|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **[Link to Mnemonics and Questions](https://secure.wvmi.org/QUESTIONS/Specifications/Mnemonics%20and%20Questions/fy2020q4/MnemonicQuestions4q20.xlsx)** | | | | |
|  |  | Lipid Profile |  |  |
| 1 | lipsrch | Is there documentation in the record that the patient was enrolled in a clinical trial or research protocol that precludes access to the lipid profile?  1. Yes  2. No   1. Not applicable | \*1,2,95  **If dmflag = <>, auto-fill as 95**  If dmflag = 1, abstractor can enter 1 or 2, but cannot enter 95  **\*If 1, go to Diabetes Lab Tests** | Enrolled in a research protocol = as evidenced by a formal document in the medical record signed by the patient agreeing to participate in a clinical trial or research study.  Precluded access to the lipid profile = outcome of patient lipid profile is “blinded” to all individuals other than research staff. |
| 2 | lipidt | Enter the report date of the most recent lipid profile that included all components obtained during the past five years. | mm/dd/yyyy  **Abstractor can enter default 99/99/9999 if no full lipid profile is reported in the record**  **If <>99/99/9999,**  **auto-fill totldone, hdldone, and ldldone, as 1**   |  | | --- | | < = 5 years prior or = stdybeg and < = stdyend | | A cholesterol level alone is not a lipid profile. Total cholesterol, triglycerides, HDL and LDL must be included in the lipid profile components. If the triglycerides are too high to report a valid LDL, consider that an LDL was done because the attempt was made to measure all lipid profile components**.**  The lipid profile is usually done as an outpatient; however, if the most recent profile was done as an inpatient and the patient had a principal diagnosis of AMI, the lipid profile must have been done within the first 24 hours after admission.  Day may be entered as 01, if exact date is unknown. At a minimum, the month and year must be entered accurately.  **If no lipid profile that included all components is reported in the medical record, enter 99/99/9999** |
| 3 | totldone | Was a total cholesterol in mg/dL or mg/100ml obtained during the past 5 years?  1. Yes  2. No | 1,2  If 2, auto-fill choldt as 99/99/9999, and go to hdldone   |  | | --- | | **Will be auto-filled as 1 if lipidt <> 99/99/9999** | | The question refers to a total cholesterol done during the past 5 years up to and including the study end date that may or may not have been part of a complete lipid profile. |
| 4 | choldt | Enter the date the most recent cholesterol value in mg/dL or mg/100ml was reported. | mm/dd/yyyy  If totldone=2, will be auto-filled as 99/99/9999   |  | | --- | | < = 5 years prior or = stdybeg and < = stdyend | | Use the date of the laboratory report, not the date the sample was drawn. |
| 5 | hdldone | Was an HDL value in mg/dL or mg/100ml obtained during the past 5 years?  1. Yes  2. No | 1,2  If 2, auto-fill hdldt as 99/99/9999, and go to ldldone   |  | | --- | | **Will be auto-filled as 1 if lipidt <> 99/99/9999** | | The question refers to an HDL done during the past 5 years up to and including the study end date that may or may not have been part of a complete lipid profile.  Value is generally reported as mg/dL and the normal findings are usually greater than 45 mg/dL in males or 55 mg/dL in females. |
| 6 | hdldt | Enter the date the most recent HDL value in mg/dL or mg/100ml was reported. | mm/dd/yyyy  If hdldone=2, will be auto-filled as 99/99/9999   |  | | --- | | < = 5 years prior or = stdybeg and < = stdyend | | Use the date of the laboratory report, not the date the sample was drawn. |
