

# QUICK USER GUIDE – DATA SUBMISSION

Target: BP™ • Check. Change. Control. Cholesterol™ • Target: Type 2 Diabetes<sup>SM</sup>

This guide provides instructions for registering and submitting data for achievement awards in any of the three outpatient quality improvement initiatives:

- [Target: BP™](#)
- [Check. Change. Control. Cholesterol™](#)
- [Target: Type 2 Diabetes<sup>SM</sup>](#)

## Table of Contents

Getting Started.....	1
Troubleshooting and Support.....	2
Navigating the Online Platform.....	2
Entering Data – Adding Your Program Forms.....	3
Entering Data – Target: BP™ .....	5
Entering Data – Check. Change. Control. Cholesterol™ .....	10
Entering Data – Target: Type 2 Diabetes <sup>SM</sup> .....	17

## Getting Started

<b>If your organization has <b>NOT</b> previously participated in any of the above initiatives</b>	Navigate to the <a href="#">Ambulatory Quality Improvement registration form</a> (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.
<b>If your organization has <b>previously registered</b> for any of the above initiatives, and is <b>submitting data for the same initiative(s)</b></b>	<b>No need to re-register.</b> Users with an existing account can navigate directly to the data submission platform at <a href="https://aha.infosarioregistry.com/login">https://aha.infosarioregistry.com/login</a> and log in. They will be immediately redirected to the Community Page for their organization.
<b>If your previously-registered organization wants to <b>register for another initiative</b></b>	Fully complete the <a href="#">Ambulatory Quality Improvement registration form</a> and request access to that new initiative.
<b>If you want to submit data for multiple individual sites through our <b>CSV Uploader feature</b></b>	Register your individual sites via the <a href="#">Multi-Site registration form</a> –or– submit a request in our <a href="#">Contact Us</a> form for help.
<b>If your organization is registered, but you <b>need a new user account</b></b>	Submit a request in our <a href="#">Contact Us</a> form, or contact the <a href="#">Help Desk</a> . 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](#).

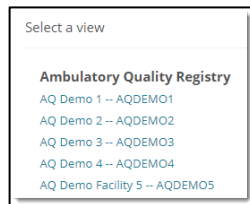
## Troubleshooting and Support

- **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](mailto: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.

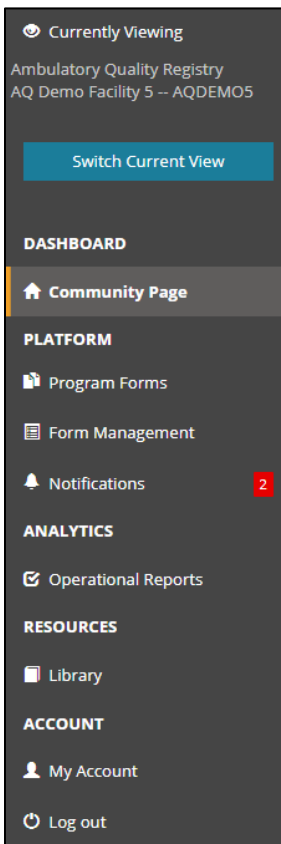
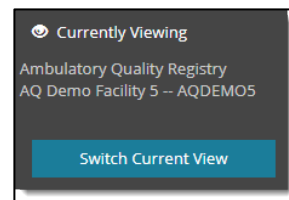
## Navigating the Online Platform

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



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

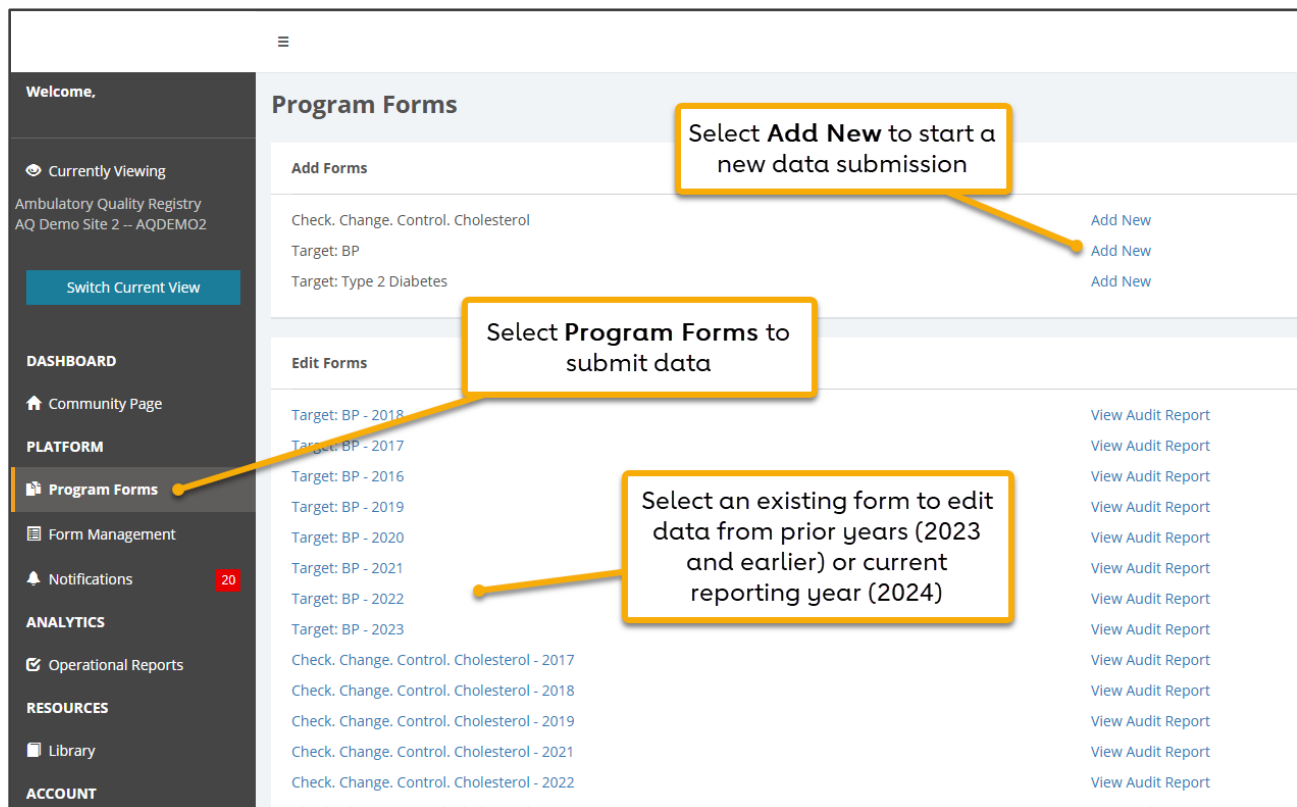
Select “**Program Forms**” from the left navigation bar, or from the Community Page. Here you can enter and submit data into one or more forms to be eligible for recognition.

