OUTPATIENT RECOGNITION PROGRAMS
QUICK USER GUIDE – DATA SUBMISSION

Target: BP™ • Check. Change. Control. Cholesterol™ • Target: Type 2 Diabetes^SM

This guide provides instructions for registering and submitting data for recognition in any of our three Outpatient Quality Improvement programs:

- Target: BP™
- Check. Change. Control. Cholesterol™
- Target: Type 2 Diabetes^SM

Table of Contents

Getting Started

If your organization has NOT previously participated in any of the above programs	Navigate to the Ambulatory Quality Improvement registration form (www.heart.org/RegisterMyOutpatientOrg). Follow the instructions within the registration form to select the programs in which you would like to participate and complete the form with your Health Care Organization's details.
If your organization has previously registered for any of the above programs, and is submitting data for the same program	No need to re-register. Users with an existing account can navigate directly to the data submission platform at https://aha.infosarioregistry.com/login and log in. They will be immediately redirected to the Community Page for their organization.
If your previously-registered organization wants to register for another program	Fully complete the Ambulatory Quality Improvement registration form and request access to that new program.
If you want to submit data for multiple individual sites through our CSV Uploader feature	Register your individual sites via the Multi-Site registration form -or- submit a request in our Contact Us form for help.
If your organization is registered, but you need a new user account	Submit a request in our Contact Us form, or contact the Help Desk. Please do not submit the registration form again to help us reduce duplicates.

Once registered, an account will be created in the data submission platform for new participants within 3 business days. Check your spam/junk filters for your log-in credentials. If you have no credentials after 3 business days, contact us.
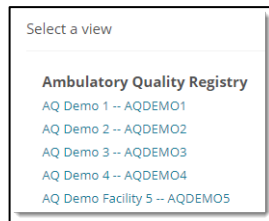
Troubleshooting and Support

- Forgot your username or password? Please follow the "Forgot password?" instructions at the log-in landing page. For additional help, see the troubleshooting page.
  - We highly recommend setting up your Challenge Questions in your account – these enable you to reset your password in most scenarios without contacting the Help Desk.
- Locked out of your account? Reach out to the platform Help Desk (InfosarioOutcomeSupport@Quintiles.com or 888-526-6700) or submit a Contact Us request. You can also reach out directly to your local AHA field staff member to submit a ticket on your behalf.
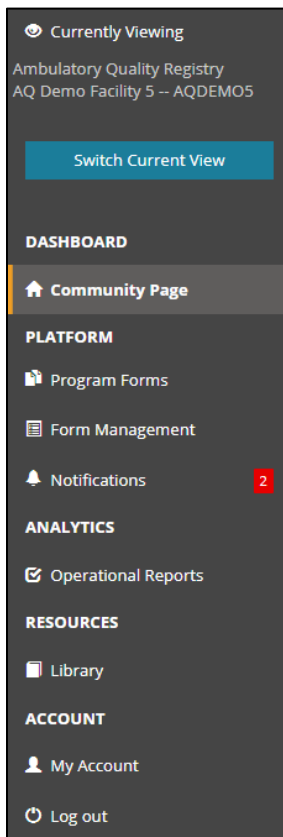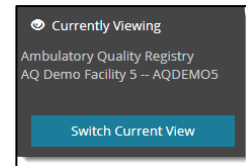
Navigating the Online Platform

NOTE: If the user has access to submit data for more than one organization, the user will be prompted to select one organization at a time for which they can make updates and submit data. After selecting the specific organization, the user will be directed to that organization's community page. To navigate to a different organization's page, click "Switch Current View". If you have access to submit data for multiple sites via the "Upload" feature, navigate to the profile labeled "(Health System Profile)".

Toggle between different HCO views

Select a view

Ambulatory Quality Registry
AQ Demo 1 -- AQDEMO1
AQ Demo 2 -- AQDEMO2
AQ Demo 3 -- AQDEMO3
AQ Demo 4 -- AQDEMO4
AQ Demo Facility 5 -- AQDEMO5

Select the organization you want to view (if you have access to multiple)

Currently Viewing
Ambulatory Quality Registry
AQ Demo Facility 5 -- AQDEMO5

Switch Current View

Currently Viewing
Ambulatory Quality Registry
AQ Demo Facility 5 -- AQDEMO5

Switch Current View

DASHBOARD

Community Page

PLATFORM

Program Forms

Form Management

Notifications [2]

ANALYTICS

Operational Reports

RESOURCES

Library

ACCOUNT

My Account

Log out

The Health Care Organization (HCO) being viewed is located at the top of the panel. In this case, the view for "**AQ Demo Facility 5**" is open. "AQDEMO5" is the **Facility ID** – normally this will be a 6-digit number.

Switch Current View – (When applicable) Allows user to toggle between other organizations for which they have user permissions. Can view and submit data for multiple organizations.

Community Page – HCO home page. Quickly access frequently used sections.

Program Forms – Contains online forms for submitting data – enter data in Program Forms to be eligible for program recognition.

Form Management – Contains forms to add/edit site characteristics. Enter site-specific information here to pull advanced benchmarking reports.

Notifications – View updates on recognition, changes to the program, and other news.

Operational Reports – View HCO and benchmarking data.

Library – Locate all resources related to the registry (e.g., data entry worksheets, user guides, measure information).

My Account – Manage your password and account security questions.

Entering Data – Adding Your Program Forms

STEP 1

Select "Program Forms" from the left navigation bar, or from the Community Page. Here you can enter and submit data into one or more forms to be eligible for recognition.

STEP 2

There are two sections on the "Program Forms" page.
- Add Forms | This section lists the programs to which your HCO has access.
  - Select Add New to start a new data submission per program.
  - *Missing a program form?* Please submit the registration form for the new program. If you feel there is an error with your account, please contact us.

- Edit Forms | Section to edit existing data forms.
  - Select an existing form's link to edit data from prior years (2021 and earlier) or the current reporting year (2022).

NOTE: The form's year refers to the year data were collected (e.g., for 2023 recognition, an HCO will be submitting data collected during the 2022 calendar year on a form labeled 2022).

