/HRS 2011 Focused Update on the Management of Patients with Atrial Fibrillation (Update on Dabigatran)
Emerging Antithrombotic Agents(2)

Class I
Dabigatran is useful as an alternative to warfarin for the prevention of stroke and systemic thromboembolism in patients with paroxysmal to permanent AF and risk factors for stroke or systemic embolization who do not have a prosthetic heart valve or hemodynamically significant valve disease, severe renal failure (Creatinine clearance < 15 mL/min) or advanced liver disease (impaired baseline clotting function) (Level of Evidence: B)

2006 ACC/AHA/ESC Guidelines for the Management of Atrial Fibrillation Patients with AF(3)

Chronic Anticoagulation Therapy

(Recommendations other than those listed below pertain to antithrombotic therapy for patients with AF undergoing cardioversion)

Class I
• Antithrombotic therapy to prevent thromboembolism is recommended for all patients with AF, except those with lone AF or contraindications. (Level of Evidence: A)
• The selection of the antithrombotic agent should be based upon the absolute risks of stroke and bleeding and the relative risk and benefit for a given patient. (Level of Evidence: A)
• Antithrombotic therapy is recommended for patients with atrial flutter as for those with AF. (Level of Evidence: C)

Method of Reporting

Per patient:
• Whether or not warfarin or another oral anticoagulant drug that is FDA approved for the prevention of thromboembolism was prescribed for a patient with nonvalvular AF or atrial flutter who has one or more high-risk factors or more than one moderate-risk factor for thromboembolism

Per patient population:
• Percentage of all patients with nonvalvular AF or atrial flutter who have one or more high-risk factors or more than one moderate-risk factor for thromboembolism for whom warfarin or another oral anticoagulant drug that is FDA approved for the prevention of thromboembolism was prescribed
• Percentage of all patients with nonvalvular AF or atrial flutter who have one or more high-risk factors or more than one moderate-risk factors for thromboembolism for whom warfarin or another oral anticoagulant drug that is FDA approved for the prevention of thromboembolism was prescribed, once all denominator exclusions have been applied

Challenges to Implementation

• Ambiguity regarding medical or patient reasons for not prescribing an oral anticoagulant drug that is FDA approved for the prevention of thromboembolism for all patients with nonvalvular AF or atrial flutter
• Difficulty locating reasons in the medical record for not prescribing an oral anticoagulant drug that is FDA approved for the prevention of thromboembolism for all patients with nonvalvular AF or atrial flutter
References

