

Target: Type 2 Diabetes™ Inpatient Honor Roll Eligibility Criteria

ABOUT

Target: Type 2 Diabetes™ Honor Roll aims to ensure patients with type 2 diabetes receive the most up-to-date, evidence-based care when hospitalized with CVD or Stroke. To bring attention to this critical high-risk population, American Heart Association has established the Target: Type 2 Diabetes Honor Roll recognition opportunity for hospital participants of Get With The Guidelines®-Heart Failure (GWTG-HF), Get With The Guidelines®-Stroke (GWTG-S) and Get With The Guidelines®-CAD.

Hospitals with these modules have diabetes related registry elements and reports in the IQVIA Registry Platform (IRP). Hospitals that meet specific measure thresholds, based on these elements, may be eligible for recognition in the Target: Type 2 Diabetes Honor Roll alongside their existing GWTG awards.

ELIGIBILITY REQUIREMENTS:

- Your hospital must qualify for a Silver level or higher Achievement Award in the related GWTG module.
- Your hospital must have at least 10 patients with a new onset or previous history of diabetes within the patient population.
- The recognition reporting period must be the same calendar year as your hospital's eligible Achievement Award.
- GWTG-S participating hospitals must be able to demonstrate **at least 80% compliance** for 12 consecutive months (Calendar Year) for the "Overall Diabetes Cardiovascular Initiative Composite Score" described below.
- GWTG-CAD participating hospitals must be able to demonstrate **at least 75% compliance** for 12 consecutive months (Calendar Year) for the "Overall Diabetes Cardiovascular Initiative Composite Score" described below.
- GWTG-HF participating hospitals must be able to demonstrate **at least 75% compliance** for 12 consecutive months (Calendar Year) for the "Overall Diabetes Cardiovascular Initiative Composite Score" described below.

RECOGNITION MEASURES:

Target: Type 2 Diabetes – Heart Failure "Overall Diabetes Cardiovascular Initiative Composite Score":

Hospitals must achieve 75% compliance for 12 consecutive months for a composite of the below measures:

- ACEI/ARBs or ARNI at Discharge for Patients with Diabetes Percent of heart failure patients with diabetes and left ventricular systolic dysfunction (LVSD) and without angiotensin converting enzyme inhibitor (ACEI) and angiotensin receptor blocker (ARB) or angiotensin-receptor/neprilysin inhibitor (ARNI) contraindications who are prescribed an ACEI, ARB, or ARNI at hospital discharge.
- Evidence-Based Specific Beta Blockers for Patients with Diabetes Percent of heart failure patients with diabetes who were prescribed an evidence-based specific beta blocker (Bisoprolol, Carvedilol, Metoprolol Succinate CR/XL) at discharge.
- Measure LV Function (Patients with Diabetes) Percent of patients with heart failure and diabetes who have documentation in the hospital record that left ventricular function (LVF) was assessed before arrival, during hospitalization, or is planned for after discharge.
- Post Discharge Appointment for Heart Failure Patients with Diabetes Percent of eligible patients with heart
 failure and diabetes for whom a follow-up appointment was scheduled and documented including location,
 date, and time for follow up visits, or location and date for home health visit.

RECOGNITION MEASURES continued

- **Diabetes Treatment** Percent of diabetic patients or newly-diagnosed diabetics receiving diabetes treatment in the form of glycemic control (diet or antihyperglycemic medication) or follow up appointment for diabetes management scheduled at discharge.
- Lipid Lowering Medications at Discharge for Patients with Diabetes Percent of heart failure patients with diabetes who were prescribed lipid lowering medications at discharge.
- Smoking Cessation for Patients with Diabetes Percent of heart failure patients with diabetes and a history of smoking cigarettes, who are given smoking cessation advice or counseling during hospital stay.
- Antihyperglycemic medication with proven CVD benefit: Percent of patients with heart failure and type 2 diabetes who are discharged on an antihyperglycemic medication with proven cardiovascular disease benefit (sodium glucose cotransporter-2 or SGLT-2 Inhibitor).

