Get with the Guidelines AFib: Practical Considerations for Participation

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American Heart Association/American Stroke Association

Presenter Disclosure Information

FINANCIAL DISCLOSURES: None
The Definition of Healthcare Quality

Healthcare Quality is defined as the extent to which health services provided to individuals and patient populations improve desired health outcomes. The care should be based on the strongest clinical evidence and provided in a technically and culturally competent manner with good communication and shared decision making.

Organizations’ Approaches to Process Improvement: QI Methodologies (Shewart Cycle / PDCA or PDSA Cycle)

Walter Shewhart
Developed Plan Do Check Act (PDCA) cycle for planning and improvement in the 1920’s

W. Edwards Deming
Deming adapted PDCA and called it Plan Do Study Act (PDSA)
PDSA Cycle – What is it?

- Model for testing ideas that you think may create improvement
- Used to test ideas for improvement quickly and easily
- Uses simple measures to monitor effect of changes over time
- Encourages starting with small changes, which can build
- It works! Used for decades, well established and validated

PDSA Cycle – How do I do it?

Stage 3: **Study**

Examine your results:

- Use data to study results to the test
- Did the results match the theory/predictions?
- Are there trends? Unintended side effects?
- Is there an improvement?
Emerging Knowledge
Scientific publications
Human studies
Clinical trials
Practice guidelines
Performance measures
GWTG
Tools of a Performance-Based QM System

• Standards and Guidelines
  – A standard is a statement of expectation defining the capacity of a governance, managerial, clinical, or support system to deliver value-to perform as expected
  – A Guideline generally refers to a set of specifications for care and process that pertain to the functions of healthcare practitioners.

• Performance Measures/Indicators—Are gauges or points of reference for evaluating the organization’s actual performance and comparing with a targeted objective or a standard.
• A Process Measure assesses a discrete activity that is carried out to provide care of service
• An Outcome Measure assesses what happens or does not happen as the result of a process or processes, either as the health state of the patient or as the patient experience
More than 750,000 hospitalizations occur each year because of AFib. The condition contributes to an estimated 130,000 deaths each year. The death rate from AFib as the primary or a contributing cause of death has been rising for more than two decades.

AFib costs the United States about $6 billion each year. Medical costs for people who have AFib are about $8,705 higher per year than for people who do not have AFib.
Focus on Quality

heart.org/quality

GET WITH THE GUIDELINES
STROKE

GET WITH THE GUIDELINES
HEART FAILURE

GET WITH THE GUIDELINES
RESUSCITATION

GET WITH THE GUIDELINES
AFIB

ACTION Registry-GWIG

THE GUIDELINE ADVANTAGE

MISSION: LIFELINE

HOSPITAL
Accreditation
& Certification

TARGET: STROKE

TARGET: HF

Get With The Guidelines-AFIB

➢ Newest addition to our family of healthcare quality programs

➢ Program designed to assist hospitals care teams in consistently providing the latest evidence-based treatment to their atrial fibrillation patients.

➢ Program offers a means of monitoring the quality of the atrial fibrillation care in U.S. hospitals and building a database for continued research and further quality improvement

➢ Launched June 15, 2013
Goals of GWTG AFIB

- **Improve the quality of care for patients with atrial fibrillation**
  - Improve adherence to anticoagulation guidelines to prevent stroke
  - Improve patient adherence to anticoagulation therapy through education and organization
  - Improve heart rate control in patients with atrial fibrillation
  - Assure quality drug therapy in atrial fibrillation patients

- **Improve the outcomes for atrial fibrillation patients by assuring adherence to treatment of comorbid conditions.**
  - Beta blocker and statin therapy for CAD patients
  - ACE/ARB and beta blocker therapy for CHF patients
  - Smoking cessation counseling and therapy for tobacco using patients
Stroke is 5 times more likely in patients with atrial fibrillation compared with those without.

A Stroke during atrial fibrillation is twice as likely to cause death and disability compared with non embolic strokes.

