



# Focus on Quality

GET WITH THE GUIDELINES.  
STROKE

GET WITH THE GUIDELINES.  
HEART FAILURE

GET WITH THE GUIDELINES.  
RESUSCITATION

Primary ACCP/ASA (The National Registry of Cardiorespiratory Resuscitation)

GET WITH THE GUIDELINES.  
OUTPATIENT

MISSION:  
LIFELINE

ACTION  
Registry-GWTG<sup>®</sup>

TARGET:  
HF

TARGET:  
STROKE

# AHA Quality Improvement Programs

THE GUIDELINE  
ADVANTAGE™



MISSION:  
LIFELINE®

 GET WITH THE  
GUIDELINES®

THE GUIDELINE  
ADVANTAGE™



 GET WITH THE  
GUIDELINES®  
STROKE

 GET WITH THE  
GUIDELINES®  
HEART FAILURE

 GET WITH THE  
GUIDELINES®  
RESUSCITATION

Formerly NRCPR® (The National Registry  
of Cardiopulmonary Resuscitation)

ACTION Registry-GWTG™

TARGET:  
**STROKE**™  
TIME LOST IS BRAIN LOST.™

TARGET: **HF**™  
TAKING THE FAILURE OUT OF HEART FAILURE



Since **2001**

Over **2200 Hospitals**  
Nationwide

Over **3 Million Patient**  
**Records**

Over **1200 Hospitals**  
Receiving Recognition

With **188 Peer Reviewed**  
**Publications**

## THE FUTURE OF MEDICINE



**U.S. News** & WORLD REPORT  
www.usnews.com August 2009

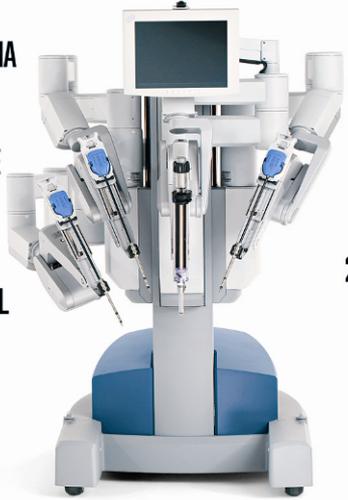
# America's Best HOSPITALS

**How new technology is transforming medical care**

**7 WAYS BARACK OBAMA WILL CHANGE HEALTHCARE**

**A TOUR OF THE HOSPITAL OF TOMORROW**

**NEW HOPE FOR STEM CELL RESEARCH**



**THE ART OF MEDICINE**

**14 PIONEERS ON THE CUTTING EDGE**

**THE TOP HOSPITALS IN 26 SPECIALTIES**

**AND MORE**

## How do you say thanks for lives saved?



**Words cannot express the appreciation** felt by patients and families for the lifesaving efforts made by the hospital teams listed here. One of the ways they strive to improve patient outcomes is by using the Get With The Guidelines™ quality improvement program to help them deliver care that's consistent with the most up-to-date scientific guidelines. Please join us in recognizing these hospitals for their success in using Get With The Guidelines, for their ongoing commitment to excellence and for their insistence that good is never good enough.



**GET WITH THE GUIDELINES**

Make medication or quality for more information. ©2009 American Heart Association

## GWTGs – Publication Breakthroughs

“Participation in GWTGs was independently associated with improvements in guidelines-based care”



Lewis W et al. Arch Intern Med. 2008;168(16):1813-1819

“Hospitals using GWTG increase compliance to stroke treatment guidelines”



Schwamm L et al. Circulation. 2009;119(1);107-115

“These results indicate there is a very powerful effect to participating in the program”



Schwamm L et al. Circulation. 2009;119(1);107-115

“Get With the Guidelines helps improve physicians awareness of proven post-heart attack therapies”



Jneid H et al. Circulation. 2008;118(25):2803-2810



[guidelineadvantage.org](http://guidelineadvantage.org)

