

# Rural Health Care Outcomes Accelerator (RHCOA)

*Expanding and Enhancing Stroke and Cardiac Rural Quality Programs to Equitably Address the Needs of Acute Care Hospitals in Rural America*



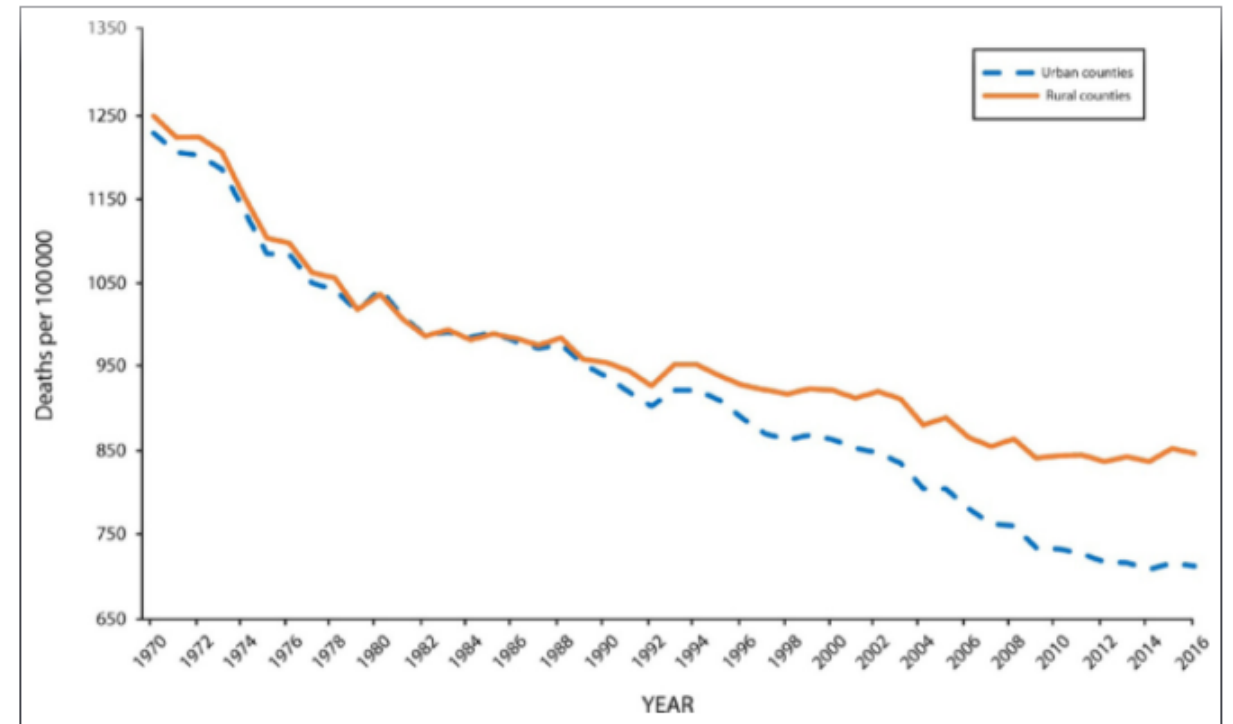
# Call To Action: Rural Health

[Call to Action: Rural Health: A Presidential Advisory From the American Heart Association and American Stroke Association](https://doi.org/10.1161/CIR.0000000000000753)

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According to the Call to Action: Rural Health: A Presidential Advisory from the American Heart Association and American Stroke Association published in February 2020

- In 2016 the American Public Health Association all cause mortality data shows a 20% rural disparity (847.7 versus 713.0 per 100,000)
- Rural residents in the U.S. have a 30% increased risk for stroke mortality compared with urban residents



**Figure 1. Trends in rural and urban age-adjusted (all-cause) mortality for the United States (1970–2016).** Reproduced from Cosby et al<sup>7</sup> with permission. Copyright © 2019, American Public Health Association.

# Rural America

## Urgent Need to Address Health in Rural America

People in rural areas **live 3 fewer years** than people in urban areas, with **rural areas having higher death rates for heart disease and stroke.**



Rural women face **higher maternal mortality rates**

Rural residents face **higher rates of tobacco use, physical inactivity, obesity, diabetes and high blood pressure**



Rural populations face greater challenges with **mental and behavioral health** and have **limited access to mental health care.**

Rural hospitals are closing or facing the possibility of closing

+

Increasing shortages of clinicians



Long distances and lack of transportation make it difficult to access emergency, specialty and preventive care.



