2017 Updates to Target: Heart Failure
July 20, 2017
Presenter: Gregg C. Fonarow, MD, FACC, FAHA
Our Presenter

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Disclosures

- Research NIH
- Consultant Amgen
- Janssen
- Medtronic
- Novartis
- St. Jude Medical
Target: HF Overview

What Is Target: HF?

- Launched in 2011, a national initiative of the American Heart Association within GWTG HF that focuses on targeted areas that provide healthcare professionals with content-rich resources and materials designed to help advance heart failure awareness, prevention, and treatment.

Target: Heart Failure Mission:

Increase 3 key patient-centered care domains with very well established or emerging evidence-base:

- Medication optimization
- Early follow-up and care coordination
- Enhanced patient education
Get With The Guidelines® - Heart Failure Overview

- Get With The Guidelines®- Heart Failure launched in 2005
- 4 Achievement Measures and 10 Quality Measures
- Hospitals enrolled have several opportunities to be recognized for their efforts and are recognized at National events
- As of June 2017, there are greater than 87 Get With The Guidelines manuscripts focused on Heart Failure.
  - Publications are viewable at www.heart.org
- 684 Hospitals enrolled in the program
- Over 1,500,000 patients entered into the PMT
Most Comprehensive Measure Set Available

<table>
<thead>
<tr>
<th>Achievement Measures</th>
<th>Quality Measures</th>
<th>Reporting Measures</th>
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<tr>
<td>• ACEI/ARBs or ARNi at Discharge*</td>
<td>• ARNi at Discharge</td>
<td>• Blood Pressure Control at Discharge</td>
</tr>
<tr>
<td>• Evidence-Based Specific Beta Blockers*</td>
<td>• Aldosterone Antagonist at Discharge*</td>
<td>• Beta Blocker at Discharge</td>
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<tr>
<td>• Measure LV Function</td>
<td>• Anticoagulation for Atrial Fibrillation and Atrial Flutter</td>
<td>• Beta Blocker Medication at Discharge</td>
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<tr>
<td>• Post-Discharge Appointment for Heart Failure Patients</td>
<td>• Hydralazine Nitrate at Discharge</td>
<td>• Lipid-Lowering Medications at Discharge</td>
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<td></td>
<td>• DVT Prophylaxis</td>
<td>• Omega-3 Fatty Acid Supplement Use at Discharge</td>
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<tr>
<td></td>
<td>• CRT-D or CRT-P Placed or Prescribed at Discharge</td>
<td>• Diabetes Treatment</td>
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<tr>
<td></td>
<td>• ICD Counseling Provided or Prescribed or Placed at Discharge</td>
<td>• Diabetes Teaching</td>
</tr>
<tr>
<td></td>
<td>• Influenza Vaccination During Flu Season</td>
<td>• Smoking Cessation</td>
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<td></td>
<td>• Pneumococcal Vaccination</td>
<td>• Discharge Instructions</td>
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<tr>
<td></td>
<td>• Follow-Up Visit Scheduled Within 7 Days or Less</td>
<td>• ICD Placed or Prescribed at Discharge</td>
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<tr>
<td></td>
<td></td>
<td>• Advanced Care Plan</td>
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<tr>
<td></td>
<td></td>
<td>• QRS Duration Documented</td>
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<tr>
<td></td>
<td></td>
<td>• Heart Failure Disease Management Program Referral</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Follow-Up Visit or Contact Within 48 Hours of Discharge Scheduled</td>
</tr>
</tbody>
</table>
Most Comprehensive Measure Set Available

<table>
<thead>
<tr>
<th>Reporting Measures (Continued)</th>
<th>Descriptive Measures</th>
<th>Mortality &amp; Readmission Measures</th>
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</thead>
<tbody>
<tr>
<td>Follow Up Visit or Contact Within 72 Hours of Discharge Scheduled</td>
<td>Age</td>
<td>In-Hospital Mortality</td>
</tr>
<tr>
<td>60 Minutes of Heart Failure Education</td>
<td>Diagnosis</td>
<td>Risk Adjusted Mortality Ratio</td>
</tr>
<tr>
<td>Referral to AHA Heart Failure Interactive Workbook</td>
<td>Gender</td>
<td>Readmission Frequency &amp; Rate</td>
</tr>
<tr>
<td>Referral to HF Disease Management, 60 Minutes Patient Education, Or HF Interactive Workbook*</td>
<td>Race</td>
<td>30, 60 &amp; 90 Day Readmissions &amp; Rate</td>
</tr>
<tr>
<td>Heart Failure Activity Level</td>
<td>HF Composite Measure</td>
<td>Not equivalent to the CMS 30-Day Risk-Standardized Readmission Measure. It is not risk-adjusted, does not represent all cause readmission, and does not capture readmissions from other hospitals.</td>
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<tr>
<td>Heart Failure Diet</td>
<td>HF Defect-Free Measure</td>
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<tr>
<td>Heart Failure Follow-Up</td>
<td>JC/CMS HF Defect Free Measure</td>
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<tr>
<td>Heart Failure Weight</td>
<td>Target: HF Defect Free Measure</td>
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<tr>
<td>Heart Failure Symptoms Worsen</td>
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<tr>
<td>Length of Stay</td>
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<tr>
<td>Care Transition Record Transmitted</td>
<td></td>
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<tr>
<td>Advance Directive Executed</td>
<td></td>
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<tr>
<td>Discharge Disposition</td>
<td></td>
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<tr>
<td>Ivabradine Prescribed</td>
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</tbody>
</table>