THE GUIDELINE  
**ADVANTAGE™**

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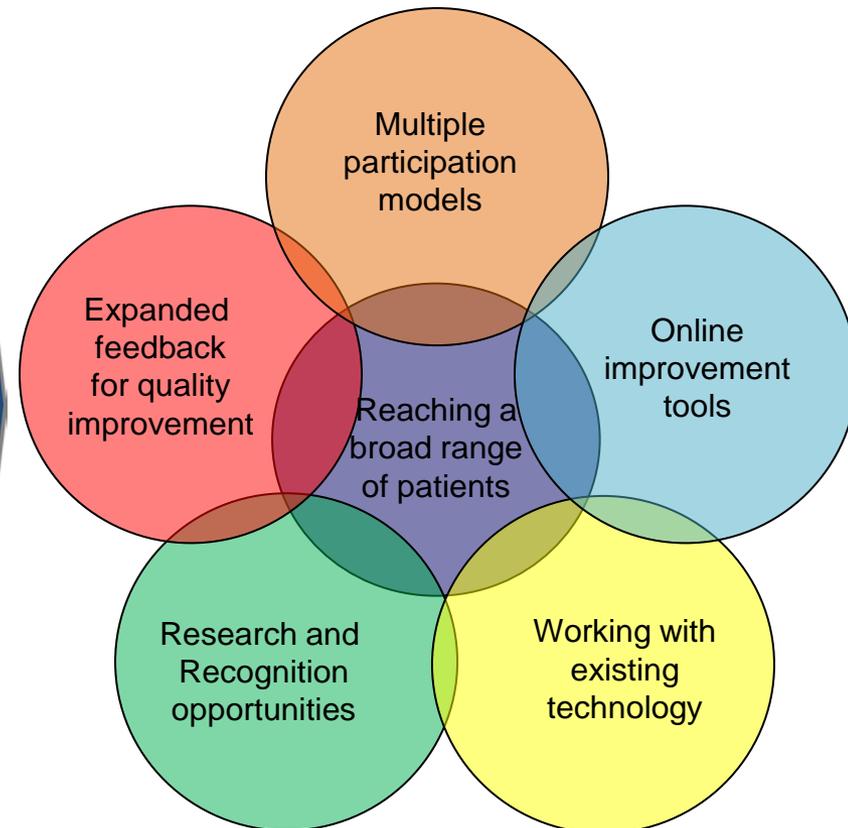


## The Tri-Agency Relationship

### What is The Guideline Advantage?

- A joint program of the American Cancer Society, the American Diabetes Association, and the American Heart Association
- Each organization has long developed scientific statements and guidelines specific to prevention and disease management
- Shared goals:
  - Sets national goals and objectives that compliment their guidelines
  - Common interest in translating those guidelines into practice

### Program Advantages



## Vision & Goal

### Vision

To improve the health of all patients through widespread application of primary and secondary prevention guidelines in the United States through data collection, analysis, feedback and quality improvement in the ambulatory setting.

### Goal

To improve the long-term compliance with the ACS, ADA and AHA/ACC guidelines, which in turn supports our **shared organizational mission** to prevent chronic diseases and to improve the lives of those living with the nation's most prevalent chronic diseases.

The Guideline Advantage is based on the success of nearly 10 years experience in inpatient quality improvement and over 2 millions lives touched.