### 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 (2023 and earlier) or the current reporting year (2024).

*NOTE: The form’s year refers to the year data was collected (e.g., for 2025 achievement awards, an HCO will be submitting data collected during the 2024 calendar year on a form labeled 2024).*



The screenshot shows the 'Program Forms' page in a web application. The left sidebar contains a navigation menu with 'Program Forms' highlighted. The main content area is divided into two sections: 'Add Forms' and 'Edit Forms'. The 'Add Forms' section lists three initiatives: 'Check. Change. Control. Cholesterol', 'Target: BP', and 'Target: Type 2 Diabetes', each with an 'Add New' button. The 'Edit Forms' section lists various forms by year (e.g., 'Target: BP - 2018' through 'Target: BP - 2023') and 'Check. Change. Control. Cholesterol' for years 2017 through 2022, each with a 'View Audit Report' link. Three callout boxes with yellow borders and arrows point to specific elements: one points to the 'Add New' button for 'Check. Change. Control. Cholesterol', another points to the 'Program Forms' menu item in the sidebar, and a third points to the 'View Audit Report' link for 'Target: BP - 2021'.

### STEP 3

Review the existing forms (if any) under the **Edit Forms** section.

- Program forms containing “2024” will be used to determine award eligibility for 2025.
  - **To edit an existing form** for year 2023 or prior, click on the link (ex: “Target: BP – 2023”) and skip to STEP 1 below for the chosen initiative.
  - *Why edit a prior year’s form?* Editing data in a 2023 form or earlier does not 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 2024 program form, under the **Add Forms** section, click “Add New” to the right of the desired initiative.

- Enter the Reporting Year (2024) 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, 2024. The deadline to submit data is **Friday, May 16, 2025, 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 2024 data under ALL tabs to be eligible for 2025 awards.**

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

The screenshot shows the 'Facility Information (Tab 1 of 3)' page. At the top right, there are 'Save' and 'Save & Exit' buttons. A callout box points to these buttons with the text: 'Save often to prevent losing your work.' Below the buttons, there is a 'Data Entry Complete' checkbox. A callout box points to this checkbox with the text: 'When finished, check the “Data Entry Complete” box and hit Save and Exit. Data can still be revised before the submission deadline.' On the right side, there is a 'Tabs' panel showing 'Facility Information (Tab 1 of 3)', 'M, A, P Activities (Tab 2 of 3)', and 'SMBP, EHO Activities (Tab 3 of 3)'. A callout box points to this panel with the text: 'Complete ALL Tabs. Attest to your organization's completion of evidence-based BP activities on Tab 2 and Tab 3.'

### 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.

**DENOMINATOR**

Q4. Using MIPS #236 criteria, what is the number of patients 18-85 years of age who had a 2024 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, 2024)?

*Q4. Note: Exclude patients: in hospice, with a diagnosis of pregnancy, or palliative care services any time during the measurement period; 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 the end of the measurement period; patients ages 66 or older by the end of the measurement period who also meet any of the following advanced illness criteria: advanced illness with one inpatient encounter during the measurement period or the year prior - OR taking dementia medications during the measurement period with an indication of frailty for any part of the measurement period.*

**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 2024 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 additional guidance.*

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

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

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

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

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

Depending on your answers to Q4 and Q5, you may also be required to answer Q4a and/or Q5a.

Question 4a will only appear if your answer to Q4 (the denominator) is less than or equal to 10. If it is, you are required to provide context as to why your denominator is small, and, if applicable, why your overall patient population may be small.

Q4a. REQUIRED – Please provide context on why your organization has ≤10 adult patients meeting the denominator criteria and, if applicable, why your overall patient population may be small. Examples may include unique characteristics of your patient demographics or location.(500-character limit).

Question 5a will only appear if your performance on the measure (numerator divided by denominator) is 90% or greater. If it is, you are required to verify that the data is accurate and share details that may be contributing to an above average performance.

Q5a. REQUIRED – Your control rate on the measure is above 90% control. Please verify your data, and if accurate, provide details that may be contributing to your above average performance. (500-character limit).