STEP 3

Review the existing forms (if any) under the Edit Forms section.
- Program forms containing "2022" will be used to determine recognition eligibility for 2023.
  - To edit an existing form for year 2022 or prior, click on the link (ex: "Target: BP – 2022") and skip to STEP 1 below for the chosen program.

    o   *Why edit a prior year's form?* Editing data in a 2021 form or earlier does <u>not</u> change your recognition status for that year, but it will update your HCO's operational reports and allow for more accurate year-over-year comparisons.

STEP 4   To add a 2022 program form, under the Add Forms section, click "Add New" to the right of the desired program.

- Enter the Reporting Year (2022) and click "Submit." The Reporting Year refers to the year the data were collected.
- If selecting the year using the calendar icon, select any month and day within the Reporting Year.

Entering Data – Target: BP™

NOTE: It is highly recommended that users first gather data using the Target: BP™ <u>Data Collection Worksheet</u>. Organizations should report on data collected only from January 1 to December 31, 2022. The deadline to submit data is Friday, May 19, 2023, at 11:59 PM ET. *When finished with all entry, check the "*Data Entry Complete*" checkbox, and hit "*Save and Exit*". NOTE: Data can still be revised before the submission deadline.*

Organizations must submit complete 2022 data under <u>ALL tabs</u> to be eligible for 2023 awards.

TIP: Save data often by clicking on the Save button in the top right of the page.

![TARGET:BP | American Heart Association. | AMA]

STEP 1

Respond "yes" or "no" to Questions 1 and 2 (Q1 and Q2). Q1 asks if your organization directly treats patients with hypertension. Q2 asks if you certify that your attestations are accurate. A "yes" response on both is required to be eligible for an award.

Q1. Does your organization diagnose and manage patients with hypertension, including prescribing and managing medications?	○ Yes ○ No
Q2. I am a designated representative of my organization and certify that the following attestations are accurate to the best of my knowledge:	○ Yes ○ No

STEP 2

Enter your HCO's data into questions 3 – 7 (Q3 – Q7). For Q4 and Q5, use Denominator and Numerator data from MIPS #236: Controlling High Blood Pressure. NQF 0018 measure specifications are also acceptable. Question 6 asks if your data included blood pressure readings from patients' remote monitoring devices – please answer to the best of your knowledge. See STEP 3 below for instructions on question 8 (Q8).

Q3. What is the total number of patients 18 years of age and older in the Healthcare Organization, regardless of diagnosis? Patients must have had at least one 2022 visit (in-office or telehealth encounter).

(Note: In subsequent questions, you will be asked to break down this total by primary payor and race/ethnicity. These same questions will be asked in Check. Change. Control. Cholesterol and Target: Type 2 Diabetes, if you are participating.
The measure numerators/denominators for each program utilize different age ranges per national measure specifications.)

DENOMINATOR

Q4. Using MIPS #236 criteria, what is the number of patients 18-85 years of age who had a 2022 visit (in-office or qualifying telehealth encounter) and a diagnosis of essential hypertension starting before and continuing into, or starting during, the first six months of the measurement period (measurement period = January 1 – December 31, 2022)?

Q4. Note: Exclude patients: in hospice, with a diagnosis of pregnancy, or palliative care services any time durin[g] ... [l]ant before or during the measurement period, OR patients ages 66 or older who are in Institutional Special Needs Plans (SN[F] ... ounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or ... [fr]ailty during the measurement period and either an acute inpatient encounter with advanced illness diagnosis or two outpatien[t] ... nt dates with an advanced illness diagnosis during the measurement period or the year prior, OR patients 81 and older with an ...

> **Enter your HCO's data for Q4 and Q5 based on MIPS #236 criteria.**

NUMERATOR

Q5. Using MIPS #236 criteria, of the patients qualifying for the denominator (Question 4), what is the number of patients whose BP from their most recent 2022 visit is adequately controlled (systolic BP >0 mmHg and <140 mmHg, and diastolic BP >0 mmHg and <90 mmHg)?

Q5. Note: If there are multiple blood pressures on the same date of service, use the lowest systolic and lowest [diastolic]... Worksheet.

Q6. Did your numerator data include digitally transmitted blood pressure readings from a patient's remote monitoring device?   ○ Yes ○ [No] ○ Not Sure

Q6. (Note: Your response will not affect your recognition status.)

> **Please indicate, if to the best of your knowledge, home BP readings were used to determine patients with controlled BP.**

Q7. How many providers are there for the Healthcare Organization? Include all physicians, nurse practitioners, and physician assistants.

STEP 3

For Q8, enter your HCO's data regarding the race and ethnicity of your patient population. Each field must have a data value entered. Even if it is a zero, type "0." Blanks will generate an error. See Table 3B of the HRSA Uniform Data System Reporting Requirements for 2022 Health Center Data for more information.

Q8. How many of your total adult patient population (ages 18 and older) self-identify as the following race and ethnicity (based on Table 3B of the HRSA Uniform Data System Reporting Requirements for 2022 Health Center Data):

All fields must contain a value. Please enter "0" where there are no patients.

Asian - Non-Hispanic or Latinx: Total Patient Count	
Asian - Hispanic or Latinx: Total Patient Count	
Native Hawaiian - Non-Hispanic or Latinx: Total Patient Count	
Native Hawaiian - Hispanic or Latinx: Total Patient Count	
Other Pacific Islander - Non-Hispanic or Latinx: Total Patient Count	
Other Pacific Islander - Hispanic or Latinx: Total Patient Count	
Black/African American - Non-Hispanic or Latinx: Total Patient Count	
Black/African American - Hispanic or Latinx: Total Patient Count	
American Indian or Alaska Native - Non-Hispanic or Latinx: Total Patient Count	
American Indian or Alaska Native - Hispanic or Latinx: Total Patient Count	
White - Non-Hispanic or Latinx: Total Patient Count	
White - Hispanic or Latinx: Total Patient Count	
More than one race - Non-Hispanic or Latinx: Total Patient Count	
More than one race - Hispanic or Latinx: Total Patient Count	
Unreported/Unknown Race – Hispanic or Latinx: Total Patient Count	
Race Known (Any), but Unreported/Unknown Ethnicity: Total Patient Count	
Both Race and Ethnicity Unreported/Unknown: Total Patient Count	
Race/Ethnicity Summation: Total Patient Count (MUST EQUAL YOUR RESPONSE TO QUESTION 3)	

STEP 4

For Q9 enter your HCO's data regarding your patient population's primary payor groups. Each field must have a data value entered. Even if it is zero, type "0". Blanks will generate an error. See the last page of the Data Collection Worksheet for details on how to assign a payor group to each patient.

