**Operator:**

It is now my pleasure to turn the webcast over to Christine Rutan. Christine, the floor is yours.

 **Christine Rutan:**

Great. Thank you. And good afternoon, everyone. Or good morning depending on which coast you're on. We're very excited to have all of you with us today. This is one of several webinars that we're having every Wednesday to demo the Get With The Guidelines-CAD Tool and the features and functions it offers and also to have an opportunity and a forum to answer customer questions about the product and participation and enrollment.

Last week, we ran through just some background on Mission: Lifeline and Get With The Guidelines-CAD and their relationship and then we shared with you some detailed functions and features of the Get With The Guidelines Patient Management Tool where Get With The Guidelines‑CAD and Mission: Lifeline reports will be housed.

This week we have exciting information to share with you. The AHA is actually ready to announce our 2018 pricing for Get With The Guidelines‑CAD. So we'll share that with you momentarily, and we look forward to getting your thoughts and feedback and we'll leave ample time for Q&A.

I'm going to walk through the first portion of our presentation, which is a slide show, and then I'm going to turn it over to my colleague, Joe Williams, who's actually going to do a live demo of the Get With The Guidelines‑CAD Patient Management Tool so you can get a sense for how data is entered and some of the features and functions of the tool.

So just to give everyone a little bit of background on Get With The Guidelines‑CAD and Mission: Lifeline and our evolution over the last 15, 20 years, the Get With The Guidelines‑CAD registry was actually started in 2001, and was active from 2001 to 2010. And during that time, we had more than 600 hospitals who were actively engaged in Get With The Guidelines‑CAD, and found great value in the real-time reports, the comparative benchmarks and all the analytics features that the Patient Management Tool provided. In 2008, Get With The Guidelines‑CAD and ACTION Registry actually announced our intention to join together to create the largest single national cardiac registry in the country. And when we did that, by 2010, we'd actually transitioned those 600 hospitals over to our new joint registry, ACTION Registry Get With The Guidelines. And during this time, we also launched Mission: Lifeline and finally in 2011, the AHA announced that ACTION Registry Get With The Guidelines would be the data source for Mission: Lifeline reports. We're tremendously proud of all that we have accomplished through the Mission: Lifeline program, and the work that you all have done in partnership with our field staff across the country. We have recognized hundreds of hospitals and launched a first of its kind EMS recognition program as well, where we’ve recognized hundreds of EMS agencies. So when the ACC announced that they were choosing not to continue the partnership with the AHA for ACTION Registry Get With The Guidelines, the AHA really needed to ensure that we could continue this important work with you. We needed a place to store and house your data so we could analyze it and provide you with the valuable feedback reports that you've come to know and love from Mission: Lifeline. And we also needed a mechanism for our field staff to continue to engage with you on a day‑to‑day basis on those all-important process improvement activities.

So we launched Get With The Guidelines‑CAD on April 7th, and we couldn't be happier with the excitement and enthusiasm that we've received from all of you. It will be the vehicle with which Mission: Lifeline data is housed and analyzed, and we're really excited about the possibilities it’s going to open to all of us to accelerate improvement in systems of care, and really remove some of the barriers to adoption that we saw with Mission: Lifeline previously.

Now, when we think about our previous Mission: Lifeline model, we had hospitals participating through ACTION Registry Get With The Guidelines, and of those hospitals that participated, some may have used a certified third party vendor to submit their data to ACTION Registry Get With The Guidelines, and some entered directly into the NPDR’s free tool. And among that group of sites, some of you may have had some sort of regulatory mandate for ARG data submission.

But one of the challenges with that model is that there was an entire group of hospitals that we couldn't reach, those hospitals that did not participate in ACTION Registry Get With The Guidelines. And those hospitals may have had a number of reasons for not participating. Some may have had a competing state registry that precluded participation. Some may have felt the data burden was too great, that there were too many elements, and among that group of sites, some of those sites may have been entering data into Cath PCI, much of which overlaps with what we need for Mission: Lifeline but that data wasn't able to be repurposed for the purposes of Mission: Lifeline.

So we're really excited about this new opportunity really to broaden the reach of Mission: Lifeline to encompass all hospitals across the country, not just those that are able to participate in ACTION Registry Get With The Guidelines. So with this new offering, we're really excited and we think will have an impact ‑‑ an opportunity to impact many more hospitals and patients.

So as I mentioned, our goal is to be as inclusive as possible with Mission: Lifeline, so we have many options for hospitals for data submission, and we'll talk about how pricing plays into this in a minute. But sites can choose to enter data directly into the Get With The Guidelines‑CAD using our streamlined form; sites can use a certified third party vendor to submit data into Get With The Guidelines‑CAD. We've invited the NCDR to be a vendor, and we're looking to work with state registries who also could potentially be data sources for Get With The Guidelines‑CAD and Mission: Lifeline.