**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 2024 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 2024 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	<input type="text"/>
Asian - Hispanic, Latino/a, or Spanish Origin: Total Patient Count	<input type="text"/>
Native Hawaiian - Non-Hispanic, Latino/a, or Spanish Origin: Total Patient Count	<input type="text"/>
Native Hawaiian - Hispanic, Latino/a, or Spanish Origin: Total Patient Count	<input type="text"/>
Other Pacific Islander - Non-Hispanic, Latino/a, or Spanish Origin: Total Patient Count	<input type="text"/>
Other Pacific Islander - Hispanic, Latino/a, or Spanish Origin: Total Patient Count	<input type="text"/>
Black/African American - Non-Hispanic, Latino/a, or Spanish Origin: Total Patient Count	<input type="text"/>
Black/African American - Hispanic, Latino/a, or Spanish Origin: Total Patient Count	<input type="text"/>
American Indian or Alaska Native - Non-Hispanic, Latino/a, or Spanish Origin: Total Patient Count	<input type="text"/>
American Indian or Alaska Native - Hispanic, Latino/a, or Spanish Origin: Total Patient Count	<input type="text"/>
White - Non-Hispanic, Latino/a, or Spanish Origin: Total Patient Count	<input type="text"/>
White - Hispanic, Latino/a, or Spanish Origin: Total Patient Count	<input type="text"/>
More than one race - Non-Hispanic, Latino/a, or Spanish Origin: Total Patient Count	<input type="text"/>
More than one race Hispanic, Latino/a, or Spanish Origin: Total Patient Count	<input type="text"/>
Unreported/Unknown Race - Hispanic, Latino/a, or Spanish Origin: Total Patient Count	<input type="text"/>
Race Known (Any), but Hispanic, Latino/a, or Spanish Origin Unreported/Unknown: Total Patient Count	<input type="text"/>
Both Race and Hispanic, Latino/a, or Spanish Origin Unreported/Unknown: Total Patient Count	<input type="text"/>
Race/Ethnicity Summation: Total Patient Count (MUST EQUAL YOUR RESPONSE TO QUESTION 3)	<input type="text"/>

**STEP 4**

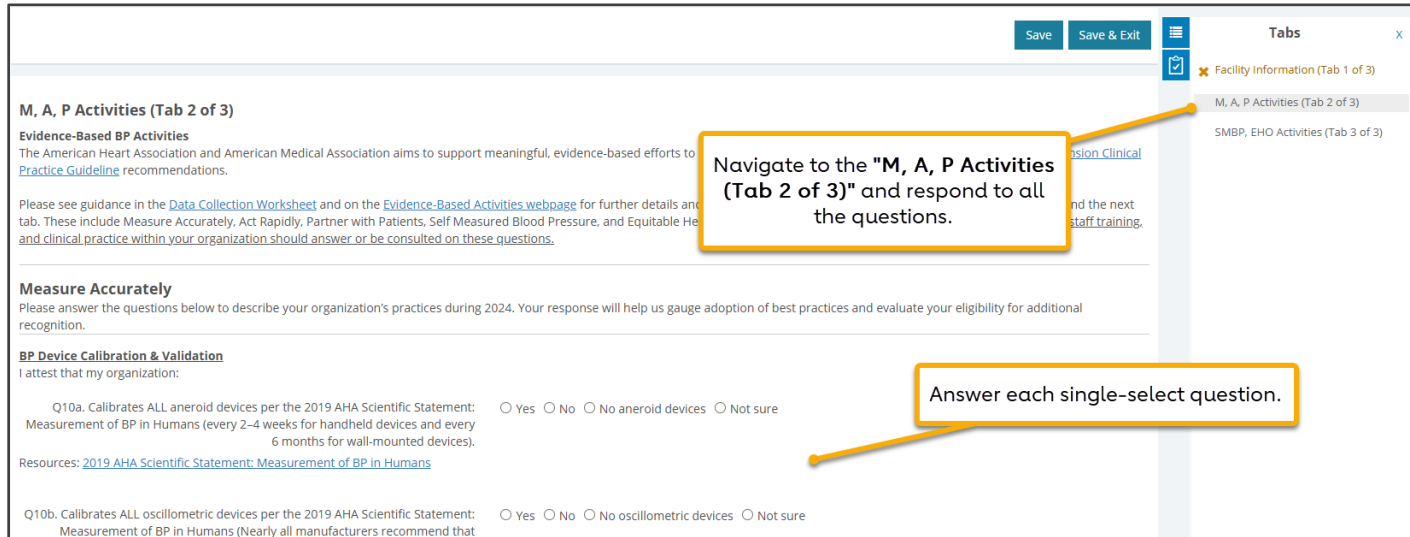
For Q9 enter your HCO’s data regarding your patient population’s primary payor groups. Each field must have a data value entered. Even if it is zero, type “0”. Blanks will generate an error. See the last page of the [Data Collection Worksheet](#) for details on how to assign a payor group to each patient.

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.**

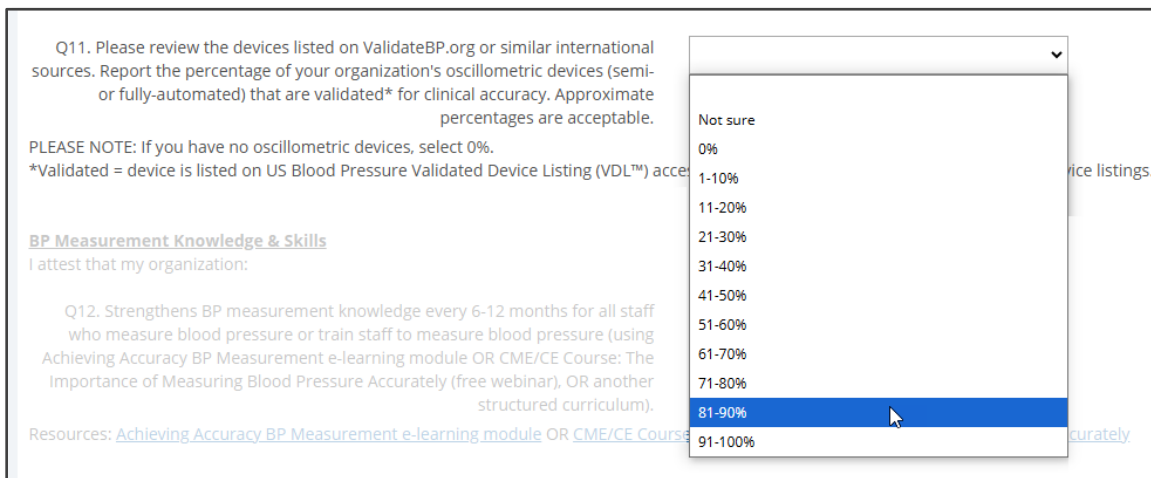
Medicare: Total Patient Count	<input type="text"/>
Medicaid: Total Patient Count	<input type="text"/>
Private Health Insurance: Total Patient Count	<input type="text"/>
Other Public: Total Patient Count	<input type="text"/>
Uninsured / Self-Pay: Total Patient Count	<input type="text"/>
Other / Unknown: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