Q9. How many of your total adult patient population (ages 18 and older) are primarily attributed to the following payor groups:

All fields must contain a value. Please enter "0" where there are no patients.

Medicare: Total Patient Count	
Medicaid: Total Patient Count	
Private Health Insurance: Total Patient Count	
Other Public: Total Patient Count	
Uninsured / Self-Pay: Total Patient Count	
Other / Unknown: Total Patient Count	
Payor Group Summation: Total Patient Count (MUST EQUAL YOUR RESPONSE TO QUESTION 3)	

STEP 5

Under Tabs on the righthand side, navigate to the 2nd tab, "BP Measurement Activities". Select responses for questions 10a, 10b, and 12 – 15 (Q10a, Q10b, Q12 – Q15). For question 11 (Q11), select the percentage of your organization's devices that are validated. Completing all questions is required for award eligibility.

Save | Save & Exit

Tabs   X

✖ Facility Information

BP Measurement Activities

BP Measurement Activities

BP measurement is the first step in accurately diagnosing and managing hypertension as well as estimating CVD risk. Device accuracy, measurement knowledge and skills, and systems of care are essential evidence-based BP ac organization's practices during 2022. Your response will help us gauge adopti additional recognition.

Navigate to the "BP Measurement Activities" tab and respond to all the questions.

Please see guidance in the Data Collection Worksheet for further details on th **pressure devices, staff training, and clinical practice within your organiz**

BP Device Calibration & Validation
I attest that my organization:

Q10a. Calibrates ALL aneroid devices per the 2019 AHA Scientific Statement: Measurement of BP in Humans (every 2–4 weeks for handheld devices and every 6 months for wall-mounted devices).
Resources: 2019 AHA Scientific Statement: Measurement of BP in Humans

○ Yes ○ No ○ No aneroid devices ○ Not sure

Answer each single-select question.

Q10b. Calibrates ALL oscillometric devices per the 2019 AHA Scientific Statement: Measurement of BP in Humans (Nearly all manufacturers recommend that oscillometric devices, including Ambulatory Blood Pressure Monitors, be calibrated at regular intervals, e.g., every 1 or 2 years).

○ Yes ○ No ○ No oscillometric devices ○ Not sure

For question 11 (Q11), select the percentage of your organization's devices that are validated from the drop-down menu. If you do not know the percentage, select "Not sure."

Q11. Please review the devices listed on ValidateBP.org or similar international sources. Report the percentage of your organization's oscillometric devices (semi- or fully-automated) that are validated* for clinical accuracy (no % symbol needed). Approximate percentages are acceptable.

PLEASE NOTE: If you have no oscillometric devices, select 0%.
*Validated = device is listed on US Blood Pressure Validated D
listings.

| Not sure |
| 0% |
| 1-10% |
| 11-20% |
| **21-30%** |
| 31-40% |
| 41-50% |
| 51-60% |
| 61-70% |
| 71-80% |
| 81-90% |
| 91-100% |

alidateBP.org or other international device

BP Measurement Knowledge & Skills
I attest that my organization:

STEP 6

When all data are entered, navigate to the "Facility Information" tab, check the "Data Entry Complete" checkbox and click the Save & Exit button at the top of the page.

Data may be edited at any time. All recognition awards will be based on a "snapshot" of data available in the platform on May 19, 2023, at 11:59 PM ET.

Entering Data – Check. Change. Control. Cholesterol™

NOTE: It is highly recommended that users first gather data using the Check. Change. Control. Cholesterol™ [Data Collection Worksheet](). Organizations should report on data collected only from January 1 to December 31, 2022. The deadline to submit data is Friday, May 19, 2023, at 11:59 PM ET. *When finished with all entry, check the* "Data Entry Complete" *checkbox, and hit* "Save and Exit". *NOTE: Data can still be revised before the submission deadline.*

Organizations must submit complete 2022 data under <u>ALL tabs</u> to be eligible for 2023 awards.

TIP: Save data often by clicking the Save button in the top right of the page.

| STEP 1 | Respond "yes" or "no" to Questions 1 and 2 (Q1 and Q2). Q1 asks if your organization directly treats patients with high cholesterol. Q2 asks if you certify that your attestations are accurate. A "yes" response on both is required to be eligible for an award. |

STEP 2

Enter your HCO's data into questions 3 – 4 (Q3 – Q4).

Q3. What is the total number of patients 18 years of age and older in the Healthcare Organization, regardless of diagnosis?

(Note: In subsequent questions, you will be asked to break down this total by primary payor and race/ethnicity. These same questions will be asked in Target BP and Target: Type 2 Diabetes, if you are participating.
The measure numerators/denominators for each program utilize different age ranges per national measure specifications.)

Q4. How many providers are in your Healthcare Organization? Include physicians and mid-level providers.

STEP 3

For Q5, enter your HCO's data regarding the race and ethnicity of your patient population. Each field must have a data value entered. Even if it is a zero, type "0." Blanks will generate an error. See Table 3B of the HRSA Uniform Data System Reporting Requirements for 2022 Health Center Data for more information.

Q5. How many of your total adult patient population (ages 18 and older) self-identify as the following race and ethnicity (based on Table 3B of the HRSA Uniform Data System Reporting Requirements for 2022 Health Center Data):
All fields must contain a value. Please enter "0" where there are no patients.