So regardless of how data gets into Get With The Guidelines‑CAD, it really is at its core designed to be the Mission: Lifeline report engine. And we're very excited about the real-time reports we’re going to be able to offer and a lot of the other features and functions. We'll talk a little about our pricing and how it's designed to be as inclusive as possible in the next couple of slides but did want to stress to you that our goal is really to be vendor‑agnostic and to make the process of getting data into the registry as seamless as possible. We want to open up channels for participation to ensure as many hospitals can participate as possible, and we are impacting as many patients across the country as we possibly can.

So our priorities really are to accelerate improvements in cardiac care. And we are offering real-time hospital and system report options that we think will accelerate the improvement trajectory. Also included is support for AHA and ACC accreditation programs and services including chest pain accreditation data collection and reports, and these are offered at no additional cost. We also will provide support for those seeking Mission: Lifeline accreditation. We want to expand engagement and enrollment as I have mentioned numerous times. So we have committed to flexible data submission options, and this is reflected in our pricing, to meet the unique needs including certified vendor data submission. So if you have a vendor that you're already using to submit data to another registry and you want to repurpose that data, we want to be able to accept that data that you're already collecting for the purposes of Mission: Lifeline and Get With The Guidelines‑CAD and we've built in avenues to accomplish that. We will have a free static quarterly report option for sites with limited resources and we'll have discounts for critical access and corporate systems. And our ultimate goal is really to continue our work together with all of you to save lives, and all of the options that you'll see in our pricing offer continued support from AHA field staff and including individual consultation, that staff support for being the convener of local committees, as well as the organizers of regional workshops and CME events. We know that our field staff serve as a great resource to you and your communities, and we want to make sure that they continue to be able to work alongside you to make positive impacts in patient care.

So I wanted to walk through in a little bit of detail our pricing options. And we're very pleased that we have been able to announce 2018 hospital pricing. You're getting a little bit of a sneak preview, we'll be sending an email out to sites in the next couple of hours with this official pricing sheet, but I wanted to take this opportunity on today's webinar to offer to walk you through some of the very detailed options.

So there are three different options for Get With The Guidelines‑CAD enrollment. And all of these options have a $500 discount for early adopters, so if you enroll in Get With The Guidelines‑CAD by November 1st, there is a $500 discount off of your 2018 pricing. And these are annual fees that are listed in this slide.

So the first option is direct data entry into Get With The Guidelines‑CAD. And that includes data entry using the Get With The Guidelines‑CAD streamlined form, so that’s the Data Collection Tool that many of you who are currently using Get With The Guidelines see in your Get With The Guidelines Patient Management Tool . That also includes real-time hospital and regional Mission: Lifeline reports via Get With The Guidelines. And at no additional cost, it includes chest pain accreditation data collection and reports. So there's a lot of value that comes along with that option and it's really designed for sites who want to use the full Get With The Guidelines tool, including the data entry form.

Option number two is Get With The Guidelines‑CAD but with a certified vendor submitting your data on your behalf. So this includes data entry via certified vendor, whereby you would enter data into another vendor's tool, and then that data is transmitted to Get With The Guidelines. So you're not actually taking advantage of our Data Collection Tool, another vendor is supporting that function to you and then sending that data to us. So this cost is slightly reduced from the cost above to reflect the fact that you're not using our data entry tool and another vendor may pass on additional costs to you because you're using their tool for data collection. This option also includes a log‑in to our system so you can access real-time reports as soon as you transmit data to Get With The Guidelines‑CAD, it will be available to you to run real-time regional and individual hospital Mission: Lifeline reports. This option also includes chest pain accreditation data and report. If your vendor only sends over a limited set of data elements that doesn't capture the full dataset that you need for chest pain accreditation, we can turn on additional data elements for you in Get With The Guidelines‑CAD and you can enter that additional data not captured by your vendor, so you can still use all the features that we'll be adding for chest pain accreditation data and reports. And this option is $2,500 for early adopters, so again, that $500 discount and then $3,000 after November 1st.

The third option are static quarterly reports. And this option is available for sites who may not have the resources contained in option 1 or 2, but still want to be part of the Mission: Lifeline system of care. We want to make sure that you continue to receive your quarterly reports as you always have, and we've created an easy option for you to do that. Data can be submitted to Get With The Guidelines‑CAD via upload by the hospital, so we would turn on the CSE upload for your hospital or a certified vendor. So if you participate with a vendor who also is a certified vendor and they can send data to us on your behalf, this is also an option for you to apply to this. This includes static Mission: Lifeline regional and hospital reports and we anticipate those to be provided three months after the close of the calendar quarter. So again, this free option is for sites who may not have the resources to participate in option 1 or 2, but we're hoping that most sites participate in option 1 or 2 because we know that access to real-time reports and having access to real-time reports across your entire region is likely going to accelerate the trajectory of improvement. So we're really excited about offering real-time regional reports and we're really encouraging sites to consider adopting those options. But again, wanting to be as inclusive as possible, we wanted to have a free option to ensure that all sites could participate if cost was a barrier.