**STEP 5**

Under **Tabs** on the righthand side, or using the **Next** button at the bottom of the screen, navigate to the 2<sup>nd</sup> 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 3<sup>rd</sup> 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.”

**STEP 7**

Share which quality improvement (QI) activities for blood pressure management your health care organization engaged in during the last year. Select all that apply.

**STEP 8**

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 achievement awards will be based on a “snapshot” of data available in the platform on May 16, 2025, at 11:59 PM ET.



American Heart Association.

Check. Change. Control.  
Cholesterol™

## 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, 2025. The deadline to submit data is **Friday, May 16, 2025, 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 2024 data under ALL tabs to be eligible for 2025 awards.**

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

The screenshot shows the data entry interface. At the top right, there are buttons for 'Save' and 'Save & Exit'. A callout box points to these buttons with the text: "Save often to prevent losing your work." Below the buttons, there is a 'Data Entry Complete' checkbox, which is currently unchecked. A callout box points to this checkbox with the text: "When finished, check the 'Data Entry Complete' box and hit Save and Exit. Data can still be revised before the submission deadline." On the right side, there is a 'Tabs' panel with a dropdown menu showing 'Participant Information' and 'Measure Submission'. A callout box points to this panel with the text: "Complete BOTH Tabs for award eligibility." Below the 'Data Entry Complete' checkbox, there is a red text instruction: "Once data entry is complete on ALL TABS (located in the righthand 'Tabs' panel), please check the 'Data Entry Complete' box and click the Save & Exit button above. This constitutes completion of data submission – there is no formal 'Submit' button."

### 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 adult patients with high cholesterol, including prescribing and managing medications?	<input type="radio"/> Yes <input type="radio"/> No
Q2. I am a designated representative of my organization and certify that the following attestations are accurate to the best of my knowledge.	<input type="radio"/> Yes <input type="radio"/> No



American Heart Association.

# Check. Change. Control. Cholesterol™

## 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? Patients must have had at least one 2024 visit (in-office or telehealth encounter). Exclude acute care visits.

*(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 Target: Type 2 Diabetes 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

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 2024 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 2024 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	<input type="text"/>
Asian - Hispanic, Latino/a, or Spanish Origin: Total Patient Count	<input type="text"/>
Native Hawaiian - Non-Hispanic, Latino/a, or Spanish Origin: Total Patient Count	<input type="text"/>
Native Hawaiian - Hispanic, Latino/a, or Spanish Origin: Total Patient Count	<input type="text"/>
Other Pacific Islander - Non-Hispanic, Latino/a, or Spanish Origin: Total Patient Count	<input type="text"/>
Other Pacific Islander - Hispanic, Latino/a, or Spanish Origin: Total Patient Count	<input type="text"/>
Black/African American - Non-Hispanic, Latino/a, or Spanish Origin: Total Patient Count	<input type="text"/>
Black/African American - Hispanic, Latino/a, or Spanish Origin: Total Patient Count	<input type="text"/>
American Indian or Alaska Native - Non-Hispanic, Latino/a, or Spanish Origin: Total Patient Count	<input type="text"/>
American Indian or Alaska Native - Hispanic, Latino/a, or Spanish Origin: Total Patient Count	<input type="text"/>
White - Non-Hispanic, Latino/a, or Spanish Origin: Total Patient Count	<input type="text"/>
White - Hispanic, Latino/a, or Spanish Origin: Total Patient Count	<input type="text"/>
More than one race - Non-Hispanic, Latino/a, or Spanish Origin: Total Patient Count	<input type="text"/>
More than one race Hispanic, Latino/a, or Spanish Origin: Total Patient Count	<input type="text"/>
Unreported/Unknown Race - Hispanic, Latino/a, or Spanish Origin: Total Patient Count	<input type="text"/>
Race Known (Any), but Hispanic, Latino/a, or Spanish Origin Unreported/Unknown: Total Patient Count	<input type="text"/>
Both Race and Hispanic, Latino/a, or Spanish Origin Unreported/Unknown: Total Patient Count	<input type="text"/>
Race/Ethnicity Summation: Total Patient Count (MUST EQUAL YOUR RESPONSE TO QUESTION 3)	<input type="text"/>



**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	<input type="text"/>
Medicaid: Total Patient Count	<input type="text"/>
Private Health Insurance: Total Patient Count	<input type="text"/>
Other Public: Total Patient Count	<input type="text"/>
Uninsured / Self-Pay: Total Patient Count	<input type="text"/>
Other / Unknown: Total Patient Count	<input type="text"/>
Payor Group Summation: Total Patient Count (MUST EQUAL YOUR RESPONSE TO QUESTION 3)	<input type="text"/>

**STEP 5**

For Q7 and Q8, enter your HCO’s data regarding its calculation and documentation of ASCVD Risk using the Pooled Cohort Equations CV Risk Calculator. Selecting “Yes” on either question will prompt additional required questions.

