



American  
Heart  
Association®

# Data Submission 101

## FOR 2024 AWARD ACHIEVEMENT



# Presenters

## Data Submission 101 for Outpatient Achievement

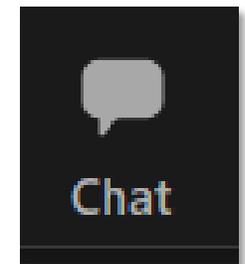
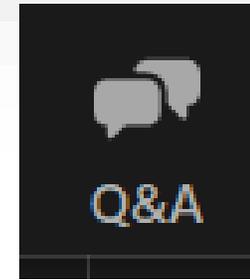
et, sed do eiusmod tempor.

- **Liz Montgomery**, Data Analyst, Health IT, Outpatient
  - American Heart Association
- **Alison Smith**, MPH, BSN, RN, Program Director, Target: BP
  - American Heart Association / American Medical Association
- **Sara O’Kane**, Sr. Product Development Manager, Health IT, Outpatient
  - American Heart Association

# Housekeeping

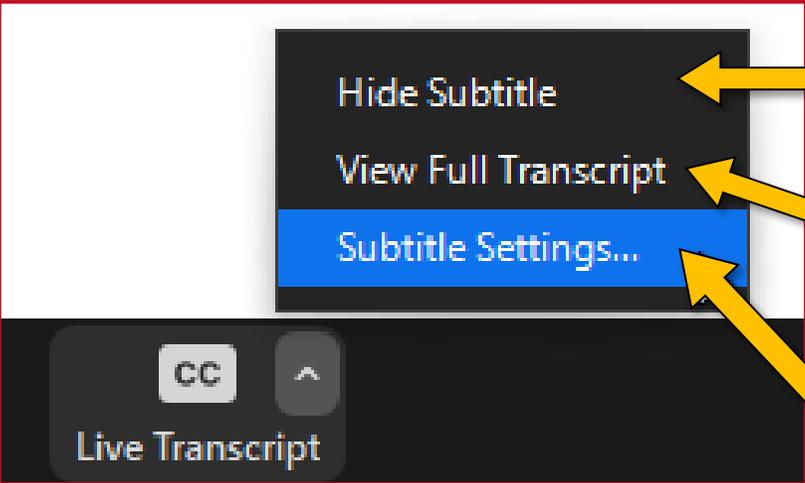
## Questions & Presentation Sharing

- This meeting is being **recorded** and **slides will be available**.
- Type **Questions into the Q&A Feature** and keep an eye on the **Chat** feature for messages from the AHA/AMA team.
- **Post-webinar general questions:** [bit.ly/AQContactUs](https://bit.ly/AQContactUs)
- **Password resets, new user accounts, etc. Contact the IQVIA Support Help Desk**
  - [InfosarioOutcomeSupport@quintiles.com](mailto:InfosarioOutcomeSupport@quintiles.com)
  - 888-526-6700



# Housekeeping

## Accessibility Options

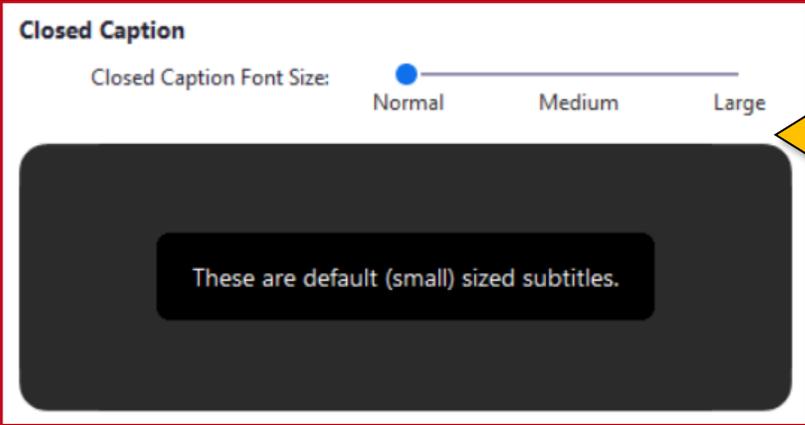


Are captions distracting or a barrier to you? Turn them off using the "hide subtitle" option.

Prefer a running record/transcript on the side of the screen? Click "View Full Transcript." This will initially pop up over the chat window, but you can move it off to the side to see both.