**Anticoagulation and Stroke**

**Assessment of Thromboembolic Risk Factors:** Percent of patients with nonvalvular Atrial Fibrillation or Atrial Flutter in whom assessment of thromboembolic risk factors using the CHADS2-VASc risk criteria has been documented.

**Discharged on FDA Approved Anticoagulation Therapy:** Percent of patients discharged on warfarin or other anticoagulant drug that is FDA approved for the prevention of thromboembolism for all patients with nonvalvular atrial fibrillation or atrial flutter at high risk for thromboembolism, according to CHADS2-VASc risk stratification.
**CHA$_2$DS$_2$-VASc**

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>C</td>
<td>CHF</td>
</tr>
<tr>
<td>H</td>
<td>Hypertension</td>
</tr>
<tr>
<td>A</td>
<td>Age ≥ 75 Y</td>
</tr>
<tr>
<td>A</td>
<td>Age 65-74</td>
</tr>
<tr>
<td>D</td>
<td>Diabetes</td>
</tr>
<tr>
<td>S</td>
<td>Hx CVA or TIA</td>
</tr>
<tr>
<td>VA</td>
<td>CAD/PVD/Ao</td>
</tr>
<tr>
<td>Sc</td>
<td>Female</td>
</tr>
</tbody>
</table>

Lip et al, Stroke, 2010

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**Annual Stroke Risk (%)**

Bungard, et al. CMAJ, 2001
A-Fib Patient Entry Criteria

Include:
- Patients with a principal diagnosis of Atrial Fibrillation admitted to your hospital as an inpatient.
- Patients with a principal diagnosis of Atrial Flutter admitted to your hospital as an inpatient.
- Hospitals are encouraged to enter patients with a secondary diagnosis of Atrial Fibrillation or Atrial Flutter admitted to the hospital as inpatient.

Optional:
- Hospitals may choose to enter patients seen in observation and not admitted as inpatients.

Exclude:
- Patients evaluated, treated and discharged from the ED (with no inpatient admission or admission to observation status).
- Patients < 18 years of age.
Get With The Guidelines-AFIB Patient Management Tool

- Community Page
- Patient Grid and the eCRF (Electronic Case Report Form)
- Real-time Reporting and Measures
- Data Download Tool
- Interface with GWTG Stroke or GWTG HF
- Optional CSV Uploader
AFIB Form (the eCRF)

- **Tabbed form**
- **Use Coding Instructions**
- **Bold** = Required
- **Pink Errors & Warnings** for real-time data validation
- **Save records as Complete or Incomplete**
### Arrival and Admission

<table>
<thead>
<tr>
<th>ARRIVAL AND ADMISSION INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal Tracking ID:</td>
</tr>
<tr>
<td>Arrival Date and Time:</td>
</tr>
<tr>
<td>Admit Date and Time:</td>
</tr>
<tr>
<td>Point of Origin for Admission or Visit:</td>
</tr>
<tr>
<td>Was patient admitted as impatient?</td>
</tr>
<tr>
<td>If not admitted, was the patient observation status?</td>
</tr>
</tbody>
</table>

### Demographic Data

<table>
<thead>
<tr>
<th>DEMOGRAPHIC DATA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth:</td>
</tr>
<tr>
<td>Gender:</td>
</tr>
<tr>
<td>Race:</td>
</tr>
<tr>
<td>Hispanic Ethnicity:</td>
</tr>
<tr>
<td>If Yes, please specify:</td>
</tr>
<tr>
<td>What is the patient’s source of payment for this episode of care?</td>
</tr>
<tr>
<td>Payment Source:</td>
</tr>
<tr>
<td>Patient Postal Code:</td>
</tr>
</tbody>
</table>
• Labile INR and Prior Major Bleeding are related to HAS-BLED score. They could not be captured exactly as needed in just medical history so they were pulled out as separate questions.
- "Atrial Arrhythmia Type" is the core diagnosis element to include patients in measures.