Descriptive Measures:
- Age
- Diagnosis
- Gender
- Race
- HF Composite Measure
- HF Defect-Free Measure
- JC/CMS HF Defect Free Measure
- Target: HF Defect Free Measure

Mortality & Readmission Measures:
- In-Hospital Mortality
- Risk Adjusted Mortality Ratio
- Readmission Frequency & Rate
- 30, 60 & 90 Day Readmissions & Rate

Not equivalent to the CMS 30-Day Risk-Standardized Readmission Measure. It is not risk-adjusted, does not represent all cause readmission, and does not capture readmissions from other hospitals.
Target: HF Award Recognition Measures

- Discharge use of ACEI/ARB or ARNi
- Evidence-based beta blocker
- Aldosterone antagonist (In all eligible heart failure patients with reduced LVEF, in absence of documented contraindications, intolerance, or patient/system reasons)
- Early post-discharge follow-up with visit or phone call scheduled to occur within 7 days of hospital discharge

**UPDATED:** Enhanced patient education as evidenced by referral to heart failure disease management program, provision of at least 60 minutes of heart failure education by a qualified heart failure educator, or provision of AHA heart failure interactive workbook **OR** were referred to an outpatient cardiac rehabilitation program

Updated recognition measure available in the PMT Spring 2018
Target: Heart Failure Honor Roll Recognition

Requirements: Documentation of all three care components for 50% or greater of compliance for eligible patients with heart failure.

Hospitals must be GWTG-HF performance achievement award hospitals.
Target:HF Honor Roll
2011 to 2017

438 Total Awards
to date

192 Hospitals Awarded
to date
GWTG-HF: Achievement Measures (1)

Evidence Based BB for LVSD @ D/C

Measure LV Function

GWTG-HF: Achievement Measures (3)
GWTG-HF: Quality Measures (2)

Hydralazine at D/C for AA

ICD placed or prescribed at D/C

- 2005
- 2006
- 2007
- 2008
- 2009
- 2010
- 2011
- 2012
- 2013
- 2014
- 2015
- 2016
GWTG-HF: Quality Measures (4)

Pneumococcal Vaccination Follow-up Visit Within 7 Days

- 2009
- 2010
- 2011
- 2012
- 2013
- 2014
- 2015
- 2016
Program Updates
Objectives of the Update

• Re-brand Get With The Guidelines Target: Heart Failure

• Enhance clinical tools to be reflective of the 2013 HF Guidelines, and updates in 2016 and 2017

• Launch *OnTarget*, a monthly newsletter featuring clinical resources and on key program elements

• Update the main website heart.org/targethf with updated branding

• Launch the Target:HF App to bring key clinical resources to your mobile device
Taking Action

• National Heart Failure Clinical Work Group members met to review and assess the program
• Conducted a review of all existing materials and provided updates to the clinical tools
• Materials were updated and went through a thorough AHA science review
• Updates made are reflective of the 2013 ACCF/AHA Guideline for the Management of Heart Failure and the updates released in 2016 and 2017
Enhancements to clinical tools include:

- Medication updates including ARNi and Ivabradine
- Inclusion of the LACE+ risk score as an additional clinical tool
- Updated Target:HF Composite measure to include Cardiac Rehab
- Updated patient readmission risk factor, medication adherence and cardiac rehab
- Updated list of factors of readmission to include patient factors such as: frailty, cognition/memory, social support and language barriers, etc.
### Update to Target: HF Composite Measure

**Referral to HF Disease Management, 60 Minutes Patient Education, HF Interactive Workbook or Referral to Outpatient Cardiac Rehabilitation Program**

Percent of heart failure patients who were referred to heart failure disease management, received 60 minutes of patient education by a qualified educator, received an AHA heart failure interactive workbook, **or were referred to an outpatient cardiac rehabilitation program**

