

Target: Type 2 Diabetes™ Inpatient Honor Roll Frequently Asked Questions

ABOUT

What is Know Diabetes by Heart™?

Know Diabetes by Heart™ is a collaboration between the American Heart Association® (AHA) and the American Diabetes Association® (ADA) focused on reducing heart disease, heart failure and stroke among people living with type 2 diabetes. This initiative provides tools and resources to reduce heart disease, heart failure and stroke among people living with type 2 diabetes through quality and systems improvement, health care professional education and patient engagement. Target: Type 2 Diabetes™ Honor Roll is a component of this broader initiative.

What is Target: Type 2 Diabetes Honor Roll?

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) and Get With The Guidelines®-Coronary Artery Disease (GWTG-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.

RECOGNITION

What are the benefits of Target: Type 2 Diabetes Honor Roll participation and recognition?

Recognized organizations may receive certificates of achievement, listing on our heart.org websites, promotional materials, opportunities for best practice showcases and resources for self-promotion.

What is the difference between the Get With The Guidelines Achievement Awards and Target: Type 2 Diabetes recognition?

Target: Type 2 Diabetes is an additional level of recognition above and beyond the Achievement Awards noting a hospital's targeted approach to providing quality care for patients with type 2 diabetes.

Which hospitals are eligible for recognition?

Hospitals currently participating in GWTG-S, GWTG-CAD or GWTG-HF currently have expanded diabetes related registry elements and reporting. Hospitals entering these data will be eligible for Target: Type 2 Diabetes Honor Roll recognition consideration.

What criteria need to be met to be eligible for Target: Type 2 Diabetes Honor Roll?

- 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-HF and 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.

Will my hospital receive any additional promotional benefits for my Target: Type 2 Diabetes Honor Roll recognition?

Yes, as a Target: Type 2 Diabetes Honor Roll hospital, you will receive an award recognition toolkit that includes your award icon, sample press releases, ads and other materials you can use to promote your award. The AHA looks for opportunities each year to promote award winning hospitals in national advertisements and at AHA conferences. These benefits will be like those of Target: Stroke and Target: Heart Failure.

Will my hospital's Target: Type 2 Diabetes recognition status impact our Achievement Award status?

No, your hospital must first qualify for a Silver level or higher Achievement Award in the related GWTG module in order to be eligible for Target: Type 2 Diabetes Honor Roll consideration. Your hospital will be eligible for Achievement Award status regardless of Target: Type 2 Diabetes Honor Roll recognition status.

RECOGNITION MEASURES

What is the "Overall Diabetes Cardiovascular Initiative Composite Score"?

The composite score is defined as the proportion of performance opportunities met among eligible opportunities for all diabetes award measures described for GWTG-S, GWTG-CAD and GWTG-HF below.

What measures are included in the Overall Diabetes Cardiovascular Initiative Composite Score for Get With The Guidelines – Heart Failure?

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.
- **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).

RECOGNITION MEASURES continued

What measures are included in the overall Diabetes Cardiovascular Initiative Composite Score for Get With The Guidelines – Stroke?

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).

What measures are included in the overall Diabetes Cardiovascular Initiative Composite Score for Get With The Guidelines - Coronary Artery Disease?

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

RECOGNITION MEASURES continued

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.

Does each measure included in the Overall Diabetes Cardiovascular Initiative Composite Score have to meet the percent compliance (75% for Heart Failure and CAD and 80% for Stroke) every month, or an average over the 12 months?

No, the Honor Roll is based on a composite of the measure set for each module. Additionally, like our other award programs, Honor Roll is based on average of the composite over 12 months.

AWARD STATUS AND SUBMISSION

What is the hospital responsibility under the automated award process for Target: Type 2 Diabetes Honor Roll?

Similar to the Get With The Guidelines award process, hospitals must have all prior year (calendar year) data entered by the award submission data deadline. Separate submission for Target: Type 2 Diabetes Honor Roll is not required. For all GWTG award recognition, make sure to complete the Quality Improvement Programs Permission Form and return to your local AHA Quality Improvement Consultant (only necessary to complete if not done so in the past, or if your hospital has had a name change request).

Will I have an opportunity to know my hospital's progress towards Target: Type 2 Diabetes Honor Roll recognition? Who would I contact?

Hospitals can run their own reports for any of the measures to identify if they are on track to qualify. You can reach also out to your local Get with the Guidelines AHA contact or GWTGSupport@heart.org for assistance.

How will I know if my hospital received the Target: Type 2 Diabetes Honor Roll?

Hospital will be notified by local AHA staff if they qualify for recognition.

GUIDELINES & MORE INFORMATION

How can I learn more about the science behind Target: Type 2 Diabetes Honor Roll?

Our Know Diabetes by Heart website has a page dedicated to the latest AHA and ADA science for diabetes care and a list of recorded healthcare professional webinars and podcasts.

How can I stay current on the Know Diabetes by Heart initiative?

Sign up for the Know Diabetes by Heart newsletter for our science-backed tips and tools, personal stories from people living with type 2 diabetes, recipes & meal planning solutions, resources for people living with type 2 diabetes, and more.

What is the Target: Type 2 Diabetes Outpatient Program?

Target: Type 2 Diabetes Outpatient Recognition is for outpatient clinics and specialty practices focused on CVD risk reduction regarding hemoglobin A1c control, blood pressure control, and lipid management. More information can be found at www.knowdiabetesbyheart.org/quality.

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.

FOR MORE INFORMATION: