**Operator:**

It is now my pleasure to turn today's program over to Joe Williams, senior manager of Healthcare Quality Informatics. The floor is yours.   
  
**Joe Williams:**

Thanks very much. Welcome, everybody, and thanks for joining today. We've got a short presentation and then we're going to do a live demo of our Get With The Guidelines-CAD Patient Management tool. Again, at the American Heart Association we're really excited about this tool and this new offering we have, and bringing back CAD for everybody to use and better the quality of care. So let's go ahead get started.

To give you a little background of Get With The Guidelines-CAD and Mission: Lifeline evolution, Get With The Guidelines-CAD was the AHA's Premier AMI registry from 2001 to 2010. At the time, we had nearly 600 hospitals who used CAD and found a lot of value in the real-time reports and the comparative regional benchmarks, which somewhat spawned the idea of the Mission: Lifeline program as well. In 2008, Get With The Guidelines-CAD and ACTION Registry, we announced intention to join. We became the largest single registry for improving outcomes of AMI and ACS patients. By 2010, Get With The Guidelines-CAD sites were all transitioned over to ACTION Registry and supported on the NCDR platform. In 2007, AHA launched Mission: Lifeline to improve heart attack systems of care. In 2011, they announced ACTION Registry-Get With The Guidelines as the data source for Mission: Lifeline reports and that's how many folks have been using Mission: Lifeline ever since. Hospital recognition was offered in 2010, and EMS recognition was additionally added in 2014. We've seen a lot of pickup in that as well in the last few years. On April 7, 2017, the AHA -- we announced the relaunch of CAD. CAD is now the primary source for Mission: Lifeline participation. Future iterations will offer additional options and reporting options, so we do plan on expanding CAD past just Mission: Lifeline reporting. We really couldn't be happier to bring this back to the sites that we've worked with over the years. We're getting a tremendous amount of positive feedback from folks we're working with right now and we really just can't wait to make it better and keep improving it so you guys can keep improving.

So we'll talk about our hospital engagement profile because it will be a little bit different than before. So we have ACTION Registry, which, you know, has -- you know, you can -- we can have direct entry into action, you have regulatory mandates for action in many places and then you can also use third party vendors. Then you have non-ACTION Registry, has potentially -- we have these kind of difficult areas where we had a competing state registry or competing local registry, cath PCI and no action and then we have additional data burden. What we're trying to do is basically span Mission: Lifeline across these things. So basically make Mission: Lifeline available in many different ways and basically allow Mission: Lifeline participation to be used in different formats. So we can -- we'd rather you participate in the program and use a variety of different tools, whatever works better for you. So regardless of the submission method, CAD was built to be the Mission: Lifeline report engine. So we’re building CAD to basically receive data from a lot of different data sources so we can receive from -- we’re building it to receive from other vendors and a multi-vendor option. So we have our option for direct entry if you'd like, you can go right into the CAD form, log in to the Patient Management tool, how many of you have done, and some of you use our other modules for heart failure, stroke, AFIB, or resuscitation. There's a vendor model that we're working on, that we're working and engaging vendors to where we have a certified model where they can submit the data directly into CAD. There's an NCDR model and also with the state registry as well. We're working on basically bringing in data from state registries as well. So basically we don't necessarily need a single platform. It's not one place you can submit data in here. You can submit it a lot -- in a lot of different ways.

