**Operator:**

It is now my pleasure to turn today’s program over to Christine Rutan from the American Heart Association.   
  
**Christine Rutan:**Hello, and thank you, everyone, for joining today's call. I'm sorry we started a few minutes late. We had a couple of technical difficulties that we’re working to resolve, so we hope to have those settled shortly, but hopefully you can see my slides and we'll have Steve advance them for me.

So we wanted to set up this series of calls, and really this is designed over the next six weeks to familiarize those sites that may have an interest in learning more about the Get With The Guidelines-CAD tool as well as how that can facilitate Mission: Lifeline participation. And this will be the first of a six-week series. Each week we'll cover just some background on Get With The Guidelines-CAD, share some additional information, and we’ll also do a live demo of the tool and of course, we’ll leave ample time for questions and answers.

So, Steve, I'll ask if you can go to the next slide now. So I thought it would be helpful just to give a little bit background on the evolution of Get With The Guidelines-CAD and Mission: Lifeline. And I apologize, it looks like the slide is a little bit faint, but for many of you who have been around for as long as I have, you may remember Get With The Guidelines-CAD in its previous iteration. It was live from 2001-2010 and we had hundreds of hospitals who were engaged and really enjoyed using the program. At that time as well we had real-time reports, field staff support, and we had over 600 hospitals who really found value and really enjoyed the program. Around the year 2000, Get With The Guidelines-CAD for the American Heart Association and the American College of Cardiology got together and decided to merge our two registries into one registry so we’d have one national cardiovascular registry, and that became ACTION Registry-Get With The Guidelines. So over the course of the next two years, the AHA worked over to transition those sites from Get With The Guidelines, so 600 sites from Get With The Guidelines-CAD over to ACTION Registry-Get With The Guidelines. And really then decommissioned the registry and stopped being live around 2010. Then around 2000 -- I apologize, my slides are hidden here, Steve. So around 2007 we launched Mission: Lifeline, and that really launched as a system of care project, but we didn't have a data source at that time. So many of you may have enrolled or registered your system but you didn't have access to those regional reports where you could really track performance and make strides to improve.

So in 2011, we announced ACTION Registry-Get With The Guidelines would be the data source for Mission: Lifeline and you began receiving quarterly reports. At the same time, we also launched a hospital recognition program and a first of its kind EMS recognition program. And we're really proud of all we were able to accomplish in Mission: Lifeline over the last several years and it's one of the reasons that when the ACC announced in early April that they would not be continuing the partnership with the American Heart Association for ACTION Registry-Get With The Guidelines, we needed to launch Get With The Guidelines-CAD so we would continue to have a mechanism to be able to store, analyze, and provide feedback reports to you for the purposes of Mission: Lifeline. So Get With The Guidelines-CAD is really the vehicle that allows us to continue to engage you in Mission: Lifeline participation. Our field staff will have access to reports for consultative purposes and you'll continue to get the feedback that you've enjoyed from Mission: Lifeline, although now what we're really excited about is we'll be able to deliver these reports in real-time. So we really see this as an evolution in Mission: Lifeline where we can accelerate improvement where we haven't been able to do so as rapidly because we were using static reports. Those will be moved to real-time and we're really excited about that. And we really see this as a transformational opportunity for us to continue to engage you in that system of care improvement as well as individual hospital improvement activities.

So, Steve, you can go ahead and on to the next slide. And, again, really this all -- the biggest asset that we know Mission: Lifeline has is the AHA field staff and many of you probably worked with your local Get With The Guidelines and Mission: Lifeline quality improvement directors. They no doubt have been a huge resource to you. And again, Get With The Guidelines-CAD is the tool that will allow us to continue to remain engaged with hospitals. So those field staff, who have been instrumental in your region in providing, you know, consultation and support services, will be able to continue to do that. So we know the incredible relationship you have with them and we want that to continue and that important work to continue.