Medications Prior to Admission

- Patient on no meds prior to admission
- ACE Inhibitor
- Aldosterone Antagonist
- Alpha blockers
- Angiotensin receptor blocker (ARB)
- Antiarrhythmic
  - Dofilastide
  - Dronedarone
  - Flecaïnide
  - Propafenone
  - Sotalol
  - Other
  - Anticoagulation Therapy
    - Warfarin (Coumadin)
    - dabigatran (Pradaxa)
    - argatroban
    - Apixaban (Eliquis)
    - desacrin (Spinraza)
    - Fondaparinux (Arixtra)
    - rivaroxaban (Xarelto)
    - lepirudin (Refludan)
    - Other Anticoagulant
- Aspirin
- Antithrombotic agent (not aspirin)
  - Aggrenox (Dipyridamole)
  - Brilinta (Ticagrelor)
  - Clopidogrel
  - Prasugrel (Effient)
  - Ticlad (Ticloplaine)
- Other
- Beta Blocker
- Ca channel blocker
  - Dihydropyridine
  - Non-dihydropyridine
- Digoxin
- Diuretic
- Hydralazine nitrate
- NSAIDS/COX-2 inhibitor
- Statin
Exams/Labs on Admission

Presenting symptoms related to AF:
(Select all that apply)
- No reported symptoms
- Chest pain/tightness/discomfort
- Dyspnea at exertion
- Dyspnea at rest
- Exercise intolerance
- Fatigue
- Light-headedness/dizziness
- Palpitations
- Weakness

Initial Vital Signs:

- Height: 60 inches
- Weight: 156 lbs
- BMI: 30.33
- Heart Rate: 105
- Blood Pressure: 160/90 mmHg

Additional values collected on EKG and labs

In-Hospital Care Tab

Procedures this hospitalization:
- No Procedures
- A-Fib Ablation
- A-Flutter Ablation
- Cryoablation
- Cardioversion
- Chemical
- Electrical
- TEE Guided
- CRT-D (cardiac resynchronization therapy w/ICD)

EF - Quantitative:
- 35%
- Not Available

EF - Qualitative:

Used to identify valvular AF

This Admission
- Within the last year
- >1 year ago

Obtained:
- Within the last year
- >1 year ago
In-Hospital Care - continued

- “CHADS2-VASC reported” is seeking to determine whether or not the actual CHADS2-VASC score was documented in the medical record. CHADS2-VASC Reported is a Quality Measure.

- CHADS2-VASC Risk Factors Assessed:
  - Seeking to determine whether or not all of the component risk factors for CHADS2 were individually considered. This is a PCPI element and measure. Thromboembolic Risk Factors Assessed will be an Achievement Measure.
If CHADS2-VASc reported = No, a CHADS2-VASc Score calculator will appear below.

If Discharge HR is >110 bpm, the hospital has the opportunity to document a reason, which would exclude the patient from the Quality measure.
Discharge Information - continued

All optional data elements.

Discharge Medications – ACEI/ARB & Aldosterone Ant

Used in the Achievement Measure ACEI/ARB for LVSD.

Used in the Quality Measure Aldosterone Antagonist at Discharge.
Discharge Medications – additional meds

• Antiarrhythmic
• Anticoagulation Therapy
• Aspirin
• Antiplatelets
• Beta Blockers
• Calcium Channel Blockers
• Digoxin
• Statin Therapy
• Hydralazine Nitrate
• Other Medications at Discharge

Risk Interventions

<table>
<thead>
<tr>
<th>RISK INTERVENTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoking Cessation Counseling Given:</td>
</tr>
<tr>
<td>Rhythm Control/Rate Control Strategy Planned/Intended:</td>
</tr>
<tr>
<td>Patient and/or Caregiver received education and/or resource materials regarding all of the following:</td>
</tr>
<tr>
<td>Anticoagulation Therapy Education Given:</td>
</tr>
<tr>
<td>PT/IMR Planned Follow-up:</td>
</tr>
</tbody>
</table>

