

Measures Management System
Information Session

Strengthening Heart Health

The American Heart Association's Get With The Guidelines® and the Role of Performance Measures and Registry Data in Wellness and Prevention

Presenter:

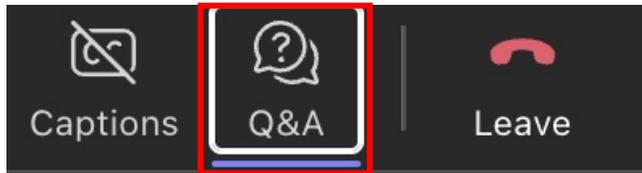
Paul Heidenreich, MD, MS

Want to Ask a Question?

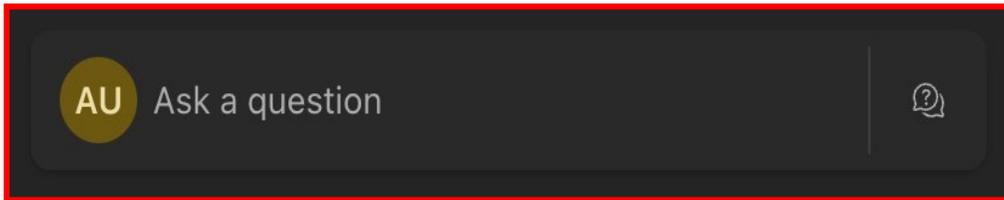
- Audience questions will be answered during the Q&A session at the end of the presentation.
- Instructions on how to submit questions:
 - Teams Q&A Function
 - Please feel free to submit questions throughout the presentation.
- Note: We will publish a Q&A document on the MMS Hub Educational Resources webpage.
 - [Educational Resources | The Measures Management System](#)

How to ask Questions

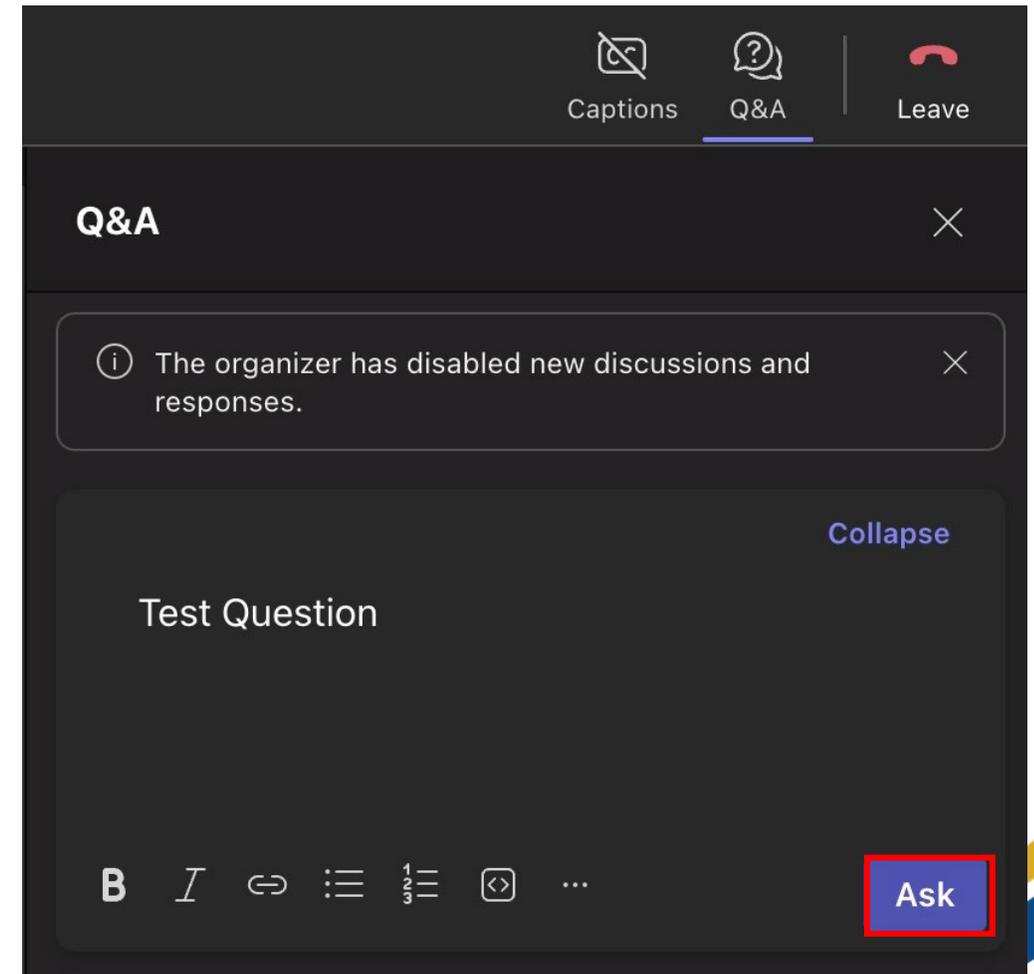
1. Open the Q&A Function located at the top of your screen



