Focus on Quality
AHA Quality Improvement Programs

MISSION: LIFELINE

GET WITH THE GUIDELINES

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
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 amazing efforts made by the hospital teams listed here. One of the best ways to show your gratitude is by supporting the American Heart Association’s Go Red for Women campaign by buying a heart shape to hang up in your home. Visit GoRed.org to find out how you can support this important cause. For more information on how you can help, please visit GoRed.org or call 1-888-4-HEART.

CONFIDENTIAL – American Heart Association 2009
GWTG – Publication Breakthroughs

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


“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”

The Tri-Agency Relationship

- 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

What is The Guideline Advantage?

Program Advantages

- Multiple participation models
- Online improvement tools
- Reaching a broad range of patients
- Expanded feedback for quality improvement
- Working with existing technology
- Research and Recognition opportunities

[Diagram showing the 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
Providers can use several different technology platforms.

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

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

Performance is measured, professionals can set measurable goals and chart improvements in performance.
What are the different participation models?

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

<table>
<thead>
<tr>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Basic Submission Model</strong></td>
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<tr>
<td>- 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</td>
</tr>
</tbody>
</table>

| **Premium Model** |
| - 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 |

**Important Things to Understand**

1. Data quality and performance reports are then generated on a quarterly basis to help practices identify where they may have areas for improvement.
2. 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.

Additional information at: GuidelineAdvantage.org
As a part of quality improvement, clinical data must be aggregated into a data warehouse to facilitate analysis and reporting.

**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.

**DATA WAREHOUSE AND REPORTING**

Key activities include:
- Cleaning data
- Reconciling data
- Standardizing data
- Transforming data

**Data Staging Area**

- Data Extract (Batch Submission model requires upload to secure FTP)

**Database**

**Report Data**

**Research & Analytics**

**Feedback Reports**

**ELECTRONIC MEDICAL RECORD**

**Data import**
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).
A glance at a Venn diagram for identifying the comorbid populations and peer-to-peer comparisons.
The Guideline Advantage’s Ideal Data Elements (2011)

- Demographics
- Risk Factor
- Medical History
- Hospitalizations
- Labs
- Vital Signs
- Medications
- Contraindications
- Mortality

*full list of elements can be found at http://guidelineadvantage.org
## The Guideline Advantage’s Measures

<table>
<thead>
<tr>
<th>Diabetes Mellitus</th>
<th>Preventive Care Screening</th>
<th>Cancer</th>
<th>Cardiovascular</th>
</tr>
</thead>
<tbody>
<tr>
<td>• HbA1c Control</td>
<td>• BMI Screening &amp; Follow-up</td>
<td>• Colorectal Cancer Screening</td>
<td>• Ischemic Vascular Disease: Aspirin Use &amp; Lipid panel</td>
</tr>
<tr>
<td>• LDL Control</td>
<td>• Influenza Vaccination</td>
<td>• Mammography Screening</td>
<td>• Hypertension: Blood Pressure Control</td>
</tr>
<tr>
<td>• High Blood Pressure Control</td>
<td>• Tobacco Use and Counseling</td>
<td>• Cervical Cancer Screening</td>
<td>• CAD: Lipid-lowering Therapy</td>
</tr>
<tr>
<td>• Annual nephropathy screening (urine albumin)</td>
<td>• Blood Pressure Screening</td>
<td></td>
<td>• CAD: Antiplatelet Therapy</td>
</tr>
<tr>
<td></td>
<td>• LDL Measurement</td>
<td></td>
<td>• CAD: Blood Pressure Control</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• CAD: Tobacco Use</td>
</tr>
</tbody>
</table>
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.
<table>
<thead>
<tr>
<th>Domain</th>
<th>Measures</th>
<th>Select Aligned Initiatives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aspirin Use</td>
<td>Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic</td>
<td>• MU Stage 1—menu option&lt;br&gt;• PQRS Measure #204&lt;br&gt;• NQF 0068&lt;br&gt;• ACO measure</td>
</tr>
<tr>
<td></td>
<td>Percentage of patients aged 18 years and older with IVD with documented use of aspirin or other antithrombotic</td>
<td></td>
</tr>
<tr>
<td>Blood Pressure Screening</td>
<td>Preventive Care and Screening: High Blood Pressure&lt;br&gt;Percentage of patients aged 18 years and older who are screened for high blood pressure</td>
<td>• PQRS Measure #M125 [Proposed]&lt;br&gt;• ACO measure</td>
</tr>
<tr>
<td>Blood Pressure Control</td>
<td>Hypertension (HTN): Controlling High Blood Pressure&lt;br&gt;Percentage of patients aged 18 through 85 years who had a diagnosis of HTN and whose blood pressure was adequately controlled (&lt;140/90) during the measurement year</td>
<td>• MU Stage 1—menu option&lt;br&gt;• PQRS Measure #236&lt;br&gt;• NQF 0018&lt;br&gt;• ACO measure</td>
</tr>
<tr>
<td>Cholesterol Screening and Control</td>
<td>Preventive Care and Screening: Cholesterol&lt;br&gt;(a) Percentage of patients aged 20 through 79 years whose risk factors have been assessed and a fasting LDL test has been performed&lt;br&gt;(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</td>
<td>• PQRS Measure #M119 [Proposed]</td>
</tr>
<tr>
<td>Smoking Cessation</td>
<td>Preventive Care and Screening: Tobacco Use&lt;br&gt;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</td>
<td>• MU Stage 1—core option&lt;br&gt;• PQRS Measure #226&lt;br&gt;• NQF 0028&lt;br&gt;• ACO measure</td>
</tr>
</tbody>
</table>
How does a provider register?

Additional information at: GuidelineAdvantage.org

Key Takeaways

• Register on our website at 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.
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)

**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)

**ACS Volunteers**

Liaison:
Vern Davenport (Raleigh, NC)

**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)

*As of July 2012*
Questions?

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