Asian - Non-Hispanic or Latinx: Total Patient Count	
Asian - Hispanic or Latinx: Total Patient Count	
Native Hawaiian - Non-Hispanic or Latinx: Total Patient Count	
Native Hawaiian - Hispanic or Latinx: Total Patient Count	
Other Pacific Islander - Non-Hispanic or Latinx: Total Patient Count	
Other Pacific Islander - Hispanic or Latinx: Total Patient Count	
Black/African American - Non-Hispanic or Latinx: Total Patient Count	
Black/African American - Hispanic or Latinx: Total Patient Count	
American Indian or Alaska Native - Non-Hispanic or Latinx: Total Patient Count	
American Indian or Alaska Native - Hispanic or Latinx: Total Patient Count	
White - Non-Hispanic or Latinx: Total Patient Count	
White - Hispanic or Latinx: Total Patient Count	
More than one race - Non-Hispanic or Latinx: Total Patient Count	
More than one race - Hispanic or Latinx: Total Patient Count	
Unreported/Unknown Race – Hispanic or Latinx: Total Patient Count	
Race Known (Any), but Unreported/Unknown Ethnicity: Total Patient Count	
Both Race and Ethnicity Unreported/Unknown: Total Patient Count	
Race/Ethnicity Summation: Total Patient Count (MUST EQUAL YOUR RESPONSE TO QUESTION 3)	

STEP 4

For Q6, enter your HCO's data regarding your patient population's primary payor groups. Each field must have a data value entered. Even if it is zero, type "0". Blanks will generate an error. See the last page of the Data Collection Worksheet for details on how to assign a payor group to each patient.

Q6. How many of your total adult patients 18 years of age and older are primarily attributed to the following payor groups:
All fields must contain a value. Please enter "0" where there are no patients.

Medicare: Total Patient Count	
Medicaid: Total Patient Count	
Private Health Insurance: Total Patient Count	
Other Public: Total Patient Count	
Uninsured / Self-Pay: Total Patient Count	
Other / Unknown: Total Patient Count	
Payor Group Summation: Total Patient Count (MUST EQUAL YOUR RESPONSE TO QUESTION 3)	

STEP 5

For Q7 and Q8, enter your HCO's data regarding its calculation and documentation of ASCVD Risk. Selecting "Yes" on either question will prompt additional required questions.

Q7. Does your organization or its individual clinical providers consistently calculate ASCVD Risk? ● Yes ○ No

If Yes, where?

Selecting "Yes" in Q7 will prompt additional required questions.

○ My organization currently calculates ASCVD Risk Estimations in our EHR.
○ My organization relies on clinicians to calculate ASCVD Risk Estimation external to our EHR (our EHR does not have this functionality).
○ My organization and its providers do not calculate or document ASCVD Risk Estimations at this time.
Please select where your organization or its individual providers currently calculates ASCVD Risk.

Q8. Does your organization or its individual clinical providers document the ASCVD Risk Score? ● Yes ○ No

If Yes, where?

Selecting "Yes" in Q8 will prompt additional required questions.

○ My organization currently collects the results of ASCVD Risk Estimations in a discrete field in our EHR.
○ My organization currently collects the results of ASCVD Risk Estimations in a notes field or other non-discrete field in our EHR (there is not a dedicated space in our EHR to capture this information).
○ My organization and its providers do not calculate or document ASCVD Risk Estimations at this time.
Please select where your organization or its individual providers documents the ASCVD Risk Score.

STEP 6

For Q9, indicate if your HCO organization operationalizes a specific treatment plan for managing patients considered very high-risk for future ASCVD events. Selecting "Yes" will prompt additional required elements, of which multiple selections can be chosen.

Q9. The 2018 AHA/ACC Guideline on the Management of Blood Cholesterol defines patients with existing clinical ASCVD as "very high-risk" of a future event if they have a history of multiple major ASCVD events or 1 major ASCVD event and multiple high-risk conditions. Does your organization operationalize a specific treatment plan, such as use of a clinical decision support tool or workflow following the AHA/ACC guideline algorithm, for managing patients considered very high-risk for future ASCVD events?

● Yes ○ No

Resource: 2018 AHA/ACC Guideline on the Management of Blood Cholesterol

If yes, does this treatment plan include: (select all that apply)?

Selecting "Yes" in Q9 will prompt additional required selections.

☐ Detailed collection of past medical history including Major ASCVD Events and High Risk Conditions as defined in the 2018 AHA/ACC Guideline on the Management of Blood Cholesterol
☐ Protocol for follow-up with repeat lipid measurement 4-12 weeks after treatment initiation or referral to a specialist
☐ Using an EHR-based clinical decision support tool for intensifying statins or prescribing ezetimibe or PCSK9 therapy
☐ Supplying the AHA/ACC guideline algorithm for "Secondary prevention in patients with clinical ASCVD" to clinicians
☐ Educating care teams every 12 months about guideline-based management of very high-risk patients
☐ Standard protocol for clinician-patient shared decision making, including discussion of other possible risk factors, social needs, cost considerations, and lifestyle
☐ None of the above

Please select what your treatment plan includes for very high-risk patients.

STEP 7

For Q10, indicate if your HCO is committed to continuously improving use and data capture of ASCVD Risk Estimations. You must select "Yes" to be eligible for recognition.

Q10. My organization is committed to continuously improving use and data capture of ASCVD Risk Estimations into our workflows and EHR systems.

● Yes ○ No

STEP 8

Under Tabs on the righthand side, navigate to the "Measure Submission" tab. For Q10 and Q11, enter Denominator and Numerator data for MIPS #438: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease. Patients should be specific to the 2022 calendar year and reflect all who meet one or more of the three denominator criteria. Please refer to the Data Collection Worksheet for details.

Measure Submission

To be eligible to receive a Check. Change. Control. Cholesterol Award, organizations will enter their numerator and denominator values for MIPS Measure #438: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease in questions 12 and 11, respectively. Both "Participant Information" and "Measure Submission" tabs must be completed for award eligibility.

Measure Description: MIPS Measure #438: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease
(*Measurement period* = January 1 – December 31, 2022)

Denominator**: All patients who had a visit (in-office or qualifying telehealth encounter) during 2022 and meet one or more of the three below risk group criteria (N careful not to count them twice – determine patient eligibility in order of each criterion. See example measure logic in the Library, found in the left navigation panel.)

1. ALL patients, regardless of age, who were previously diagnosed with or currently have an active diagnosis of clinical ASCVD, including an ASCVD procedure;
OR
2. Aged ≥ 20 years at the beginning of the measurement period and have ever had a fasting or direct laboratory result of LDL-C ≥ 190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial hypercholesterolemia;
OR
3. Aged 40 to 75 years at the beginning of the measurement period with Type 1 or Type 2 diabetes

**All patients who meet one or more of the above criteria would be considered at high risk for cardiovascular events under the ACC/AHA guidelines.

