

American Heart Association®

Get With The Guidelines®

Coronary Artery Disease

Exciting Updates to GWTG-CAD

December 20, 2022

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Agenda

- GWTG-CAD Version 3 (v3) Overview
 - Expanded Optional Entry Criteria
 - eCRF Updates
 - Future Enhancements
 - Resources
 - Timeline
- GWTG-CAD Target: Type 2 Diabetes Honor Roll Update
- GWTG-CAD Rural Acute Recognition Program



You Spoke. We Listened.

Welcome to an updated user experience

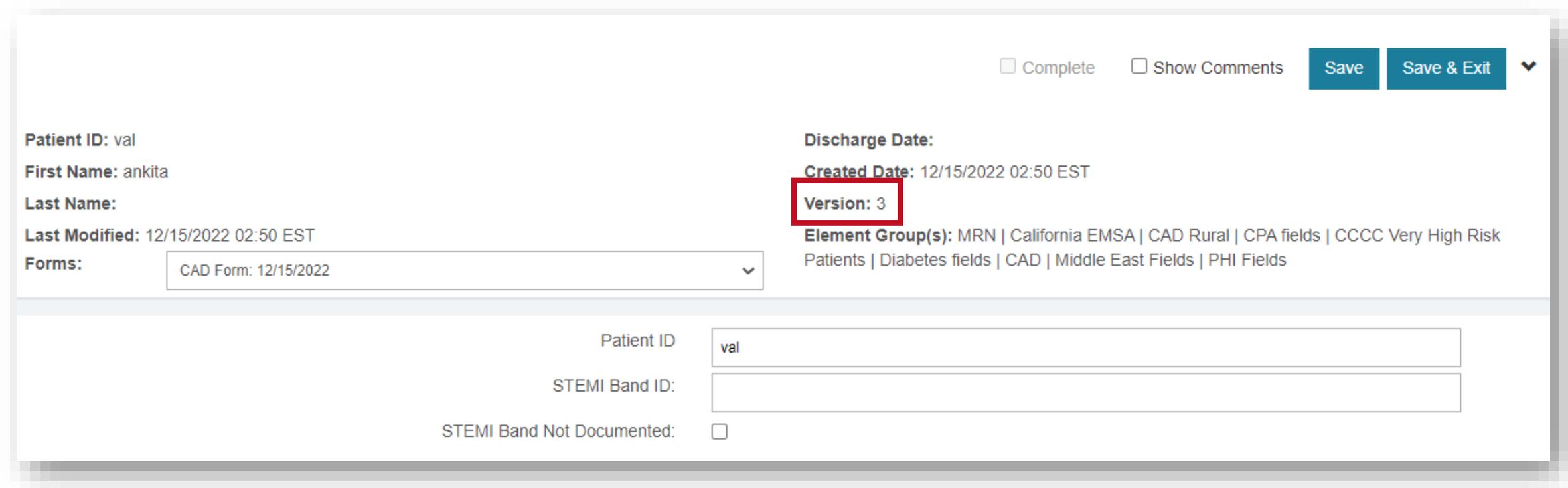
- In **early 2023**, the American Heart Association will be making some updates to the Get With The Guidelines – Coronary Artery Disease (GWTG-CAD) Registry: GWTG-CAD Version 3 (v3).
- The first update will provide a more **streamlined user experience** for abstraction.
- Additional updates will include **enhanced reporting** and additional tools to help support your quality improvement goals.
- **Inspired by the people on the frontlines of cardiac care**, the interface includes improvements that have you and your quality team in mind.



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Mission:Lifeline®

Why GWTG-CAD “Version 3 (v3)”?

- Version 1: GWTG-CAD (Patient Management Tool)
- Version 2: Current GWTG-CAD registry
- Version 3: GWTG-CAD with expanded optional entry criteria and streamlined single, dynamic case report form



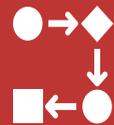
The screenshot displays the GWTG-CAD v3 interface. At the top right, there are checkboxes for 'Complete' and 'Show Comments', and buttons for 'Save' and 'Save & Exit'. The patient information section includes: Patient ID: val, First Name: ankita, Last Name: (empty), Last Modified: 12/15/2022 02:50 EST, and a 'Forms' dropdown menu currently showing 'CAD Form: 12/15/2022'. The discharge information section includes: Discharge Date: (empty), Created Date: 12/15/2022 02:50 EST, and a 'Version: 3' field highlighted with a red box. Below this, the 'Element Group(s)' are listed as MRN | California EMSA | CAD Rural | CPA fields | CCCC Very High Risk Patients | Diabetes fields | CAD | Middle East Fields | PHI Fields. At the bottom, there are input fields for Patient ID (val) and STEMI Band ID, and a checkbox for 'STEMI Band Not Documented'.

GWTC-CAD v3

An updated interface for continued Quality Improvement



Streamlined data collection with improved form logic



Intuitive inpatient data collection



Options and tools for expanded patient populations



Enhanced data collection for drill down reporting



Continued support of cardiac certification



What is not Changing?

What you have come to rely on.

- **Mission: Lifeline Recognition Criteria**
 - Achievement and Quality measures will continue to be evaluated under the same criteria
 - All previous data will still be in your accounts and all recognition measures will run for patients entered before AND after the updates
- **Your internal abstraction processes**
 - Any internal abstraction processes will not be impacted or require change
- **Support for all your cardiac certification**
 - TJC specific data collection and/or measures will continue to function as it has; you will not need to update any forms or change any abstraction process



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GWTG-CAD v3

Expanding on our success and our mission of continuous Quality Improvement

- Allowing sites to choose how to use the data and what expanded cases they wish to enter
 - Expanded optional entry criteria to capture broader ACS cases
 - STEMI, NSTEMI, Chest pain, Angina, and not admitted patients
- Enhanced data collection
 - Single dynamic case report form
 - New transfer patient sections for both receiving and referring
 - Updated reasons for delay sections
 - Thrombolytic administration and more

Future Updates

- Measures and reports focused on separate populations and treatments
- Focused feedback tools with targeted goals and benchmarks
- Reporting on care intervals and transitions of care
- Data sharing across transferring sites and with Emergency Medical Services

Entry Criteria

The GWTG-CAD registry is designed to facilitate quality and process improvement on emergent ACS care at participating facilities and health systems.

The GWTG-CAD quality improvement tool accepts three distinct patient populations. Hospitals and health systems can choose to participate in all or some of the criteria below. The following is a list of ICD-10-CM codes commonly used to describe these conditions. These codes can be helpful to identify these patient populations:

Included:

GWTG-CAD STEMI Criteria:

- Principle Diagnosis of STEMI

GWTG-CAD (Type 1) NSTEMI Criteria:

- Principle Diagnosis of NSTEMI

GWTG-CAD Chest Pain Criteria:

- Principle Diagnosis of Angina or Chest Pain

Entry Criteria

ICD-10-CM codes

GWTG-CAD STEMI Criteria:

- Principle Diagnosis of STEMI
 - I21.01-I21.09; I21.11, I21.19; I21.21-I21.29; I23.3; I22.0, I22.1, I22.8, I22.9

GWTG-CAD (Type 1) NSTEMI Criteria:

- Principle Diagnosis of NSTEMI
 - I21.4, I22.2

GWTG-CAD Chest Pain Criteria:

- Principle Diagnosis of Angina or Chest Pain
 - Angina: I20.0-I20.9;
 - Chest Pain: R07.82, R07.89, R07.9

This Includes:

- Patients arriving to the hospital by EMS, transferred from another hospital or arrived by personal vehicle who are first evaluated in the ED or transported directly to catheterization laboratory without being seen in the ED.
- Patients with initial cardiac findings consistent with myocardial ischemia (STEMI, NSTEMI) even if they later transfer or expire

Entry Criteria

Continued:

Excluded:

- Patient < 18 years of age
- Patients arriving to hospital for planned/scheduled procedures, e.g., elective cardiac catheterization.

Optional:

- Patients with only a Secondary Diagnosis code of Angina or Chest Pain
- Patients who present with an initial cardiac finding of one of the above conditions, but later determined to have a non-ischemic condition (sepsis).
- Patients presenting to hospital for symptoms of myocardial ischemia (conditions listed above) who are discharged from the ED or admitted and discharged from an observation unit.
- Patients who have an “in-hospital” acute myocardial infarction
- Suspected ACS patients that are included in a system “STEMI” or “Cardiac” alert log.

eCRF Updates

Updated data collection to meet your hospital's needs

Updates*

- ED Disposition
- EMS ECG Finding
- Patient location where cardiac symptoms discovered
- Reason for transfer (referring and receiving)
- Reasons for delay in transfer (referring and receiving)
- Antiplatelet and anticoagulant medications during this episode of care (Optional)
- Documented scene delay by EMS
- Final Clinical Diagnosis

