2021 Outpatient Recognition Data Submission 101

February 9, 2021

TARGET:BP™ | American Heart Association. AMA

Presenters & Disclosures

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American Heart Association / American Medical Association

- No disclosures

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American Medical Association

- No disclosures

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American Heart Association

- No disclosures

Housekeeping

Questions? **Type them into the chat or Q&A feature in GoToWebinar**

Post-webinar general questions: bit.ly/AQContactUs

Password resets, new user accounts, etc. @ IQVIA Support Help Desk

- InfosarioOutcomeSupport@quintiles.com
- 888-526-6700

Agenda

Overview of 2021 Recognition Programs

- Target: BP
  - *NEW* Silver and Gold+ award levels
- Check. Change. Control. Cholesterol
- Target: Type 2 Diabetes

Recognition Resources

Submitting Data in the Platform – Essentials and Tips

Q & A – Questions taken from live GoToWebinar chat forum

Data Submission Step-by-Step Walkthrough (Target: BP)

Congratulations to our 2020 Awardees!

TARGET:BP™

American Heart Association. | AMA AMERICAN MEDICAL ASSOCIATION

2020 Recognition

1,081 organizations submitted data

36.6 million patients covered

504 organizations achieved Gold status

(>70% of hypertensive patients' blood pressure is controlled)

American Heart Association.
Check. Change. Control. Cholesterol™

2020 Recognition

432 organizations submitted data

13.4 million patients covered

286 organizations achieved Gold status

(>70% of at-risk ASCVD patient population is appropriately managed with statin therapy)

American Heart Association.
Target: Type 2 Diabetes℠

2020 Recognition

471 organizations submitted data

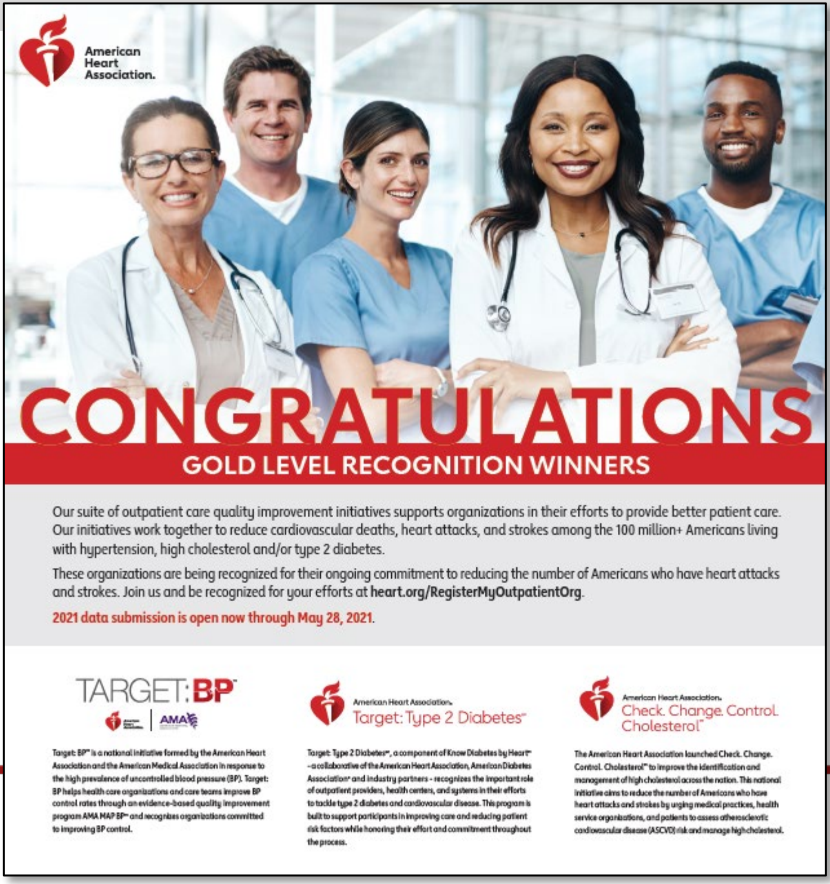
17.8 million patients covered

205 organizations achieved Gold status

(Met specified thresholds for 2 or more diabetes- and CVD-related clinical measures)

Modern Healthcare Ad

2020 Gold awardees to be featured in February 2021 edition



American Heart Association.

CONGRATULATIONS

GOLD LEVEL RECOGNITION WINNERS

Our suite of outpatient care quality improvement initiatives supports organizations in their efforts to provide better patient care. Our initiatives work together to reduce cardiovascular deaths, heart attacks, and strokes among the 100 million+ Americans living with hypertension, high cholesterol and/or type 2 diabetes.

These organizations are being recognized for their ongoing commitment to reducing the number of Americans who have heart attacks and strokes. Join us and be recognized for your efforts at **heart.org/RegisterMyOutpatientOrg**.

2021 data submission is open now through May 28, 2021.

TARGET:BP™

AMA

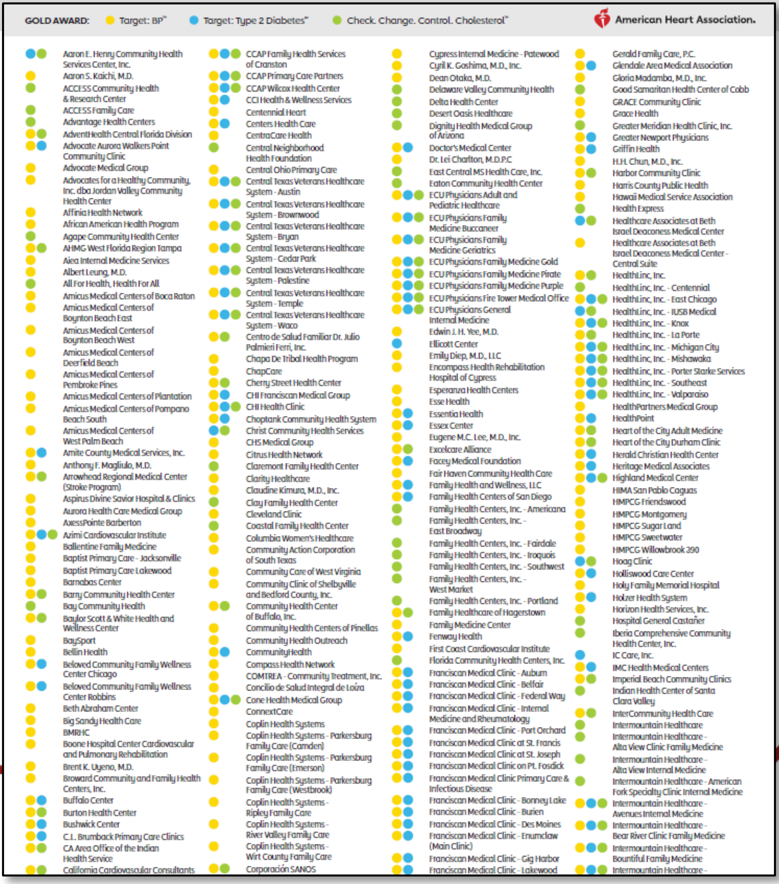
Target: BP™ is a national initiative formed by the American Heart Association and the American Medical Association in response to the high prevalence of uncontrolled blood pressure (BP). Target: BP helps health care organizations and care teams improve BP control rates through an evidence-based quality improvement program AMA MAP BP™ and recognizes organizations committed to improving BP control.

American Heart Association.
Target: Type 2 Diabetes™

Target: Type 2 Diabetes™, a component of Know Diabetes by Heart™ - a collaborative of the American Heart Association, American Diabetes Association® and industry partners - recognizes the important role of outpatient providers, health centers, and systems in their efforts to tackle type 2 diabetes and cardiovascular disease. This program is built to support participants in improving care and reducing patient risk factors while honoring their effort and commitment throughout the process.

American Heart Association.
Check. Change. Control. Cholesterol™

The American Heart Association launched Check. Change. Control. Cholesterol™ to improve the identification and management of high cholesterol across the nation. This national initiative aims to reduce the number of Americans who have heart attacks and strokes by urging medical practices, health service organizations, and patients to assess atherosclerotic cardiovascular disease (ASCVD) risk and manage high cholesterol.



GOLD AWARD: 🟡 Target: BP™ 🔵 Target: Type 2 Diabetes™ 🟢 Check. Change. Control. Cholesterol™

American Heart Association.

🔵🟢 Aaron E. Henry Community Health Services Center, Inc.
🟡 Aaron S. Kaichi, M.D.
🟢 ACCESS Community Health & Research Center
🟢 ACCESS Family Care
🟢 Advantage Health Centers
🟡🟢 AdventHealth Central Florida Division
🟡🔵 Advocate Aurora Walkers Point Community Clinic
🟡 Advocate Medical Group
🟡 Advocates for a Healthy Community, Inc. dba Jordan Valley Community Health Center
🟡 Affinia Health Network
🟡 African American Health Program
🟢 Agape Community Health Center
🟡🟢 AHMG West Florida Region Tampa
🟡 Aiea Internal Medicine Services
🟡 Albert Leung, M.D.
🟢 All For Health, Health For All
🟡 Amicus Medical Centers of Boca Raton
🟡 Amicus Medical Centers of Boynton Beach East
🟡 Amicus Medical Centers of Boynton Beach West
🟡 Amicus Medical Centers of Deerfield Beach
🟡 Amicus Medical Centers of Pembroke Pines
🟡 Amicus Medical Centers of Plantation
🟡 Amicus Medical Centers of Pompano Beach South
🟡 Amicus Medical Centers of West Palm Beach
🟡🔵 Amite County Medical Services, Inc.
🟡 Anthony F. Magliulo, M.D.
🟡🟢 Arrowhead Regional Medical Center (Stroke Program)
🟡 Aspirus Divine Savior Hospital & Clinics
🟡 Aurora Health Care Medical Group
🟡 AxessPointe Barberton
🟡🔵🟢 Azimi Cardiovascular Institute
🟡 Ballentine Family Medicine
🟡 Baptist Primary Care - Jacksonville
🟡 Baptist Primary Care Lakewood
🟡 Barnabas Center
🟡🟢 Barry Community Health Center
🟢 Bay Community Health
🟡🟢 Baylor Scott & White Health and Wellness Center
🟡 BaySport
🟡 Bellin Health
🟡🔵 Beloved Community Family Wellness Center Chicago
🟡🔵 Beloved Community Family Wellness Center Robbins
🟡 Beth Abraham Center
🟡 Big Sandy Health Care
🟡 BMRHC
🟡 Boone Hospital Center Cardiovascular and Pulmonary Rehabilitation
🟡 Brent K. Uyeno, M.D.
🟡 Broward Community and Family Health Centers, Inc.
🟡🔵 Buffalo Center
🟡🟢 Burton Health Center
🟡🔵 Bushwick Center
🟡🔵 C.L. Brumback Primary Care Clinics
🟡🟢 CA Area Office of the Indian Health Service
🟡🟢 California Cardiovascular Consultants
🟡🔵🟢 CCAP Family Health Services of Cranston
🟡🔵🟢 CCAP Primary Care Partners
🟡🔵🟢 CCAP Wilcox Health Center
🟡🔵 CCI Health & Wellness Services
🟡 Centennial Heart
🟡🔵 Centers Health Care
🟡 CentraCare Health
🟢 Central Neighborhood Health Foundation
🟡 Central Ohio Primary Care
🟡🔵🟢 Central Texas Veterans Healthcare System - Austin
🟡🔵🟢 Central Texas Veterans Healthcare System - Brownwood
🟡🔵🟢 Central Texas Veterans Healthcare System - Bryan
🟡🔵🟢 Central Texas Veterans Healthcare System - Cedar Park
🟡🔵🟢 Central Texas Veterans Healthcare System - Palestine
🟡🔵🟢 Central Texas Veterans Healthcare System - Temple
🟡🔵🟢 Central Texas Veterans Healthcare System - Waco
🟡🟢 Centro de Salud Familiar Dr. Julio Palmieri Ferri, Inc.
🟡 Chapa De Tribal Health Program
🟡 ChapCare
🟡🟢 Cherry Street Health Center
🟡🔵 CHI Franciscan Medical Group
🟡🔵🟢 CHI Health Clinic
🟡🔵 Choptank Community Health System
🔵🟢 Christ Community Health Services
🟡 CHS Medical Group
🟡 Citrus Health Network
🟢 Claremont Family Health Center
🟡 Clarity Healthcare
🟡 Claudine Kimura, M.D., Inc.
🟢 Clay Family Health Center
🟡 Cleveland Clinic
🟢 Coastal Family Health Center
🟡 Columbia Women's Healthcare
🟡 Community Action Corporation of South Texas
🟡 Community Care of West Virginia
🟡 Community Clinic of Shelbyville and Bedford County, Inc.
🟡🟢 Community Health Center of Buffalo, Inc.
🟡 Community Health Centers of Pinellas
🟡 Community Health Outreach
🟡🔵 CommunityHealth
🟡 Compass Health Network
🟡 COMTREA - Community Treatment, Inc.
🟡 Concilio de Salud Integral de Loíza
🟡🔵🟢 Cone Health Medical Group
🟡 ConnextCare
🟡 Coplin Health Systems
🟡 Coplin Health Systems - Parkersburg Family Care (Camden)
🟡 Coplin Health Systems - Parkersburg Family Care (Emerson)
🟡 Coplin Health Systems - Parkersburg Family Care (Westbrook)
🟡 Coplin Health Systems - Ripley Family Care
🟡 Coplin Health Systems - River Valley Family Care
🟡 Coplin Health Systems - Wirt County Family Care
🟡🟢 Corporación SANOS
🟡 Cypress Internal Medicine - Patewood
🟡 Cyril K. Goshima, M.D., Inc.
🟡 Dean Otaka, M.D.
🟢 Delaware Valley Community Health
🟢 Delta Health Center
🟢 Desert Oasis Healthcare
🟢 Dignity Health Medical Group of Arizona
🟡🔵 Doctor's Medical Center
🟡 Dr. Lei Charlton, M.D.P.C
🟢 East Central MS Health Care, Inc.
🟢 Eaton Community Health Center
🟡🔵🟢 ECU Physicians Adult and Pediatric Healthcare
🟡🔵🟢 ECU Physicians Family Medicine Buccaneer
🟡🔵🟢 ECU Physicians Family Medicine Geriatrics
🟡🔵🟢 ECU Physicians Family Medicine Gold
🟡🔵🟢 ECU Physicians Family Medicine Pirate
🟡🔵🟢 ECU Physicians Family Medicine Purple
🟡🔵🟢 ECU Physicians Fire Tower Medical Office
🟡🔵🟢 ECU Physicians General Internal Medicine
🟡 Edwin J. H. Yee, M.D.
🔵 Ellicott Center
🟡 Emily Diep, M.D., LLC
🟡 Encompass Health Rehabilitation Hospital of Cypress
🟡 Esperanza Health Centers
🟡 Esse Health
🟡🔵 Essentia Health
🟡🔵 Essex Center
🟡 Eugene M.C. Lee, M.D., Inc.
🟡🟢 Excelcare Alliance
🟡🔵 Facey Medical Foundation
🟡 Fair Haven Community Health Care
🟡🔵 Family Health and Wellness, LLC
🟡🔵 Family Health Centers of San Diego
🟢 Family Health Centers, Inc. - Americana
🟢 Family Health Centers, Inc. - East Broadway
🟢 Family Health Centers, Inc. - Fairdale
🟢 Family Health Centers, Inc. - Iroquois
🟢 Family Health Centers, Inc. - Southwest
🟢 Family Health Centers, Inc. - West Market
🟢 Family Health Centers, Inc. - Portland
🟡🟢 Family Healthcare of Hagerstown
🟡 Family Medicine Center
🟡🔵 Fenway Health
🟡 First Coast Cardiovascular Institute
🟢 Florida Community Health Centers, Inc.
🟡🔵 Franciscan Medical Clinic - Auburn
🟡🔵 Franciscan Medical Clinic - Belfair
🟡🔵 Franciscan Medical Clinic - Federal Way
🟡🔵 Franciscan Medical Clinic - Internal Medicine and Rheumatology
🟡🔵 Franciscan Medical Clinic - Port Orchard
🟡🔵 Franciscan Medical Clinic at St. Francis
🟡🔵 Franciscan Medical Clinic at St. Joseph
🟡🔵 Franciscan Medical Clinic on Pt. Fosdick
🟡🔵 Franciscan Medical Clinic Primary Care & Infectious Disease
🟡🔵 Franciscan Medical Clinic - Bonney Lake
🟡🔵 Franciscan Medical Clinic - Burien
🟡🔵 Franciscan Medical Clinic - Des Moines
🟡🔵 Franciscan Medical Clinic - Enumclaw (Main Clinic)
🟡🔵 Franciscan Medical Clinic - Gig Harbor
🟡🔵 Franciscan Medical Clinic - Lakewood
🟡 Gerald Family Care, P.C.
🟡🔵 Glendale Area Medical Association
🟡 Gloria Madamba, M.D., Inc.
🟢 Good Samaritan Health Center of Cobb
🟡 GRACE Community Clinic
🟡 Grace Health
🟢 Greater Meridian Health Clinic, Inc.
🟡🔵 Greater Newport Physicians
🟡🔵 Griffin Health
🟡 H.H. Chun, M.D., Inc.
🟡🟢 Harbor Community Clinic
🟡 Harris County Public Health
🟡 Hawaii Medical Service Association
🟢 Health Express
🔵🟢 Healthcare Associates at Beth Israel Deaconess Medical Center
🟡 Healthcare Associates at Beth Israel Deaconess Medical Center - Central Suite
🟡🟢 HealthLinc, Inc.
🟢 HealthLinc, Inc. - Centennial
🟡🔵🟢 HealthLinc, Inc. - East Chicago
🔵🟢 HealthLinc, Inc. - IUSB Medical
🟡🔵🟢 HealthLinc, Inc. - Knox
🟡🟢 HealthLinc, Inc. - La Porte
🟡🔵🟢 HealthLinc, Inc. - Michigan City
🟡🔵🟢 HealthLinc, Inc. - Mishawaka
🟡🔵🟢 HealthLinc, Inc. - Porter Starke Services
🟡🔵🟢 HealthLinc, Inc. - Southeast
🟡🔵🟢 HealthLinc, Inc. - Valparaiso
🟡 HealthPartners Medical Group
🟡🔵 HealthPoint
🟡🟢 Heart of the City Adult Medicine
🟡🟢 Heart of the City Durham Clinic
🟡🔵 Herald Christian Health Center
🟡🔵 Heritage Medical Associates
🟡🔵🟢 Highland Medical Center
🟡 HIMA San Pablo Caguas
🟡 HMPCG Friendswood
🟡 HMPCG Montgomery
🟡 HMPCG Sugar Land
🟡 HMPCG Sweetwater
🟡 HMPCG Willowbrook 390
🔵🟢 Hoag Clinic
🟡🔵 Holliswood Care Center
🟡 Holy Family Memorial Hospital
🟡🔵 Holzer Health System
🟡 Horizon Health Services, Inc.
🟢 Hospital General Castañer
🟢 Iberia Comprehensive Community Health Center, Inc.
🔵 IC Care, Inc.
🟡🔵 IMC Health Medical Centers
🟡🟢 Imperial Beach Community Clinics
🟢 Indian Health Center of Santa Clara Valley
🟡🟢 InterCommunity Health Care
🟢 Intermountain Healthcare
🟢 Intermountain Healthcare - Alta View Clinic Family Medicine
🟢 Intermountain Healthcare - Alta View Internal Medicine
🟢 Intermountain Healthcare - American Fork Specialty Clinic Internal Medicine
🟡🔵🟢 Intermountain Healthcare - Avenues Internal Medicine
🟡🔵🟢 Intermountain Healthcare - Bear River Clinic Family Medicine
🟡🔵🟢 Intermountain Healthcare - Bountiful Family Medicine
🟡🔵🟢 Intermountain Healthcare -

Thank you!

- Thank you for your continued commitment to controlling high blood pressure, high cholesterol, and type 2 diabetes in your community, especially in the midst of the SARS-CoV-2 pandemic. Your data submission helps to:
  - Contribute to our shared understanding of the pandemic's impact on chronic conditions
  - Demonstrate your sustained commitment to BP control and CVD risk management with continuity in data submission
  - Refresh your focus on BP control and CVD risk mitigation strategies by reflecting on the data

- If you're unsure about submitting because Gold status is out of reach, please reach out to your local AHA or AMA director to discuss. Possibilities can include:
  - Submitting data but opting out of public recognition
  - Submitting for individual clinics vs. overall health system
  - Discussing if new Target: BP Silver award was achieved (no minimum control rate)

2021 Data Submission
Timeline & Benefits

2021 Data Submission and Recognition Timeline

Jan. 1 - May 28

Submit Data

- -Review and submit 2020 data
- -Edit or revise data

Friday, May 28

11:59 pm ET

DEADLINE for Data Entry

- -Data will be captured at midnight (1 min after deadline) to determine award status for all sites

June 1 - Aug. 31

Review & Validate

- -AHA/AMA review and validate data
- -Classify awardees as Gold or Participant level (or Silver or Gold Plus in Target: BP)

Sept. 1 - Oct. 31

Notify Awardees

- -Local press release
- -Display plaque
- -Digital materials
- -Name on program websites

November 13-15

Public Announcement at AHA Scientific Sessions

- -Public announcement
- -Promotional materials

Enter data early if possible – the deadline is concrete this year.

Benefits of Recognition

- ✓ Acknowledgement at annual meetings
- ✓ National recognition on program websites
- ✓ Display plaque with annual medallion or award certificate (as applicable)
- ✓ National press release
- ✓ Speaking opportunities to share success at program related events
- ✓ Digital Promotional Toolkit
  - ✓ Social media messages
  - ✓ Local press release template
  - ✓ Digital award icons – for use by practices on websites, emails, social media

Overview of Recognition Programs

Eligibility Criteria for Awards

Target: BP, Check. Change. Control. Cholesterol, and Target: Type 2 Diabetes

- **Organizational eligibility criteria will be enforced**
  - To be eligible for any award, organization submitting must directly diagnose and manage patients with chronic diseases (hypertension, diabetes, high cholesterol), including prescribing and managing medications
  - For organizations who support/educate providers but do not provide direct patient care, ‘Spotlight’ opportunities will be available in lieu of an award

Target: BP
2021 Recognition Criteria and Levels

Same as 2020

AMERICAN MEDICAL ASSOCIATION
TARGET:BP
PARTICIPANT
AMERICAN HEART ASSOCIATION

Participant Status

Recognizes practices that **submit 2020 data** and commit to reducing the number of adult patients with uncontrolled blood pressure

NEW

AMERICAN MEDICAL ASSOCIATION
TARGET:BP
SILVER
AMERICAN HEART ASSOCIATION

Silver Status

Recognizes practices that **submit 2020 data** and attest to achieving implementation of **at least 4 of 6** evidence-based BP measurement activities

Target: BP
2021 Recognition Criteria and Levels

Same as 2020

AMERICAN MEDICAL ASSOCIATION
TARGET:BP
GOLD
AMERICAN HEART ASSOCIATION

Gold Status

Recognizes practices that **submit 2020 data** and **achieve ≥70% BP control rate** (% of adult patients with hypertension whose blood pressure is controlled to <140/90 mmHg)

NEW

AMERICAN MEDICAL ASSOCIATION
TARGET:BP
GOLD+
AMERICAN HEART ASSOCIATION

Gold Plus Status

Recognizes practices that **submit 2020 data, achieve ≥70% BP control rate,** and attest to achieving implementation of **at least 4 of 6** evidence-based BP measurement activities

Target: BP
Requirements for 2021 Data Submission

All fields must be completed for award eligibility.

- **Aggregate 2020 patient data (adult patients ages 18-85)**
  1. Total adult patient population
  2. Total number of patients with diagnosis of hypertension and a 2020 visit *(based on MIPS #236 – Controlling High Blood Pressure)*
  3. Total number of patients with diagnosis of hypertension whose high blood pressure is controlled *(based on MIPS #236 – Controlling High Blood Pressure)*
  4. ***NEW*** Yes/No/Not Sure question if given totals included patients with remote BP readings
  5. Total number of providers
     - Providers are physicians, nurse practitioners, and physician assistants diagnosing and treating **hypertension**
  6. Totals of adult patients' primary payor groups
- **Hypertension Prevalence Estimator data (adult patients ages 18-85)**
  - Provide breakdown of total patient population (given in Question 1) by age, race/ethnicity and gender

Updates to BP Control Criteria

Required aggregate data for 2021 Recognition has been updated based on the 2020 version of measure MIPS #236 to accommodate increases in telehealth and remote BP monitoring.

Controlling High BP measure: **Total number of adult patients ages 18-85 with diagnosis of hypertension whose most recent blood pressure is controlled at <140/90 mmHg**

Revised recognition criteria	OLD 2020 recognition criteria	NEW 2021 recognition criteria
Encounter type	Only in-person office visits are eligible	In-person office visits AND eligible telehealth encounters allowed
Type of BP readings allowed	BP readings taken only in a provider's office allowed	Remote BP readings taken from a remote monitoring device* AND readings taken in a provider's office allowed
Hypertension diagnosis timeframe	HTN diagnosis in the first 6 months of reporting period or prior	HTN diagnosis any time during the reporting period or prior

See Data Collection Worksheet guidance on accepted remote BP readings

Target: BP
Requirements for 2021 Data Submission

NEW

All fields must be completed for award eligibility.

- **Attest* to completing evidence-based BP activities**
  No documentation required – only Yes/No/Not Sure responses

In 2020, did your organization…

1. Calibrate all regularly used BP measurement devices (including both manual and/or automated BP devices) per recommended timelines?
2. Have any devices found on a formal list of validated BP devices (such as ValidateBP.org), and if so, what percentage?
3. Strengthen staff knowledge of accurate BP measurement every 6-12 months?
4. Test staff skills in accurate BP measurement every 6-12 months?
5. Use a protocol including SMBP, AOBP, or confirmatory measurements to consistently measure BP?
6. Post a visual reminder of proper patient positioning next to every BP device?

Target: BP
Upcoming Q&A Webinar

Have questions about the new Target: BP award criteria, particularly what counts for the evidence-based BP activities?

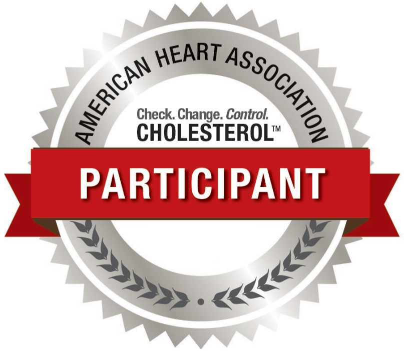
Attend our Evidence-Based BP Activities Q&A webinar

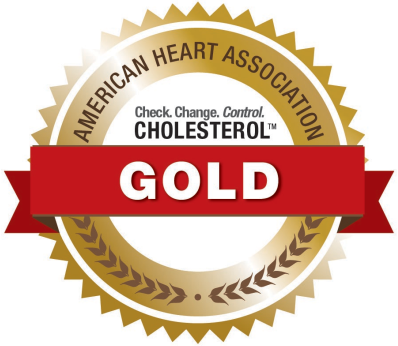
Tuesday, February 23 – noon to 1 pm Central time

REGISTER HERE:
https://attendee.gotowebinar.com/register/6789954205176999691

Check. Change. Control. Cholesterol 2021 Recognition Criteria and Levels

No changes from prior years


AMERICAN HEART ASSOCIATION
Check. Change. Control.
CHOLESTEROL™
PARTICIPANT


AMERICAN HEART ASSOCIATION
Check. Change. Control.
CHOLESTEROL™
GOLD

Participant Status

- Recognizes practices that **submit data** and commit to improving ASCVD (Atherosclerotic Cardiovascular Disease) risk assessment and implementing ASCVD risk calculations into their clinical workflows.

Gold Status

- Recognizes practices that fulfilled the Participant criteria AND **have ≥70%** of their adult, at-risk patient population appropriately managed with statin therapy based on MIPS #438

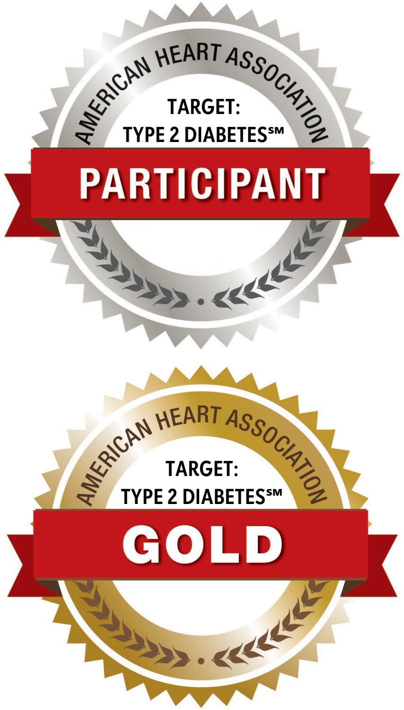
Check. Change. Control. Cholesterol Requirements for 2021 Data Submission

All fields must be completed for award eligibility.

- **Aggregate 2020 patient data (adult patients ages 21+)**
    1. Total adult patient population
    2. Total patients that are a race other than white and/or identify as Latino or Hispanic ethnicity
    3. Total number of providers
    4. Totals of adult patients' primary payor groups
    5. Total patients meeting any of 3 risk-group criteria *(based on MIPS #438 – Statin Therapy for the Prevention and Treatment of Cardiovascular Disease)*
    6. Total number of above patients who are actively using or who receive an order (prescription) for statin therapy at any point during the measurement period
- **Info on use of ASCVD risk score**
    1. Do you calculate the ASCVD (Atherosclerotic Cardiovascular Disease) Risk Score in your practice?
    2. How do you document the ASCVD Risk Score in your practice?

Target: Type 2 Diabetes 2021 Recognition Criteria and Levels

No changes from prior years


AMERICAN HEART ASSOCIATION
TARGET:
TYPE 2 DIABETES℠
PARTICIPANT
AMERICAN HEART ASSOCIATION
TARGET:
TYPE 2 DIABETES℠
GOLD

Participant Status

- Recognizes practices that **submit data** and commit to improving strategies for addressing CVD (Cardiovascular Disease) risk in patients with type 2 diabetes

Gold Status

- Recognizes practices that fulfill the Participant criteria **AND**:
  - **Have annual rate of ≤ 25% for HbA1c Poor Control (>9%)** amongst eligible patients based on NQF 0059

AND

  - **Have annual rate of ≥ 70% for appropriate statin therapy** amongst eligible patients based on MIPS #438

OR

  - **Have annual rate of ≥ 70% for blood pressure control** amongst eligible patients based on MIPS #236

Target: Type 2 Diabetes Requirements for 2021 Data Submission

All fields must be completed for award eligibility.

- **Aggregate 2020 patient data (adult patients ages 18-75)**
  1. Total adult patient population
  2. Total patients that are a race other than white and/or identify as Latino or Hispanic ethnicity
  3. Total number of providers
  4. Totals of adult patients' primary payor groups
  5. Total number of patients with a diabetes diagnosis and an office visit in 2020 *(based on NQF 0059 - HbA1c Poor Control)*
  6. Total number of patients diagnosed with diabetes whose most recent HbA1c level performed in 2020 is > 9.0% *(based on NQF 0059 - HbA1c Poor Control)*
- **Info on protocols for type 2 diabetes patients**
  1. Does your practice have a specific protocol to assess key characteristics of patients with type 2 diabetes? If yes, what characteristics?
  2. Does your practice initiate a specific treatment plan for patients with type 2 diabetes? If yes, how?