Steve, if you could go ahead to the next slide. So when we think about our hospital engagement profiles, under the previous model there were really a couple of different avenues that sites may participate in Mission: Lifeline. We had -- we have sites that may have been -- and they were all participating through ACTION Registry-Get With The Guidelines. So you have sites that were using a third-party vendor and may have been using that third-party vendor to collect that data and submit that to the NCDR for ACTION Registry, or those sites that were direct entering into Get With The -- I'm sorry, direct entering into ACTION Registry-Get With The Guidelines using their free data collection tool. And among this group, you know, there may have been sites that were mandated through some regulatory mandate to participate in ACTION Registry-Get With The Guidelines. Now, there was this whole other group of hospitals that were non-ACTION Registry-Get With The Guidelines hospitals that were missing from the Mission: Lifeline equation. And we really see this is an opportunity to engage those hospitals. So some of those hospitals had a competing state registry and that may have been a barrier to participation. Some of those hospitals may have not participated because of the data burden. And, you know, some of those hospitals may also have participated in Cath PCI but not been a part of ACTION Registry. So we're largely capturing a lot of the data that they needed but not necessarily -- you know, but that data wasn't being repurposed for Mission: Lifeline.

So if you advance one more. So, you know, we really see this as an opportunity to have Mission: Lifeline encompass all of these different -- all of these different types of facilities. We want to remove as many barriers as possible to Mission: Lifeline participation and really I think you'll be pleased to see what we've done in order to accomplish that. Not only have we tried to minimize barriers by keeping costs low, but we've also tried to minimize barriers by ensuring that we have as many data entry points possible in order to streamline that process and ensure that, you know, you can collect data once and use it in multiple sources.

So if we can go to the next slide. So, again, when we think about the different ways that we can get data into Get With The Guidelines-CAD for the purposes of Mission: Lifeline -- and again, Get With The Guidelines-CAD is a slightly different model from what you're used to in your other reporting or other Get With The Guidelines programs that you may participate in. We are trying to be vendor agnostic and we want to ensure that we have as many methods of submission as possible. So sites can direct enter into the Get With The Guidelines-CAD tool. They can use a vendor, certified vendor that supports upload or automated data transmission. We have invited NCDR to be a certified vendor, and a number of other certified vendors have contact -- or a number of other vendors have contacted us looking to certify to ensure that their facilities can continue to participate in Mission: Lifeline. And then we also have state registries who previously would have been precluded from participation. We're looking to establish connections and make participation easier. But any way that data gets into Get With The Guidelines-CAD, it will be the reports engine for Mission: Lifeline. So we're trying to keep modes of submission flexible, but the data does all have to get into one repository so we can analyze it and provide feedback for the purposes of Mission: Lifeline.

So Steve, if you'll progress to the next slide. And this slide does look largely technical, but really it's to show or illustrate just a couple of things. One, again, we talked about the number of different sources that we can accept data from. Right now a lot of the interest has been from vendors who support in-patient data collection for aligned registries or products. We can select or accept data from electronic health records and, you know, EMS vendors and state-based registries. As long as folks can send us a file, we have the capability to accept it. Now, that sounds really simplistic and it is a simplistic view of this. People can send us files that we can recognize and adhere to our defined formats or they can send us a file that does not adhere to our defined formats and we can map it for them. I also wanted to show that in the different settings, while right now we support acute care data collection, we are very much on a roadmap looking to support EMS data submission as well. We had a project called Get With The Guidelines Connect where we were actually able to successfully link Get With The Guidelines stroke data to our -- to EMS data and we were able to gain really valuable insights and we’d like to apply the same methodology here where we could establish feeds of state EMS repositories or pulling data directly from the EPCR so we can really get a full picture of the patient and also reduce the burden of data abstraction on the hospitals themselves for capturing that EMS component because we know that you don't always have the run sheet, so this certainly is a goal and is on our roadmap. And again, as long as this data gets to us, it can be uploaded. Either we'll map it or it will already be defined to our specifications and it will be used to populate the registry, so sites can run reports and get the valuable feedback you need.

So if we can advance to the next slide, Steve. We are hoping to be able to do a live demo. But I did just want to point out that a couple features of the data collection tool, which is up and live now in our system. It's a streamlined form and it's designed to make it really -- to ease the burden of data collection. We have many fewer variables than you were previously required to track. We’ve also have identified those that are used in Mission: Lifeline recognition measures, so you know which ones are essential for your facility to enter. We have auto-set dates for easy entry. That means you enter a date once, click a button, and it auto-sets all the other dates and you can tab through and just enter the times. We also have added a number of additional -- and these are all optional -- but a number of additional time tracker data elements to assist you in understanding what is going on through the course of the patient's care. We know that there were some more granular details that you wanted in the EMS setting as well as details that occurred between facilities and you’d like to be able to run reports on those. So we did add those as optional fields and our time trackers, so you can collect that data and understand what is happening through the course of care where times may be out of range and you can look to make corrections in your system to shave off valuable minutes.