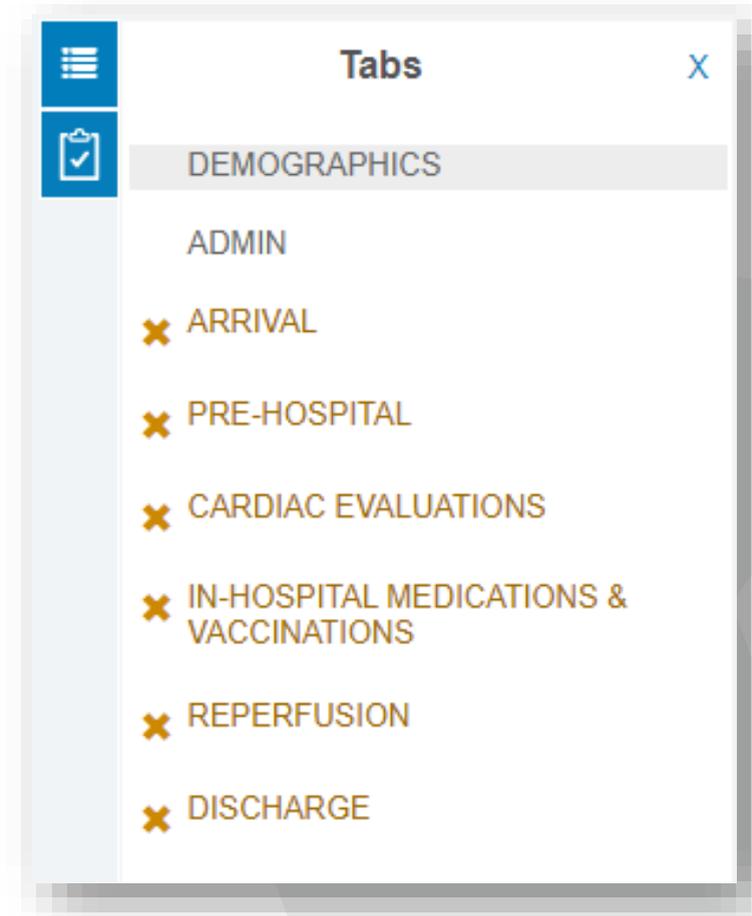
Redesign*

- Medications prior to admission
- Thrombolytic administration
- PCI
- Reasons for Delay
- NPI section with additional physician fields

** These are not exhaustive lists of all updates and redesigns.*

A Look at the New Tabs

- Redesigned from chronological patient care perspective
- Structured form for more user-friendly data entry
- All previous elements exist in the appropriate tabs



Reason for Transfer (Referring)

Patient first evaluated (at this facility): ED Cath Lab Observation Inpatient Other

Date/Time of ED discharge: 

MM / DD / YYYY HH : MM

ED Disposition: Admission Expired Home Left Against Medical Advice
 Transfer to Acute Care Transfer to Observation Unit

Transfer Data

Reason(s) for transfer from this facility:

- Administrative
- Advanced Cardiac Care (monitoring)
- CABG
- Patient/Family Choice
- Post Thrombolytic care
- Primary PCI
- Other medical reason
- Other reason

Was there a documented reason for delay in transfer (from this facility)? Yes No

Reason(s) for delay in transfer (from this facility):

- Management of concomitant emergent/acute conditions such as cardiopulmonary arrest, respiratory failure (requiring intubation)
- Patient/family consent
- Travel advisory due to inclement weather
- Awaiting air transport*
- Delay in receiving hospital accepting patient*
- Ground transport unavailable*
- Other reason*

Reasons for Delay Sections

Examples

Current:

[1st ECG Non-System Reason for Delay:](#)

Update:

Was there a documented reason for delay in obtaining 1st ECG? Yes No

Patient Reason for Delay in obtaining 1st ECG:

- Cardiac Arrest
- Need for additional PPE for suspected/confirmed infectious disease
- Need for advanced airway intervention
- Patient or family refused treatment
- ECG equipment failure*
- Other reason*

Current:

[EMS Non-System Reason for Delay:](#)

Update:

Was there a documented scene delay? Yes No

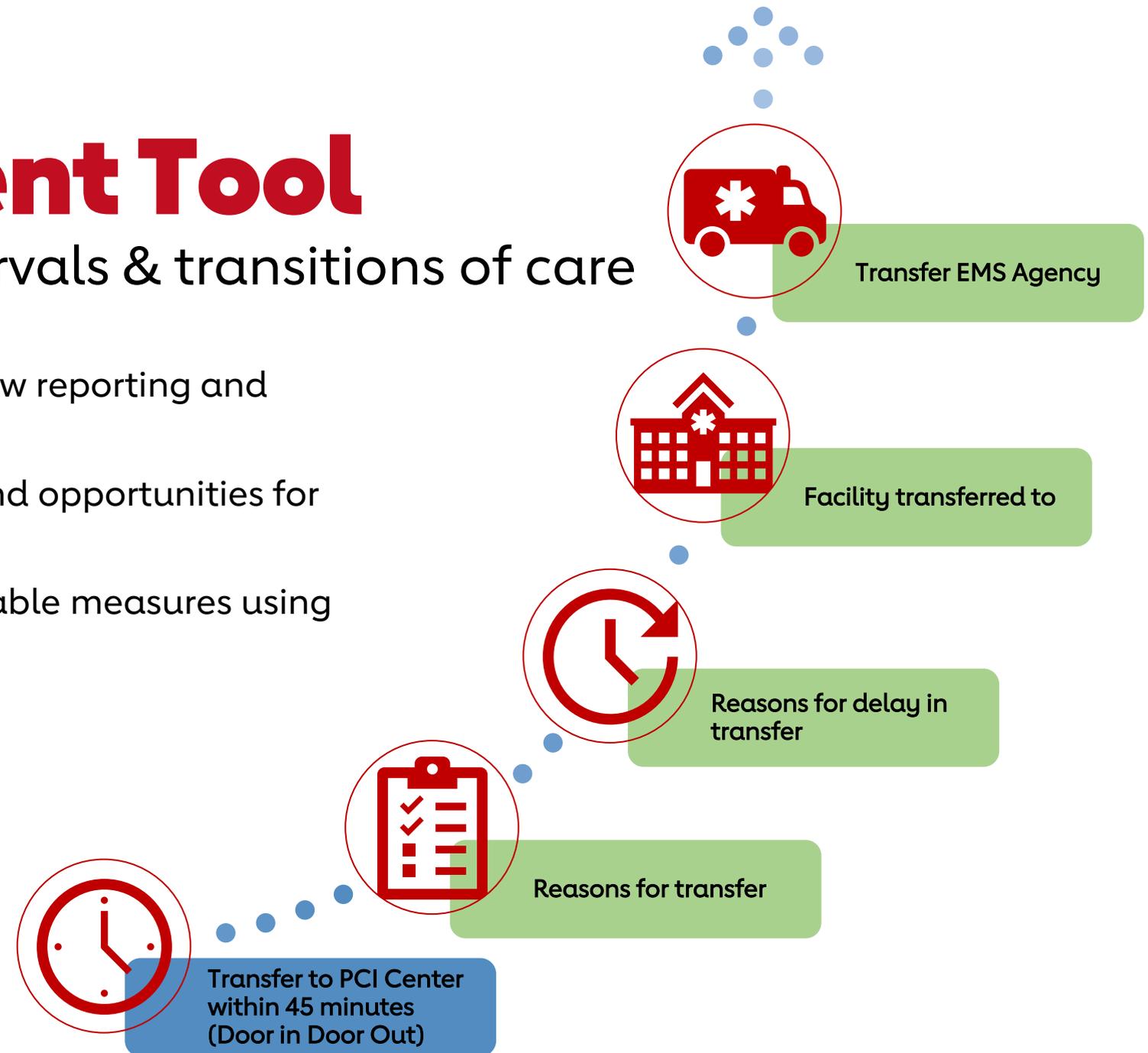
Reason(s) for scene delay by EMS:

- Cardiac Arrest
- Patient/family consent
- Need for additional PPE for suspected/confirmed infectious disease
- Need for advanced airway placement (Intubation)
- Access to patient (EMS Documented)*
- Awaiting transport*
- Language barrier*
- Mechanical issue (transport unit)*
- Weather*
- Other reason*