| 7 | ldldone | Was an LDL obtained (or attempt to measure LDL) during the past 5 years?  1. Yes  2. No | 1,2  **Will be auto-filled as 1 if lipidt <>99/99/9999**  If 2, auto-fill ldldt as 99/99/9999, ldlcalc as 95, z-fill ldlclvl2, and go to postldl | **The question refers to an LDL-cholesterol done at any time that may or may not have been part of a complete lipid profile. A calculated or direct LDL is acceptable.**   * **If the triglycerides are too high to report a valid LDL, answer “1” because the attempt was made to measure LDL. Answer “3” to ldlcalc to clarify the reason a valid LDL could not be done.** * **If the triglycerides are too low to calculate a LDL value, the abstractor should check for a direct LDL. If direct LDL value is not found, answer “2”.** |
| 8 | ldldt | Enter the date the most recent LDL value in mg/dL or mg/100ml was reported (or attempt to measure LDL). | mm/dd/yyyy  If ldldone=2, will be auto-filled as 99/99/9999   |  | | --- | | < = 5 years prior or = stdybeg and < = stdyend | | Use the date of the laboratory report, not the date the sample was drawn.  **If the most recent lipid profile or LDL test report does not contain a LDL value due to “triglycerides are too high to report a valid LDL-C,” enter the date of this report.**  Computer will auto-fill 99/99/9999 if LDLDONE = 2. Abstractor cannot enter 99/99/9999 default date if LDLDONE = 1. |
| 9 | ldlcalc | How was the LDL measured?   1. direct 2. calculated 3. triglycerides too high to obtain valid LDL 4. not applicable | 1,2,3,95  If ldldone = 2, will be auto-filled as 95  If 3 and ldldt < = 1 year prior to or = stdybeg and <= stdyend, z-fill ldlclvl2, and go to prevldl; else if 3, go to postldl | LDL cholesterol is most commonly estimated from quantitative measurements of total and HDL-cholesterol and plasma triglycerides (TG) using the empirical relationship of Friedewald et al  If the most recent LDL lab report does not indicate direct or calculated, ask the Liaison to determine from the laboratory how LDL cholesterol measurement is obtained in this particular facility.  If the most recent lipid profile or LDL test does not report a LDL value due to “triglycerides are too high to report a valid LDL,” select “3.” |
| 10 | ldlclvl2 | Enter the LDL value in mg/dL or mg/100ml measured on this date. | \_\_ \_\_ \_\_ If ldldone = 2 or ldlcalc = 3, will be z-filled  If >= 100 and ldldt < = 1 year prior to or = stdybeg and <= stdyend, go to prevldl; else go to postldl   |  | | --- | | Whole numbers only  Hard edit: Must be > 0 | | **If more than one LDL test result is documented on the most recent date a LDL was obtained, enter the lowest LDL result.**  **Disregard any number to right of decimal (e.g., LDL reported as 98.6; enter 98).**  Normal range is usually 60 – 130 mg/dL (although this varies depending on the way the LDL is calculated, if it is not a direct measurement.) |
|  |  | **Previous LDL Test** |  |  |
| 11 | prevldl | During the timeframe from (computer to display date = stdybeg – 1 year) to (computer to display ldldt – 1 day), was a LDL in mg/dL or mg/100mg obtained?  **(Disregard any report that does not include an actual LDL value.)**  1. Yes  2. No | 1,2  If 2, auto=fill preldldt as 99/99/9999, prevaldl as zzz, and go to postldl | **The intent of the question is to determine if an actual LDL (calculated or direct) was obtained within the past year, but prior to the lipid report noting the LDL could not be calculated due to high triglycerides or report of LDL value 100 mg or greater.**  **Disregard any report that does not include an actual LDL value.** |
| 12 | preldldt | Enter the date the most recent LDL value in mg/dL or mg/100ml was reported. | mm/dd/yyyy  Will be auto-filled as 99/99/9999 if  prevldl = 2   |  | | --- | | < ldldt and < = 1 year prior to or = stdybeg | | Use the date of the laboratory report, not the date the sample was drawn. |
| 13 | prevaldl | Enter the LDL numeric value in mg/dL or mg/100ml measured on this date. | \_\_ \_\_ \_\_ Will be auto-filled as zzz if prevldl = 2   |  | | --- | | Whole numbers only  Hard edit: Must be > 0 | | Warning if > 400 | | **If there is more than one LDL test result documented on the most recent date a LDL was obtained, enter the lowest LDL result.**  **Disregard any number to right of decimal (e.g., LDL reported as 98.6; enter 98).**  Normal range is usually 60 – 130 mg/dL (although this varies depending on the way the LDL is calculated, if it is not a direct measurement.) |
|  |  | **Post LDL Test** |  |  |
| 14 | postldl | After the study end date and up to the date the chart was opened for review, was a LDL test obtained?  **(Disregard any report that does not include an actual LDL value.)**  1. Yes  2. No | 1,2  If 2, auto-fill postldldt as 99/99/9999, postvaldl as zzz, and go to hba1cdne as applicable | **The intent of the question is to determine if an actual LDL (calculated or direct) that may or may not have been part of a complete lipid profile was obtained after the study end date and up to the date the chart was opened for review.**  **Review date is the first date is the chart is opened for review.**  If the only LDL report during this timeframe documents that the triglycerides were too high to calculate a LDL, enter “2.” |
| 15 | postldldt | Enter the date the first LDL value in mg/dL or mg/100ml was reported after the study end date and up to the date the chart was opened for review. | mm/dd/yyyy  Will be auto-filled as 99/99/9999 if postldl= 2   |  | | --- | | > stdyend and <= revdte | | **If more than one LDL test result is documented after the study end date and up to the date the chart was first opened for review, enter the date of the first LDL test.**  Use the date of the laboratory report, not the date the sample was drawn. |
| 16 | postvaldl | Enter the LDL value in mg/dL or mg/100ml measured on this date. | \_\_ \_\_ \_\_ Will be auto-filled as zzz if postldl = 2   |  | | --- | | Whole numbers only  Hard edit: Must  be > 0 | | Warning if > 400 | | **If there is more than one LDL test result documented on the date the first LDL was obtained after the study end date, enter the lowest LDL result.**  **Disregard any number to right of decimal (e.g., LDL reported as 98.6; enter 98).**  Normal range is usually 60 – 130 mg/dL (although this varies depending on the way the LDL is calculated, if it is not a direct measurement.) |
|  |  | Diabetes Lab Tests |  |  |
| **If DMFLAG = 1, go to hba1cdne; if DMFLAG <> 1, go to statin as applicable** | | | | |
| 17 | hba1cdne | Within the past year, was a hemoglobin A1c done? 1. Yes  2. No  98. Patient refused hemoglobin A1c test | 1,2,98  If 2 or 98, auto-fill hba1cdt as 99/99/9999 and hba1c as zz.z, and go to protinyr | Glycohemoglobin, glycated hemoglobin or glycosolated hemoglobin is acceptable if conversion to HbA1c (percentage) value has been made by the VAMC lab.  In order to answer “98,” there must be documentation in the record by the provider that the patient refused to have a hemoglobin A1c test performed. |
| 18 | hba1cdt | Enter the date the most recent HbA1c was reported. | mm/dd/yyyy  If hba1cdne = 2 or 98, will be auto-filled as 99/99/9999   |  | | --- | | < = 1 year prior or = stdybeg and < = stdyend | | Day may be entered as 01, if exact date is unknown. At a minimum, the month and year must be entered accurately.  HBA1CDT will auto-fill as 99/99/9999 if hba1cdne = 2 or 98. Abstractor cannot enter 99/99/9999 default date if HBA1CDNE = 1. |
| 19 | hba1c | Enter the most recent hemoglobin A1c value. | \_ \_.\_%  If hba1cdne = 2, will be z-filled   |  | | --- | | Abstractor entry  > 0 (hard edit) and warning @ > 12 | | If HbA1c was ordered, but the resulting value cannot be found in laboratory reports or electronic database by abstractor or Liaison, return to question HBA1CDNE and answer “2.”  HBA1C will z-fill if hba1cdne = 2 or 98. Abstractor cannot z-fill if HBA1CDNE = 1. |