2. Type your question in the “Ask a question” field



3. Once your question has been inputted, press “Ask”





Paul Heidenreich, MD, MS

Dr. Paul Heidenreich is Professor and Vice-Chair for Quality in the Department of Medicine at the Stanford University School of Medicine. He is also Chief of Medicine at the VA (Veterans Affairs) Palo Alto Health Care System.

- No conflicts of interest to disclose

The recommendations and opinions presented by our speaker may not represent the official position of the American Heart Association. The materials are for educational purposes only, and do not constitute an endorsement or instruction by the Heart Association. The American Heart Association does not endorse any product or device.

Agenda

Get With The Guidelines® Overview

Overview of Association Initiatives to Improve Long-Term Outcomes

- Chronic Coronary Disease
- Lipid Monitoring and Management
- Physical Activity HL7 Implementation Guide
- Cardiovascular-kidney-metabolic (CKM) health initiative
- Healthy Living BEYOND Weight

Get With the Guidelines®

Quality Improvement and More



Quality Improvement Footprint



Innovation

25+ Specialized Disease Specific Initiatives and Programs



**PRECISION
MEDICINE
PLATFORM**

Data Challenges



**Outpatient EHR
Connected Data**



Core Programs



Certifications



Get With The Guidelines®

Amplifying Our Work through National Reach and Impact

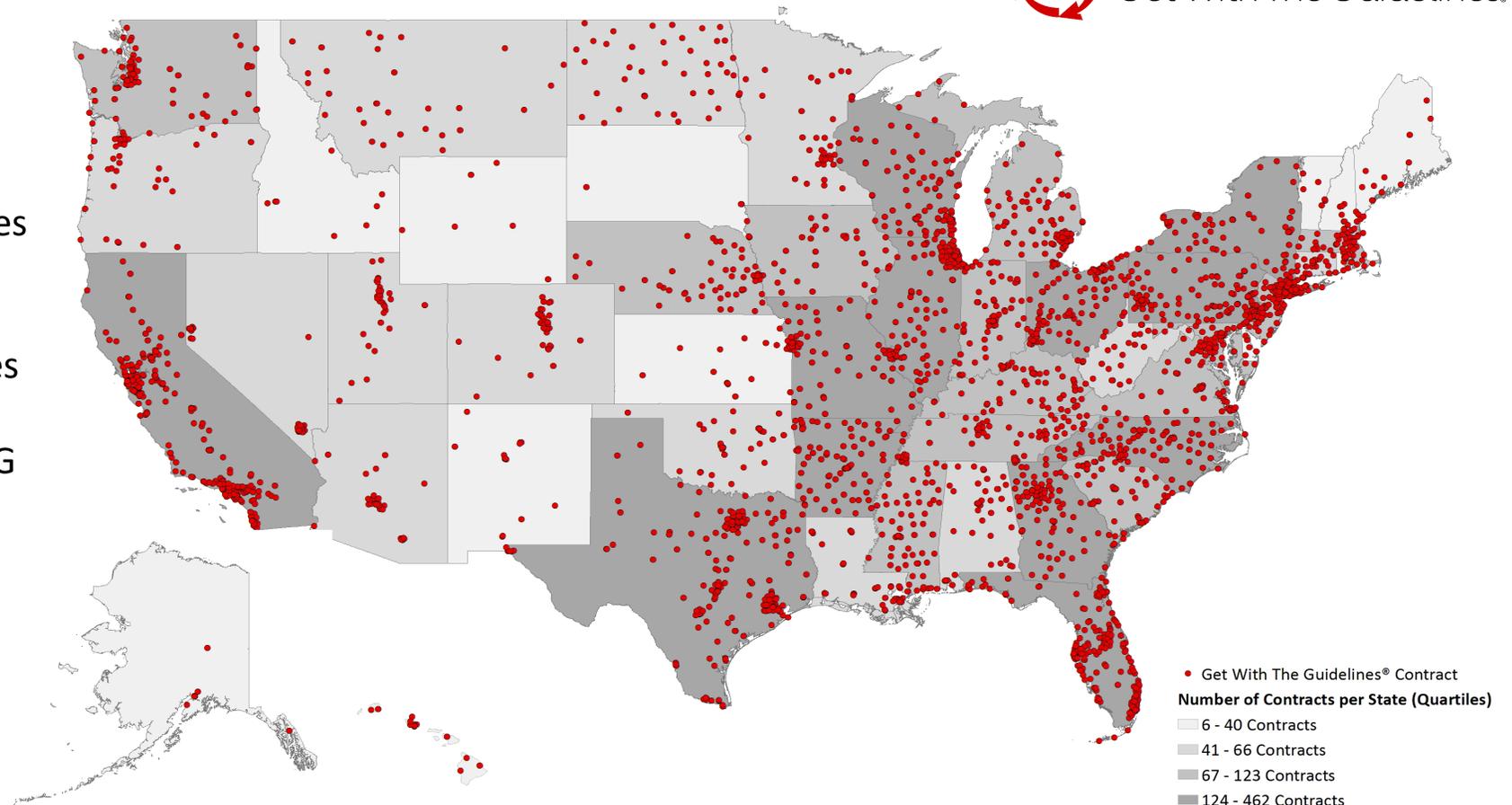


Get With The Guidelines® Contacts (n=5,067)



U.S. Hospitals Participating in Get With The Guidelines®

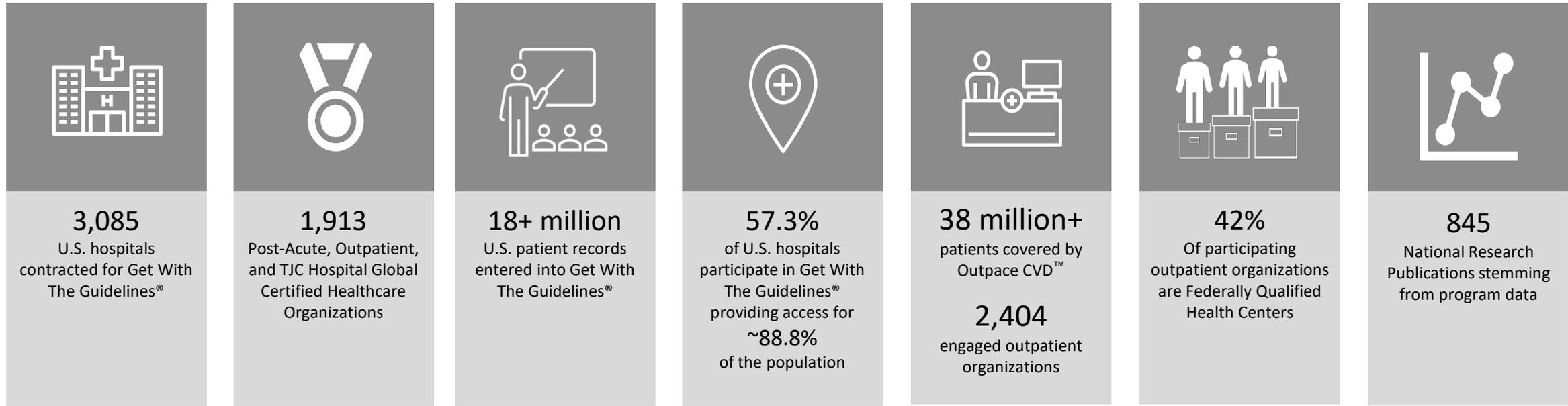
- 3,085 hospitals participate in at least one Get With The Guidelines registry.
- 88.8% of the U.S. population lives in a hospital service area that participates in at least one GWTG registry.