We also want to accelerate improvements in cardiac care. Also to align with our Mission: Lifeline and CAD priorities. One of the big pieces of CAD and Mission: Lifeline is in our previous Mission: Lifeline iteration, the reports were retrospective. They were running a previous quarter. So you'd figure out how you were doing probably in a best case scenario, 90 days past. So in CAD, as soon as the data is in, you can report on it. Second, you finish entering a record or even only partially fill out a record, you can -- measures and look at your performance. We find this to be a huge value, because you can look at it in real-time, it helps support your own schedules for quality improvement within your own facility. And also -- we're also down the road looking at supporting AHA/ACC accreditation programs, which would include chest pain accreditation and data collection reports at no additional cost. So that's a big value add that we're hopeful to add in the fall or early winter, is having the chest pain accreditation measures and chest accreditation elements into CAD as well. We wanted to expand engagement and enrollment. We have this flexible data submission option. We want to meet hospitals' unique needs. At the AHA, we have a saying where we want to meet people where they are. If you're using a tool that works for you, we want you to keep using that tool. We just want to work with you to see if that tool can also help you also use -- work with Mission: Lifeline more effectively. We have free static quarterly report option for sites with limited resources. So CAD is free for the rest of 2017, but as we go, and we'll talk about pricing in a little bit, as we move into the pricing model, if you're a hospital that can afford it, currently we have a free quarterly static report option. We do offer discounts for critical access hospitals and we also offer corporate hospital systems large volume discounts. We continue to work together to save lives because that's what we're here on the phone and on the webinar to do today. We’ll continue to support premier AHA field staff, which I know many of you worked with for many years. This includes, as always, the individual consultation from staff support for local committees, regional workshops and TME events. So when you come to work with CAD, and you keep the QSI director that you've worked with for years in some places. We've got QSI directors in the field that have created a lot of really long-standing relationships with hospitals and done a lot of good in a lot of communities, and we realize that's valuable to you and it's also valuable to us as an organization to keep that relationship and keep doing good to enhance our mission and our collective goals.

So for 2018, again, 2017 CAD pricing is of the large sum of $0 for the rest of 2017. Going into 2018, we have a multiple pricing option. Being that this is a platform in which we have multiple data submissions, we have multiple data -- we also have multiple pricing submission. So you would select one option depending on how’d want to participate. So we have direct data entry into Get With The Guidelines. That would be using the Patient Management tool. This would be data entry using the streamlined CAD form, real-time hospital level and regional Mission: Lifeline reports via the Get With The Guidelines Patient Management tool, and chest pain accreditation data and reports at no extra charge. For an early adopter, we’re offering a discount if enrolled and contracted by November 1st, we're offering at $2,750. After November 1st, the price goes up to $3,250. We have a second option, which is the certified vendor data submission. So data entry would be via a certified vendor, which we're working with multiple vendors right now to establish that relationship. This also provides real-time hospital and regional reports, Mission: Lifeline reports that you get through Get With The Guidelines. Chest pain accreditation reports, additional data entry directly into CAD may be required for that but that also comes with that price. And then you can still use your vendor tool and the pricing is $2,500 for the early adopter prior to November 1st and $3,000 after November 1st for the option two. Then we have option three for static quarterly reports. Right now they're free for the rest of -- if you enroll by November 1st, those are free. After November 1st, those are $500 for the year. Data submission via upload by hospital or certified vendor, you would receive static PDF Mission: Lifeline regional reports. They’ll be provided three months after the close of the quarter to be provided. So that would be our report option -- that would be the report-only option. So for 2018, if you sign up prior to November 1st, that report out only option with the PDF reports is free. Again, we have our three options for pricing. There is a discount prior to November 1st. Further discounts may apply if you're a critical access hospital or a hospital that is part of a system. So any other questions, we can look for your local QSI on that and we'll be taking questions after we get through the PowerPoint and then we do the demo so we'll try and answer every question we can.

So the pricing highlights again, free for 2017, $500 discount on the 2018 fees if you register or if you enroll by November 1st. Again, no additional chest pain accreditation data -- excuse me. No additional charge for chest pain accreditation data and reports and a 50% discount for critical access hospital and 10% discount for corporate health systems enrolling 10 or more sites under a single invoice. So we're really excited about bringing these [inaudible]. The pricing has only been out for about two weeks now and we're getting some pretty positive feedback on it so far.

So the comparison grid of the services, you know, what you have in front of you here is what do you get for each bucket. So if you look at the Get With The Guidelines-CAD direct data entry, you get direct data entry from the streamlined form, you get real-time reports for Mission: Lifeline and ACS, real-time Mission: Lifeline regional reports. You also do get static quarterly PDF reports, you have real-time chest pain reports, you get AHA field staff individual consultation, and AHA staff support for local community meetings and CME events. Also, AHA recognition in annual "U.S. News & World Report," and AHA recognition at scientific sessions. So if you notice, actually all three levels you get AHA field staff integration, AHA staff support, AHA recognition, and also recognition of scientific sessions. Also, all three levels get quarterly reports as well.