Rural populations are more likely to be **uninsured and have fewer affordable health insurance options** than in suburban and urban areas.



# Rural Health Care Outcomes Accelerator

## Closing the Gap in Rural Outcomes

Recent healthcare metrics demonstrate a concerning trend: rural Americans face higher mortality rates than urban residents. Data indicates that rural residents are at 30% higher risk of stroke, 40% more likely to develop heart disease and live an average of three years fewer than urban counterparts.

The American Heart Association is committed to bringing equitable care to all. For that reason, we are focused on closing the gap between rural and urban hospital care as a top priority.

## Rural Health Care Outcomes Accelerator

Working to ensure Americans living in rural areas have the best possible chance of survival and the highest quality of life attainable by promoting consistent, timely and appropriate evidence-based care.

Contact for More Information



[Rural Health Care Outcomes Accelerator Press Release](#)

[Rural Health Care Outcomes Accelerator Web Page](#)



# Rural Health Care Outcomes Accelerator (RHCOA)

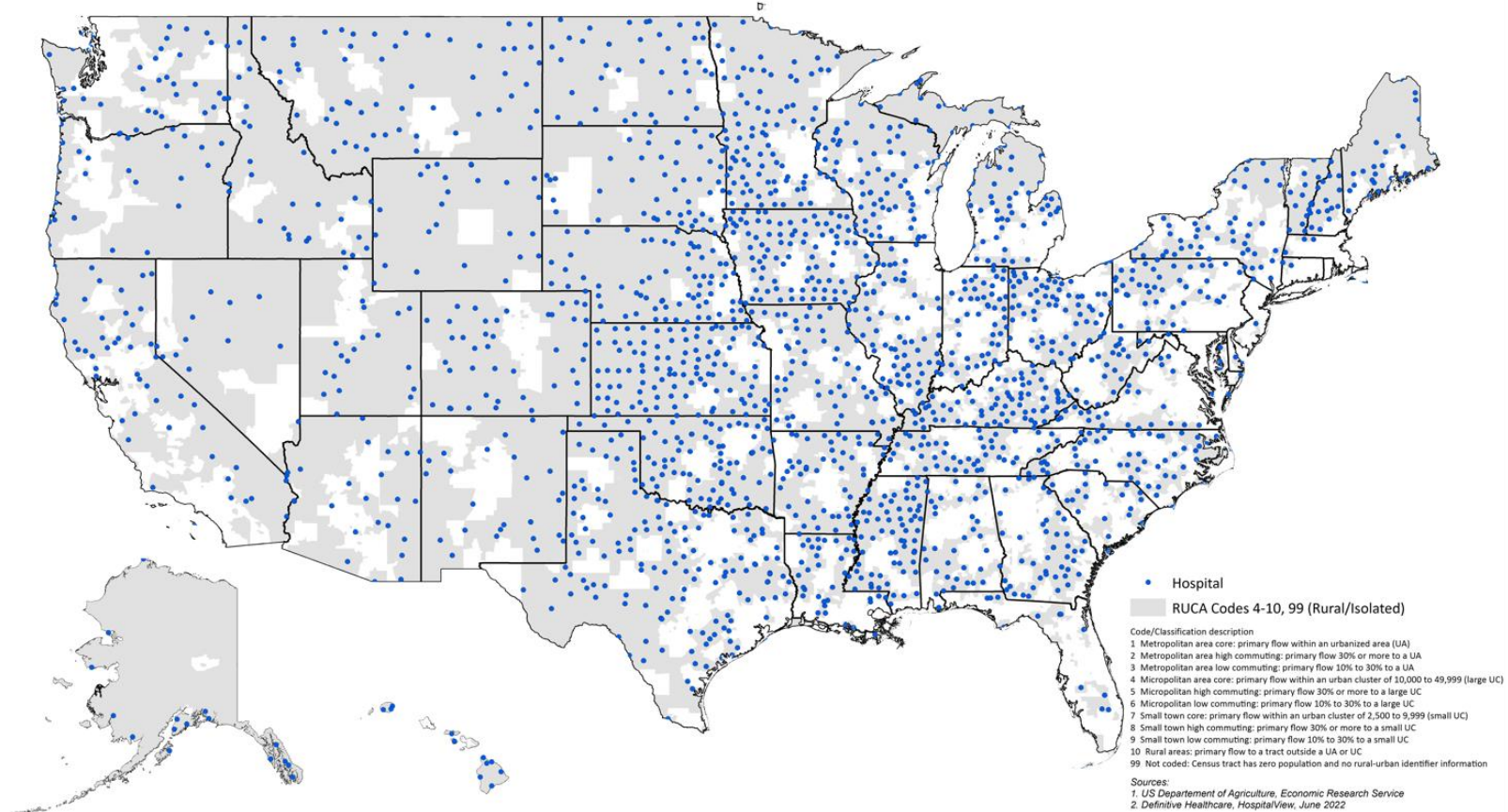