Quality Improvement By the Numbers

Quality improvement programs like **Get With The Guidelines**® (GWTG), **Mission: Lifeline**® in the pre-hospital and inpatient setting and **Target BP**™ in the outpatient setting put the unparalleled expertise of the American Heart Association to work for the nation's health care system, helping ensure that patient care is aligned with the latest research-based guidelines.



Because access to high-quality care is something that everyone should have.

Chronic Coronary Disease Measures

- Available at : [2025 AHA/ACC Clinical Performance and Quality Measures for Patients With Chronic Coronary Disease: A Report of the American College of Cardiology/American Heart Association Joint Committee on Performance Measures | Circulation: Cardiovascular Quality and Outcomes](#)
- <https://www.ahajournals.org/doi/10.1161/HCQ.0000000000000140>

Revised Measures

Select measures from the 2011 ACC/AHA coronary artery disease and hypertension measure set were revised

Measure No.*	Measure Title	Description of Revision	Rationale for Revision
1	Blood Pressure Control	Adjusted recommended blood pressure goals to BP from <140/<80 mm Hg to 130/80 mm Hg.	Additional clinical trial evidence.
2	Lipid Control	Adjusted LDL-C goals from <100 mg/dL to <70 mg/dL.	Additional clinical trial evidence.
5	Tobacco Use: Screening, Cessation, and Intervention	Screening for tobacco use with the offer of counseling for cessation that can include behavioral or pharmacologic intervention.	Additional clinical trial evidence.
6	Antiplatelet Therapy	Timeframe of within 12 mo of a diagnosis of CCD.	The writing committee recognized the evolving evidence for antiplatelet therapy with strong support for within 12-mo benefit.

*The measure numbers in the first column of the table correspond with the measures from the 2011 ACC/AHA coronary artery disease and hypertension performance measures document.

Revised Measures (continued)

Select measures from the 2011 ACC/AHA coronary artery disease and hypertension measure set were revised

Measure No.*	Measure Title	Description of Revision	Rationale for Revision
7	Beta-Blocker Therapy: Prior Myocardial Infarction or Left Ventricular Systolic Dysfunction	Inclusion of with or without MI in the updated measure.	There is well-established evidence for efficacy.
8	ACE Inhibitor/ARB Therapy: Diabetes or Left Ventricular Systolic Dysfunction (LVEF <40%)	Expansion of patients with CCD for this metric to include those with hypertension, diabetes, and CKD in addition to systolic dysfunction.	The patient population is expanded in the measure, which is based on the updated guideline recommendation.
9	Cardiac Rehabilitation Patient Referral From an Outpatient Setting	Expansion of categories of which patients with CCD should participate in cardiac rehabilitation.	This measure adds patients after heart transplant and LVAD as well as those diagnosed with spontaneous coronary artery dissection.

*The measure numbers in the first column of the table correspond with the measures from the 2011 ACC/AHA coronary artery disease and hypertension performance measures document.

New Performance Measures

Measure No.	Measure Title/Description	COR/LOE
Performance Measures		
PM-3	Lipid Measurement in Patients With CCD	COR: 1, LOE: A
PM-4	High-Intensity Statin Use	COR: 1, LOE: A
PM-6	Blood Pressure: Medical Management Therapy	COR: 1, LOE: B-R
PM-9	Avoidance of Routine Periodic Testing in Stable Patients (Invasive and Noninvasive)	COR: 3, LOE: B-R COR: 3, LOE: B-NR

CCD indicates chronic coronary disease; COR, Class of Recommendation; LOE, Level of Evidence; and PM, performance measure.

New Quality Measures

Measure No.	Measure Title/Description	COR/LOE
Quality Measures		
QM-1	Imaging for CCD	COR: 1, LOE: B-NR
QM-3	Patient Education	COR: 1, LOE: C-LD

CCD indicates chronic coronary disease; COR, Class of Recommendation; LOE, Level of Evidence; and QM, quality measure.

