

NCDR Responds to COVID-19 Pandemic

These are truly unprecedented times in health care. NCDR realize the response to the COVID-19 pandemic is all-consuming for the health care community, and we recognize the incredible challenge hospitals and front-line workers are facing while providing lifesaving measures for their patients.

As you rapidly shift priorities to meet the demands placed upon your hospital's entire staff, we want to assure you that your NCDR team remains supportive given the present circumstances.

The following guidance has been issued by the NCDR to our participant community:

Follow-Up Metric Reporting

Registry metrics and data reported back to each facility are for the purposes of optimizing patient care. Actual metrics for your facility are only reported back to your facility. When performing internal quality reviews, your facility will understand that any metric changes were related to this challenging period and unforeseen barriers to in-person follow up visits.

Data Deadline Extension

The 2019 Q4 data deadline has been extended from April 15 to April 29 for the **CathPCI Registry, ICD Registry, PVI Registry and STS/ACC TVT Registry**. The weekly Dashboard refresh will continue with no disruption. Dashboard benchmarks will be updated as they are published, typically three to four weeks following data deadline call. All registry support services continue to be available. Future updates will be available on registry [Announcement webpages](#) (login required).

CathPCI Registry

Updated Coding Advice For STEMI During COVID-19 Pandemic

The CathPCI Registry is simplifying data abstraction for the clinical scenario of "Immediate PCI for Acute STEMI." Please select "Other" for Seq #7851 (Patient Centered Reason for Delay in PCI Reason) in the following situations:

- There is documentation of suspected or confirmed COVID-19 prior to the PCI procedure. The usual requirement that the patient issue has affected the timely occurrence of PCI is suspended.
- There is documentation of physician or cardiovascular team workforce shortage due to COVID-19 that causes a delay to PCI. This usual "system delay" will be counted as a patient-centered reason for delay.

Capturing Cardiac Rehabilitation Referral

In response to the COVID-19 pandemic many cardiac rehabilitation (phase 2 & 3) programs have temporarily closed or are limiting patients. Health care systems are responding in a variety of ways, including leading virtual cardiac rehab activities. The registry would like to support all cardiac rehabilitation efforts and the innovation demonstrated by cardiovascular teams around the country. Please apply the following coding directives during the COVID-19 pandemic when coding Seq #10116 (Cardiac Rehabilitation Referral).

When a cardiac rehabilitation referral was **not** provided, and the rationale is documented as:

- Cardiac rehabilitation program closed will support coding "No – Health Care System Reason Documented."
- Patient should not attend cardiac rehab due to risk of coronavirus exposure or other patient or medical condition reason will support coding "No – Medical Reason Documented."

In scenarios where a cardiac rehab referral is not provided, we encourage your current strategy include ways to ensure patients will receive a cardiac rehab referral at the earliest opportunity.

When there is no reference to cardiac rehabilitation in the documentation or a rationale why a referral was not provided is missing, please code “No- Reason Not Documented.”

- Cardiac rehab referral provided (as usual).
- Patient educated on cardiac rehab activities to be completed at home (unsupervised), patient verbalizes they will follow the guidance provided.
- A novel approach engaging the patient in cardiac rehab program activities to be implemented by whatever means determined by the health care system.

Earn MIPS Credit For Submitting COVID-19 Data With CathPCI, Chest Pain – MI Registries

Clinicians affiliated with hospitals participating in ACC's [CathPCI Registry](#) or [Chest Pain – MI Registry](#) may be eligible to earn Improvement Activity credit for the Centers for Medicare and Medicaid Services (CMS) Merit-Based Incentive Payment System (MIPS) if the facility submits [COVID-19 data](#) for patients in these registries. CMS recently added COVID-19 Clinical Trials (IA_ERP_3) to the list of approved Improvement Activities under the Emergency Response and Preparedness subcategory. This qualifies as a high-weight activity for the Improvement Activity category. MIPS-eligible clinicians who submit COVID-19 data through a clinical data registry collecting COVID-19 data elements, such as the CathPCI Registry or Chest Pain – MI Registry, will fulfill this requirement. Clinicians must participate in an Improvement Activity for a minimum of 90 consecutive days in the calendar year to receive MIPS credit. The last day to start tracking performance data to receive 2020 credit is Oct. 1. [Learn more](#). Additional information is available from [CMS](#).

Chest Pain – MI Registry

Updated Coding Advice For STEMI and COVID-19 Scenarios

STEMI treatment strategies have been complicated by the COVID-19 pandemic. In response, NCDR is simplifying/unifying data abstraction for the clinical scenario of “Primary PCI for Acute STEMI.” Please select “Other” for Seq#7851 (Patient Centered Reason for Delay in PCI Reason) in the following situations:

- There is documentation of suspected or confirmed COVID-19 prior to the PCI procedure. The usual requirement that the patient issue has impacted the timely occurrence of PCI is suspended.
- There is documentation of physician or CV team workforce shortage due to COVID-19 that causes a delay to PCI. This usual system delay will be counted as a patient centered reason for delay.