Q7. Does your organization or its individual clinical providers consistently calculate ASCVD Risk (utilizing the Pooled Cohort Equations CV Risk Calculator)?  Yes  No  
 Resource: [2018 ACC/AHA ASCVD Pooled Cohort Equations CV Risk Calculator](#)

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). 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 (calculated utilizing the Pooled Cohort Equations CV Risk Calculator)?  Yes  No  
 Resource: [2018 ACC/AHA ASCVD Pooled Cohort Equations CV Risk Calculator](#)

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). 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 an achievement award.

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**

For Q11, describe your organization’s familiarity and use of the [Predicting Risk of cardiovascular disease EVENTS \(PREVENT™\) calculator](#).

Q11. The American Heart Association launched a new tool in November 2023 to predict a person’s long-term risk of cardiovascular disease. The Predicting Risk of cardiovascular disease EVENTS (PREVENT™) calculator aims to help clinicians implement risk assessment for cardiovascular disease and facilitate clinician-patient discussion to optimize prevention for cardiovascular disease, including ASCVD and heart failure. This tool factors in kidney disease and metabolic disease, including Type 2 diabetes and obesity, as well as indicators of social deprivation. Please describe your organization’s familiarity and use of the PREVENT calculator:

- My organization currently utilizes the PREVENT calculator and automatically collects the results and calculates the risk scores in a discrete field in our EHR.
- My organization currently utilizes the PREVENT calculator and requires the clinicians to manually insert data for risk score calculations.
- Some clinicians in my organization use the PREVENT tool as a standalone tool, but it is not integrated into the EHR.
- The clinicians at my organization are familiar with the PREVENT calculator but have not yet utilized the tool.
- My organization is currently unfamiliar with the PREVENT calculator.
- I am not sure what my organization’s familiarity or use of the PREVENT calculator is.

Resource:  
[Predicting Risk of cardiovascular disease EVENTS \(PREVENT™\) calculator](#)  
[Development and Validation of the American Heart Association’s PREVENT Equations](#)



**STEP 9** For Q12, share which quality improvement (QI) activities for high cholesterol and/or ASCVD management has your health care organization engaged in during the last year. Select all that apply.

**Quality Improvement Activities**  
 The American Heart Association wants to learn more about your efforts to improve quality of health care delivery in your organization during the last year. This information helps us understand trends in health care quality improvement and design programs that meet our participants' needs. Please review the following questions and choose any that may apply.

Q12. Which quality improvement (QI) activities for high cholesterol and/or ASCVD management has your health care organization engaged in during the last year? (Select all that apply)

**If you select "Other(s)" - include details in a text entry field below.**

- AHA resources (Ex. pocket guides or the "Ready. Set. Go. Standardizing Lipid Management: Implementation Guide")
- Check. Change. Control. Cholesterol activities with a local AHA representative
- AHA National QI collaborative (Ex. ASCVD Initiative)
- National-level learning programs or collaboratives
- State or Regional Level Learning Collaboratives
- Third-party QI consulting services (Ex. QIO)
- Internal QI activities (led by your own organization)
- None / I am not sure
- Other(s) - Include details below (optional)

Resource: [Ready. Set. Go. Standardizing Lipid Management: Implementation Guide](#)

**STEP 10** 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 2024 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

To be eligible to receive a Check. Change. Control. Cholesterol Award, organizations will enter data for the Measure #438: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease in questions 13 and 14, respectively. Both "Participant Information" and "Measure Submission" tabs are required for award eligibility.

**Measure Description: MIPS Measure #438: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease**  
 (Measurement period = January 1 – December 31, 2024)

**Denominator\*\*:** All patients who had a visit (in-office or qualifying telehealth encounter) during 2024 and meet one or more of the four 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 to 75 years who have ever had a laboratory result of low-density lipoprotein cholesterol (LDL-C) ≥ 190 mg/dL or were previously diagnosed with or currently have familial hypercholesterolemia:
- OR
3. Patients aged 40 to 75 years at the beginning of the performance period with Type 1 or Type 2 Diabetes:
- OR
4. Patients aged 40 to 75 years at the beginning of the performance period with a 10-year ASCVD risk score of ≥ 20 percent

\*\*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 2024.

**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 medical reason for not being prescribed statin therapy.

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

**Denominator:**  
 Q13. Identify the number of patients in EACH of the above four risk groups. What is the sum of patients in all four risk groups? Avoid double-counting patients who fall into more than one risk group.  
 NOTE: All four 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 using a different eligibility criteria.

**Numerator:**  
 Q14. Using MIPS #438 criteria, of the patients given in Question 13, how many were prescribed or were actively using statins at any point during 2024?

**Tabs**

- Participant Information
- Measure Submission**

**Save often.**

**Navigate to the Measure Submission tab.**

**Enter your HCO's data for Q13 and Q14 based on MIPS #438 criteria.**



**NOTE:** Depending on your answers to Q3, Q13, and Q14, you may also be required to answer Q13a, Q14, and/or Q15 and either Q16 or Q17. These conditional questions will be walked through below.

**Question 13a** will only appear if your answer to Q13 (the denominator) is less than or equal to 10. If it is, you are required to provide context as to why your denominator is small, and, if applicable, why your overall patient population may be small.

Q13a. REQUIRED – Please provide context on why your organization has ≤10 adult patients meeting the denominator criteria and, if applicable, why your overall patient population may be small. Examples may include unique characteristics of your patient demographics or location.” (500-character limit).