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Measures Tab

- Real time patient-level calculation for Achievement and Quality

<table>
<thead>
<tr>
<th>Measure Code</th>
<th>Measure Name</th>
<th>Population Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHADS2</td>
<td>Stroke Risk</td>
<td>Includes patients with CHADS2 ≥ 2</td>
</tr>
<tr>
<td>ATRIA</td>
<td>Stroke Risk</td>
<td>Includes patients with ATRIA ≥ 2</td>
</tr>
<tr>
<td>HAS-BLED</td>
<td>Bleeding Risk</td>
<td>Includes patients with HAS-BLED ≥ 3</td>
</tr>
</tbody>
</table>

- Supplemental Risk Score Tab for other Stroke & Bleeding Scores.
- Components auto-populate based on medical history & risk factors.
- Calculate functions to provide annual stroke or bleeding risk.
Root Cause

• Meeting the performance measures
  – Understanding the WHY?
  – Underlying data

• Quality Improvement

• Gaps – Filling in those cracks
  – Staff Education
  – Process Changes

Reports

Reports User Manual

Data Management

Audit Reports
Provides an audit trail for all form data.

Site-Level Reports

Configurable Measure Reports
Build your own Quality Measure Reports
Pre-Defined Measure Reports
Select from the Most Common Measure Reports or run your previously saved report types.

PMT Patient List
Provides a list of patient records entered for this study.
Configurable Measure Reports

Generate Report

**Time Period**
- Interval: Monthly
- From: 2013 1st
- To: 2013 3rd

**Measure:** "QVTQ A/F Achievement Measures"

**Format:** Bar Chart

**Compare:** All

Add Another Report

Filters and Display Options

### Filters
- **Race:**
  - White
  - Black
  - Non-white or Pacific Islander
- **Hypertension:** Yes
- **Age:** 
  - Less than 65 years
  - 65 to 74 years
  - 75 years or older
- **Gender:**
  - Male
  - Female
- **Atrial Fibrillation:**
  - Yes
  - No

### Display Options
- 95% Confidence Interval
- Display standard error
- One benchmark group per graph
- Similar measures on the same graph
- Display Baseline
- Display Goal
- Display Achievement Goal

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10/12/2016
### AFIB Measures

#### Achievement
- ACEI/ARB at discharge for LVSD
- Assessment of Thromboembolic Risk Factors
- Beta blocker at discharge
- Discharged on FDA Approved Anticoagulation Therapy
- PT/INR Planned Follow-up (for patients discharged on Warfarin)
- Statin at Discharge in AF Patients with CAD, CVA/TIA, or PVD

#### Quality
- Aldosterone Antagonist at Discharge (for patients with LVSD)
- Anticoagulation Therapy Education
- Atrial Fibrillation Patient Education
- CHA<sub>2</sub>DS<sub>2</sub>-VASc Reported
- Discharge Heart Rate < 110 bpm
- Smoking Cessation
- Warfarin at Discharge for Valvular Atrial Fibrillation or Atrial Flutter Patients

### AFIB Measures

#### Reporting
- Antiarrhythmic at Discharge
- Anticoagulation During Hospitalization
- Anticoagulation Medication at Discharge (all patients)
- Anticoagulation Medication at Discharge (eligible patients)
- Antiplatelet Agent at Discharge (including aspirin)
- Antiplatelet (including aspirin) and Anticoagulant at Discharge
- Aspirin at Discharge
- Assessment of Thromboembolic Risk Factors (Historic)
- Calcium Channel Blocker at Discharge
- CHADS<sub>2</sub> Reported
- Discharge Heart Rate <80 bpm
- Discharged on FDA Approved Anticoagulation therapy (Historic)
- QT Interval Measured after Initiation or Increase and Sustained Treatment with Dofetilide or Sotalol
- Rhythm Control/Rate Control Strategy Planned/Intended
Report features