<table>
<thead>
<tr>
<th>Exclusions: (Always remove from denominator)</th>
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<tbody>
<tr>
<td>• Comfort Measures only documented</td>
</tr>
<tr>
<td>• Patients transferred to another acute care hospital; patients discharged/ transferred to a Designated Cancer Center or Children’s Hospital; patients who expired; patients who expired in medical facility; patients who left against medical advice; patients discharged to hospice; patients discharged to a federal hospital; patients discharged/ transferred to a critical access hospital (CAH)</td>
</tr>
<tr>
<td>• Patients for whom disease management is not applicable</td>
</tr>
<tr>
<td>• Patients for whom 60 minutes of HF education is not applicable</td>
</tr>
<tr>
<td>• Patients for whom referral to AHA heart failure interactive workbook is not applicable</td>
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<tr>
<td>• Patients for whom referral to Outpatient Cardiac Rehabilitation Program is not applicable</td>
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<tr>
<td>Heart failure patients who were referred a disease management program OR received 60 minutes of patient educator by a qualified educator, OR received an AHA heart failure interactive workbook <strong>OR were referred to an outpatient cardiac rehabilitation program</strong></td>
</tr>
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</table>
Identifying Avenues for Growth

• Conducted in-depth telephone interviews with active Target: HF customers

• A qualitative discussion guide was used focusing on:
  • Challenges associated with caring for heart failure patients
  • Target HF program awareness and benefits
  • HF resources currently used
  • Website feedback
  • Communication preferences

• Assessed hospital needs for resources to support their efforts to treat heart failure and lower readmission rates.

• Determined availability of resources for hospitals, and identify how Target: HF fills the gap.

• Assessed current program look and feel, programmatic, marketing, and communications elements
Identifying Avenues for Growth

Target: HF Customer Survey - Insight on Metrics

- General consensus is the right metrics are in place, and that they are helpful in keeping the focus on the patient (rather than hospital process)
- Most frequently discussed metrics were evidence-based beta blockers, in-hospital education, and scheduling follow-up appointments
- Those within the Quality area spoke to the need for more powerful data mining software to allow for more detailed/customized extractions and aggregations
- Ability for EHR information to automatically flow into Get With The Guidelines so less time is spent on chart extractions
Connecting with a Wider Audience

**On Target Newsletter Series**

- Emailed monthly
- Highlights key-topics in improving 30-day rehospitalization rates
- Special 3 month focus on medication adherence including: ACE/ARB or ARNI, Evidence-based beta blockers, Aldosterone Antagonist
- Featured Clinical Tools and Resources

To receive OnTarget, email, liz.olson@heart.org
Website Updates

- Heart.org/targethf
- New look launching in the coming month
- Refreshed look and feel.
- Revised navigation
- Easier to access key program materials, research and patient education resources
INTRODUCING! Target: HF App

• Progressive Web App
• Interactive mobile site – designed for mobile use
• Dedicated link targethf.heart.org (COMING SOON)
• Ability to save to home screen
• Adaptability for phone, tablet users
• Accessible from computer
• Includes the Yale Risk Calculator and LACE+ Calculator; input data right from your phone, tablet
• Key clinical topics in heart failure featured in our media area
• Editable PDF clinical tools
• Clinical Tools editable in-app with CSV email
Target: HF App

Clinical Tools

- All clinical tools updated with the latest science.
- Fast, easy access to our most valuable clinical Tools
- Documents available in English and Spanish
- New resources for patient education in cardiac rehab, medication adherence and more
- Links to *Rise Above HF* initiative
- Updated Interactive Workbook “MY HF GUIDE” accessible from the app on your phone or tablet
Target: HF App
Webinar Recordings

- Featuring important topics in the management of Heart Failure
- Archive of past national AHA GWTG-HF and Target:HF webinars
- Viewable in app on your mobile phone or tablet
- Future updates will include bonus video and audio content not available on heart.org
LACE+ Calculator

Your LACE+ Index

72

<table>
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<tr>
<th>LACE+ Risk Stratification</th>
<th>LACE+ Score</th>
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</thead>
<tbody>
<tr>
<td>Highest Risk (Hot Pink)</td>
<td>79 - 90</td>
</tr>
<tr>
<td>High Risk (Red)</td>
<td>59 - 78</td>
</tr>
<tr>
<td>Moderate Risk (Yellow)</td>
<td>29 - 58</td>
</tr>
<tr>
<td>Minimal Risk (Green)</td>
<td>0 - 28</td>
</tr>
</tbody>
</table>

The LACE index (score 0-19) uses 4 variables to predict the risk of death or urgent readmission within 30 days after hospital discharge: LOS (L), acuity of admission (A), comorbidity (C) and ED visits in previous 6 months (E).

The LACE+ Index (score 0-90) is a modified version of the LACE index in which each patient receives a score based on all the same parameters used by LACE, as well as the following: age; gender; teaching status of the hospital; number of days on alternative level of care during admission; number of elective admissions in previous year; number of urgent admissions in previous year.
Special thanks to our Target:HF sponsor
Novartis Pharmaceuticals

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Contact Us to Learn More

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