Target: Type 2 Diabetes Requirements for 2021 Data Submission

Choose Option 1 or 2 – submitting at least one option is required for an award

Option 1

- **MIPS #438 Statin Therapy Measure Submission (adult patients ages 21+)**
  1. Total number of patients meeting any of 3 risk-group criteria based on MIPS #438
  2. Total number of patients who are actively using or who receive an order (prescription) for statin therapy at any point during the measurement period

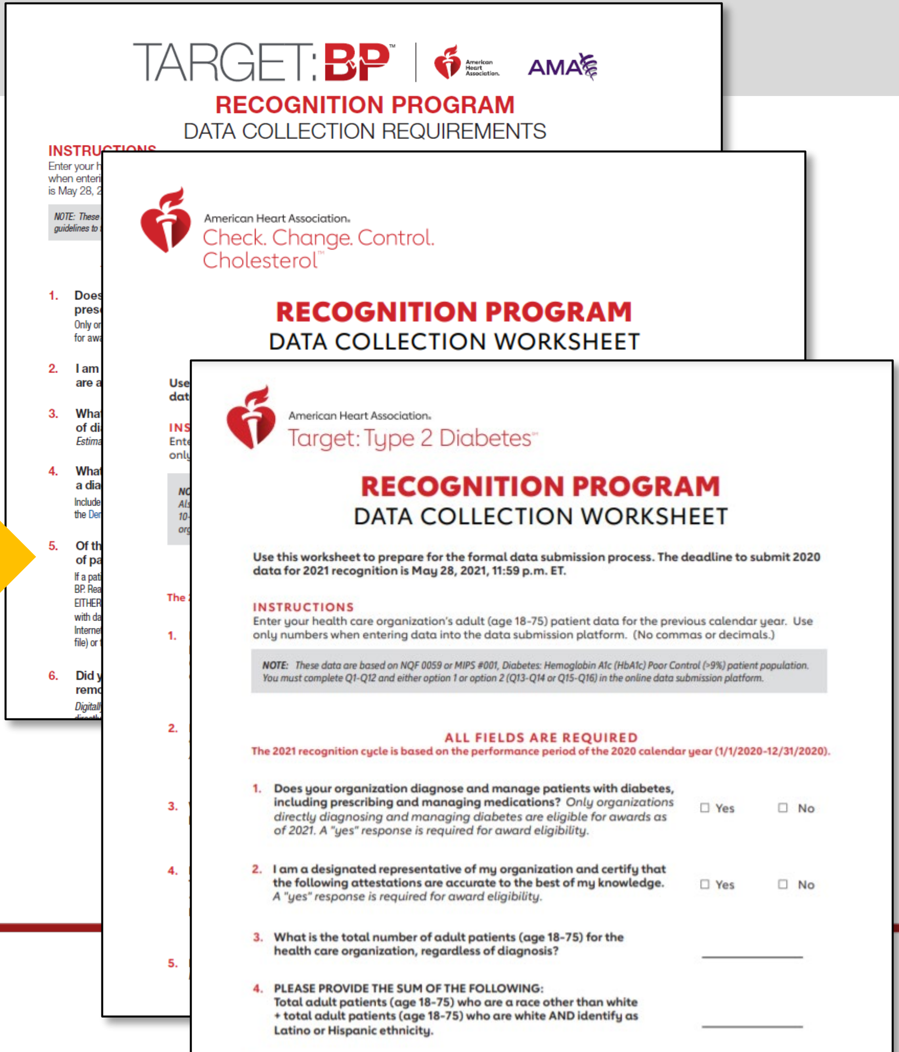
Note –
Different age ranges from HbA1c measure

Option 2

- **MIPS #236 Controlling High BP Measure Submission (adult patients ages 18-85)**
  1. Total number of patients with diagnosis of hypertension
  2. Total number of patients with diagnosis of hypertension whose high blood pressure is controlled

Data Resources

- **Each program has a detailed “Data Collection Worksheet” to guide data submission.**
  - Target: BP Data Collection Worksheet
  - CCC Cholesterol Data Collection Worksheet
  - Target: Type 2 Diabetes Data Collection Worksheet



TARGET:BP™ | American Heart Association. | AMA

RECOGNITION PROGRAM

DATA COLLECTION REQUIREMENTS

American Heart Association. Check. Change. Control. Cholesterol™

RECOGNITION PROGRAM

DATA COLLECTION WORKSHEET

American Heart Association. Target: Type 2 Diabetes℠

RECOGNITION PROGRAM

DATA COLLECTION WORKSHEET

Use this worksheet to prepare for the formal data submission process. The deadline to submit 2020 data for 2021 recognition is May 28, 2021, 11:59 p.m. ET.

INSTRUCTIONS

Enter your health care organization’s adult (age 18-75) patient data for the previous calendar year. Use only numbers when entering data into the data submission platform. (No commas or decimals.)

NOTE: These data are based on NQF 0059 or MIPS #001, Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%) patient population. You must complete Q1-Q12 and either option 1 or option 2 (Q13-Q14 or Q15-Q16) in the online data submission platform.

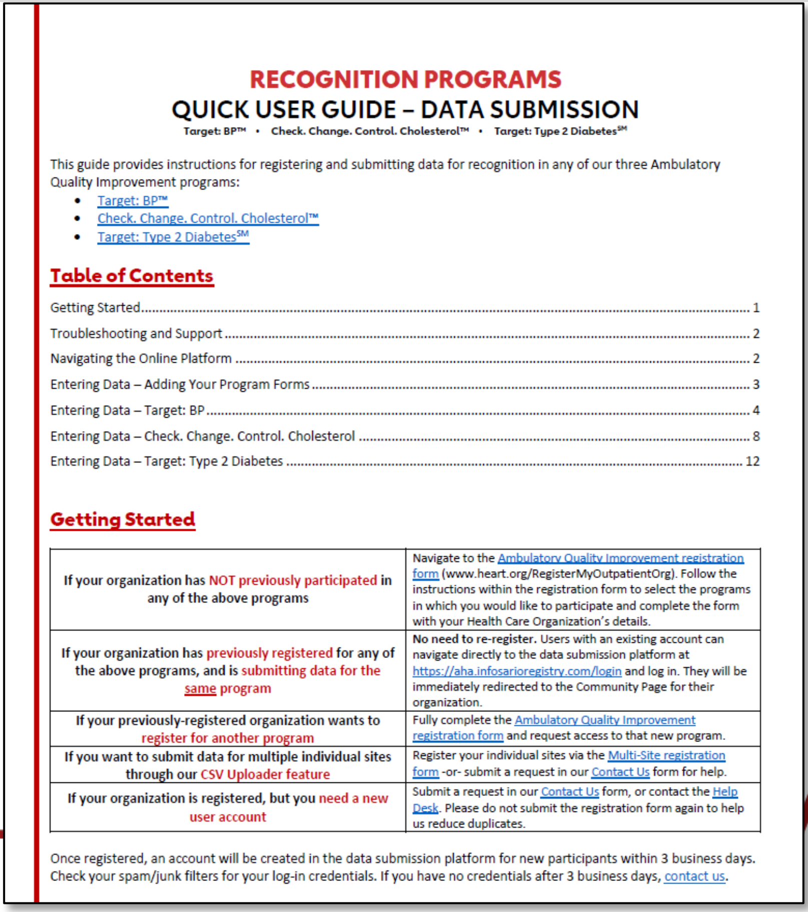
ALL FIELDS ARE REQUIRED

The 2021 recognition cycle is based on the performance period of the 2020 calendar year (1/1/2020-12/31/2020).

1. **Does your organization diagnose and manage patients with diabetes, including prescribing and managing medications?** *Only organizations directly diagnosing and managing diabetes are eligible for awards as of 2021. A "yes" response is required for award eligibility.* ☐ Yes ☐ No
2. **I am a designated representative of my organization and certify that the following attestations are accurate to the best of my knowledge.** *A "yes" response is required for award eligibility.* ☐ Yes ☐ No
3. **What is the total number of adult patients (age 18-75) for the health care organization, regardless of diagnosis?** ______
4. **PLEASE PROVIDE THE SUM OF THE FOLLOWING: Total adult patients (age 18-75) who are a race other than white + total adult patients (age 18-75) who are white AND identify as Latino or Hispanic ethnicity.** ______

Quick Start User Guide

- For a step-by-step walkthrough of submitting data with screenshots, review the **Quick Start User Guide**: https://targetbp.org/tools_downloads/target-bp-data-user-guide/
  - NOTE: The guide contains data submission instructions for all three programs.



RECOGNITION PROGRAMS

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 Ambulatory Quality Improvement programs:

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

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Getting Started

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

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

2021 Data Submission

Getting Started

Getting Started

Did you know?

You can register for all three outpatient programs simultaneously with a few extra clicks.

Two Steps: Register + Enter Data Online

1

Register

- **New to recognition? Fill out details about your organization and request data submission access at heart.org/RegisterMyOutpatientOrg**
    - *NOTE:* 1 registration = 1 potential awardee
    - If you wish to submit data for multiple sites (e.g., clinics) to be individually recognized, you must complete a registration form for each site. If you want to register 5+ sites, there is a multi-site registration option to save time.
- **Within 3 business days, you'll receive a username & password to log into the online data platform.**
- **Submitted data before? No need to re-register! Skip straight to entering your data in the platform.**

Getting Started

Deadline to Enter Data:

Friday, May 28, 2021 at 11:59 pm ET

2

Enter Data

- **Log in at aha.infosarioregistry.com**
- **Navigate to "Program Forms".**
- **Select "Add New" next to desired program.**
- **Enter "2020" for the Reporting Year.**
- **Enter your organization's 2020 data – complete all fields in all tabs.**
- **Save!**

You can revise and finish your data at any time until the deadline: **May 28, 2021**

At midnight, a snapshot of all data in the platform is taken to determine all organizations' recognition status.

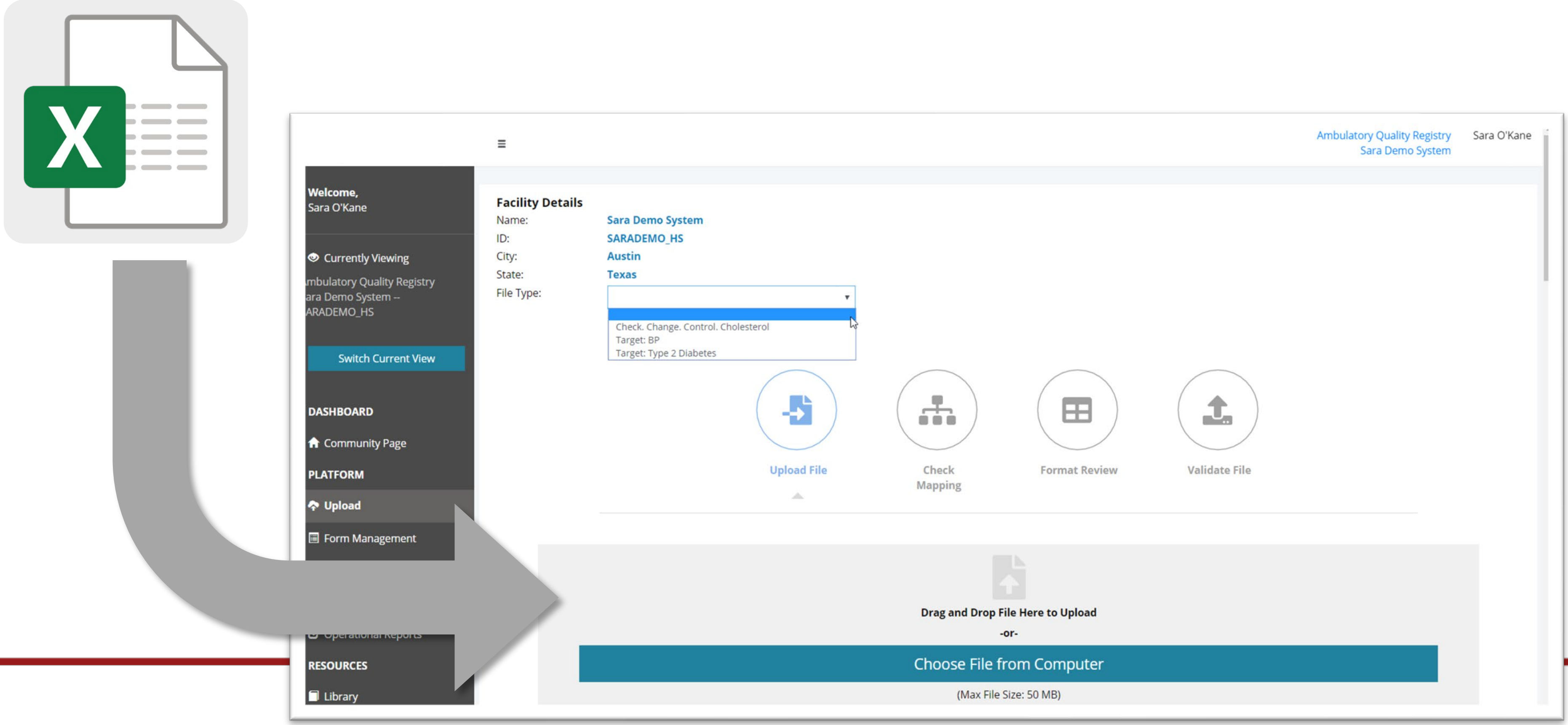
Self-Service Upload Tool

- **WHAT IT IS:** Allows sites to type their recognition data for any program (BP, Cholesterol, Diabetes) into a spreadsheet and upload into the platform vs. manually typing into the platform.

- **WHO CAN USE IT:** Health systems with 5+ sites who want to submit recognition data specific to each of these individual clinics/locations (not just the overall health system)

- **HOW TO GAIN ACCESS:** Reach out to your local AHA director for more information, or submit a request at bit.ly/AQContactUs.

Self-Service Data Uploader



≡
Ambulatory Quality Registry
Sara Demo System
Sara O'Kane
Welcome,
Sara O'Kane
Currently Viewing
mbulatory Quality Registry
ara Demo System --
ARADEMO_HS
Switch Current View
DASHBOARD
Community Page
PLATFORM
Upload
Form Management
Operational Reports
RESOURCES
Library

Facility Details

Name: Sara Demo System
ID: SARADEMO_HS
City: Austin
State: Texas
File Type:

Check. Change. Control. Cholesterol
Target: BP
Target: Type 2 Diabetes
Upload File
Check Mapping
Format Review
Validate File
Drag and Drop File Here to Upload
-or-
Choose File from Computer
(Max File Size: 50 MB)

Outreach after the Submission Deadline

- **An AHA staff member may reach out to you after you submit to verify your data.** Please respond as soon as you're able – this verification may be needed to receive an award.

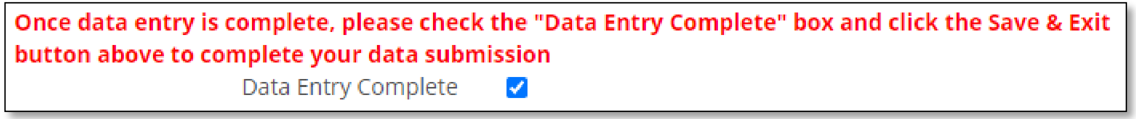
- **Common reasons for outreach can include:**
    - Measure performance rate is very high or very low
    - BP Control or Statin Therapy data given for Target: Type 2 Diabetes does not match your Target: BP or Check. Change. Control. Cholesterol submission
    - Total at-risk patients given for the denominator of the Statin Therapy measure is very low (<6% of your total population), and additional information may be needed
    - Patient demographic breakdown for the Hypertension Prevalence Estimator needs verification (e.g., patients are lumped into "unknown" race/ethnicity categories, only one age group, etc.)
    - Fields are left blank

Tips for Success

Deadline to Enter Data:

Friday, May 28, 2021
at 11:59 pm ET

- **Register new organizations early.**
- **Enter and save data as early as you're able.**
  This avoids any staffing or data hiccups close to the deadline.
- **When entering data:**
  - Use the **Data Collection Worksheets** and **Quick Start Guide** for full instructions.
  - Complete all fields in all tabs.
  - Make sure the "Data Entry Complete" checkbox is checked (or at least checkable) to ensure your data is complete.



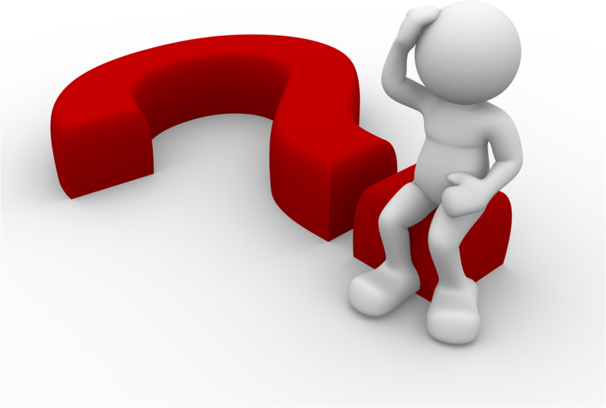
Once data entry is complete, please check the "Data Entry Complete" box and click the Save & Exit button above to complete your data submission

Data Entry Complete ☑

  - Rely on your local AHA/AMA staff for resources, submission help, and improvement support. We're here to help!

Pause for questions

Type your questions in the chat!



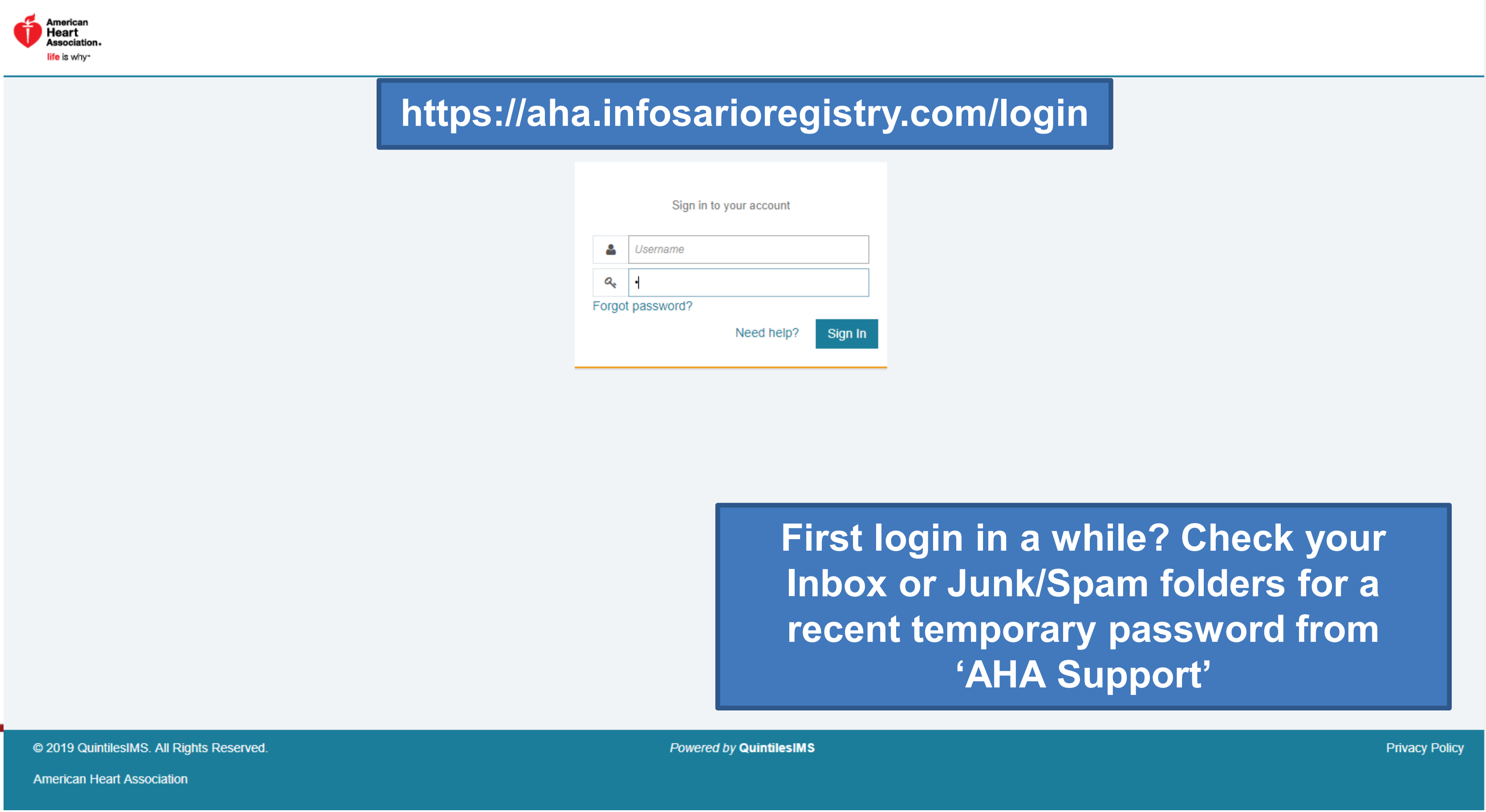
2021 Data Submission

Platform Walkthrough

Target: BP Example

TARGET:BP™ | American Heart Association. AMA

Logging In



American Heart Association.
life is why

https://aha.infosarioregistry.com/login

Sign in to your account

Username
Forgot password?
Need help?
Sign In

First login in a while? Check your Inbox or Junk/Spam folders for a recent temporary password from ‘AHA Support’

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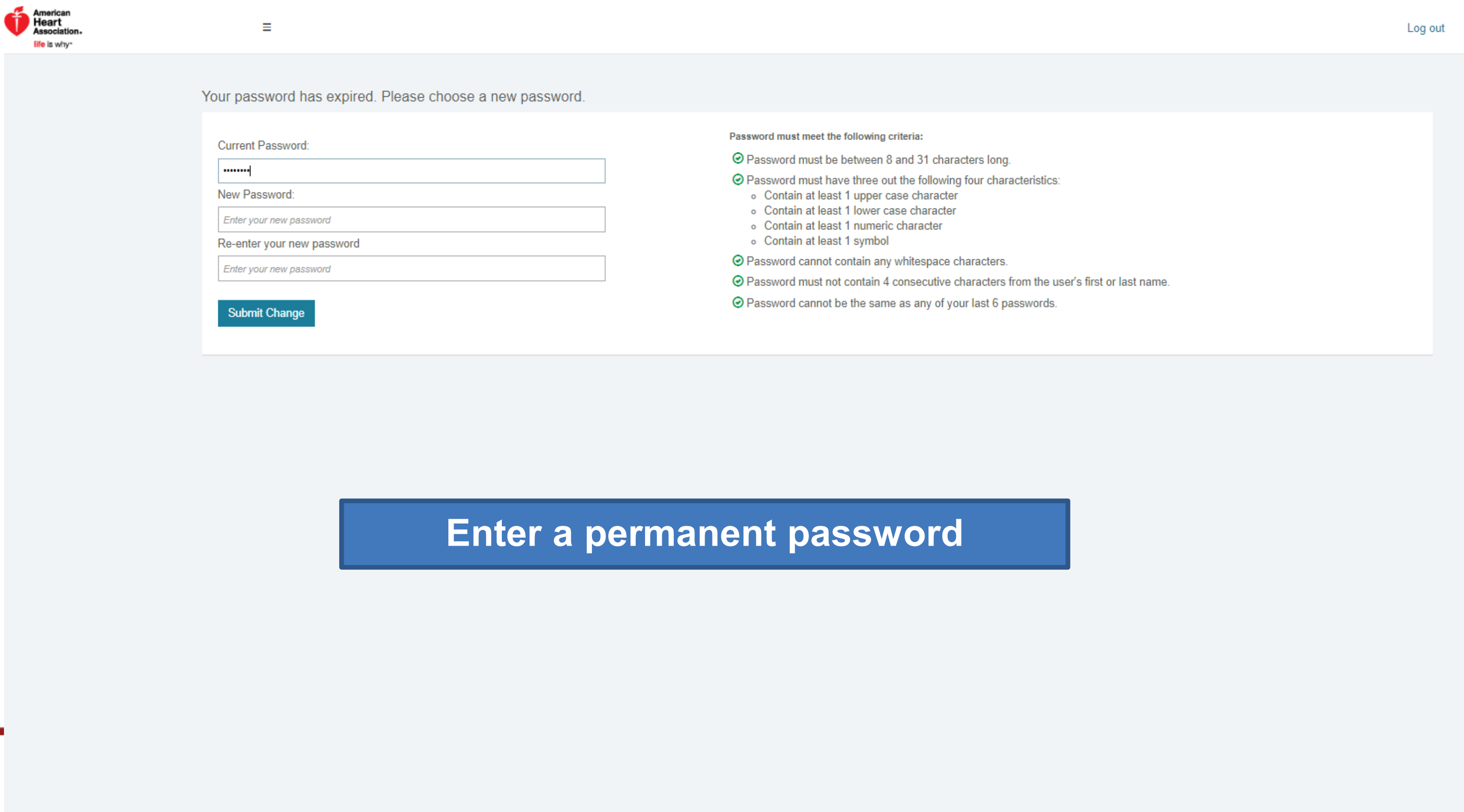
Privacy Policy
American Heart Association

Logging In



Your password has expired. Please choose a new password.

Current Password: ••••••••

New Password: *Enter your new password*

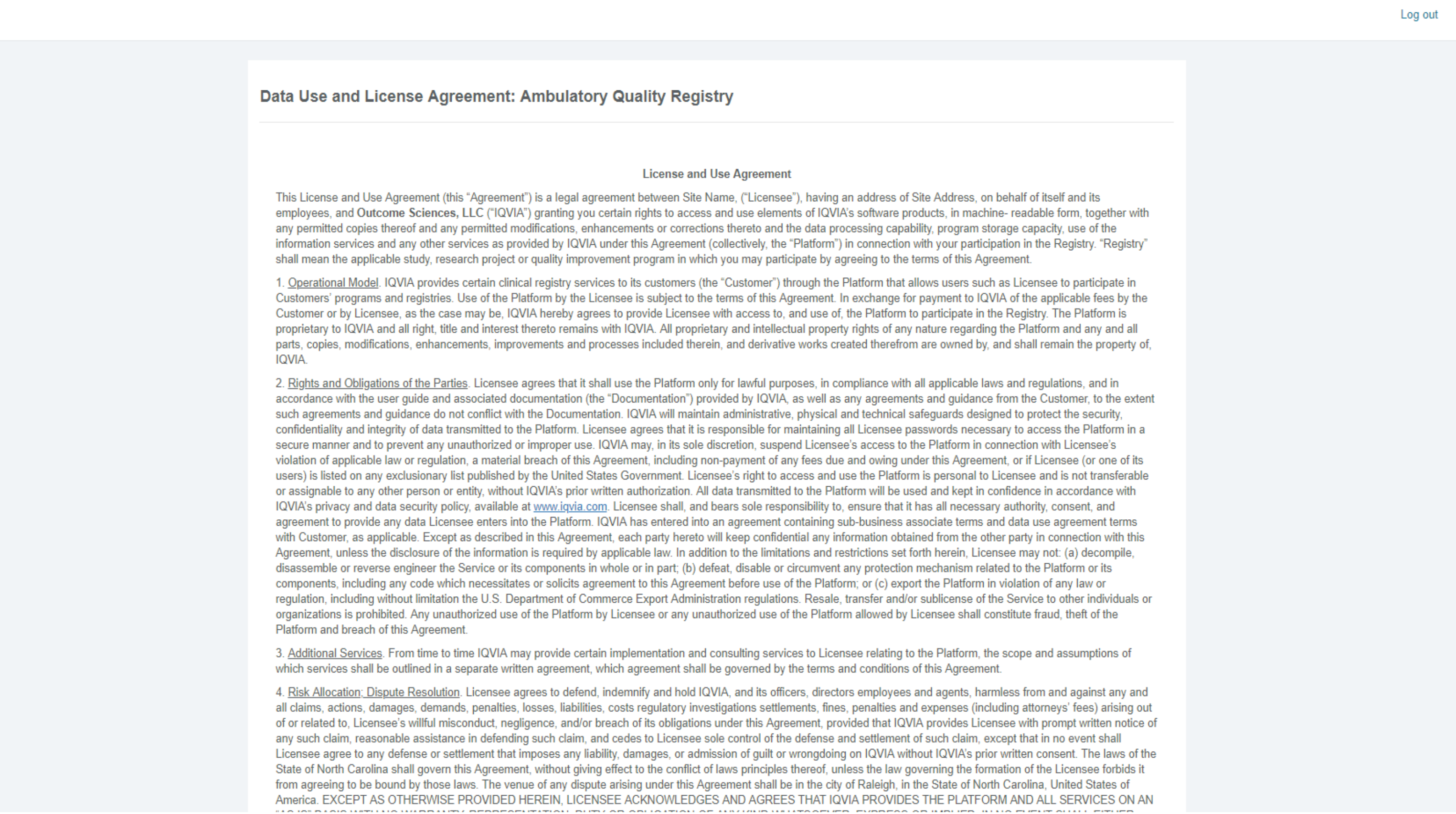
Re-enter your new password *Enter your new password*

Password must meet the following criteria:

- ✓ Password must be between 8 and 31 characters long.
- ✓ Password must have three out the following four characteristics:
  - Contain at least 1 upper case character
  - Contain at least 1 lower case character
  - Contain at least 1 numeric character
  - Contain at least 1 symbol
- ✓ Password cannot contain any whitespace characters.
- ✓ Password must not contain 4 consecutive characters from the user's first or last name.
- ✓ Password cannot be the same as any of your last 6 passwords.

Enter a permanent password

Logging In



Data Use and License Agreement: Ambulatory Quality Registry

License and Use Agreement

This License and Use Agreement (this "Agreement") is a legal agreement between Site Name, ("Licensee"), having an address of Site Address, on behalf of itself and its employees, and **Outcome Sciences, LLC** ("IQVIA") granting you certain rights to access and use elements of IQVIA's software products, in machine- readable form, together with any permitted copies thereof and any permitted modifications, enhancements or corrections thereto and the data processing capability, program storage capacity, use of the information services and any other services as provided by IQVIA under this Agreement (collectively, the "Platform") in connection with your participation in the Registry. "Registry" shall mean the applicable study, research project or quality improvement program in which you may participate by agreeing to the terms of this Agreement.

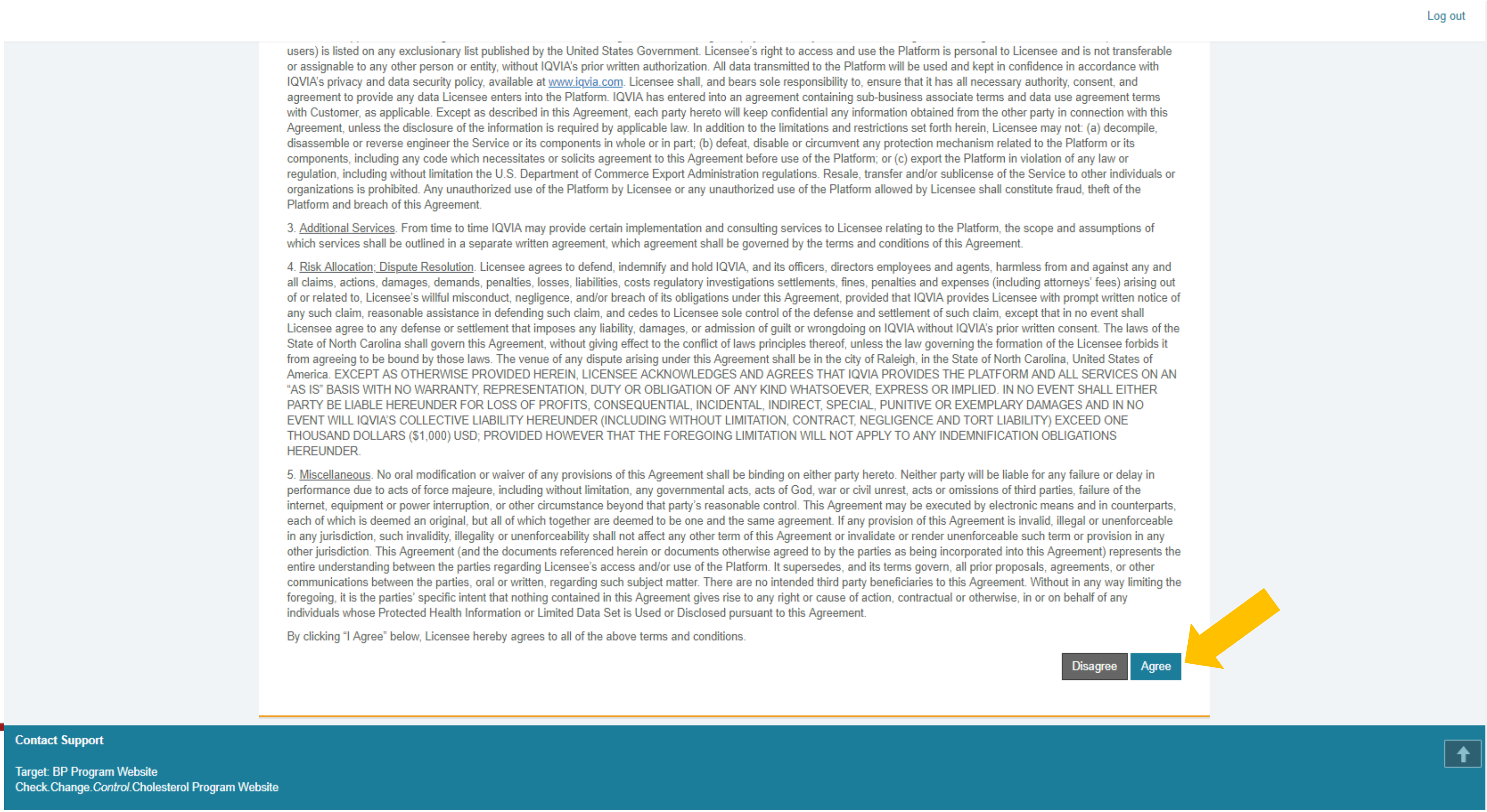
1. Operational Model. IQVIA provides certain clinical registry services to its customers (the "Customer") through the Platform that allows users such as Licensee to participate in Customers' programs and registries. Use of the Platform by the Licensee is subject to the terms of this Agreement. In exchange for payment to IQVIA of the applicable fees by the Customer or by Licensee, as the case may be, IQVIA hereby agrees to provide Licensee with access to, and use of, the Platform to participate in the Registry. The Platform is proprietary to IQVIA and all right, title and interest thereto remains with IQVIA. All proprietary and intellectual property rights of any nature regarding the Platform and any and all parts, copies, modifications, enhancements, improvements and processes included therein, and derivative works created therefrom are owned by, and shall remain the property of, IQVIA.