So if you go down to the certified vendor model, basically you get the exact same thing but you use your own vendor. You don't get direct data entry, you can still have a log-in to Get With The Guidelines-CAD but that’s for reporting only. The static quarterly reports, obviously there's no data entry, there's no dynamic reporting or real-time reporting, you can just log in and get your -- you'll be able to get your static reports. But again, you still get all the benefits of the AHA QI consultation services that we provide.

So in the data reports, the screen shot of a CAD form, we're going to go through a live demo here in just a minute, but I'll give you kind of a preview here. We have a streamlined form with ease of data, you know, an entry form button. And if you’ve used -- you see the top, these are four tabs. These tabs are pretty short and it’s pretty quick and we packed a lot of really big time saving features into the CAD module that I hope -- we've already gotten a lot of positive feedback on but I really hope everybody on this call appreciates it. So I am -- so if you look here, we've got time tracker events for prehospital, we've got time tracker assess the system components and we have a streamlined form to ease data entry. So we'll go through all this and you'll get to see how it exactly -- you’ll get to watch me click through.

So in summer 2017, we are adding Mission: Lifeline receiving, Mission: Lifeline referring, Mission: Lifeline ACS reporting. We're adding benchmarks for regional comparisons, filters for analysis by patient groups and patient record drill down to flag outliers. And also the CSV uploader will be available. I'm excited we also have a -- we're looking at that release to go on July 1st. So by July 1st, all this would be in -- currently my team and I are doing testing on this without this being live and we just got our testing license the other day, we've seen it live and it looks great. Really happy the way the reports are looking. It's real-time, we've tested it where we enter a patient and then click run a report and it’s fantastic. We also have built in measures tab as well, so as you're filling out the form, you can go click over to the “Measures” tab and see the measure run in real-time. Fall/winter, we're looking at full data and reports for chest pain accreditation, additional elements for CAD and ACS tracking, and also additional more optional fields like for specific tracking. So we're going to add some more fields in, and basically support your guys' need to help you get your chest pain accreditation going or continue on with your chest pain accreditation and also add some additional elements for more specific ACS track.

For the real-time reports, here on the screen is a breakdown. We've got our receiving center reports, PCI less than or equal to 90 minutes, we’ve got EMS first medical contact, you'll probably hear me say FMC, that's our little nomenclature. We love acronyms here at the AHA. Primary PCI in less than 90 minutes, Aspirin at arrival, Aspirin at discharge, beta-blocker at discharge, statin at discharge, adult smoking cessation advice, and then arrival at first facility to primary PCI in less than or equal to 120 minutes. We also have a referring center measure set. Those of you who’ve participated in Mission: Lifeline in the past, these would be very familiar. EKG within 10 minutes of arrival, arrival to thrombolytics in 30 minutes, arrival to PCI transfer within 45 minutes, Aspirin at arrival, Aspirin at discharge, beta-blocker at discharge, statin at discharge, and also adult smoking cessation advice. Finally, we've also added our NSTEMI-ACS measures as well, which includes cardiac rehab referrals, ACE-inhibitor, ACE/ARB at discharge, dual antiplatelet therapy prescribed at discharge, evaluation of LV systolic function, and adult smoking cessation as well. So we’re excited to have those measures up and running. We know that’s really what people are looking for and we’ve slated for July 1st release, so we're looking forward to that really soon.

So our roadmap for enhancements. Obviously additional data elements, our near term goals are additional data and reports to round out the CAD quality platform. This will be more of an inclusive of descriptive measures and kind of adding kind of more -- more measures to just kind of round out the patient experience. Also, enhance displays to showcase Mission: Lifeline data so we're looking at enhancing how we’ve traditionally in our Get With The Guidelines modules displayed data so comparing with charts and also being able to kind of enhance -- instead of just going to stacked bar, kind of really enhancing the visualizations we can pull out of the Patient Management tool. We're looking for tab calculation [inaudible] of time of entry. That’s our “Measures” tab I talked about where while you're filling out the form, you can just go click over to the “Measures” tab and run them, and it gives you a real-time -- how that patient is doing. And also an adapter to accept data in multiple formats and modes to support state and third party vendor participation. For our July 1st release, we are releases the CSV uploader function and we continue to work with many third party vendors on establishing certification and ways that they can get their data in to CAD in a very seamless and very low effort manner for the user.