Just wanted to review some additional pricing highlights. Some of these I spoke of already, but Get With The Guidelines‑CAD is free in 2017, as you all know, and if you enroll by November 1st, you receive a $500 discount on your 2018 annual fees. There will be no additional charge for chest pain accreditation data collection and reports. We will keep intact the traditional Get With The Guidelines discount that we've had for critical access hospitals of 50%, and we're offering a 10% discount for corporate health systems enrolling 10 or more sites. So some of the Get With The Guidelines pricing structure that you're used to has been rolled in to this, but we are really for this year treating Get With The Guidelines‑CAD separate from our other modules. It won't be included in the multi‑module discount structure. And I think as you can see from this breakdown, this pricing is a little bit different from our other Get With The Guidelines modules and it's largely because we've approached this differently. We want to make sure that we're vendor agnostic and we’re offering as many solutions for hospitals to participate as possible. So the pricing structure made it a little challenging to roll into our multi-module discount. Additionally, we’re adding a lot of really cool enhanced features to this module and we're hoping that you'll all really enjoy what we have planned in terms of enhancements over the next year. So unfortunately we weren't able to roll it in to the multi‑module discount this year but we hope that you'll enjoy the fact that it's priced far less than what you've previously been paying for our joint registry product, ACTION Registry Get With The Guidelines. Again we want as many hospitals to participate as possible and we want to remove barriers to adoption.

This is just a comparison grid that provides a breakdown of some of the key benefits of each of the three pricing options that I shared with you. The first enrollment option which is Get With The Guidelines‑CAD direct data entry -- which includes direct data entry into Get With The Guidelines includes ‑‑ you can see in this first column direct data entry via the Get With The Guidelines‑CAD streamlined form, data submission via a certified vendor is not checked in the second box, but then this option includes real-time reports for Mission: Lifeline and ACS, real-time regional reports, static PDF quarterly reports, real-time chest pain reports, and AHA field staff individual consultation as well as AHA field staff for local committee meetings and regional workshops, as well as our recognition program. So if you're eligible for inclusion in U.S. ‑‑ if you're eligible for an award, you can be included in the "U.S. News & World Report" annual ad and be recognized at our AHA annual Scientific Session.

Option 2 for Get With The Guidelines-CAD is for vendor supported data submission. This does not include direct data entry into Get With The Guidelines‑CAD, instead you use the data entry form that's with your current certified vendor, and that vendor then transmits the data to us. But this option includes all of the real-time reports, so you'll still get a log in to our system, and it includes all the field staff consultation and recognition opportunities that I had previously mentioned.

Now the third option which is available for free prior to November 1st and then will be $500 thereafter offers slightly less benefits so that you can submit data via a certified vendor with this option, so if you have a vendor that's sending data on your behalf, we'll accept that data. It will provide you with static PDF quarterly Mission: Lifeline reports for both your individual hospital, as well as the region. And with this option, you'll still receive AHA field staff consultation as well as recognition opportunities from the American Heart Association.

Joe Williams, my colleague, is going to go through a demo of the Get With The Guidelines-CAD Patient Management Tool in a minute so you can see some of the great features and functions so I'm not going to spend too much time on this slide except to say that it's a streamlined form, we've added a lot of features to make it user friendly including auto-set dates. And we've also added a number of great time tracker elements. We knew that there were a lot of times that you had a desire to collect that were going on in the pre‑hospital setting as well as the transfer patients, so we added that detail as optional for you to track in the tool, but we know that it will give you the information you need to really understand what's going on in those time intervals, to shave valuable minutes off.

In terms of reports and enhancements that will be rolled out in the next six months, on July 1st, Mission: Lifeline Receiving, Mission: Lifeline Referring and Mission: Lifeline ACS reports will all go live within the Patient Management Tool. They'll be available for you to run in real-time. You can compare your hospital against other ‑‑ against the regional benchmarks, the national benchmark, you'll have filters for analysis by various patient groups, by provider so you can slice and dice your data in a number of different ways. We also will have patient record drilldowns so you can flag outliers with any of those measures. And in July, we'll have a CSE upload to ease the burden of data transfer. In the winter, we'll have full data and reports for chest pain accreditation. Additional elements will be added for CAD and ACS tracking as well as reports and we'll have some enhanced optional fields for site specific tracking. So a lot of exciting things are going to be happening in the next several months.

These are just the reports that are going to go live in the summer.

And in terms of our road map for enhancements, we have a unique opportunity with Get With The Guidelines‑CAD. There were a lot of things in Mission: Lifeline, I think, that individual hospitals were spending time to analyze data and provide feedback on, or our local field staff were working so hard with you to analyze that for you. So we saw this roll out of CAD and this building of additional technology as an opportunity to really address some of these gaps that we've seen that really could improve Mission: Lifeline reports and the Mission: Lifeline experience for all who are involved.

