



Resources for Healthcare Professionals

Guidelines and Performance Measures for Stroke Prophylaxis in Patients With AF and to Improve Care Coordination

Select ACC/AHA/HRS Guidelines for Antithrombotic Prophylaxis in Patients With AF (2014)¹

Selection of antithrombotic agent should be based on risks of thromboembolism, shared decision-making, discussion of risks of stroke and bleeding, and patient's preferences. The need for antithrombotics should be reevaluated periodically.¹

The CHA₂DS₂-VASc score is recommended for assessment of stroke risk. For patients with nonvalvular AF and prior stroke, TIA, or CHA₂DS₂-VASc score ≥ 2 , oral anticoagulants are recommended. For CHA₂DS₂-VASc score of 1, no antithrombotic therapy or treatment with an oral anticoagulant or aspirin may be considered. For CHA₂DS₂-VASc score of 0, it is reasonable to omit antithrombotic therapy.¹

Select ACC/AHA/Physician Consortium Performance Measures for Adults With Nonvalvular AF (2012)²

Performance Measure	Description
Assessment of thromboembolic risk factors	Patients with nonvalvular AF for whom assessment of thromboembolic risk factors using the CHADS ₂ criteria has been documented ²
Chronic Anticoagulation Therapy	Prescription of warfarin or another oral anticoagulant that is approved for the prevention of thromboembolism for patients with nonvalvular AF at high risk for thromboembolism, unless contraindicated. This includes patients with a high risk factor (ie, prior stroke, TIA, or systemic embolism) or more than 1 moderate-risk factor (ie, hypertension, diabetes, age ≥ 75 , heart failure or impaired left ventricular systolic function) ²

Select NQF-Endorsed National Voluntary Consensus Standards for Stroke Prevention and Management Across the Continuum of Care³

Performance Measure	Description
Patients with AF receiving anticoagulation therapy	Percentage of patients with a diagnosis of ischemic stroke and documented AF discharged from hospital on anticoagulation therapy*
Stroke education	Percentage of stroke patients with documentation that they or their caregiver(s) were educated on or received educational materials about subjects including personal risk factors for stroke, warning signs, and information on prescribed medications

*Included in the Centers for Medicare & Medicaid Services Physician Quality Reporting System.⁴

Abbreviations: ACC = American College of Cardiology; AF = atrial fibrillation; AHA = American Heart Association; CHA₂DS₂-VASc = Congestive heart failure, Hypertension, Age ≥ 75 years (doubled), Diabetes mellitus, Prior Stroke or TIA or thromboembolism (doubled), Vascular disease, Age 65–74 years, Sex category; HRS = Heart Rhythm Society; NQF = National Quality Forum; TIA = transient ischemic attack.

Select NQF-Endorsed National Voluntary Consensus Standards for Care Coordination for Effective Inpatient Discharges to Home/Self-Care or Any Other Site of Care*5

Measure	Assessment
<p>Reconciled medication list received by discharged patients (medications include prescription, over-the-counter, and herbal products)</p>	<p>Patients or their caregiver(s) who received a reconciled medication list at discharge including, at a minimum, medications in the following categories:</p> <p>Medications to be taken by the patient</p> <ul style="list-style-type: none"> • Continued medications prescribed before inpatient stay that the patient should continue taking after discharge, including any change in dosage or directions • New medications started during inpatient stay that are to be continued after discharge and new medications that the patient should begin taking after discharge • Information provided for all medications should include prescribed dosages, instructions, and intended duration <p>Medications not to be taken by the patient</p> <ul style="list-style-type: none"> • Medications taken by the patient before the inpatient stay that should be discontinued after discharge • Medications that were administered during inpatient stay that caused an allergic reaction or adverse event and were therefore discontinued
<p>Transition record with specified elements received by discharged patients</p>	<p>Patients or their caregiver(s) who received a transition record (and with whom a review of all included information was documented) at the time of discharge. Record to include all of the following elements:</p> <p>Inpatient care</p> <ul style="list-style-type: none"> • Reason for inpatient admission • Major procedures and tests performed and summary of results • Principal diagnosis at discharge <p>Postdischarge/patient self-management</p> <ul style="list-style-type: none"> • Current medication list • Tests pending at discharge (eg, laboratory, radiology) • Patient instructions <p>Advance care plan</p> <ul style="list-style-type: none"> • Advance directives or surrogate decision-maker documented, or documented reason for not providing advance care plan • 24-hour/7-day contact information, including physicians for emergencies related to inpatient stay and contact information for obtaining results of studies pending at discharge • Plan for follow-up care and primary physician, other healthcare professional, or site designated for follow-up care
<p>Timely transition of record</p>	<p>Patients for whom a transition record was transmitted to the facility, primary physician, or other healthcare professional designated for follow-up care within 24 hours of discharge</p>

*Adapted from Preferred practices and performance measures for measuring and reporting care coordination. ©2010. National Quality Forum. Used with permission. Please see complete text for details at http://www.qualityforum.org/Publications/2010/10/Preferred_Practices_and_Performance_Measures_for_Measuring_and_Reporting_Care_Coordination.aspx. Accessed March 28, 2017.

References: **1.** January CT, Wann LS, Alpert JS, et al. 2014 AHA/ACC/HRS Guideline for the Management of Patients With Atrial Fibrillation: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines and the Heart Rhythm Society. *Circulation*. 2014;130:e199–e267. **2.** Peterson D, Albert N, Erwin JP, et al. 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 American College of Cardiology/American Heart Association Task Force on Performance Measures. American College of Cardiology Foundation; the American Heart Association, Inc.; and the American Medical Association. June 25, 2012. <http://www.acc.org/~media/clinical/pdf-files/approved-pdfs/2012/07/24/15/37/afpmimplementation-notesv1.pdf>. Accessed March 28, 2017. **3.** National Quality Forum. National voluntary consensus standards for stroke prevention and management across the continuum of care: a consensus report. http://www.qualityforum.org/Publications/2010/02/National_Voluntary_Consensus_Standards_for_Stroke_Prevention_and_Management_Across_the_Continuum_of_Care.aspx. Accessed March 28, 2017. **4.** Centers for Medicare & Medicaid Services. 2016 Physician Quality Reporting System (physician quality reporting) measures list. CMS website. https://www.cms.gov/apps/ama/license.asp?file=/PQRS/downloads/PQRS_2016_Measure_List_01072016.xlsx. Accessed March 28, 2017. **5.** National Quality Forum. Preferred practices and performance measures for measuring and reporting care coordination: a consensus report. National Quality Forum website. http://www.qualityforum.org/Publications/2010/10/Preferred_Practices_and_Performance_Measures_for_Measuring_and_Reporting_Care_Coordination.aspx. March 28, 2017.