In the medium term, we're looking at establishing regional super user reports for blinded comparison by facility. So those of you who have participated in some of our accelerator projects or are in regional reports in the past, we're building super user functionality. So if you're in a blinded super user account, you can see the other hospitals blinded and look at them just as you would but instead in real-time. Hospital and EMS agency pickers, so if that's what we're doing, and we'll show you that in a demo kind of what we built now, but our hospital EMS agency pick list to where a regional hospital can enter the hospitals that they would transfer out to, and then also the EMS agency. We realize many hospitals will have many EMS agencies, it’s not usually just one EMS agency dropping to one hospital, it’s many EMS agencies coming to many hospitals or for a single hospital situation, you've got probably many EMS agencies delivering you patients. Although during our research, there's really -- there’s a nationalist of EMS agencies, so we're adding the functionality for the users to define -- adding the EMS agency with also kind of support on the back end from us to identify one agency as across the board to be able to -- for EMS agency feedback. Also adding follow-up and post discharge tracking forms.

In the long term, we're really looking at being the systems initiative. We realize how important our EMS partners are. Looking at building an EMS feedback report to aggregate agency data across multiple hospitals, EMS feedback forms for auto generated from our PM tool. You need patient identifiers to track single patient across multiple care settings is also in the works, and we're looking at transformative opportunities for next generation quality improvement, which is really kind of combining all three of those things, you know, with the unique identifier, with the EMS feedback and integrating the EMS data as best we can into the tool. These are things we think are really big value adds that can make a really big difference to your hospital. So we're happy and excited to work towards that, to provide them to you to use in your daily life.

So regional reporting in CAD. An interesting example of what the operational reports would look like. And this would be a first medical contact to device median time. And if you look at the displays, it's a little different than what you may have seen before, but this is what we're working towards and kind of just a general visualization of how this would look going forward in future iterations of CAD.

State and regional registry assets, super user functionality, we're looking to be developed by December 2017. States or regions can run reports on individual facilities or aggregated by state or region. We think that's going to be a huge value add to our state and -- our state and regulatory partners that we work with. Super users can also export patient level data into the CSV or Excel analysis in their own systems. For me being kind of an Excel guy, that's huge. Whenever I had done quality improvement in my past lives, I was one of those people that just get it in Excel and I'll figure it out. The super user functionality, being able to download and do an Excel file is fantastic, and it really makes -- I think that's what makes a user a super user is being able to take the data out and then kind of work with it independently and come to your own conclusion. We'll also add custom data elements and reports to support initiatives specific to your state and region. So if you're doing something that's important to your region, which I'm sure it is, we want to be able to support that. We want to be able to help you guys do that and help everybody in your region do that, and we think our super user functionality is going to be a huge value add. How do states and regions currently leverage our Get With The Guidelines programs? Many of the states use real-time reports to monitor quality and look for improvement opportunities across facilities. Data exports are used often for surveillance activities and other analysis as needed by Department of Public Health. And states and regions have added custom elements and measures to support local QI activity.

So benefits of CAD. We're free for 2017. CAD data analysis for Mission: Lifeline STEMI and NSTEMI recognition, data analysis comparison reports, a huge value add. CAD will support the SCPC accreditation for measure requirements. The Get With The Guidelines PMT is updated annually or as guidelines are published. One of the big values with our Get With The Guidelines program is that when the guidelines change, we can change. So if we see guidelines coming, you know, guideline changes coming, we can amend those and we can adjust our PMT to support that change. We're really happy to announce that we have an online web-based contracting initiative now, where we can access local and national AHA QSI staff support across the entire country. And one on one consultative -- you still retain the one on one consultative relationship that many of you have already come so accustomed to using and we want to make sure that continues. And with CAD we make sure those same people you’ve been seeing coming into your hospital and talking to you get to keep coming in and get to keep working with you.