## Advantages to Practices & Physicians

- On-demand access to quality improvement data using a web-based tool
- Available physician-level reporting
- Tools for creating action lists
- Alignment with key national initiatives
- National and State Benchmarking
- Practice Network opportunities including virtual workshops and national recognition

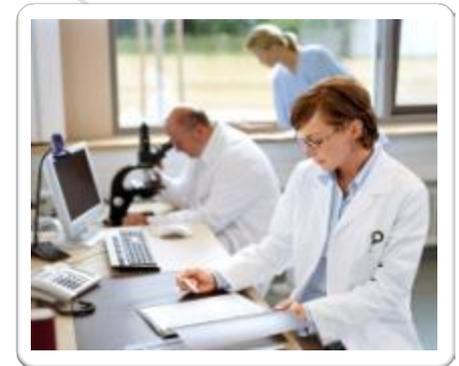
## Program Model



**1** Providers can use several different technology platforms



**2** Technology vendors submit collective clinical data to Forward Health Group for The Guideline Advantage



**3** Data are processed, analyzed and provided back to the practice via a practice portal



**4** Performance is measured, Professionals can set measurable goals and chart improvements in performance

### THE GUIDELINE ADVANTAGE

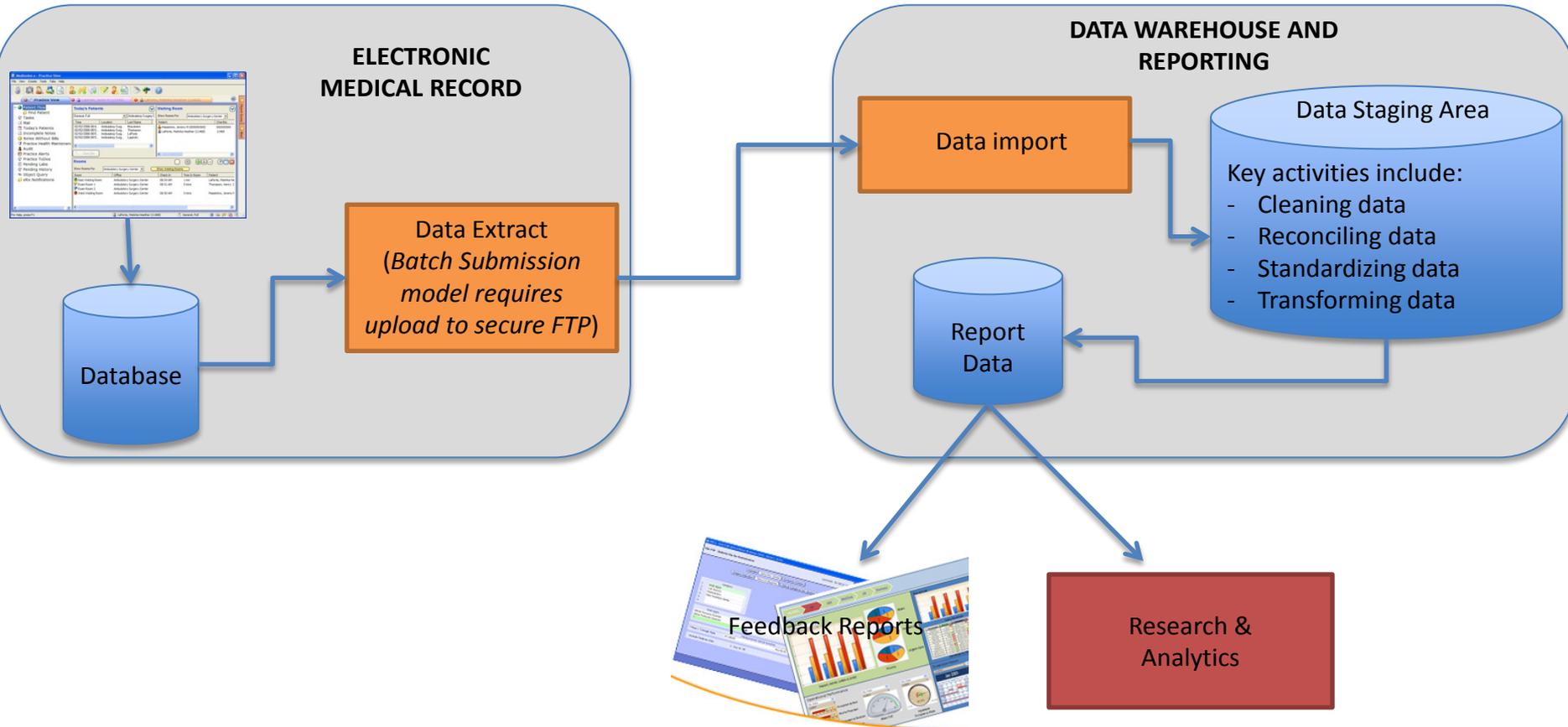
# What are the different participation models?