So in the near term we talked about adding some additional reports to round out CAD quality measures. We'll have enhanced displays, and I'll show that to you in a minute, but those things that you love about your static regional reports, the stacked medians, bar graphs, so you can see the breakdown of times for each of those intervals for first medical contact device will all be available in real-time to you. We're adding additional features and functions so not only can we accept data in formats that we define and specify but if someone sends us a file and they cannot map the data, we have the tools on our end to conduct that mapping for the site or the vendor.

In the midterm, we're looking at we'll have ‑‑ and this will be available actually in December as well, regional Super User reports for blinded comparison by facility, so this would also allow a State Department of Health or a regional regulatory agency Super User access to the tool as well if there was an interest and they wanted to monitor that data for whatever statewide or local quality improvement initiative they were supporting. We're adding hospital and EMS agency pickers so we have consistency in data capture across regions in the country. There's no national EMS provider list similar to physician and P.I. numbers, so we're actually going to be adding – and this will be live in December too ‑‑ a feature that allows for each region to define their EMS agencies so when Hospital A selects Mohawk Ambulance, it means the same in our system as when Hospital B selects Mohawk Ambulance, so we can aggregate that data across all of the hospitals where Mohawk Ambulance may bring patients and provide that feedback report to Mohawk Ambulance. So to date, we know a lot of feedback has been occurring at the hospital level between the EMS agency and the hospital directly. And while that's wonderful, and represents rapid feedback often where you're providing EMS feedback on the outcome in a short amount of time, we also want to be able to see trends agency‑wide, so agencies that are sending patients to multiple hospitals can now see their performance across all of those hospitals within the system. So we're breaking down that fragmentation. And also knowing that the real-time feedback that you'd already been engaged in with EMS where you're providing them with reports on time targets met, of outcome of the case, we'll also be building in a form for you that's auto generated so when you enter data into the Patient Management Tool and click on a button, it will auto generate that course of care for the patient which of the time targets were met, and you can easily send that off to the EMS agency to complete the feedback loop.

We're also adding unique patient identifier functionality to track a single patient across multiple care settings. So we can track that the same patient was seen at a referral center and brought to your receiving center, and that that represents the same patient. This also has the opportunity to potentially cut down on a lot of redundant data elements as to what's occurring at the referring hospital and what's occurring at the receiving hospital.

So we're really excited about all of these features that to date, we knew Mission: Lifeline would greatly benefit from but we haven't been able to deliver to you. We see this as a perfect opportunity to take the program to the next level and really accelerate the trajectory of improvement for cardiac care.

I mentioned those regional reports. This is a mockup; we've been working with our vendor as we design these out. This is ‑‑ you can see we'll have trending, so I know in Mission: Lifeline reports it used to be quarter by quarter, now we'll actually have trending and you can see that trending in real-time across hospitals in your region in a blinded fashion. You'll also be able to see this in the aggregate so all of the regions data grouped together.

And before I turn it over to Joe, I did just want to take a second to talk about the Super User functionality that I mentioned and how states and regions currently use the Get With The Guidelines as ‑‑ really as an asset for their state registry. The Super User function will be available in December of 2017, and this allows states or regions to run reports comparing individual facilities to one another or they can aggregate that data by the state or a specific region. And a lot of current State Departments of Health actually use this real-time feature to be able to monitor a facility's progress if they have ongoing collaboratives, they can identify facilities that may need assistance, they can also identify facilities who may be exceling in a particular measure and can potentially share a best practice. Super Users can also export patient level data and I should say I'm describing this for state and regions, but hospital systems can also use this functionality and we do have many hospital systems in our other Get With The Guidelines programs that really do take advantage of this. So Super Users can export patient level data into CSV or a cell for analysis in other systems. Many State Departments of Health will export this to another database and analyze it for surveillance purposes or publication purposes, or will look to analyze it alongside other datasets within their repository.

With this, we also have the ability to add custom data elements and reports to a given region. So if your region is focused on a very specific quality improvement activity that you introduced into protocol and you want to see if it's being adhered to, you can add a data element that allows you to track adherence to that protocol and then you can add a report. So in real-time, you can track how you're performing against your goal, and course correct and make improvements. So there are a lot of opportunities for states and regions to engage in Get With The Guidelines‑CAD beyond just individual hospitals or patients. This does give you a 50‑foot view as well so as an administrator, you can go in and see what's going on with the data in each hospital and then look at the region as a whole to see where opportunities for improvement may lie.