**Question 14a** will only appear if your performance on the measure (numerator divided by denominator) is 90% or greater. If it is, you are required to verify that the data is accurate and share details that may be contributing to an above average performance.

Q14a. REQUIRED – Your control rate on the measure is above 90% control. Please verify your data, and if accurate, provide details that may be contributing to your above average performance. (500-character limit).

**Question 15** will only appear if the Denominator (total patients in measure risk groups) is less than 6% of your total patient population given in Q3 (ex: 5 patients out of 100 total patients).

**Denominator:**

Q13. Identify the number of patients in EACH of the above four risk groups. What is the sum of patients in all four risk groups? Avoid double-counting patients who fall into more than one risk group.

NOTE: All four 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 award eligibility

**Numerator:**

Q14. Using MIPS #438 criteria, of the patients given in Question 13, how many were prescribed or were actively using statins at any point during 2024?

If the Denominator value is <6% of your total population (given in Q3) you will be prompted to answer Q15.

Q15. Was the denominator (Q13 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 Q15 appears, and you select “Yes”:** You will be prompted to briefly describe your sampling method (including initial population sampled, sample size, and selection methods) and reason for sampling. This description is required to be eligible for an award.

Q15. Was the denominator (Q13 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.

Q16. REQUIRED - Please describe your sampling method (including initial population sampled, sample size, and selection methods) and reason for sampling. (500-character limit)



If Q15 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 required to be eligible for an award.

Q15. Was the denominator (Q13 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.

Q17. REQUIRED - The denominator entered in Q13 may be considered small compared to your overall population in Q3. Please ensure your denominator includes ALL patients in ALL four 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 11**

When all data are entered, check the “**Data Entry Complete**” checkbox and click the **Save & Exit** button at the top of the Participant Information page. Data may be edited at any time. All achievement awards will be based on a “snapshot” of data available in the platform on May 16, 2025, at 11:59 p.m. ET.





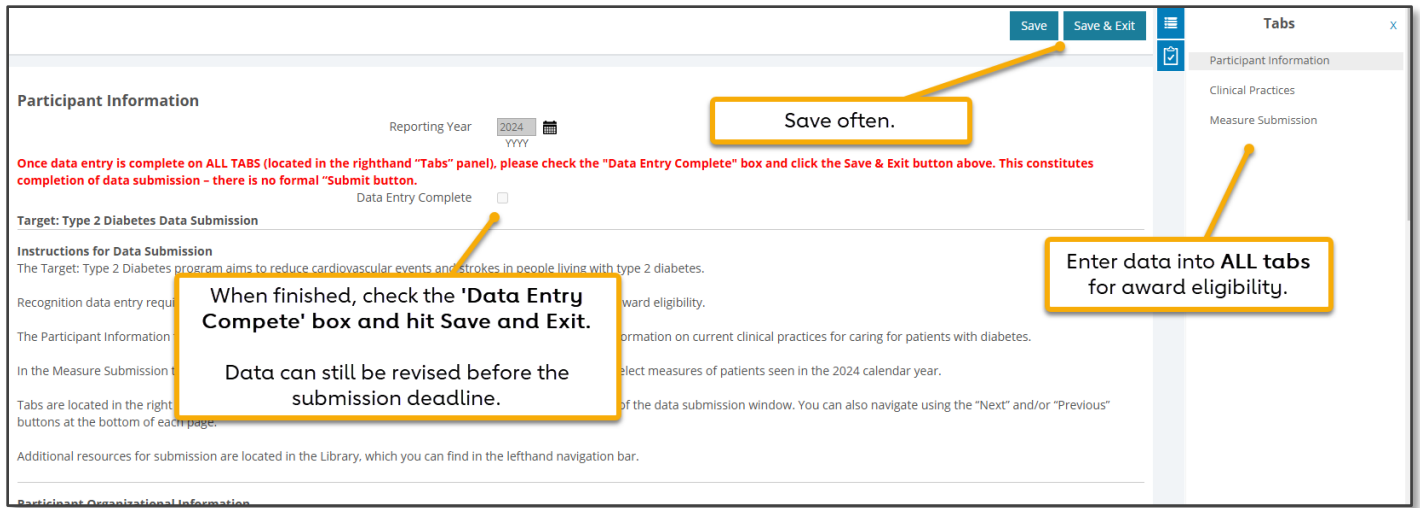
## Entering Data – Target: Type 2 Diabetes<sup>SM</sup>

**NOTE:** It is highly recommended that users first gather data using the Target: Type 2 Diabetes<sup>SM</sup> [Data Submission Worksheet](#). Organizations should report on data collected only from January 1 to December 31, 2024. The deadline to submit data is **Friday, May 16, 2025, 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 2024 data under ALL tabs to be eligible for 2025 awards (questions 1-16, and either Option 1 or Option 2 for questions 17-20 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.

Q1. Does your organization diagnose and manage adult patients with diabetes, including prescribing and managing medications?	<input type="radio"/> Yes <input type="radio"/> No
Q2. I am a designated representative of my organization and certify that the following attestations are accurate to the best of my knowledge.	<input type="radio"/> Yes <input type="radio"/> No



**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 2024 visit (in-office or telehealth encounter). Exclude acute care visits.

(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 2024 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 2024 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	<input type="text"/>
Medicaid: Total Patient Count	<input type="text"/>
Private Health Insurance: Total Patient Count	<input type="text"/>
Other Public: Total Patient Count	<input type="text"/>
Uninsured / Self-Pay: Total Patient Count	<input type="text"/>
Other / Unknown: Total Patient Count	<input type="text"/>
Payor Group Summation: Total Patient Count (MUST EQUAL YOUR RESPONSE TO QUESTION 3)	<input type="text"/>

**STEP 5**

Under **Tabs** on the righthand side, or using the Next button at the bottom of the screen, navigate to the 2<sup>nd</sup> tab, “**Clinical Practices.**” Select responses for questions 7 – 14. Completing all questions is required for award eligibility.