So we can go to the next slide now. I wanted to talk a little bit about the enhancements that are coming over the next six months. We did have to launch fairly rapidly and we're building out capabilities. We’re really excited that in summer 2017 we will have -- actually we have a confirmed date of July 1st -- we'll have real-time Mission: Lifeline receiving, Mission: Lifeline referring, and Mission: Lifeline ACS measures. And I'll show you those measures in minute. You're probably all very familiar with them. That means that in real-time you'll actually be able to run all of that data and you'll be able to compare yourself to your region, your state, or like hospitals across the country. If you're an academic medical center, you can see how you compare to other academic medical centers. Also, again, I mentioned those benchmarks for regional comparison, and then you'll also be able to filter by various patient groups. And those of you that use Get With The Guidelines for other modules or other disease states know that you do have a fair amount of flexibility to slice and dice your data to gain meaningful insights. So if you wanted to understand if your first medical contact to device times were less in male patients versus female patients, you can run that comparison group and see if there's a gap in care that needs to be addressed. We also will have patient record scroll-downs so you can flag outliers and see why a patient may be failing a particular measure. And we'll have a CSV uploader to ease the burden of data transfer. I know I talked a little bit about ways to get data into the system. If you don't have a vendor supported data solution, which obviously is the easiest, it's the path of least resistance because the vendor is creating a file for you that’s already been formatted and you just go upload it into Get With The Guidelines. If you don't have that type of supported solution, we do, you know, have a CSV uploader, you can format the file yourself and upload it and we do have field staff and national center staff who stand at the ready to help you through the process should you need it. But we hope most sites will be able to just send files very easily that are provided by their vendor.

Full data and reports for chest pain accreditation will be available in the fall, more likely the winter of 2017. And we've heard from sites that one of the pain points that you have is you potentially have to collect that data in two different systems. So what we're building is the ability to collect all 23 measures, including the measures related to those low risk populations, into our system. We'll have some form logic built in so you won't have to answer data elements that aren't relevant to those specific patient populations but we're hoping that for sites that want to take advantage, this really can ease the burden of having to track this data in multiple sources. We'll also be adding additional data elements for CAD and acute coronary syndrome. We will, at its core, keep the streamline form always as an option for sites. We know that data burden was a huge barrier previously, but we also know that sites derive a tremendous value from tracking additional metrics and additional patient populations outside of just STEMI, so we will certainly build out those capabilities for sites who wish to take advantage of it. We also will have optional fields for site specific tracking. Those of you who participate in other Get With The Guidelines modules know that we have a number of optional fields. So if you want to collect things specific to QI initiatives at your institution and run reports off of it, you have the flexibility to do that.

So let's go to the next slide. These are the real-time reports that will be available July 1st of 2017. These are the Mission: Lifeline receiving center, referral center and ACF metrics. In addition to these reports, you’ll also have a number of filters so you can slice and dice this data, and there also will be some demographic reports but you'll be able to slice and dice this data in new ways that you probably weren't able to previously to understand what might be going on with specific patient populations. So we're really excited to allow you that capability, and these reports will all be run in real-time. The benchmarks also occur in real-time. So when someone enters data in California, it's available to you to run in the benchmark five minutes later, if you're running the national benchmark. So it's nice to have a real-time ecosystem where all the data can be used as it's entered.

