



Heart Failure Core Measures Changes Effective January 2014

Effective January 1, 2014 discharges CMS will no longer require data collection for Heart Failure core measures “Discharge Instructions (HF-1)” and “ACE/ARB for LVSD (HF-2)”. The Joint Commission will keep ACE/ARB for LVSD, but will retire Discharge Instructions for January 1, 2014. Below for your quick reference is a crosswalk so you can see how each organization (CMS, TJC and AHA) are handling any changes to measures. The Joint Commission has also posted a resource document on their website: http://www.jointcommission.org/assets/1/18/Core_Measure_Changes_Accountability_Measures.pdf

These measure changes reinforce the unique and vital role Get With The Guidelines® plays in tracking and benchmarking critical aspects of HF care that are not tracked anywhere else. Below is a link to the Get With The Guidelines®-Heart Failure fact sheet, which lists the multitude of guidelines-based measures Get With The Guidelines captures in addition to basic CMS HF core measures.

http://www.heart.org/idc/groups/heart-public/@wcm/@private/@hcm/@gwtg/documents/downloadable/ucm_310967.pdf.

Additionally, as you focus your attention toward reducing HF readmissions, the Get With The Guidelines-Heart Failure Patient Management Tool™ (PMT) (provided by Outcome, a Quintiles Company) offers the following to track and drill down on 30-day readmissions:

- 30-Day Follow-Up Form
 - Tracks 30-day all cause re-hospitalizations (as well as mortality).
 - Tracks other critical items post-discharge such as medication adherence, follow-up since discharge, labs/tests, and education.
- Readmission Reports
 - Get With The Guidelines PMT tracks Readmission Frequency as well as 30-Day, 60-Day and 90-Day readmissions. (NOTE: The GWTG Readmission Measures are not equivalent to the CMS 30-Day Risk Standardized Readmission Measure. They are not risk adjusted, do not represent all cause readmission, and do not capture readmission to other hospitals.)

Get With The Guidelines offers numerous guideline based measures. Additionally, the program focuses attention on reducing HF re-admissions through various readmission reports available in the Patient Management Tool and its Target: Heart Failure campaign, a targeted program to reduce readmissions and optimize HF care.

Target: HFSM also offers a number of resources to assist hospitals in reducing readmissions. See the Clinical Tools page for links to all of these:

http://www.heart.org/HEARTORG/HealthcareResearch/TargetHFStroke/TargetHF/Target-HF-Strategies-and-Clinical-Tools_UCM_432444_Article.jsp

Your local [Get With The Guidelines Team](#) is committed to helping you maximize the benefit and impact of Get With The Guidelines at your institution. Please reach out to your Quality and Systems Improvement Director to review these resources and better understand how your institution may leverage them to improve care.

See page 2 for the Measure Crosswalk.

Measure Crosswalk:

Measure	CMS	TJC	GWTG
ACE/ARB for LVSD	Optional effective Jan. 1, 2014 discharges	Keeping	Keeping
Discharge Instructions	Optional effective Jan. 1, 2014 discharges	Retiring Jan 1, 2014 discharges	Keeping *NOTE: Data collection will remain the same until further notice. We have asked data interface vendors to continue to transmit these elements to GWTG so 2013 calendar year awards will not be impacted. As you may know, this measure is an alternative to the Post Discharge Appointment for Heart Failure Patients measure and hospitals have used it to qualify for Achievement Awards.
LVF Assessment	Keeping	Keeping	Keeping
Evidence-Based Specific Beta Blocker	N/A	N/A	Keeping
Post Discharge Appointment for HF Patients	N/A	N/A *NOTE: TJC ACHF hospitals capture whether an appointment was scheduled to occur within 7 days of discharge. This is NOT the same as the GWTG Achievement measure "Post Discharge Appointment for Heart Failure Patients," but is equivalent to our Quality measure "Follow-up Visit within 7 Days or Less".)	Keeping