## RHCOA Hospital Eligibility

- Federally Designated Critical Access Hospital OR
- Short-Term Acute Care Facility located within a [Rural Urban Commuting Area \(RUCA\)](#) Rural Classifications: **Large Rural, Small Rural, or Isolated.**
- Able to execute a new contract for one or more of the following **Get with the Guidelines®** modules
  - Stroke
  - CAD
  - Heart Failure

## Rural Hospital Demographics

- Population residing and receiving healthcare in Rural America ~60 million
- Median bed size is 42
- Median annual discharges is 1,565

## Short Term Acute Care Hospitals and Critical Access Hospitals Located in Rural Areas



Find your Rural Program Eligibility at [Am I Rural? Tool - Rural Health Information Hub](#) Provided by the Health Resources and Services Administration (HRSA)

# Rural Demographics

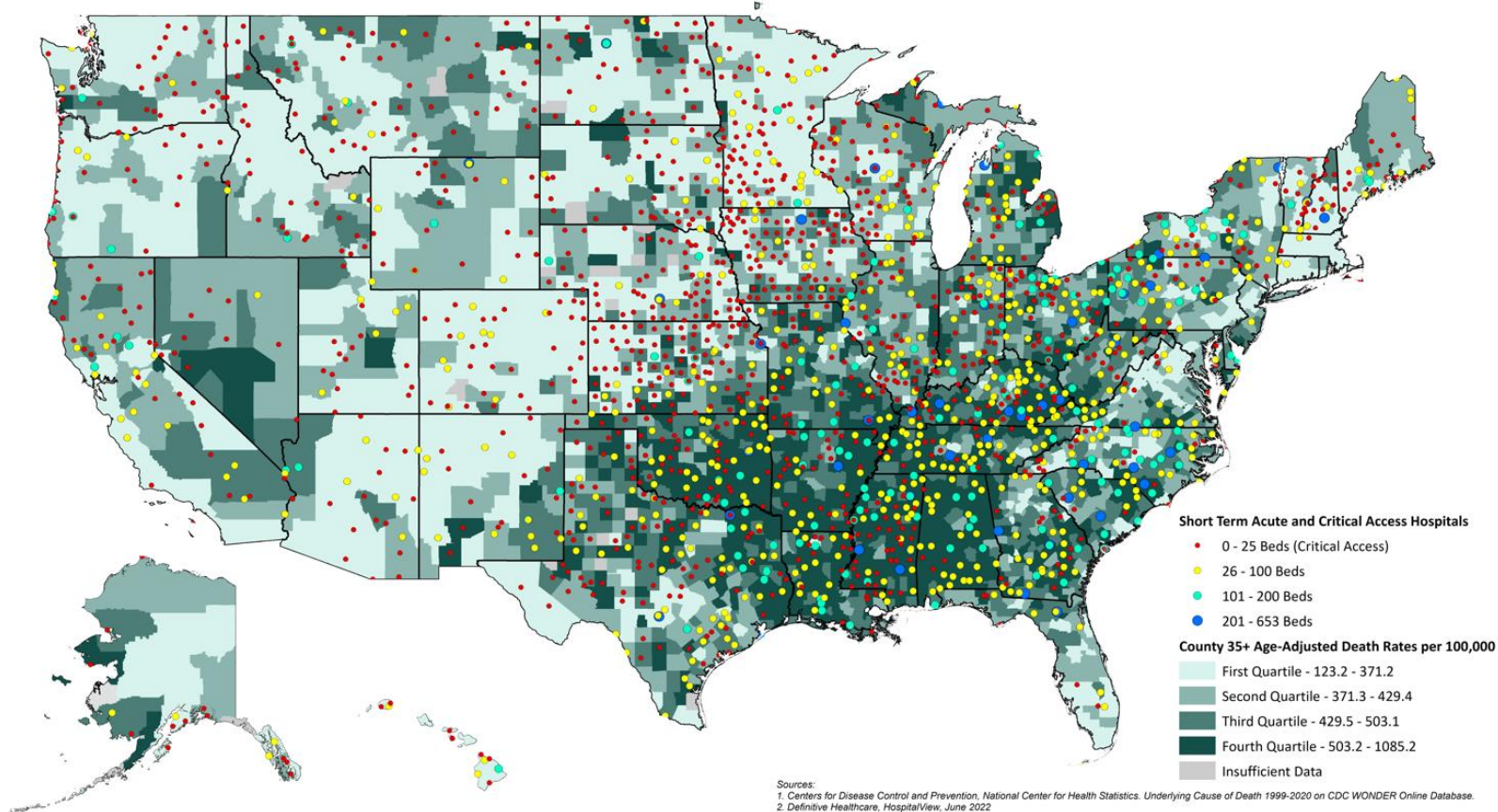
Rural Health Care Outcomes Accelerator  
 Rural Short Term Acute Care Hospitals and Critical Access Hospitals  
 2010-2020 Heart Disease (ICD10 I00-I09, I11, I13, I20-I51) and Stroke (ICD10 I60-I69)  
 35+ Age-Adjusted Death Rate per 100,000 by Counties

