**Persistence of Beta-Blocker Treatment after a Heart Attack (National Standard)**

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'NS-H' and 'NSHA' indicate NCQA HEDIS rules.

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**National Standard - HEDIS®**

**NS-H Persistent beta-blocker use after an acute myocardial infarction (MI)**

Beta-blocker therapy is recommended for patients with an acute MI unless otherwise contraindicated or not tolerated; therapy should be continued indefinitely (1,2). This is a Class I* recommendation from the ACC/AHA guidelines for the management of patients with acute MI (1).

This HEDIS® measure identifies patients 18 years of age and older hospitalized with an acute MI and discharged alive that received persistent beta-blocker treatment for six months after discharge. If there are multiple acute MI admissions, then a single event is built for only the first acute MI hospitalization during the time period 18 months through 6 months prior to the common report period end date. A member is adherent to this measure if the number of days of beta-blocker therapy dispensed is 135 or greater in the 180 days following discharge. If the intervention is absent and the member has a HEDIS® beta-blocker therapy contraindication, then a result flag of NA (not applicable) is assigned. Optional beta-blocker therapy exclusion criteria are provided by HEDIS®.

This measure is based on the HEDIS® Persistence of Beta-Blocker Treatment After a Heart Attack specification document. This measure is endorsed by the National Quality Forum (NQF) and AQA alliance.

*The ACC/AHA guideline recommendation format for classifying indications and summarizing both the evidence and expert opinions is as follows (1):

Class I: Conditions for which there is evidence for and/or general agreement that the procedure or treatment is useful and effective.

Class II: Conditions for which there is conflicting evidence and/or divergence of opinion about the usefulness/efficacy of a procedure or treatment.

Class IIa: The weight of evidence or opinion is in favor of the procedure or treatment.

Class IIb: Usefulness/efficacy is less well established by evidence or opinion.

Class III: Conditions for which there is evidence and/or general agreement that the procedure or treatment is not useful/effective and in some cases may be harmful.