- Export data as .csv (comma-separated values) text file
- Easy to work with in Excel for further analysis
- Save local archives
- Import to other electronic systems

Data Download

- Export data as .csv (comma-separated values) text file
- Easy to work with in Excel for further analysis
- Save local archives
- Import to other electronic systems
GWTG AFIB Ablation PMT

Sections

Pre-Ablation Diagnosis and Evaluation
Ablation Procedure
Complications
# Pre-Ablation Diagnosis and Evaluation

**Indication for ablation:**
- First-line therapy in paroxysmal AF before antiarrhythmic therapy
- First-line therapy in persistent AF before antiarrhythmic therapy
- Paroxysmal AF that has failed >1 antiarrhythmic drug
- Persistent AF that has failed >1 antiarrhythmic drug
- Other (left atrial flutter, left atrial tachycardia, etc)
- I — No symptoms
- IIa — Mild symptoms (Normal daily activity not affected and symptoms not considered troublesome by patient)
- IIb — Moderate symptoms (Normal daily activity not affected but patient troubled by symptoms)
- III — Severe symptoms (Normal daily activity affected)
- IV — Disabling symptoms (Normal daily activity discontinued)
- ND

**Modified EHRA Symptoms Score:**
- I — No symptoms
- IIa — Mild symptoms (Normal daily activity not affected and symptoms not considered troublesome by patient)
- IIb — Moderate symptoms (Normal daily activity not affected but patient troubled by symptoms)
- III — Severe symptoms (Normal daily activity affected)
- IV — Disabling symptoms (Normal daily activity discontinued)
- ND

**Did the patient have prior ablations for atrial fibrillation (do not count ablations for other arrhythmias):**
- 0 (no prior AF ablation) 1 2 3

**Left atrial diameter:**
- Normal
- Mild enlargement
- Moderate enlargement
- Severe enlargement
- Undetermined

**If left atrial diameter ND, how was the atrial enlargement described:**
- Normal
- Mild enlargement
- Moderate enlargement
- Severe enlargement
- Undetermined

**What was the peri-procedural anticoagulation strategy:**
- Uninterrupted anticoagulation strategy
  - O miniheparin
  - O dalteparin
  - O edoxaban
  - O rivaroxaban
  - O warfarin
  - pre-procedural INR __________
  - O interrupted anticoagulation strategy
  - O miniheparin
  - O dalteparin
  - O edoxaban
  - O rivaroxaban
  - O rivaroxaban
### ABLATION PROCEDURE

<table>
<thead>
<tr>
<th>Anesthesia used during the procedure:</th>
<th>General anesthesia with endotracheal tube intubation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>General anesthesia with JET or high frequency ventilation</td>
</tr>
<tr>
<td></td>
<td>General anesthesia with laryngeal mask airway</td>
</tr>
<tr>
<td></td>
<td>IV conscious sedation without intubation or mechanical airway</td>
</tr>
<tr>
<td></td>
<td>Other</td>
</tr>
<tr>
<td></td>
<td>UTD</td>
</tr>
</tbody>
</table>

| Energy and catheter type used (check all that apply): | irrigated RFA without contact force sensing |
|                                                     | irrigated RFA with contact force sensing |
|                                                     | cryo balloon |
|                                                     | laser balloon |
|                                                     | phased RF |
|                                                     | Other |

| Imaging/mapping used (check all that apply): | Preprocedure TEE |
|                                            | Intraoperative TEE |
|                                            | Preprocedure CT |
|                                            | Preprocedure MEI |

- Rotational angiography
- Intracardiac echocardiography (ICE)
- 3D electroanatomic mapping

