American Heart Association®
Outpace CVD

QUICK USER GUIDE – DATA SUBMISSION
Target: BP™ • Check. Change. Control. Cholesterol™ • Target: Type 2 Diabetes™

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

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

Table of Contents

Getting Started

If your organization has NOT previously participated in any of the above initiatives	Navigate to the Ambulatory Quality Improvement registration form (www.heart.org/RegisterMyOutpatientOrg). Follow the instructions within the registration form to select the initiatives 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 initiatives, and is submitting data for the same initiative(s)	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 initiative	Fully complete the Ambulatory Quality Improvement registration form and request access to that new initiative.
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

![American Heart Association Outpace CVD logo]

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 by the deadline to be eligible for an achievement award.

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

Notifications – View updates on recognition, updates to the platform, 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.
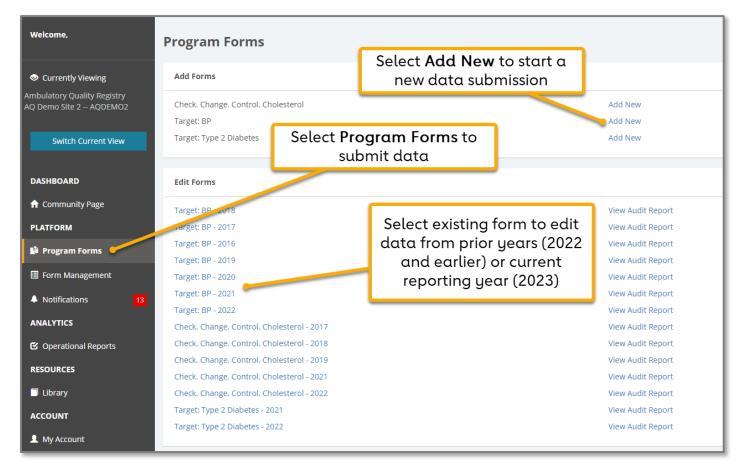
STEP 2

There are two sections on the "Program Forms" page.
- Add Forms | This section lists the initiatives to which your HCO has access.
  - Select Add New to start a new data submission per initiative.
  - *Missing a program form?* Please submit the registration form for the new initiative. 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 (2022 and earlier) or the current reporting year (2023).

NOTE: The form's year refers to the year data were collected (e.g., for 2024 achievement awards, an HCO will be submitting data collected during the 2023 calendar year on a form labeled 2023).

![American Heart Association® Outpace CVD logo]

Welcome,

👁 **Currently Viewing**

Ambulatory Quality Registry
AQ Demo Site 2 -- AQDEMO2

[Switch Current View]

DASHBOARD

🏠 Community Page

PLATFORM

📑 Program Forms

📖 Form Management

🔔 Notifications **13**

ANALYTICS

☑ Operational Reports

RESOURCES

📗 Library

ACCOUNT

👤 My Account

Program Forms

Add Forms

Check. Change. Control. Cholesterol	Add New
Target: BP	Add New
Target: Type 2 Diabetes	Add New

> Select **Add New** to start a new data submission

> Select **Program Forms** to submit data

Edit Forms

Target: BP - 2018	View Audit Report
Target: BP - 2017	View Audit Report
Target: BP - 2016	View Audit Report
Target: BP - 2019	View Audit Report
Target: BP - 2020	View Audit Report
Target: BP - 2021	View Audit Report
Target: BP - 2022	View Audit Report
Check. Change. Control. Cholesterol - 2017	View Audit Report
Check. Change. Control. Cholesterol - 2018	View Audit Report
Check. Change. Control. Cholesterol - 2019	View Audit Report
Check. Change. Control. Cholesterol - 2021	View Audit Report
Check. Change. Control. Cholesterol - 2022	View Audit Report
Target: Type 2 Diabetes - 2021	View Audit Report
Target: Type 2 Diabetes - 2022	View Audit Report

> Select existing form to edit data from prior years (2022 and earlier) or current reporting year (2023)

STEP 3

Review the existing forms (if any) under the Edit Forms section.
- Program forms containing "2023" will be used to determine award eligibility for 2024.
  - 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 initiative.
  - *Why edit a prior year's form?* Editing data in a 2022 form or earlier does <u>not</u> change your award 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 new 2023 program form, under the Add Forms section, click "Add New" to the right of the desired initiative.
- Enter the Reporting Year (2023) 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™ [Data Collection Worksheet](#)*. Organizations should report on data collected only from January 1 to December 31, 2023. The deadline to submit data is* Friday, May 17, 2024, 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 2023 data under <u>ALL tabs</u> to be eligible for 2024 awards.