So we'll go to the live demo now, and then we'll go through that for a little bit and we will then take a question and answer session. So bear with us here. We're going to start sharing a screen. And stand by. All right, so as many of you may know, as being users of the Get With The Guidelines, this is our community page, what you're looking at right now. We can see -- you see your modules that you're enrolled in here and you can go and look -- so if you have access to more than one module, you can go into that module. So this module is obviously what we're talking about at CAD. So you look at CAD, let me zoom in so you can see this, hopefully. If you look at CAD, you've got these icons here. A single patient means that's how you enter a new patient. The two little people here, that’s the list of patients. Then you have this “Reports” icon. In this site, the reports are disabled because we haven't built that yet, so that’s, again, out in July 1. And then you have this box here and that's your PMT resources. So we'll zoom in and we’ll into our patient list here. We've got a patient here we've brought in before so we’ll use this as our standard demo patient. You look at your patient IDs right here. Up here you have search functionality where you can search for the patient ID, you also have advanced search criteria where you can enter dates, you can find them a little bit easier that way if you're looking for a specific patient.

So let's just dive into the form here and click on it and go. So if you look here, we've got the “Admin” tab. First, we have our NPI dropdown. So if you have docs at your facility you can just put their information in ahead of time, and we'll talk about that. As we go through the demo I’ll show you how to do that. So you have date of birth, zip code, gender, arrival date and time and admission date. Notice that some of these have these carats on here. These are what's needed for Mission: Lifeline measures, and the bold are required elements. So if you look here, actually it's very interesting, if you look at admission data and it’s bold, notice you have a box here. Now admitted transferred out for another acute care facility. That's for our referring centers. So if you’re a referring center and you’re not admitting patients, you can just click that and that grays out, it says it satisfies that. So we’ll put this back in here. So you have your race and ethnicity, one of the things you look at here, and let me zoom out here, we've got our error bar here. And if we click one thing, and we'll say please -- the following errors will prevent saving the form. I don’t have a lot of errors because this one is pretty well filled out, but I’ll go clear a few things. So if you select Asian, notice -- please enter a value in Asian because we have subvalues here. So then you click Chinese and the error goes away. Same thing with Hispanic ethnicity, say yes and it goes away, or you say no, it goes away. If you say yes, it wants you to actually qualify that because there's subcategory. So that's one of the big values is you have in-form validation and it just kind of tracks you as you go. And then you've got cardiac diagnosis. And if we blank that out [inaudible]. If you notice -- we'll leave that blank as we go forward and I'll show you how to -- so if you hit cardiac diagnosis, it takes you back to the page where you're missing something. We just want to make sure we're helping you guys finish your forms in an expeditious manner.

Next, we have a “prehospital arrival” tab. This is what kind of where you track your prehospital data and your arrival data. I'm just going to click through and clear out everything here. You have to click it manually. Just so I can give you an example. So the prehospital time tracker, it's really important. We found this to be a huge value add, is you can hit “select all active date time fields.” So instead of entering in manually one by one as you're reading the patient care report left by an email, you can hit “select all date and time fields.” The dates all file in because that's the date the patient arrived. So this is kind of -- a huge timesaver. We've filled out…six times -- you've taken 18 fields away. So you can just put in the time so it's much easier. Up here, if you see our EMS agency run in sequence number, agency number right here, currently in this version it's free text but we're working on moving towards a dropdown and that's when I was talking about the specific picklets for EMS agencies. We'll give you an example of how that is because we’ve already built it for transferring facility and transferring EMS agency. So basically this first page is just your prehospital elements of the patient as they arrive. Was this patient transferred from another ED, yes or no. So if we hit yes, we're going to actually be able to select what hospital brought that patient or sent you that patient. If you look here, you can drop these down and I'll show you in a little bit how you handle that. And again, from the transfer time tracker, we have the set all date and time field as well. So that’s really the advantage. First EKG time, this is just the EKG section, anything to do with EKGs. We've got form logic built in. If it's on the first EKG, you can’t enter the subsequent EKG. And if it’s a subsequent EKG, yeah, then you've got to put something in that piece.