EXCLUSIONS (always remove from denominator): Patients who have a diagnosis of pregnancy, who are breastfeeding, or who have a rhabdomyolysis diagnosis active any time during 2022.

EXCEPTIONS (remove from denominator if patient meets one of these criteria AND is NOT taking a statin): Patients with statin-associated muscle symp with active liver or hepatic disease or insufficiency; Patients with end stage renal disease; Patients receiving palliative or hospice care.

Numerator: Patients who are actively using or who receive an order (prescription) for statin therapy at any point during the measurement period.

Denominator:
Q11. Identify the number of patients in EACH of the above three risk groups. What is the sum of patients in all three risk groups. Avoid double-counting patients who fall into more than one risk group.
NOTE: All three risk groups must be factored into the final denominator total.

You must use the MIPS #438 measure criteria as specified – using a different measure, using a custom definition of at-risk patients or pulling in only patients with ASCVD is NOT acceptable for award eligibility

Numerator:
Q12. Using MIPS #438 criteria, of the patients given in Question 11, how many were prescribed or were actively using statins at any point during 2022?

Save often.

Navigate to the Measure Submission tab.

Enter your HCO's data for Q11 and Q12 based on MIPS #438 criteria.

IMPORTANT NOTE: If the Denominator (total patients in measure risk groups) is less than 6% of your total patient population (ex: 5 patients out of 100 total patients), an additional question (Q13) will be required.

Denominator:
Q11. Identify the number of patients in EACH of the above three risk groups. What is the sum of patients in all three risk groups? Avoid double-counting patients who fall into more than one risk group.

NOTE: All three risk groups must be factored into the final denominator total.

You must use the MIPS #438 measure criteria as specified – using a different measure or pulling in only patients with ASCVD is NOT acceptable for award eligibility

Numerator:
Q12. Using MIPS #438 criteria, of the patients given in Question 11, how many were prescribed or were actively using statins at any point during 2022?

Q13. Was the denominator (Q11 above) determined based on a subset or sample of patients in your organization?

○ Yes. Record sampling, or a specific subset of patients was used to determine measure compliance.
○ No. The denominator includes all patients in our total patient population who meet the MIPS #438 measure criteria as specified for CMS use.

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`4`

*If the **Denominator** value is <6% of your total population, you will be prompted to answer Q13.*

If Q13 appears, and you select "Yes": You will be prompted to briefly describe your sampling method and reason for sampling. This description is <u>required</u> to be eligible for an award.

If Q13 appears, and you select "No": You will be notified that the number of patients across all risk groups are considered low compared to your overall population. Please describe any unique characteristics of your patients or organization for consideration. This description is <u>required</u> to be eligible for an award.

STEP 9   When all data are entered, check the "Data Entry Complete" checkbox and click the Save & Exit button at the top of the page.

Data may be edited at any time. All recognition awards will be based on a "snapshot" of data available in the platform on May 19, 2023, at 11:59 p.m. ET.

American Heart Association®
Target: Type 2 Diabetes℠

Entering Data – Target: Type 2 Diabetes℠

NOTE: It is highly recommended that users first gather data using the Target: Type 2 Diabetes℠ [Data Collection Worksheet](). Organizations should report on data collected only from January 1 to December 31, 2022. The deadline to submit data is Friday, May 19, 2023, at 11:59 PM ET. *When finished with all entry, check the "Data Entry Complete" checkbox, and hit "Save and Exit". NOTE: Data can still be revised before the submission deadline.*

Organizations must submit complete 2022 data under ALL tabs *to be eligible for 2023 awards (questions 1-12, and either Option 1 or Option 2 for questions 13-16 on the* Measure Submission *tab).*

TIP: Save data often by clicking on the Save button in the top right of the page.

| STEP 1 | Respond "yes" or "no" to Questions 1 and 2 (Q1 and Q2). Q1 asks if your organization directly treats patients with diabetes. Q2 asks if you certify that your attestations are accurate. A "yes" response on both is required to be eligible for an award. |

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American Heart Association®
Target: Type 2 Diabetes℠

STEP 2   Enter your HCO's data into questions 3 and 4 (Q3 and Q4).

Q3. What is the total number of patients 18 years of age and older in the Healthcare Organization, regardless of diagnosis? Patients must have had at least one 2022 visit (in-office or telehealth encounter).

(Note: In subsequent questions, you will be asked to break down this total by primary payor and race/ethnicity. These same questions will be asked in Target: BP and Check. Change. Control. Cholesterol, if you are participating.
The measure numerators/denominators for each program utilize different age ranges per national measure specifications.)

Q4. How many providers are in your Healthcare Organization? Include physicians and mid-level providers.

STEP 3   For Q5, enter your HCO's data regarding the race and ethnicity of your patient population. Each field must have a data value entered. Even if it is a zero, type "0." Blanks will generate an error. See Table 3B of the HRSA Uniform Data System Reporting Requirements for 2022 Health Center Data for more information.

Q5. How many of your total adult patient population (ages 18 and older) self-identify as the following race and ethnicity (based on Table 3B of the HRSA Uniform Data System Reporting Requirements for 2022 Health Center Data):
All fields must contain a value. Please enter "0" where there are no patients.

Asian - Non-Hispanic or Latinx: Total Patient Count	
Asian - Hispanic or Latinx: Total Patient Count	
Native Hawaiian - Non-Hispanic or Latinx: Total Patient Count	
Native Hawaiian - Hispanic or Latinx: Total Patient Count	
Other Pacific Islander - Non-Hispanic or Latinx: Total Patient Count	
Other Pacific Islander - Hispanic or Latinx: Total Patient Count	
Black/African American - Non-Hispanic or Latinx: Total Patient Count	
Black/African American - Hispanic or Latinx: Total Patient Count	
American Indian or Alaska Native - Non-Hispanic or Latinx: Total Patient Count	
American Indian or Alaska Native - Hispanic or Latinx: Total Patient Count	
White - Non-Hispanic or Latinx: Total Patient Count	
White - Hispanic or Latinx: Total Patient Count	
More than one race - Non-Hispanic or Latinx: Total Patient Count	
More than one race - Hispanic or Latinx: Total Patient Count	
Unreported/Unknown Race – Hispanic or Latinx: Total Patient Count	
Race Known (Any), but Unreported/Unknown Ethnicity: Total Patient Count	
Both Race and Ethnicity Unreported/Unknown: Total Patient Count	
Race/Ethnicity Summation: Total Patient Count (MUST EQUAL YOUR RESPONSE TO QUESTION 3)	

STEP 4

For Q6, enter your HCO's data regarding your patient population's primary payor groups. Each field must have a data value entered. Even if it is zero, type "0". Blanks will generate an error. See the last page of the Data Collection Worksheet for details on how to assign a payor group to each patient.