There are two main approaches to populating the registry with clinical data:

	Description	Important Things to Understand
Basic Submission Model	<ul style="list-style-type: none"> <li>Includes real-time access and robust reporting capabilities for practices via a “lite” version of the Population Manager tool; Practices are expected to submit data via data extraction/upload process; there is no charge for this model for participating practices</li> </ul>	<ol style="list-style-type: none"> <li>Data quality and performance reports are then generated on a quarterly basis to help practices identify where they may have areas for improvement.</li> <li>The Guideline Advantage offers an array of CE/CME opportunities, better practices, tools and resources for health care professionals to consider incorporating into their practices to improve.</li> </ol>
Premium Model	<ul style="list-style-type: none"> <li>Includes all the components plus additional capabilities that exist within the Population Manager tool; Allows for automated data collection for practices; there is a fixed implementation charge with annual licensing fees for this model</li> </ul>	

# Technically speaking... how does it work?

As a part of quality improvement, clinical data must be aggregated into a data warehouse to facilitate analysis and reporting.



# HIPAA

HIPAA applies to The Guideline Advantage since Protected Health Information (PHI) is used in the program. The Guideline Advantage is considered Quality Improvement as opposed to a clinical trial/research, so the disclosure of PHI to Forward Health Group, including direct patient identifiers, falls under healthcare operations.

# A glance at a sample Feedback Report and the Incentives tab in the system (from the Practice perspective).

Welcome Admin User from Spruce Valley Health System [Users](#) [Logs](#) [Files](#) [Help](#) [Log Out](#)

PopulationManager THE GUIDELINE ADVANTAGE™

Home Patients Populations Metrics Measures Panels Groups Incentives Data

Population Snapshot > All Clinics All Teams Overall

Population > Diabetes

Group > All

Measure Set > Spruce Valley Quality = 5171 Patients

Current Results - Q3 2011		5171 Patients	%	Compare
HbA1c Good Control [?]	Good = A1c < 7 %	2857	2271	58%
HbA1c Poor Control [?]	Poor = A1c > 9 %	4017	1111	22%
HbA1c Testing [?]	1 test in 6 months	3421	1707	67%
LDL Control [?]	Good = LDL < 100 mg/dl	3824	1804	71%
LDL-C Screening [?]	1 test in 6 months	3358	1778	65%
Blood Pressure Control 1 [?]	BP < 130/80 mmHg	3401	1727	66%
Blood Pressure Control 2 [?]	BP < 140/90 mmHg	3801	1527	70%

Data is current through: 2011-09-30  
Software Version: 3.0  
© Forward Health Group, Inc.  
About PopulationManager Help E-Mail Support

Feedback Report

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PopulationManager THE GUIDELINE ADVANTAGE™

Home Patients Populations Metrics Measures Panels Groups Incentives Data

Incentives > Overall

Pay for Performance Opportunities

Program	Populations/Groups	Cycle	Last Update	Next Scheduled	Last Payment Amount
Bridges To Excellence - Diabetes Care [More]	Diabetes Population	Quarterly	12.31.10	03.31.11	\$12,400
ACO - Medicare Demonstration [More]	ACO Risk Group	Yearly	03.15.10	03.31.11	\$68,432
PCMH - Blue Cross Pilot [More]	Medical Home Pilot	N/A	N/A	N/A	N/A

