Atrial Fibrillation

- Prevalence: 2.7 to 6.1 million in 2010 (9% in those over 80 years).
- Incidence:
  - 0.2%/year (15-44 yrs)
  - 1.1%/year (> 80 yrs)
- As the population ages, this number will increase

Go et al. Heart Disease and Stroke Statistics—2013, Circ 2013

Atrial Fibrillation

- Approximately 2% of people younger than age 65 have AFib, while about 9% of people aged 65 years or older have AFib.
- African Americans are less likely than those of European descent to have AFib.
- Because AFib cases increase with age and women generally live longer than men, more women than men experience AFib.
Prevalence of AF in the United States (projected)

Adapted from Go. JAMA. 2001;285:2370.
More than 750,000 hospitalizations occur each year because of AFib. The condition contributes to an estimated 130,000 deaths each year. The death rate from AFib as the primary or a contributing cause of death has been rising for more than two decades.

AFib costs the United States about $6 billion each year. Medical costs for people who have AFib are about $8,705 higher per year than for people who do not have AFib.
Get With The Guidelines-AFIB

- Newest addition to our family of healthcare quality programs
- Program designed to assist hospitals care teams in consistently providing the latest evidence-based treatment to their atrial fibrillation patients.
- Program offers a means of monitoring the quality of the atrial fibrillation care in U.S. hospitals and building a database for continued research and further quality improvement
- Launched June 15, 2013

Goals of GWTG AFIB

- **Improve the quality of care for patients with atrial fibrillation**
  - Improve adherence to anticoagulation guidelines to prevent stroke
  - Improve patient adherence to anticoagulation therapy through education and organization
  - Improve heart rate control in patients with atrial fibrillation
  - Assure quality drug therapy in atrial fibrillation patients

- **Improve the outcomes for atrial fibrillation patients by assuring adherence to treatment of comorbid conditions.**
  - Beta blocker and statin therapy for CAD patients
  - ACE/ARB and beta blocker therapy for CHF patients
  - Smoking cessation counseling and therapy for tobacco using patients
Anticoagulation and Stroke

- Stroke is 5 times more likely in patients with atrial fibrillation compared with those without.
- A Stroke during atrial fibrillation is twice as likely to cause death and disability compared with non embolic strokes
Anticoagulation

- **Assessment of Thromboembolic Risk Factors**: Percent of patients with nonvalvular Atrial Fibrillation or Atrial Flutter in whom assessment of thromboembolic risk factors using the CHADS2-VASc risk criteria has been documented.

- **Discharged on FDA Approved Anticoagulation Therapy**: Percent of patients discharged on warfarin or other anticoagulant drug that is FDA approved for the prevention of thromboembolism for all patients with nonvalvular atrial fibrillation or atrial flutter at high risk for thromboembolism, according to CHADS2-VASc risk stratification.

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>C</td>
<td>CHF</td>
</tr>
<tr>
<td>H</td>
<td>Hypertension</td>
</tr>
<tr>
<td>A</td>
<td>Age ≥ 75 Y</td>
</tr>
<tr>
<td>A</td>
<td>Age 65-74</td>
</tr>
<tr>
<td>D</td>
<td>Diabetes</td>
</tr>
<tr>
<td>S</td>
<td>Hx CVA or TIA</td>
</tr>
<tr>
<td>VA</td>
<td>CAD/PVD/Ao</td>
</tr>
<tr>
<td>Sc</td>
<td>Female</td>
</tr>
</tbody>
</table>

Lip et al, Stroke, 2010
Perceived risk/benefit discordance

Bungard, et al. CMAJ, 2001

Adherence to Anticoagulation GWTG Stroke

Reduction in Contraindications GWTG Stroke


Adherence to Anticoagulation GWTG AFIB

Discharged on FDA Approved Anticoagulation Therapy

Present all patients discharged on warfarin or another anticoagulant drug that is FDA approved for the prevention of thromboembolism for all patients with non-valvular atrial fibrillation or evidence of high risk for thromboembolism according to CHADS2AFR; risk stratification.

Time Period: 03/2012 - 05/2015: WM.
A-Fib Patient Entry Criteria

Include:
- Patients with a principal diagnosis of Atrial Fibrillation admitted to your hospital as an inpatient.
- Patients with a principal diagnosis of Atrial Flutter admitted to your hospital as an inpatient.
- Hospitals are encouraged to enter patients with a secondary diagnosis of Atrial Fibrillation or Atrial Flutter admitted to the hospital as inpatient.

Optional:
- Hospitals may choose to enter patients seen in observation and not admitted as inpatients.

Exclude:
- Patients evaluated, treated and discharged from the ED (with no inpatient admission or admission to observation status).
- Patients < 18 years of age.

Get With The Guidelines-AFIB Patient Management Tool

- Community Page
- Patient Grid and the eCRF (Electronic Case Report Form)
- Real-time Reporting and Measures
- Data Download Tool
- Interface with GWTG Stroke or GWTG HF
- Optional CSV Uploader
Patient Grid

AFIB Form (the eCRF)

- Tabbed form
- Use Coding Instructions
- **Bold** = Required
- Pink Errors & Warnings for real-time data validation
- Save records as **Complete** or **Incomplete**
### Arrival and Admission

**ARRIVAL AND ADMISSION INFORMATION**

- **Internal Tracking ID:** [Field Blank]
- **Physician/Provider NPI:** [Field Blank]
- **Arrival Date and Time:** 04/24/2013 12:00 PM
- **Admit Date and Time:** [Field Blank]
- **Point of Origin for Admission or Visit:** 1 Non-Health Care Facility Port of Origin
- **Was patient admitted as inpatient?** [Field Blank]
- **If not admitted, was the patient observation status?** [Field Blank]

### Demographic Data

**DEMOGRAPHIC DATA**

- **Date of Birth:** 04/24/1945
- **Gender:** [Field Blank]
- **Race:** [Field Blank]
- **Hispanic Ethnicity:** [Field Blank]
- **If Yes, please specify:** [Field Blank]
- **What is the patient’s source of payment for this episode of care?** [Field Blank]
- **Payment Source:** [Field Blank]
- **Patient Postal Code:** 12345
• Labile INR and Prior Major Bleeding are related to HAS-BLED score. They could not be captured exactly as needed in just medical history so they were pulled out as separate questions.
• “Atrial Arrhythmia Type” is the core diagnosis element to include patients in measures.

Medications Prior to Admission
Exams/Labs on Admission

- Additional values collected on EKG and labs

In-Hospital Care Tab
• “CHADS2-VASc reported” is seeking to determine whether or not the actual CHADS2-VASc score was documented in the medical record. CHADS2-VASc Reported is a Quality Measure.

• CHADS2-VASc Risk Factors Assessed:
  • Seeking to determine whether or not all of the component risk factors for CHADS2 were individually considered. This is a PCPI element and measure. Thromboembolic Risk Factors Assessed will be an Achievement Measure.
If CHADS2-VASc reported = No, a CHADS2-VASc Score calculator will appear below.

If Discharge HR is >110 bpm, the hospital has the opportunity to document a reason, which would exclude the patient from the Quality measure.
Discharge Information - continued

- All optional data elements.

Discharge Medications – ACEI/ARB &

Used in the Achievement Measure ACEI/ARB for LVSD.

Used in the Quality Measure Aldosterone Antagonist at Discharge.
Discharge Medications – additional meds

- Antiarrhythmic
- Anticoagulation Therapy
- Aspirin
- Antiplatelets
- Beta Blockers
- Calcium Channel Blockers
- Digoxin
- Statin Therapy
- Hydralazine Nitrate
- Other Medications at Discharge

Risk Interventions

<table>
<thead>
<tr>
<th>Risk Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoking Cessation Counseling Given:</td>
</tr>
<tr>
<td>Rhythm Control/Rate Control Strategy Planned/ Intended:</td>
</tr>
<tr>
<td>Patient and/or Caregiver received education and/or resource materials regarding all of the following:</td>
</tr>
<tr>
<td>Anticoagulation Therapy Education Given:</td>
</tr>
<tr>
<td>PT/INR Planned Follow-up:</td>
</tr>
</tbody>
</table>
Risk Interventions

Optional Fields Tab (with Site Managed fields)
Admin Tab

- Supplemental Risk Score Tab for other Stroke & Bleeding Scores.
- Components auto-populate based on medical history & risk factors.
- Calculate functions to provide annual stroke or bleeding risk.