**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 improve and inform future 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-diabetes/outpatient-learn-more-and-register>.

**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



**STEP 6**

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

<p>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)</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Current lifestyle</li> <li><input type="checkbox"/> Co-morbidities i.e. ASCVD, HF, CKD</li> <li><input type="checkbox"/> Clinical characteristics associated with increased CVD risk i.e. age, blood pressure, cholesterol, smoking, age, weight, etc.</li> <li><input type="checkbox"/> Issues such as motivation and depression</li> <li><input type="checkbox"/> Social determinants of health (economic and social conditions that may affect a patient's health)</li> <li><input type="checkbox"/> Other characteristics not listed</li> <li><input type="checkbox"/> We don't have a standard protocol to address key characteristics of patients with type 2 diabetes.</li> <li><input type="checkbox"/> I don't know / I'm not sure</li> </ul>
<p>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)</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Comprehensive lifestyle modification recommendations</li> <li><input type="checkbox"/> Diabetes self-management education and support</li> <li><input type="checkbox"/> 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</li> <li><input type="checkbox"/> Use of Pooled Cohort Equations CV Risk Calculator for CVD risk-based treatment decisions related to hypertension and lipid management in patients with type 2 diabetes</li> <li><input type="checkbox"/> Use of AHA Predicting Risk of cardiovascular disease EVENTS (PREVENT(TM)) calculator for primary prevention patients (without ASCVD or HF) to assess 10- or 30-year CVD risk.</li> <li><input type="checkbox"/> Use of guideline-based pharmacologic therapy inclusive of cardio protective antihyperglycemic agents, such as SGLT-2 inhibitors and GLP-1 receptor agonists</li> <li><input type="checkbox"/> We don't operationalize a specific treatment plan for patients with type 2 diabetes.</li> <li><input type="checkbox"/> None of the above</li> <li><input type="checkbox"/> I don't know / I'm not sure</li> </ul>

**STEP 7**

For Q9, describe your organization’s familiarity and use of the [Predicting Risk of cardiovascular disease EVENTS \(PREVENT™\) calculator](#)..

<p>Q9. The American Heart Association launched a new tool in November 2023 to predict a person's long-term risk of cardiovascular disease. The Predicting Risk of cardiovascular disease EVENTS (PREVENT™) calculator aims to help clinicians implement risk assessment for cardiovascular disease and facilitate clinician-patient discussion to optimize prevention for cardiovascular disease, including ASCVD and heart failure. This tool factors in kidney disease and metabolic disease, including Type 2 diabetes and obesity. Please describe your organization's familiarity and use of the PREVENT calculator:</p>	<ul style="list-style-type: none"> <li><input type="radio"/> My organization currently utilizes the PREVENT calculator and collects the results in a discrete field in our EHR.</li> <li><input type="radio"/> My organization currently utilizes the PREVENT calculator and collects the results 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).</li> <li><input type="radio"/> The clinicians at my organization are familiar with the PREVENT calculator and some, but not all, have begun to utilize the tool in their practice.</li> <li><input type="radio"/> The clinicians at my organization are familiar with the PREVENT calculator but have not yet utilized the tool.</li> <li><input type="radio"/> My organization is currently unfamiliar with the PREVENT calculator.</li> <li><input type="radio"/> I am not sure what my organization's familiarity or use of the PREVENT calculator is.</li> </ul>
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**STEP 8**

Q10 and Q11 center on guideline-based pharmacologic therapies. Q10A-Q10F ask about which therapies are typically being prescribed and where they are prescribed.

Q10a. 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

Q10b. Within my organization, other antihypertensive medications such as beta-blockers or diuretics, including the beta-blockers mentioned in Q10a, 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

Q10c. 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

**Q10a-Q10f all have the same available multi-select options.**

Q11 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.

Q11. What barriers does your organization experience related to initiation of guideline-directed medical therapy for cardio protective antihyperglycemic agents, 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 cardio protective antihyperglycemic agents, i.e. whether to refer to specialty provider for
- Medications not on formulary
- Limited resources to assist with prior authorization
- Other factors

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

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



**STEP 9**

For Q12, 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.

Q12. 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)

- 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 factors impacting accessibility of cardio/cardiorenal protective medications.

Selecting "Yes" in Q12 will prompt additional required questions.

**STEP 10**

For Q13, 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.

Q13. My organization is committed to continuously improving strategies for addressing CVD risk in patients with type 2 diabetes.  Yes  No

**STEP 11**

For Q14, which quality improvement (QI) activities for diabetes management has your health care organization engaged during the last year? Select all that apply.

**Quality Improvement Activities**

The American Heart Association wants to learn more about your efforts to improve quality of health care delivery in your organization during the last year. This information helps us understand trends in health care quality improvement and design programs that meet our participants' needs. Please review the following questions and choose any that may apply.

Q14. Which quality improvement (QI) activities for diabetes management has your health care organization engaged during the last year? (Select all that apply)

- Target: Type 2 Diabetes or Know Diabetes by Heart self-guided QI resources (Ex. PDFs, Videos)
- Target: Type 2 Diabetes activities with a local AHA representative
- AHA National QI collaborative (Ex. Diabetes Control Accelerator)
- National-level learning programs or collaboratives
- State or Regional Level Learning Collaboratives
- Third-party QI consulting services (Ex. QIO)
- Internal QI activities (led by your own organization)
- None / I am not sure
- Other(s) - Include details below (optional)

**If you select "Other(s)" - include details in a text entry field below.**



**STEP 12**

Under **Tabs** on the righthand side, navigate to the 3<sup>rd</sup> tab, “**Measure Submission**” tab in the top right corner. For Q15 and Q16, enter Denominator and Numerator data for [MIPS #001 - Diabetes: Hemoglobin A1c \(HbA1c\) Poor Control \(>9%\)](#). Patients should be specific to the 2024 calendar year.