Q6. How many of your total adult patients 18 years of age and older are primarily attributed to the following payor groups:
All fields must contain a value. Please enter "0" where there are no patients.

Medicare: Total Patient Count	
Medicaid: Total Patient Count	
Private Health Insurance: Total Patient Count	
Other Public: Total Patient Count	
Uninsured / Self-Pay: Total Patient Count	
Other / Unknown: Total Patient Count	
Payor Group Summation: Total Patient Count (MUST EQUAL YOUR RESPONSE TO QUESTION 3)	

STEP 5

For Q7 and Q8, enter your HCO's data regarding its protocol to assess key characteristics of patients with type 2 diabetes, and if it operationalizes a specific treatment plan. Selecting "Yes" on either question will prompt additional required questions.

Q7. Does your organization have a specific protocol to assess key characteristics of patients with type 2 diabetes?   ● Yes ○ No

If yes, does this protocol include assessment of: (select all that apply)

- ☐ Current lifestyle
- ☐ Co-morbidities i.e. ASCVD, HF, CKD
- ☐ Clinical characteristics associated with increased CVD risk i.e. age, blood pressure, cholesterol, smoking, age, weight, etc.
- ☐ Issues such as motivation and depression
- ☐ Cultural and socioeconomic context
- ☐ None of the above

Selecting "Yes" in Q7 will prompt additional required questions.

Protocol includes assessment cannot be blank when your organization has a specific protocol to assess key characteristics of patients with type 2 diabetes. Please review.

Q8. Does your organization operationalize a specific treatment plan for managing patients with type 2 diabetes and related CVD co-morbidities and risk factors?   ● Yes ○ No

If yes, does this treatment plan include: (select all that apply)

- ☐ Comprehensive lifestyle modification recommendations
- ☐ Diabetes self-management education and support
- ☐ Guideline-based use of pharmacologic therapy inclusive of antihyperglycemic medications with proven CVD benefit
- ☐ None of the above

Selecting "Yes" in Q8 will prompt additional required questions.

Treatment plan cannot be blank when your organization operationalizes a specific treatment plan for managing patients with type 2 diabetes and related CVD co-morbidities and risk factors. Please review.

STEP 6

For Q9, indicate how your HCO tracks patients with type 2 diabetes and associated risk factors.

> Q9. How does your organization track patients with type 2 diabetes and associated CVD co-morbidities and risk factors? (select all that apply)
>
> ☐ Electronic health record (EHR) system
> ☐ A population health management tool
> ☐ A diabetes or CVD specific patient registry
> ☐ None of the above

STEP 7

Under Tabs on the righthand side, navigate to the 2nd tab, "Clinical Practices". Select responses for questions 9 – 12. Completing all questions is required for award eligibility.

Save   Save & Exit

Save often.

Tabs   X

Participant Information

Clinical Practices

Measure Submission

Clinical Practices

Guidance for Questions 7-12
Questions 7-12 are meant to serve as an assessment of your organization's practices for diabetes care, particularly assessing and managing risk for cardiovascular disease (CVD), use of guideline-based medical therapies, and preventing chronic kidney disease (CKD). If you are unable to answer a particular question, please check with clinical staff familiar with these areas.

You must respond to each question to be eligible for an award, but your responses do not affect your a____ intended to help support your improvement and inform future educational resources for program part____

For FAQs and additional resources, please visit the "Related Resources" section at https://www.heart.org_____ improvement/target-type-2-diabetes/outpatient-learn-more-and-register.

Navigate to the Clinical Practices tab.

Please consider the organizational area your data submission represents. *For example, if the facility name in the data platform is ABC Health System – North Clinic, and the other data submitted are specific to this facility, please answer the below questions with only North Clinic in mind. However, if you are submitting data on behalf of the entirety of ABC Health System, please answer the below questions with the whole of ABC Health System in mind, to the best of your ability.*

STEP 8

For Q7 and Q8, you can select multiple options as they apply to your organization's protocols and treatment plans.

> Q7. Which of the following key characteristics do your clinical teams address for patients with type 2 diabetes as part of organizational standard protocols? (Select all that apply)
>
> ☐ Current lifestyle
> ☐ Co-morbidities i.e. ASCVD, HF, CKD
> ☐ Clinical characteristics associated with increased CVD risk i.e. age, blood pressure, cholesterol, smoking, age, weight, etc.
> ☐ Issues such as motivation and depression
> ☐ Social determinants of health (economic and social conditions that may affect a patient's health)
> ☐ Other characteristics not listed
> ☐ We don't have a standard protocol to address key characteristics of patients with type 2 diabetes.
> ☐ I don't know / I'm not sure
>
> Q8. When your organization operationalizes treatment plans for managing patients with type 2 diabetes, which of the following considerations does the treatment plan include as standard process? (Select all that apply)
>
> ☐ Comprehensive lifestyle modification recommendations
> ☐ Diabetes self-management education and support
> ☐ Use of guideline-based treatment algorithms (such as the ADA Standards of Care treatment algorithm or ACC/AHA treatment of T2DM for primary prevention of CVD algorithm) by providers and care teams
> ☐ Use of ACC/AHA ASCVD Risk Calculator for CVD risk-based treatment decisions related to hypertension and lipid management in patients with type 2 diabetes
> ☐ Use of guideline-based pharmacologic therapy inclusive of cardio/cardiorenal protective therapies, such as SGLT-2 inhibitors and GLP-1 receptor agonists
> ☐ We don't operationalize a specific treatment plan for patients with type 2 diabetes.
> ☐ None of the above
> ☐ I don't know / I'm not sure

STEP 9

Q9 and Q10 center on guideline-based pharmacologic therapies. Q9A–Q9F ask about which therapies are typically being prescribed and where they are prescribed.