In “Arrival” tab, we're just looking for symptom onset date and where the patient was first evaluated, ED, cath lab or other. We'll move off into the “Hospitalization” tab now. Was the patient a reperfusion candidate? And one thing I want to show you guys, for those of you who haven't used a Get With The Guidelines module yet, is we have yes or no but we also have this little C button here. And what that does is you hover over it, it says "clear collection," so you can just hit “clear” and then it goes away. So we hit “no” and then we activate here. We hit “clear” and then we hit “yes.” Now I can't remember the -- logic, now I can't select that. So we'll send it back out so you can see everything. So then we’ve got thrombolytics for PCI, which one did you do, or did you do both in certain cases as I have marked up here. So thrombolytics would be no, but if it’s yes, they want to know when the start date was and this is our document and non-system reason for delay for lytics. So then we have our PCI, if the PCI was completed here, yes or no. And then, again for our PCI time tracker, we have the same functionalities we had before. Click the “set all active date time fields.” The dates fill in and then you just have to put in the times. We’ve got cath lab activation time, patient arrival to catch lab, attending arrival, team arrival, and then the first PCI date and time. PCI indication is right here, why we're doing the PCI, and then we’ve got non-system reason for delay for PCI is down here. Then we have reperfusion contraindications down in this section, and that's only for patients where it was contraindicated. At the bottom of our “Hospitalization” tab, you have Aspirin within 24 hours of arrival, yes or no, history of smoking, and antithrombolytic taken 24 hour of arrival. And then down here we have our LVF/VF assessment and whether it was done this admission within the last year or greater than a year ago. So that’s the “Hospitalization” tab. It’s quick, it’s pretty easy. It flows pretty well. We've gotten a lot of positive feedback on it.

In our discharge piece, we have our discharge date and time, where the patient went, what was the discharge status, did they go home, did they go to hospice, did they go a hospice healthcare facility, another acute care facility, other healthcare facility, did they expire, or AMA, or were they not able to determine. ACE at discharge, ARB at discharge, beta-blocker at discharge, statin at discharge. Those are to support our NSTEMI initiatives right there. And just like that, we're pretty much done with this form.

So we’ve got four tabs. We are adding a few data elements in the next release. Which we hopefully -- in the next week's call, demo, we'll be able to show that off a little bit, we're really excited about it. But we're still doing our quality improvement checks and QA checks on that right now.

So right now I think it's important if we go into -- we can go into looking at how we can kind of manage those drop down lists. So to do that, you just go to my account, you manage code lists. Physician provider NPI is that doc list that we talked about. And if you want to add a new code, you just sit here. And this pings the actual NPI database, this pings the CMS database so you can put in a doctor's name and then what state they're in or if you have the NPI number you can enter it and then hit “search.” So I'll just put my last name. I'm sure there's more than a few Williamses in here and we’ll just say in Texas. And we've got two. So that's what you can choose.

Transferring facility, remember that referring center piece? We can add a new code too, so optional text would – let’s do refer center for -- it would be helpful if I spelled referring correctly. And notice we have a start and ending date here. That’s important, I want to take a second and talk about that. So that's how you basically activate and deactivate. So for a starting date, we’ll let's say you want to get ahead of the game you and know there's like a new facility or a hospital is changing their status or a new facility is coming in where they're going to start sending you patients. Let's say you know they're going to go live July 1. You input their date as 7/1/2017 and we’ll hit “save.” Now if we go back to our patients. Referring center you’ll notice is not there because it's not active yet. If we go back here in the managed code list, go back to the transferring facility, we'll go to our referring center, we’ll go to edit, notice it says it’s not active, change that to 6. Hit save. Go to our patients. Go to our arrival. And actually -- we won't be able to see it in this one but if we create, we'd have to create a new record. In the new record, we'll be able to see that. And if we actually go into manage code list for a transferring agency, this is the same functionality we'll likely have with the EMS agency for the delivering unit. So same principle. Optional text, start date, end date, and that's how you activate your -- that's how you activate your site and your EMS agency. To go into -- to show you kind of how – we’ll into the stroke site just to kind of look at the configurable measure for it. And we won’t be able to run any facilities, it's basically a drop down piece. Normally in our current build, we're basing these out as achievement. We've broken them down into referring, receiving and -- referring center, receiving center and NSTEMI measures. We've also been able to add in a bunch of filters. So basically you can pick the measure you want to run, say it’s smoking cessation. Notice here you can select my hospital. By holding the control key, you can select more than one or just one. Shift, you can control all. And then your filter option is down here. Obviously these are stroke filter options, but the CAD ones have specific Mission: Lifeline centric and CAD centric filters you can choose from here. So that’s kind of your measure piece and we’ve got our measure descriptions lined up over here for references. And then back when you go to the home page, you can also go and look at the references, print blank forms, coding instructions, you have deletion request form, patient ID change.

