

| <b>Adherence to Recommended Regimens of Secondary Prevention of Rheumatic Fever in Patients with a Previous History of Rheumatic Fever</b>  |   |          |                            |        |   |  |    |  |   |    |                                  |  |    |
|---|---|----------|----------------------------|--------|---|--|----|--|---|----|----------------------------------|--|----|
| <b>Measure Description:</b> Proportion of patients with documented recommendation for antibiotics for secondary prevention of rheumatic fever.  |   |          |                            |        |   |  |    |  |   |    |                                  |  |    |
| <b>Numerator</b>  | Number of patients with a documented recommendation, or a specific prescription, for the prevention of secondary rheumatic fever.                 |          |                            |        |   |  |    |  |   |    |                                  |  |    |
| <b>Denominator</b>  | Number of patients, ≤ 21 years old, with a known prior diagnosis of rheumatic fever and an outpatient clinic visit during the measurement period. |          |                            |        |   |  |    |  |   |    |                                  |  |    |
| <b>Denominator Exclusions</b>   | None  |          |                            |        |   |  |    |  |   |    |                                  |  |    |
| <b>Denominator Exceptions</b>   | None  |          |                            |        |   |  |    |  |   |    |                                  |  |    |
| <b>Definitions/Notes</b>  | None  |          |                            |        |   |  |    |  |   |    |                                  |  |    |
| <b>Measurement Period</b>   | Quarterly   |          |                            |        |   |  |    |  |   |    |                                  |  |    |
| <b>Sources of Data</b>  | Retrospective medical record review of outpatient clinic note   |          |                            |        |   |  |    |  |   |    |                                  |  |    |
| <b>Attribution</b>  | N/A   |          |                            |        |   |  |    |  |   |    |                                  |  |    |
| <b>Care Setting</b>   | Outpatient  |          |                            |        |   |  |    |  |   |    |                                  |  |    |
| <b>Rationale</b>  |   |          |                            |        |   |  |    |  |   |    |                                  |  |    |
| <p>Although rheumatic fever is uncommon in the US in the current era, there are periodic increases in the case rate from time to time and clinicians must therefore remain aware of this important sequela of a common bacterial infection. Patients who have an episode of rheumatic fever are at very high risk of recurrent rheumatic fever with subsequent episodes of streptococcal pharyngitis, with the potential significant deleterious effects on cardiac valvular function. It is therefore important for clinicians to document a) that indicated patients are receiving the correct prophylactic regimen and b) that, if indicated, a recommendation for ongoing adherence to a prophylactic regimen is documented.</p>  |   |          |                            |        |   |  |    |  |   |    |                                  |  |    |
| <b>Clinical Recommendation(s)</b>   |   |          |                            |        |   |  |    |  |   |    |                                  |  |    |
| <p><u>ACC/AHA Guidelines</u></p> <p><b>Table 3. Duration of Secondary Rheumatic Fever Prophylaxis</b></p> <table border="1"> <thead> <tr> <th>Category</th> <th>Duration After Last Attack</th> <th>Rating</th> </tr> </thead> <tbody> <tr> <td>Rheumatic fever with carditis and residual heart disease (persistent valvular disease*)</td> <td>10 years or until 40 years of age (whichever is longer), sometimes lifelong prophylaxis (see text)</td> <td>IC</td> </tr> <tr> <td>Rheumatic fever with carditis but no residual heart disease (no valvular disease*)</td> <td>10 years or until 21 years of age (whichever is longer)</td> <td>IC</td> </tr> <tr> <td>Rheumatic fever without carditis</td> <td>5 years or until 21 years of age (whichever is longer)</td> <td>IC</td> </tr> </tbody> </table> <p>Rating indicates classification of recommendation and LOE (eg, IC indicates class I, LOE C).</p> <p><i>Circulation.</i> 2009;119:1541-1551</p> |   | Category | Duration After Last Attack | Rating | Rheumatic fever with carditis and residual heart disease (persistent valvular disease*) | 10 years or until 40 years of age (whichever is longer), sometimes lifelong prophylaxis (see text) | IC | Rheumatic fever with carditis but no residual heart disease (no valvular disease*) | 10 years or until 21 years of age (whichever is longer) | IC | Rheumatic fever without carditis | 5 years or until 21 years of age (whichever is longer) | IC |
| Category  | Duration After Last Attack  | Rating   |                            |        |   |  |    |  |   |    |                                  |  |    |
| Rheumatic fever with carditis and residual heart disease (persistent valvular disease*)   | 10 years or until 40 years of age (whichever is longer), sometimes lifelong prophylaxis (see text)  | IC       |                            |        |   |  |    |  |   |    |                                  |  |    |
| Rheumatic fever with carditis but no residual heart disease (no valvular disease*)  | 10 years or until 21 years of age (whichever is longer)   | IC       |                            |        |   |  |    |  |   |    |                                  |  |    |
| Rheumatic fever without carditis  | 5 years or until 21 years of age (whichever is longer)  | IC       |                            |        |   |  |    |  |   |    |                                  |  |    |

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| <b>Challenges to Implementation</b>  |                             |                            |
|--|-----------------------------|----------------------------|
| The relative rarity of rheumatic fever in the US, along with the fact that many patients may have had their rheumatic fever many years previously, may make it difficult for clinicians to properly ascertain a prior history of rheumatic fever. Also, the lack of a standard means to document need for SBE prophylaxis in the medical record may make assessment of adherence to the metric cumbersome. |                             |                            |
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