| 20 | protinyr | Within the past year, was a urinalysis for protein done? 1. Yes  2. No  98. Patient refused urinalysis test | 1,2,98  If 2 or 98, go to microalbn; else go to statin as applicable | Methods of testing: dipstick for protein, quantitative urine protein testing, routine UA with protein reported, 24-hour urine for protein, urinalysis for macroalbumin/macroalbuminuria.  In order to answer “98,” there must be documentation in the record by the provider that the patient refused to have a urinalysis test performed. |
| 21 | microalbn | Was a urine test for microalbuminuria performed within the past year? 1. Yes  2. No  98. Patient refused microalbuminuria test | 1,2,98  If 2 or 98, auto-fill microdt as 99/99/9999, and go to statin as applicable | The earliest clinical evidence of nephropathy is the appearance of low but abnormal levels (>=30 mg/day or 20 micrograms/minute) of albumin in the urine.  Synonyms/Inclusions: timed urine for microalbumin (e.g., 24-hr urine, overnight urine, or 4-hr urine for microalbumin.), any spot urine for microalbumin, micral strip, reagent strip/dipstick for microalbumin, urine for microalbumin/creatinine ratio, 24–hour urine for total protein, random urine for protein (albumin)/creatinine ratio  In order to answer “98,” there must be documentation in the record by the provider that the patient refused to have a microalbuminuria test performed. |
| 22 | microdt | Enter the date the most recent test for microalbuminuria performed within the past year was reported. | mm/dd/yyyy  If microalbn = 2 or 98, will be auto-filled as 99/99/9999   |  | | --- | | < = 1 year prior or = stdybeg and < = stdyend | | Day may be entered as 01, if exact date is unknown. At a minimum, the month and year must be entered accurately. |
|  |  | **Statin Medication** |  |  |
| **If age >= 21 and <= 75 AND [(SELMI, SELPCI, or SELCABG = -1) OR (IVDENC1 OR IVDENC2 = 1) OR (DMFLAG = 1)] go to STATIN; else go to ONHTNRX** | | | | |
| 23 | statin | During the past year, was a statin medication prescribed for the patient?  1. Yes  2. No | 1,2  If 2, go to onhtnrx as applicable | **HMG-CoA Reductase Inhibitors (Statins):** atorvastatin calcium (Lipitor), fluvastatin sodium (Lescol), lovastatin (Mevacor, Altocor), pravastatin sodium (Pravachol), rosuvastatin calcium (Crestor), simvastatin (Zocor), pitavastatin (Livalo)  **Suggested data sources:** clinic notes, physician orders, medication refills |
| 24 | destatin | Designate the statin prescribed for the patient during the past year.  1. Atorvastatin  2. Fluvastatin  3. Lovastatin  4. Pravastatin  5. Rosuvastatin  6. Simvastatin  7. Pitavastatin  99. Unable to determine | 1,2,3,4,5,6,7,99  If 99, go to onhtnrx as applicable | If the patient is taking a combination medication (e.g. simvastatin/ezetimibe), select the statin component of the combination medication.  If the actual name of the statin is not documented (e.g. physician notes, “patient on statin”), and the name of the statin is not found elsewhere in the record, enter “99.”  **HMG-CoA Reductase Inhibitors (Statins):**, atorvastatin calcium (Lipitor), fluvastatin sodium (Lescol), lovastatin (Mevacor) (Altocor), pravastatin sodium (Pravachol), rosuvastatin calcium (Crestor), simvastatin (Zocor), pitavastatin (Livalo) |
| 25 | statndos | Enter the daily dose of the statin medication in milligrams. | \_\_ \_\_. \_\_  **Abstractor can enter zz.z**   |  | | --- | | > = 1 and < = 80 | | The intent is to determine the daily dose of the statin that the patient was prescribed (taking). For example, physician noted, “simvastatin 80 mg take ½ tablet daily.” Enter 40 mg as the daily dose.  If the daily dose is > 80 mg/day, enter 80.  If dose is not documented, abstractor can enter zz.z.  **Informational Only:** The following doses are considered at least moderate dose statin therapy:   * atorvastatin 10 mg/day or greater * fluvastatin 80 mg/day * lovastatin 40 mg/day or greater * pravastatin 40 mg/day or greater * rosuvastatin 5 mg/day or greater * simvastatin 20 mg/day or greater * pitavastatin 2 mg/day or greater |