So in summary, just want to reiterate the benefits of Get With The Guidelines‑CAD. We saw some of those in the comparison grid, and then I'm going to turn it over to Joe for a demonstration of the live Get With The Guidelines Patient Management Tool. But we offer obviously with those first two options data analysis and comparison reports in real-time which is really exciting. We know that a lot of regions, while they've been happy with the static quarterly report, had really wanted to accelerate the availability of data and feedback. And we’ve heard some regions wanting to set a goal of even as close to 15 minutes after discharge that patients would be entered into the system. So this does, for regions who are really ambitious, allow you to take advantage of that real-time feedback, and really give your region much more near real-time reports so you can make adjustments and course correct as you need to as soon as information is available to you.

Again, as I mentioned, Get With The Guidelines data will support Chest Pain Center accreditation measure requirements, you'll continue with all of those options to get one on one consultative services for AMI System of Care and AHA staff will also support those regional activities that they really become leaders in and the conveners of in these regional steering committees and work groups that are looking at STEMI care. We have an online contracting option. I did see a question in the webinar chat and I did respond to that with a link to our online contract. But you can certainly reach out to your local QSI Field Director as well if you need to obtain a copy of that. Our tool is updated at least annually so we ensure we're in alignment with the latest evidence‑based guidelines.

And as we mentioned, our cost for 2017 is free, however, I was pleased to share with you the low cost options that we have for 2018, which we think will really encourage participation, and we're very excited to be able to offer those to you.

So with that, I'm going to pause and turn it over to my colleague, Joe Williams, who is going to actually do a live demo of the Get With The Guidelines Patient Management Tool.

**Joe Williams:**

Thanks, Christine. Hopefully everybody can see my monitor. Where we're landing right now is on our admin tab and I'm clicking directly into the Get With The Guidelines. Let me show you how to get in there. So I thought I'd go straight to the actual tool and what it means from a data entry perspective. From some screen shots, I’m sure a few of you noticed this is a fairly streamlined form. It’s fairly quick to fill out, and there’s a lot of logic that’s implemented into this that makes filling things out really easy, and we've built in a lot of intrinsic timesavers here for everybody because we know how important your time is.

So as you can see, this is our admin tab where you can select your physician provider, you can put in the date of birth, the gender of the patient, and the patient zip code. We have the arrival date and time here and then we also have the admission date. Now for some of you that may be from centers that don't admit patients, that would maybe ship them out or from the referring center side of things, there's also a button here that says “not admitted, transferred out to another acute care facility”. So for those patients you’re transferring out, you would just click that button and you see that time gets grayed out. So that's a really quick, neat way of identifying that that patient was transferred out.

I’ll just put in my times back here so we’ll put this in at 3:15. You have race and ethnicity right here, and like in many things, we have our built in validation where we can ‑‑ if you hit Asian, it's prompting you then to stratify that. And then if you watch here, you can click and if you watch as it goes away. So if I unclick, it says “please enter a value for Asian”. If you click it, it goes away. So there’s a lot of generally kind of validation that exists within the form that requires certain fields to be filled in based on values of other fields.

So we also have down here is our important cardiac diagnosis. A fairly streamlined list where we can choose from. This is the current live form, as you can see.

Our next tab we are really happy with also is our pre‑hospital and arrival tab. We have our means of arrival, the first facility. Notice these carets and then the bolded are Mission: Lifeline and then required elements; bold is required, the caret is Mission: Lifeline required. We have our EMS – Not System Reason for Delay. This is when Christine was talking about our EMS agencies list or the regional list; this is where that would be able to be pulled from. And in a little bit I'll show you how those will likely be populated.

So we have -- this is a free text field now where you can enter the EMS agency and then the run or sequence number being the EMS incident number from your pre‑hospital folks and partners.

Now we have our pre‑hospital time tracker. This is a really exciting field we think and it saves a lot of time. As you know, they're blank, and you've got one, two, three, four, five clicks, five times six is 30 clicks. We found a way where we can do “set all active date time fields” button. If you look at this button here, and I’m just going to click it, and then it clicks and fills in the date of arrival. So it matches these dates here, if you notice. So that, then, takes away 18 clicks out of your form, so then you can just go in here and put in your times. And in our next release, we're actually looking at adding more validation to make sure that arrive on scene is not greater than depart on scene and those types of things to kind of increase your accuracy and help the user move through the form.

If the patient was transferred from another emergency room, we have our transferring facility piece, that's also controlled in our manage code list, which I’ll show you in a little bit. We have referring center one, referring center two. And you can just click that and identify where that patient came from in our transfer section.

The Transfer Time Tracker works the exact same way as our pre-hospital time tracker. We do have a button here, so if we do offer “yes, we transfer that patient”, we would then be able to click that and set those times in there.

And the validation comes up where you would need it is based on a date which need a time. So in these cases, these dates would need times. So if you say arrival at outside hospital, or let’s say EMS first medical contact, if you click that, it takes you actually to that field, so that’s actually really a quick way of finding your errors, or finding things that need to be filled into the form.