So that is basically CAD in a nutshell. I know it's a short demo but it's a fairly streamlined form. and I know we probably have some questions in our Q&A session now so I'm going to stop sharing my screen and we'll go back and look at some of the questions here. Let me look.

So we've got: what is the hospital EMS agency picker? The EMS and hospital picker is a list of the hospitals and EMS agencies that we talked about -- I showed you, consisting -- so there's a consistent naming convention in order to provide feedback to the agency. So what that means is -- I'll use an example here, I live right outside of Detroit, Michigan. So let's say one hospital uses the Detroit Fire Department. It says Detroit Fire Department. And other hospital says DFD, and another hospital says Detroit FD, and other hospital says Detroit\_F\_D. You see where I'm going with it. That kind of de-standardized. What we're looking at from a pick list perspective is pinging off a license number that's maintained by the state, and basically providing structure to in a standardized list of EMS agencies so across the system we can have kind of one list.

We’ve got another questions. So what is the difference in the static reports compared to what we have been receiving via ACTION since 2010? Okay, great question. The PDF and the AHA Mission: Lifeline reports were generated by Duke Clinical Research Institute, or DCRI, and then posted on the ACC or ACTION Registry website. Now, the status reports will be generated by Quintiles, made available to CAD platform. The static reports differ from the real-time report in the time the data reports will be available. Which real-time access, like I said before, when you enter in the data, you can run the report immediately. The second you enter into a field you can then run off that -- if that's a field that's in one of our calculated measures, that's going to be runnable at that moment. With the static reports, you have to wait roughly -- you have to wait until those are done and -- after the time period and after they've been processed.

Is there a patient inclusion/exclusion criteria entry into the registry? Yes, there is. Currently, we're just doing STEMI and NSTEMI presenting in the ED. And in July, Get With The Guidelines-CAD will also capture inpatient AMI cases as well. Details with more specifics and inclusions will be forthcoming in the next few coding instruction releases. So currently we're just in the ED but we’re looking forward to the inpatient module as well.

Another question: My hospital wants to continue to receive Mission: Lifeline reports without having to do any abstraction in addition to what is required in ACTION. In other words, can I just submit a CSU file from ACTION into Mission: Lifeline program without having to do any additional abstraction? If so, what is the cost? A CSU file in ACTION can be used to have data uploaded into CAD. So you can take an ACTION file and use that to upload. There are going to be a few elements in CAD that are not included in ACTION, and these elements support our systems work. So at the moment, the CSV uploader is coming out July 1. It's not necessarily a one and done but it's -- we're hopeful it's going to be fairly -- it's not going to be very labor intensive.

Here we go. So are you telling us -- what's another one -- Are you telling us that we can use our ACTION Registry data file to upload into Quintiles IMS to satisfy the Mission: Lifeline data requirements? To my knowledge, the exported file via the Vendor Harvest Tool is encrypted into [inaudible]. Yes, CSI files is required for the uploader. So to enter into Get With The Guidelines-CAD, I would suggest checking with ACTION on and working with the vendors to see. I don't have any direct knowledge of it but that's something we can potentially reach out individually and work on as we go forward.

When will the list of pre-certified vendors become available to determine which payment option might apply to my facility? As the vendors to become certified, this information will be shared on the Get With The Guidelines-CAD website. You can also contact Lori or myself or your local AHA staff for more about the list of vendors. If a vendor you’re using is in the process of becoming certified or has completed the certified process. And if you are a vendor, option two would be apply.

Let’s see what else we have. Which option is used if you're utilizing the NCDR ACTION Registry and plan to unify the CSV option? So with no vendor you would be in option 1. So you can do option 1 that way because currently -- so you'd have to -- you would have to be using the CSV uploader. That would be option one.

Next question. Is cardiac rehab going to be added to a discharge measure? Cardiac rehab is an NSTEMI discharge measure and will be added to the STEMI measure in 2018.

Okay, what else do we have here? Let’s keep going. We’ve got: Is there patient exclusion/inclusion criteria for entering into the Registry of -- okay that’s STEMI and NSTEMI. Currently moving to inpatient very, very soon.

My hospital wants to continue to receive Mission: Lifeline reports without having to do an abstraction -- we already got that one.