Target: Type 2 Diabetes – Stroke "Overall Diabetes Cardiovascular Initiative Composite Score":

Hospitals must achieve 80% compliance for 12 consecutive months for a composite of the below measures::

- IV Alteplase Arrive by 3.5 Hour, Treat by 4.5 Hour (Patients with Diabetes) Percent of acute ischemic stroke patients with diabetes who arrive at the hospital within 210 minutes (3.5 hours) of time last known well and for whom IV thrombolytic was initiated at this hospital within 270 minutes (4.5 hours) of time last known well.
- Early Antithrombotics for Patients with Diabetes Percent of patients with ischemic stroke or TIA and diabetes who receive antithrombotic therapy by the end of hospital day two.
- VTE Prophylaxis for Patients with Diabetes Percent of patients with diabetes and an ischemic stroke, or a hemorrhagic stroke, or stroke not otherwise specified who receive VTE prophylaxis the day of or the day after hospital admission.
- Antithrombotics for Patients with Diabetes Percent of patients with an ischemic stroke or TIA and diabetes prescribed antithrombotic therapy at discharge.
- Anticoagulant for AFib/AFlutter for Patients with Diabetes Percent of patients with an ischemic stroke or TIA with atrial fibrillation/flutter and diabetes discharged on anticoagulation therapy.
- Smoking Cessation for Patients with Diabetes Percent of patients with ischemic or hemorrhagic stroke or TIA and diabetes and a history of smoking cigarettes, who are, or whose caregivers are, given smoking cessation advice or counseling during hospital stay.
- Intensive Statin Prescribed at Discharge for Patients with Diabetes Percent of ischemic stroke or TIA
 patients with diabetes who are discharged on statin medication.
- **Diabetes Treatment** Percent of diabetic patients or newly-diagnosed diabetics receiving diabetes treatment in the form of glycemic control (diet or medication or follow up appointment for diabetes management scheduled at discharge.
- Therapeutic Lifestyle Recommendation for Patients with Diabetes Percent of ischemic stroke or TIA patients with diabetes who receive therapeutic lifestyle recommendations at discharge.
- Antihyperglycemic medication with proven CVD benefit: Percent of ischemic stroke or TIA patients with type 2 diabetes who are discharged on an antihyperglycemic medication with proven cardiovascular disease benefit (glucagon-like peptide-1 receptor/GLP-1 Receptor Agonist or sodium glucose cotransporter 2/SGLT-2 Inhibitor).

RECOGNITION MEASURES continued

Target: Type 2 Diabetes - Coronary Artery Disease "Overall Diabetes Cardiovascular Initiative Composite Score":

Hospitals must achieve 75% compliance for 12 consecutive months for a composite of the below measures:

- ACE-I or ARB for LVSD at Discharge for Patients with Diabetes Percentage of Acute Myocardial Infarction (AMI) patients with diabetes and left ventricular systolic dysfunction (EF < 40% or with moderate or severe LVSD) who are prescribed an ACEI or ARB at hospital discharge.
- Adult Smoking Cessation Advice for Patients with Diabetes Percentage of Acute Myocardial Infarction (AMI) patients with diabetes who smoke cigarettes who receive smoking cessation advice/counseling during admission.
- Antihyperglycemic Medication with Proven CVD Benefit Percent of Acute Myocardial Infarction (AMI) patients with type 2 diabetes who are discharged on an antihyperglycemic medication with proven cardiovascular disease (CVD) benefit (GLP-1 Receptor Agonist or SGLT-2 Inhibitor).
- Aspirin at Discharge for Patients with Diabetes Percentage of Acute Myocardial Infarction (AMI) patients with diabetes prescribed aspirin at discharge.
- Beta-Blocker at Discharge for Patients with Diabetes Percentage of Acute Myocardial Infarction (AMI) patients with diabetes prescribed a beta blocker at hospital discharge.
- Cardiac Rehabilitation Patient Referral from an Inpatient Setting Percentage of patients with diabetes hospitalized with Acute Myocardial Infarction (AMI) who were referred to an outpatient cardiac rehabilitation (CR) program during their hospital stay.
- Dual Antiplatelet Therapy Prescribed at Discharge Percentage of medically managed patients with non-ST elevation-acute coronary syndrome (NSTE-ACS) with diabetes who were prescribed dual antiplatelet therapy (aspirin and appropriate P2Y12 inhibitor) at discharge.
- **High-Intensity Statin at Discharge** Percentage of Acute Myocardial Infarction (AMI) patients with diabetes who are prescribed a high-intensity statin at hospital discharge.

Who do I contact if I have further questions?

• For more information, please contact your local Get With The Guidelines Quality Improvement Consultant or GWTGSupport@heart.org.