**OVERVIEW**
The Guideline Advantage™ (formerly known as Get With The Guidelines®-Outpatient) combines the expertise of the American Cancer Society, American Diabetes Association and American Heart Association (ACS, ADA, AHA) to advance prevention and disease management in the outpatient setting. Available at no charge to practices, the program promotes the use of evidence-based treatment guidelines, performance measurement tools and quality improvement strategies with the goal of helping you offer your patients every advantage for a healthy life.

**PROGRAM DESCRIPTION**
The Guideline Advantage works with outpatient electronic health record (EHR) or health technology systems, using data already entered into the EHR, to track measures for wellness, primary prevention and longitudinal care. We welcome submission of all data elements currently collected through your practice’s EHR.

**THERE ARE THREE WAYS TO PARTICIPATE IN THE PROGRAM:**

01 EHR or health information technology platforms may match and submit data collected in your practice’s existing platform.

02 Practices with technical staff may independently match and submit data to the program without the involvement of the EHR vendor.

03 Your practice may export a standard data file from your EHR system and submit directly to the program.

Participating outpatient practices receive quarterly reports providing performance feedback and comparative benchmarking information. Reports are intended to help you identify and focus on specific areas for improvement based on better practices, tools and resources to drive quality improvement. The program includes a recognition component to publicly acknowledge early program adopters and performance achievements by participating practices.

Data from The Guideline Advantage feedback reports can also be used to complete American Board of Internal Medicine’s Self-Directed Practice Improvement Module (PIM) and to earn credit for ABIM Maintenance of Certification (MOC). Additionally, The Guideline Advantage is working to align the program with those meaningful use (MU) measures that will be most directly related to conditions and risk factors of interest to the ACS/ADA/AHA. Currently, the core clinical quality measures are captured in our ideal data set.

**MEASURES OVERVIEW**
Measures provide the basis for evaluating and improving outpatient treatment. Initial selection of measures used in The Guideline Advantage program was based on review of nationally accepted ambulatory care measures. The ideal measures that the program seeks to collect include, but are not limited to, those measures developed by the American Heart Association and American Cancer Society, individually or with co-developers such as the American College of Cardiology, American Medical Association Physician Consortium for Performance Improvement (AMA PCPI) and the National Committee for Quality Assurance (NCQA). The measures used in this program will undergo regular review and will change periodically to reflect maintenance of measures and changes in EHR reporting conventions. Corresponding changes may be made in data elements requested for collection.

This list is intended to represent an ideal measure set. Individual practices are unlikely to collect and report on all of the listed measures, but even limited data sets can be instructive in improving quality. We encourage you to give us what you have, and we will work from your current data elements to begin the quality improvement process.
IDEAL MEASURES

ATRIAL FIBRILLATION
- Assessment of thromboembolic risk factors: Patients with an assessment of all of the specified thromboembolic risk factors documented during the 12-month reporting period. (AMA PCPI/AHA/ACCF 2007)
- Chronic anticoagulation therapy: Patients who were prescribed warfarin during the 12-month reporting period. (AMA PCPI/AHA/ACCF 2007)
- Monthly INR: Number of calendar months in which at least one INR measurement was made. (AMA PCPI/AHA/ACCF 2007)

CANCER
- Screening mammography: Percentage of women aged 40 through 69 years who had a mammogram to screen for breast cancer within 24 months. (PQRS-comparable)
- Colorectal cancer screening: Percentage of patients aged 50 through 75 years with diabetes who received the appropriate colorectal cancer screening. (PQRS-comparable)