Let's see. For chest pain, will low risk patients be put into the Get With The Guidelines-CAD 2 or just STEMI and NSTEMI, low risk still goes into ACD? As we keep moving forward with -- I think that's an accreditation question. As we move forward with the – to support chest pain center accreditation, we will be building pieces in to track those low risk patients as well.

If using a certified vendor, is data put into the Get With The Guidelines-CAD via the uploader? Not -- it is uploaded but it's not necessarily via the uploader. That would be through a different process that would be established through the vendor's relationship or as we move through the certification process. So that would be created -- that would be more of a back-end process is my understanding of it in the current phase. So there would be no need for the unit to necessarily upload a form.

So what is the difference between static reports compared to what we have been [inaudible]? Again, those are different. One was done by DCRI. These new ones will be created by Quintiles.

Let’s keep going here. Can I get your data abstraction forms? Absolutely. We think we have those available to share.

We have a lot of questions here. How will AHA/ACC expansion compared to the SEPC/ACC certification? That I'm not -- I would have to refer you to our accreditation program on that.

If a STEMI goes through the ER, then goes through the cath lab, following a cath lab transfer to a different facility, would this be considered transferred patient under the admin tab? That's an excellent question. That's a very interesting -- I think if it was going to another acute care facility, I would say yes. But I will go back and I'll have to double-check on that so I'm going to save that question and I’ll reach out to you individually.

Which patients will be entering Get With The Guidelines STEMI and NSTEMI, U.S.A – [inaudible], be the same as ACTION? What will training look like? The exclusions and inclusions are the same as the Mission: Lifeline achievement recognition measures. So that stays the same. But STEMI and NSTEMI are being entered. Like we said, the inpatient [inaudible] presenting in the emergency room or via EMS looking towards moving to inpatient soon. Exclusions and definitions will be the same as they have been in the past. Training, in our onboarding process, we do have training and we have live on-site onboarding that's provided by our vendor Quintiles IMS. So when you onboard with Quintiles, you set up a time for an online training piece to where their tech support will take you through, get you logged in, help you navigate through the form. Also, our QSI staff is very much available to -- very much available to help you walk you through this and so obviously reach out to your local QSI and once you get contracted and everything will be -- we'll be able to help you.

Let’s see: Will you be adding a [inaudible] element? Not sure at this point in time.

Will there be a data dictionary? We're working on a data dictionary development within the coding instructions as well. As we continue to evolve, I think data dictionary is something we're very much interested in developing.

Let’s see. Will we be allowed to look at definitions from each of the elements prior to the release of Get With The Guidelines-CAD? That's a great question. We are looking at releasing steps on a little bit of a different schedule. For those of you who have used our other programs, we were on kind of a much more frequent release schedule, currently running almost monthly -- or not monthly but every other month to a certain extent on releases. As of next year, we're moving to a biannual release schedule which allows us more lead time to get folks on this call and then our other vendor partners for our certified vendors, specifications to where they can be ready to react to what the changes are. So I guess the short answer to that is yes.

We've got one more here. Or we have time for about one more. Can receiving hospitals print reports on Get With The Guidelines-CAD on individual cases on referring facility and for performance outcome and case update? That's something I think that we could -- I mean, we have the ability to print these forms. That would be something that would be up to your own facility of how to use that in your own quality improvement process. But we do have the ability to print these forms with the information in it.

So a lot of great questions today, everybody. And appreciate everybody's time and I hope you all enjoyed the demonstration and the presentation. Again, at the AHA, we're really, really excited to present this as -- and get this out in the open and get people using it. We had just a very, very positive response from it being available and we're hopeful with our upcoming updates that it becomes even better. So again, thanks, everybody, for joining today. And again, if you have any other questions, reach out to -- we have an email address at [MissionLifeline@heart.org](mailto:MissionLifeline@heart.org), [Lori.Hollowell@heart.org](mailto:Lori.Hollowell@heart.org), that’s Lori Hollowell, our senior program manager for Mission: Lifeline and our ACS systems, and Christine Rutan, the director of Quality and Health IT, is also available for questions as well. And as always, as many of you all know, you can always reach out to your local QSI director and if they don't know the answer, they usually find the right person who can answer. Again, thanks, everybody, for joining today and I hope you all have a great rest of your week and a great weekend.   
  
**Operator:**

Thanks to all of our 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.