Implementation

Moving from theory to practice

- Specifications converted for use in GWTG – Coronary Artery Disease
 - Evaluate data element availability
 - Monitor for use in recognition programs
- Will continue to evolve measures to address gaps in care and current practice standards

Lipid Monitoring and Management



Percentage of patients aged 18 years and older with Atherosclerotic Cardiovascular (ASCVD) who had a low-density lipoprotein cholesterol (LDL-C) tested via a lipid panel and achieved an LDL-C of $<70\text{mg/dL}$ during the measurement period.

- 1) Percentage of patients aged 18 years and older with ASCVD who had a lipid panel completed during the 12-month measurement period.
- 2) Percentage of patients aged 18 years and older with ASCVD and had a lipid panel completed during the 12-month measurement period who achieved an LDL-C of $<70\text{ mg/dL}$ on the last lipid panel collected during the 12-month measurement period

MUC Recommended Measure



Physical Activity

Measure Standardization

Health Level 7 International



Physical activity is one of the most potent and cost-effective interventions available for improving overall health and well-being.

Reduces the risk of at least 25 chronic conditions, including:

- Heart disease
- Stroke
- Type 2 diabetes
- Several cancers
- Depression and anxiety

Adults who are physically active have a 20–30% lower risk of premature death

Enhances cognitive function, improves sleep, reduces stress, and boosts quality of life, with direct implications for population health, productivity, and health care cost containment.



Measure Standardization

Core Measures for PA Assessment



Muscle Strengthening Activity

As part of an average week, on how many days does the patient perform muscle-strengthening activities such as weight or resistance training?



Aerobic Physical Activity

- For an average week in the last 30 days, how many days per week did the patient engage in moderate to vigorous exercise (like walking fast, running, jogging, dancing, swimming, biking, or other activities that cause a light or heavy sweat)?
- On those days that the patient engages in moderate to vigorous exercise, how many minutes, on average, do they exercise
- Multiple days*minutes to obtain total minutes of moderate to vigorous physical activity per week.

Office of the National Coordinator – US Core Data for Interoperability v. 6

Health Status Assessments

Assessments of a health-related matter of interest, importance, or worry to a patient, patient's family, or patient's healthcare provider that could identify a need, problem, or condition.

- Health Concerns
- Functional Status
- Disability Status
- Mental/Cognitive Status
- Pregnancy Status
- Alcohol Use
- Substance Use
- Physical Activity ★
- SDOH Assessment
- Smoking Status