Need the caption font to be bigger/smaller? Click Subtitle Settings..." and a new window will pop up.

Choose between "normal," "medium," or "large" font sizes for your captions.





American Heart Association.

Outpace CVD

## Agenda

1. Initiative Updates
2. Award Achievement
3. Data Submission Details & Criteria
4. Quick Platform Demo
5. Resources & Tips

TARGET:BP™



American Heart Association.

Check. Change. Control.<sup>®</sup>  
Cholesterol



American Heart Association.

Target: Type 2 Diabetes™



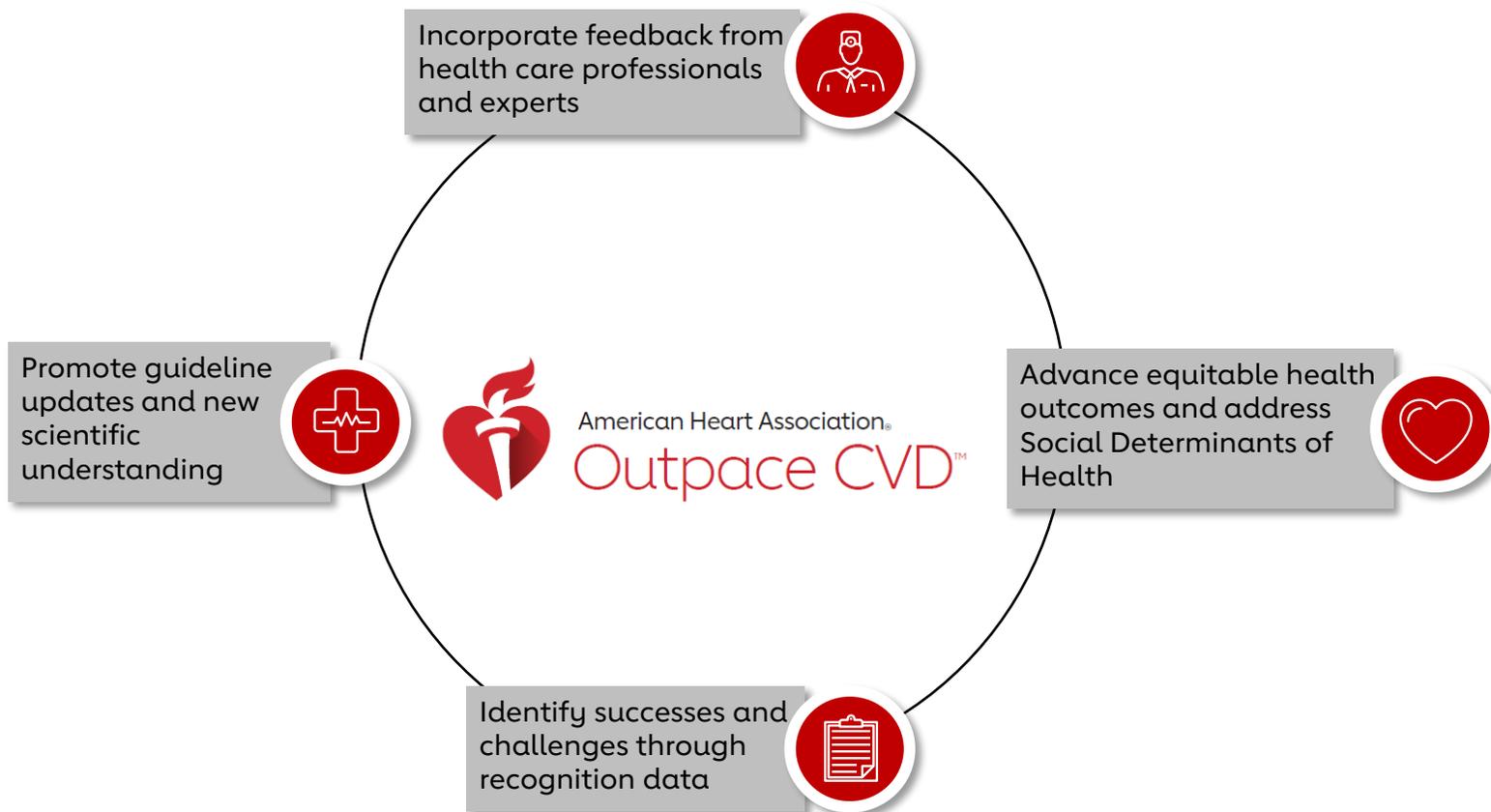


# Initiative Updates

2024



# The American Heart Association's Outpace CVD™ suite of outpatient programs provide targeted quality improvement support and recognize your organization's commitment to improving outcomes of cardiovascular disease.