On our EKG tab, we have our first EKG date and time. We have our first STEMI or STEMI equivalent noted, and then we have if yes, is it STEMI or STEMI – if yes, excuse me, STEMI or STEMI equivalent first noted. Was it the first EKG or the subsequent EKG? And this is a good example of our validation working in action. If we click subsequent EKG, we can then enter the time. And actually if we do click these pieces here, we can actually click the date, which obviously wouldn't be May 2nd, but we'll go from there.

Our arrival tab, we have the system onset date and time. We have the patient first evaluated in the ED or Cath lab or other. And then we have our ED transfer time in and out.

Moving on to our next tab is our Hospitalization tab. This is a more robust tab than our others would have been pre‑hospital. So this is your inpatient basically your inpatient, your hospitalization tab. Up at the top, you’ve identify that the reperfusion candidate – if this patient is a reperfusion candidate, yes or no. And notice these little Cs here, for those of you not familiar with our Get With The Guidelines tools, these little Cs stand for clear, it says clear section. So if you want to clear something, you just hit C, and then you can clear it. So let's say this patient was a reperfusion candidate, but ‑‑ and then we would move on and you notice if no, primary reason for not ‑‑ no reperfusion. You notice we can’t answer these preventing any errors from being entered. So if we hit no, then we can. So – and if we answer yes, we switch it back, it clears out this section. It allows you to choose whether it was lytics or primary PTR. In this case, we did PCI, then the PCI time tracker, this should look familiar. Same principles as our EMS Time Tracker and Transfer Time Tracker, we just hit and the dates of admission flow in.

PCI indications of which one would be used, and then we have reperfusing contraindications and that’s only active if our reperfusion is no, excuse me, if our reperfusion is no and then PCI is no.

So we have a way of going down here, and our last spot in our hospitalization tab, we have aspirin within 24 hours of arrival, our history of smoking and antithrombolytic taken 24 hours prior to arrival. And we also have our LVS assessment at the bottom there that shows when it was done and what the value was.

Finally on the discharge tab, we have our date and time of discharge. This patient did very well because he was discharged that afternoon. We can choose which way ‑‑ how they were discharged, where they were discharged to. We have our hospital choices here, aspired, left against AMA. We will say that this patient went home.

We can identify these elements here support other ‑‑ our Mission: Lifeline and study measures, with smoking cessation, ACEI/ARB at discharge, beta blocker at discharge, and statin at discharge. So you identify whether it was prescribed or not and if it was contraindicated.

So I can go up here and show you how to fill out those code lists. This is, I think, a pretty good value for assistance work and actually I did forget to show you this. If the mode of transportation to the outside facility was ambulance, we can choose different ambulance agencies and we’ll show you how to fill those out. By going to the “My Account” piece up here on this tab, you can go into user information, and you go into this button called “Manage Code Lists”. So you click here and we've got our physician NPI number first. And we can show you that. This is actually ‑‑ you can just click “Add a new code.” This pulls from a national list so you can put in a physician that's working in your facility, you can put in their first and last name, or if you know their NPI number, you can search it. You would click “search” and then go from there.

As for transferring facility, you can hit a new code. These are locally managed codes, so you would put in the text, so let's do referring center three. And you can actually enter dates in here for active. I’m going to leave it -- if you don't ‑‑ you don't have to enter a date, I'm going to leave this one blank. So these are active now so we have referring center one, two, and three. And also interfacility transport EMS agency name and number. So we have EMS1, EMS2, we'll add a new one, we’ll say EMS3. We’ll leave the dates blank again. We can add dates if we want, but for the sake of this, we won't do it.

So now we'll go back into – it actually put a hashtag there but it will still work. We'll go back into the patients, we’ll look at that patient we have in our test, and we will look and see if it worked. So now we have EMS hashtag, we have our additional transferring ‑‑ or referring center as well. We do hope to have the dropdowns available in the future for these – for your EMS agency numbers. I think that will be a really big value add.

Going out to home screen, we have – when you land in Get With The Guidelines, this is your patient list. You would click here to add a new patient. It says N/A right now, because we are still in build. As of July 1, then you'll see a graph piece there that will then show reports. And this is your resources where you can print blank forms, read the coding instructions, and then have a patient I.D. change request.

Really quick, we'll look at some of the ‑‑ we'll look over at the reports we can generate here. Some are reports that would be an example ‑‑ this would be an example of one of our report that we can provide. We don't have any ‑‑ my demo account doesn't have any active reports in it so this is the good example of the beta‑blocker at discharge report. And this would be a good system report where it shows your hospital and you can compare to other academic hospitals and all New York state hospitals for this example. So it shows compliance to the measure. So this is what this would look like for what we hope kind of the general view of some of the reports that we’ll have coming in July.

So without any other questions, I think that does it. Christine, I'll turn it back to you.

**Christine Rutan:**

Thanks so much, Joe. That was an awesome demonstration. I'm going to pivot back to our slide, and just wanted to use this opportunity to open it up to some questions that we had been receiving that were typed. So I’m just going to -- Joe, if you can just pass control back over to me? Okay, perfect.