Patient Care Opportunities

Population	Opportunity	Number of Patients Eligible	Potential Revenue
Diabetes	Patients Needing LDL Cholesterol Tests	1770	\$24,780
Diabetes	Patients Needing A1c Tests	1707	\$51,210
Breast Cancer Screening	Patients Needing Mammograms	5458	\$654,960

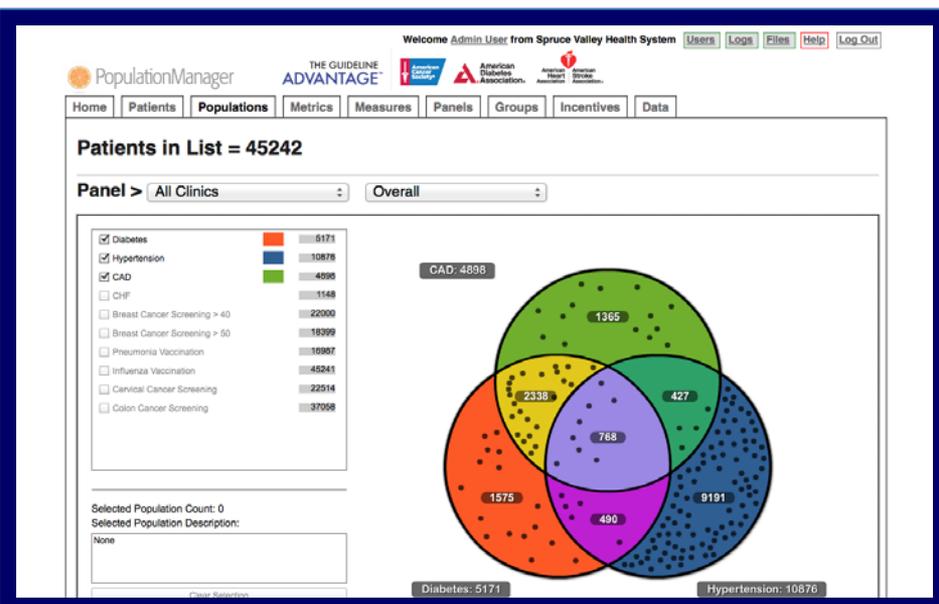
Professional Development Opportunities

Initiative	Details
American Board of Internal Medicine	Maintenance of Certification
American Board of Family Medicine	Maintenance of Certification
American Heart Association	The Guideline Advantage
Joslin Diabetes Center	National Research Demonstration

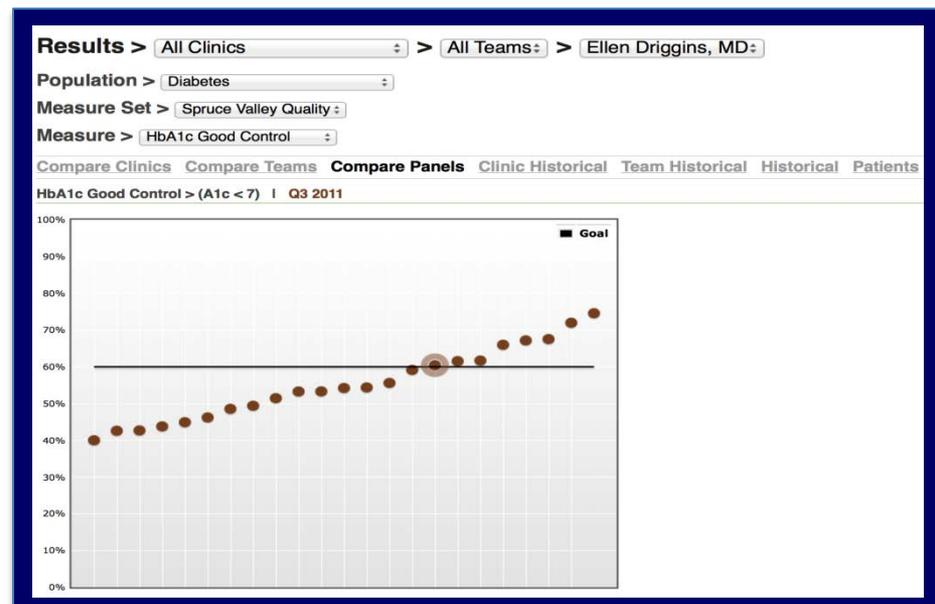
Data is current through: 2011-09-30

Incentives tab

A glance at a Venn diagram for identifying the comorbid populations and peer-to-peer comparisons.