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 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 adult 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. 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 2023 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 2023 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, 2023)?

Q4. Note: Exclude patients: in hospice, with a diagnosis of pregnancy, or palliative care services any time during the measurement pe... ...easurement period, OR patients ages 66 or older by the end of the measurement period who are living long term in a nursing home any time on or before th... ...of the measurement period with an indication of frailty during the measurement period who also meet any of the following advanced illness criteria: advanced i... ...d or the year prior – OR - advanced illness with one inpatient encounter during the measurement period or the year prior - OR taking dementia medications d... ...older by the end of the measurement period with an indication of frailty for any part of the measurement period.

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 2023 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 blood pressure. See addition...

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 2023 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 Require 2023 Health Center Data):

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

Asian - Non-Hispanic, Latino/a, or Spanish Origin: Total Patient Count	
Asian - Hispanic, Latino/a, or Spanish Origin: Total Patient Count	
Native Hawaiian - Non-Hispanic, Latino/a, or Spanish Origin: Total Patient Count	
Native Hawaiian - Hispanic, Latino/a, or Spanish Origin: Total Patient Count	
Other Pacific Islander - Non-Hispanic, Latino/a, or Spanish Origin: Total Patient Count	
Other Pacific Islander - Hispanic, Latino/a, or Spanish Origin: Total Patient Count	
Black/African American - Non-Hispanic, Latino/a, or Spanish Origin: Total Patient Count	
Black/African American - Hispanic, Latino/a, or Spanish Origin: Total Patient Count	
American Indian or Alaska Native - Non-Hispanic, Latino/a, or Spanish Origin: Total Patient Count	
American Indian or Alaska Native – Hispanic, Latino/a, or Spanish Origin: Total Patient Count	
White - Non-Hispanic, Latino/a, or Spanish Origin: Total Patient Count	
White - Hispanic, Latino/a, or Spanish Origin: Total Patient Count	
More than one race - Non-Hispanic, Latino/a, or Spanish Origin: Total Patient Count	
More than one race Hispanic, Latino/a, or Spanish Origin: Total Patient Count	
Unreported/Unknown Race – Hispanic, Latino/a, or Spanish Origin: Total Patient Count	
Race Known (Any), but Hispanic, Latino/a, or Spanish Origin Unreported/Unknown: Total Patient Count	
Both Race and Hispanic, Latino/a, or Spanish Origin 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, or using the Next button at the bottom of the screen, navigate to the 2nd tab, "M, A, P Activities". Select responses for the "Measure Accurately" pillar 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.

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."

Continue through answering the "Act Rapidly" pillar questions (Q16-Q21) and "Partner with Patient" pillar questions (Q22-Q27). Each of these questions has an option for "Yes," "No," or "Not sure."

STEP 6   Under Tabs on the righthand side, or using the Next button at the bottom of the screen, navigate to the 3rd tab, "SMBP, EHO Activities". Select responses for the "Self-Measured Blood Pressure" pillar questions (Q28-Q33) and "Partner with Patient" pillar questions (Q34-Q39). Each of these questions has an option for "Yes," "No," or "Not sure."

Navigate to **"SMBP, EHO Activities (Tab 3 of 3)"** and respond to all the questions.

Answer each single-select question.

STEP 7 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 17, 2024, 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, 2023. The deadline to submit data is Friday, May 17, 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 2023 data under ALL tabs to be eligible for 2024 awards.

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

Save often to prevent losing your work.

When finished, check the 'Data Entry Complete' box and hit **Save and Exit**.

Data can still be revised before the submission deadline.

Complete BOTH Tabs for award eligibility.

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.

Participant Organizational Information	
Q1. Does your organization diagnose and manage patients with high cholesterol, 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 – 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 2023 Health Center Data for more information.
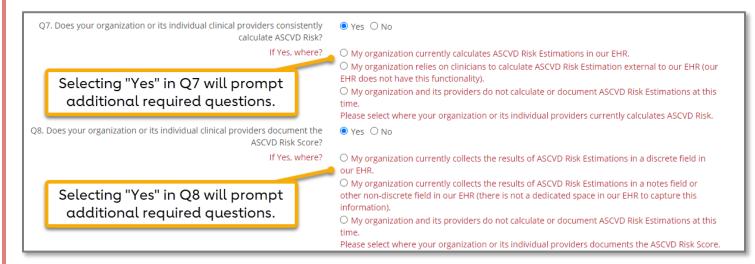
Q5. How many of your total adult patient population (ages 18 and older) self-identify as the following race and ethnicity (based on Table 3B of the HRSA Uniform Data System Reporting Require 2023 Health Center Data):

