GWTG-CAD and Mission: Lifeline®

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GWTG-CAD and Mission: Lifeline® Evolution

GWTG-CAD

GWTG-CAD was the AHA’s premier AMI registry from 2001-2010.

The nearly 600 hospitals who used GWTG-CAD found great value in the real-time reports, comparative regional benchmarks and analytic features the Patient Management Tool Provided.

In 2008 GWTG-CAD and ACTION Registry announced their intention to join together as the largest single registry for improving outcomes in AMI and ACS patients.

By 2010, GWTG-CAD sites were transitioned to ACTION Registry-GWTG supported on NCDR platform.

Mission: Lifeline

In 2007, the AHA launched Mission: Lifeline to improve heart attack systems of care.

In 2011 AHA announced ACTION Registry-GWTG as the data source for Mission: Lifeline Reports.

Hospital recognition was offered in 2010 and EMS recognition in 2014.

Looking Forward

On April 7, 2017 the AHA announced the relaunch of GWTG-CAD.

GWTG-CAD is the primary data source for Mission: Lifeline participation.

Future iterations will offer additional data collection and reporting options.

AHA could not be happier to bring this valuable tool back to sites and know the real time nature of the reports coupled with our field team will serve our hospitals and their patients well.
Hospital Engagement Profiles

ACTION Registry-GWTG
- Third Party Vendor
- Regulatory Mandate for ARG
- Direct entry into ARG

Non-ACTION Registry-GWTG
- Competing State Registry
- Cath PCI no ACTION
- Data burden

Mission: Lifeline
Regardless data submission method, CAD was built to be the M:L Report Engine
**GWTG-CAD Integration Approach**

Standards-based model with multiple submission options

**Sources**
- Electronic Health Records
- Inpatient Vendors
- EMS Vendors
- State Based Registries

**Settings**
- EMS
- Acute Care
- Post-Acute Care
- Other Health Care Settings

**Processing/Warehousing**
- Direct From Address
- Direct To Address

**Registry**
- Pre-Populate forms with Patient Data
- AFib
- CAD/M: L
- Heart Failure
- Resuscitation

**Standards Based EHR Adapter**
- Intersystems
- DIRECT
- Web Service

**Authentication**

**Warehouse**

**Cleansing/Translating**
Streamlined form to ease data entry burden

Auto-set dates for easy entry

Time tracker to assess system components

The Patient Management Tool™ system and all materials within are confidential and are the property of QuintilesIMS or the American Heart Association/American Stroke Association, as separately agreed between them.
## Reports and Enhancements

### Summer 2017
- MLL Receiving
- MLL Referring
- MLL ACS
- Benchmarks for regional comparison reports
- Filters for analysis by patient groups
- Patient record drill down to flag outliers
- CSV upload for ease of data transfer

### Fall/Winter 2017
- Full data and reports for Chest Pain Accreditation
- Additional elements for CAD and ACS tracking
- Optional fields for site specific tracking
Real Time Reports
Summer 2017

Receiving Center
- Primary PCI ≤ 90 minutes
- EMS First Medical Contact to Primary PCI ≤ 90 minutes
- Aspirin at Arrival
- Aspirin at Discharge
- Beta-Blocker at Discharge
- Statin at Discharge
- Adult Smoking Cessation Advice
- Arrival at First Facility to Primary PCI ≤ 120 minutes

Referral Center
- ECG within 10 minutes of Arrival
- Arrival to Thrombolytics in 30 minutes
- Arrival to PCI Transfer within 45 minutes
- Aspirin at Arrival
- Aspirin at Discharge
- Beta-Blocker at Discharge
- Statin at Discharge
- Adult Smoking Cessation Advice

NSTEMI-ACS Measures
- Cardiac Rehabilitation Patient Referral from an Inpatient Setting
- ACE-Inhibitor or Angiotensin Receptor Blocker (ARB) for LVSD at Discharge
- Dual Antiplatelet Therapy Prescribed at Discharge
- Evaluation of LV Systolic Function
- Adult Smoking Cessation Advice
Roadmap for Enhancements

Near Term
- Additional data and reports to round out CAD Quality
- Enhanced displays to showcase MLL data
- Tab for calculation of outliers at the time of entry.
- Adaptor to accept data in multiple formats and modes to support state and third party vendor participation

Mid Term
- Regional Super User reports for blinded comparison by facility
- Hospital and EMS Agency “pickers” for consistency in capture across regions and country
- Follow-up form for post discharge tracking

Long Term
- EMS Feedback reports for aggregate agency data across multiple hospitals
- EMS Feedback form auto-generated from PMT.
- Unique patient identifier to track single patient across multiple care settings
- Transformative opportunities for next generation quality improvement.
Reporting Options

Aggregate Reporting

Individual Hospital Reporting
State and Regional Registry Assets

- Super User function available December 2017.
- States and/or regions can run reports comparing individual facilities, or aggregated by state or region.
- Super Users can also export patient level data into csv or excel for analysis in other systems.
- Add custom data elements and reports to support initiatives specific to your state or region.

How do states and regions currently leverage in other GWTG programs?
- Many states use the real-time reports to monitor quality of care and look for improvement opportunities across facilities
- Data exports are used for surveillance activities and other analysis as needed by DPH.
- States and regions have added custom elements and measures to support local QI activities.
Benefits of GWTG-CAD

- **COST FOR 2017 IS FREE**
- **GWTG-CAD DATA ANALYSIS FOR MISSION: LIFELINE STEMI AND NSTEMI RECOGNITION**
- **GWTG-CAD PMT UPDATED ANNUALLY OR AS GUIDELINES ARE PUBLISHED**
- **DATA ANALYSIS AND COMPARISON REPORTS AVAILABLE IN REAL TIME**
- **GWTG-CAD DATA WILL SUPPORT SCPC ACCREDITATION MEASURE REQUIREMENTS**
- **ACCESS TO LOCAL AND NATIONAL AHA QSI STAFF SUPPORT ACROSS THE COUNTRY**
- **ONLINE CONTRACTING OPTION**
- **ONE ON ONE CONSULTATIVE SERVICES FOR AMI AND SYSTEMS OF CARE**
- **THE GUIDELINES CORONARY ARTERY DISEASE**
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