**& more.**





## Target: BP – About Us

TARGET:BP™



# About Target: BP™

Target: BP™ is a national initiative created by the American Heart Association (AHA) and the American Medical Association (AMA) in response to the high prevalence of uncontrolled blood pressure (BP). Committed to advancing health equity, we support health care organizations and communities to improve blood pressure control for the patients they serve with the latest scientific evidence from AHA, AMA, and other experts.



**Leverages** AHA guidelines and scientific statements and the AMA MAP™ framework



**Assists** health care organizations in their journeys to improve and sustain BP control



**Recognizes** health care organizations annually with achievement awards

# Explore your support options

TARGET:BP™



- Practice assessment
- Professional education
- Tools and resources
- Award Achievement

→ *Start today!*



American  
Heart  
Association.

- AHA hypertension science and resources
- Data insights and metrics
- 1:1 quality support
- Peer-to-peer and group learning activities
- Local community connections

→ *Connect with your AHA team*

AMA MAP™  
Hypertension

- Evidence-based approaches
- Data and metrics
- Hypertension & QI experts
- Population health and quality focus

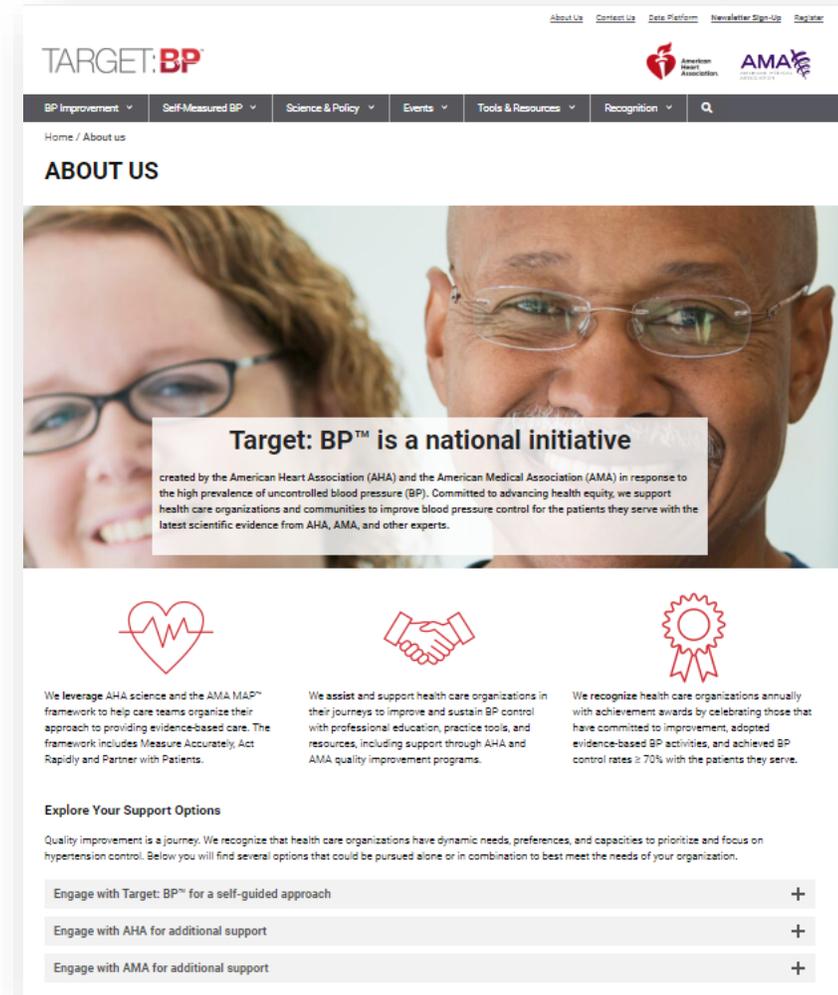
→ *To learn more*

TARGET:BP™



# Stay tuned

- Subscribe to the Target: BP newsletter
  - Latest science
  - Professional education
  - Practice tools & resources
  - Patient education
- Visit TargetBP.org "About Us" page
  - Self-Guided resources
  - Connect with AHA QI support
  - Learn more about AMA QI support



# History of Award Achievement

2023



# 2023 Achievement Awards

In 2023, over 1,800 organizations submitted data for Target: BP, Check. Change. Control. Cholesterol, and Target: Type 2 Diabetes.