American Heart Association®
Cardiovascular-Kidney-Metabolic
Health Initiative™

CKM Initiative

FOUNDING SPONSORS

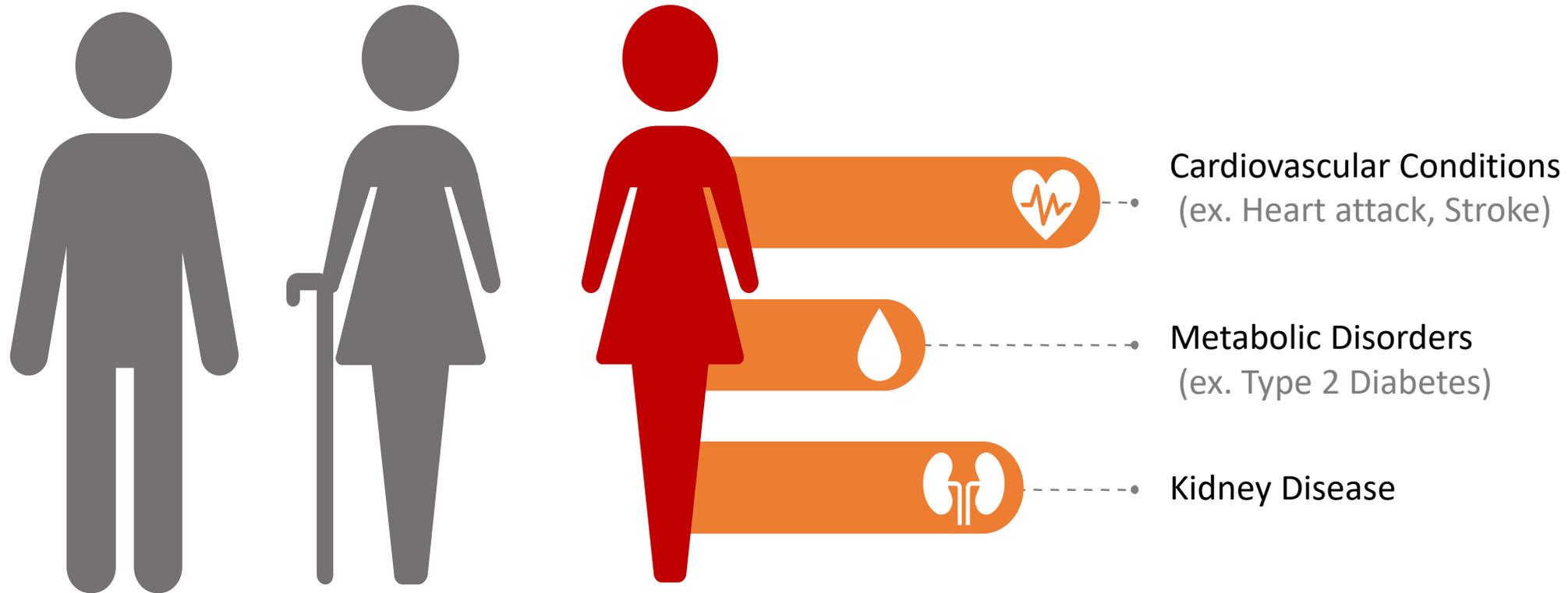


SUPPORTING SPONSORS



1 in 3 US Adults have 3+ Risk Factors

89M Adults have factors leading to:



Risk factors include excess body fat, high blood pressure, high cholesterol, type 2 diabetes, chronic kidney disease

Project Pillars



Data Collection & Process Measures