| **If selhtn = -1 or DMFLAG = 1, go to onhtnrx; else go to onasa as applicable** | | | | |
|  |  | **Blood Pressure Medications** |  |  |
| 26 | onhtnrx | Within the three-month period prior to the last day of the study interval, was the patient on any of the medications listed in Table A?   1. Yes 2. No    1. Patient refusal of all anti-hypertensive medication documented by physician/APN/PA or pharmacist | 1,2, 98 | On anti-hypertensive medication: anti-hypertensive medication is listed among the patient’s medications recorded at any encounter within the three-month time period or is entered in the pharmacy package. It is not necessary to know whether the patient is compliant with the medication regimen.  **If the patient did not have a VHA encounter within the time period, but was on an anti-hypertensive drug prior to this period, assume the medication was continued.** |
|  | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **If selmi = -1, or DMFLAG = 1, or selpci = -1, or selcabg = -1, or selchf = -1, go to onasa; otherwise go out of Shared Module** | | | | |
|  |  | Outpatient Medications |  |  |
| 27 | onasa | At the most recent outpatient visit, was aspirin included in the patient’s current medications?   1. Yes 2. No | 1,2  If 1, auto-fill notasa as 95, and go to betablkr | ASA was listed as one of the medications the patient is taking routinely or aspirin was prescribed at this visit.  If it is noted in the paper or electronic record at least once within the past six months that the patient is taking aspirin, this is acceptable documentation of “aspirin at the most recent outpatient visit.” “Within the past six months” = from the first day of the study interval to the first day of the month six months previously. (Example: first day of study interval is 7/01/17. Within the past six months is from 1/1/17 – 7/01/17.). If any of the following are listed among the patient’s medications, it is also acceptable to answer “Yes”:clopidogrel (Plavix)a combination of aspirin and extended release dipyridamole (Aggrenox)prasugrel (Effient)ticagrelor (Brilinta)ticlopidine hydrochloride (Ticlid) |
| 28 | notasa | Does the record document any of the following reasons for not prescribing aspirin?   1. Aspirin allergy   3. Taking warfarin/(Coumadin); apixaban (Eliquis); dabigatran (Pradaxa); edoxaban (Savaysa); or rivaroxaban (Xarelto)  95. Not applicable   1. Other reason documented by a physician/APN/ PA or pharmacist 2. Patient refusal of aspirin documented by physician/APN/PA or pharmacist   99. No documented reason | 1,3,95,97,98,99  Will be auto-filled as 95 if onasa = 1 | When there is documentation of an aspirin “allergy” or “sensitivity,” regard this as documentation of aspirin allergy regardless of what type of reaction might be noted. This rule is also applicable to medications that contain aspirin.  **If warfarin (Coumadin);** apixaban (Eliquis); dabigatran (Pradaxa); edoxaban (Savaysa); or rivaroxaban (Xarelto)  **is listed in patient medications, the contraindication is met.**  Other reason(s) documented by physician, APN, PA, or pharmacist must be explicitly documented or clearly implied (Examples: “Chronic hepatitis – no ASA.” “May start ASA after GI bleed resolves.”) If reasons are not mentioned in the context of aspirin, do not make inferences, e.g., Do not assume that aspirin is not prescribed because of history of PUD. |