### ANATOMY

<table>
<thead>
<tr>
<th>Trans-septal approach used for the ablation procedure:</th>
<th>Brockenbrough/mechanical needle</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Radiofrequency needle</td>
</tr>
<tr>
<td></td>
<td>Other, such as entry through patent foramen ovale</td>
</tr>
<tr>
<td></td>
<td>Trans-septal method not utilized</td>
</tr>
</tbody>
</table>

| Procedure Time: | Total Procedure Time: 
|-----------------|-----------------------------|
|                 | Total ablation time: 
|                 | Total fluoroscopy time: 
|                 | Total Fluoroscopy Dose: 

<table>
<thead>
<tr>
<th>Ablation technique (check all that apply):</th>
<th>Complex fractionated atrial electrogram (CFAE) ablation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Focal impulse and reentry modulation (FIRM) ablation</td>
</tr>
<tr>
<td></td>
<td>Left atrial appendage</td>
</tr>
<tr>
<td></td>
<td>Left atrial posterior line</td>
</tr>
<tr>
<td></td>
<td>Left atrial roof line</td>
</tr>
<tr>
<td></td>
<td>Superior vena cava isolation</td>
</tr>
<tr>
<td></td>
<td>Targeted pulmonic ablation</td>
</tr>
<tr>
<td></td>
<td>Wide-area circumferential ablation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ablation endpoints achieved (check all that apply):</th>
<th>Left pulmonary vein isolation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Left atrial isolation</td>
</tr>
<tr>
<td></td>
<td>Mitral isthmus line</td>
</tr>
<tr>
<td></td>
<td>Right atrial isolation</td>
</tr>
<tr>
<td></td>
<td>Right pulmonary vein isolation</td>
</tr>
<tr>
<td></td>
<td>Right-sided CT line for Gomez</td>
</tr>
<tr>
<td></td>
<td>Septal atrial isolation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Procedural testing (check all that apply):</th>
<th>Left atrial pacing</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Isoprenaline</td>
</tr>
<tr>
<td></td>
<td>Adenosine</td>
</tr>
<tr>
<td></td>
<td>Other</td>
</tr>
<tr>
<td></td>
<td>None/ND</td>
</tr>
</tbody>
</table>
**180 Day Follow Up Form**