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

Asian - Non-Hispanic, Latino/a, or Spanish Origin: Total Patient Count	
Asian - Hispanic, Latino/a, or Spanish Origin: Total Patient Count	
Native Hawaiian - Non-Hispanic, Latino/a, or Spanish Origin: Total Patient Count	
Native Hawaiian - Hispanic, Latino/a, or Spanish Origin: Total Patient Count	
Other Pacific Islander - Non-Hispanic, Latino/a, or Spanish Origin: Total Patient Count	
Other Pacific Islander - Hispanic, Latino/a, or Spanish Origin: Total Patient Count	
Black/African American - Non-Hispanic, Latino/a, or Spanish Origin: Total Patient Count	
Black/African American - Hispanic, Latino/a, or Spanish Origin: Total Patient Count	
American Indian or Alaska Native - Non-Hispanic, Latino/a, or Spanish Origin: Total Patient Count	
American Indian or Alaska Native – Hispanic, Latino/a, or Spanish Origin: Total Patient Count	
White - Non-Hispanic, Latino/a, or Spanish Origin: Total Patient Count	
White - Hispanic, Latino/a, or Spanish Origin: Total Patient Count	
More than one race - Non-Hispanic, Latino/a, or Spanish Origin: Total Patient Count	
More than one race Hispanic, Latino/a, or Spanish Origin: Total Patient Count	
Unreported/Unknown Race – Hispanic, Latino/a, or Spanish Origin: Total Patient Count	
Race Known (Any), but Hispanic, Latino/a, or Spanish Origin Unreported/Unknown: Total Patient Count	
Both Race and Hispanic, Latino/a, or Spanish Origin 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)	

![American Heart Association Check. Change. Control. Cholesterol™ logo]
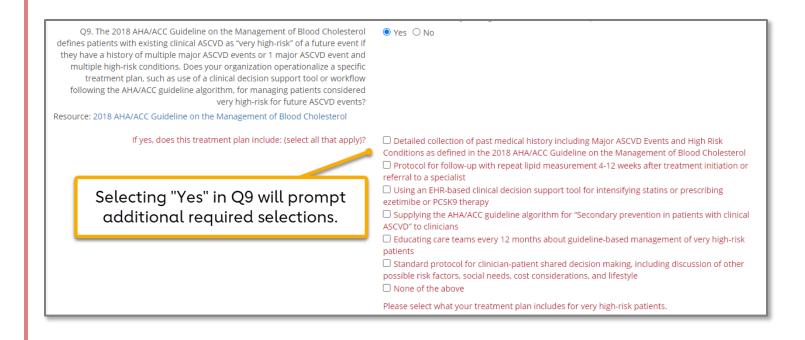
STEP 5   For Q7 and Q8, enter your HCO's data regarding its calculation and documentation of ASCVD Risk. Selecting "Yes" on either question will prompt additional required questions.

Q7. Does your organization or its individual clinical providers consistently calculate ASCVD Risk?

◉ Yes ○ No

If Yes, where?

○ 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.

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

Q8. Does your organization or its individual clinical providers document the ASCVD Risk Score?

◉ Yes ○ No

If Yes, where?

○ 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.

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

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

◉ Yes ○ No

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

☐ 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.

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

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, or using the Next button at the bottom of the screen, 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 2023 calendar year and reflect all who meet one or more of the three denominator criteria. Please refer to the Data Collection Worksheet for details.

Save   Save & Exit   **Tabs**

✖ Participant Information

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: Stati...   ...of Cardiovascular Disease in questions 12 and 11, respectively. Both "Participant Information" and "Measure Submission" tabs must be completed for award eligibility.

Save often.

Measure Description: MIPS Measure #438: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease
(*Measurement period* = January 1 – December 31, 2023)

Denominator**: All patients who had a visit (in-office or qualifying telehealth encounter) during 2023 and meet one or more of the three below risk group criteria (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 a diagnosis of clinical ASCVD, including an ASCVD procedure;
OR
2. Patients aged ≥ 20 years at the beginning of the measurement period and have ever had a low-density lipoprotein cholesterol (LDL-C) ≥ 190 mg/dL or were previously diagnosed with or currently hav... hypercholesterolemia;
OR
3. Patients 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 are breastfeeding, or who have a rhabdomyolysis diagnosis active any time during 2023.