## Kentucky Opportunities:

GWTG® Stroke: 37

GWTG® Heart Failure: 68

GWTG® CAD: 65





# Eligible Kentucky Facilities

ARH Our Lady of the Way  
Baptist Health Corbin  
Baptist Health Deaconess Madisonville  
Baptist Health Paducah  
Baptist Health Richmond  
Barbourville ARH Hospital  
Bluegrass Community Hospital  
Bourbon Community Hospital  
Breckenridge Memorial  
Caldwell County Hospital Center  
Carroll County Regional Medical Center  
Casey County Hospital  
Clark Regional Medical Center  
Clinton County Hospital, Inc.  
Crittenden County Hospital  
Cumberland County Hospital  
Ephraim McDowell Regional Medical Center  
Flaget Memorial Hospital  
Fleming County Hospital  
Fort Logan Hospital  
Frankfort Regional Medical Center  
Georgetown Community Hospital  
Harlan ARH Hospital  
Harrison Memorial Hospital

Hazard Appalachian Regional Medical Center  
Highlands Regional Medical Center  
Jackson Purchase Medical Center  
Jane Todd Crawford Hospital  
Jennie Stuart Medical Center  
Kentucky River Medical Center  
Lake Cumberland Regional Hospital  
Livingston Hospital and Healthcare  
Logan Memorial Hospital  
Lourdes Hospital (Mercy Health)  
Manchester Memorial Hospital  
Marshall County Hospital  
Mary Breckinridge ARH Hospital  
McDowell ARH Hospital  
Meadowview Regional Medical Center  
Methodist Hospital Union County  
Middlesboro Appalachian Regional Hospital  
Monroe County Medical Center  
Morgan County Appalachian Regional Hospital  
Muhlenberg Community Hospital  
Murray Calloway County Hospital  
Ohio County Hospital  
Paintsville ARH Hospital  
Pikeville Medical Center

Pineville Community Hospital  
Rockcastle Hospital & Respiratory Care Center, Inc.  
Russell County Hospital  
Saint Joseph Berea  
Saint Joseph London  
Saint Joseph Mount Sterling 2  
Spring View Hospital  
St. Claire Healthcare  
St. Elizabeth Medical Center of Grant County  
T.J. Samson Community Hospital  
Taylor Regional Hospital  
The James B. Haggin Memorial Hospital  
The Medical Center at Caverna  
The Medical Center at Franklin  
The Medical Center/Scottsville  
Trigg County Hospital  
Tug Valley ARH Regional Medical Center  
Twin Lakes Regional Medical Center  
UofL Health - Shelbyville Hospital  
Wayne County Hospital  
Whitesburg Appalachian Regional Hospital



# What is Get With The Guidelines®?



American Heart Association.  
Get With The Guidelines.