So I'm just looking through, and the first question is, “Can you send the list of certified vendors capable to send Get With The Guidelines or capable to send data to CAD?” And we're currently asking permission, we have -- most of the – if not all, actually of the vendors who support data transmission for ‑‑ supported data transmission for ACTION Registry Get With The Guidelines have reached out to us namely really in response to your requests asking if they would be able to submit data to Get With The Guidelines-CAD as well. So we've been talking to them about the vendor certification process. We have two applications. What I was going to mention is we understand that there will be a period of time where vendors are applying, so we have two applications now. We're expecting several more in the next week or two. And as vendors apply, we will honor pricing for vendors who are in the application process, vendors don't need to be fully certified in order for us to honor that slightly discounted vendor pricing. So if you have a vendor that has applied to be certified, we'll honor that discounted pricing and we'll work with you to understand when that vendor supported solution will be live. Most of the applications we have seen seem to feel that it should take no more than a couple – maybe 4 to 12 weeks for them to come up online with full data transmission. There's not a lot that they need to do to their systems. So once we have permission from the vendors who have applied that we can share them with you, we'll post that list or your field staff will be able to reach out to you directly to share that and we'll continue to update it as additional vendors apply to become certified.

This is a slightly different process than our other Get With The Guidelines modules. We wanted to make sure that we were giving vendors all the support that they needed to build a really accurate form that would reflect the same form controls and error checks that Joe showed you so we could really make sure that when we're comparing sites across the country, the data is apples to apples.

The next question that I have is, “Is NCDR considered a certified vendor or would that data have to come via CSV file in a static quarterly report?” We have offered – we have provided the vendor certification application to NCDR. We have not received it back, so no news on that per se, but we will keep you posted via our field staff. If NCDR does not certify as a vendor, you could always use one of the other vendors that support data transmission. You can direct enter into Get With The Guidelines-CAD or you can format the CSV file yourself for upload into our system.

“Is Get With The Guidelines-CAD currently set up to meet the requirements for testing accreditation?” Testing accreditation data elements and measures will be added in December of 2017, so really poised to support 2018 data collection and submission. Currently we don't have the data elements and measures to support Chest Pain accreditation. The specifications have been passed on to our vendor and we're building them. They're just not available until December of 2017.

And then I'm looking… “Can you describe how a referring hospital would instruct the reperfusion section under hospitalization tab? For example, they have to answer yes or no to reap.” That one, we can take offline, I think.

I’m just looking… Lori Hollowell, did you – I’m not sure if you're on the line and if you've saw others that you thought we needed to make sure we’ll get to.

Sarah Miller from Stanford Health asks, “Will the CSV upload work with all EMR vendors if we use that and don't have a third party vendor?” Yeah, so if you have -- the easiest way to upload data is obviously if you have a third party vendor who is going to support transmission for you, that means they prepare the file, it’s in a format that we can recognize. They've changed all of the value sets so we can recognize them and they'll load into our system correctly. If you don't have a third party vendor that supports data transmission, you can export data from any other source, map it yourself, and then upload it. So an EMR would constitute that scenario, so if you can export data from your EMR and transform it so it meets our defined specifications, it can be uploaded in to Get With The Guidelines. We are hoping most sites don't need to do that because we're hoping with the certified vendor option that most of you will have a vendor that can support data transmission for you. In the event that you don't ‑‑ your field staff are poised to assist you in any way that they can.

Lori Hollowell, did you see other questions that I'm just trying to scroll through here.

**Lori Hollowell:**

Christine, have you finalized submission deadline, did you already go over that? I know we mentioned that some regions were looking as soon as 15 days after the close of the quarter?

**Christine Rutan:**

Sure, and I shouldn't have alarmed anyone with that. I think for when we’ll pull the data quarterly reports -- Lori Hollowell, the deadline was going to be 60 days or 90 days after the close of the calendar? I apologize, I hadn’t --

**Lori Hollowell:**

No, we're looking at – So we’re looking at 60 days after the close of the quarter to be an informally‑formal data deadline, so if the data isn't ‑‑ if the data is submitted the day after that, you can still be ‑‑ you can still run your reports in real-time and see that. But just for the sake of consistency across regions working on ‑‑ to make system implementation, we thought that we really needed to have a target data deadline for the regions to go by.

Now that doesn't mean that the region can't say, you know, we want the data in 30 days after the close of the quarter. So you're welcome to create your own regional data deadline as well.

And then I see a question from Judy Webb. Judy, I will email you a copy of the PMT. The PMT can also be found on our Mission: Lifeline website. If you click on participating or ‑‑ there's a banner at the bottom of the main Mission: Lifeline website, just click on that banner, and it should take you to some information about Get With The Guidelines-CAD PMT tool which should then take you to the PDF version of the PMT tool.