2. Rights and Obligations of the Parties. Licensee agrees that it shall use the Platform only for lawful purposes, in compliance with all applicable laws and regulations, and in accordance with the user guide and associated documentation (the "Documentation") provided by IQVIA, as well as any agreements and guidance from the Customer, to the extent such agreements and guidance do not conflict with the Documentation. IQVIA will maintain administrative, physical and technical safeguards designed to protect the security, confidentiality and integrity of data transmitted to the Platform. Licensee agrees that it is responsible for maintaining all Licensee passwords necessary to access the Platform in a secure manner and to prevent any unauthorized or improper use. IQVIA may, in its sole discretion, suspend Licensee's access to the Platform in connection with Licensee's violation of applicable law or regulation, a material breach of this Agreement, including non-payment of any fees due and owing under this Agreement, or if Licensee (or one of its users) is listed on any exclusionary list published by the United States Government. Licensee's right to access and use the Platform is personal to Licensee and is not transferable or assignable to any other person or entity, without IQVIA's prior written authorization. All data transmitted to the Platform will be used and kept in confidence in accordance with IQVIA's privacy and data security policy, available at www.iqvia.com. Licensee shall, and bears sole responsibility to, ensure that it has all necessary authority, consent, and agreement to provide any data Licensee enters into the Platform. IQVIA has entered into an agreement containing sub-business associate terms and data use agreement terms with Customer, as applicable. Except as described in this Agreement, each party hereto will keep confidential any information obtained from the other party in connection with this Agreement, unless the disclosure of the information is required by applicable law. In addition to the limitations and restrictions set forth herein, Licensee may not: (a) decompile, disassemble or reverse engineer the Service or its components in whole or in part; (b) defeat, disable or circumvent any protection mechanism related to the Platform or its components, including any code which necessitates or solicits agreement to this Agreement before use of the Platform; or (c) export the Platform in violation of any law or regulation, including without limitation the U.S. Department of Commerce Export Administration regulations. Resale, transfer and/or sublicense of the Service to other individuals or organizations is prohibited. Any unauthorized use of the Platform by Licensee or any unauthorized use of the Platform allowed by Licensee shall constitute fraud, theft of the Platform and breach of this Agreement.

3. Additional Services. From time to time IQVIA may provide certain implementation and consulting services to Licensee relating to the Platform, the scope and assumptions of which services shall be outlined in a separate written agreement, which agreement shall be governed by the terms and conditions of this Agreement.

4. Risk Allocation; Dispute Resolution. Licensee agrees to defend, indemnify and hold IQVIA, and its officers, directors employees and agents, harmless from and against any and all claims, actions, damages, demands, penalties, losses, liabilities, costs regulatory investigations settlements, fines, penalties and expenses (including attorneys' fees) arising out of or related to, Licensee's willful misconduct, negligence, and/or breach of its obligations under this Agreement, provided that IQVIA provides Licensee with prompt written notice of any such claim, reasonable assistance in defending such claim, and cedes to Licensee sole control of the defense and settlement of such claim, except that in no event shall Licensee agree to any defense or settlement that imposes any liability, damages, or admission of guilt or wrongdoing on IQVIA without IQVIA's prior written consent. The laws of the State of North Carolina shall govern this Agreement, without giving effect to the conflict of laws principles thereof, unless the law governing the formation of the Licensee forbids it from agreeing to be bound by those laws. The venue of any dispute arising under this Agreement shall be in the city of Raleigh, in the State of North Carolina, United States of America. EXCEPT AS OTHERWISE PROVIDED HEREIN, LICENSEE ACKNOWLEDGES AND AGREES THAT IQVIA PROVIDES THE PLATFORM AND ALL SERVICES ON AN

Logging In



users) is listed on any exclusionary list published by the United States Government. Licensee's right to access and use the Platform is personal to Licensee and is not transferable or assignable to any other person or entity, without IQVIA's prior written authorization. All data transmitted to the Platform will be used and kept in confidence in accordance with IQVIA's privacy and data security policy, available at www.iqvia.com. Licensee shall, and bears sole responsibility to, ensure that it has all necessary authority, consent, and agreement to provide any data Licensee enters into the Platform. IQVIA has entered into an agreement containing sub-business associate terms and data use agreement terms with Customer, as applicable. Except as described in this Agreement, each party hereto will keep confidential any information obtained from the other party in connection with this Agreement, unless the disclosure of the information is required by applicable law. In addition to the limitations and restrictions set forth herein, Licensee may not: (a) decompile, disassemble or reverse engineer the Service or its components in whole or in part; (b) defeat, disable or circumvent any protection mechanism related to the Platform or its components, including any code which necessitates or solicits agreement to this Agreement before use of the Platform; or (c) export the Platform in violation of any law or regulation, including without limitation the U.S. Department of Commerce Export Administration regulations. Resale, transfer and/or sublicense of the Service to other individuals or organizations is prohibited. Any unauthorized use of the Platform by Licensee or any unauthorized use of the Platform allowed by Licensee shall constitute fraud, theft of the Platform and breach of this Agreement.

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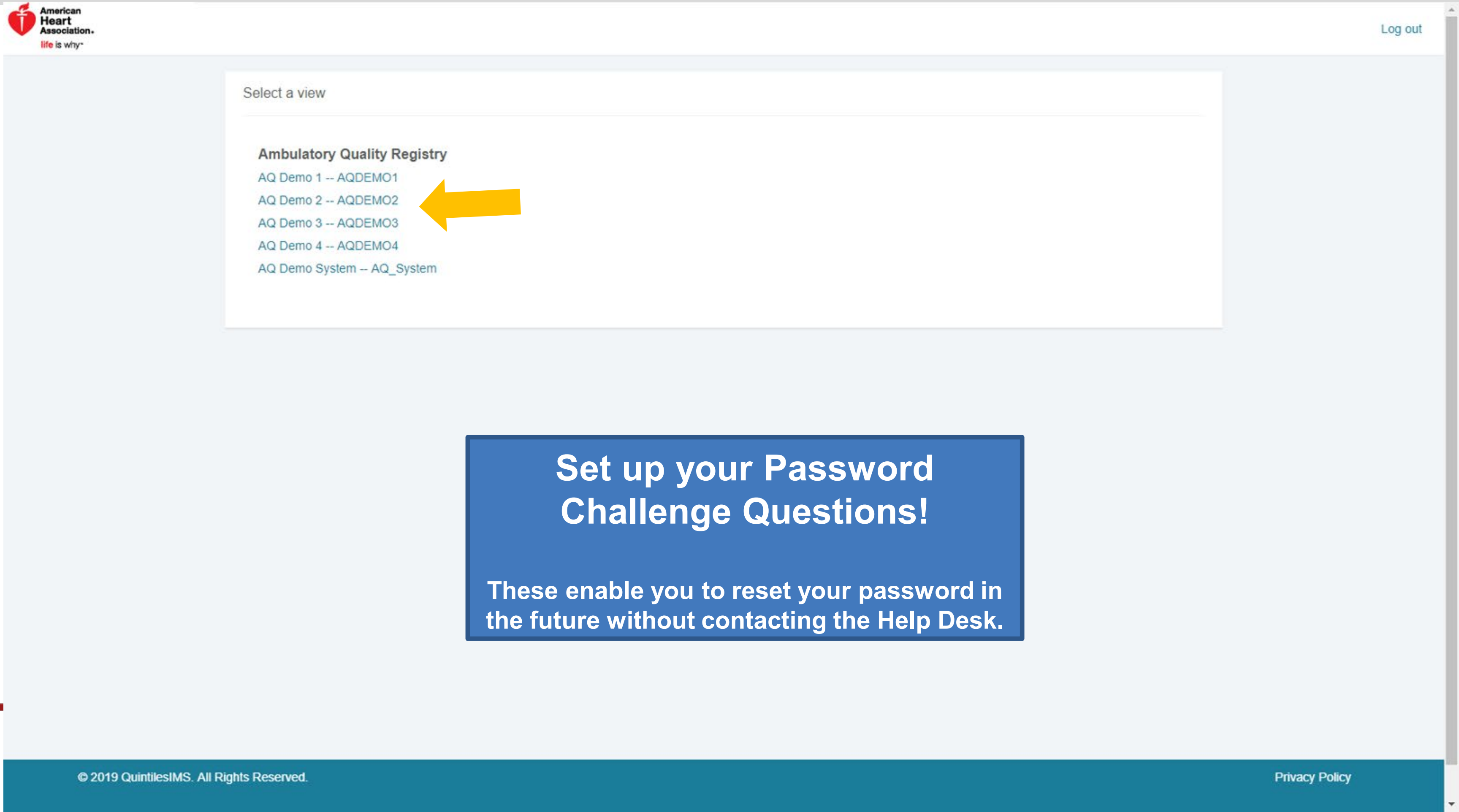
5. Miscellaneous. No oral modification or waiver of any provisions of this Agreement shall be binding on either party hereto. Neither party will be liable for any failure or delay in performance due to acts of force majeure, including without limitation, any governmental acts, acts of God, war or civil unrest, acts or omissions of third parties, failure of the internet, equipment or power interruption, or other circumstance beyond that party's reasonable control. This Agreement may be executed by electronic means and in counterparts, each of which is deemed an original, but all of which together are deemed to be one and the same agreement. If any provision of this Agreement is invalid, illegal or unenforceable in any jurisdiction, such invalidity, illegality or unenforceability shall not affect any other term of this Agreement or invalidate or render unenforceable such term or provision in any other jurisdiction. This Agreement (and the documents referenced herein or documents otherwise agreed to by the parties as being incorporated into this Agreement) represents the entire understanding between the parties regarding Licensee's access and/or use of the Platform. It supersedes, and its terms govern, all prior proposals, agreements, or other communications between the parties, oral or written, regarding such subject matter. There are no intended third party beneficiaries to this Agreement. Without in any way limiting the foregoing, it is the parties' specific intent that nothing contained in this Agreement gives rise to any right or cause of action, contractual or otherwise, in or on behalf of any individuals whose Protected Health Information or Limited Data Set is Used or Disclosed pursuant to this Agreement.

By clicking "I Agree" below, Licensee hereby agrees to all of the above terms and conditions.

Disagree
Agree
Contact Support
Target: BP Program Website
Check.Change.*Control.*Cholesterol Program Website

Logging In


American Heart Association. life is why
Log out

Select a view

Ambulatory Quality Registry

AQ Demo 1 -- AQDEMO1
AQ Demo 2 -- AQDEMO2
AQ Demo 3 -- AQDEMO3
AQ Demo 4 -- AQDEMO4
AQ Demo System -- AQ_System

Set up your Password Challenge Questions!

These enable you to reset your password in the future without contacting the Help Desk.

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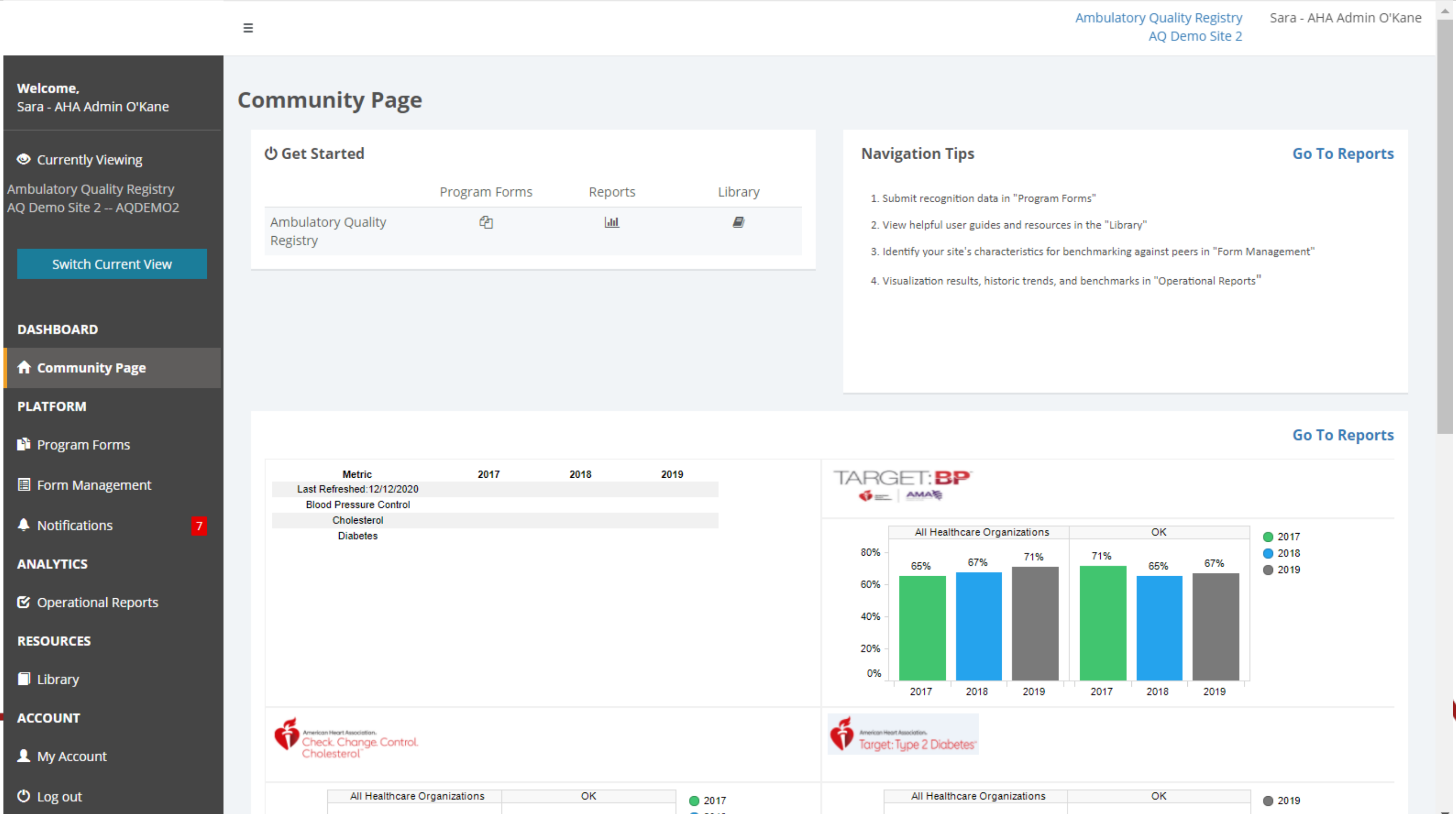
Logging In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Ambulatory Quality Registry
AQ Demo Site 2
Sara - AHA Admin O'Kane
Welcome,
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Currently Viewing
Ambulatory Quality Registry
AQ Demo Site 2 -- AQDEMO2
Switch Current View
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Form Management
Notifications 7
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Operational Reports
RESOURCES
Library
ACCOUNT
My Account
Log out
Go To Reports
Go To Reports
TARGET:BP
AMA
All Healthcare Organizations
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American Heart Association.
Check. Change. Control. Cholesterol
American Heart Association.
Target: Type 2 Diabetes
All Healthcare Organizations
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All Healthcare Organizations
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● 2019

Community Page

Get Started

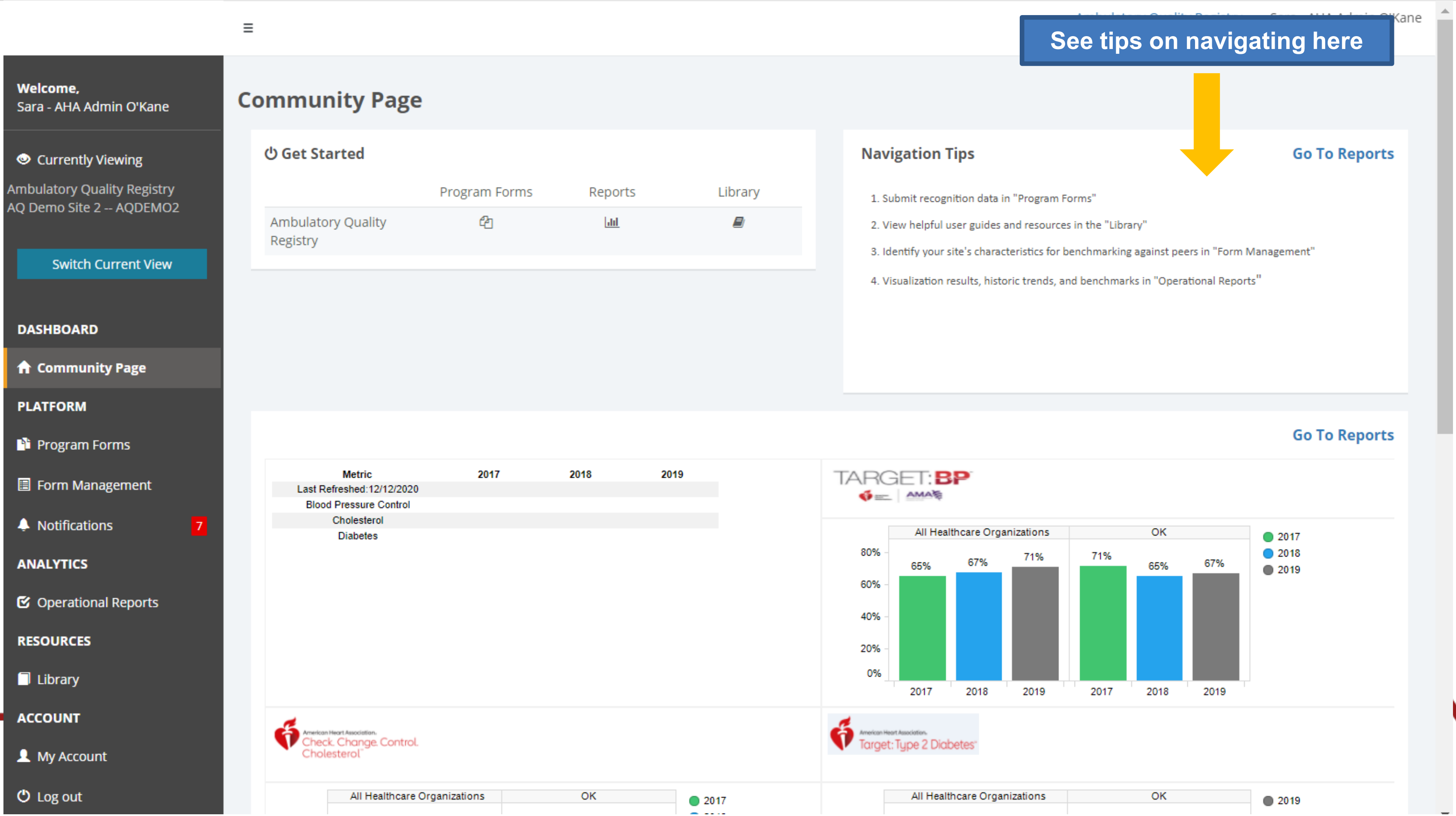
	Program Forms	Reports	Library
Ambulatory Quality Registry			

Navigation Tips

1. Submit recognition data in "Program Forms"
2. View helpful user guides and resources in the "Library"
3. Identify your site's characteristics for benchmarking against peers in "Form Management"
4. Visualization results, historic trends, and benchmarks in "Operational Reports"

Metric	2017	2018	2019
Last Refreshed:12/12/2020			
Blood Pressure Control			
Cholesterol			
Diabetes			

Platform Navigation



See tips on navigating here

Welcome,
Sara - AHA Admin O'Kane

Currently Viewing
Ambulatory Quality Registry
AQ Demo Site 2 -- AQDEMO2

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Go To Reports

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All Healthcare Organizations
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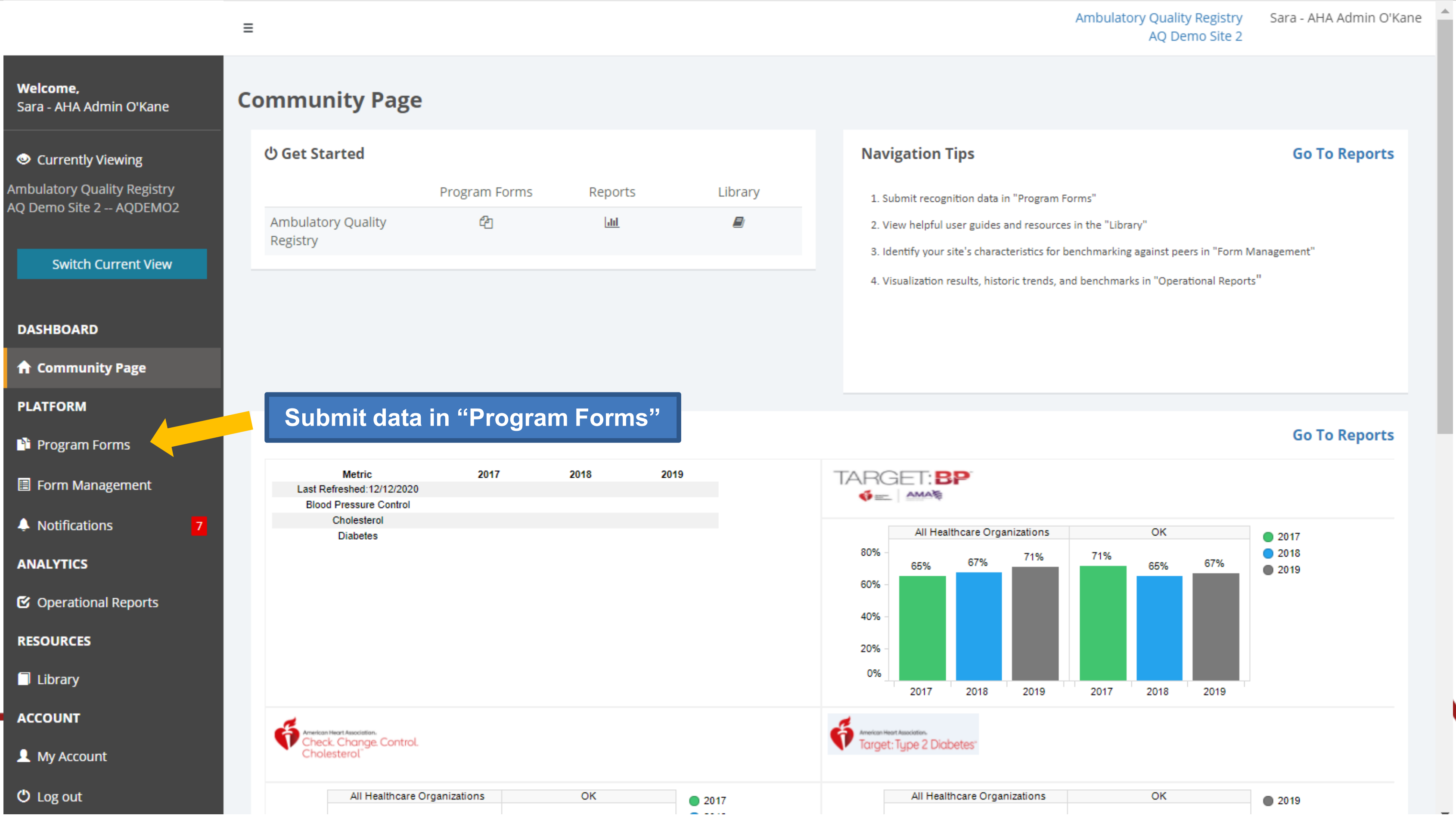
Platform Navigation



Submit data in “Program Forms”

Ambulatory Quality Registry
AQ Demo Site 2

Sara - AHA Admin O'Kane

Welcome,
Sara - AHA Admin O'Kane

Currently Viewing
Ambulatory Quality Registry
AQ Demo Site 2 -- AQDEMO2

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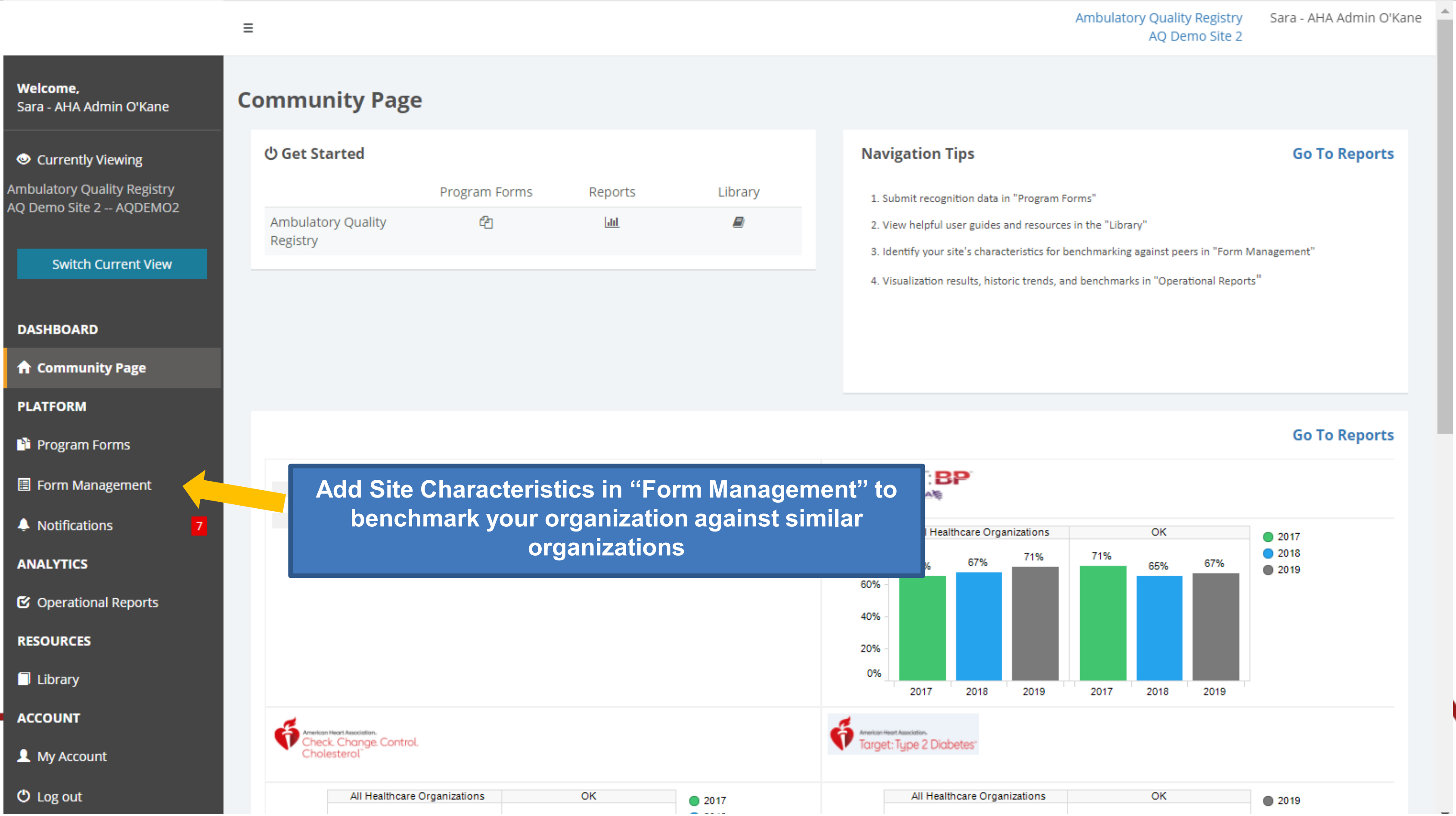

Ambulatory Quality Registry
AQ Demo Site 2

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Go To Reports

BP
Healthcare Organizations
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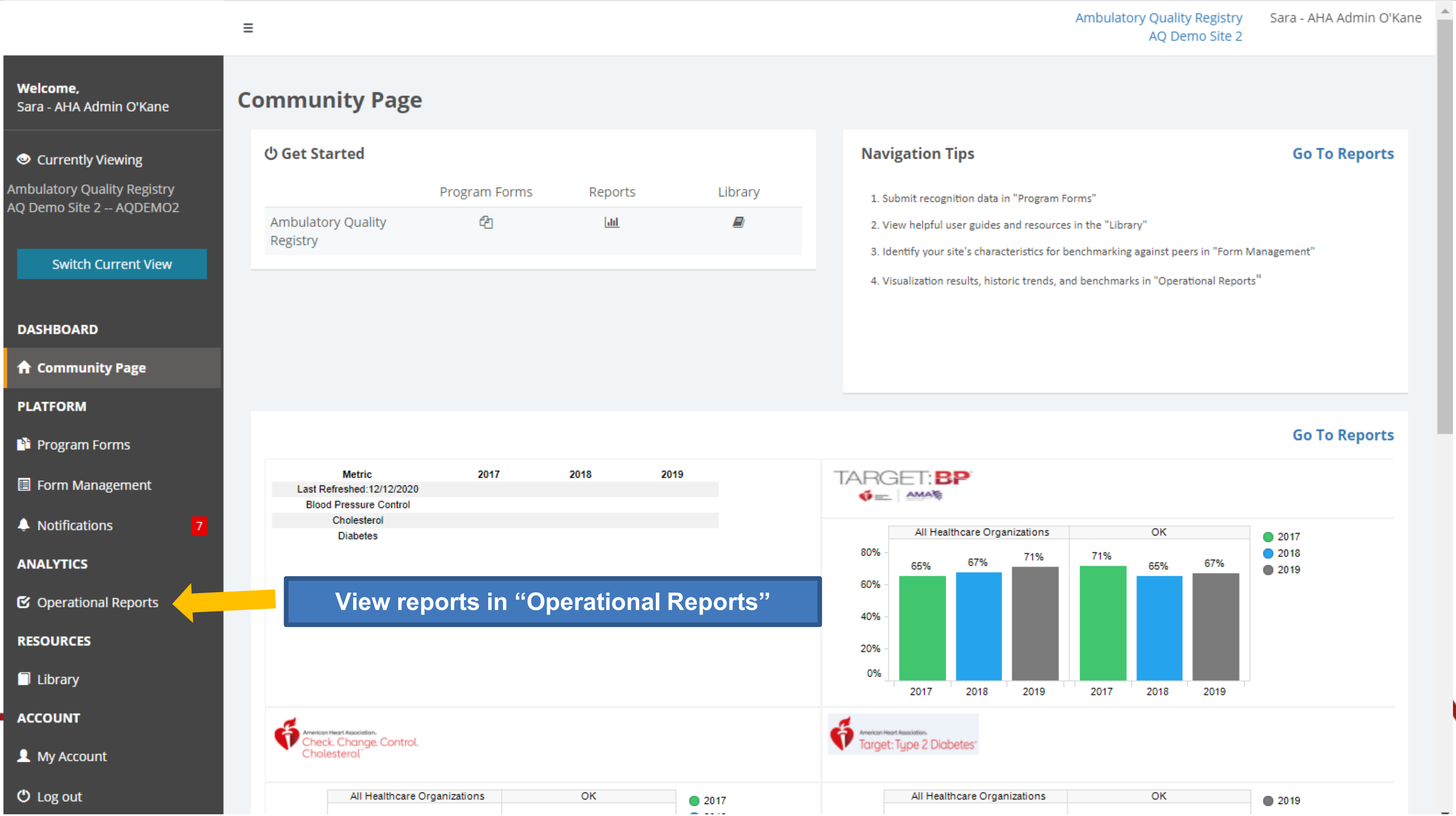
2019
Check. Change. Control. Cholesterol
Target: Type 2 Diabetes
All Healthcare Organizations
OK
2017
All Healthcare Organizations
OK
2019

Add Site Characteristics in "Form Management" to benchmark your organization against similar organizations

