# Congestive Heart Failure (CHF)



## Overview

The congestive heart failure (CHF) disease management and drug-disease interaction antiarrhythmic rules address the recommended management of systolic heart dysfunction (depressed left ventricular ejection fraction generally less than 40%) as opposed to diastolic heart dysfunction; all other rules in this document can be applied to the entire CHF population. Patients with predominant systolic heart dysfunction have a different natural history and require different treatment strategies than patients with predominant diastolic dysfunction. Systolic and diastolic heart failure cannot be distinguished based on most heart failure diagnosis codes. New ICD-9 codes published in 2003 are specific for diastolic heart failure and can identify this population if used appropriately. Patients are excluded from the CHF disease management and drug-disease interaction antiarrhythmic rules if there is a code for diastolic heart failure within the last 12 months of the report period.

## Disease Management

**R-1**
**9000002 Patient(s) currently taking a beta-blocker.**

Beta-blockers are recommended for patients with stable heart failure due to left ventricular dysfunction unless contraindicated or not tolerated (1). This is a Class I* recommendation from the ACC/AHA 2005 Guideline Update for the Diagnosis and Management of Chronic Heart Failure in the Adult (1). Like ACE-inhibitors, beta-blockers can reduce the risk of death and the combined risk of death or hospitalization (1-6).

Beta-blockers may be contraindicated or not tolerated by some patients (1). Patients should not take a beta-blocker if they have symptomatic bradycardia or advanced heart block (unless treated with a pacemaker). Beta-blockers may be contraindicated for some patients with reactive airway disease (1). Given the limitations of claims data, it is not possible to reliably identify contraindications or previous adverse events.

Patients are excluded from this measure if there is a code for diastolic heart failure within the last 12 months of the report period.

1. *Hunt SA, Abraham WT, Chin MH, et al. ACC/AHA 2005 guideline update for the diagnosis and management of chronic heart failure in the adult. A report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines (Committee to Update the 2001 Guidelines for the Evaluation and Management of Heart Failure). J Am Coll Cardiol 2005;46:1116-43.*
2. *Packer M, Bristow MR, Cohn JN, et al. The effect of carvedilol on morbidity and mortality in patients with chronic heart failure. U.S. Carvedilol Heart Failure Study Group. N Engl J Med 1996;334:1349-55.*
3. *The Cardiac Insufficiency Bisoprolol Study II (CIBIS-II): a randomised trial. Lancet 1999;353:9-13.*
4. *Effect of metoprolol CR/XL in chronic heart failure: Metoprolol CR/XL Randomised Intervention Trial in Congestive Heart Failure (MERIT-HF). Lancet 1999;353:2001-7.*
5. *Packer M, Coats AJ, Fowler MB, et al. Effect of carvedilol on survival in severe chronic heart failure. N Engl J Med 2001;344:1651-8.*
6. *Randomised, placebo-controlled trial of carvedilol in patients with congestive heart failure due to ischaemic heart disease. Australia/New Zealand Heart Failure Research Collaborative Group. Lancet 1997;349:375-80.*

**R-1**
**9000018 Patient(s) currently taking a beta-blocker specifically recommended for CHF management.**

Beta-blockers are recommended for patients with stable heart failure due to left ventricular dysfunction unless contraindicated or not tolerated (1). This is a Class I* recommendation from the ACC/AHA 2005 Guideline Update for the Diagnosis and Management of Chronic Heart Failure in the Adult (1). Beta-blockers that have been proven in clinical trials to reduce mortality are specifically recommended. These beta-blockers include bisoprolol, carvedilol, and sustained release metoprolol succinate (1-5). Based on this recommendation from the ACC/AHA 2005 Guideline Update for the Diagnosis and Management of Chronic Heart Failure in the Adult and the consensus opinion of experts, an individual was defined as adherent to this measure if they received any

of the following medications during the last 120 days of the report period through 90 days after the end of the report period: bisoprolol, carvedilol, sustained release metoprolol succinate, or metoprolol tartrate.

Beta-blockers may be contraindicated or not tolerated by some patients (1). Patients should not take a beta-blocker if they have symptomatic bradycardia or advanced heart block (unless treated with a pacemaker). Beta-blockers may be contraindicated for some patients with reactive airway disease (1). Given the limitations of claims data, it is not possible to reliably identify contraindications or previous adverse events.

Patients are excluded from this measure if there is a code for diastolic heart failure within the last 12 months of the report period.


1. *Hunt SA, Abraham WT, Chin MH, et al. ACC/AHA 2005 guideline update for the diagnosis and management of chronic heart failure in the adult. A report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines (Committee to Update the 2001 Guidelines for the Evaluation and Management of Heart Failure). J Am Coll Cardiol 2005;46:1116-43.*
2. *The Cardiac Insufficiency Bisoprolol Study II (CIBIS-II): a randomised trial. Lancet 1999;353:9-13.*
3. *Hjalmarson A, Goldstein S, Fagerberg B, et al. for the MERIT-HF Study Group. Effects of controlled-release metoprolol on total mortality, hospitalizations, and well-being in patients with heart failure: the Metoprolol CR/XL Randomized Intervention Trial in congestive heart failure (MERIT-HF). JAMA 2000;283;1295-1302.*
4. *Dargie HJ. Effect of carvedilol on outcome after myocardial infarction in patients with left-ventricular dysfunction: the CAPRICORN randomised trial. Lancet 2001;357:1385-1390.*
5. *Cleland JG, Pennell DJ, Ray SG, et al. Myocardial viability as a determinant of the ejection fraction response to carvedilol in patients with heart failure (CHRISTMAS trial): randomised controlled trial. Lancet 2003;362:14-21.*