## 2023 Recognition

1,806 organizations submitted data



33.2 million patients covered



866 organizations achieved Gold or Gold+ status

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



## 2023 Recognition

553 organizations submitted data



12.6 million patients covered

429 organizations achieved Gold status

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



## 2023 Recognition

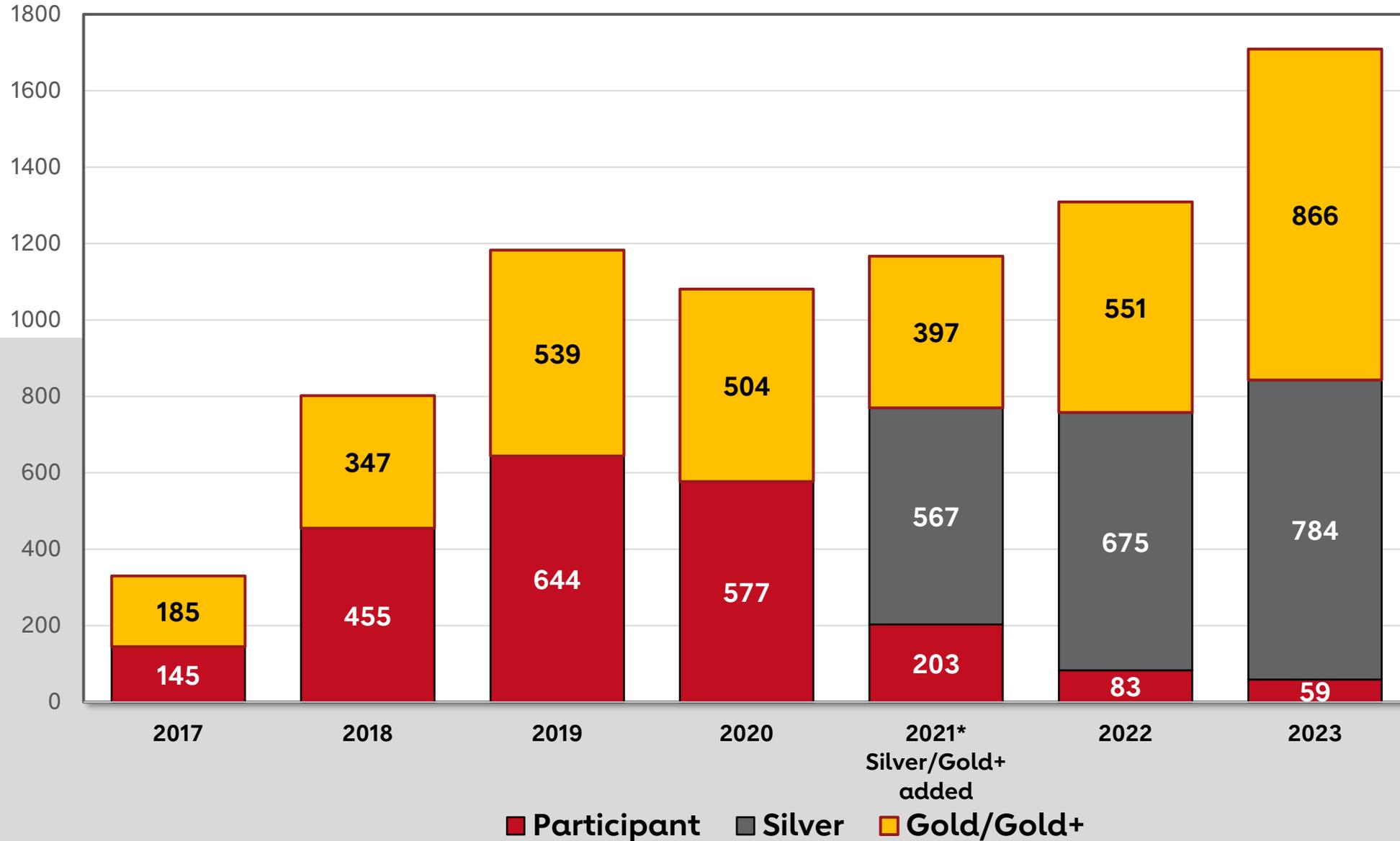
785 organizations submitted data



17 million patients covered

341 organizations achieved Gold status

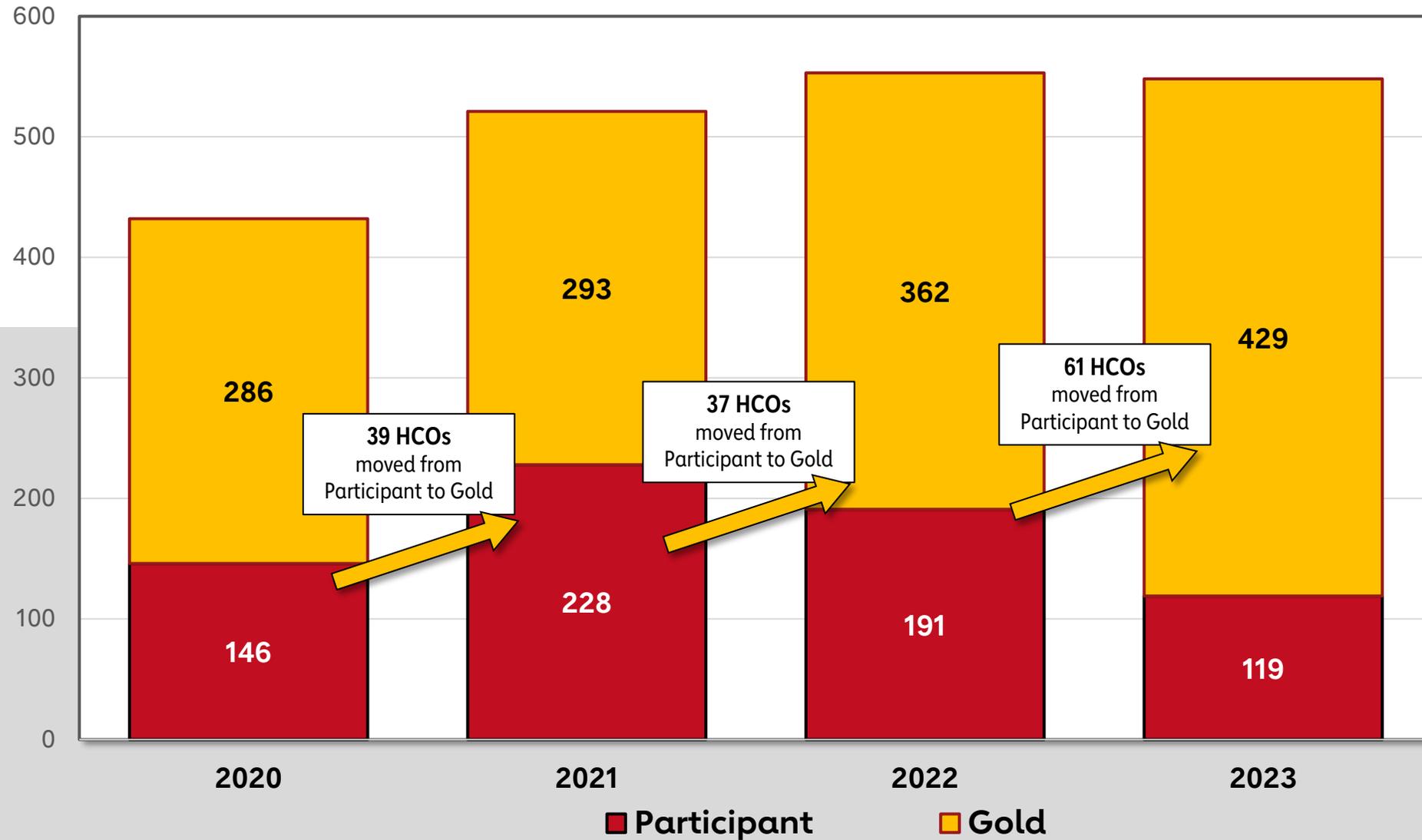
(Met specified thresholds for 2 or more diabetes- and CVD-related clinical measures)





American Heart Association.