Quality Improvement Tool

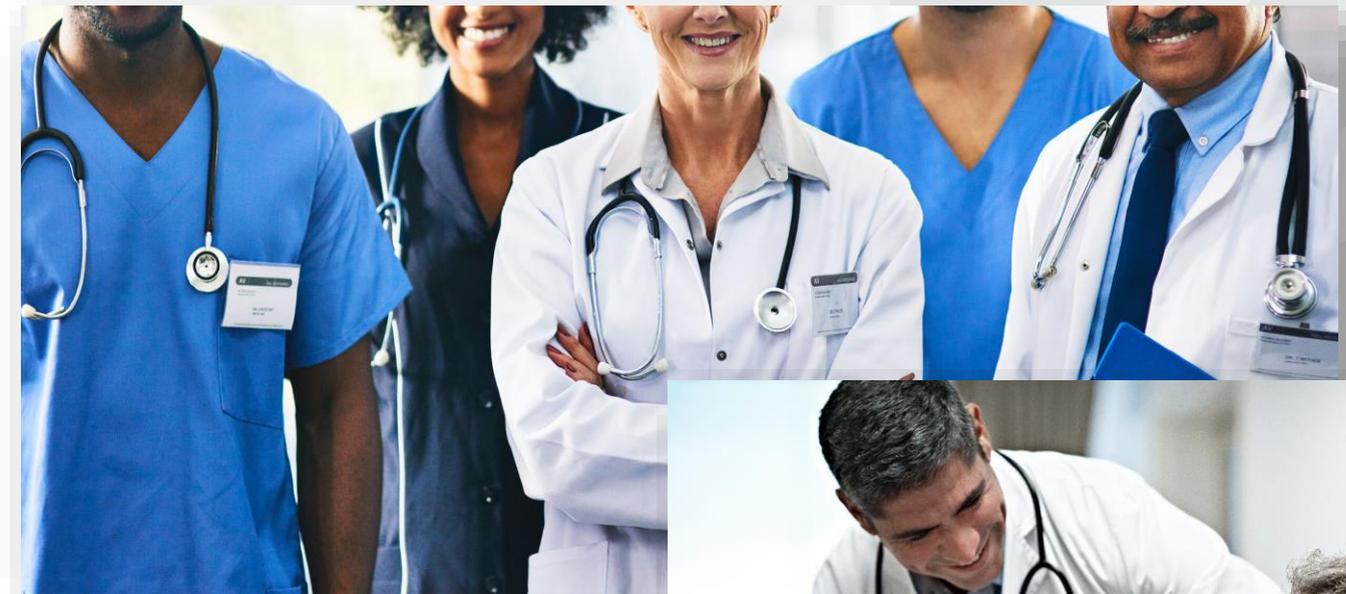
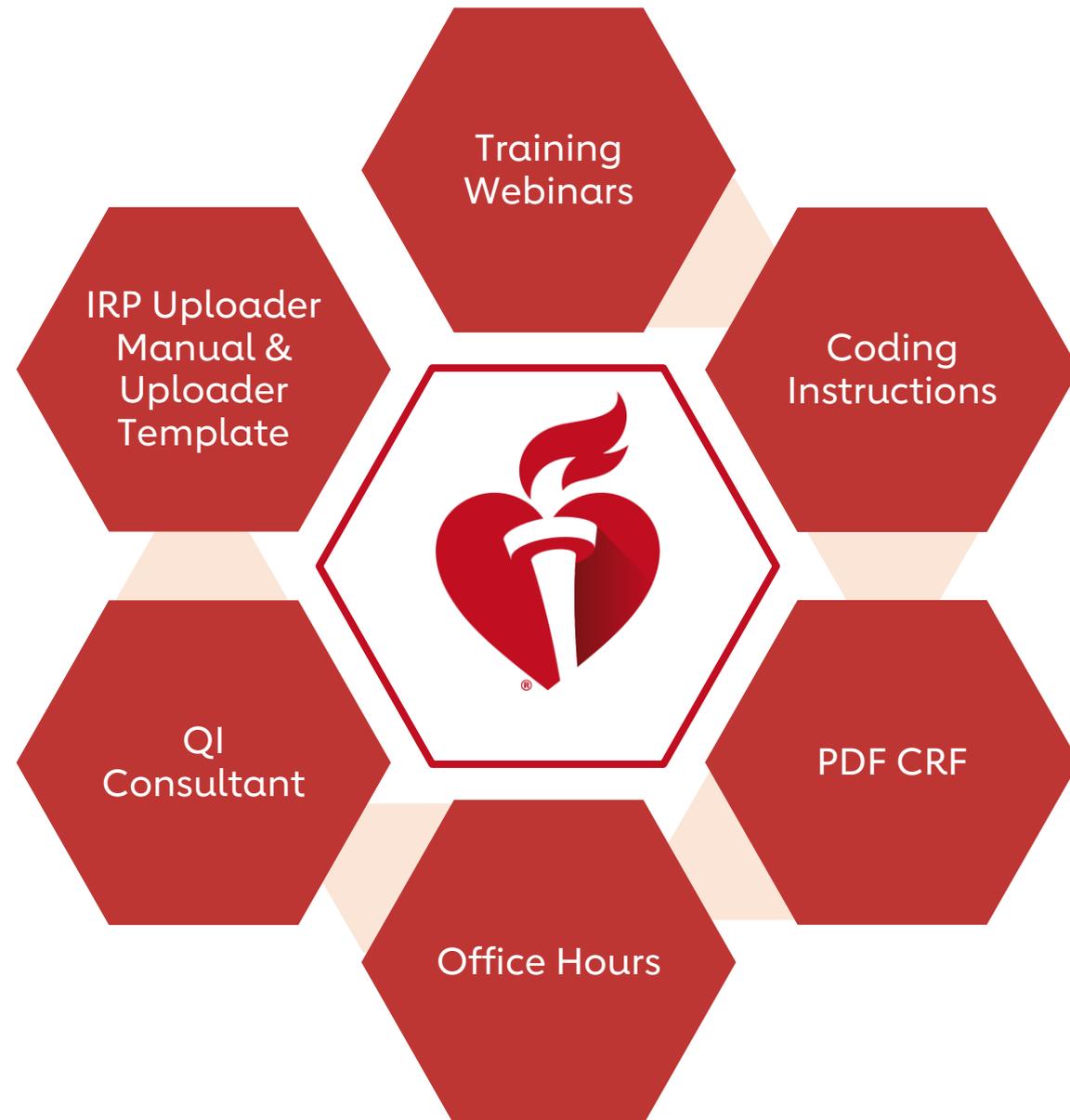
Future Update: Reporting on care intervals & transitions of care