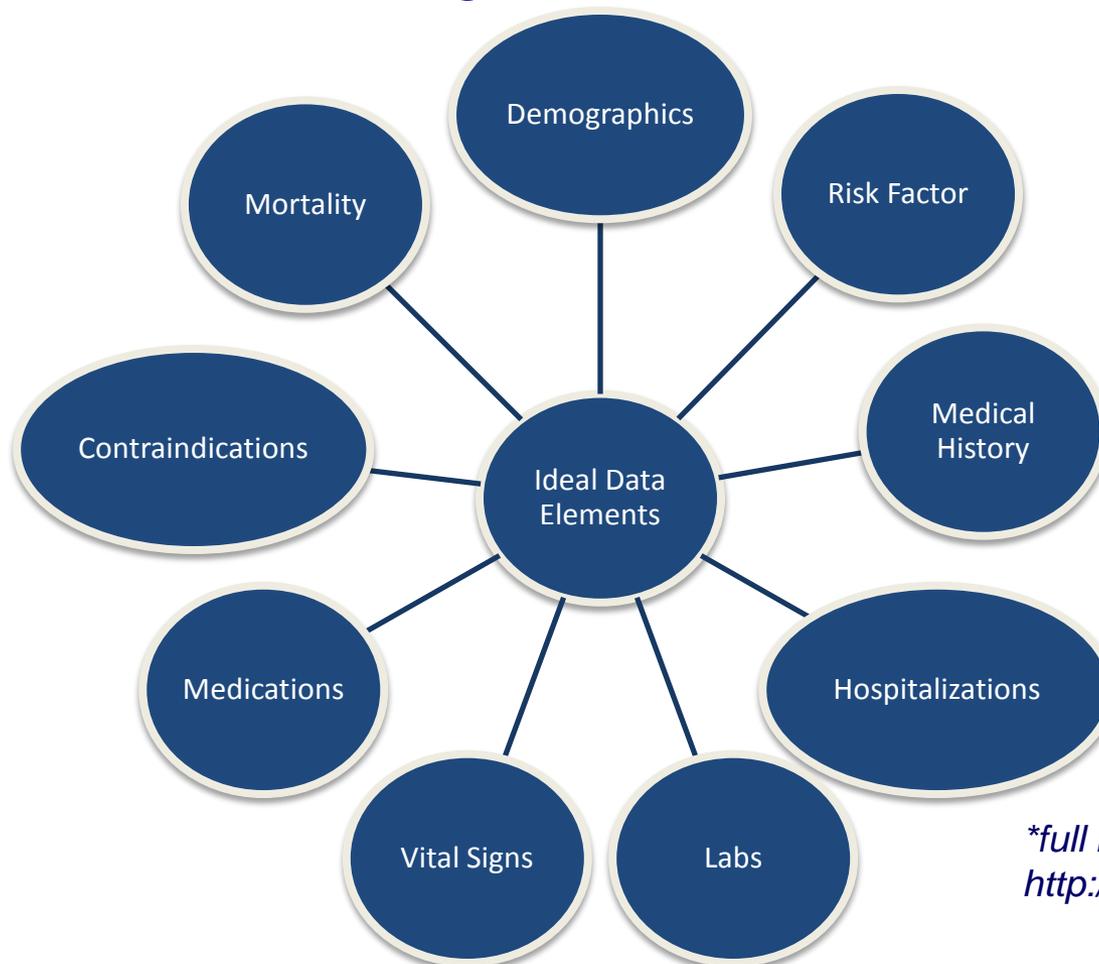


Comorbidities Graph



Benchmarking (Physician-level)