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

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

Navigate to the Measure Submission tab.

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

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

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 2023?

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, using a custom definitio... ...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 2023?

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.

> If the **Denominator** value is <6% of your total population (given in Q3), 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.

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.

Q14. REQUIRED - Please briefly describe your sampling method and reason for sampling. (500-character limit).

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.

...were prescribed or were actively using statins at any point during 2023?

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.

Q15. REQUIRED - The denominator entered in Q11 may be considered small compared to your overall population in Q3. Please ensure your denominator includes ALL patients in ALL three risk groups, and all other measure logic is appropriately applied. If the measure has been appropriately applied, please describe any unique characteristics of your patients or organization for consideration that might contribute to having a small number of patients at risk for ASCVD. (500-character limit)

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 17, 2023, at 11:59 p.m. ET.

Entering Data – Target: Type 2 Diabetes[SM]

NOTE: It is highly recommended that users first gather data using the Target: Type 2 Diabetes[SM] <u>Data Submission Worksheet</u>. Organizations should report on data collected only from January 1 to December 31, 2023. The deadline to submit data is Friday, May 17, 2024, 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 2023 data under <u>ALL tabs</u> to be eligible for 2023 awards (questions 1-12, and <u>either Option 1 or Option 2</u> 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.

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 2023 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 questions are now the same in Target: BP and Check. Change. Control. Cholesterol to reduce data burden, 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 2023 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 2023 Health Center Data):

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

Asian - Non-Hispanic, Latino/a, or Spanish Origin: Total Patient Count	
Asian - Hispanic, Latino/a, or Spanish Origin : Total Patient Count	
Native Hawaiian - Non-Hispanic, Latino/a, or Spanish Origin: Total Patient Count	
Native Hawaiian - Hispanic, Latino/a, or Spanish Origin: Total Patient Count	
Other Pacific Islander - Non-Hispanic, Latino/a, or Spanish Origin: Total Patient Count	
Other Pacific Islander - Hispanic, Latino/a, or Spanish Origin : Total Patient Count	
Black/African American - Non-Hispanic, Latino/a, or Spanish Origin: Total Patient Count	
Black/African American - Hispanic, Latino/a, or Spanish Origin: Total Patient Count	
American Indian or Alaska Native - Non-Hispanic, Latino/a, or Spanish Origin: Total Patient Count	
American Indian or Alaska Native – Hispanic, Latino/a, or Spanish Origin: Total Patient Count	
White - Non-Hispanic, Latino/a, or Spanish Origin: Total Patient Count	
White - Hispanic, Latino/a, or Spanish Origin: Total Patient Count	
More than one race - Non-Hispanic, Latino/a, or Spanish Origin: Total Patient Count	
More than one race Hispanic, Latino/a, or Spanish Origin: Total Patient Count	
Unreported/Unknown Race – Hispanic, Latino/a, or Spanish Origin: Total Patient Count	
Race Known (Any), but Ethnicity Unreported/Unknown: 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 Submission 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

Under Tabs on the righthand side, or using the Next button at the bottom of the screen, navigate to the 2nd tab, "Clinical Practices." Select responses for questions 7 – 12. Completing all questions is required for award eligibility.

Save   Save & Exit

Tabs   X

Participant Information
Clinical Practices
Measure Submission

Save often.

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 award status. These questions are intended to help su...
educational resources for program participants.

For FAQs and additional resources, please visit the "Related Resources" section at https://www.heart.org/en/professional/quality-improvement/target-type-2...

Navigate to the **Clinical Practices** tab.

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.
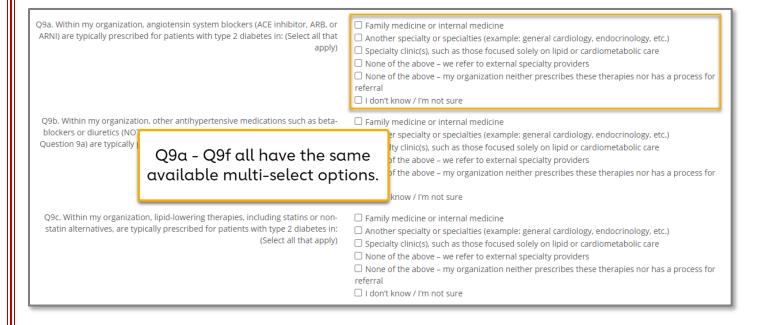☐ Issues such as motivation and depression