Platform Navigation



Ambulatory Quality Registry
AQ Demo Site 2

Sara - AHA Admin O'Kane

Welcome,
Sara - AHA Admin O'Kane

Currently Viewing
Ambulatory Quality Registry
AQ Demo Site 2 -- AQDEMO2

Switch Current View

DASHBOARD
- **Community Page**

PLATFORM
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ANALYTICS
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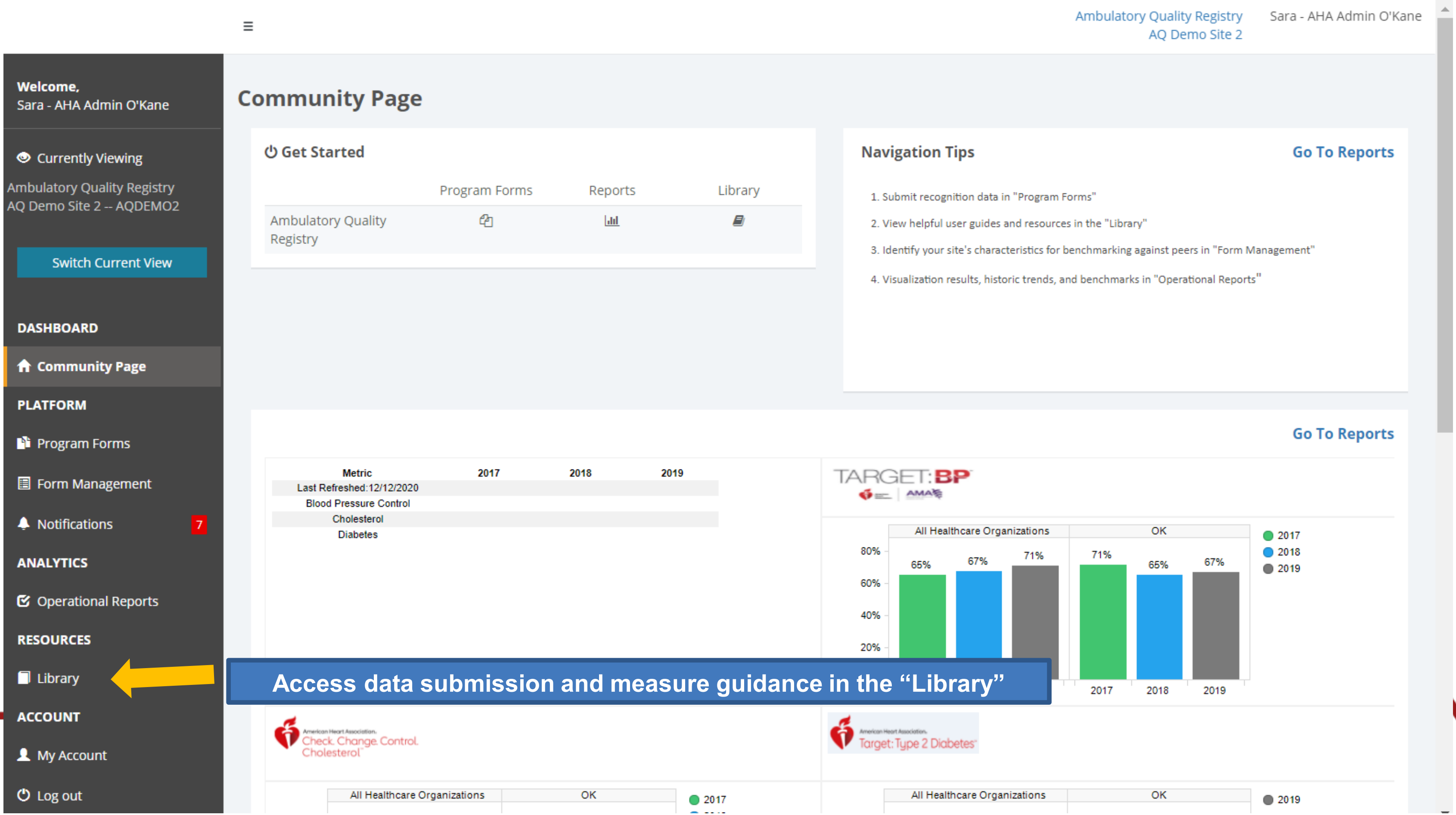
American Heart Association.
Check. Change. Control. Cholesterol
American Heart Association.
Target: Type 2 Diabetes
All Healthcare Organizations
OK
● 2017
All Healthcare Organizations
OK
● 2019

View reports in "Operational Reports"

Platform Navigation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Ambulatory Quality Registry
AQ Demo Site 2
Sara - AHA Admin O'Kane
Welcome,
Sara - AHA Admin O'Kane
Currently Viewing
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AQ Demo Site 2 -- AQDEMO2
Switch Current View
DASHBOARD
Community Page
PLATFORM
Program Forms
Form Management
Notifications 7
ANALYTICS
Operational Reports
RESOURCES
Library
ACCOUNT
My Account
Log out
Community Page
Get Started
Navigation Tips
Go To Reports
Go To Reports
TARGET:BP
AMA
All Healthcare Organizations
OK
80%
60%
40%
20%
65%
67%
71%
71%
65%
67%
2017
2018
2019
2017
2018
2019
Check. Change. Control. Cholesterol
Target: Type 2 Diabetes
All Healthcare Organizations
OK
2017
All Healthcare Organizations
OK
2019

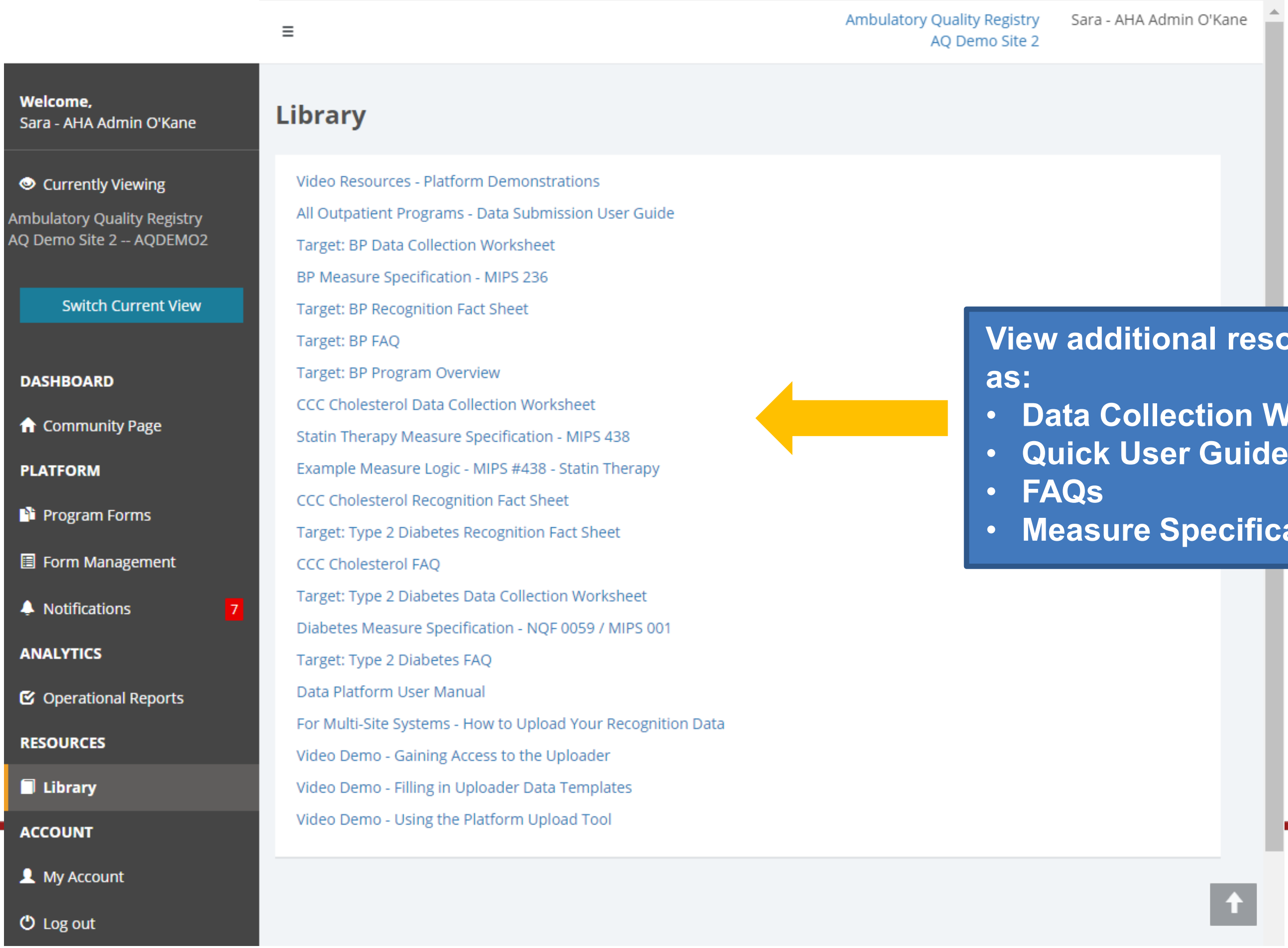
	Program Forms	Reports	Library
Ambulatory Quality Registry			

1. Submit recognition data in "Program Forms"
2. View helpful user guides and resources in the "Library"
3. Identify your site's characteristics for benchmarking against peers in "Form Management"
4. Visualization results, historic trends, and benchmarks in "Operational Reports"

Metric	2017	2018	2019
Last Refreshed:12/12/2020			
Blood Pressure Control			
Cholesterol			
Diabetes			

Access data submission and measure guidance in the "Library"

Platform Library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Operational Reports
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Library
ACCOUNT
My Account
Log out

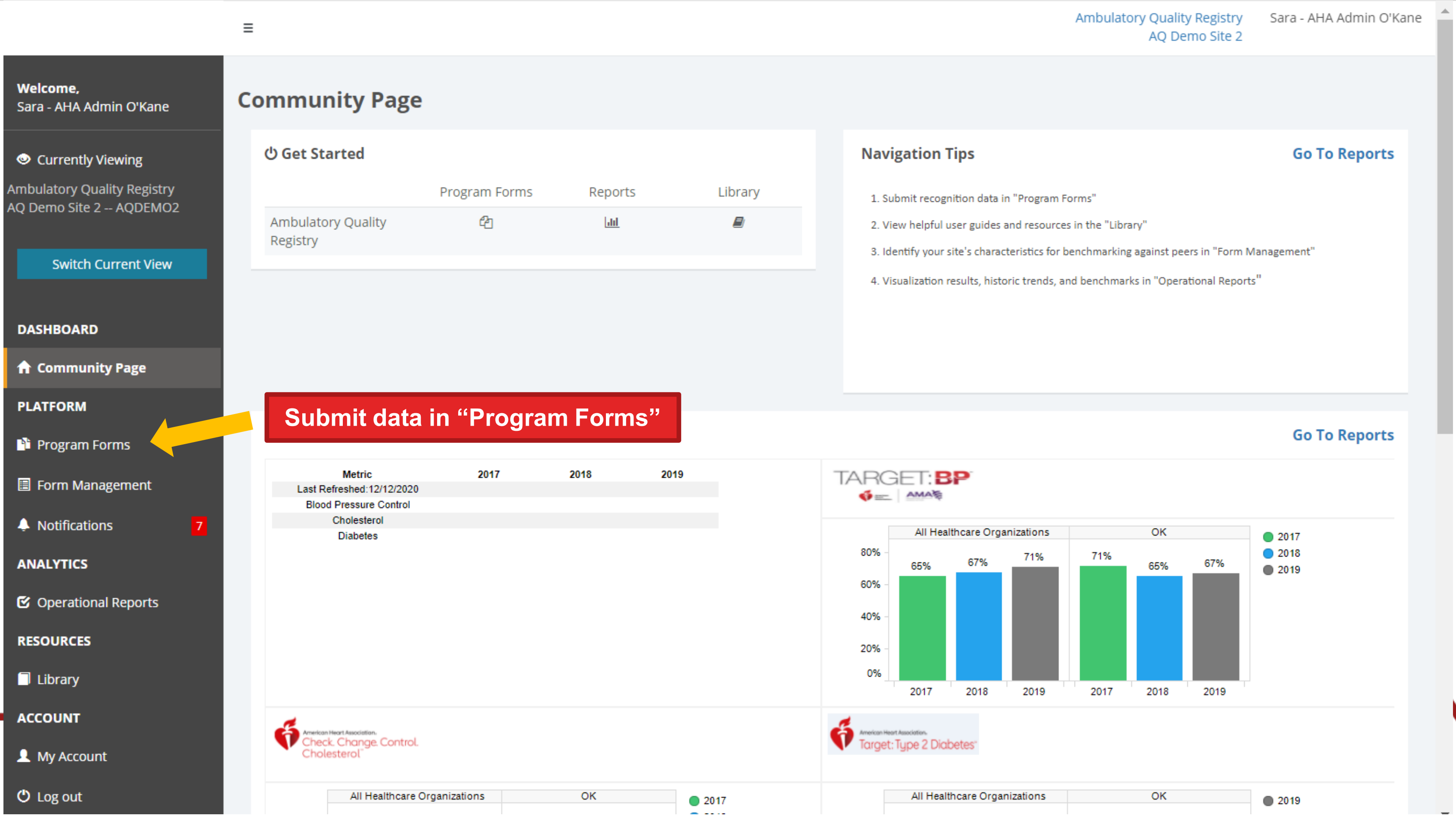
Library

- Video Resources - Platform Demonstrations
- All Outpatient Programs - Data Submission User Guide
- Target: BP Data Collection Worksheet
- BP Measure Specification - MIPS 236
- Target: BP Recognition Fact Sheet
- Target: BP FAQ
- Target: BP Program Overview
- CCC Cholesterol Data Collection Worksheet
- Statin Therapy Measure Specification - MIPS 438
- Example Measure Logic - MIPS #438 - Statin Therapy
- CCC Cholesterol Recognition Fact Sheet
- Target: Type 2 Diabetes Recognition Fact Sheet
- CCC Cholesterol FAQ
- Target: Type 2 Diabetes Data Collection Worksheet
- Diabetes Measure Specification - NQF 0059 / MIPS 001
- Target: Type 2 Diabetes FAQ
- Data Platform User Manual
- For Multi-Site Systems - How to Upload Your Recognition Data
- Video Demo - Gaining Access to the Uploader
- Video Demo - Filling in Uploader Data Templates
- Video Demo - Using the Platform Upload Tool

View additional resources such as:

- **Data Collection Worksheets**
- **Quick User Guides**
- **FAQs**
- **Measure Specifications**

Submitting Data – Program Forms



Ambulatory Quality Registry
AQ Demo Site 2

Sara - AHA Admin O'Kane

Welcome,
Sara - AHA Admin O'Kane

Currently Viewing
Ambulatory Quality Registry
AQ Demo Site 2 -- AQDEMO2

Switch Current View

DASHBOARD
- **Community Page**

PLATFORM
- Program Forms
- Form Management
- Notifications 7

ANALYTICS
- Operational Reports

RESOURCES
- Library

ACCOUNT
- My Account
- Log out

Community Page

Get Started

	Program Forms	Reports	Library
Ambulatory Quality Registry			

Navigation Tips

Go To Reports

1. Submit recognition data in "Program Forms"
2. View helpful user guides and resources in the "Library"
3. Identify your site's characteristics for benchmarking against peers in "Form Management"
4. Visualization results, historic trends, and benchmarks in "Operational Reports"

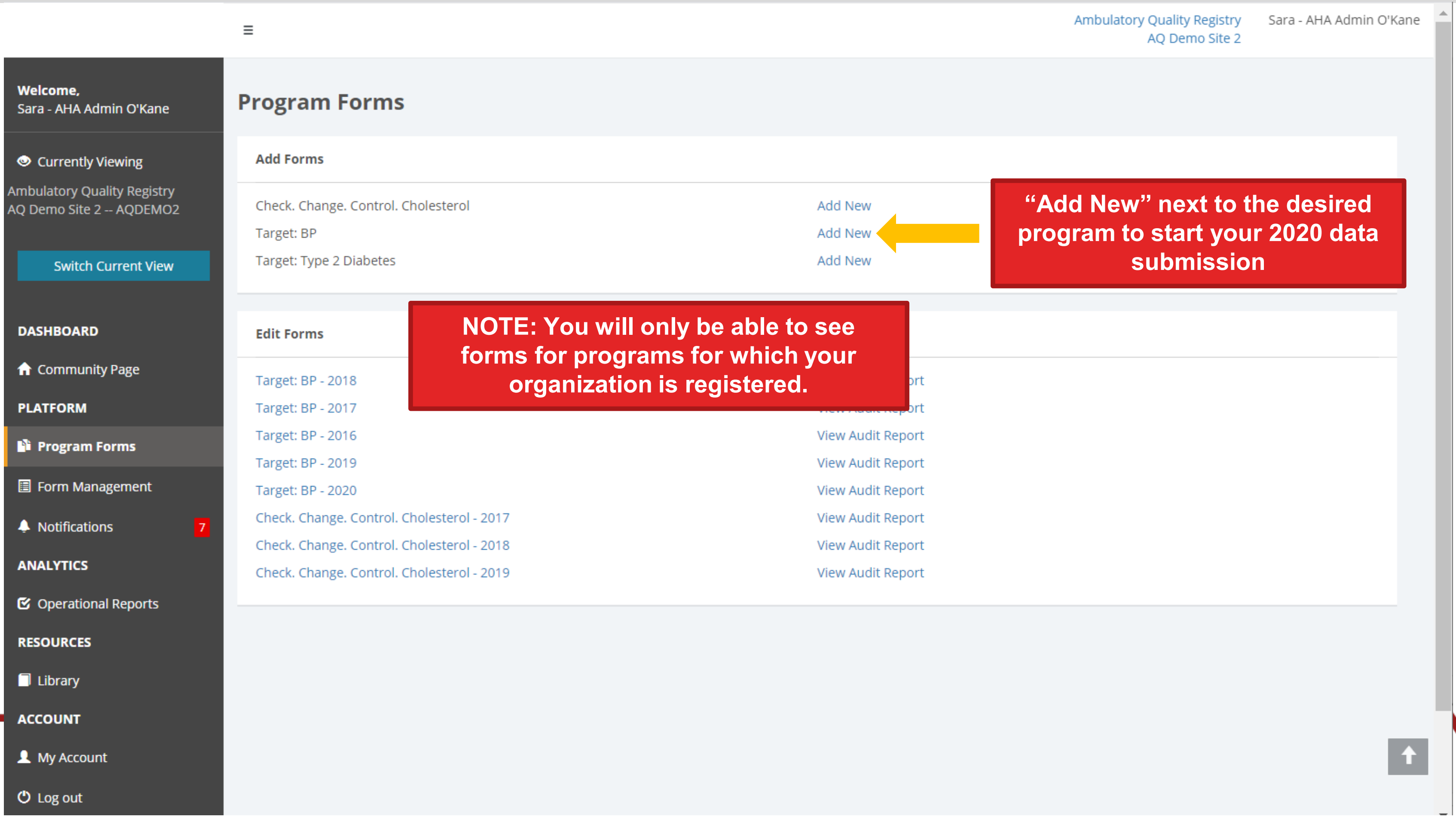
Go To Reports

Metric	2017	2018	2019
Last Refreshed:12/12/2020			
Blood Pressure Control			
Cholesterol			
Diabetes			

TARGET:BP
AMA
All Healthcare Organizations
OK
80%
60%
40%
20%
0%
65%
67%
71%
71%
65%
67%
2017
2018
2019
2017
2018
2019
2017
2018
2019
American Heart Association.
Check. Change. Control. Cholesterol
Target: Type 2 Diabetes
All Healthcare Organizations
OK
2017
All Healthcare Organizations
OK
2019

Submit data in “Program Forms”

Submitting Data – Program Forms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Notifications 7
ANALYTICS
Operational Reports
RESOURCES
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ACCOUNT
My Account
Log out

Program Forms

Add Forms

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

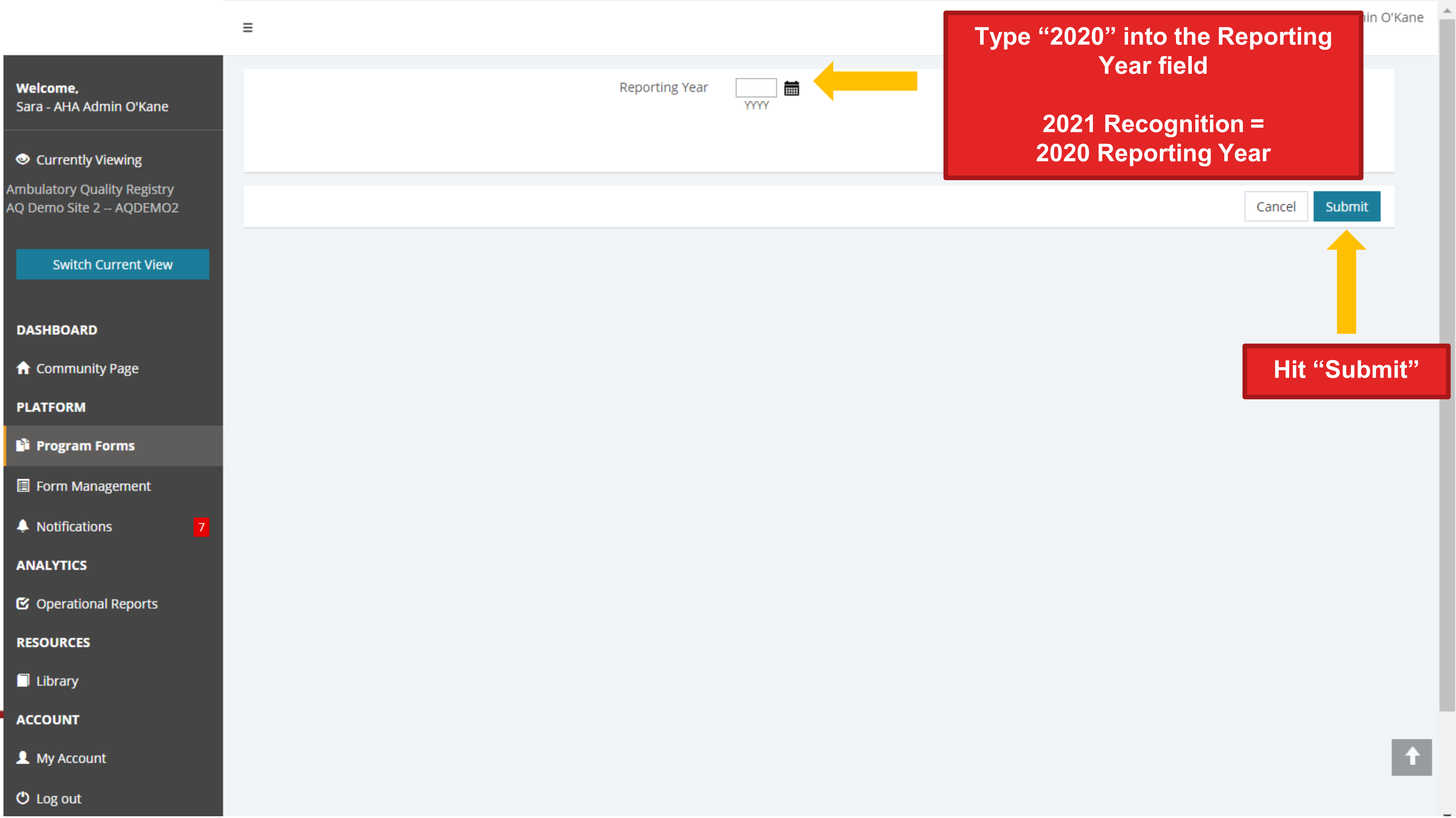
"Add New" next to the desired program to start your 2020 data submission

Edit Forms

Target: BP - 2018	rt
Target: BP - 2017	View Audit Report
Target: BP - 2016	View Audit Report
Target: BP - 2019	View Audit Report
Target: BP - 2020	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

NOTE: You will only be able to see forms for programs for which your organization is registered.

Submitting Data – Program Forms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RESOURCES
Library
ACCOUNT
My Account
Log out
Cancel
Submit

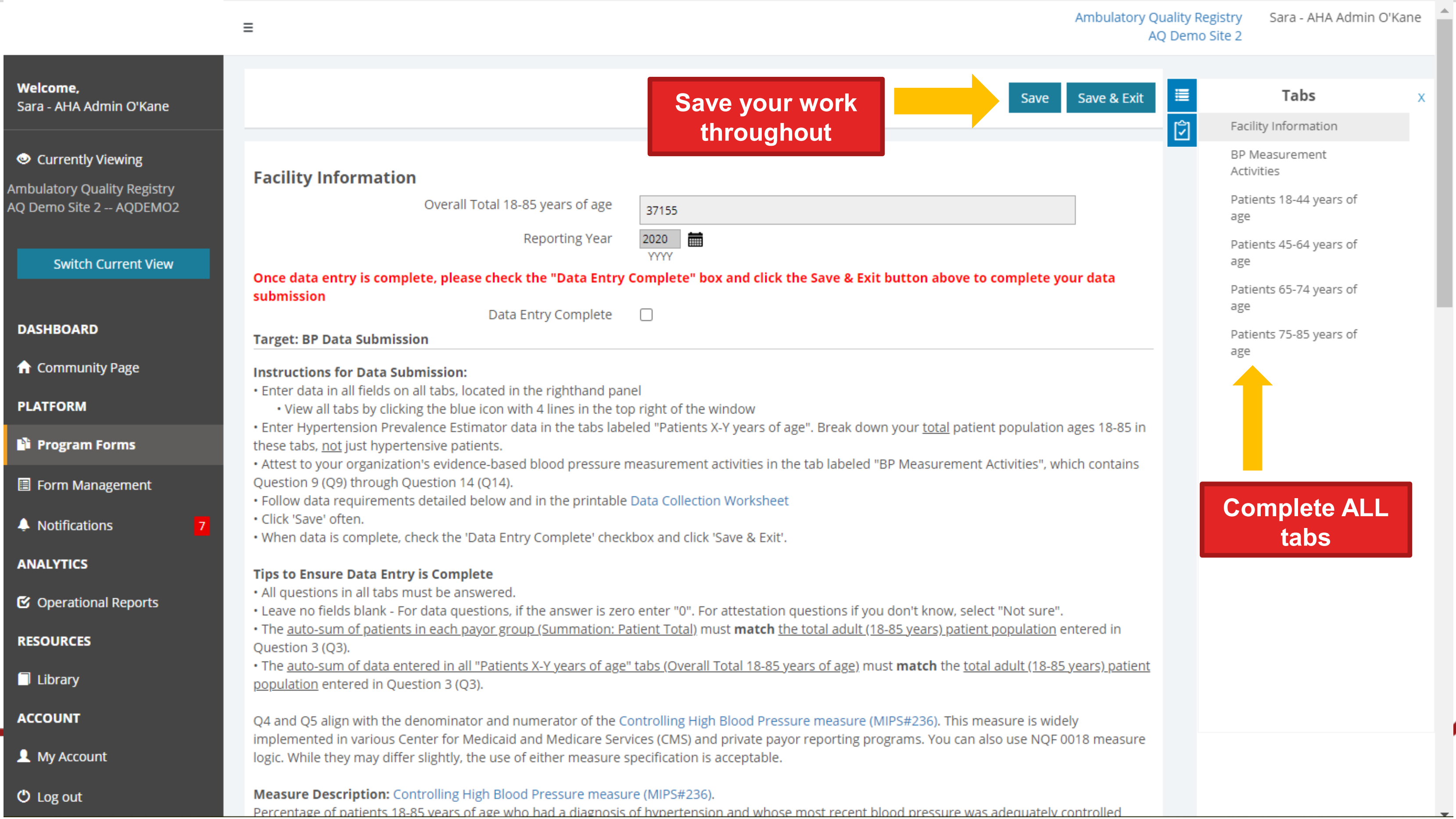
Reporting Year ☐ YYYY

Type “2020” into the Reporting Year field

2021 Recognition = 2020 Reporting Year

Hit “Submit”

Submitting Target: BP Data – Form Entry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ANALYTICS
Operational Reports
RESOURCES
Library
ACCOUNT
My Account
Log out
Save
Save & Exit
Tabs
x
Facility Information
BP Measurement Activities
Patients 18-44 years of age
Patients 45-64 years of age
Patients 65-74 years of age
Patients 75-85 years of age

Save your work throughout

Complete ALL tabs

Facility Information

Overall Total 18-85 years of age: 37155

Reporting Year: 2020 (YYYY)

Once data entry is complete, please check the "Data Entry Complete" box and click the Save & Exit button above to complete your data submission

Data Entry Complete ☐

Target: BP Data Submission

Instructions for Data Submission:

- Enter data in all fields on all tabs, located in the righthand panel
  - View all tabs by clicking the blue icon with 4 lines in the top right of the window
- Enter Hypertension Prevalence Estimator data in the tabs labeled "Patients X-Y years of age". Break down your total patient population ages 18-85 in these tabs, not just hypertensive patients.
- Attest to your organization's evidence-based blood pressure measurement activities in the tab labeled "BP Measurement Activities", which contains Question 9 (Q9) through Question 14 (Q14).
- Follow data requirements detailed below and in the printable Data Collection Worksheet
- Click 'Save' often.
- When data is complete, check the 'Data Entry Complete' checkbox and click 'Save & Exit'.

Tips to Ensure Data Entry is Complete

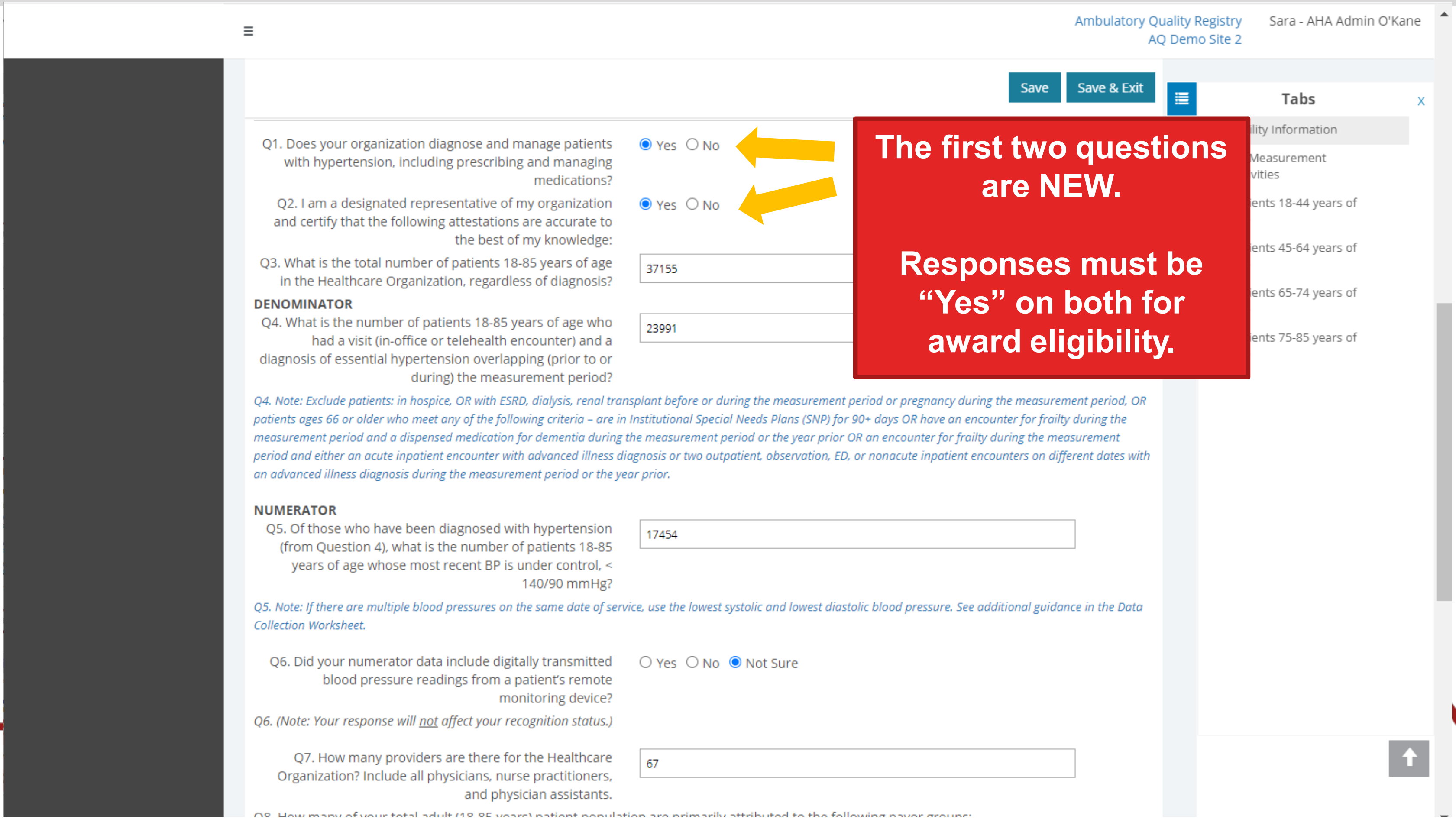
- All questions in all tabs must be answered.
- Leave no fields blank - For data questions, if the answer is zero enter "0". For attestation questions if you don't know, select "Not sure".
- The auto-sum of patients in each payor group (Summation: Patient Total) must **match** the total adult (18-85 years) patient population entered in Question 3 (Q3).
- The auto-sum of data entered in all "Patients X-Y years of age" tabs (Overall Total 18-85 years of age) must **match** the total adult (18-85 years) patient population entered in Question 3 (Q3).

Q4 and Q5 align with the denominator and numerator of the Controlling High Blood Pressure measure (MIPS#236). This measure is widely implemented in various Center for Medicaid and Medicare Services (CMS) and private payor reporting programs. You can also use NQF 0018 measure logic. While they may differ slightly, the use of either measure specification is acceptable.

Measure Description: Controlling High Blood Pressure measure (MIPS#236).

Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose most recent blood pressure was adequately controlled

Submitting Target: BP Data – Form Entry



Q1. Does your organization diagnose and manage patients with hypertension, including prescribing and managing medications? ● Yes ○ No

Q2. I am a designated representative of my organization and certify that the following attestations are accurate to the best of my knowledge: ● Yes ○ No

Q3. What is the total number of patients 18-85 years of age in the Healthcare Organization, regardless of diagnosis? 37155

DENOMINATOR

Q4. What is the number of patients 18-85 years of age who had a visit (in-office or telehealth encounter) and a diagnosis of essential hypertension overlapping (prior to or during) the measurement period? 23991

Q4. Note: Exclude patients: in hospice, OR with ESRD, dialysis, renal transplant before or during the measurement period or pregnancy during the measurement period, OR patients ages 66 or older who meet any of the following criteria – are in Institutional Special Needs Plans (SNP) for 90+ days OR have an encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior OR an encounter for frailty during the measurement period and either an acute inpatient encounter with advanced illness diagnosis or two outpatient, observation, ED, or nonacute inpatient encounters on different dates with an advanced illness diagnosis during the measurement period or the year prior.