Please select “Yes” for Seq#14208 (Patient Reason for Delay in Thrombolytic) in the following situations:

- There is documentation of suspected or confirmed COVID-19 prior to Thrombolytic administration. The usual requirement that the patient issue has impacted timely lytic administration is suspended.
- There is documentation of physician or cardiovascular team workforce shortage due to COVID-19 that causes a delay to Thrombolytic administration. This usual “system delay” will be counted as a patient centered reason for delay.

Capturing Cardiac Rehabilitation Referral

In response to the COVID-19 pandemic many cardiac rehabilitation (phase 2 & 3) programs have temporarily closed or limited patients. Health care systems are responding in a variety of ways, including leading virtual cardiac rehab activities. The registry would like to support all cardiac rehabilitation efforts and the innovation demonstrated by cardiovascular teams around the country.

Please apply the following coding directives during the COVID-19 pandemic when coding Seq#10116 (Cardiac Rehabilitation Referral).

When a cardiac rehabilitation referral was **not** provided, and the rationale is documented as:

- Cardiac rehabilitation program closed, will support coding “No – Health Care System Reason Documented.”
- Patient should not attend CR due to risk of COVID exposure or other patient reason will support coding “No – Patient Oriented Reason.”
- Patient cannot attend cardiac rehab due to medical condition will support coding “No – Medical Reason Documented.”

In scenarios where a CR referral is not provided, we encourage your current strategy include ways to ensure patients will receive a CR referral at the earliest opportunity.

When there is no reference to cardiac rehabilitation in the documentation or a rationale why a referral was not provided is missing, please code “No- Reason Not Documented.”

- Cardiac rehab referral provided and transmitted (as usual).
- Patient educated on cardiac rehab activities to be completed at home (unsupervised), patient verbalizes they will follow the guidance provided.
- A novel approach engaging the patient in cardiac rehab program activities to be implemented by whatever means determined by the healthcare system.

Earn MIPS Credit For Submitting COVID-19 Data With CathPCI, Chest Pain – MI Registries

Clinicians affiliated with hospitals participating in ACC's [CathPCI Registry](#) or [Chest Pain – MI Registry](#) may be eligible to earn Improvement Activity credit for the Centers for Medicare and Medicaid Services (CMS) Merit-Based Incentive Payment System (MIPS) if the facility submits [COVID-19 data](#) for patients in these registries. CMS recently added COVID-19 Clinical Trials (IA_ERP_3) to the list of approved Improvement Activities under the Emergency Response and Preparedness subcategory. This qualifies as a high-weight activity for the Improvement Activity category. MIPS-eligible clinicians who submit COVID-19 data through a clinical data registry collecting COVID-19 data elements, such as the CathPCI Registry or Chest Pain – MI Registry, will fulfill this requirement. Clinicians must participate in an Improvement Activity for a minimum of 90 consecutive days in the calendar year to receive MIPS credit. The last day to start tracking performance data to receive 2020 credit is Oct. 1. [Learn more](#). Additional information is available from [CMS](#).

LAAO Registry

Telehealth Follow-Up Guidance

The LAAO Registry requires sites complete 45-day, 6 month, one-year and two-year follow up on patients receiving transcatheter left atrial appendage closure procedures in accordance with the Centers for Medicare and Medicaid Services (CMS) National Coverage Decision. However, we realize with the ongoing COVID-19 crisis, face-to-face patient follow-up is increasingly difficult. Therefore, we are suggesting several steps to complete the follow-up visits.

- Consider substituting telephonic or telehealth visits for in-person routine visits.
- Sites may complete the LAAO Registry 45-day, 6-month, one-year and two-year follow-up form via telephonic or telehealth visits.
- Document in the medical record the patient follow-up was completed via telephone interview

Additional Follow-Up Information

Please complete all aspects of follow up as per recently posted guidance regarding alternative approaches to collecting follow up data. If follow up data are able to be collected via telephonic or telehealth approaches, the record can be submitted indicating "Phone Call" as the Method to Determine Status.

For in person diagnostic tests that cannot be performed, please answer accordingly. If the test can be completed in the near future, the existing follow up record can be updated to add that diagnostic information with the date the diagnostic was performed. Coding a "Follow Up Status" Seq. #13015 of "Lost to Follow Up" should only be used when an attempt was actually made to obtain follow up via all routes possible and has failed. If no attempt was made, no record should be submitted.

STS/ACC TVT Registry

Telehealth Guidance For Follow Up

The STS/ACC TVT Registry mandates sites complete 30-day and one-year follow up of patients receiving transcatheter valve therapies. However, we realize with the ongoing COVID-19 crisis, face-to-face patient follow up is going to be increasingly difficult.

Therefore, we are suggesting several steps that can be taken to complete the follow-up visits.

- Consider substituting telephonic or telehealth visits for in-person routine visits.
- Sites may complete the STS/ACC TVT Registry 30-day and one-year follow-up form via telephonic or telehealth visits by collecting the following information:
 - Patient status
 - Complete NYHA
 - Complete KCCQ
 - Has the patient been hospitalized? If so, document reasons for hospitalization.
 - Has the patient seen a local clinician for follow-up? If so, request the records.
 - Did the patient have an echo since the procedure? If so, when and where was the echo performed. Obtain the report if possible.