**Speaker:**

Okay.

**Christine Rutan:**

I see another question that asks -- I think this is an excellent question, “How is this data form used for NSTEMI?”  So, and I think that this is a great opportunity to clarify what the ultimate goal of Get With The Guidelines-CAD is. While we launched as a mechanism to analyze data for the purposes of Mission: Lifeline and allow hospitals a vehicle to continue to participate in that program, it is certainly our goal and under the umbrella of Mission: Lifeline is our ACS patients so looking at those NSTEMI patients. So while this form was launched in a streamlined version, we are adding out additional data elements and there are just a couple of additional data elements that will be added in July, I want to say it’s only three, to support the ACS recognition measures. And those will be available July 1st along with the ACS recognition measure so you can begin tracking that. And over of the course of the next year, as we add chest pain accreditation data elements and other data elements to round out more broad CAD quality improvement opportunities, it is our intention that to keep a core streamlined form for those who don't want the burden of additional data entry, but we will fully support and add fields and reports for ACS populations as well as additional reports for our STEMI population, because we really want this tool to be well‑rounded and support all of your QI needs. So while your participation options will be flexible, meaning just because we add those elements doesn't mean you have to turn them on in your system, we can hide them. But it does mean that you will have the option to track care in those patient populations and that's certainly something that we want everyone to be able to do.

Lori Hollowell, did you see other questions?

And hopefully we'll have the list of certified vendors to you shortly. I'm seeing that question come through so we'll work to get permission from the vendors who have applied to share with you. [indiscernible] is a very large vendor so hopefully that will be welcomed news to many of you.

**Lori Hollowell:**

Christine, I was talking on mute, I'm sorry. So if my facility chooses to continue to enter into NCDR's action tool but not enter into the Get With The Guidelines‑CAD, does that mean we can no longer participate in Mission: Lifeline? So yes and no. Yes, it means that you will ‑‑ your data will no longer be eligible for Mission: Lifeline recognition, and that the one on one consultative services that our field staff provide would be limited to regional activities versus one to one field staff to hospital activities as far as STEMI system implementation.

**Christine Rutan:**

And you know, I want to expand on that answer to just say that Get With The Guidelines‑CAD is really the analytics engine for Mission: Lifeline, so in order for us to be able to analyze your data and aggregate it with the data that's included in the regional reports, we need it to get into Get With The Guidelines-CAD. The reason we have those three options is to have flexible methods of data submission, knowing that each site has unique needs, but ultimately when the ACC decided not to continue the partnership, we were left without a mechanism to store and analyze your data for the purposes of Mission: Lifeline, so we need that data to flow to Get With The Guidelines‑CAD so we can analyze it for the purposes of Mission: Lifeline and to facilitate participation in Mission: Lifeline.

I did see another question that I thought might be on other’s minds because I've gotten this one a couple times. The question was, “Can sites ‑‑ can you back enter historic data? Is there an extra cost for that?” So via the uploader, you can enter historic data, as much historic data as you’d like. There's no limit and there's no additional cost to back enter historic data.

Alright, Joe, did you have anything else you wanted to add as we're running through these questions?

**Joe Williams:**

Did see a couple. Hold on one second.

**Christine Rutan:**

And it looks like a couple of people didn't see the last part of the demo; something might have grayed out in their screen. So I just wanted to remind everyone that this is a weekly call, so there will be several more opportunities every Wednesday at 2:00 p.m. Eastern, 1:00 p.m. Central. We will have a repeat of this call so you'll get to see another demo of the Patient Management Tool in case you missed it. So we apologize for the technical difficulties for those who couldn't see Joe's screen in the second portion of the presentation, but there will definitely be an opportunity next week. And if you would like to also reach out to your individual Mission: Lifeline or quality ‑‑ AHA Quality Systems Improvement field staff, they also would be more than happy to set up a demo for you, so.

And here's contact information for our national staff. Again, you all know who your local, regional AHA staff are, but if you have questions, you can always email Mission Lifeline@heart.org or Lori Hollowell or myself.

**Joe Williams:**

No, it looks like the one question I saw was answered. I think we're good.

**Christine Rutan:**

Okay. Well, I want to thank everyone so much for joining today's webinar. It was our pleasure to share with you the tool as it exists now as well as the exciting enhancements that we have planned for the future. We look forward to continuing to work with you on Mission: Lifeline, and STEMI populations through Get With The Guidelines‑CAD and Mission: Lifeline ACS. We're really excited to have the opportunity to continue to work with you and thank you so much for your time and all you've done to improve care to date. Have a wonderful week, and we'll look forward if any of you want to join next Wednesday to see the demo again to speaking with you then. Thanks so much and have a wonderful day.

**Operator:**

Thanks to all participants for joining us today. We hope you found this webcast presentation informative. This concludes our webcast. You may now disconnect. Have a good day.