NUMERATOR

Q5. Of those who have been diagnosed with hypertension (from Question 4), what is the number of patients 18-85 years of age whose most recent BP is under control, < 140/90 mmHg? 17454

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 in the Data Collection Worksheet.

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

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

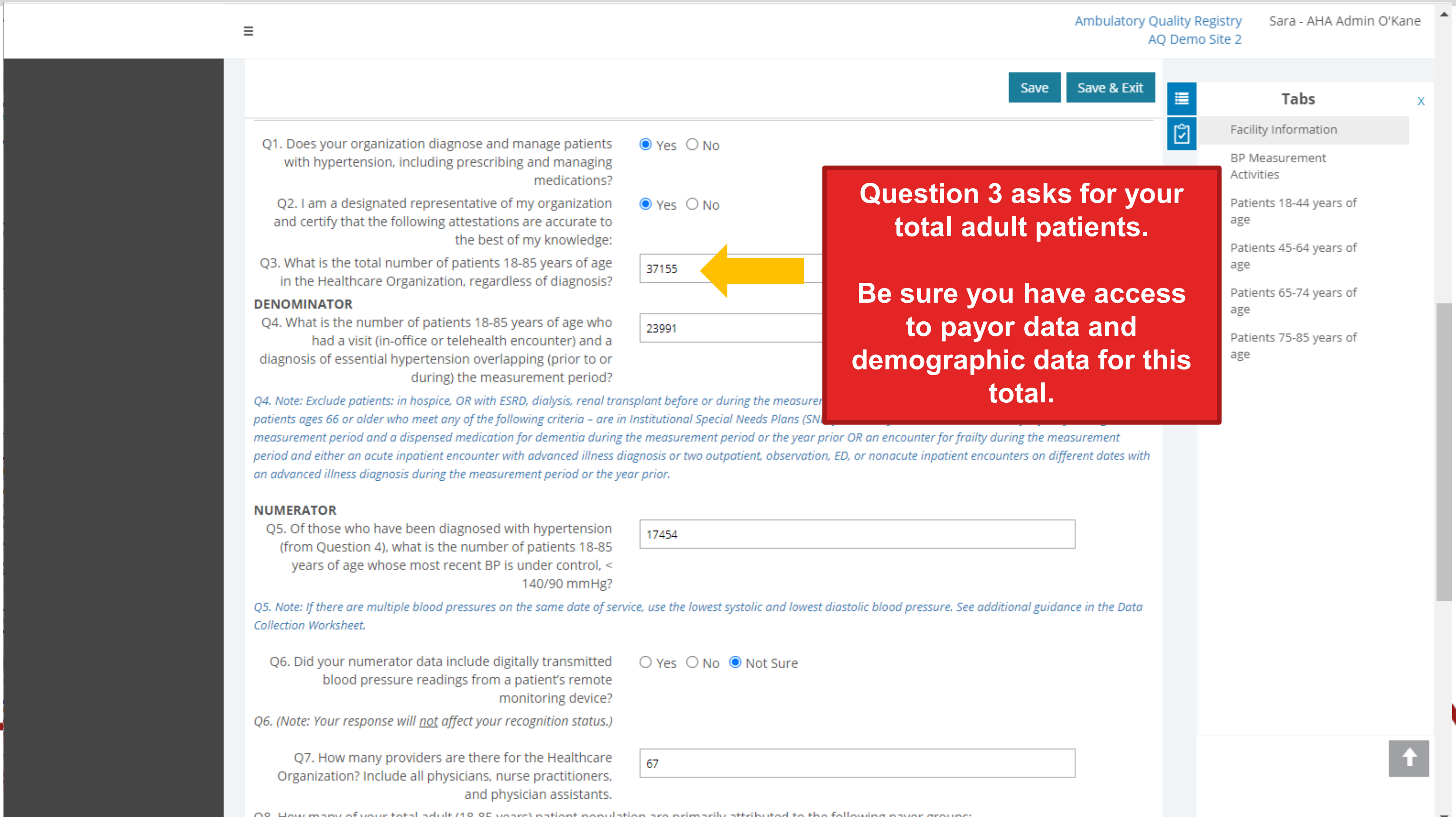
Q7. How many providers are there for the Healthcare Organization? Include all physicians, nurse practitioners, and physician assistants. 67

Q8. How many of your total adult (18-85 years) patient population are primarily attributed to the following payer groups:

The first two questions are NEW.

Responses must be "Yes" on both for award eligibility.

Submitting Target: BP Data – Form Entry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Sara - AHA Admin O'Kane
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Facility Information
BP Measurement Activities
Patients 18-44 years of age
Patients 45-64 years of age
Patients 65-74 years of age
Patients 75-85 years of age

Q1. Does your organization diagnose and manage patients with hypertension, including prescribing and managing medications? ● Yes ○ No

Q2. I am a designated representative of my organization and certify that the following attestations are accurate to the best of my knowledge: ● Yes ○ No

Q3. What is the total number of patients 18-85 years of age in the Healthcare Organization, regardless of diagnosis? 37155

DENOMINATOR

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Q4. Note: Exclude patients: in hospice, OR with ESRD, dialysis, renal transplant before or during the measure
patients ages 66 or older who meet any of the following criteria – are in Institutional Special Needs Plans (SN
measurement period and a dispensed medication for dementia during the measurement period or the year prior OR an encounter for frailty during the measurement period and either an acute inpatient encounter with advanced illness diagnosis or two outpatient, observation, ED, or nonacute inpatient encounters on different dates with an advanced illness diagnosis during the measurement period or the year prior.

NUMERATOR

Q5. Of those who have been diagnosed with hypertension (from Question 4), what is the number of patients 18-85 years of age whose most recent BP is under control, < 140/90 mmHg? 17454

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 in the Data Collection Worksheet.

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

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

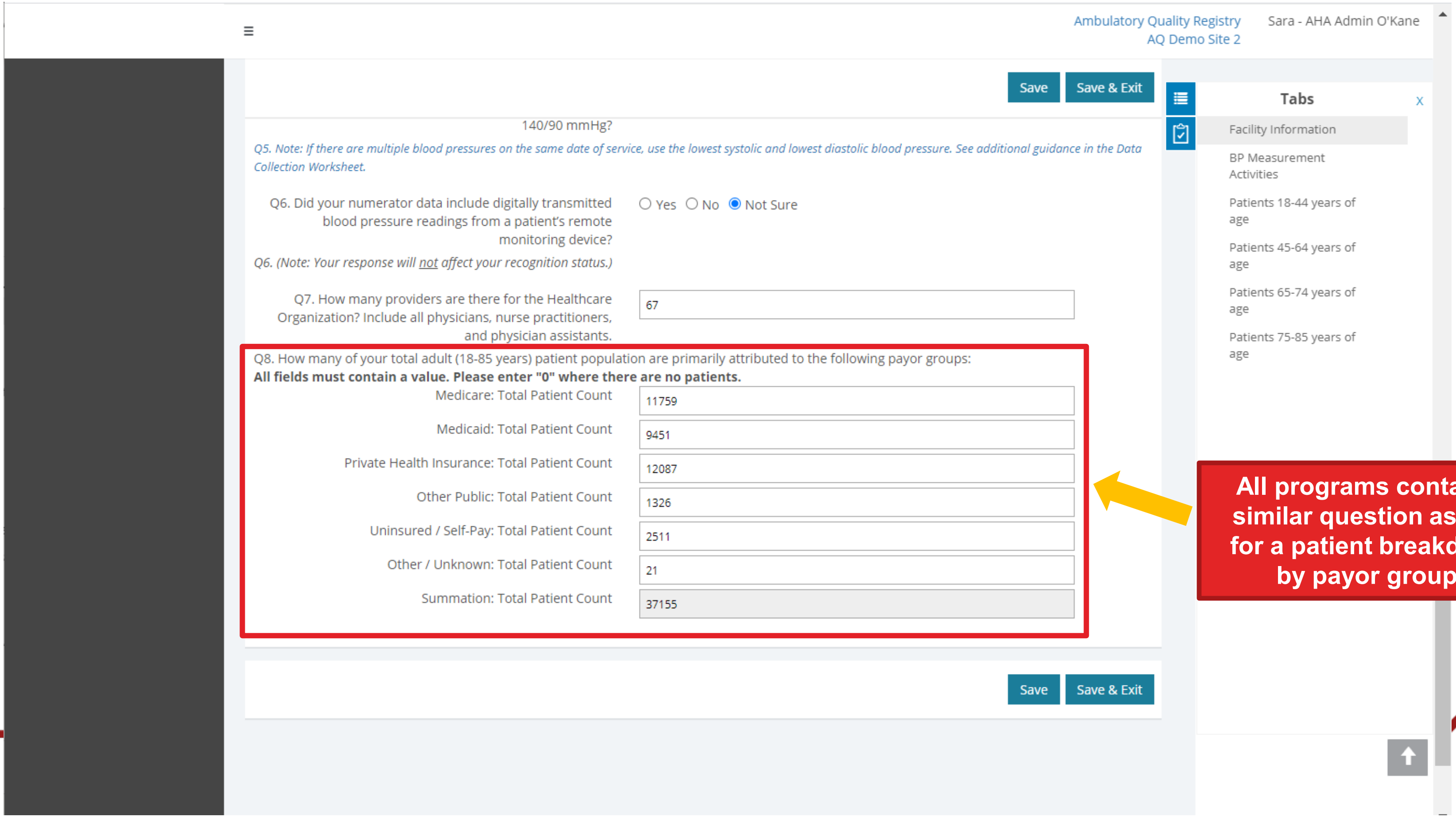
Q7. How many providers are there for the Healthcare Organization? Include all physicians, nurse practitioners, and physician assistants. 67

Q8. How many of your total adult (18-85 years) patient population are primarily attributed to the following payor groups:

Question 3 asks for your total adult patients.

Be sure you have access to payor data and demographic data for this total.

Submitting Target: BP Data – Form Entry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Patients 18-44 years of age
Patients 45-64 years of age
Patients 65-74 years of age
Patients 75-85 years of age

140/90 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 in the Data Collection Worksheet.

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

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

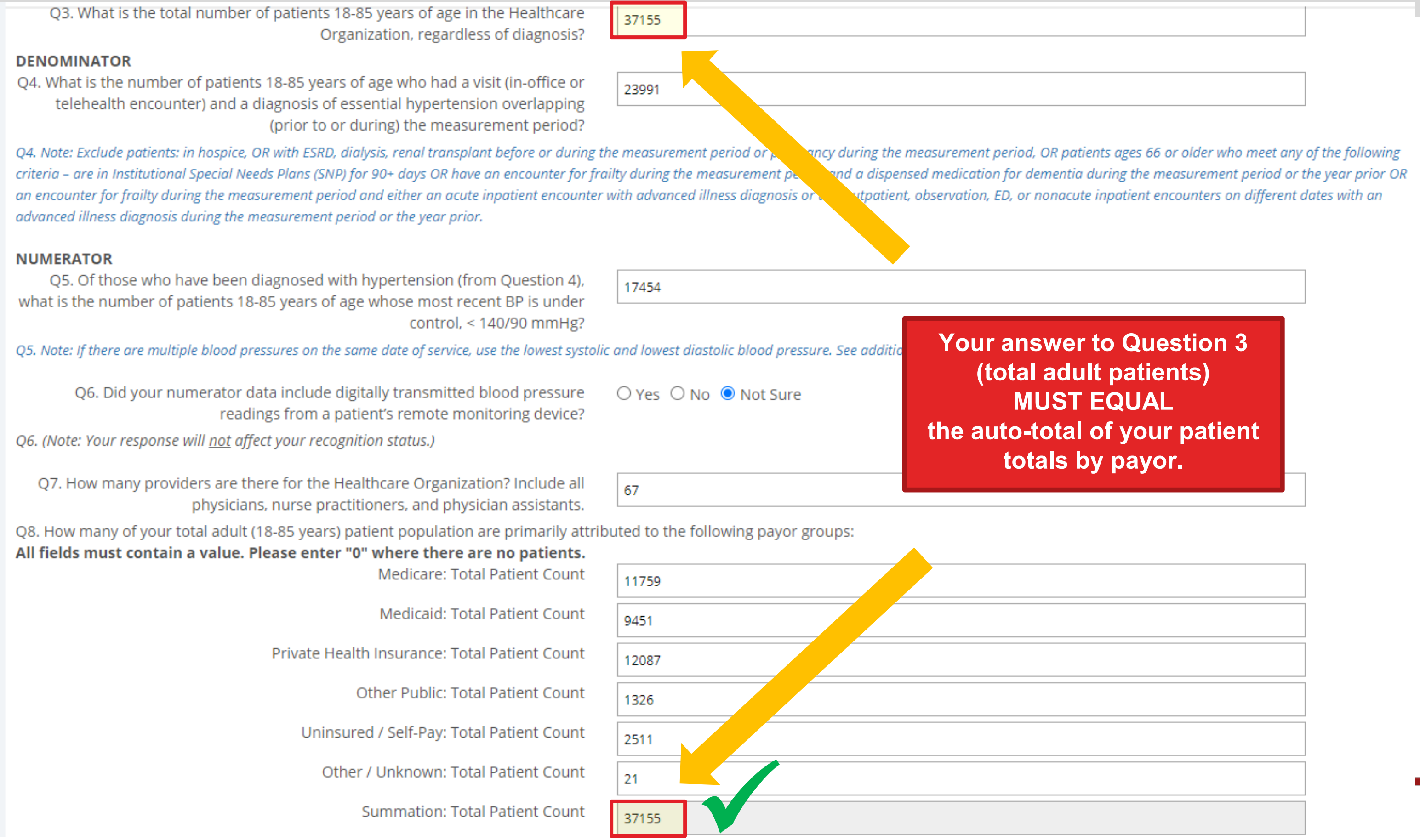
Q7. How many providers are there for the Healthcare Organization? Include all physicians, nurse practitioners, and physician assistants. 67

Q8. How many of your total adult (18-85 years) patient population 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	11759
Medicaid: Total Patient Count	9451
Private Health Insurance: Total Patient Count	12087
Other Public: Total Patient Count	1326
Uninsured / Self-Pay: Total Patient Count	2511
Other / Unknown: Total Patient Count	21
Summation: Total Patient Count	37155

All programs contain a similar question asking for a patient breakdown by payor group.

Submitting Target: BP Data – Avoiding Errors



Q3. What is the total number of patients 18-85 years of age in the Healthcare Organization, regardless of diagnosis? 37155

DENOMINATOR

Q4. What is the number of patients 18-85 years of age who had a visit (in-office or telehealth encounter) and a diagnosis of essential hypertension overlapping (prior to or during) the measurement period? 23991

Q4. Note: Exclude patients: in hospice, OR with ESRD, dialysis, renal transplant before or during the measurement period or p ancy during the measurement period, OR patients ages 66 or older who meet any of the following criteria – are in Institutional Special Needs Plans (SNP) for 90+ days OR have an encounter for frailty during the measurement pe and a dispensed medication for dementia during the measurement period or the year prior OR an encounter for frailty during the measurement period and either an acute inpatient encounter with advanced illness diagnosis or utpatient, observation, ED, or nonacute inpatient encounters on different dates with an advanced illness diagnosis during the measurement period or the year prior.

NUMERATOR

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Q5. Note: If there are multiple blood pressures on the same date of service, use the lowest systolic and lowest diastolic blood pressure. See additio

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.)

Q7. How many providers are there for the Healthcare Organization? Include all physicians, nurse practitioners, and physician assistants. 67

Q8. How many of your total adult (18-85 years) patient population 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 11759

Medicaid: Total Patient Count 9451

Private Health Insurance: Total Patient Count 12087

Other Public: Total Patient Count 1326

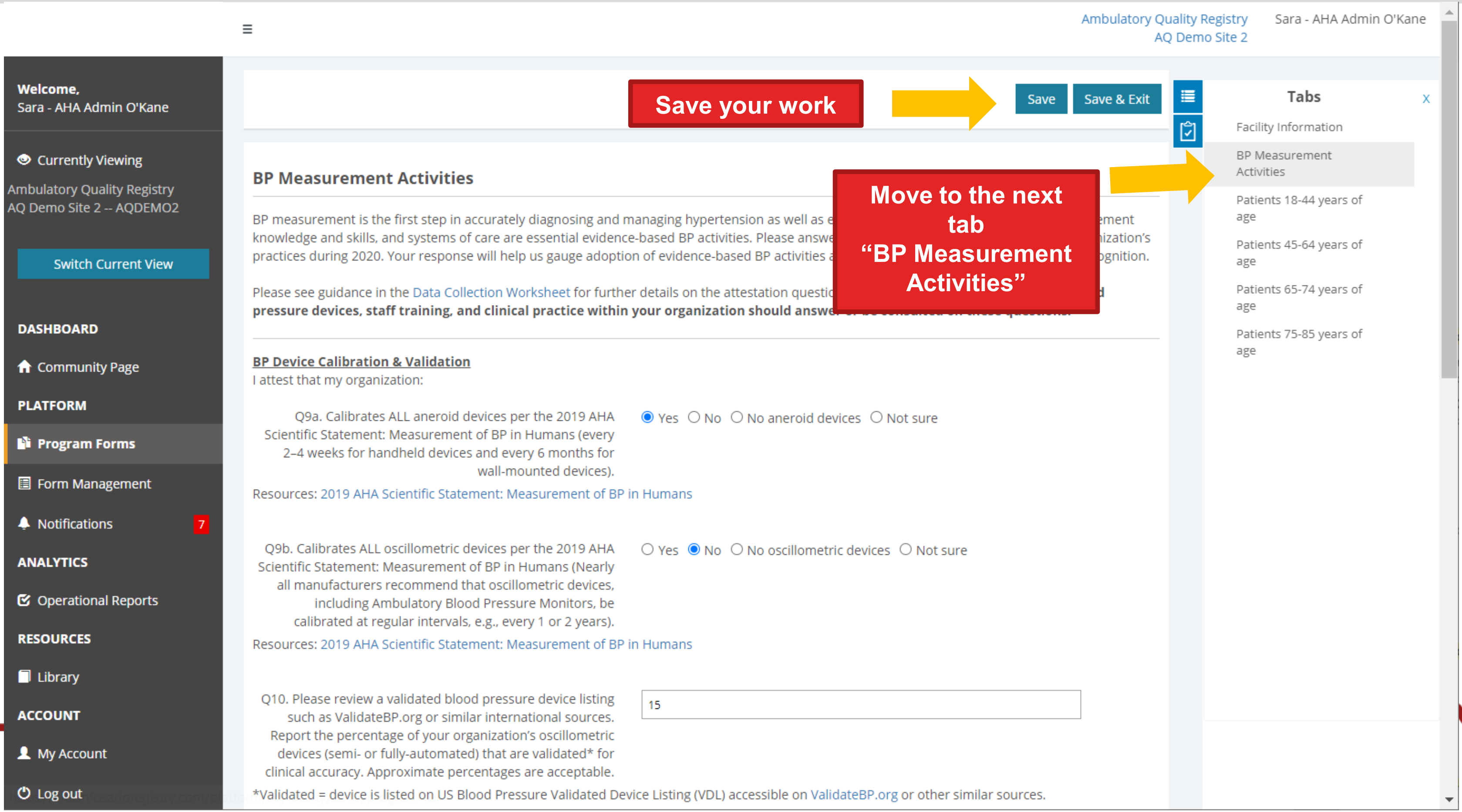
Uninsured / Self-Pay: Total Patient Count 2511

Other / Unknown: Total Patient Count 21

Summation: Total Patient Count 37155 ✓

Your answer to Question 3 (total adult patients) MUST EQUAL the auto-total of your patient totals by payor.

Submitting Target: BP Data – Tab Navigation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BP Measurement Activities
Patients 18-44 years of age
Patients 45-64 years of age
Patients 65-74 years of age
Patients 75-85 years of age

Save your work

Move to the next tab "BP Measurement Activities"

BP Measurement Activities

BP measurement is the first step in accurately diagnosing and managing hypertension as well as e … ement knowledge and skills, and systems of care are essential evidence-based BP activities. Please answe … ization's practices during 2020. Your response will help us gauge adoption of evidence-based BP activities a … ognition.

Please see guidance in the Data Collection Worksheet for further details on the attestation questio … d **pressure devices, staff training, and clinical practice within your organization should answe**

BP Device Calibration & Validation

I attest that my organization:

Q9a. Calibrates ALL aneroid devices per the 2019 AHA Scientific Statement: Measurement of BP in Humans (every 2–4 weeks for handheld devices and every 6 months for wall-mounted devices).
● Yes ○ No ○ No aneroid devices ○ Not sure

Resources: 2019 AHA Scientific Statement: Measurement of BP in Humans

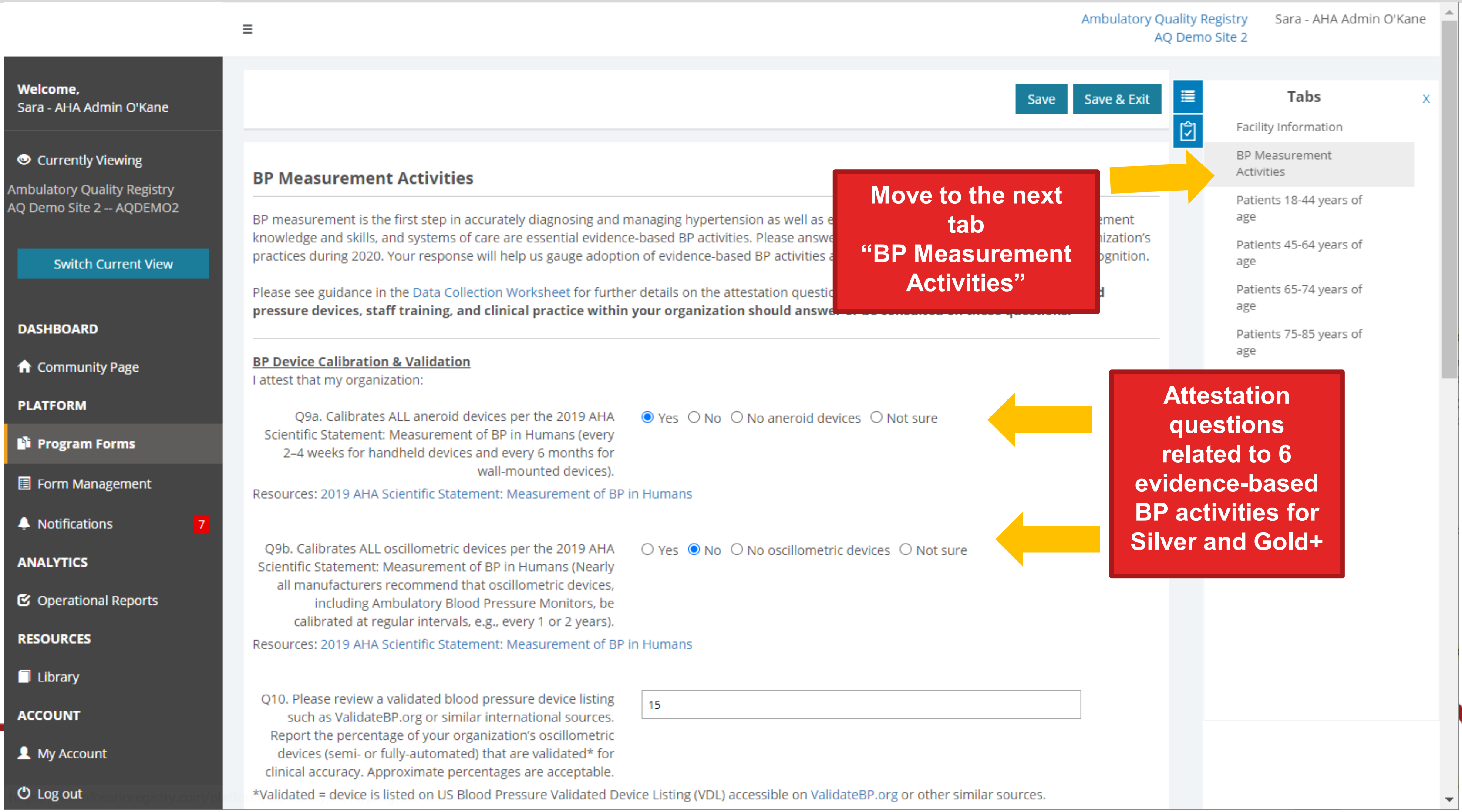
Q9b. Calibrates ALL oscillometric devices per the 2019 AHA Scientific Statement: Measurement of BP in Humans (Nearly all manufacturers recommend that oscillometric devices, including Ambulatory Blood Pressure Monitors, be calibrated at regular intervals, e.g., every 1 or 2 years).
○ Yes ● No ○ No oscillometric devices ○ Not sure

Resources: 2019 AHA Scientific Statement: Measurement of BP in Humans

Q10. Please review a validated blood pressure device listing such as ValidateBP.org or similar international sources. Report the percentage of your organization's oscillometric devices (semi- or fully-automated) that are validated* for clinical accuracy. Approximate percentages are acceptable.
15

*Validated = device is listed on US Blood Pressure Validated Device Listing (VDL) accessible on ValidateBP.org or other similar sources.

Submitting Target: BP Data – BP Measurement Activities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Facility Information
BP Measurement Activities
Patients 18-44 years of age
Patients 45-64 years of age
Patients 65-74 years of age
Patients 75-85 years of age

BP Measurement Activities

BP measurement is the first step in accurately diagnosing and managing hypertension as well as e… …ement knowledge and skills, and systems of care are essential evidence-based BP activities. Please answe… …ization's practices during 2020. Your response will help us gauge adoption of evidence-based BP activities a… …ognition.

Please see guidance in the Data Collection Worksheet for further details on the attestation questio… …d **pressure devices, staff training, and clinical practice within your organization should answe…**

BP Device Calibration & Validation

I attest that my organization:

Q9a. Calibrates ALL aneroid devices per the 2019 AHA Scientific Statement: Measurement of BP in Humans (every 2–4 weeks for handheld devices and every 6 months for wall-mounted devices). ● Yes ○ No ○ No aneroid devices ○ Not sure

Resources: 2019 AHA Scientific Statement: Measurement of BP in Humans

Q9b. Calibrates ALL oscillometric devices per the 2019 AHA Scientific Statement: Measurement of BP in Humans (Nearly all manufacturers recommend that oscillometric devices, including Ambulatory Blood Pressure Monitors, be calibrated at regular intervals, e.g., every 1 or 2 years). ○ Yes ● No ○ No oscillometric devices ○ Not sure

Resources: 2019 AHA Scientific Statement: Measurement of BP in Humans

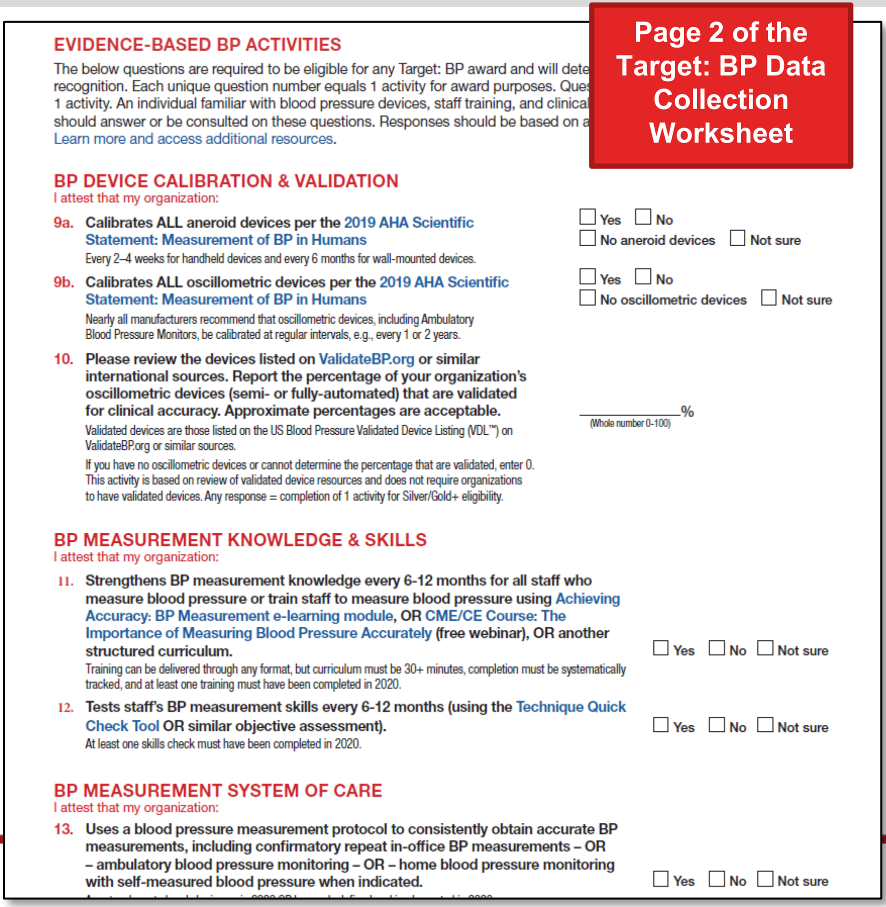
Q10. Please review a validated blood pressure device listing such as ValidateBP.org or similar international sources. Report the percentage of your organization's oscillometric devices (semi- or fully-automated) that are validated* for clinical accuracy. Approximate percentages are acceptable. 15

*Validated = device is listed on US Blood Pressure Validated Device Listing (VDL) accessible on ValidateBP.org or other similar sources.

Move to the next tab "BP Measurement Activities"

Attestation questions related to 6 evidence-based BP activities for Silver and Gold+

Submitting Target: BP Data – BP Measurement Activities



Page 2 of the Target: BP Data Collection Worksheet

EVIDENCE-BASED BP ACTIVITIES

The below questions are required to be eligible for any Target: BP award and will dete
recognition. Each unique question number equals 1 activity for award purposes. Ques
1 activity. An individual familiar with blood pressure devices, staff training, and clinical
should answer or be consulted on these questions. Responses should be based on a
Learn more and access additional resources.