Q9a. Within my organization, angiotensin system blockers (ACE inhibitor, ARB, or ARNI) are typically prescribed for patients with type 2 diabetes in: (Select all that apply)

☐ Family medicine or internal medicine
☐ Another specialty or specialties (example: general cardiology, endocrinology, etc.)
☐ Specialty clinic(s), such as those focused solely on lipid or cardiometabolic care
☐ None of the above – we refer to external specialty providers
☐ None of the above – my organization neither prescribes these therapies nor has a process for referral
☐ I don't know / I'm not sure

Q9b. Within my organization, other antihypertensive medications such as beta-blockers or diuretics (NOT including angiotensin system blockers mentioned in Question 9a) are typically prescribed for patients with type 2 diabetes in: (Select all that apply)

☐ Family medicine or internal medicine
☐ Another specialty or specialties (example: general cardiology, endocrinology, etc.)
☐ Specialty clinic(s), such as those focused solely on lipid or cardiometabolic care
☐ None of the above – we refer to external specialty providers
☐ None of the above – my organization neither prescribes these therapies nor has a process for referral
☐ I don't know / I'm not sure

Q9c. Within my organization, lipid-lowering therapies, including statins or non-statin alternatives, are typically prescribed for patients with type 2 diabetes in: (Select all that apply)

☐ Family medicine or internal medicine
☐ Another specialty or specialties (example: general cardiology, endocrinology, etc.)
☐ Specialty clinic(s), such as those focused solely on lipid or cardiometabolic care
☐ None of the above – we refer to external specialty providers
☐ None of the above – my organization neither prescribes these therapies nor has a process for referral
☐ I don't know / I'm not sure

Q9d. Within my organization, Dipeptidyl Peptidase-4 (DPP4) inhibitors are typically prescribed for patients with type 2 diabetes in: (Select all that apply)

☐ Family medicine or internal medicine
☐ Another specialty or specialties (example: general cardiology, endocrinology, etc.)
☐ Specialty clinic(s), such as those focused solely on lipid or cardiometabolic care
☐ None of the above – we refer to external specialty providers
☐ None of the above – my organization neither prescribes these therapies nor has a process for referral
☐ I don't know / I'm not sure

Q9e. Within my organization, GLP-1 receptor agonists are typically prescribed for patients with type 2 diabetes in: (Select all that apply)

☐ Family medicine or internal medicine
☐ Another specialty or specialties (example: general cardiology, endocrinology, etc.)
☐ Specialty clinic(s), such as those focused solely on lipid or cardiometabolic care
☐ None of the above – we refer to external specialty providers
☐ None of the above – my organization neither prescribes these therapies nor has a process for referral
☐ I don't know / I'm not sure

Q9f. Within my organization, SGLT-2 inhibitors are typically prescribed for patients with type 2 diabetes in: (Select all that apply)

☐ Family medicine or internal medicine
☐ Another specialty or specialties (example: general cardiology, endocrinology, etc.)
☐ Specialty clinic(s), such as those focused solely on lipid or cardiometabolic care
☐ None of the above – we refer to external specialty providers
☐ None of the above – my organization neither prescribes these therapies nor has a process for referral
☐ I don't know / I'm not sure

Q10 asks about the prescribing barriers your organization faces. Multiple answers can be selected, scroll down to see all options. If you select the first option "System-based barriers such as formulary or prior authorization limitations" an additional question will appear that must be answered.

Q10. What barriers does your organization experience related to initiation of guideline-directed medical therapy for cardio/cardiorenal protective medications, such as SGLT-2 inhibitors and GLP-1 receptor agonists, for patients with type 2 diabetes? (Select all that apply)

☑ System-based barriers such as formulary or prior authorization limitations [NOTE: Selecting this option will prompt an additional question]

☐ Limited clinician awareness of the guideline-directed medical therapies or their application

☐ Clinicians unsure who is the primary lead in prescribing

If "System-based barriers" is selected, please select the factors that impact accessibility of cardio/cardiorenal protective medications: (Select all that apply)

☐ Medications not on formulary
☐ Limited resources to assist with prior authorization
☐ Other factors

Please select factors impacting accessibility of cardio/cardiorenal protective medications.

STEP 10 For Q11, you will be asked if you routinely evaluate kidney health for patients with type 2 diabetes. If you select yes, an additional required question will appear.

Q11. Does your organization routinely evaluate kidney health for patients with type 2 diabetes? (Select one option)

◉ Yes ○ No ○ I'm not sure

If "Yes" is selected, please select your processes for evaluating kidney health for patients with diabetes: (Select all that apply)

Selecting "Yes" in Q11 will prompt additional required questions.

☐ Assessment of estimated glomerular filtration rate (eGFR) at least once per year, per patient
☐ Assessment of estimated glomerular filtration rate (eGFR) less frequently than once per year per patient (such as once every 2 years)
☐ Assessment of urine albumin-creatinine ratio (uACR) at least once per year, per patient
☐ Assessment of urine albumin-creatinine ratio (uACR) less frequently than once per year per patient (such as once every 2 years)
☐ Assessment of kidney health using some other metric
☐ We do not have a process to evaluate kidney health in patients with diabetes.
☐ I don't know / I'm not sure

Please select the response closest to how your organization evaluates kidney health for patients with diabetes.

STEP 11 For Q12, indicate if your HCO is committed to continuously improving strategies for addressing CVD risk in patients with type 2 diabetes. You must select "Yes" on Q12 to be eligible for recognition.

Q12. My organization is committed to continuously improving strategies for addressing CVD risk in patients with type 2 diabetes.   ○ Yes ○ No

American Heart Association®
Target: Type 2 Diabetes℠

STEP 12

Under Tabs on the righthand side, navigate to the 3ʳᵈ tab, "Measure Submission" tab in the top right corner. For Q11 and Q12, enter Denominator and Numerator data for MIPS #001 – Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%). Patients should be specific to the 2022 calendar year.

Save often.

Navigate to the Measure Submission tab.

Enter your HCO's data for Q13 & Q14 based on MIPS #001.

Measure Submission

Target: Type 2 Diabetes Data Submission

Measure Numerator/Denominator Submission
Award eligibility requires organizations to enter aggregate numerator and denominator values in Q13 and Q14 based on the MIPS #001 - Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%) patient population AND one of two Cardiovascular Disease related measures: MIPS #236 Controlling High Blood Pressure or MIPS #438: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease. Data should be calculated according to the linked specifications, including all exclusion/exception criteria. Participant Information, Clinical Practices, and Measure Submission tabs must be completed for award eligibility.