Complications

Current state of care
<table>
<thead>
<tr>
<th>Event Type</th>
<th>Yes</th>
<th>No</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient ID:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Date of most recent clinical follow-up:</strong></td>
<td></td>
<td></td>
<td>(EF clinic or discharge date) (MM/DD/YYYY):</td>
</tr>
<tr>
<td><strong>Patient alive?</strong></td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td><strong>Adverse events:</strong></td>
<td>Yes</td>
<td>No</td>
<td>(if yes, check all that apply):</td>
</tr>
<tr>
<td>- Arrhythmia</td>
<td></td>
<td></td>
<td>Myocardial Infarction</td>
</tr>
<tr>
<td>- Anterior Thrombus</td>
<td></td>
<td></td>
<td>Pneumonecrosis</td>
</tr>
<tr>
<td>- AV Fibrillation</td>
<td></td>
<td></td>
<td>Pseudoaneurysm</td>
</tr>
<tr>
<td>- Death</td>
<td></td>
<td></td>
<td>PV stenosis</td>
</tr>
<tr>
<td>- Deep Venous Thrombus</td>
<td></td>
<td></td>
<td>Retroperitoneal Bleed</td>
</tr>
<tr>
<td>- Hematoma</td>
<td></td>
<td></td>
<td>Stroke</td>
</tr>
<tr>
<td>- Hemopericardium</td>
<td></td>
<td></td>
<td>Tension</td>
</tr>
<tr>
<td>- Hypertension</td>
<td></td>
<td></td>
<td>Transfusion</td>
</tr>
<tr>
<td>- Transient Ischemic Attack</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Rehospitalization for complications:</strong></td>
<td>Yes</td>
<td>No</td>
<td>If yes, enter date (MM/DD/YYYY):</td>
</tr>
<tr>
<td><strong>Arrhythmia-related hospitalizations:</strong></td>
<td>Yes</td>
<td>No</td>
<td>If yes, enter date (MM/DD/YYYY):</td>
</tr>
<tr>
<td><strong>Cardioversion:</strong></td>
<td>Yes</td>
<td>No</td>
<td>If yes, enter date (MM/DD/YYYY):</td>
</tr>
<tr>
<td><strong>Recurrence of Clinical Arrhythmia:</strong></td>
<td>Yes</td>
<td>No</td>
<td>Since the last visit, has there been a change in medical therapy?</td>
</tr>
<tr>
<td>(Electrocardiographically/ECG confirmed):</td>
<td></td>
<td></td>
<td>O Yes O No</td>
</tr>
<tr>
<td><strong>Antiarrhythmic Discontinuation:</strong></td>
<td>Yes</td>
<td>No</td>
<td>If yes, enter date (MM/DD/YYYY):</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Event Type</th>
<th>Yes</th>
<th>No</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Is the patient currently taking any of the following cardiac medications?</strong></td>
<td>Yes</td>
<td>No</td>
<td>(if yes is selected, check all that apply):</td>
</tr>
<tr>
<td>- ACE-I</td>
<td></td>
<td></td>
<td>Digoxin</td>
</tr>
<tr>
<td>- Aldosterone Antagonist</td>
<td></td>
<td></td>
<td>Diuretic</td>
</tr>
<tr>
<td>- Angiotensin Receptor Blocker</td>
<td></td>
<td></td>
<td>Nondihydropyridine (CCB)</td>
</tr>
<tr>
<td>- Beta Blockers</td>
<td></td>
<td></td>
<td>Statin</td>
</tr>
<tr>
<td><strong>Is the patient currently on antiarrhythmic drug therapy?</strong></td>
<td>Yes</td>
<td>No</td>
<td>(if yes is selected, check all that apply):</td>
</tr>
<tr>
<td>- Amiodarone</td>
<td></td>
<td></td>
<td>Mexilitine</td>
</tr>
<tr>
<td>- Disopyramide</td>
<td></td>
<td></td>
<td>Procainamide</td>
</tr>
<tr>
<td>- Dobutolide</td>
<td></td>
<td></td>
<td>Propafenone</td>
</tr>
<tr>
<td>- Dronedarone</td>
<td></td>
<td></td>
<td>Quinidine</td>
</tr>
<tr>
<td>- Flecainide</td>
<td></td>
<td></td>
<td>Ranolazine</td>
</tr>
<tr>
<td>- Lidocaine</td>
<td></td>
<td></td>
<td>Sotalol</td>
</tr>
<tr>
<td><strong>Is the patient currently on antithrombotic therapy?</strong></td>
<td>Yes</td>
<td>No</td>
<td>(if yes is selected, check all that apply):</td>
</tr>
<tr>
<td>- Aspirin</td>
<td></td>
<td></td>
<td>Edoxaban</td>
</tr>
<tr>
<td>- Argrenox</td>
<td></td>
<td></td>
<td>Rivaroxaban</td>
</tr>
<tr>
<td>- Apixaban</td>
<td></td>
<td></td>
<td>Prasugrel</td>
</tr>
<tr>
<td>- Clopidogrel</td>
<td></td>
<td></td>
<td>Ticagrelor</td>
</tr>
<tr>
<td>- Dabigatran</td>
<td></td>
<td></td>
<td>Warfarin</td>
</tr>
<tr>
<td><strong>Repeat Ablation (Clinical Arrhythmia)?</strong></td>
<td>Yes</td>
<td>No</td>
<td>If yes, enter date (MM/DD/YYYY):</td>
</tr>
<tr>
<td><strong>Symptoms of Recurrent Arrhythmia?</strong></td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>
Program Development

- AFIB Coalition Launched
- Exploring opportunities to connect GWTG-AFIB with The Guideline Advantage (outpatient program)
- EHR Adaptor
- Continued growth of hospital contracts
- Continued improvement of care
- Growth of partners
- Ongoing Education
Questions?