We can click on to the next slide. And I apologize, this slide is very hard to read as well. I just wanted to share with you the roadmap for enhancements. In the near term, we talked about additional data to facilitate some additional measures, and that would be optional. We'll certainly have enhanced displays, and I’m going to show you a screenshot mock-up of what the reports will look like for your system level reports in a minute. We will also continue to expand our data adapter capabilities so we can accept data from even more sources. And we'll also, in the midterm, we're looking at super-user reports and blinded comparison by facility. I'm going to show you a screenshot of that. And hospital and EMS agency pickers. One of the things that we realize is that we haven't been able to -- there may be an EMS agency that’s bringing patients to multiple facilities within the same region and hospital A may be tracking that EMS agency in their system and hospital B may be tracking that EMS agency in their system, but to date we have not been able to aggregate performance of that single EMS agency across multiple facilities, and we're adding a picker so we can actually do that. So all EMS agencies will be identified, you know, with the same identification so we can link those reports across different hospitals. So at the end of the day we can run a report for EMS providers, you know, for their entire agency as a reflection of care versus each individual hospital having to provide that feedback or that data being compartmentalized by hospitals. So that's something that we’re really excited about. We're also looking to add an EMS feedback form, and that should be available based on our last meeting with our technology vendor in the December release as well. And the feedback form would be auto-generated based on the data that you've entered into the tool. We know that many of you in your regions are using feedback forms that you're filling out yourself to give EMS information on the timing of the event, whether specific time targets were met and then the outcome of the path. So we're looking to create a form that would be auto-generated with a click of a button based on that data that you can then provide to your EMS agency, because we think feedback is important in a rapid manner on an individual level between the receiving center and the EMS agency as well as in the aggregate, so EMS agencies can understand trends across their entire organization. We're also adding in the winter as well unique patient identifiers, so we'll be able to track a single patient encounter across multiple care settings so we’ll know that the same patient that was seen at referral center A wound up at referral center B and we'll be able to track that continuous care. And we really see all these functions and features that we wanted for Mission: Lifeline for so long, but -- and knew they would add tremendous value. We see these functions and features as a way for us to really work with you to take Mission: Lifeline and systems of care improvement to the next level. We've been working with static reports for so long, we know that by accelerating the timeline for you to receive feedback and adding these additional tools that allow you to manage your data, we really can accelerate improvements in system of care and also at individual facilities. So it's something that we're really excited -- I know our field staff is really looking forward to, you know, more robust access to the data and we know that we'll be able to make a huge difference with some of these improvements and we're very excited about that.

So let's move to the next slide. What you're seeing now, once the slides advance, is a mock-up of what the system level reports will look like. One of the things you'll notice is this does have trending -- this is blinded by hospital, but this also has trending over quarters so you can -- I believe we didn't previously have, so you can actually see quarterly trends over time as part of your system reports. These all will be available within the system in real-time. So we're incredibly excited about that. This is a snapshot of, you know, first medical contact to device and what that would look like. We’ll obviously have a number of additional reports that you're used to seeing in your regional reports.

So we can go to the next slide. And again, these all will be available in real-time with a number of different options to filter and slice and dice the data as you need to. I did want to mention -- I'm not sure if we have any states or regions on the call that currently have administrative access. We call it in Get With The Guidelines super-user access and it allows a state or a region or even a hospital system to have an administrative view of each of the facilities within your catchment area. And you can run performance aggregated by all those facilities, so by a hospital system, by the state or the region, or you can run individual comparative hospital reports. You can compare each of -- each hospital to see how they're performing. And these can be blinded or unblended, depending on what level of super-user agreement your state or region wants to enter into. But a lot of the state departments of health have found it gives them a really powerful tool to monitor progress in real-time. All these reports are in real-time, they exist in the same Get With The Guidelines ecosystem that the hospital facing reports exist in, so you'll be able -- super-users can run the data in real-time. And then if we click to the next slide, I'll just share a little bit about how states and regions use this data.

So the states and regions can run real-time reports as I mentioned, comparing individual facilities or they can aggregate it by state or region. And many Super Users use that real-time capability to monitor quality and address or work with sites who may need additional assistance. You know, so if they see a site, you know, performing low on a particular measure, they can reach out and offer technical assistance or contact the AHA-QSI Director in the region and ask them to work with that site, or they can flag hospitals who are doing incredibly well on a particular metric and ask them what their secret is, if they could share that best practice. So this works in a number of different ways to facilitate quality improvement and enhance collaboration within regions and states.

Super Users can also export raw data into a CSV or Excel format so they can import it into other systems, such as, you know, SaaS or some other analytic software or surveillance work, or to do any other analysis that they would need to for their own purposes. States also -- or regions -- who want to engage in a specific focused quality improvement activity and I'll just give you an example, in our Coverdale states, there were a couple of states who wanted to look at a couple years ago follow-up after discharge. So they were able to add specific data elements looking at follow-up after discharge, and they actually added real-time -- they added reports to the system as well. So sites within that state could enter and track that data and run those reports in real-time. So within the Super User capability we also have the ability to add specific data elements for just a subset of hospitals, so it's only visible to them. They can track data relevant that’s relevant to that specific state or regional quality improvement initiative and then run those reports in real-time so they can meet the goals of that local improvement activity.