Get With The Guidelines® is a healthcare-based quality improvement program designed to ensure patient care is aligned with the latest research-based guidelines to improve patient outcomes.

GWTG® programs available for newly enrolling Rural Health Care Outcomes Accelerator participants:



American Heart Association.  
Get With The Guidelines.  
Stroke

To date, more than 7.1 million patient records have been entered into the Get With The Guidelines® - Stroke database. Improved patient outcomes attest to a quality impact as impressive as the quantity of lives touched by the program.



American Heart Association.  
Get With The Guidelines.  
Heart Failure


This inpatient quality program strives to improve outcomes for heart failure patients. The program is aligned with the 2022 Guideline for the Management of heart failure including the latest evidence based guideline-directed medical therapies.



American Heart Association.  
Get With The Guidelines.  
Coronary Artery Disease

Get With The Guidelines® - CAD tracks AMI process data and supports both hospital quality improvement, as well as regional system of care work between EMS, Referring and Receiving Hospitals.

[heart.org/quality](http://heart.org/quality)



## HOW CAN GET WITH THE GUIDELINES<sup>®</sup> SUPPORT MY MULTIDISCIPLINARY TEAM?

- Real-time, patient-level reporting to eliminate delays in performance feedback
- Real-time benchmarking by to like size hospitals, local region, and national rural cohort
- Regular data check ins with AHA Quality Professionals to identify potential entry errors prior to submission
- Raw data downloads for in depth analysis
- Provider and Referring EMS Agency, and Referring/Receiving Hospitals reports to help evaluate performance by provider group or referring partner
- Point-of-care tools, including patient education
- On-demand feedback reports



# RURAL ACCELERATOR PARTICIPANT BENEFITS



No-cost for *newly enrolled* GWTG® Stroke, CAD, and/or Heart Failure module(s) through December 31, 2025



Enhanced Rural QI Hospital 1:1 Consultation



No-cost AHA Lifelong Learning Center Rural Disease Specific CE for GWTG® clinical module(s) for participating hospitals elects through December 31, 2025



Complimentary access to AHA Professional Membership (fees waived)



AHA Facilitated Stroke and Cardiac Rural Learning Collaboratives



Connect with Peers via the AHA Rural Community Network



AHA Recognition and Marketing Toolkits



# Rural Community Network

An exclusive online networking community built for Rural Hospitals that participate in Get With The Guidelines®, bringing together peers in the rural acute health care setting to share resources, tools, challenges, successes, and more.

## Key Features Include:

- Discussion posts where members can share resources, success, challenges and more
- Model Sharing
- Get With The Guidelines® program specific materials
- On demand recordings and invitations to Rural Health Care Outcomes Accelerator Learning Collaboratives
- Upcoming American Heart Association educational opportunities
- American Heart Association news and publications
- Quality resource library



# Get with the Guidelines<sup>®</sup> Rural Recognition

Bringing equity to recognition programs for rural hospitals



**2023**  
**HOSPITAL RECOGNITION CRITERIA**  
*(based on 2022 data)*



**Rural Acute Stroke Composite Score**  
**Criteria: At least 75% Compliance**



**GOLD**  
 Eight or more consecutive quarters and  $\geq 2$  stroke or TIA records annually



**SILVER**  
 Four consecutive quarters and  $\geq 2$  stroke or TIA records annually



**BRONZE**  
 One calendar quarter and  $\geq 1$  stroke or TIA record per quarter

Time to Intravenous Thrombolytic Therapy  $\leq 60$  minutes

Door-In/Door-Out Time at First Hospital Prior to Transfer for Acute Therapy  $\leq 90$  Minutes

National Institutes of Health Stroke Scale (NIHSS) Reported

Door to CT  $\leq 25$  Minutes

Dysphagia Screen

Documentation of Last Known Well or Time of Discovery of Stroke Symptoms

IV Thrombolytic Therapy Arrive by 3.5 Hours  
 Treat by 4.5 Hours

EMS Pre-notification

Non-Contrast Brain CT or MRI Interpreted Within 45 Minutes of Arrival

Telestroke Consultation Done



Get With The Guidelines® – Stroke Rural Recognition is available as a stand-alone award or add-on banner to a standard Get With The Guidelines- Stroke award, starting with 2022 data submitted.