BP DEVICE CALIBRATION & VALIDATION

I attest that my organization:

9a. Calibrates ALL aneroid devices per the 2019 AHA Scientific Statement: Measurement of BP in Humans
Every 2–4 weeks for handheld devices and every 6 months for wall-mounted devices.
☐ Yes ☐ No
☐ No aneroid devices ☐ Not sure

9b. Calibrates ALL oscillometric devices per the 2019 AHA Scientific Statement: Measurement of BP in Humans
Nearly all manufacturers recommend that oscillometric devices, including Ambulatory Blood Pressure Monitors, be calibrated at regular intervals, e.g., every 1 or 2 years.
☐ Yes ☐ No
☐ No oscillometric devices ☐ Not sure

10. Please review the devices listed on ValidateBP.org or similar international sources. Report the percentage of your organization's oscillometric devices (semi- or fully-automated) that are validated for clinical accuracy. Approximate percentages are acceptable.
Validated devices are those listed on the US Blood Pressure Validated Device Listing (VDL™) on ValidateBP.org or similar sources.
If you have no oscillometric devices or cannot determine the percentage that are validated, enter 0. This activity is based on review of validated device resources and does not require organizations to have validated devices. Any response = completion of 1 activity for Silver/Gold+ eligibility.
____________%
(Whole number 0-100)

BP MEASUREMENT KNOWLEDGE & SKILLS

I attest that my organization:

11. Strengthens BP measurement knowledge every 6-12 months for all staff who measure blood pressure or train staff to measure blood pressure using Achieving Accuracy: BP Measurement e-learning module, OR CME/CE Course: The Importance of Measuring Blood Pressure Accurately (free webinar), OR another structured curriculum.
Training can be delivered through any format, but curriculum must be 30+ minutes, completion must be systematically tracked, and at least one training must have been completed in 2020.
☐ Yes ☐ No ☐ Not sure

12. Tests staff's BP measurement skills every 6-12 months (using the Technique Quick Check Tool OR similar objective assessment).
At least one skills check must have been completed in 2020.
☐ Yes ☐ No ☐ Not sure

BP MEASUREMENT SYSTEM OF CARE

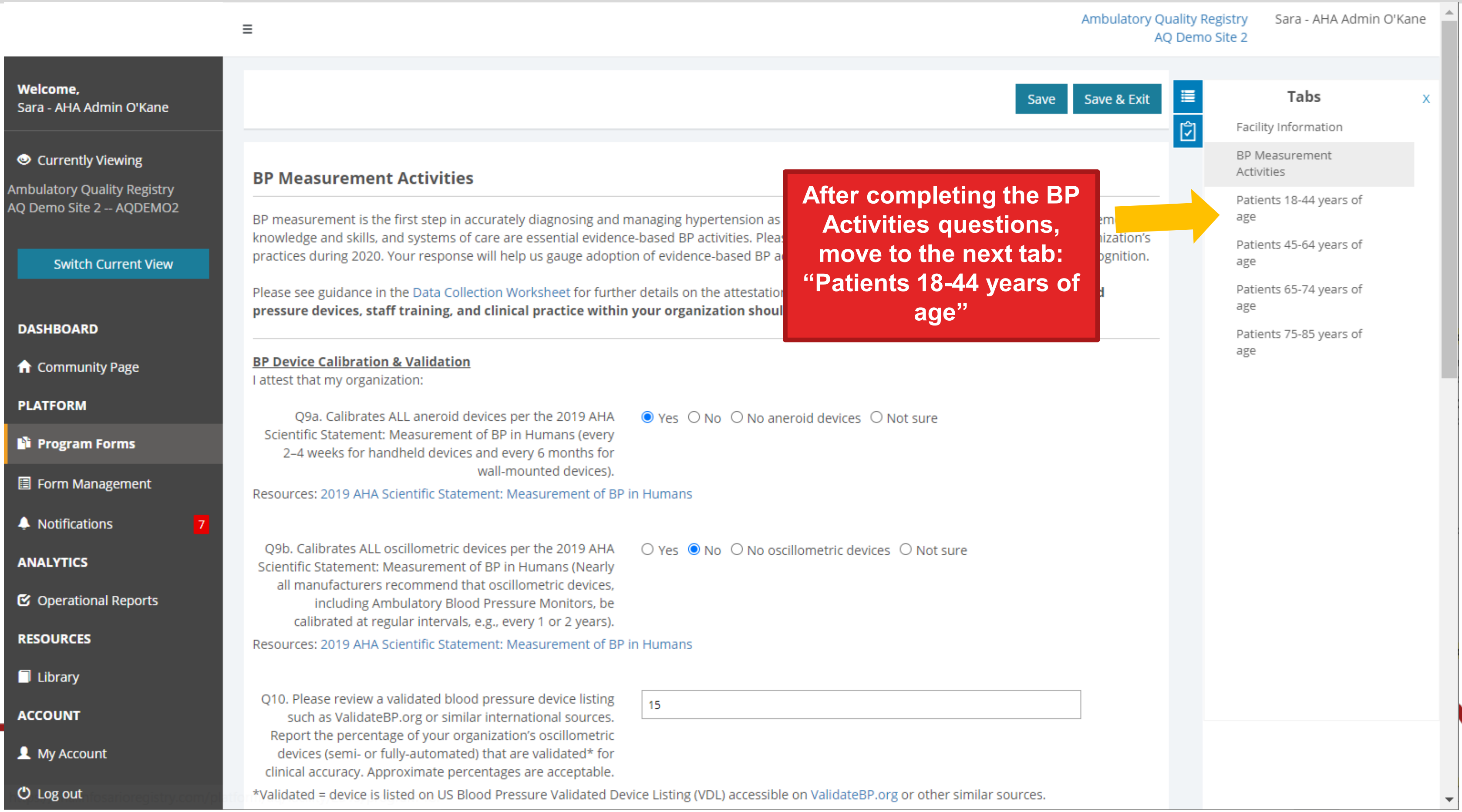
I attest that my organization:

13. Uses a blood pressure measurement protocol to consistently obtain accurate BP measurements, including confirmatory repeat in-office BP measurements – OR – ambulatory blood pressure monitoring – OR – home blood pressure monitoring with self-measured blood pressure when indicated.
☐ Yes ☐ No ☐ Not sure

- We highly recommend using the Data Collection Worksheet for guidance on how to respond to each of the questions related to evidence-based BP activities. https://targetbp.org/tools_downloads/data-collection-worksheet/

- To receive any award, all questions need to be answered.
    - You can enter "Not sure" on the single-select questions & "0" on the validation question.

Submitting Target: BP Data – Next Tab



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Tabs
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Facility Information
BP Measurement Activities
Patients 18-44 years of age
Patients 45-64 years of age
Patients 65-74 years of age
Patients 75-85 years of age

BP Measurement Activities

BP measurement is the first step in accurately diagnosing and managing hypertension as … em… knowledge and skills, and systems of care are essential evidence-based BP activities. Pleas… ization's practices during 2020. Your response will help us gauge adoption of evidence-based BP a… gnition.

Please see guidance in the Data Collection Worksheet for further details on the attestatio… **pressure devices, staff training, and clinical practice within your organization shoul…**

BP Device Calibration & Validation

I attest that my organization:

Q9a. Calibrates ALL aneroid devices per the 2019 AHA Scientific Statement: Measurement of BP in Humans (every 2–4 weeks for handheld devices and every 6 months for wall-mounted devices).
● Yes ○ No ○ No aneroid devices ○ Not sure

Resources: 2019 AHA Scientific Statement: Measurement of BP in Humans

Q9b. Calibrates ALL oscillometric devices per the 2019 AHA Scientific Statement: Measurement of BP in Humans (Nearly all manufacturers recommend that oscillometric devices, including Ambulatory Blood Pressure Monitors, be calibrated at regular intervals, e.g., every 1 or 2 years).
○ Yes ● No ○ No oscillometric devices ○ Not sure

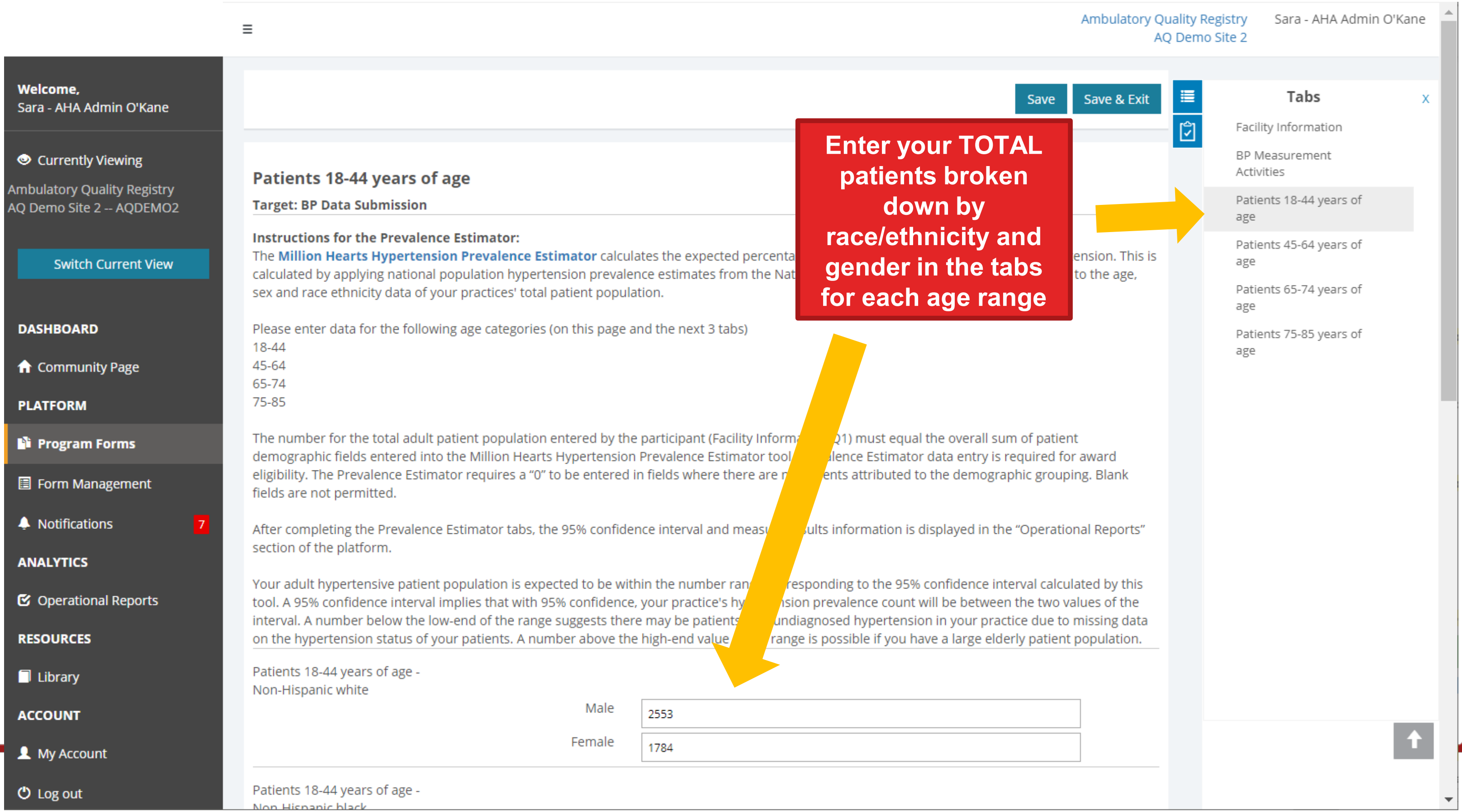
Resources: 2019 AHA Scientific Statement: Measurement of BP in Humans

Q10. Please review a validated blood pressure device listing such as ValidateBP.org or similar international sources. Report the percentage of your organization's oscillometric devices (semi- or fully-automated) that are validated* for clinical accuracy. Approximate percentages are acceptable.
15

*Validated = device is listed on US Blood Pressure Validated Device Listing (VDL) accessible on ValidateBP.org or other similar sources.

After completing the BP Activities questions, move to the next tab: "Patients 18-44 years of age"

Submitting Target: BP Data – Hypertension Prevalence Estimator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Facility Information
BP Measurement Activities
Patients 18-44 years of age
Patients 45-64 years of age
Patients 65-74 years of age
Patients 75-85 years of age

Enter your TOTAL patients broken down by race/ethnicity and gender in the tabs for each age range

Patients 18-44 years of age

Target: BP Data Submission

Instructions for the Prevalence Estimator:
The **Million Hearts Hypertension Prevalence Estimator** calculates the expected percenta ension. This is calculated by applying national population hypertension prevalence estimates from the Nat to the age, sex and race ethnicity data of your practices' total patient population.

Please enter data for the following age categories (on this page and the next 3 tabs)
18-44
45-64
65-74
75-85

The number for the total adult patient population entered by the participant (Facility Inform Q1) must equal the overall sum of patient demographic fields entered into the Million Hearts Hypertension Prevalence Estimator tool lence Estimator data entry is required for award eligibility. The Prevalence Estimator requires a "0" to be entered in fields where there are n ents attributed to the demographic grouping. Blank fields are not permitted.

After completing the Prevalence Estimator tabs, the 95% confidence interval and measu ults information is displayed in the "Operational Reports" section of the platform.

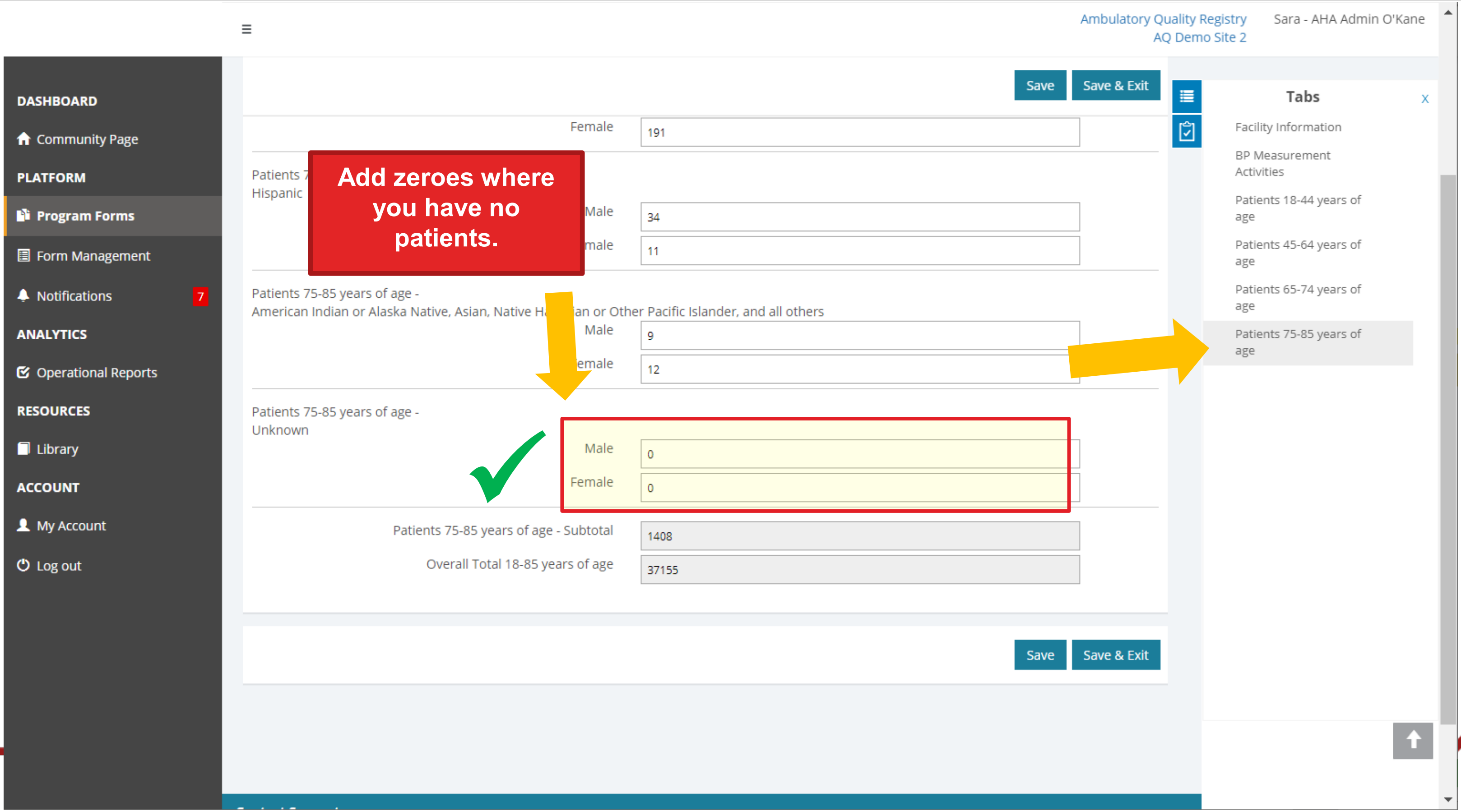
Your adult hypertensive patient population is expected to be within the number ran responding to the 95% confidence interval calculated by this tool. A 95% confidence interval implies that with 95% confidence, your practice's hy nsion prevalence count will be between the two values of the interval. A number below the low-end of the range suggests there may be patients undiagnosed hypertension in your practice due to missing data on the hypertension status of your patients. A number above the high-end value range is possible if you have a large elderly patient population.

Patients 18-44 years of age -
Non-Hispanic white

Male: 2553
Female: 1784

Patients 18-44 years of age -
Non Hispanic black

Submitting Target: BP Data – Hypertension Prevalence Estimator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Patients 18-44 years of age
Patients 45-64 years of age
Patients 65-74 years of age
Patients 75-85 years of age

Add zeroes where you have no patients.

Female: 191

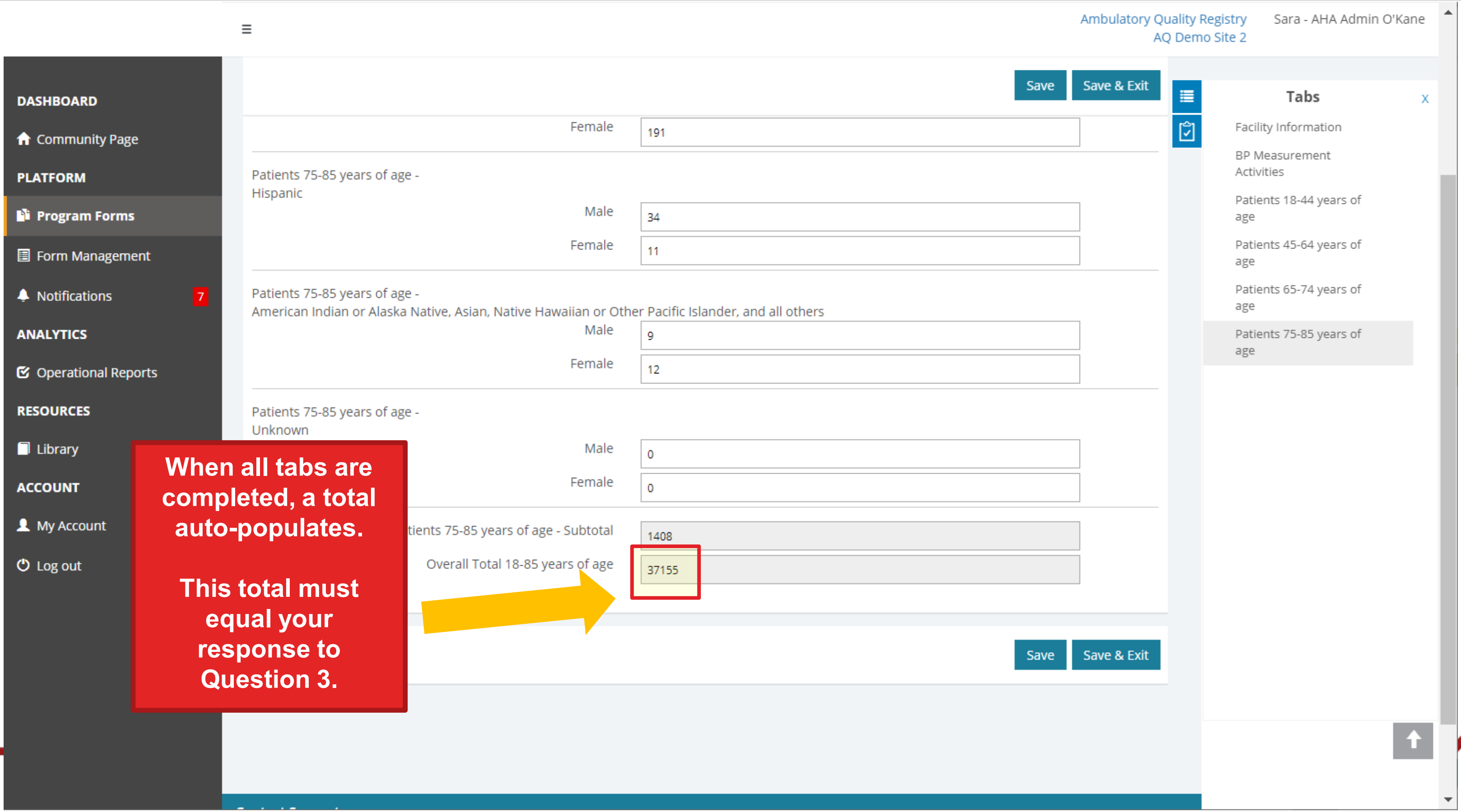
Patients 7
Hispanic
Male: 34
male: 11

Patients 75-85 years of age -
American Indian or Alaska Native, Asian, Native H an or Other Pacific Islander, and all others
Male: 9
emale: 12

Patients 75-85 years of age -
Unknown
Male: 0
Female: 0

Patients 75-85 years of age - Subtotal: 1408
Overall Total 18-85 years of age: 37155

Submitting Target: BP Data – Hypertension Prevalence Estimator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Tabs
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BP Measurement Activities
Patients 18-44 years of age
Patients 45-64 years of age
Patients 65-74 years of age
Patients 75-85 years of age

Female: 191

Patients 75-85 years of age - Hispanic
Male: 34
Female: 11

Patients 75-85 years of age - American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and all others
Male: 9
Female: 12

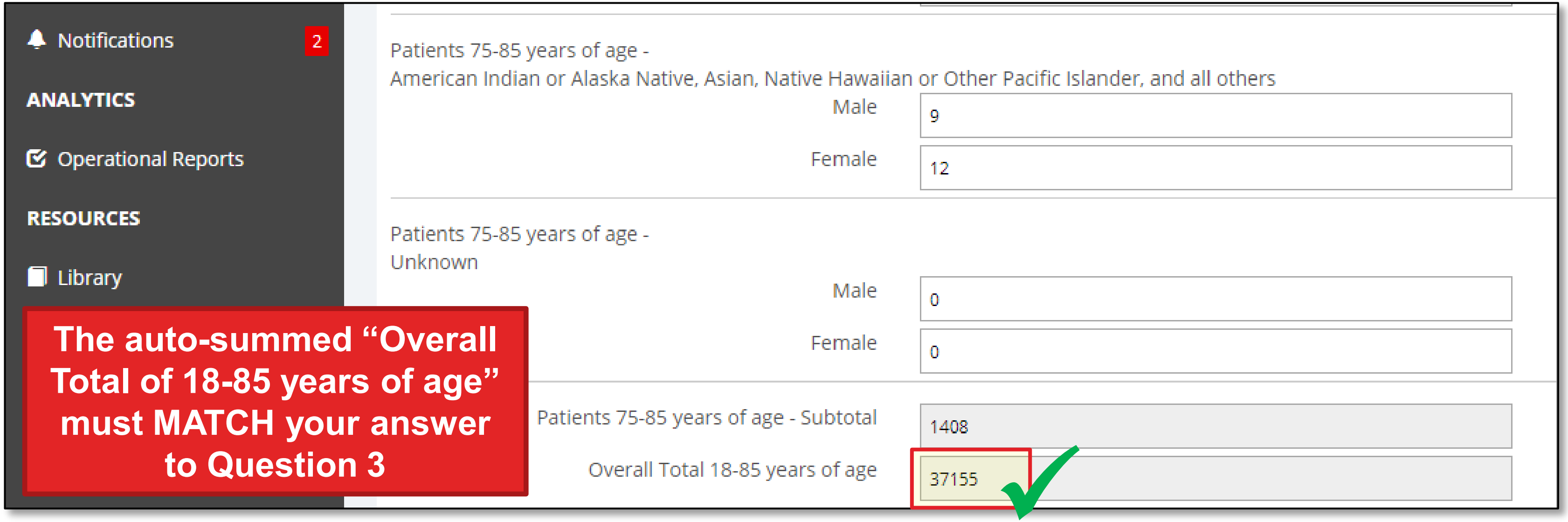
Patients 75-85 years of age - Unknown
Male: 0
Female: 0

…tients 75-85 years of age - Subtotal: 1408
Overall Total 18-85 years of age: 37155

When all tabs are completed, a total auto-populates.

This total must equal your response to Question 3.

Submitting Target: BP Data – Hypertension Prevalence Estimator



Patients 75-85 years of age -
American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and all others

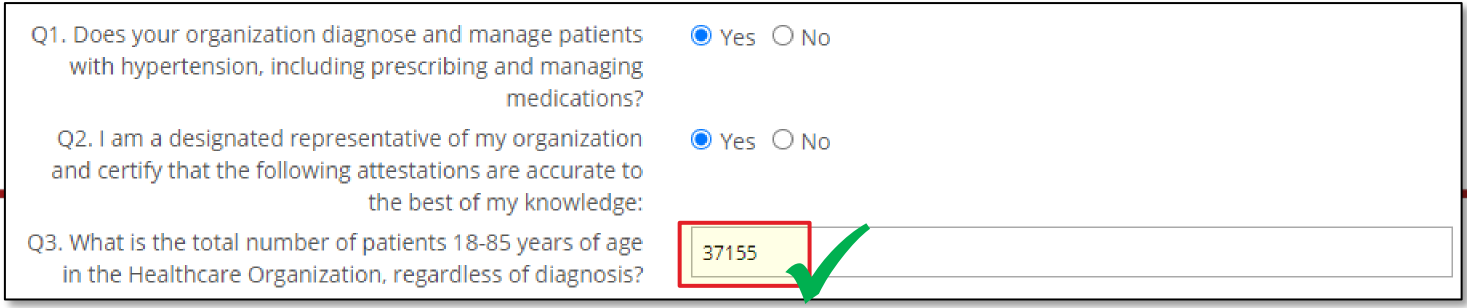
Male	9
Female	12

Patients 75-85 years of age -
Unknown

Male	0
Female	0
Patients 75-85 years of age - Subtotal	1408
Overall Total 18-85 years of age	37155

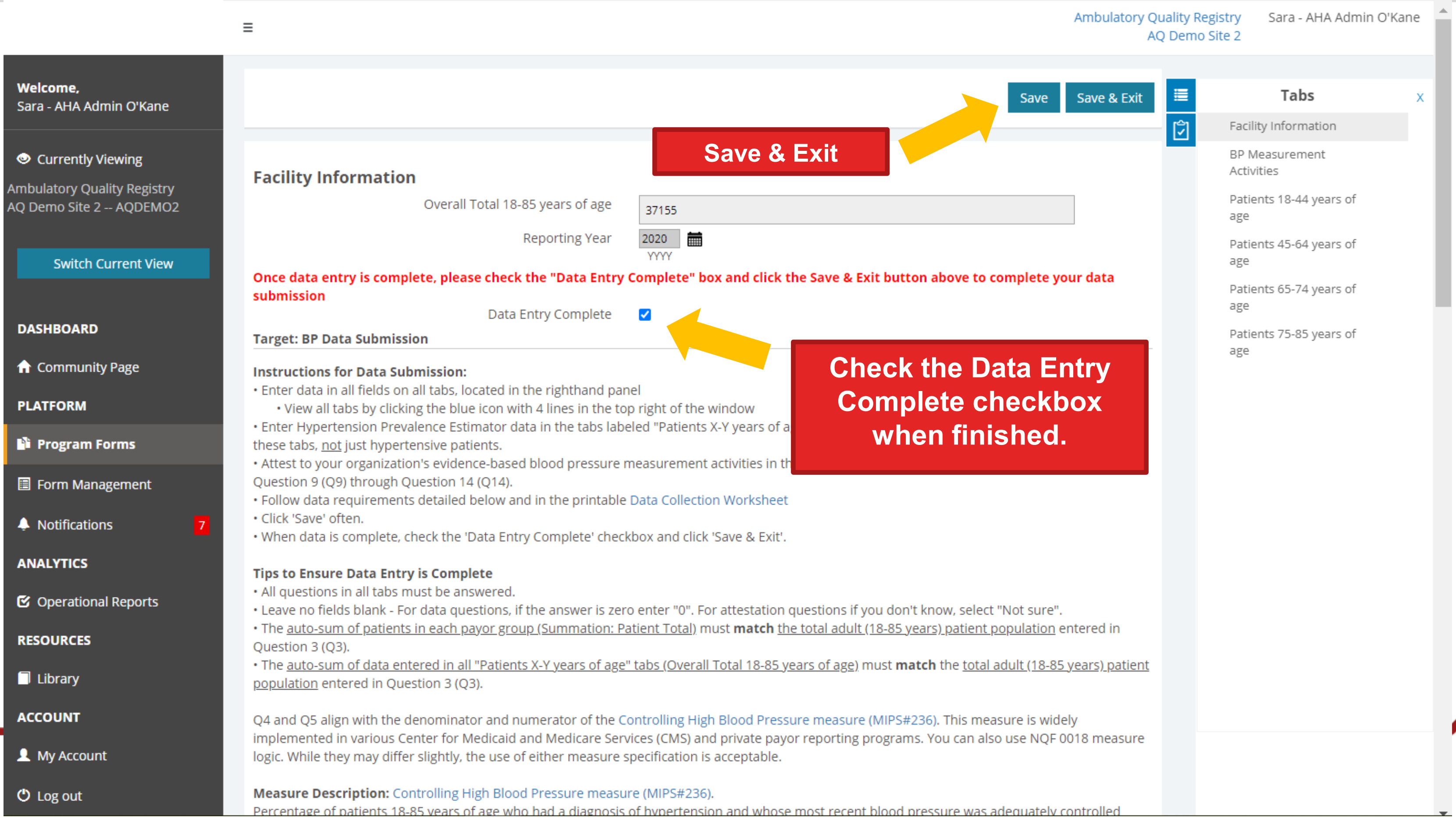
The auto-summed "Overall Total of 18-85 years of age" must MATCH your answer to Question 3

Question 3



Q1. Does your organization diagnose and manage patients with hypertension, including prescribing and managing medications?	● Yes ○ No
Q2. I am a designated representative of my organization and certify that the following attestations are accurate to the best of my knowledge:	● Yes ○ No
Q3. What is the total number of patients 18-85 years of age in the Healthcare Organization, regardless of diagnosis?	37155

Submitting Target: BP Data – Data Entry Complete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Save & Exit
Tabs
x
Facility Information
BP Measurement Activities
Patients 18-44 years of age
Patients 45-64 years of age
Patients 65-74 years of age
Patients 75-85 years of age

Save & Exit

Check the Data Entry Complete checkbox when finished.

Facility Information

Overall Total 18-85 years of age: 37155

Reporting Year: 2020 (YYYY)

Once data entry is complete, please check the "Data Entry Complete" box and click the Save & Exit button above to complete your data submission

Data Entry Complete ☑

Target: BP Data Submission

Instructions for Data Submission:

- Enter data in all fields on all tabs, located in the righthand panel
  - View all tabs by clicking the blue icon with 4 lines in the top right of the window
- Enter Hypertension Prevalence Estimator data in the tabs labeled "Patients X-Y years of a these tabs, not just hypertensive patients.
- Attest to your organization's evidence-based blood pressure measurement activities in th Question 9 (Q9) through Question 14 (Q14).
- Follow data requirements detailed below and in the printable Data Collection Worksheet
- Click 'Save' often.
- When data is complete, check the 'Data Entry Complete' checkbox and click 'Save & Exit'.

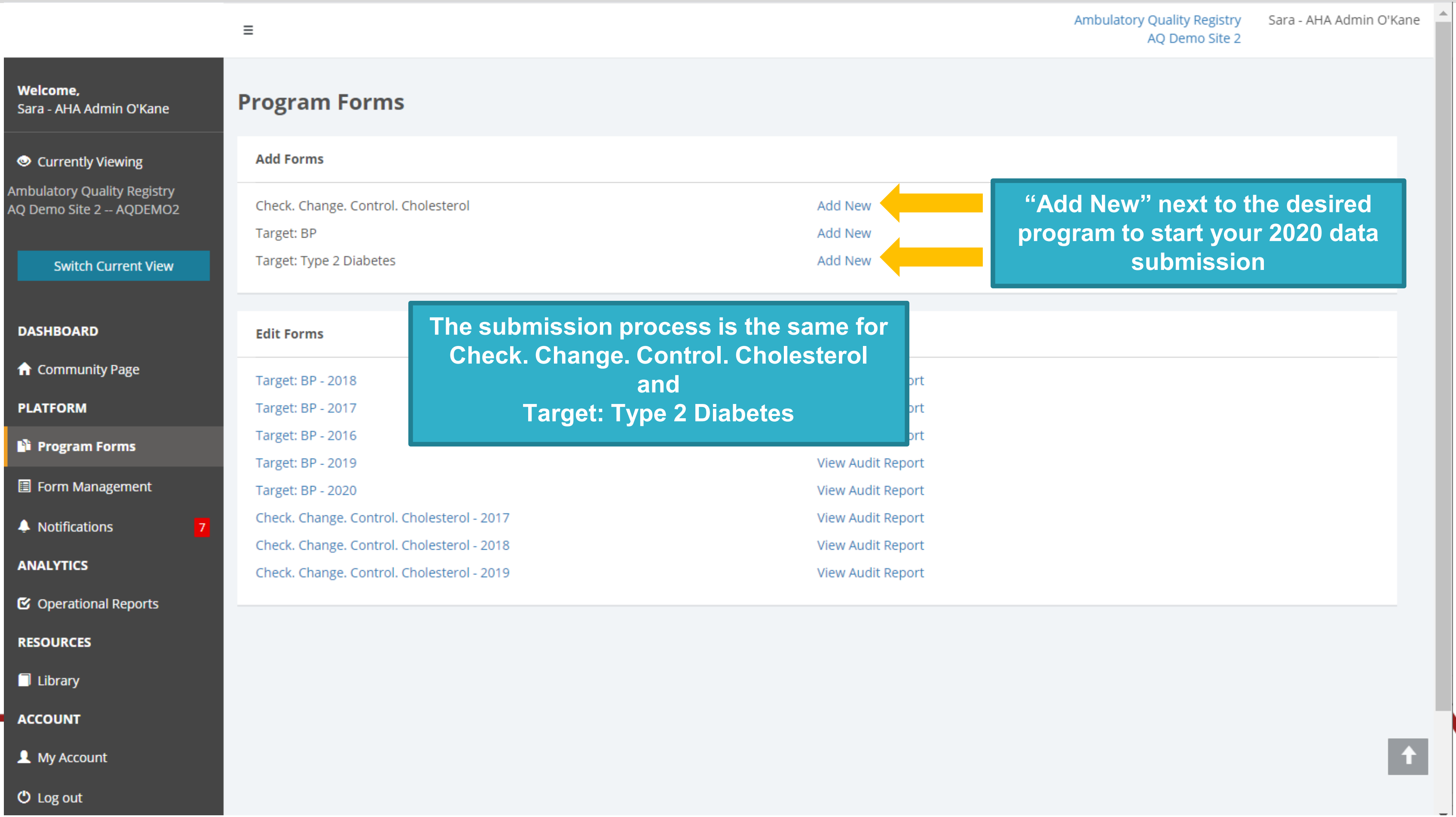
Tips to Ensure Data Entry is Complete

- All questions in all tabs must be answered.
- Leave no fields blank - For data questions, if the answer is zero enter "0". For attestation questions if you don't know, select "Not sure".
- The auto-sum of patients in each payor group (Summation: Patient Total) must **match** the total adult (18-85 years) patient population entered in Question 3 (Q3).
- The auto-sum of data entered in all "Patients X-Y years of age" tabs (Overall Total 18-85 years of age) must **match** the total adult (18-85 years) patient population entered in Question 3 (Q3).