| 29 | betablkr | At the most recent outpatient visit, was a beta-blocker included in the patient’s current medications?  **Examples of beta-blockers include, but are not limited to:**   * metoprolol succinate or tartrate * carvedilol * atenolol * nadolol * propranolol * combination of beta-blockers with other drugs   1. Yes  2. No | 1,2 If 1, auto-fill  nobetab as 95, and go to acerx | **“Included in the patient’s current medications” = a beta-blocker was listed as one of the medications the patient is taking routinely or a beta-blocker was prescribed at this visit**  If the most recent outpatient visit was for a specialized examination or purpose, e.g., audiology, ophthalmology, podiatry, etc., in which current medications may not be referenced, look at one or more previous outpatient visits to determine the patient’s medication regime.  **For a more complete list of beta-blocker medications, refer to Table A, or a drug handbook.** |
| 30 | nobetab | Does the record document any of the following reasons for not prescribing a beta-blocker?   1. Beta-blocker allergy 2. Bradycardia (heart rate less than 60 bpm) while not on a beta blocker 3. Second or third degree heart block on ECG and does not have a pacemaker   9. Post-heart transplant patient  10. Documentation of severely decompensated  heart failure  95. Not applicable   1. Other reasons documented by a physician/APN/ PA or pharmacist for not prescribing a beta- blocker 2. Patient refusal of beta-blockers documented by physician/APN/PA or pharmacist   99. No documented reason | 1,2,3,9,10,95,97,98,99  Will be auto-filled as 95 if betablkr = 1 | **1. Beta-blocker (BB) allergy/sensitivity/intolerance:** documented **allergy/sensitivity/intolerance** counts regardless of type of reaction noted; allergy/sensitivity/intolerance to one BB is acceptable as allergy to all BBs. **EXCLUDE:** Allergy to BB eye drops (e.g., Cosopt).  **2. Bradycardia:** must be documented by a clinician as the reason for non-use of a beta-blocker; however if record states “patient’s heart rate is consistently less than 60 bpm,” this is acceptable.  **3. Second or third degree heart block:** Do not attempt to use the ECG tracing to answer this question. The ECG interpretation of second or third degree heart block must be documented in the record by a clinician or by electronic interpretation. Documentation of the ECG interpretation does not have to be linked specifically to contraindication to beta-blocker.  **10. Severely decompensated heart failure:** cardiac decompensation is marked by dyspnea, venous engorgement, and edema. Abstractor may not make this decision based on symptoms described in record. There must be specific diagnosis by a physician/APN/PA.  **97. Other reason(s) documented by a physician/APN/ PA or pharmacist:**   * Must explicitly link the noted reason with non-prescription of a beta-blocker.   **98.** **Patient refusal:** Documentation by a physician/APN/PA or pharmacist that the patient refused beta-blocker medications or refused all medications is acceptable. Documentation that the patient refused BP medications is NOT acceptable. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 31 | acerx | At the most recent outpatient visit, was an angiotensin converting enzyme inhibitor (ACEI) included in the patient’s current medications?  Examples of ACEI medications include, but are not limited to:   * enalapril * captopril * lisinopril * benazepril * ramipril * combinations of ACEI with hydrochlorothiazide   1. Yes  2. No | 1,2  If 1, auto-fill aceinot as 95 arbrx as 95, and contrarb as 95 | “Included in the patient’s current medications” = patient was on this medication at the most recent outpatient visit or it was prescribed at the time of the visit. Question does not reference a new prescription. The patient can have been on an ACEI for many years.  **ACEI:** Angiotensin converting enzyme inhibitors: ACEIs may be described as RAS (renin-angiotensin system) or RAAS (renin-angiotensin-aldosterone system) blockers/inhibitors.  **For a more complete list of ACEI medications, refer to Table A, or a drug handbook.** |