**Eligible Hospitals**

Federally Designated Critical Access Hospitals

Short Term Acute Care Facility and Rural Hospital located within Rural Urban Commuting Area Codes (RUCA) indicating large rural, small rural and isolated geographic locations





**2023**  
**HOSPITAL RECOGNITION CRITERIA**  
*(based on 2023 data)*



**Rural Acute Chest Pain and Acute Coronary Syndrome (ACS) Composite Score Criteria: At least 75% Compliance**

12 Lead ECG (Electrocardiogram) within 10 minutes of Arrival for Acute Chest Pain or Suspected ACS Patients

Early Cardiac Troponin Results Within 90 Minutes of Arrival

Risk Stratification of Acute Chest Pain or Suspected ACS Patients

Low-Risk Acute Chest Pain or Suspected ACS Patient Follow Up Appointment

Intermediate-Risk Acute Chest Pain or Suspected ACS Patient Cardiac Testing

High-Risk NSTEMI-ACS Anticoagulant Administration Prior to Transfer

High-risk NSTEMI-ACS Transfer to Percutaneous Coronary Intervention (PCI) Center Within 6 Hours

**Rural Acute ST-Elevation Myocardial Infarction (STEMI) Composite Score Criteria: At least 75% Compliance**

12 Lead ECG Within 10 Minutes of Arrival

STEMI-Positive 12 Lead ECG to Interfacility Transport Requested Within 10 Minutes

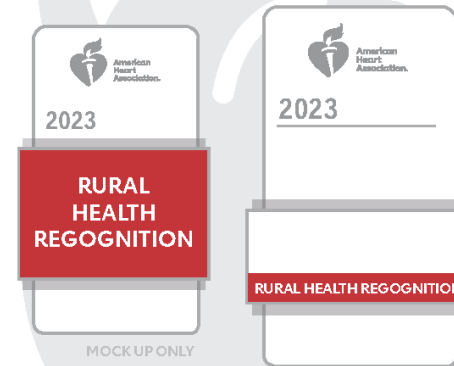
Aspirin on Arrival or Prior to Transfer

Arrival or Subsequent STEMI-Positive 12 Lead ECG to Transfer to PCI Center within 45 Minutes (Door-In/Door-Out)

IV Thrombolytic Therapy Within 30 Minutes of Arrival

P2Y12 Receptor Inhibitor Administered Prior to Transfer

Anticoagulant Administered Prior to Transfer



Coronary Artery Disease (CAD) Rural Recognition is available as a stand-alone award or an add-on banner to a standard awards, starting with 2023 data submitted.

**Eligible Hospitals**

Federally Designated Critical Access Hospitals

Short-Term Acute Care Facilities and Rural Hospitals located within Rural Urban Commuting Area Codes (RUCA) indicating large rural, small rural and isolated geographic locations



Eight or more consecutive quarters and  $\geq 2$  STEMI and/or Acute Chest Pain or ACS records annually



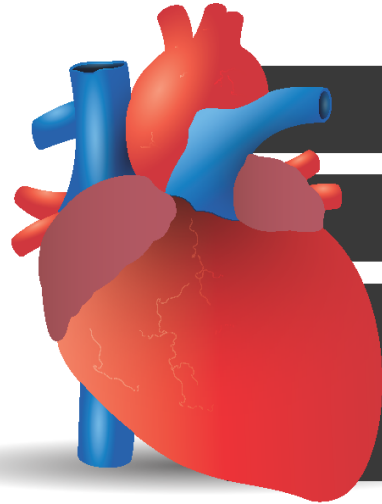
Four consecutive quarters and  $\geq 2$  STEMI and/or Acute Chest Pain or ACS records annually



One calendar quarter and  $\geq 1$  STEMI and/or Acute Chest Pain or ACS record per quarter



## ACHIEVEMENT SCORE 85% OR GREATER ON ALL MEASURES



ACEI/ARB or ARNI at Discharge for Patients with LVSD (AHAHF1)

Evidence-Based Beta Blocker Prescribed at Discharge (AHAHF2)

Left Ventricular Function Assessed (AHAHF3)

Post-Discharge Appointment Scheduled (AHAHF4)