CHADS2

ATRIA

HAS-BLED
Measures Tab

- Real time patient-level calculation for Achievement and Quality

<table>
<thead>
<tr>
<th>Measure</th>
<th>SSN</th>
<th>Population Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>PATIENTS with Discharge on Discharge vs. rapper 640†</td>
<td>Included</td>
<td>Measure is excluded from the measure based on the data included.</td>
</tr>
<tr>
<td>Information Readmission</td>
<td>Included</td>
<td>Measure is excluded from the measure based on the data included.</td>
</tr>
<tr>
<td>Overall Compliance on All Measures</td>
<td>Included</td>
<td>Measure is excluded from the measure based on the data included.</td>
</tr>
<tr>
<td>Remote Attendance on All Measures</td>
<td>Included</td>
<td>Measure is excluded from the measure based on the data included.</td>
</tr>
<tr>
<td>Measure Status on All Measures</td>
<td>Included</td>
<td>Measure is excluded from the measure based on the data included.</td>
</tr>
</tbody>
</table>

Please indicate the current status of the form: Complete or Incomplete. 

Report User Manual

Data Management

Audit Reports
Provides an audit trail for all form data.

Site-Level Reports

Configurable Measure Reports
Build your own quality measure reports.

Pre-Defined Measure Reports
Select from the most common measure reports or run your previously saved report types.

PMT Patient List
Provides a list of patient records entered for this study.
Configurable Measure Reports

Time Period
- Interval: Monthly
- From: 2015
- To: 2015

Measure: "QVT04 AF/AtrialFibrillation Measures"
- Measure group with AQI Atrial measure

Filters and Display Options

- Compare selections
- Include or Exclude
- Display all
- Display selected
- Filter selected
- Filter all
- Display in a separate graph
- Display in a separate table

Filters:
- AF Diagnosis
- Genotype
- Race
- Gender
- Age
- Procedure
- Site
- Outcome

Display Options:
- Display all
- Display selected
- Filter selected
- Filter all
- Display in a separate graph
- Display in a separate table

Add Another Report
AFIB Measures

**Achievement**
- ACEI/ARB at discharge for LVSD
- Assessment of Thromboembolic Risk Factors Beta blocker at discharge
- Discharged on FDA Approved Anticoagulation Therapy
- PT/INR Planned Follow-up (for patients discharged on Warfarin)
- Statin at Discharge in AF Patients with CAD, CVA/TIA, or PVD

**Quality**
- Aldosterone Antagonist at Discharge (for patients with LVSD)
- Anticoagulation Therapy Education
- Atrial Fibrillation Patient Education
- CHADS2-VASc Reported
- Discharge Heart Rate < 110 bpm
- Smoking Cessation
- Warfarin at Discharge for Valvular Atrial Fibrillation or Atrial Flutter Patients

**Reporting**
- Antiarrhythmic at Discharge
- Anticoagulation During Hospitalization
- Anticoagulation Medication at Discharge (all patients)
- Anticoagulation Medication at Discharge (eligible patients)
- Antiplatelet Agent at Discharge (including aspirin)
- Antiplatelet (including aspirin) and Anticoagulant at Discharge
- Aspirin at Discharge
- Assessment of Thromboembolic Risk Factors (Historic)
- Calcium Channel Blocker at Discharge
- CHADS2 Reported
- Discharge Heart Rate <80 bpm
- Discharged on FDA Approved Anticoagulation therapy (Historic)
- QT Interval Measured after Initiation or Increase and Sustained Treatment with Dofetilide or Sotalol
- Rhythm Control/Rate Control Strategy Planned/Intended
Report features

- Export data as .csv (comma-separated values) text file
- Easy to work with in Excel for further analysis
- Save local archives
- Import to other electronic systems

Data Download

- Export data as .csv (comma-separated values) text file
- Easy to work with in Excel for further analysis
- Save local archives
- Import to other electronic systems
Optional CSV Uploader

- Request from the Help Desk

Program Development

- AFIB Coalition Launched
- Exploring opportunities to connect GWTG-AFIB with The Guideline Advantage (outpatient program)
- EHR Adaptor
- Continued growth of hospital contracts
- Continued improvement of care
- Growth of partners (ex. HRS)
- Ongoing Education