



BlueCross BlueShield of Texas



**IMPROVING HEALTH CARE QUALITY**

## Statin Therapy for Patients with Cardiovascular Disease

Blue Cross and Blue Shield of Texas (BCBSTX) collects quality data from our providers to measure and improve the quality of care our members receive. Statin therapy for patients with cardiovascular disease (SPC) is one aspect of care we measure in our quality programs.\*

### **What We Measure**

We capture male members ages 21 to 75 and female members ages 40 to 75 who have atherosclerotic cardiovascular disease (ASCVD) receiving and adhering to at least one high or moderate-intensity statin medication



## Why It Matters

The leading cause of death in the United States is heart disease. About 1 in every 4 deaths is attributed to this condition.<sup>1</sup> Guidelines from the American College of Cardiology and American Heart Association recommend statins of moderate or high intensity for adults with established clinical atherosclerotic cardiovascular disease to reduce the risk of heart attack or stroke.

SPC is a Healthcare Effectiveness Data and Information Set (HEDIS®) measure. See the [National Committee for Quality Assurance \(NCQA\) website](#) for more details.

## Eligible Population

Males ages 21 to 75 and females ages 40 to 75 who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and who were dispensed at least one high or moderate-intensity statin medication and remained on the medication for at least 80% of the treatment period.

Members are identified by event or diagnosis:

- **Event:** Discharged from an inpatient setting with a myocardial infarction (MI) on the discharge claim. Coronary artery bypass graft (CABG), percutaneous coronary intervention (PCI) or any other revascularization in any setting the year prior to the measurement year
- **Diagnosis:** Identify members as having ischemic vascular disease (IVD) who met at least one of the following criteria during both the measurement year and the year prior to the measurement year:
  - At least one outpatient visit, telephone visit, e-visit or virtual check-in with an IVD diagnosis
  - At least one acute inpatient encounter with an IVD diagnosis without telehealth

At least one acute inpatient discharge with an IVD diagnosis on the discharge claim.

## Exclusions:

Any time during the measurement year or year prior to the measurement year:

- Pregnancy; in vitro fertilization
- Dispensed at least one prescription for clomiphene
- End-stage renal disease or dialysis

Any time during the measurement year:

- Myalgia, myositis, myopathy or rhabdomyolysis
- Members in palliative or hospice care
- Members age 66 and older who are either enrolled in an institutional special needs plan (I-SNP) or is living long-term in an institution
- Members age 66 and older with frailty **and** advanced illness

## Ways to Improve

- Encourage members to use their ID card at the pharmacy
- Discuss with each member why they are on a specific medication; explain the role and importance of statin therapy
- Together, identify and resolve member-specific adherence barriers or concerns, such as the prescription's health benefits, side effects, cost and timely refills
- Recommend mail order and 90-day prescription of maintenance drugs
- Statin use should always be accompanied by lifestyle modifications focused on diet and weight loss to improve a patient's lipid panel
- Build care gap "alerts" in your electronic medical records





### How to Document

SPC data is collected through claims data.

Statin	
<b>High Intensity Statin Therapy</b>	
Atorvastatin 40-80 mg	Rosuvastatin 20-40 mg
Amlodipine-atorvastatin 40-80 mg	Simvastatin 80 mg
Ezetimibe-simvastatin 80 mg	
<b>Moderate Intensity Statin Therapy</b>	
Atorvastatin 10-20 mg	Pitavastatin 2-4 mg
Amlodipine-atorvastatin 10-20 mg	Pravastatin 40-80 mg
Ezetimibe-simvastatin 20-40 mg	Rosuvastatin 5-10 mg
Fluvastatin 40-80 mg	Simvastatin 20-40 mg
Lovastatin 40 mg	

For more information, see [NCQA's HEDIS Measures and Technical Resources](#).



#### Questions?

Contact your BCBSTX Network Representative.



\* Quality measures evaluate a prior calendar year performance. Measure specifications are from the National Quality Forum (NQF) and/or National Committee for Quality Assurance (NCQA).

1 Murphy SL, Xu J, Kochanek KD, Arias E. Mortality in the United States, 2017. NCHS data brief, no 328. Hyattsville, MD: National Center for Health Statistics; 2018.

The material presented here is for informational/educational purposes only, is not intended to be medical advice or a definitive source for coding claims and is not a substitute for the independent medical judgment of a physician or other health care provider. Health care providers are encouraged to exercise their own independent medical judgment based upon their evaluation of their patients' conditions and all available information, and to submit claims using the most appropriate code(s) based upon the medical record documentation and coding guidelines and reference materials. References to other third-party sources or organizations are not a representation, warranty or endorsement of such organization. Any questions regarding those organizations should be addressed to them directly. The fact that a service or treatment is described in this material is not a guarantee that the service or treatment is a covered benefit and members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider.

CPT copyright 2021 American Medical Association (AMA). All rights reserved. CPT is a registered trademark of the AMA.

HEDIS is a registered trademark of the NCQA.