Then if we go to the next slide, this is a wrap-up slide, and then I want to take questions. And we're going to see if I can share my screen for the live demo. If we just -- you know, in summary, in thinking about what Get With The Guidelines-CAD offers, we have data analysis and comparison reports which will be available in real-time and that's really something that we're incredibly excited about. We'll be offering full data collection and reporting for chest pain accreditation, and we will continue to be able to engage with hospitals in the one-on-one quality improvement consulting that we do, continuing to have the ability to analyze your data for the purposes of Mission: Lifeline feedback and other quality initiatives. We do have an online contracting process and your local QSI staff can assist you through the contracting process. We do update the Get With The Guidelines-CAD Patient Management Tool. We’ll probably -- it will undergo updates the July 1st release and then there will be a December release. After that we will probably be in a period of stability for a period of time but one of the things that this does give us the flexibility to do where we didn't have previously we do update just a bit more frequently in Get With The Guidelines because we are called Get With The Guidelines. So when a guideline changes or a new medication is approved by the FDA or something changes in clinical practice that is pretty fundamental to care, we have the ability to update that fairly rapidly, so sites can get on board, begin tracking that data and making sure that they're up to date with the most evidence-based guidelines. And then, of course, we have recognition, and that's -- CAD will eventually have a recognition program but this will facilitate the continuation of Mission: Lifeline recognition that many of you have enjoyed.

And then if you just click once more, Steve. We did offer Get With The Guidelines-CAD free for 2017. We know that many sites have -- had already paid their invoices for any other registry that they were participating in. We did not want to create barriers to adoption for Get With The Guidelines-CAD and wanted to ensure that people could continue to participate in Mission: Lifeline, so the tool is free for 2017. 2018 prices have not been announced. I am 99% sure we established a price. I can't share the exact number with you but I can say that it is definitely less than what you have historically paid for our Joint Registry product, which is ACTION Registry Get With The Guidelines. Again, we want to remove as many barriers to participation as possible. For us this is about the mission. We want our field staff to continue to engage in this important work that they have been -- this journey that they really have been on with you for the last several years. We want that to continue. So we're offering the tool for free in 2017. It will be less than you historically paid for ACTION Registry Get With The Guidelines, our joint product, and we will continue to do everything that we can to remove any and all barriers to participation.

So with that I'm going to pause and see if we have typed questions while I try to just install the plug-in to get my desktop to share on the webinar. So Lori Hollowell, I'll ask if you could just take over. I don’t know if you’re still on the call. Lori or Steve, if you could triage questions and essentially respond while I try to take care of this.   
  
**Steve Dentel:**

Operator, can you remind people how to submit a question?   
  
**Operator:**

Thank you. As a reminder, if you would like to ask a question, please click on the green Q&A button in the lower left, type your question in the open area and click "submit”. I'll turn it back for your Q&A session.   
  
**Steve Dentel:**So I'll triage the question. Let’s see. The first question that comes in is: does certifying the vendors such as ACTION mean that the definitions will map over?   
  
**Christine Rutan:**

Sorry, Steve, that question was whether or not the data will actually -- can you just repeat the question?   
  
**Steve Dentel:**

Sure. Does certifying a vendor such as ACTION, does that mean that the definitions will map over?   
  
**Christine Rutan:**Yes, that's exactly what it means. So that means that when you would export a file from that vendor, everything would be formatted exactly as it needs to. The variables will map, and that data would be sent to Get With The Guidelines-CAD for auto-population. So, yes.   
  
**Steve Dentel:**The CSC uploader, if using a vendor, what vendors will you support?   
  
**Christine Rutan:**Sure. So I can't share what vendors will we support. We've been contacted by a number of vendors who are looking to certify -- we just received our first application and many others are coming in. So most of those vendors that we're speaking with are vendors that are working with you already to submit data and had been submitting data to ACTION Registry Get With The Guidelines and have really reached out to us because they heard from you that you wanted to see how you could continue participation in Mission: Lifeline. So if you have a vendor specifically in mind that you're curious if they're going to support, you can reach out to either your vendor directly or your local AHA representative and we can, you know, see if we can share where we are in conversations with each of those vendors. But we have talked to most of the -- actually, almost all of the vendors who had previously -- who support data transmission for ACTION Registry Get With The Guidelines.   
  
**Steve Dentel:**So here’s a -- how would you support questions and answers that are not covered in the data dictionary? We find this is lacking in the Get With The Guidelines Heart Failure Tool, Quintile answers, technical questions. We were told to send them to our AHA rep and they've been able to answer certain questions but not clinical. Any help for this in the other Patient Management Tools?   
  