CORONARY ARTERY DISEASE
- Oral antiplatelet therapy prescribed for patients with CAD: Percentage of patients aged 18 years and older with a diagnosis of CAD who were prescribed oral antiplatelet therapy. (PQRS-comparable)
- Beta-blocker therapy for CAD patients with prior myocardial infarction (MI): Percentage of patients aged 18 years and older with a diagnosis of CAD and prior MI who were prescribed beta-blocker therapy. (PQRS-comparable)
- Angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy for patients with CAD, diabetes and left ventricular systolic dysfunction (LVSD): Percentage of patients aged 18 years and older with a diagnosis of CAD who also have diabetes mellitus and/or LVSD (LVEF < 40%) who were prescribed ACE inhibitor or ARB therapy. (PQRS-comparable)
- Drug therapy for lowering LDL-cholesterol: Percentage of patients aged 18 years and older with a diagnosis of CAD who were prescribed a lipid-lowering therapy (based on current ACCF/AHA guidelines). (PQRS-comparable)
- Symptom and activity assessment: Percentage of patients aged 18 years and older with a diagnosis of CAD who were evaluated for both level of activity and anginal symptoms during one or more visits. (AMA PCPI/AHA/ACCF 2005)
- Symptom control: Percentage of visits for patients aged 18 years and older with a diagnosis of CAD who are angina-free OR are prescribed at least two anti-anginal medications. (AMA PCPI/AHA/ACCF 2005)
- Cardiac rehabilitation patient referral from an outpatient setting: All patients evaluated in an outpatient setting who within the past 12 months have experienced an acute myocardial infarction (MI), coronary artery bypass graft (CABG) surgery, a percutaneous coronary intervention (PCI), cardiac valve surgery, or cardiac transplantation, or who have chronic stable angina (CSA) and have not already participated in an early outpatient cardiac rehabilitation/secondary prevention (CR) program for the qualifying event/diagnosis are to be referred to such a program. (AACVPR/AHA/ACCF 2010)

DIABETES
- Hemoglobin A1c poor control: Percentage of patients aged 18 through 75 years with diabetes who had most recent hemoglobin A1c greater than 9.0%. (PQRS-comparable)
- HbA1c good control: Comprehensive diabetes care-percentage of members 18 through 64 years of age with diabetes (type 1 and type 2) whose most recent hemoglobin A1c (HbA1c) level is less than 7.0% (controlled). (NCQA)
- Low-density lipoprotein (LDL-C) control: Percentage of patients aged 18 through 75 years with diabetes who had most recent LDL-C level in control (less than 100 mg/dl). (PQRS-comparable)
- High blood pressure control: Percentage of patients aged 18 through 75 years with diabetes who had most recent blood pressure in control (less than 140/80 mmHg). (PQRS-comparable)
- Dilated eye exam: Percentage of patients aged 18 through 75 years with diabetes who had a dilated eye exam. (PQRS-comparable)
- Urine screening for microalbumin or medical attention for nephropathy: Percentage of patients aged 18 through 75 years with diabetes who received urine protein screening or medical attention for nephropathy during at least one office visit within 12 months. (PQRS-comparable)
- Foot exam: The percentage of patients aged 18 through 75 years with diabetes who had a foot examination. (PQRS-comparable)

HEART FAILURE
- Left ventricular function (LVF) assessment: Percentage of patients aged 18 years and older with a diagnosis of heart failure who have quantitative or qualitative results of LVF assessment recorded. (AMA PCPI/AHA/ACCF 2005)
- Angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy for left ventricular systolic dysfunction (LVSD): Percentage of patients aged 18 years and older with a diagnosis of HF and LVSD (LVEF < 40%) who were prescribed ACE inhibitor or ARB therapy. (PQRS-comparable)
- Beta-blocker therapy for left ventricular systolic dysfunction (LVSD): Percentage of patients aged 18 years and older with a diagnosis of heart failure who also have LVSD (LVEF < 40%) and who were prescribed beta-blocker therapy. (PQRS-comparable)
HYPERTENSION

- **Blood pressure control**: Percentage of patients with BP < 140/90 or who are taking or were prescribed two or more antihypertensive agents at most recent visit during the previous 12 months. (ACCF/AHA 2009)