Ensure CKM patients receive established therapies to address metabolic risk factors, preserve kidney function, prevent initial and recurrent cardiovascular events and death



Adoption of a CKM Interdisciplinary Care Model

Reduce care fragmentation and enhance holistic therapeutic approaches for patients with a confluence of CKM conditions



Incorporation of Social Drivers of Health into Care Model

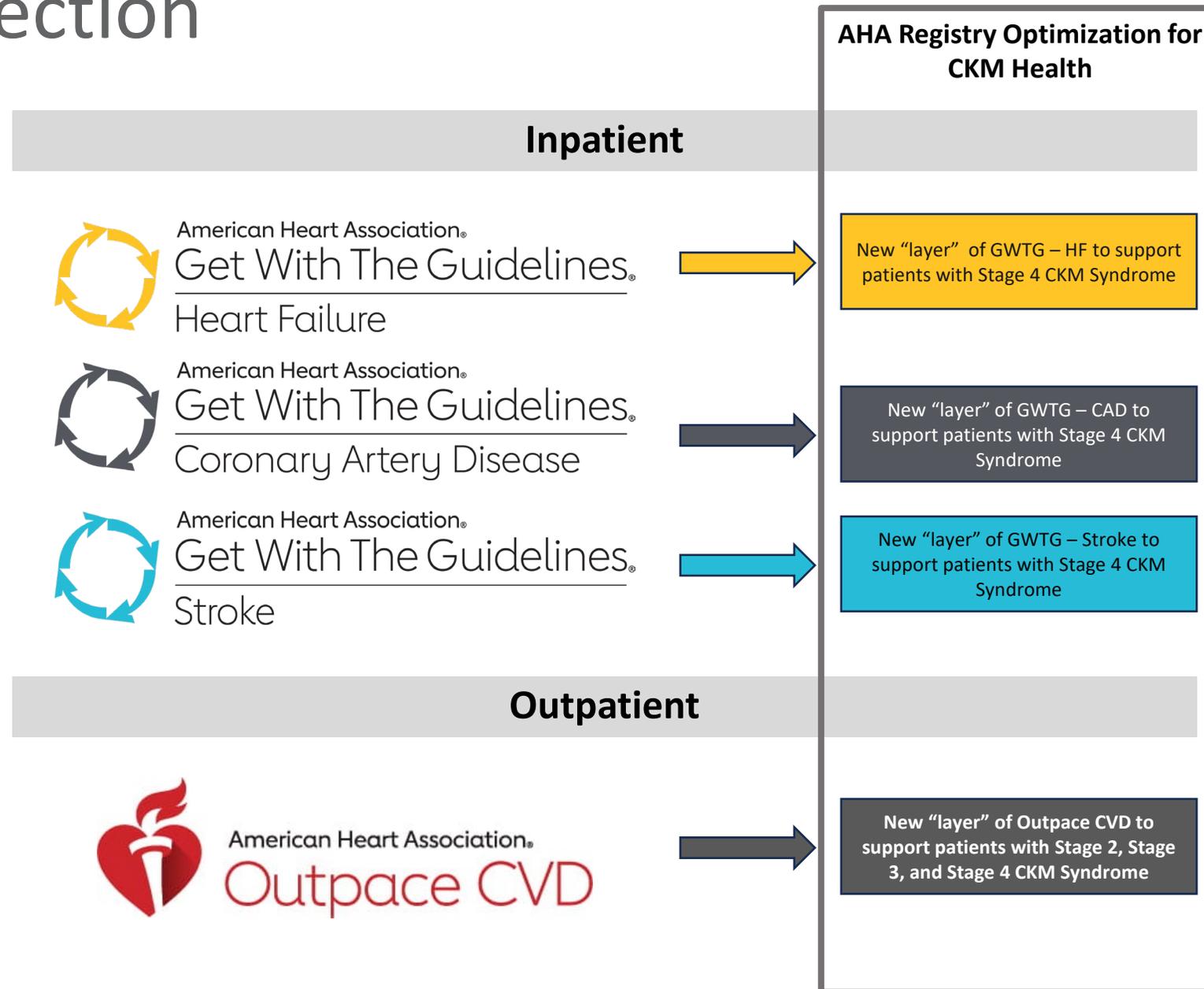
Support health equity by ensuring that SDOH are systematically assessed and addressed as a fundamental component of CKM care