Q4 and Q5 align with the denominator and numerator of the Controlling High Blood Pressure measure (MIPS#236). This measure is widely implemented in various Center for Medicaid and Medicare Services (CMS) and private payor reporting programs. You can also use NQF 0018 measure logic. While they may differ slightly, the use of either measure specification is acceptable.

Measure Description: Controlling High Blood Pressure measure (MIPS#236).
Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose most recent blood pressure was adequately controlled

Submitting Data – CCC Cholesterol & TT2D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Program Forms

Add Forms

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

“Add New” next to the desired program to start your 2020 data submission

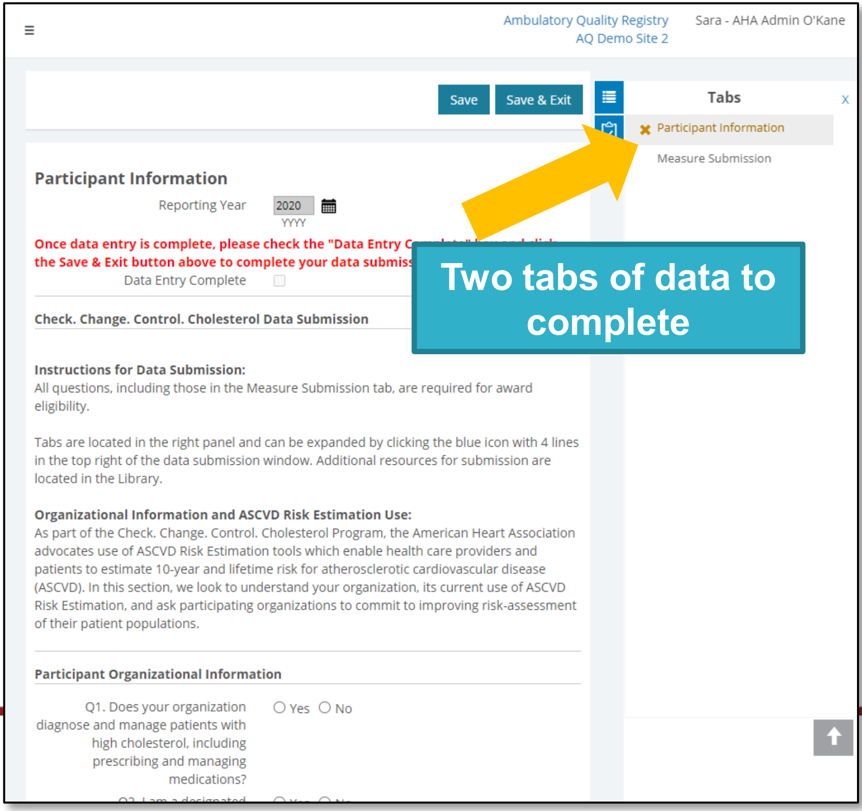
Edit Forms

Target: BP - 2018	rt
Target: BP - 2017	rt
Target: BP - 2016	rt
Target: BP - 2019	View Audit Report
Target: BP - 2020	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

The submission process is the same for Check. Change. Control. Cholesterol and Target: Type 2 Diabetes

Submitting Data – CCC Cholesterol & TT2D

American Heart Association.
Check. Change. Control. Cholesterol™



Two tabs of data to complete

Participant Information

Reporting Year 2020 YYYY

Once data entry is complete, please check the "Data Entry C
the Save & Exit button above to complete your data submiss

Data Entry Complete ☐

Check. Change. Control. Cholesterol Data Submission

Instructions for Data Submission:
All questions, including those in the Measure Submission tab, are required for award eligibility.

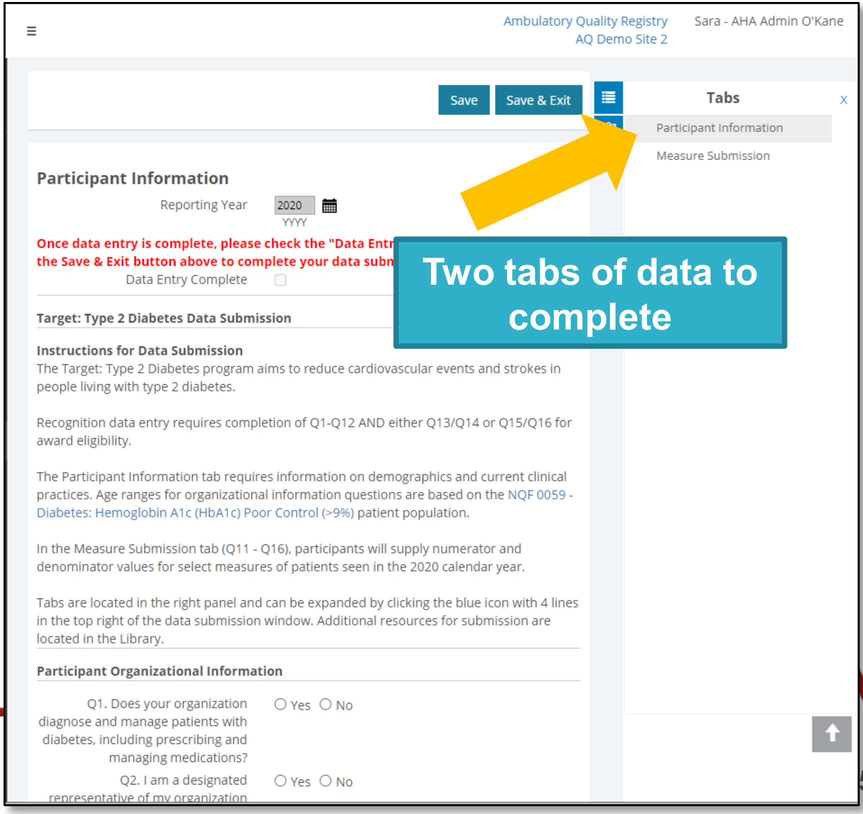
Tabs are located in the right panel and can be expanded by clicking the blue icon with 4 lines in the top right of the data submission window. Additional resources for submission are located in the Library.

Organizational Information and ASCVD Risk Estimation Use:
As part of the Check. Change. Control. Cholesterol Program, the American Heart Association advocates use of ASCVD Risk Estimation tools which enable health care providers and patients to estimate 10-year and lifetime risk for atherosclerotic cardiovascular disease (ASCVD). In this section, we look to understand your organization, its current use of ASCVD Risk Estimation, and ask participating organizations to commit to improving risk-assessment of their patient populations.

Participant Organizational Information

Q1. Does your organization diagnose and manage patients with high cholesterol, including prescribing and managing medications? ○ Yes ○ No

American Heart Association.
Target: Type 2 Diabetes℠



Two tabs of data to complete

Participant Information

Reporting Year 2020 YYYY

Once data entry is complete, please check the "Data Entr
the Save & Exit button above to complete your data subm

Data Entry Complete ☐

Target: Type 2 Diabetes Data Submission

Instructions for Data Submission
The Target: Type 2 Diabetes program aims to reduce cardiovascular events and strokes in people living with type 2 diabetes.

Recognition data entry requires completion of Q1-Q12 AND either Q13/Q14 or Q15/Q16 for award eligibility.

The Participant Information tab requires information on demographics and current clinical practices. Age ranges for organizational information questions are based on the NQF 0059 - Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%) patient population.

In the Measure Submission tab (Q11 - Q16), participants will supply numerator and denominator values for select measures of patients seen in the 2020 calendar year.

Tabs are located in the right panel and can be expanded by clicking the blue icon with 4 lines in the top right of the data submission window. Additional resources for submission are located in the Library.

Participant Organizational Information

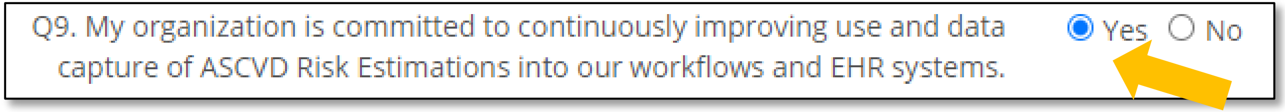
Q1. Does your organization diagnose and manage patients with diabetes, including prescribing and managing medications? ○ Yes ○ No

Q2. I am a designated representative of my organization ○ Yes ○ No

Data Entry Tips – CCC Cholesterol & TT2D

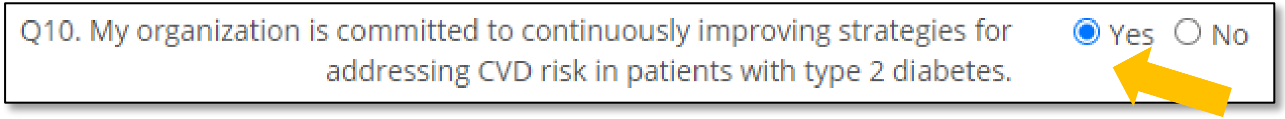
- **Answering "Yes" to Question 9 in CCC Cholesterol and Question 10 in Target: Type 2 Diabetes is required to be eligible for recognition.**

  - ***CCC Cholesterol:*** "My organization is committed to continuously improving data use and data capture of ASCVD Risk Estimations in our workflows and EHR Systems."



Q9. My organization is committed to continuously improving use and data capture of ASCVD Risk Estimations into our workflows and EHR systems. ● Yes ○ No

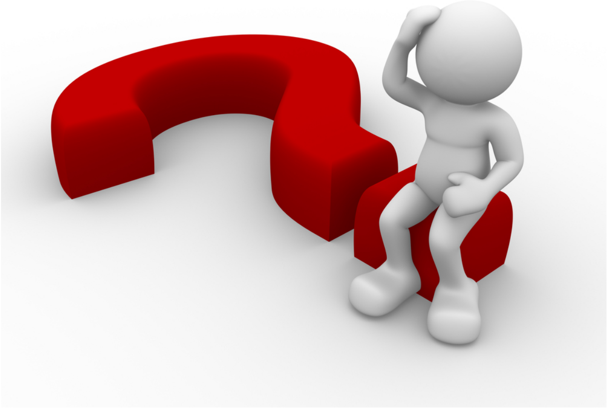
  - ***Target: Type 2 Diabetes:*** "My organization is committed to continuously improving strategies for addressing CVD risk in patients with Type 2 diabetes."



Q10. My organization is committed to continuously improving strategies for addressing CVD risk in patients with type 2 diabetes. ● Yes ○ No

Pause for questions

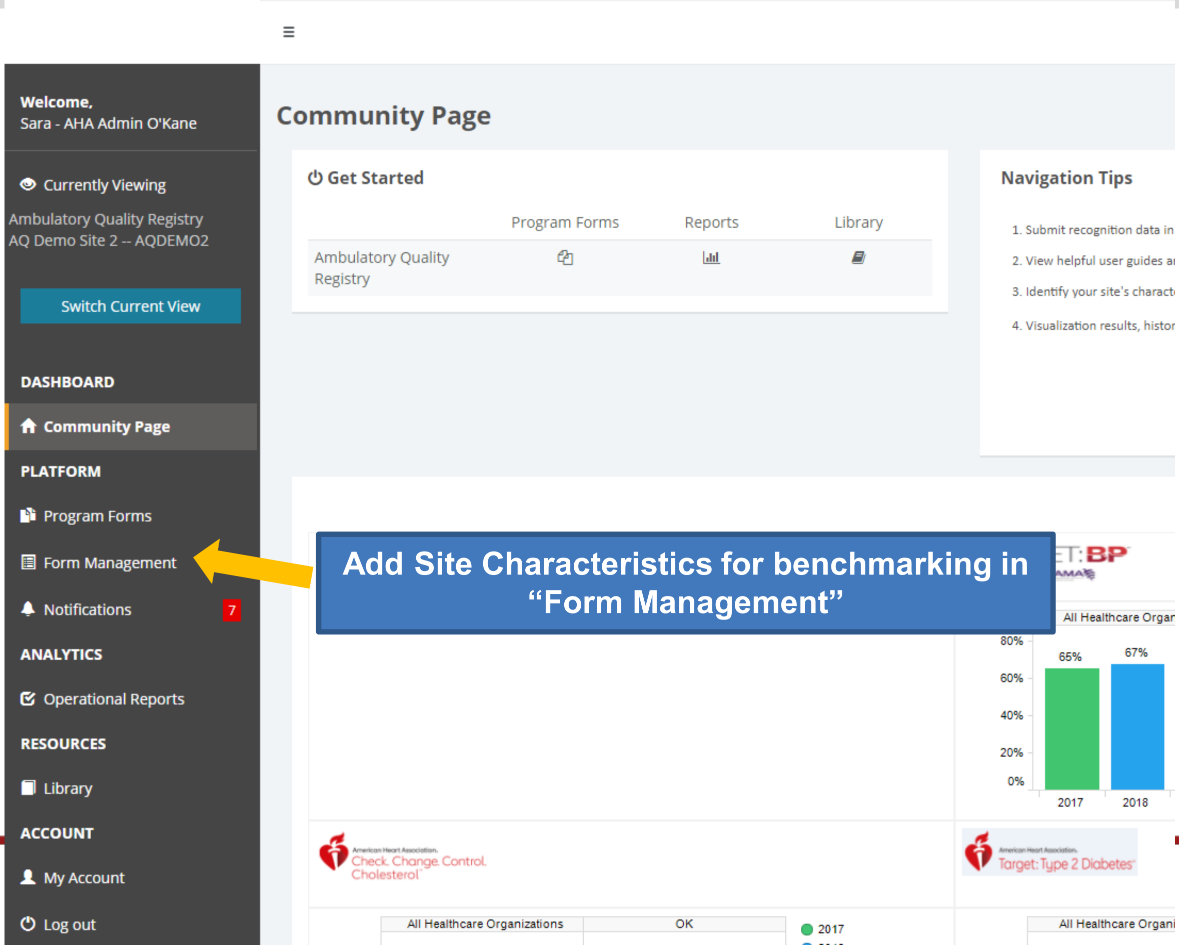
Type your questions in the chat!



Other Platform Features
Benchmarking and More

Site Characteristics Form

- Make sure to fill out your **Site Characteristics form.**
    - This provides additional benchmarking functionality in reports.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Target: Type 2 Diabetes
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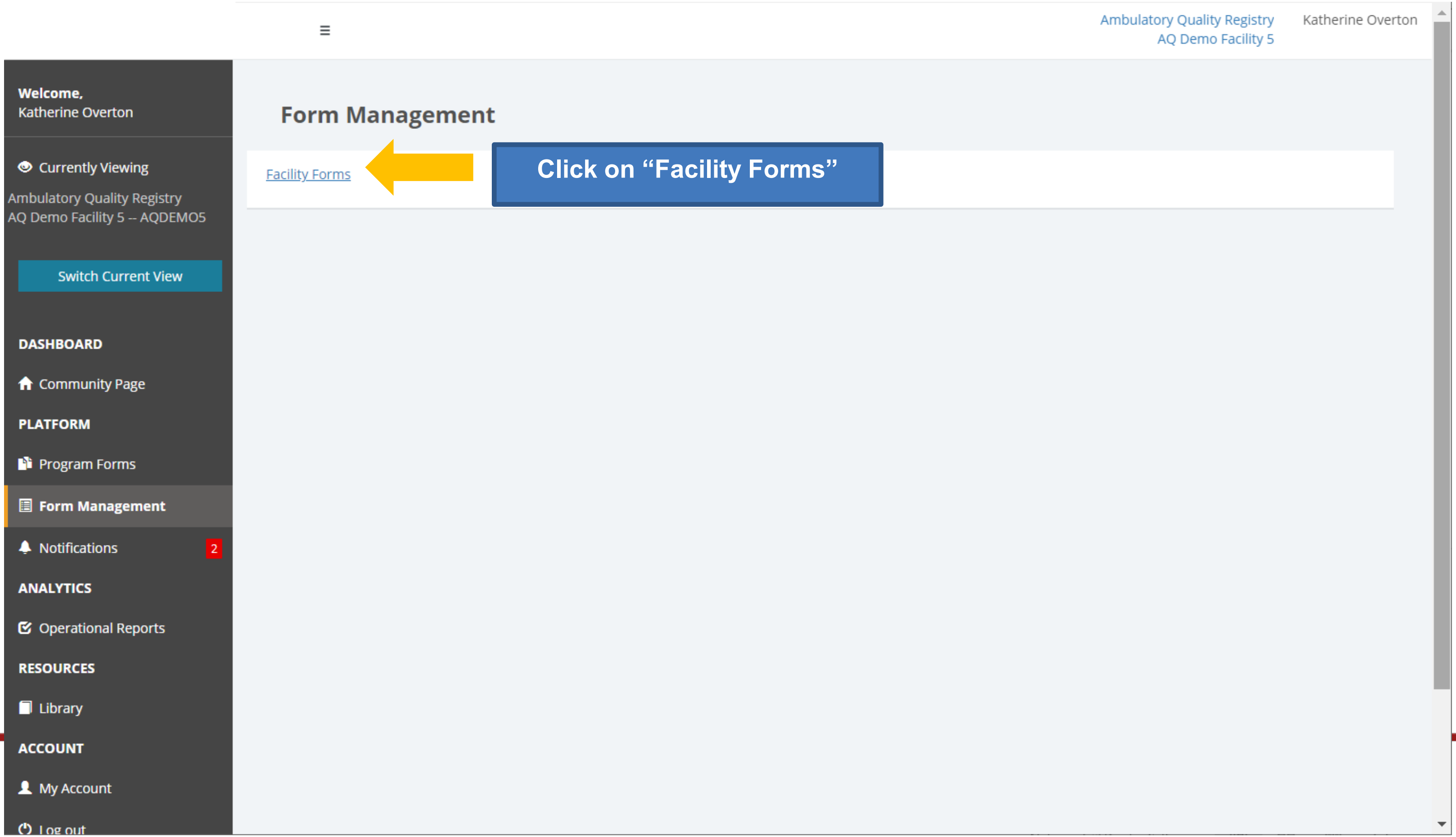
All Healthcare Organi

1. Submit recognition data in
2. View helpful user guides a
3. Identify your site's charact
4. Visualization results, histor

Add Site Characteristics for benchmarking in "Form Management"

Site Characteristics Form



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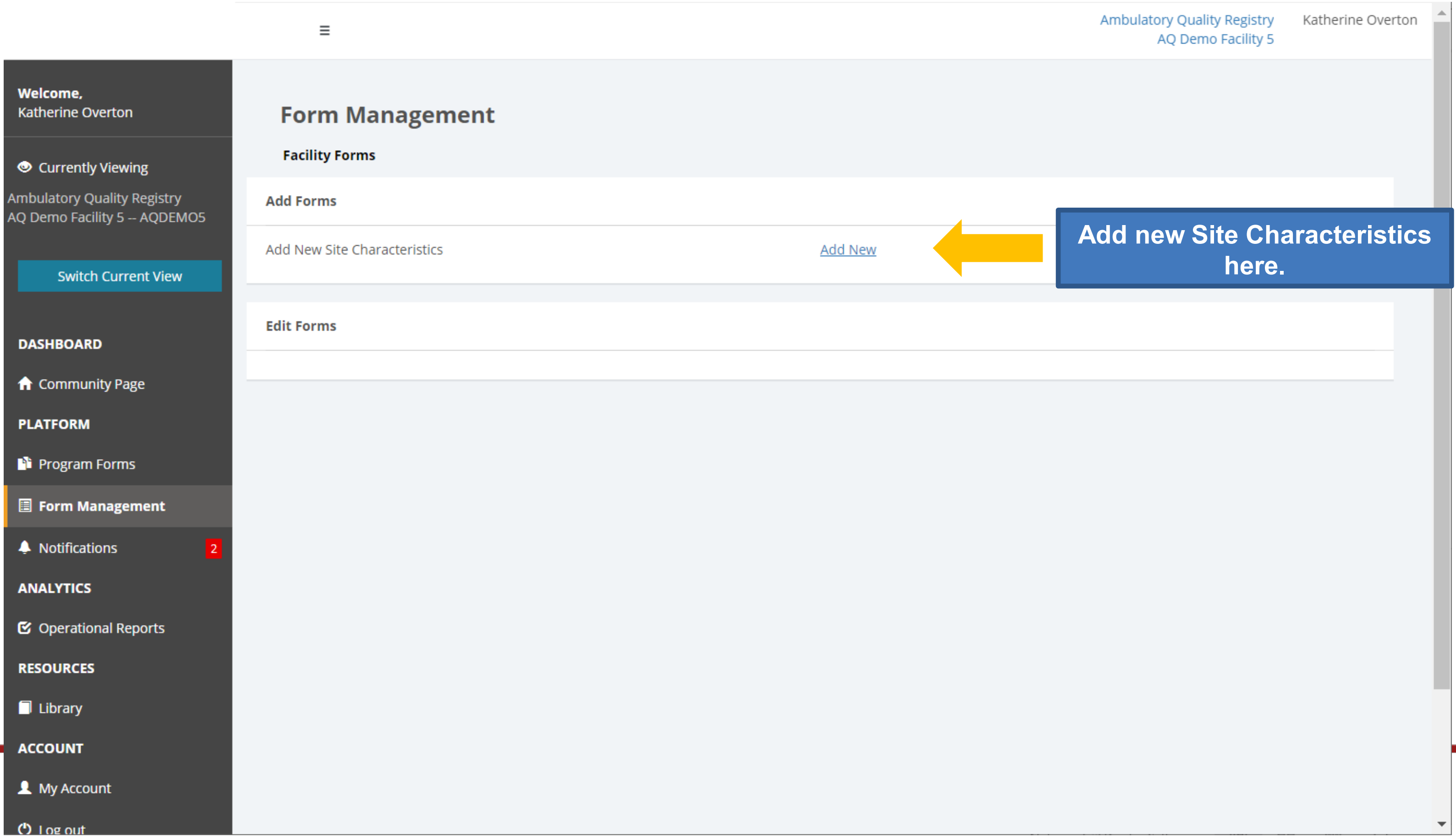
Facility Forms

Click on “Facility Forms”

Site Characteristics Form



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Form Management

Facility Forms

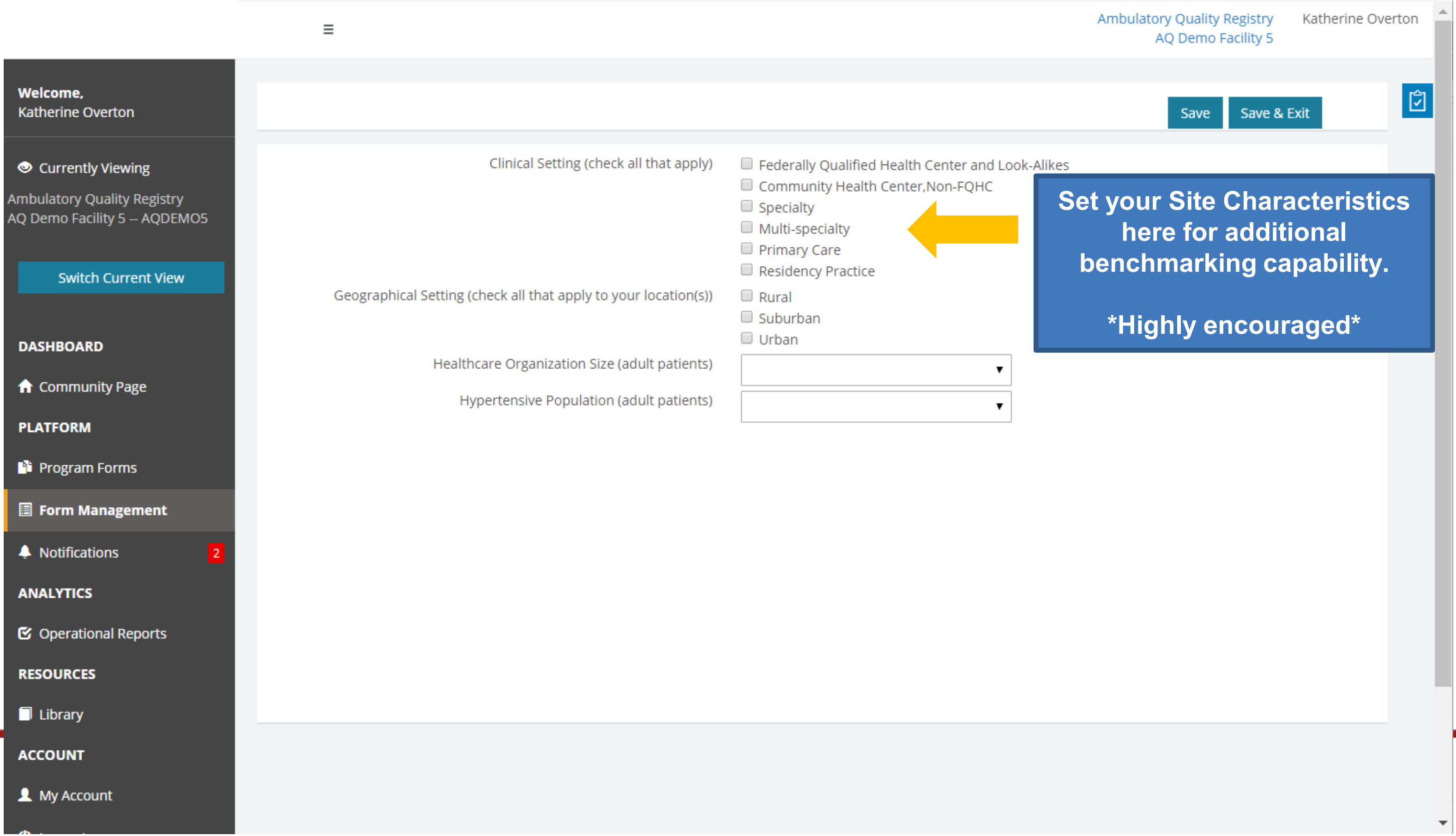
Add Forms

Add New Site Characteristics — Add New

Edit Forms

Add new Site Characteristics here.

Site Characteristics Form



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Save & Exit

Clinical Setting (check all that apply)
- ☐ Federally Qualified Health Center and Look-Alikes
- ☐ Community Health Center,Non-FQHC
- ☐ Specialty
- ☐ Multi-specialty
- ☐ Primary Care
- ☐ Residency Practice

Geographical Setting (check all that apply to your location(s))
- ☐ Rural
- ☐ Suburban
- ☐ Urban

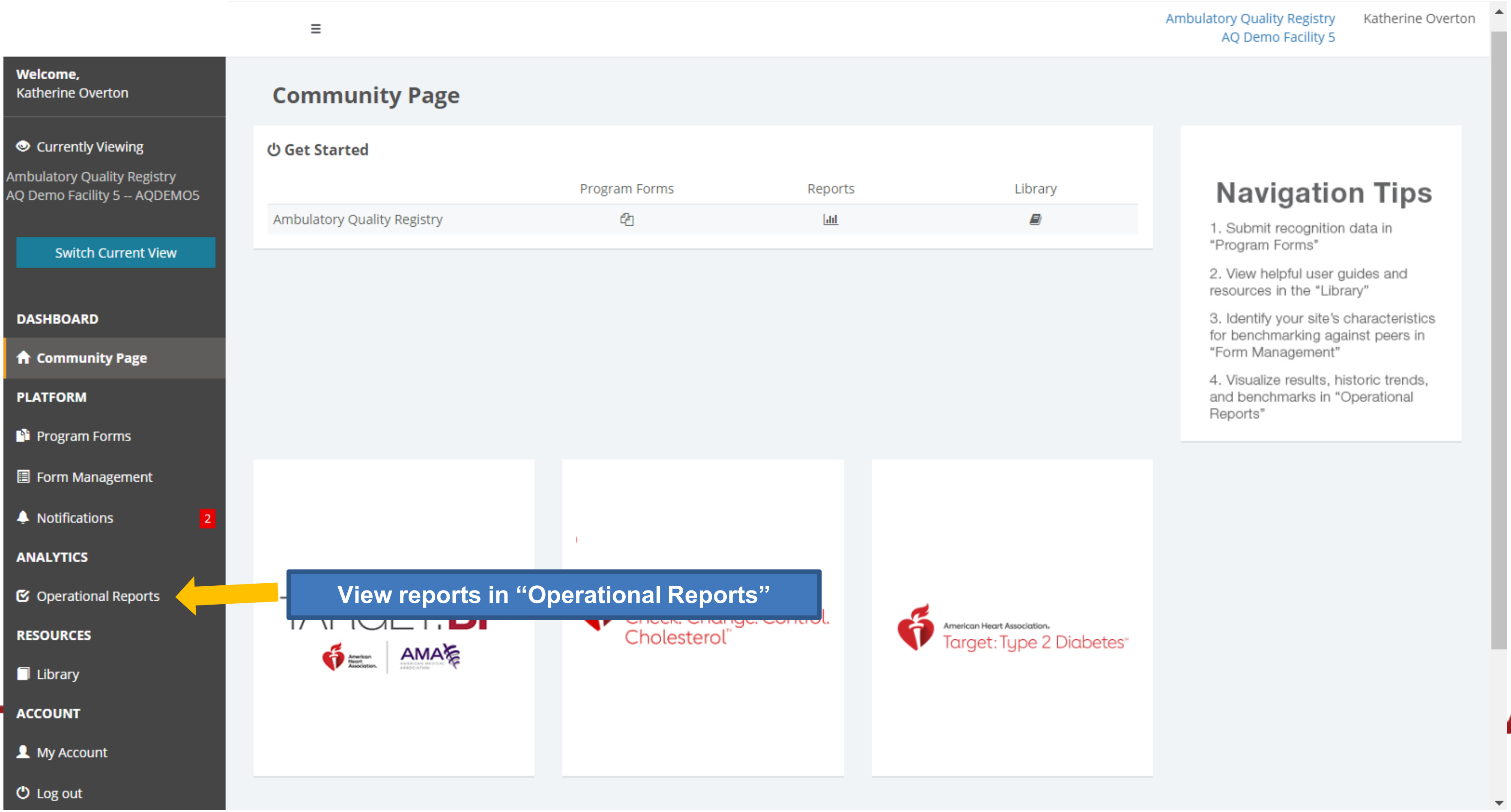
Healthcare Organization Size (adult patients) ▾

Hypertensive Population (adult patients) ▾

Set your Site Characteristics here for additional benchmarking capability.

Highly encouraged

Operational Reports



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PLATFORM

- Program Forms
- Form Management
- Notifications 2

ANALYTICS

- Operational Reports

RESOURCES

- Library

ACCOUNT

- My Account
- Log out

Community Page

Get Started

	Program Forms	Reports	Library
Ambulatory Quality Registry	⧉	📊	📕

Navigation Tips

1. Submit recognition data in "Program Forms"
2. View helpful user guides and resources in the "Library"
3. Identify your site's characteristics for benchmarking against peers in "Form Management"
4. Visualize results, historic trends, and benchmarks in "Operational Reports"

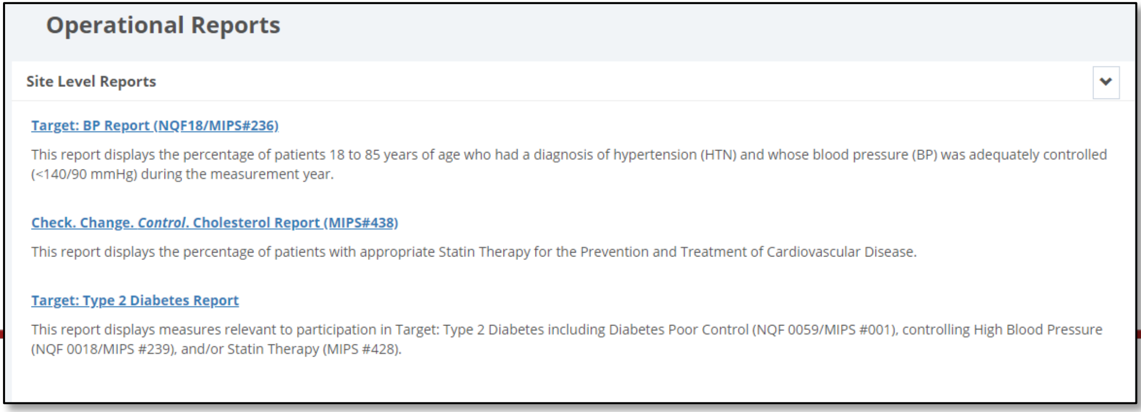
Cholesterol™

American Heart Association.
Target: Type 2 Diabetes™

View reports in "Operational Reports"

Operational Reports

- **You can access reports in the platform that visually show:**
  - % of patients meeting the measure criteria
  - Your year-over-year data (if prior years' data are entered)
  - How your HCO compares to all HCOs who entered data
  - How your HCO compares to similar HCOs*
    - *This requires filling out your Site Characteristics first
- **Reports take 2 hours to refresh after data is updated.**



Operational Reports

Site Level Reports

Target: BP Report (NQF18/MIPS#236)

This report displays the percentage of patients 18 to 85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90 mmHg) during the measurement year.