NOTE: This is an inverse measure, which means it's measuring a negative patient outcome. A smaller numerator in comparison to your outcomes.

DIABETES MEASURE (Required):
(*Measurement period* = January 1 – December 31, 2022)

MIPS #001 - Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)

Denominator: Patients 18 - 75 years of age with diabetes with a visit (in-office or qualifying telehealth encounter) during the measurement period.

EXCLUSIONS (always remove from denominator): Patients who have hospice or palliative services provided any time during the measurement period; Patients age 66 and older in Institutional Special Needs Plans or residing in long-term care for more than 90 consecutive days during the measurement period; Patients age 66 and older with at least one encounter for frailty during the measurement period AND a dispensed medication for dementia in 2022 or 2021; Patients age 66 and older with at least one encounter for frailty during the measurement period AND either one acute inpatient encounter with an advanced illness diagnosis OR two outpatient, ED or nonacute inpatient encounters on different dates with an advanced illness diagnosis in 2022 or 2021.

Numerator: Patients whose most recent HbA1c level (performed during the measurement period) is > 9.0% or who had no HbA1c level performed during the measurement period.

Denominator:
Q13. Using the MIPS #001 criteria, what is the number of adult patients (18-75 years of age) who had a visit during 2022 and have a diagnosis of diabetes?

Numerator:
Q14. Using MIPS #001 criteria, of the patients with diabetes and a 2022 visit (from Q13), what is the number of patients whose most recent HbA1c level (performed during 2022) is > 9.0% or who had no HbA1c level performed in 2022?

STEP 13

For recognition eligibility, you need to enter data for one CVD measure – option 1 or 2. Option 1 is questions 15 and 16 (Q15/16) and Option 2 is questions 17 and 18 (Q17/18). You need to enter both Denominator and Numerator data for whichever option you choose.

Option 1 of 2 – Q15 and Q16
Enter Denominator and Numerator data for MIPS #438: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease. Patients should be specific to the 2022 calendar year and reflect all who meet one or more of the three denominator criteria. Please refer to the Data Submission Worksheet for details.

NOTE: *The Statin Therapy Denominator/ Numerator questions are identical to Q11 and Q12 in the Check. Change. Control. Cholesterol program.*

CVD Measure #1 (Option 1 of 2):

MIPS Measure #438: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease
(*Measurement period* = January 1 – December 31, 2022)

Denominator**: All patients who had a visit (in-office or qualifying telehealth encounter) during 2022 and meet one [   ]teria
(NOTE: A patient may meet 2+ criteria, but be careful not to count them twice – determine patient eligibility in order of each criterion. See example measure logic in the Library, found in the left navigation panel.):

1. ALL patients, regardless of age, who were previously diagnosed with or currently have an active diagnosis of clinical ASCVD, including an ASCVD procedure;
OR
2. Aged ≥ 20 years at the beginning of the measurement period and have ever had a fasting or direct laboratory result of LDL-C ≥ 190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial hypercholesterolemia;
OR
3. Aged 40 to 75 years at the beginning of the measurement period with Type 1 or Type 2 diabetes.

**All patients who meet one or more of the above criteria would be considered at high risk for cardiovascular events under the ACC/AHA guidelines.

Numerator: Patients who are actively using or who receive an order (prescription) for statin therapy at any point during the measurement period.

NOTE: The Statin Therapy Denominator / Numerator questions are identical to Q11 and Q12 in the Check. Change. Control. Cholesterol program.

Denominator:
Q15. Identify the number of patients in EACH of the above three risk groups. What is the sum of patients in all three risk groups? Avoid double-counting patients who fall into more than one risk group.
NOTE: All three risk groups must be factored into the final denominator total.

You must use the MIPS #438 measure criteria as specified – using a different measure, using a custom definition of at-risk patients, or pulling in only patients with ASCVD is NOT acceptable for award eligibility.

Numerator:
Q16. Using MIPS #438 criteria, of the patients given in Question 15, how many were prescribed or were actively using statins at any point during 2022?

> Must complete this data OR option 2

> Enter data based on MIPS #438 criteria

Option 2 of 2 – Q17 and Q18

Enter Denominator and Numerator data for MIPS #236: Controlling High Blood Pressure. Patients should be specific to the 2022 calendar year. Please refer to the Data Submission Worksheet for details.

NOTE: *The controlling blood pressure Denominator/ Numerator questions are identical to Q11 and Q12 in the Target: BP program.*

CVD Measure #2 (Option 2 of 2):

MIPS #236: Controlling High Blood Pressure
(*Measurement period* = January 1 – December 31, 2022)

Denominator: Patients 18-85 years of age who had a 2022 visit (in-office or telehealth encounter) and a diagnosis of essential hypertension starting before and continuing into, or starting during the first six months of the measurement period.

Numerator: Patients whose most recent blood pressure is adequately controlled (systolic blood pressure >0 mmHg and <140 mmHg and diastolic blood pressure >0 mmHg and <90 mmHg) during the measurement period.

NOTE: The Controlling High BP Denominator / Numerator questions are identical to Q4 and Q5 in the Target: BP program.

Denominator:
Q17. Using MIPS #236 criteria, what is the number of patients 18-85 years of age who had a 2022 visit (in-office or qualifying telehealth encounter) and a diagnosis of essential hypertension starting before and continuing into, or starting during, the first six months of the measurement period (measurement period = January 1 – December 31, 2022)?

Numerator:
Q18. Using MIPS #236 criteria, of the patients qualifying for the denominator (from Q17), what is the number of patients whose BP from their most recent 2022 visit is adequately controlled (systolic BP >0 mmHg and <140 mmHg, and diastolic BP >0 mmHg and <90 mmHg)?

> Must complete this data OR option 1

> Enter data based on MIPS #438 criteria

STEP 14 When all data are entered, check the "Data Entry Complete" checkbox and click the Save & Exit button at the top of the page.

Data may be edited at any time. All recognition awards will be based on a "snapshot" of data available in the platform on May 19, 2023, at 11:59 p.m. ET.