**GOLD**  
2 consecutive calendar years

**SILVER**  
1 calendar year

**BRONZE**  
1 calendar quarter and ≥30 patients

**\*New Rural GWTG® - Heart Failure Recognition Program coming soon!**

### QUALITY MEASURES + AWARD

≥75% on at least 4 measures

\*Must achieve Silver or Gold to be eligible

AHAHF5 - Aldosterone Antagonist Prescribed at Discharge for Patients with HFrEF (LVEF ≤35)

AHAHF6 - Angiotensin Receptor-Neprilysin Inhibitor (ARNI) Prescribed at Discharge

AHAHF7 - Anticoagulation Prescribed at Discharge for Patients with AFib/AFlutter

AHAHF8 - Cardiac Resynchronization Therapy Defibrillator (CRT-D) or Pacemaker (CRT-P) Placed or Prescribed at Discharge

AHAHF9 - DVT Prophylaxis by End of Hospital Day 2

AHAHF10 - Follow-up Visit Within 7 Days of Discharge

AHAHF11 - Hydralazine/Nitrate at Discharge

AHAHF12 - ICD Counseling, or ICD Placed/ Prescribed at Discharge

AHAHF13 - Influenza Vaccine During Flu Season

AHAHF14 - Pneumococcal Vaccine Prior to Discharge  
AHAHF91 - Lab Monitoring Follow-up

AHAHF91 - Lab Monitoring Follow-Up

AHAHF92 - Quadruple Medication Therapy at Discharge for Patients with HFrEF

AHAHF93 - SGLT2 Inhibitor at Discharge for Patients with HFrEF

AHAHF106 - Defect-Free Care for Quadruple Therapy Medication for Patients with HFrEF

AHAHF109 - DOAC at Discharge for Heart Failure with Non-Valvular Atrial Fibrillation or Atrial Flutter Patients

AHAHF110 - Mineralocorticoid Receptor Antagonist at Discharge for Patients with HFrEF (LVEF ≤40)

### TARGET: HEART FAILURE

≥50% on ALL measures

AHAHF1 - ACEI/ARB or ARNI at Discharge for Patients with Left Ventricular Systolic Dysfunction

AHAHF2 - Evidence-Based Beta Blocker Prescribed at Discharge

AHAHF5 - Aldosterone Antagonist Prescribed at Discharge for Patients with HFrEF (LVEF ≤35)

AHAHF10 - Follow-up Visit Within 7 Days of Discharge

AHAHF15 - Referral to HF Disease Management, 60 Minutes Patient Education, HF Interactive Workbook, or Referral to Outpatient Cardiac Rehabilitation Program



# Entering Data into Get with the Guidelines® - Rural Hospital Averages

## Data Entry Options:

### **Direct Data Entry**

Most common option for rural and/or low-volume hospitals. Relevant patient information is abstracted manually from EMR into GWTG®

### **Data Upload**

AHA can provide technical specifications to share with hospital IT resources. Hospitals using this option can build a CSV file to upload partial patient charts into GWTG® directly from their EMR

### **Third Party Vendor**

Contract with an external data vendor to have data entered into hospital's GWTG® account

	<b>Estimated Time per chart (hours)</b>	<b>Annual Cases</b>	<b>Monthly Data Entry Hours</b>
<b>Stroke</b>	0.6	30	1.5
<b>CAD</b>	0.4	15	0.5
<b>Heart Failure</b>	0.5	50	2.1

# Rural Accelerator Participant Responsibilities

## Participating Hospitals agree to:

- Complete RHCOA Participation Agreement
- Enroll in one or more GWTG® Stroke, CAD or HF registries by executing the Unified Participation Agreement (“UPA”) or amendment to existing UPA
- Ensure complete and accurate data entry of eligible patients
  - Provide staffing necessary for data collection and quality improvement
  - Begin data entry within 60 days of signing the UPA
  - Remain in compliance with quarterly data deadlines as required by the Rural Quality Improvement team
- Designate at least one hospital team member to attend any program virtual meetings, webinars, and the Rural Community Online Network
  - If unable to attend live, connect with the AHA program manager to obtain meeting information and agree to share information, resources, and educational materials with hospital care teams

# Call to Action



Share the Rural Health Care Outcomes Accelerator Opportunity with rural colleagues and groups



Join the Rural Health Care Outcomes Accelerator Learning Collaboratives, and Rural Community Network



Meet the Get With the Guidelines® Rural Team



Connect to State and/or Regional Systems of Care Groups



Thank you!

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