## The Guideline Advantage's Ideal Data Elements (2011)



*\*full list of elements can be found at <http://guidelineadvantage.org>*

# The Guideline Advantage's Measures

## Diabetes Mellitus

- HbA1c Control
- LDL Control
- High Blood Pressure Control
- Annual nephropathy screening (urine albumin)

## Preventive Care Screening

- BMI Screening & Follow-up
- Influenza Vaccination
- Tobacco Use and Counseling
- Blood Pressure Screening
- LDL Measurement

## Cancer

- Colorectal Cancer Screening
- Mammography Screening
- Cervical Cancer Screening

## Cardiovascular

- Ischemic Vascular Disease: Aspirin Use & Lipid panel
- Hypertension: Blood Pressure Control
- CAD: Lipid-lowering Therapy
- CAD: Antiplatelet Therapy
- CAD: Blood Pressure Control
- CAD: Tobacco Use

## What specialties are eligible to participate?

- Cardiology
- Family Medicine
- Geriatric Medicine
- Internal Medicine
- Neurology
- OB/GYNs
- Osteopathic Medicine
- Oncology
- Endocrinology

**Patient Inclusion Criteria**  
**ALL Patients 18 and Over**





AHA health care quality improvement programs, such as **The Guideline Advantage**, is working closely with Million Hearts to harmonize and integrate, evidence based performance measures to ensure we are achieving our goal of improving clinical care.





Domain	Measures	Select Aligned Initiatives
Aspirin Use	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic Percentage of patients aged 18 years and older with IVD with documented use of aspirin or other antithrombotic	<ul style="list-style-type: none"> <li>• MU Stage 1—menu option</li> <li>• PQRS Measure #204</li> <li>• NQF 0068</li> <li>• ACO measure</li> </ul>
Blood Pressure Screening	Preventive Care and Screening: High Blood Pressure Percentage of patients aged 18 years and older who are screened for high blood pressure	<ul style="list-style-type: none"> <li>• PQRS Measure #M125 [Proposed]</li> <li>• ACO measure</li> </ul>
Blood Pressure Control	Hypertension (HTN): Controlling High Blood Pressure Percentage of patients aged 18 through 85 years who had a diagnosis of HTN and whose blood pressure was adequately controlled (<140/90) during the measurement year	<ul style="list-style-type: none"> <li>• MU Stage 1—menu option</li> <li>• PQRS Measure #236</li> <li>• NQF 0018</li> <li>• ACO measure</li> </ul>
Cholesterol Screening and Control	Preventive Care and Screening: Cholesterol (a) Percentage of patients aged 20 through 79 years whose risk factors have been assessed and a fasting LDL test has been performed (b) Percentage of patients aged 20 through 79 years who had a fasting LDL test performed and whose risk-stratified fasting LDL is at or below the recommended LDL goal	<ul style="list-style-type: none"> <li>• PQRS Measure #M119 [Proposed]</li> </ul>
Smoking Cessation	Preventive Care and Screening: Tobacco Use Percentage of patients aged 18 years and older who were screened about tobacco use one or more times within 24 months and who received cessation counseling intervention if identified as a tobacco user	<ul style="list-style-type: none"> <li>• MU Stage 1—core option</li> <li>• PQRS Measure #226</li> <li>• NQF 0028</li> <li>• ACO measure</li> </ul>



# How does a provider register?



ABOUT | HOW TO PARTICIPATE | RESOURCES | NEWS & UPDATES | FAQ | CONTACT US

Practice Sign Up | The Process | Data Elements | Compatible Vendors | Vendor Sign Up

## How To Participate

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 Updated: Thu, 21 Jul 2011 12:30:00 PM

Interested in having your practice participate in The Guideline Advantage™? This section has all the information you need to join this exciting program including registration information, data elements, and the options for participation.