- Existing metrics and goals can be supplemented with new reporting and filtering capability
- Categorical distributions can be used to look for gaps and opportunities for improvement in the system
- All data collected should be easily accessed in configurable measures using the new IRP reporting tools
- Data can be used in targeted feedback and metrics



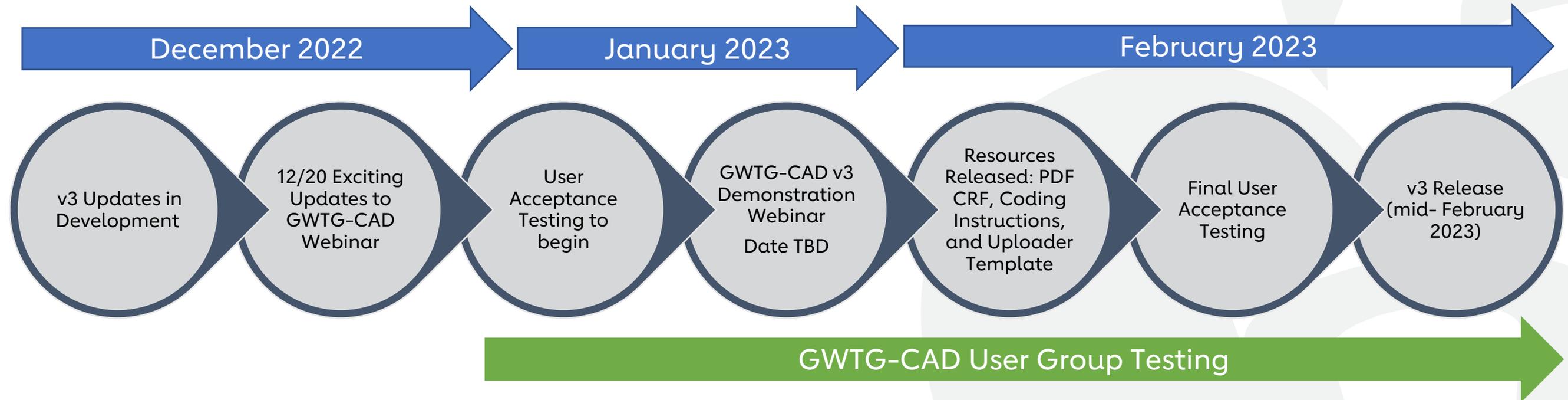
Example: DIDO metric currently in the system (blue), supplemented with the additional reporting opportunities related to the process (green)

Resources Available to You



Timeline

As of December 2022 – Subject to Change





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Thank You

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For questions on GWTG-CAD v3, please email your AHA QI Consultant.
If you are unsure who that is, please email missionlifeline@heart.org.

GWTG-CAD Target: Type 2 Diabetes

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Target: Type 2 Diabetes Honor Roll Update

- Get With The Guidelines[®]-CAD hospitals will be eligible for Target: Type 2 DiabetesSM Honor Roll recognition consideration starting with the 2024 awards cycle (based on 2023 calendar year data)
- GWTG-CAD enhanced data collection and reports around diabetes care, including the addition of the Target: Type 2 DiabetesSM Measures in December 2021
- Webinars were held on [December 1, 2021](#) and [February 15, 2022](#) to review the new diabetes data elements and reports, as well as share plans for future award expansion



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Target: Type 2 DiabetesSM

“Target: Type 2 DiabetesSM Honor Roll Updates
in Get With The Guidelines[®]-CAD” Webinar

Tuesday, January 31, 2023, 12-1pm CT

[REGISTER](#)