The screenshot shows the 'Measure Submission' interface. At the top right, there are 'Save' and 'Save & Exit' buttons. A callout box labeled 'Save often.' points to these buttons. On the right side, there is a 'Tabs' menu with options: 'Participant Information', 'Clinical Practices', and 'Measure Submission'. A callout box labeled 'Navigate to the Measure Submission tab.' points to the 'Measure Submission' tab. The main content area contains the following text:

**Measure Submission**  
**Target: Type 2 Diabetes Data Submission**

**Measure Numerator/Denominator Submission**  
Award eligibility requires organizations to enter aggregate numerator and denominator values in Q15 and Q16 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 indicates better outcomes.

**DIABETES MEASURE (Required):**  
*(Measurement period = January 1 – December 31, 2024)*

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 2024 or 2023; 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 2024 or 2023.

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

**Denominator:**  
Q15. Using MIPS #001 criteria, what is the number of adult patients (18-75 years of age) who had a visit during 2024 and have a diagnosis of diabetes? [ ]

**Numerator:**  
Q16. Using MIPS #001 criteria, of the patients with diabetes and a 2024 visit (from Q15), what is the number of patients whose most recent HbA1c level (performed during 2024) is > 9.0% or who had no HbA1c level performed in 2024? [ ]

A callout box labeled 'Enter your HCO's data for Q15 and Q16 based on MIPS #001.' points to the input fields for Q15 and Q16.

**NOTE:** Depending on your answers to Q15 and Q16, you may also be required to answer Q15a.

**Question 15a** will only appear if your answer to Q15 (the denominator) is less than or equal to 10. If it is, you are required to provide context as to why your denominator is small, and, if applicable, why your overall patient population may be small.

Q15a. REQUIRED – Please provide context on why your organization has ≤10 adult patients meeting the denominator criteria and, if applicable, why your overall patient population may be small. Examples may include unique characteristics of your patient demographics or location.” (500-character limit).

**STEP 13**

For recognition eligibility, you need to enter data for **one CVD measure – option 1 or 2**. Option 1 is questions 17 and 18 (Q17/18) and Option 2 is questions 19 and 20 (Q19/20). You need to enter both Denominator and Numerator data for whichever option you choose.



**Option 1 of 2 – Q17 and Q18**

Enter Denominator and Numerator data for [MIPS #438: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease](#). Patients should be specific to the 2024 calendar year and reflect all who meet one or more of the four 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 form. If you have already completed the Check. Change. Control. Cholesterol form, you can simply copy and paste the measure details. Do not narrow the measure to only patients with diabetes.

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, 2024)

**Denominator\*\*:** All patients who had a visit (in-office or qualifying telehealth encounter) during 2024 and were at high risk for cardiovascular events under the ACC/AHA guidelines, but be careful not to count them twice – determine patient eligibility in order of each criterion. See example patient below for more details. (NOTE: A patient may meet 2+ criteria, but only count them once in the denominator.)

1. ALL patients, regardless of age, who were previously diagnosed with or currently have a diagnosis of cardiovascular disease; OR
2. Patients aged 20 to 75 years who have ever had a laboratory result of low-density lipoprotein cholesterol (LDL-C)  $\geq 190$  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 performance period with Type 1 or Type 2 Diabetes; OR
4. Patients aged 40 to 75 years at the beginning of the performance period with a 10-year ASCVD risk score of  $\geq 20$  percent

\*\*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 Q13 and Q14 on the Check. Change. Control. Cholesterol program form. Do NOT narrow measure to only patients with diabetes.**

**Denominator:**  
Q17. Identify the number of patients in EACH of the above four risk groups. What is the sum of patients in all four risk groups? Avoid double-counting patients who fall into more than one risk group.

**NOTE:** All four 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 patient, or using a different measurement period is not acceptable for award eligibility.

**Numerator:**  
Q18. Using MIPS #438 criteria, of the patients given in Question 17, how many were prescribed or were actively using statins at any point during 2024?

**MUST complete this data OR option 2**

**Enter data based on MIPS #438 criteria.**

**Option 2 of 2 – Q19 and Q20**

Enter Denominator and Numerator data for [MIPS #236: Controlling High Blood Pressure](#). Patients should be specific to the 2024 calendar year. Please refer to the Data Submission Worksheet for details.





**NOTE:** The controlling high blood pressure Denominator/ Numerator questions are identical to Q4 and Q5 on the Target: BP program form. If you have already completed the Target: BP form, you can simply copy and paste the measure details. Do not narrow the measure to only patients with diabetes.

**CVD Measure #2 (Option 2 of 2):**

MIPS #236: Controlling High Blood Pressure  
(Measurement period = January 1 – December 31, 2024)

**Denominator:** Patients 18-85 years of age who had a 2024 visit (in-office or telehealth encounter) and a diagnosis of essential hypertension 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 on the Target: BP program form. Do NOT narrow measure to only patients with diabetes.

**Denominator:**

Q19. Using MIPS #236 criteria, what is the number of patients 18-85 years of age who had a 2024 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, 2024)?

**Numerator:**

Q20. Using MIPS #236 criteria, of the patients qualifying for the denominator (from Q19), what is the number of patients whose BP from their most recent 2024 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 14**

When all data are entered, check the “Data Entry Complete” checkbox and click the Save & Exit button at the top of the Participant Information 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 16, 2025, at 11:59 p.m. ET.