[Practice Sign Up](#)  
Learn what it takes to get started.

[The Process](#)  
Participating in The Guideline Advantage is easier than you think.

[Data Elements](#)  
The Guideline Advantage looks to capture commonly entered data points.

[Compatible Vendors](#)  
Take the steps to becoming compatible or learn if your vendor is an early adopter.

[Vendor Sign Up](#)  
Empower your customers! Become a compatible vendor.

HOW TO PARTICIPATE

- Practice Sign Up
- The Process
- Data Elements
- Compatible Vendors
- Vendor Sign Up

Events and Updates [VIEW ALL](#)

- Management of Hyperglycemia in T2DM: Update...  
Upcoming Webinar | July 13 2012
- The Importance of Data Analytics in Physi...  
Archived Webinar | June 13 2012
- Using Your Data in Your Advantage

## Key Takeaways

- Register on our website at [guidelineadvantage.org](http://guidelineadvantage.org) to express your interest.
- Upon registration, a member of our team will contact you and begin work to identify which data transfer model may be best for your practice.

Additional information at: [GuidelineAdvantage.org](http://GuidelineAdvantage.org)

## Examples of Successful Participation

- Large networks of clinics (16 clinics in Missouri, 6 clinics in Louisiana)
  - Network has a central clinical database and technology support to submit data for all practices within the network.
- Primary Care Association/Health Information Exchange (District of Columbia)
  - System of 6 individual practices submitting data to the primary care association's information exchange. The primary care association is submitting on behalf of the practices.
- Compatible Software, Forward Health Group (Health System in Maine)
  - A Health Center is submitting through their health measurement vendor, Forward Health Group, whose product is compatible with The Guideline Advantage and therefore seamlessly submits their data for them.
- Practices with technology resources (Cardiology practice in Illinois)
  - Practice has technology resources to support achievement of mapping and data submission.

## Leading practices for effective participation

Use **existing EHR platform**; don't interrupt work flow to collect data; offer multiple ways for data to flow (from EHR vendor, from intermediary vendor, directly from practice, etc.)

Provide **tools and resources** (Webinars, CME programs, etc.) to help develop a culture of quality improvement

Provide **feedback reports** and consult with practices on how to share information

Encourage focus on **1-2 areas** only

Direct practices to resources to **support improvement**

**Recognize** and link to incentives

**These are just a few of the best practices shared by the program.**

# Steering Committee Leadership\*

## AHA Volunteers

**Chairperson:**

**Vincent Bufalino**, MD, FAHA (Naperville, IL)

**Nancy Albert**, PhD, CCNS, CCRN, NE-BC, FAHA, FCCM (Cleveland, OH)

**Craig Beam**, CRE (Orange Country, CA)

**Mary Ann Bauman**, MD (Oklahoma City, OK)

**William Lewis**, MD, FACC (Cleveland, OH)

**Clyde W. Yancy**, MD, MSc., FACC, FAHA, MACP (Chicago, IL)

**Liaison:**

**Vern Davenport** (Raleigh, NC)

## ACS Volunteers

**Chief Liaison:**

**Richard Wender**, MD (Philadelphia, PA)

**John Cox**, DO (Dallas, TX)

**Paul Limburg**, MD (Rochester, MN)

**Bob McNellis** PA, MPH (Alexandria, VA)

**Kurt Stange**, MD, PhD (Cleveland, OH)

**Peter Yu**, MD (Mountain View, CA)

## ADA Volunteers

**John Anderson**, MD (Nashville, TN)

**Mary Korytkowski**, MD (Pittsburgh, PA)

**Michelle Magee**, MD (Washington, DC)

**Jay Shubrook**, DO (Columbus, OH)

**Hope Feldman**, MSN (Philadelphia, PA)

# Questions?

American Heart Association/ American Stroke Association Contact:

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