STEP 6

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

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.*

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 protective antihyperglycemic agents, such as SGLT-2 inhibitors and GLP-1 receptor agonists
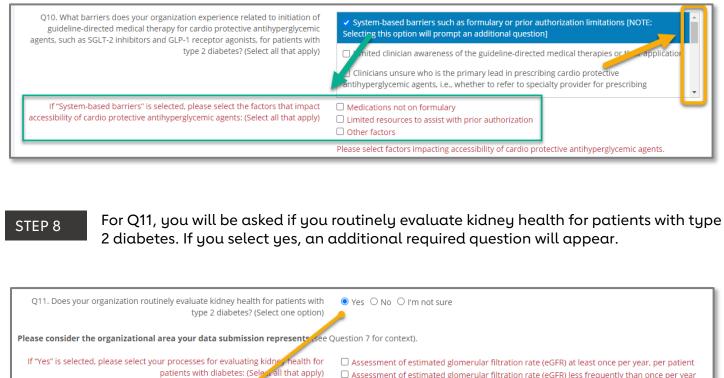☐ We don't operationalize a specific treatment plan for patients with type 2 diabetes.
☐ None of the above
☐ I don't know / I'm not sure

STEP 7

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 Question 9a) are typically p...

☐ Family medicine or internal medicine
☐ ...er specialty or specialties (example: general cardiology, endocrinology, etc.)
☐ ...lty clinic(s), such as those focused solely on lipid or cardiometabolic care
☐ ...of the above – we refer to external specialty providers
☐ ...of the above – my organization neither prescribes these therapies nor has a process for
☐ ...know / I'm not sure

> **Q9a - Q9f all have the same available multi-select options.**

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
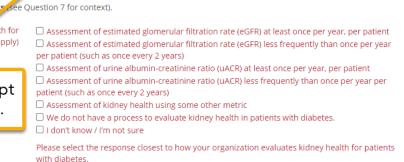☐ I don't know / I'm not sure

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.

STEP 8   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.

STEP 9   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.

STEP 10 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 2023 calendar year.

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 denominator indic

DIABETES MEASURE (Required):
(*Measurement period* = January 1 – December 31, 2023)

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

Denominator: Patients 18 - 75 years of age by the end of the measurement period 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 care services provided any time during the measurement period; Patients age 66 and older by the end of the measurement period who are living long term in a nursing home any time on or before the end of during the measurement period; Patients age 66 and older by the end of the management period with at least one encounter for frailty during the measurement period AND a dispensed medication for dementia in 2023 or 2022; Patient... ...ring the measurement period AND either one acute inpatient encounter with an advanced illness diagnosis OR two outpatient, ED or nonacu... ...illness diagnosis in 2023 or 2022.

Numerator: Patients whose most recent HbA1c level (performed during the measurement period) is > 9.0% or is missing, or who ha...

Denominator:
Q13. Using MIPS #001 criteria, what is the number of adult patients (18-75 years of age) who had a visit during 2023 and have a diagnosis of diabetes?

Numerator:
Q14. Using MIPS #001 criteria, of the patients with diabetes and a 2023 visit (from Q13), what is the number of patients whose most recent HbA1c level (performed during 2023) is > 9.0% or who had no HbA1c level performed in 2023?

> *Save often.*

> *Navigate to the **Measure Submission** tab.*

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

STEP 11 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 2023 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 underlined identical to Q11 and Q12 in the Check. Change. Control. Cholesterol program form.*

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, 2023)

Denominator**: All patients who had a visit (in-office or qualifying telehealth encounter) during 2023 and meet one or more of the three [...] criteria, but be careful not to count them twice – determine patient eligibility in order of each criterion. See example measure logic in the Library, fo[...]

1. ALL patients, regardless of age, who were previously diagnosed with or currently have an active diagnosis of clinical ASCVD, including an[...]
OR
2. Patients aged ≥ 20 years at the beginning of the measurement period and have ever had a low-density lipoprotein cholesterol (LDL-C) ≥ 190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial hypercholesterolemia;
OR
3. Patients aged 40 to 75 years at the beginning of the measurement period with Type 1 or Type 2.

**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. Ch[...]

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 2023?

> **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 2023 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 initiative.*

CVD Measure #2 (Option 2 of 2):

MIPS #236: Controlling High Blood Pressure
(*Measurement period* = January 1 – December 31, 2023)

Denominator: Patients 18-85 years of age who had a 2023 visit (in-office or telehealth encounter) and a diagnosis of essential hypertension sta[...] 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 2023 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, 2023)?

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 2023 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 #236 criteria.**

STEP 12   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 17, 2024, at 11:59 p.m. ET.