| 32 | aceinot | Does the record document any of the following reasons for not prescribing an ACEI?  1. ACEI allergy  5. Moderate or severe aortic stenosis  95. Not applicable  97. Other reasons documented by a physician/APN/PA or pharmacist for not prescribing an ACEI  98. Patient refusal of ACE inhibitors documented by physician/APN/PA or pharmacist  99. No documented reason | 1,5,95,97,98,99  Will be auto-filled as 95 if acerx = 1 | Option Rules:  **1. ACEI allergy/sensitivity:** allergy/sensitivity documented regardless of type of reaction noted (e.g. “Allergies: ACEI – cough”); allergy/sensitivity to one ACEI is acceptable as an allergy to all ACEIs.  **5. Moderate or Severe Aortic Stenosis** (AS): Findings may be taken from diagnostic test reports. May be either current diagnosis or history of AS, without mention of repair, replacement, valvuloplasty, or commissurotomy.  **INCLUDE:** AS described as moderate, severe, 3+, 4+, critical or significant; degree of severity not specified; aortic valve area of less than 1.0 square cm; subaortic stenosis, moderate/severe, or degree of severity not specified  **EXCLUDE:** aortic insufficiency/regurgitation only; AS described as 1+ or 2+; AS using qualifiers: cannot exclude, cannot rule out, may have, may have had, may indicate, possible, suggestive of, suspect, or suspicious.  **97. Other reason(s) documented by a physician/APN/PA or pharmacist:**   * Must explicitly link the noted reason with non-prescription of an ACEI. * Should be considered implicit documentation for also not prescribing an ARB for the following five conditions **ONLY:** * Angioedema * Hyperkalemia * Hypotension * Renal artery stenosis * Worsening renal function/renal disease/dysfunction * **If the patient is on hydralazine and nitrates, and the record documents this drug therapy is a better option than ACEI or ARB for the patient, this documentation is acceptable as “other reason.”**   **98.** **Patient refusal:** Documentation by a physician/APN/PA or pharmacist that the patient refused ACEI medications or all medications is acceptable. Documentation that the patient refused BP medications is NOT acceptable. |
| 33 | arbrx | At the most recent outpatient visit, was an angiotensin II receptor antagonist (ARB or AIIRA) included in the patient’s current medications?  **Examples of ARB medications include, but are not limited to:**   * candesartan * eprosartan * irbesartan * losartan * valsartan * combinations of ARB with hydrochlorothiazide   1. Yes  2. No  95. Not applicable | 1,2,95  Will be auto-filled as 95 if acerx = 1  If 1, auto-fill contrarb as 95 | **Included in the current medications = patient was on this medication at the most recent outpatient visit or it was prescribed at the time of the visit.**  **ARB**: Angiotensin receptor blockers or angiotensin II receptor antagonists (AIIRA); ARBs may be described as RAS (renin-angiotensin system) or RAAS (renin-angiotensin-aldosterone system) blockers/inhibitors  **For a more complete list of ARB medications refer to Table A or a drug handbook.** |
| 34 | contrarb | Does the record document any of the following reasons for not prescribing an ARB?  1. ARB (AIIRA) allergy or sensitivity  2. Moderate or severe aortic stenosis  95. Not applicable   * + - 1. Other reasons documented by a physician, APN, PA, or pharmacist for not prescribing an ARB       2. Patient refusal of ARBs documented by physician/APN/PA or pharmacist   99. No documented reason | 1,2,95,97,98,99  Will be auto-filled as 95 if acerx = 1 or arbrx = 1 | Option Rules:  1. ARB (AIIRA) allergy/sensitivity: documented **allergy** or **sensitivity** counts regardless of type of reaction noted (e.g. “Allergies: ARB–cough”); allergy/sensitivity to one ARB is acceptable as allergy to all ARBs.  **2. Moderate or Severe Aortic Stenosis (AS):** Findings may be taken from diagnostic test reports. May be either current diagnosis or history of AS, without mention of repair, replacement, valvuloplasty, or commissurotomy.  **INCLUDE:** AS described as moderate, severe, 3+, 4+, critical or significant; degree of severity not specified; aortic valve area of less than 1.0 square cm; subaortic stenosis, moderate/severe, or degree of severity not specified  **EXCLUDE:** aortic insufficiency/regurgitation only; AS described as 1+ or 2+; AS using qualifiers: cannot exclude, cannot rule out, may have, may have had, may indicate, possible, suggestive of, suspect, or suspicious.  **97. Other reason(s) documented by a physician/APN/PA or pharmacist:**   * Must explicitly link the noted reason with non-prescription of an ARB. * Should be considered implicit documentation for also not prescribing an ACEI for the following five conditions **ONLY:** * Angioedema * Hyperkalemia * Hypotension * Renal artery stenosis * Worsening renal function/renal disease/dysfunction   **98.** **Patient refusal:** Documentation by a physician/APN/PA or pharmacist that the patient refused ARBs or refused all medications is acceptable. Documentation that the patient refused BP medications is NOT acceptable |

|  |  |  |
| --- | --- | --- |
| TABLE A: Drug Classes and Drugs Used to Define Anti-Hypertension Mono or Multi-Drug Treatment | | |
| ACE Inhibitors (ACEI) Benazepril  Captopril  Enalapril  Fosinopril  Lisinopril  Moexipril  Perindopril  Quinapril  Ramipril  Trandolapril | Angiotensin II Receptor Antagonists (ARB) Azilsartan  Candesartan  Eprosartan  Irbesartan  Losartan  Olmesartan  Telmisartan  Valsartan | Alpha1-Blockers Doxazosin  Prazosin  Terazosin Central Alpha Agonists Clonidine  Guanabenz  Guanfacine  Methyldopa Alpha-Beta Blockers Carvedilol Labetolol |
| Beta-Blockers Acebutolol  Atenolol  Bisoprolol  Esmolol  Metoprolol  Nadolol  Nebivolol  Penbutolol  Pindolol  Propranolol  Timolol | Calcium Channel Blockers Diltiazem  Verapamil  Amlodipine  Felodipine  Isradipine  Nicardipine  Nifedipine  Nisoldipine | Peripheral Vasodilators Hydralazine  Minoxidil Peripheral Adrenergic Inhibitors Guanadrel  Guanethidine Reserpine |
| **Renin Inhibitor** Aliskiren | Loop Diuretics Furosemide  Torsemide  Bumetanide |  |

|  |  |  |
| --- | --- | --- |
| Thiazide and Related Diuretics Bendroflumethiazide  Benzthiazide  Chlorothiazide  Chlorthalidone  Hydrochlorothiazide  Hydrochlorothiazide/Triamterene  Hydrochlorothiazide/Amiloride  Hydrochlorothiazide/Spironolactone  Hydroflumethiazide  Indapamide  Methyclothiazide  Metolazone  Polythiazide  Quinethazone  Trichlormethiazide | Aldosterone Antagonists Eplerenone  Spironolactone | Potassium-Sparing Diuretics Amiloride  Triamterene |
| \*Fixed-dose Combinations Hydrochlorothiazide/Irbesartan  Hydrochlorothiazide/Lisinopril  Hydrochlorothiazide/Losartan  Hydrochlorothiazide/Valsartan  Hydrochlorothiazide/Methyldopa  Hydrochlorothiazide/Metoprolol  Hydrochlorothiazide/Reserpine  Hydrochlorothiazide/Moexipril  Hydrochlorothiazide/Quinapril  Hydrochlorothiazide/Eprosartan  Hydrochlorothiazide/Telmisartan  Hydrochlorothiazide/Olmesartan  Hydrochlorothiazide/Candesartan  Hydrochlorothiazide/Propranolol  Hydrochlorothiazide/Guanethidine  Hydrochlorothiazide/Labetolol | \*Fixed-dose Combinations (cont’d) Aliskiren/Amlodipine  Atenolol/Chlorthalidone  Amlodipine/Benazepril  Amlodipine/hydrochlorothiazide/olmesartan  Amlodipine/Olmesartan  Amlodipine/Valsartan  Benazepril/Hydrochlorothiazide  Fosinopril/Hydrochlorothiazide  Bisoprolol/Hydrochlorothiazide  Hydralazine/Hydrochlorothiazide  Hydralazine/Hydrochlorothiazide/Reserpine  Enalapril/Hydrochlorothiazide  Captopril/Hydrochlorothiazide  Telmisartan/amlodipine | \*Fixed-dose Combinations (cont’d) Trandolapril/Verapamil  Polythiazide/Reserpine  Chlorothiazide/Reserpine  Hydroflumethiazide/Reserpine  Methyclothiazide/Reserpine  Trichlormethiazide/Reserpine  Bendroflumethiazide/Nadolol  Chlorthalidone/Clonidine  Bendroflumethiazide/rauwolfia serpentina  Polythiazide/Prazosin  Chlorthalidone/Reserpine  Deserpidine/Methyclothiazide Chlorothiazide/Methyldopa Sacubitril/valsartan |