**Christine Rutan:**Sure. So I think that while Quintiles is our technical vendor and the Support Desk can handle technical questions such as password resets or if something is not functioning in the software the way that you think it should, our field staff really are clinical experts and we do ask that they respond to questions related to data definitions, et cetera. I think we have internally established a process where the field staff, if there's a question from a customer can send it to a centralized location and get a centralized response so that response is the same for anyone who asks across the country. So that process would continue with Get With The Guidelines-CAD, conceivably, until we have the capability to have a hotline or a Help Desk for direct customer questions related to clinical matters. Steve, did that answer the question? I’m sorry.  
  
**Steve Dentel:**Yeah, I believe it did, yeah. And again, one of the things is, the staff, you know, is not able to answer your question, you know, they can always, again, from a clinical standpoint we do have experts at National, including our kind of core group that can answer some of the more challenging clinical questions.

With the July 1st release, what will be the time frame for data collection? Will it begin with January 1st discharges or with July 1st discharges?   
  
**Christine Rutan:**Sure, that's a great question. So sites have the ability to upload historical data or enter historical data if they want to, so you can enter records as far back as you would like to. If you just want to enter 2017 records, you can. So we'll have the ability to analyze and provide reports on any of the data that you submit to the system.   
  
**Steve Dentel:**Will there be data submission deadlines associated with Get With The Guidelines-CAD?   
  
**Christine Rutan:**Sure. So we don't have data submission deadlines for our other Get With The Guidelines modules. We will likely have data submission deadlines for Get With The Guidelines-CAD because those -- the data submission supports regional reports. So someone's potential tardiness would mean that their data couldn't be included in a quarterly regional report that was shared by the region. That being said, one of the great things that we have now is the flexibility that because these reports are available in real-time where we may set a cut point of two months after the close of the calendar quarter -- and Lori Hollowell can probably answer when the data entry deadline would be -- but if regions themselves decide that they want to see their data in more real-time, you can certainly set regional deadlines for yourselves, so you know that all of your cases are in within a month, you know, after discharge or two weeks after discharge, whatever it is that your region decides, so you could certainly accelerate the deadline from what we have -- what we have prescribed for the country.   
  
**Steve Dentel:**Is the data reported publicly? And can you clarify, did you say that specific hospital data will be public?   
  
**Christine Rutan:**So the data is not reported publicly. The only time that your hospital is associated with Mission: Lifeline publicly or a Get With The Guidelines Program is when you give us permission and you have received an achievement award, and even then your individual hospital data is not publicly reported. So what I was referring to with the regional reports, those of you that participate in Mission: Lifeline currently do see regional reports. Many of you see them broken out by individual facility but blinded. So you'll see Hospital A's performance, Hospital B’s performance, Hospital C's performance, but you won't know which hospital in your region that represents. So it's a great tool because it gives you a chance individually to compare your performance to other facilities within your region but you don't necessarily know who those facilities are. If your region chooses to unblind and you all give consent, we can flip a switch in the system and you'll see the data unblinded, but every hospital in the region would have to give consent and we would not take that lightly. We would make sure that we had all those permissions. If the state has a regulatory need and they have your permission to see your data, they would be able to see your unblinded hospital data. But we would never unblind a hospital's data without their permission.   
  
**Steve Dentel:**Will there be an audit function with the tool? I'm guessing that she's asking about inter-rater reliability.   
  
**Christine Rutan:**Sure. So for -- so currently as the tool is designed, the way that we handle inter-rater reliability is we set up a separate test site where hospitals can enter data and re-abstract charts that they previously had abstracted in the live environment and then we compare those two results. In what we're building out for CAD, I don't have an answer to that yet, but we can look into it and get back to you. You know, and I will say this, For Get With The Guidelines more broadly, and CAD would fall under this umbrella, we do have a compliance process and we have actually a physician that we're hiring for now that was just recently vacant where we do on-site for a handful of Get With The Guidelines hospitals. We do chart re-abstractions just as an audit function to ensure the health and validity of the data set, but I believe what this user is asking is something more inter-rater reliability at the site level. So I’ll also look into that.   
  
**Steve Dentel:**Okay, next question. There is a question about... Is there going to be continual ongoing educational webinars, teleconferences relating to this? And I think...   
  