GWTG-CAD Rural Acute Recognition Program

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The Rural Health Crisis



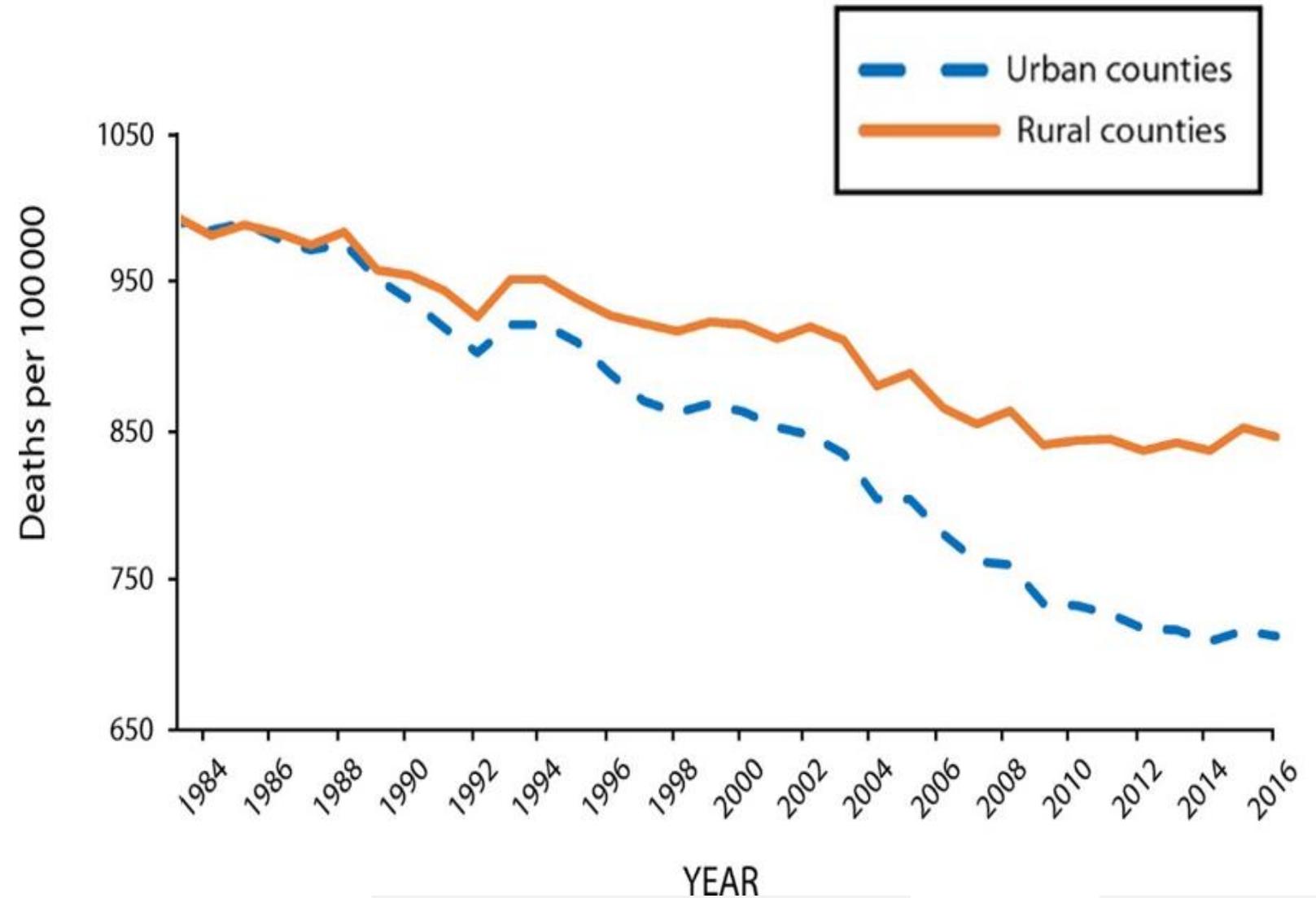
Since Mid-1980's:
The gap between rural and urban death rates has grown.



People living in rural America typically have a **3-year shorter life expectancy.**



More likely to have and die from cardiovascular diseases.