Activate people living with CKM syndrome in their health care

Mobilize individuals to be an active member of their care team

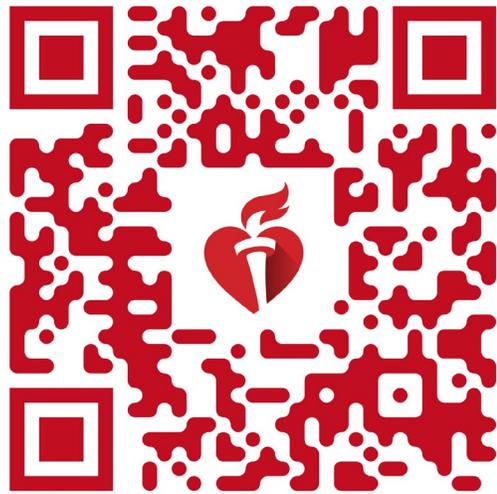
Data Collection





American Heart Association®
Healthy Living
BEYOND Weight™

Health is not just a
number on a scale



heart.org/GoBEYOND





American Heart Association.
Healthy Living
BEYOND Weight™

Our Why

Nearly 75% of U.S. adults face weight challenges

1 in 3 U.S. adults are overweight

2 in 5 U.S. adults are obese

32% of men and 23% of women say they are trying to lose weight



heart.org/GoBEYOND

STUDY OBJECTIVES



Build a Representative Cohort

Long-term direct-to-participant study of weight management & treatments. Participants complete surveys through website or app. No clinic visits required.



Track Health Outcomes

Including cardiometabolic risk, liver and kidney function, and quality of life.



Advance Clinical Knowledge

Bridge knowledge gaps and publish seminal research defining:

- ✓ Cardiometabolic health risk factors
- ✓ Weight journey and health experiences
- ✓ Treatments to improve patient-centered care.



Learn More

Go to heart.org/GoBEYOND

ClinicalTrials.gov ID NCT07075341





Thank you!

For more information about
Get With The Guidelines at
Qualitynow@heart.org





Questions?



MMS Resources

- **MMS Help Desk:** MMSSupport@battelle.org
- **CMS MMS Hub:** mmshub.cms.gov

CMS MMS COR & Outreach Lead

Gequincia Polk
gequincia.polk@cms.hhs.gov