**Christine Rutan:**Yeah.   
  
**Steve Dentel:**As Christine said, there's going to be six, but, you know, as we do with our other Get With The Guidelines modules, as any new information comes out, whether it’s best practice sharing or whatever the case is, you know, in terms of new science that comes out, this is part of Get With The Guidelines and providing additional education and webinars around this.

And one of the questions is... and we can provide this to you. Can you provide an AHA contact to work with the state agencies on transition to your registry, if that is the decision of the state? And that would be yes. And we can work with you on that to connect you with working on your state with that.

If the site is not a member of Get With The Guidelines-CAD, can they still import data into Mission: Lifeline?   
  
**Christine Rutan:**Yes. So Get With The Guidelines-CAD really is the analytic engine for Mission: Lifeline. So you can -- and I think that this is where there's been a bit of confusion because this is so different from our other Get With The Guidelines offerings. You can just submit the Mission: Lifeline data you need and participate in Mission: Lifeline, or you can submit the full complement of CAD data. It's really up to the facility. So, yes, if you have Mission: Lifeline data that you have been collecting and you want to continue to participate, you can submit it to Get With The Guidelines-CAD and that will allow you to still receive those Mission: Lifeline reports.   
  
**Steve Dentel:**And, let's see, let me look and see what other additional questions that we have. So as of right now the only way to submit data for Mission: Lifeline is through the online tool. Will ACTION Registry be able to be uploaded? I think you did talk to that, but to reiterate, I believe that they may be asking through the CSV uploader.   
  
**Christine Rutan:**Yeah. So we're hoping that NCDR certifies it as a vendor to make life -- sort of to make the file transmission easy, meaning that the file would be exported in the format that it needs to be and with the data mapped the way that it needs to be for a seamless upload. If that is not a possibility or doesn't happen, we do have folks at the ready that can assist you in doing a crosswalk of your data and mapping it for upload. So we are flexible and willing to assist you, depending on, you know, what methods of vendor -- what vendor supported solution you have versus if you're needing to do that work yourself.   
  
**Steve Dentel:**So how will the -- how does the supporting of Chest Pain Accreditation work or will work? Is it -- will it be a data upload to the Accreditation Conformance Database?   
  
**Christine Rutan:**So the way that it will work for our other -- so we're also supporting -- and as many of you know, we do have a partnership, while we are no longer partners in the registry space, the ACC and the AHA do have a deep partnership now in the accreditation space. So one of the imperatives of that partnership was that wherever each of us had a registry in the marketplace to meet customers where they are, we really needed to update our products to accommodate data collection for our Joint Accreditation offerings. So many of you probably heard that we have updated Get With The Guidelines-Heart Failure and Get With The Guidelines-Atrial Fibrillation to support the Accreditation Cornerstones, as we call them, offered by the ACC and the AHA. And the data submission through that is sites enter to Get With The Guidelines and we can provide reports. We're looking to establish an automated feed where we would provide reports but right now that process will be manual with AHA providing monthly or quarterly reports to the ACC Society on Compliance. But we're hoping that the process is more automated for that in the future, but right now there's no additional work planned on the part of sites to accomplish that.   
  
**Steve Dentel:**And I think we have time for one more question. When was the last date that data was submitted to Mission: Lifeline through ACTION Registry?   
  
**Christine Rutan:**I apologize. I believe that that is a Lori Hollowell question, and I think that she is -- has dropped off the line. I believe that the last data that we have reports for are quarter 4 but we are expecting a quarter 1 harvest and working through the mechanics of that to provide quarter 1 reports, but I can't say that with 100% certainty, so I apologize. I would have to defer to Lori Hollowell.   
  
**Steve Dentel:**There's some additional questions, which we will make sure we get to and send out in a follow-up email. Any further comments, Christine?   
  
**Christine Rutan:**No, I just want to thank everybody for joining today's call. We didn't get to the demo today. We had a lot of Q&A. So I think maybe for the next call we'll do a bit briefer presentation and leave more time for the interactive demo, so folks can ask questions and react to the tool. And I think in the future it would also be nice -- we do have some sites that are up and live and entering data, so perhaps we will invite one of them to share their experience, you know, with us, so folks can learn from that. So I appreciate everyone’s time and I hope everyone has a wonderful afternoon.   
  
**Operator:**

And again, thank you all for joining us today. We hope you found this presentation informative. This concludes our program and you may now disconnect.