



Frequently Asked Questions Regarding January 2015 Core Measure Changes

1. Since Centers for Medicare and Medicaid Services (CMS) Heart Failure Core Measures were retired in January 2015, will Get With The Guidelines-Heart Failure still be available?

Yes, Get With The Guidelines-Heart Failure is more important than ever in 2015 and beyond. Providing evidence-based care is key to improving outcomes for heart failure patients. Get With The Guidelines®-Heart Failure will play a key role in helping hospitals continue to track and benchmark critical aspects of heart failure care.

2. Why should my hospital continue participating in Get With The Guidelines-Heart Failure?

5.7 million Americans 20 years of age and older have heart failure. Heart failure prevalence will increase by 46 percent from 2012 to 2030.¹ 23 percent of patients are readmitted for heart failure within 30 days.²

Consistently providing evidence-based care is key to improving outcomes and managing costs. Since hospitals are no longer required to collect core measures for Heart Failure, Get With The Guidelines-Heart Failure plays a key role in helping hospitals track and benchmark critical aspects of Heart Failure care.

3. What are some specific reasons why my hospital should participate in Get With The Guidelines-Heart Failure?

Get With the Guidelines-Heart Failure was launched in 2005 to help hospitals provide the most up-to-date, evidenced-based guidelines with the goal of helping speed recovery and reduce hospital readmissions for heart failure patients. Some benefits to participating in the program include:

- Heart Failure is the leading cause of 30-day readmissions. Readmissions penalties are a serious financial burden for hospitals. Active participation in Get With The Guidelines-Heart Failure can help your hospital understand strengths and areas to improve, which could lead to reduced 30-day readmissions.³
- Get With The Guidelines-Heart Failure can help your hospital with tools to track and benchmark critical aspects of care. Published studies indicate that participating in our program can improve processes of care.⁴
- Hospitals that participate actively in Get With The Guidelines-Heart Failure may be eligible for public recognition by the American Heart Association. It's an opportunity to hone a competitive edge in the marketplace by providing tangible evidence of commitment to quality care.

Learn about more reasons your hospital should participate in our program here.

1. <http://circ.ahajournals.org/content/early/2014/12/18/CIR.000000000000152.full.pdf>

2. <http://circ.ahajournals.org/content/early/2014/12/18/CIR.000000000000152.full.pdf>

3. <http://www.ncbi.nlm.nih.gov/pubmed/22235067>

4. <http://www.ncbi.nlm.nih.gov/pubmed/21473975>

4. My hospital was only collecting some of the CMS Heart Failure Core Measures, why should I collect additional information?

Despite successful adherence to the Heart Failure Core Measures, heart failure remains the leading cause of 30-day readmissions. Readmissions penalties are a serious financial burden for hospitals: CMS penalties for readmissions increased by three percent in 2014 and a record 2,610 hospitals were penalized, resulting in nearly \$428 million in fines.

Collecting additional measures, such as quality or achievement measures, could help your hospital improve outcomes and lower readmissions.

5. Will Get With The Guidelines-Heart Failure still provide the measures I was previously collecting?

Yes. The previous CMS Heart Failure Core Measures are still part of the Get With The Guidelines-Heart Failure program, along with the additional measures that can help improve care.

6. How is Get With The Guidelines different from Core Measures?

Get With The Guidelines-Heart Failure is an in-hospital quality improvement program for improving care by promoting consistent adherence to the latest scientific treatment guidelines. It is more than a regulatory reporting database. The following Measure Cross Walk outlines differences between the programs.

- Site-specific Data Quality Reports
- Quarterly Mortality Reports
- Up-to-date research and scientific publications

7. What is unique about Get With The Guidelines-Heart Failure?

Get With The Guidelines-Heart Failure provides hospitals insights that can be used to improve care and outcomes. It is much more than a database for regulatory reporting. Unlike other programs, Get With The Guidelines-Heart Failure collects a variety of measures, including achievement and quality measures, by integrating:

- American Heart Association/American Stroke Association Guidelines
- Evidence-based medicine
- Updated heart failure performance measures published by the American Heart Association, American College of Cardiology and Physician Consortium for Performance Improvement

8. How can I get everyone at my hospital interested in Get With The Guidelines-Heart Failure?

When key team members understand how Get With The Guidelines-Heart Failure benefits their work, they often become involved. Use the sample talking points below to compel your stakeholders.

- Physicians: Physicians are often interested in science-based discussions about quality improvement. Additionally, physicians value the professional development and research opportunities available through our program.
- Chief Operating Officers: This hospital leader wants to distinguish your hospital in the marketplace. National recognition opportunities through the American Heart Association/American Stroke Association can help.
- Chief Financial Officers: This hospital leader is interested in efficiently managing costs by reducing the average length of stay, lowering readmission rates and protecting the bottom line. He or she will be interested in Get With The Guidelines-Heart Failure as a tool to improve operations.

- Legal Department: Legal team members will want to know that the program is HIPAA-compliant

What does it take to implement Get With The Guidelines-Heart Failure?

Use these 7 steps to get started:

1. Contact your local Get With The Guidelines representative
2. Contract to join Get With The Guidelines
3. Sign up to use the Get With The Guidelines Patient Management Tool
4. Assemble your multidisciplinary team
5. As a team, review your hospital's standing orders and processes
6. Determine roles and processes for entering patient data
7. Enter 30 records into the Patient Management Tool to assess your treatment rates. This will become your baseline