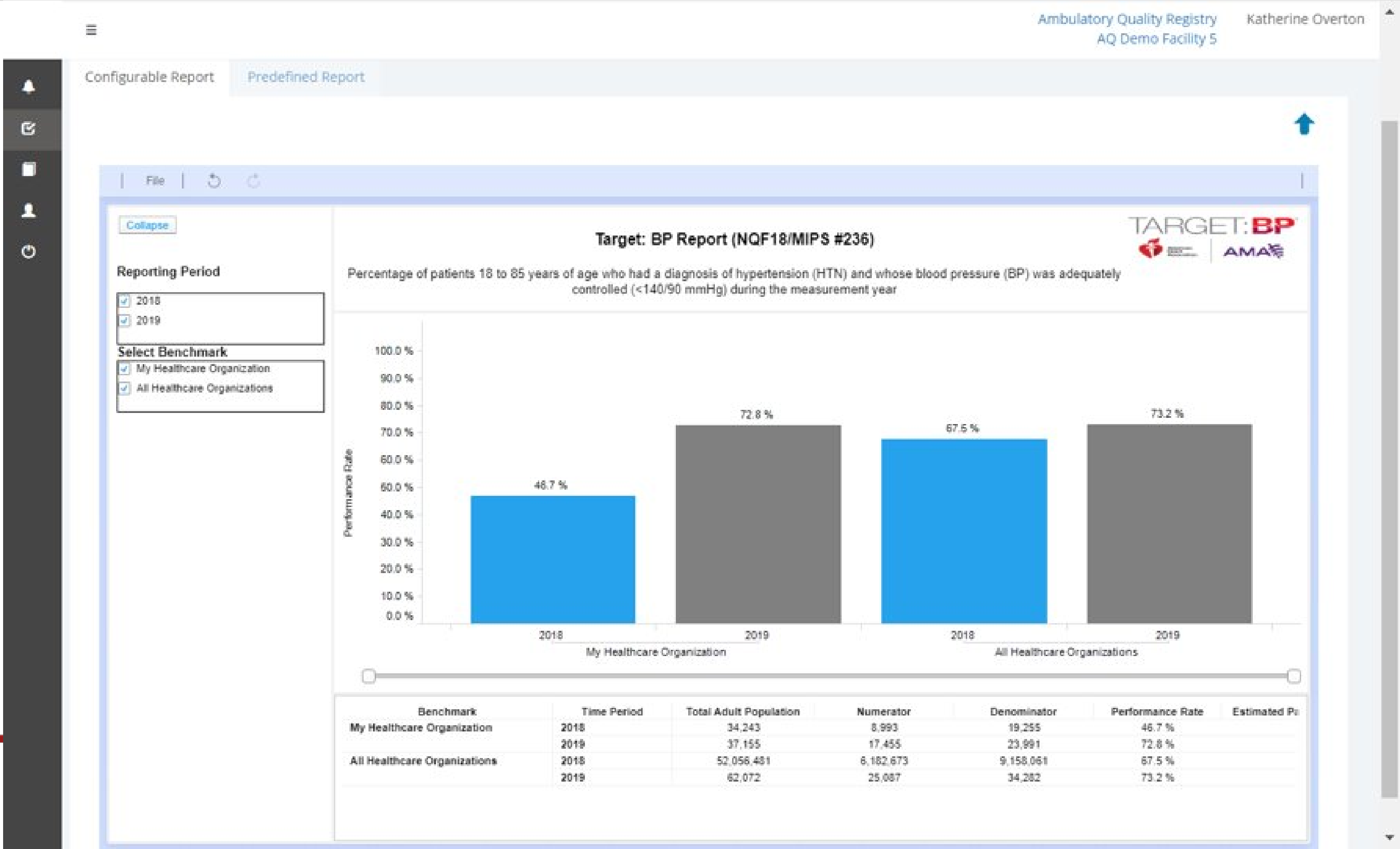
Check. Change. *Control.* Cholesterol Report (MIPS#438)

This report displays the percentage of patients with appropriate Statin Therapy for the Prevention and Treatment of Cardiovascular Disease.

Target: Type 2 Diabetes Report

This report displays measures relevant to participation in Target: Type 2 Diabetes including Diabetes Poor Control (NQF 0059/MIPS #001), controlling High Blood Pressure (NQF 0018/MIPS #239), and/or Statin Therapy (MIPS #428).

Operational Reports – Example (Target: BP)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90.0 %
80.0 %
70.0 %
60.0 %
50.0 %
40.0 %
30.0 %
20.0 %
10.0 %
0.0 %
Performance Rate
46.7 %
72.8 %
67.5 %
73.2 %
2018
2019
2018
2019
My Healthcare Organization
All Healthcare Organizations

Reporting Period

☑ 2018
☑ 2019

Select Benchmark

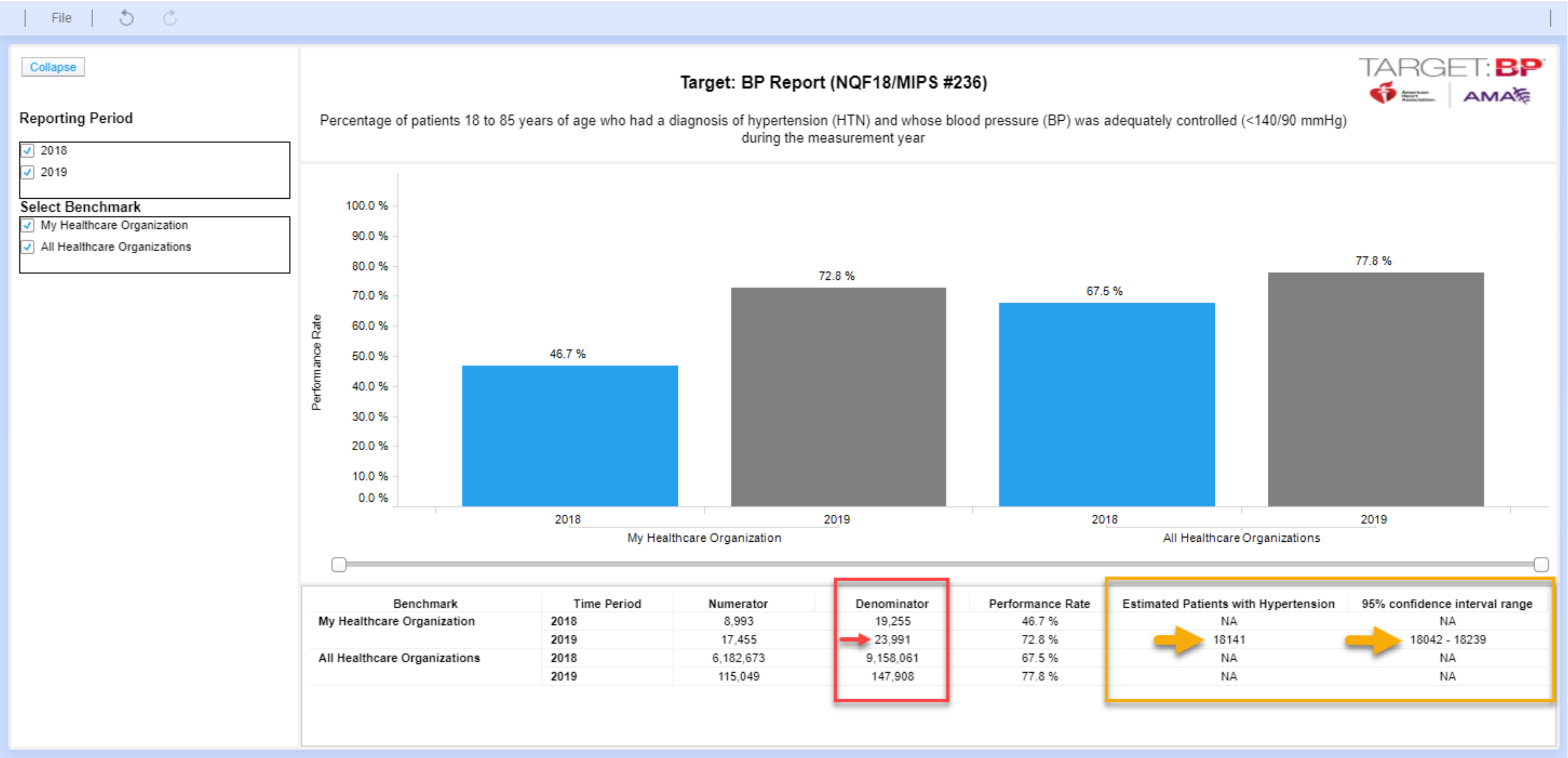
☑ My Healthcare Organization
☑ All Healthcare Organizations

Target: BP Report (NQF18/MIPS #236)

Percentage of patients 18 to 85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90 mmHg) during the measurement year

Benchmark	Time Period	Total Adult Population	Numerator	Denominator	Performance Rate	Estimated P
My Healthcare Organization	2018	34,243	8,993	19,255	46.7 %	
	2019	37,155	17,455	23,991	72.8 %	
All Healthcare Organizations	2018	52,056,481	6,182,673	9,158,061	67.5 %	
	2019	62,072	25,087	34,282	73.2 %	

Operational Reports - Example (Target: BP)


File
Collapse
TARGET:BP
AMA
Performance Rate
100.0 %
90.0 %
80.0 %
70.0 %
60.0 %
50.0 %
40.0 %
30.0 %
20.0 %
10.0 %
0.0 %
46.7 %
72.8 %
67.5 %
77.8 %
2018
2019
2018
2019
My Healthcare Organization
All Healthcare Organizations

Reporting Period

☑ 2018
☑ 2019

Select Benchmark

☑ My Healthcare Organization
☑ All Healthcare Organizations

Target: BP Report (NQF18/MIPS #236)

Percentage of patients 18 to 85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90 mmHg) during the measurement year

Benchmark	Time Period	Numerator	Denominator	Performance Rate	Estimated Patients with Hypertension	95% confidence interval range
My Healthcare Organization	**2018**	8,993	19,255	46.7 %	NA	NA
	2019	17,455	23,991	72.8 %	18141	18042 - 18239
All Healthcare Organizations	**2018**	6,182,673	9,158,061	67.5 %	NA	NA
	2019	115,049	147,908	77.8 %	NA	NA

2021 Data Submission
Conclusion

Top Takeaways for 2021 Recognition

1. **Deadline to enter & save final data for recognition:**
   Friday, May 28th, 2021 at 11:59 PM ET
2. **Enter and save data as early as you're able.**
3. Register for additional programs in the combined registration form:
   heart.org/RegisterMyOutpatientOrg
4. To help prepare for data submission, utilize the tools found at:
   - https://targetbp.org/recognition-program/
   - http://www.heart.org/changecholesterol
   - https://knowdiabetesbyheart.org/quality
   - The data platform "Library"
5. Rely on your local AHA/AMA directors for resources, recognition submission, system and benchmark setup, and improvement support. We're here to help!

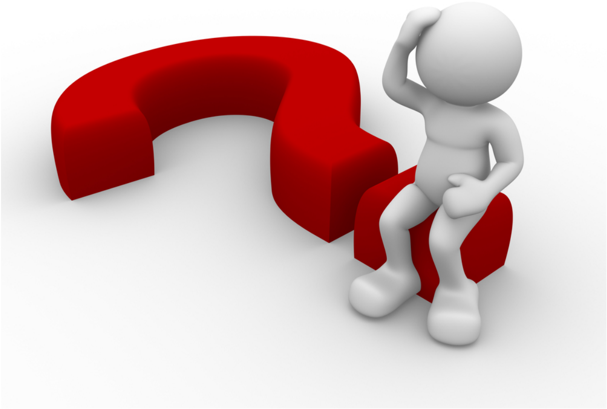
Questions?

General questions: bit.ly/AQContactUs

Password resets, new user accounts, etc. @ IQVIA Support Help Desk

- InfosarioOutcomeSupport@quintiles.com
- 888-526-6700

QUESTIONS?



Survey

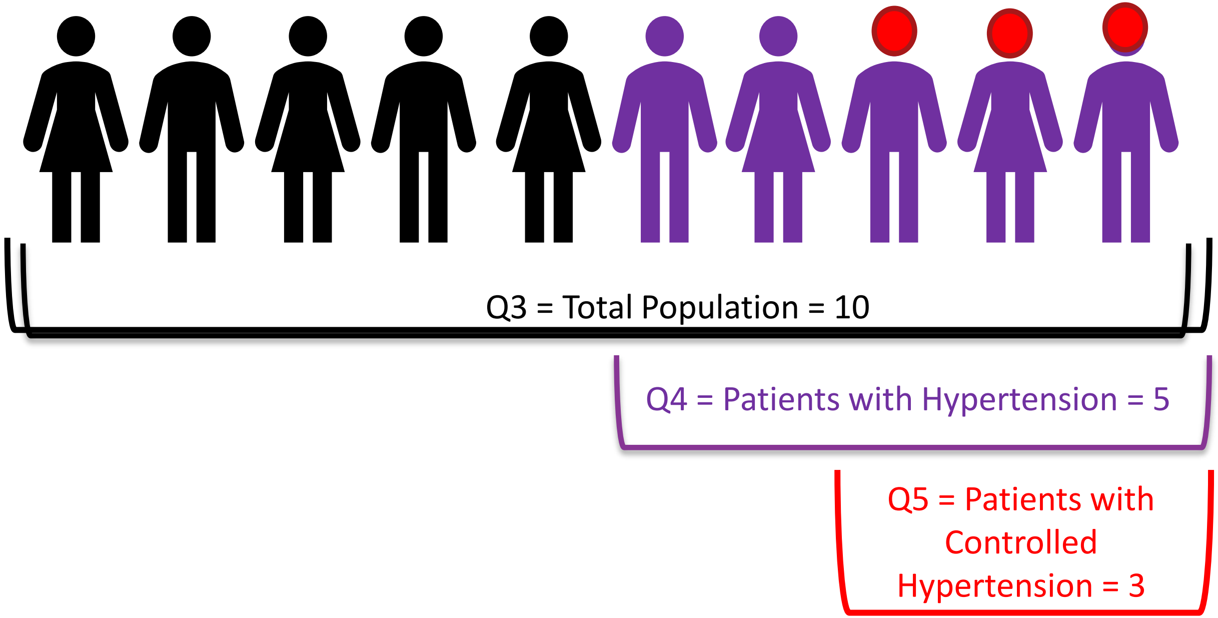
Please provide your feedback in the post-webinar survey.

THANK YOU!

Together, we can reduce the number of Americans who have heart attacks and strokes.

APPENDIX

Questions 1-3



Q3 = Total Population = 10

Q4 = Patients with Hypertension = 5

Q5 = Patients with Controlled Hypertension = 3

Controlling High BP Measure (MIPS #236)

Percentage of patients 18 - 85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (< 140/90) mmHg at the most recent visit during the measurement period

Key Criteria

- **Question 3:** Enter total adult patient population (ages 18-85): include only those patients with an office or eligible telehealth visit in 2020
- **Question 4 (Denominator):** Enter total hypertensive population: *limited to patients with a diagnosis on or prior to 12/31/20 with at least one office visit in 2020*
  - Exclude patients: in hospice, OR with ESRD, dialysis, renal transplant before or during the measurement period or pregnancy during the measurement period, OR patients ages 66 or older who meet any of the following criteria – are in Institutional Special Needs Plans (SNP) for 90+ days OR have an encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior OR an encounter for frailty during the measurement period and either an acute inpatient encounter with advanced illness diagnosis or two outpatient, observation, ED, or nonacute inpatient encounters on different dates with an advanced illness diagnosis during the measurement period or the year prior.

Controlling High BP Measure (NQF 0018 / MIPS #236)

Question 5 (Numerator): Enter controlled hypertensive population: patients in the denominator with a blood pressure <140/90 mmHg at their most recent 2020 office visit

- If multiple blood pressures were taken on the same visit, use the lowest systolic and lowest diastolic BP on that date as the representative BP.
- **Guidance on readings from a remote BP monitor:** Readings from a patient's remote BP monitoring device are acceptable only if:
  - The device is automated and has memory to store date stamped readings AND EITHER

    1) Provider sees the date-stamped BP readings directly on the device during a video telehealth visit and documents the most recent readings in the EHR with date(s) measured. Patient-reported readings (via audio, paper, or video) do not count.

    OR

    2) Digitally stored BPs from a device are transmitted electronically (via Internet, Bluetooth or SMS) to the provider. Electronic transmission includes direct transmission of device data or mobile apps generating secure email (PDF or Excel file) or text message. Patient must not have the ability to alter BP data.

Hypertension Prevalence Estimator

Developed by Million Hearts®, the prevalence estimator tool estimates the expected hypertensive patient population based on an organization's adult patient population, stratified by age, race/ethnicity and gender for four age groups: 18-44; 45-64; 65-74; 75-85

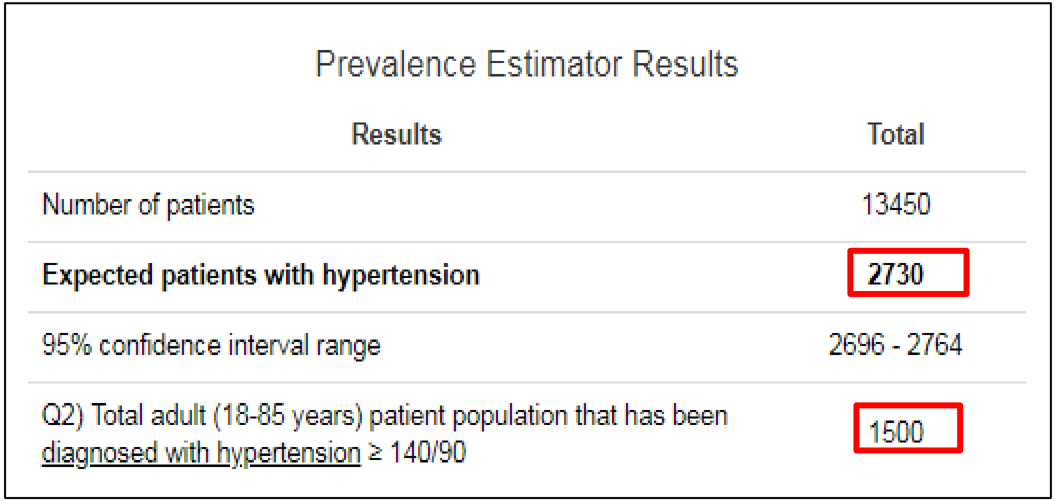
Age Group	Race/Ethnicity	Number of Patients	
		Men	Women
18-44	Non-Hispanic White		
18-44	Non-Hispanic Black		
18-44	Hispanic		
18-44	American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander, and all others		
18-44	Unknown		

Repeat for:
45-64
65-74
75-85

***If some, or all of your patient population does not fit into the defined race/ethnicity categories, please place these patients in the "Unknown" category for each age group and gender.**

Hypertension Prevalence Estimator (cont.)

The prevalence estimator is a nationally represented distribution of patients with expected hypertension, therefore your results may not align with the expected numbers.



Prevalence Estimator Results

Results	Total
Number of patients	13450
Expected patients with hypertension	**2730**
95% confidence interval range	2696 - 2764
Q2) Total adult (18-85 years) patient population that has been diagnosed with hypertension ≥ 140/90	1500

If your rate of HTN is lower than the expected patients with HTN, then you may be missing patients at risk, missing data documenting their condition, or have other causes requiring further study

If your rate of HTN is higher than the expected patients with HTN, you may have a different patient mix than the national distribution (eg, older population)

MIPS #438 Statin Therapy Risk Groups

Include all patients who are:

- 1. Aged ≥ 21 years at the beginning of the measurement period with clinical ASCVD diagnosis

OR

- 2. Aged ≥ 21 years at the beginning of the measurement period who have ever had a fasting or direct laboratory result of LDL-C ≥ 190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial or pure hypercholesterolemia

OR

- 3. Aged 40 to 75 years at the beginning of the measurement period with Type 1 or Type 2 diabetes and with an LDL-C result of 70–189 mg/dL recorded as the highest fasting or direct laboratory test result in the measurement year or during the two years prior to the beginning of the measurement period.

NQF 0059 Diabetes HbA1c Poor Control <9%

- Patients 18-75 years of age with diabetes (diagnosed during the measurement period) who had hemoglobin A1c > 9.0% during the measurement period
  - **NOTE:** This measure tracks negative results. Unlike other measures, you want a low percentage of your patients with diabetes to meet this measure's criteria.

- **DENOMINATOR:** Enter patients 18-75 years of age who had an office visit in 2019 and have been diagnosed during the measurement period.
  - Exclude patients who have been provided hospice services in 2019

- **NUMERATOR:** Enter patients whose most recent HbA1c level (performed in 2019) is >9.0%

Advanced Reporting (By Request)

Regional Benchmarks:

- Creates 1 bar in the report with aggregate of all data for those within the group
- There is no listing of who is included in the cohort (blinded, aggregate)
- Must have at least 3 sites to display.

Uses:

- Those who need an aggregate benchmark for sites in a specific group or cohort
- collaborative, region, etc.

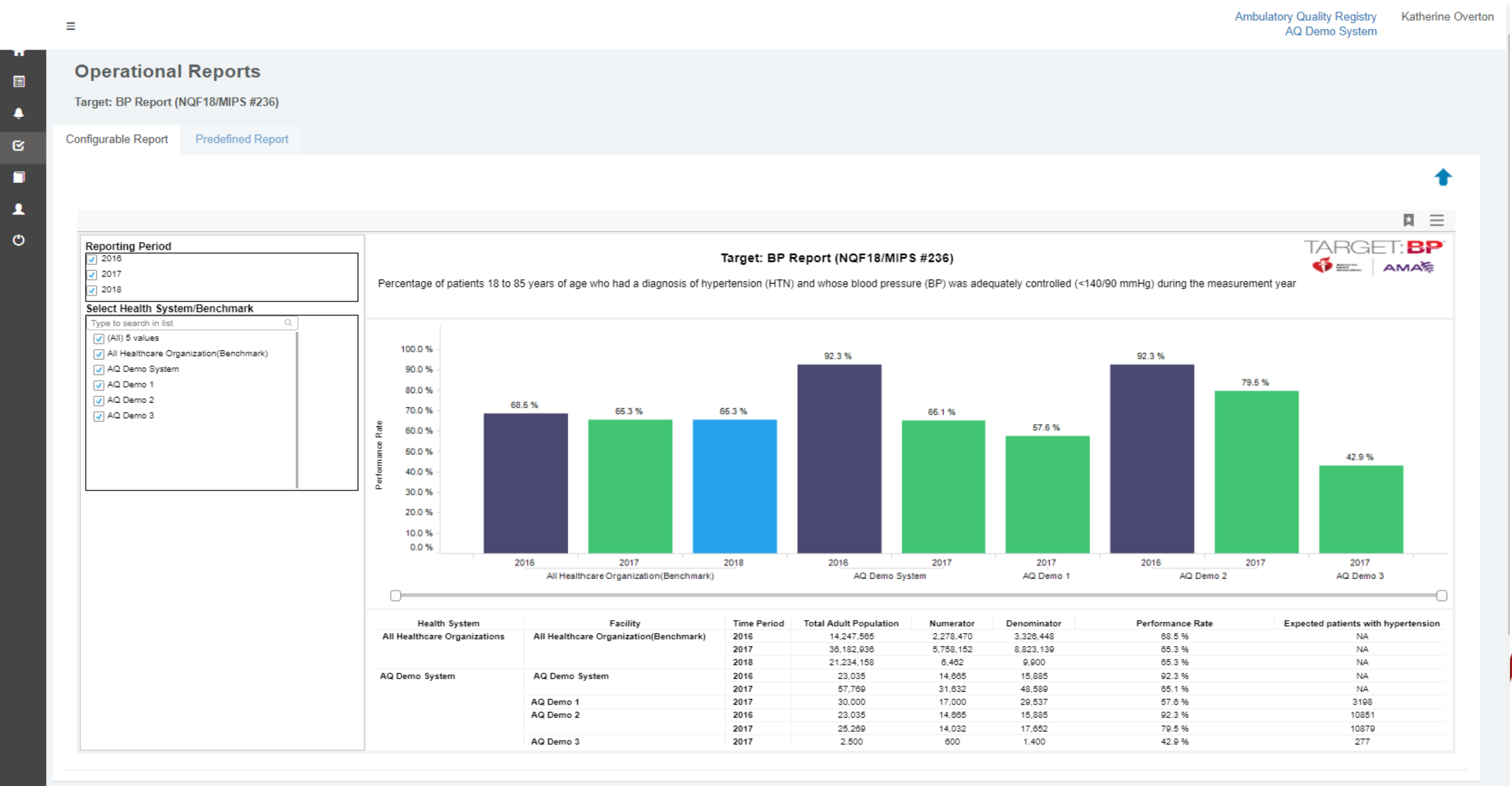
System Level Reports:

- Creates special report with all sites side-by-side within the system.
- Unblinded bar for each facility
- Also creates an overall system level benchmark

Uses:

- Health Systems with 1 data submitter for multiple sites who ALSO want side by side reports of all sites
- Collaboratives of sites that share data or may want to bulk upload many data points

Advanced Reporting Example (By Request)


≡
Ambulatory Quality Registry
AQ Demo System
Katherine Overton
TARGET:BP
AMA
Performance Rate
100.0 %
90.0 %
80.0 %
70.0 %
60.0 %
50.0 %
40.0 %
30.0 %
20.0 %
10.0 %
0.0 %
68.5 %
65.3 %
65.3 %
92.3 %
65.1 %
57.6 %
92.3 %
79.5 %
42.9 %
2016
2017
2018
All Healthcare Organization(Benchmark)
2016
2017
AQ Demo System
2017
AQ Demo 1
2016
2017
AQ Demo 2
2017
AQ Demo 3

Operational Reports

Target: BP Report (NQF18/MIPS #236)

Configurable Report | Predefined Report

Reporting Period

- ☑ 2016
- ☑ 2017
- ☑ 2018

Select Health System/Benchmark

Type to search in list

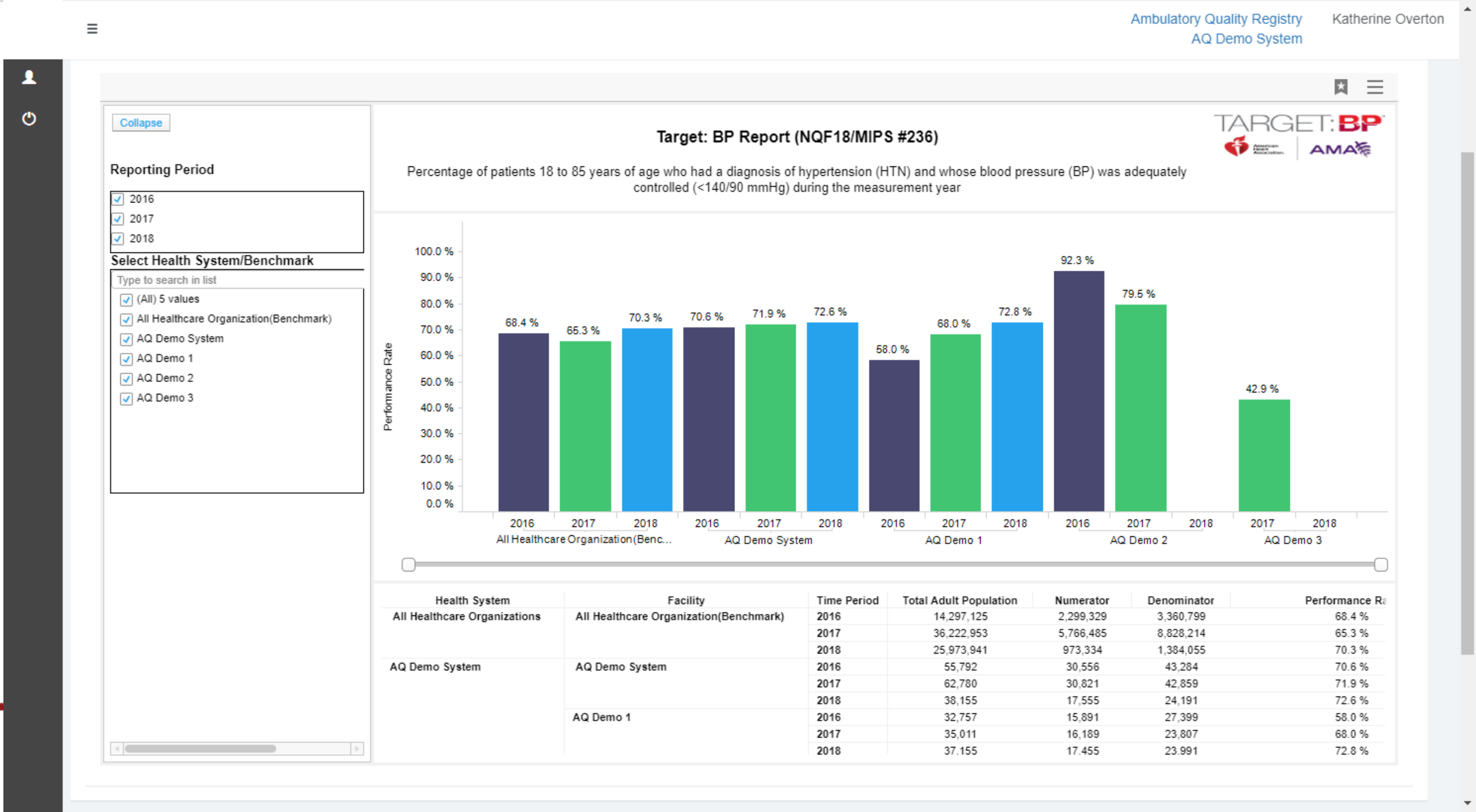
- ☑ (All) 5 values
- ☑ All Healthcare Organization(Benchmark)
- ☑ AQ Demo System
- ☑ AQ Demo 1
- ☑ AQ Demo 2
- ☑ AQ Demo 3

Target: BP Report (NQF18/MIPS #236)

Percentage of patients 18 to 85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90 mmHg) during the measurement year

Health System	Facility	Time Period	Total Adult Population	Numerator	Denominator	Performance Rate	Expected patients with hypertension
All Healthcare Organizations	**All Healthcare Organization(Benchmark)**	**2016**	14,247,565	2,278,470	3,326,448	68.5 %	NA
		2017	36,182,936	5,758,152	8,823,139	65.3 %	NA
		2018	21,234,158	6,462	9,900	65.3 %	NA
AQ Demo System	**AQ Demo System**	**2016**	23,035	14,665	15,885	92.3 %	NA
		2017	57,769	31,632	48,589	65.1 %	NA
	AQ Demo 1	**2017**	30,000	17,000	29,537	57.6 %	3198
	AQ Demo 2	**2016**	23,035	14,665	15,885	92.3 %	10851
		2017	25,269	14,032	17,652	79.5 %	10879
	AQ Demo 3	**2017**	2.500	600	1.400	42.9 %	277

System Reporting (By Request)


≡
Ambulatory Quality Registry
AQ Demo System
Katherine Overton
Collapse
TARGET:BP
AMA
100.0 %
90.0 %
80.0 %
70.0 %
60.0 %
50.0 %
40.0 %
30.0 %
20.0 %
10.0 %
0.0 %
Performance Rate
68.4 %
65.3 %
70.3 %
70.6 %
71.9 %
72.6 %
58.0 %
68.0 %
72.8 %
92.3 %
79.5 %
42.9 %
2016
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All Healthcare Organization(Benc...
AQ Demo System
AQ Demo 1
AQ Demo 2
AQ Demo 3

Reporting Period

- ☑ 2016
- ☑ 2017
- ☑ 2018

Select Health System/Benchmark

Type to search in list

- ☑ (All) 5 values
- ☑ All Healthcare Organization(Benchmark)
- ☑ AQ Demo System
- ☑ AQ Demo 1
- ☑ AQ Demo 2
- ☑ AQ Demo 3

Target: BP Report (NQF18/MIPS #236)

Percentage of patients 18 to 85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90 mmHg) during the measurement year

Health System	Facility	Time Period	Total Adult Population	Numerator	Denominator	Performance Ra
All Healthcare Organizations	All Healthcare Organization(Benchmark)	2016	14,297,125	2,299,329	3,360,799	68.4 %
		2017	36,222,953	5,766,485	8,828,214	65.3 %
		2018	25,973,941	973,334	1,384,055	70.3 %
AQ Demo System	AQ Demo System	2016	55,792	30,556	43,284	70.6 %
		2017	62,780	30,821	42,859	71.9 %
		2018	38,155	17,555	24,191	72.6 %
	AQ Demo 1	2016	32,757	15,891	27,399	58.0 %
		2017	35,011	16,189	23,807	68.0 %
		2018	37,155	17,455	23,991	72.8 %