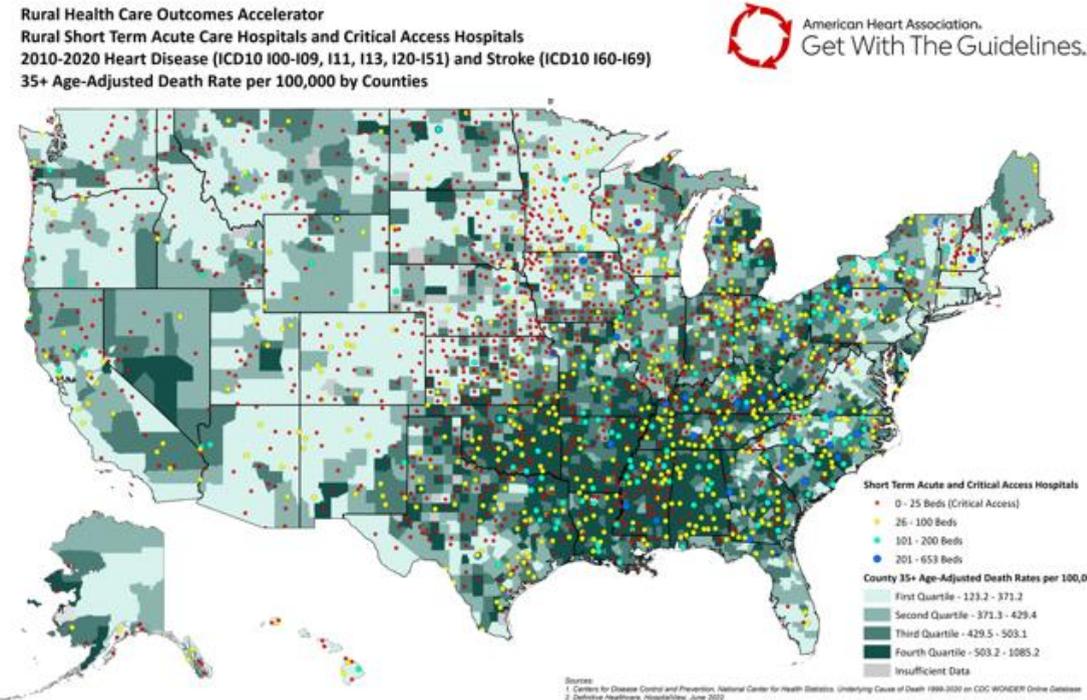


Rural Health Care Outcomes Accelerator

Rural Health Care Outcomes Accelerator

Working to ensure Americans living in rural areas have the best possible chance of survival and the highest quality of life attainable by promoting consistent, timely and appropriate evidence-based care.

Contact for More Information



[Rural Healthcare Outcomes Accelerator | American Heart Association](#)

Accelerator Time Period: July 1, 2022 – June 30, 2025

Enrollment Criteria:

- Critical Access or Short-Term Acute Care Hospitals located within Rural Urban Commuting Area (RUCA) Four Category Classifications: Large Rural, Small Rural, or Isolated.
- Able to execute a new enrollment in Get with the Guidelines® - Stroke, Coronary Artery Disease (CAD) and/or Heart Failure

Find your Rural Program Eligibility at [Am I Rural? Tool - Rural Health Information Hub](#) Provided by the Health Resources and Services Administration (HRSA)

Participant Benefits:

- No cost for any newly enrolled GWTG® - Stroke, CAD or HF module through 2025
- Enhanced Rural Quality Improvement Hospital 1:1 Consultation
- Complimentary Virtual AHA Lifeline Learning Center Disease Specific Continuing Education Bundles
- Quarterly National Rural Stroke and Cardiac Learning Collaboratives
- Complimentary AHA Professional Membership
- AHA Rural Community Network
- GWTG® Rural Recognition Programs



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Rural Health Care Accelerator: Opportunity for impact

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- Harness strengths of rural communities
- Different challenges, different opportunities
- Close-knit, personalized care
- Excellent patient experience
- Value of longitudinal relationships

Opportunity To Change The Trajectory Of Rural Health





Join Us: **GWTG- CAD Rural Acute Recognition Program Webinar**

Thursday, January 26, 2023, 12-1pm CT

Rural hospitals deal with varied patient care dynamics. For that reason, The American Heart Association is recognizing Get With The Guidelines – Coronary Artery Disease participants in rural areas with a new recognition program. Hear from our speakers as they describe the importance of this new acknowledgment, and what it means for rural hospitals.

Presenters will explain the current state of cardiovascular outcomes and recommendations for coordination in the Rural setting across the United States, Get With The Guidelines Coronary Artery Disease Rural Acute program eligibility and supporting evidence based science, a Rural Cardiac System of Care Consensus Based Model Practice Share from North Dakota, and lastly how the Rural Health Care Outcomes Accelerator can help support your regional cardiac system of care.



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[**REGISTER**](#)

For questions, please email RuralGWTGSupport@heart.org



Thank You.