PERIPHERAL ARTERY DISEASE

- **Cholesterol-lowering medications (statin)**: Drug therapy for lowering low-density lipoprotein cholesterol in patients with PAD. (AHA/ACCF/ACR/SCAI/SIR/SVM/SVN/SVS 2010)
- **Smoking cessation**: Smoking-cessation intervention for active smoking in patients with PAD. (AHA/ACCF/ACR/SCAI/SIR/SVM/SVN/SVS 2010)
- **Antiplatelet therapy**: Antiplatelet therapy to reduce the risk of myocardial infarction, stroke, or vascular death in patients with a history of symptomatic PAD. (AHA/ACCF/ACR/SCAI/SIR/SVM/SVN/SVS 2010)

PREVENTIVE CARE AND SCREENING FOR CHRONIC DISEASES AND STROKE

- **Body Mass Index (BMI) – screening and follow-up**: Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside parameters, a follow-up plan is documented. (PQRS-comparable)
- **Inquiry regarding tobacco use**: Percentage of patients aged 18 years and older who were queried about tobacco use one or more times within 24 months. (PQRS-comparable)
- **Advising smokers to quit**: Percentage of patients aged 18 years and older who received advice to quit smoking. (PQRS-comparable)
- **Unhealthy alcohol use – screening**: Percentage of patients aged 18 years and older who were screened for unhealthy alcohol use using a systematic screening method within 24 months. (PQRS-comparable)
- **Blood pressure measurement**: Measurement of blood pressure in all patients. Patients for whom blood pressure (BP) measurement is recorded at least once in the last two years. (AHA/ACCF 2009)
- **Aspirin use in patients without clinical evidence of atherosclerotic disease who are at higher CVD risk**: Patients who were advised to use aspirin. (AHA/ACCF 2009)

METRICS DEVELOPED SPECIFICALLY FOR THE GUIDELINE ADVANTAGE

PREVENTIVE CARE AND SCREENING

- **Colorectal cancer screening**: The percentage of adults 50–75 years of age who had appropriate screening with tests and intervals (based on ACS guideline) for colorectal cancer.
- **Cervical cancer screening**: The percentage of women 21–69 years of age who received one or more Pap tests to screen for cervical cancer during the past 2 years.
- **Breast cancer screening**: The percentage of women 41–69 years of age who had a mammogram to screen for breast cancer.
- **Ongoing low-density lipoprotein (LDL-C) control**: Percentage of patients aged 18 years and older with a documented LDL-C ≥ 100 mg/dl and with a prior history of diabetes mellitus, peripheral artery disease, coronary artery disease, stroke or TIA whose most recent LDL-C level is in control (less than 100 mg/dl).
- **Calculate time to lipid control**
- **Preventive care and screening**: Percentage of patients aged 18 and older with prior history of peripheral artery disease, coronary artery disease, heart failure or prior stroke who had most recent LDL-C level in control (less than 100 mg/dl) who are on maximum dose statin or multiple lipid-lowering drugs.

The Continuity of Care Record (CCR) and Continuity of Care Document (CCD) are the standards for electronic health record interoperability. Initially, The Guideline Advantage anticipates collecting data from a number of sources, including the CCR and CCD, which capture the ICD-9/ICD-10 codes.

For purposes of this fact sheet, measures designated as “PQRS-comparable” denote those that are very similar to the PQRS measure specifications; however, they do not (at this time) rely on CPT or G-codes, as these types of codes are not collected by CCR/CCD. There may be EHR vendors and practices that do collect code sets besides ICD-9/ICD-10 codes and The Guideline Advantage will evaluate other code set data when available.

This fact sheet will be periodically updated and posted at guidelineadvantage.org to reflect changes to evidence-based guidelines and measures. Additionally, new measures will be added based on national priorities. Please check The Guideline Advantage website periodically to obtain the most current information, including updated fact sheets.