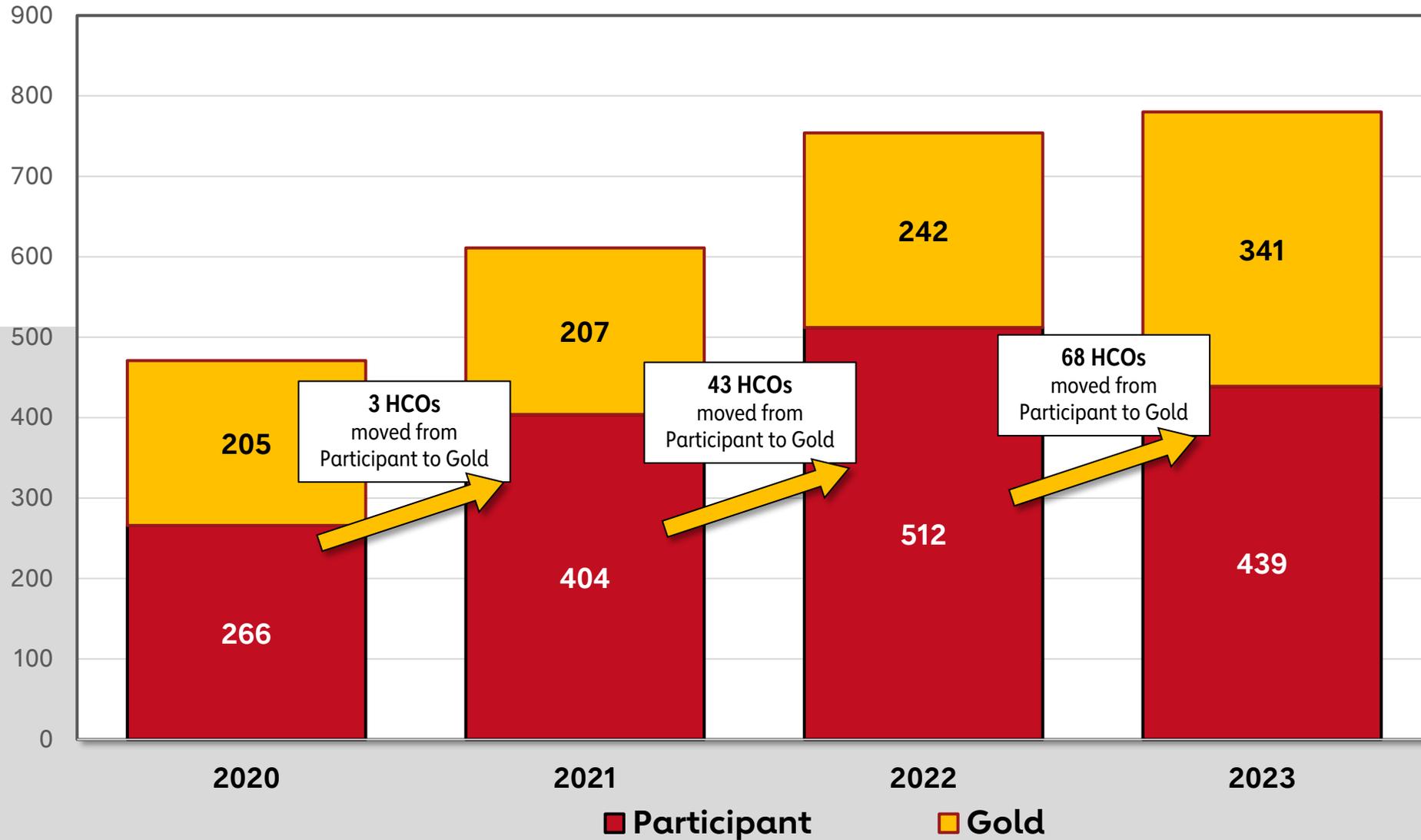
Check. Change. Control.  
Cholesterol™





American Heart Association®

# Target: Type 2 Diabetes<sup>SM</sup>



# Is your healthcare organization....

- A First Time Data Submitter in 2024
- A Repeat Submitter
- Unsure

**POLL**



# Getting into the Details

Timeline, Eligibility Requirements, and Updates



# Data Submission & Achievement Awards Timeline

Deadline: May 17, 2024 at 11:59 PM ET

**JANUARY 1 -  
MAY 17, 2024**



**Submit  
2023 Data**

**MAY 17  
11:59 PM ET**



**Deadline  
for Data  
Entry**

**JUNE -  
AUGUST**



**Review &  
Validate**

**SEPTEMBER  
- OCTOBER**



**Notify  
Awardees**

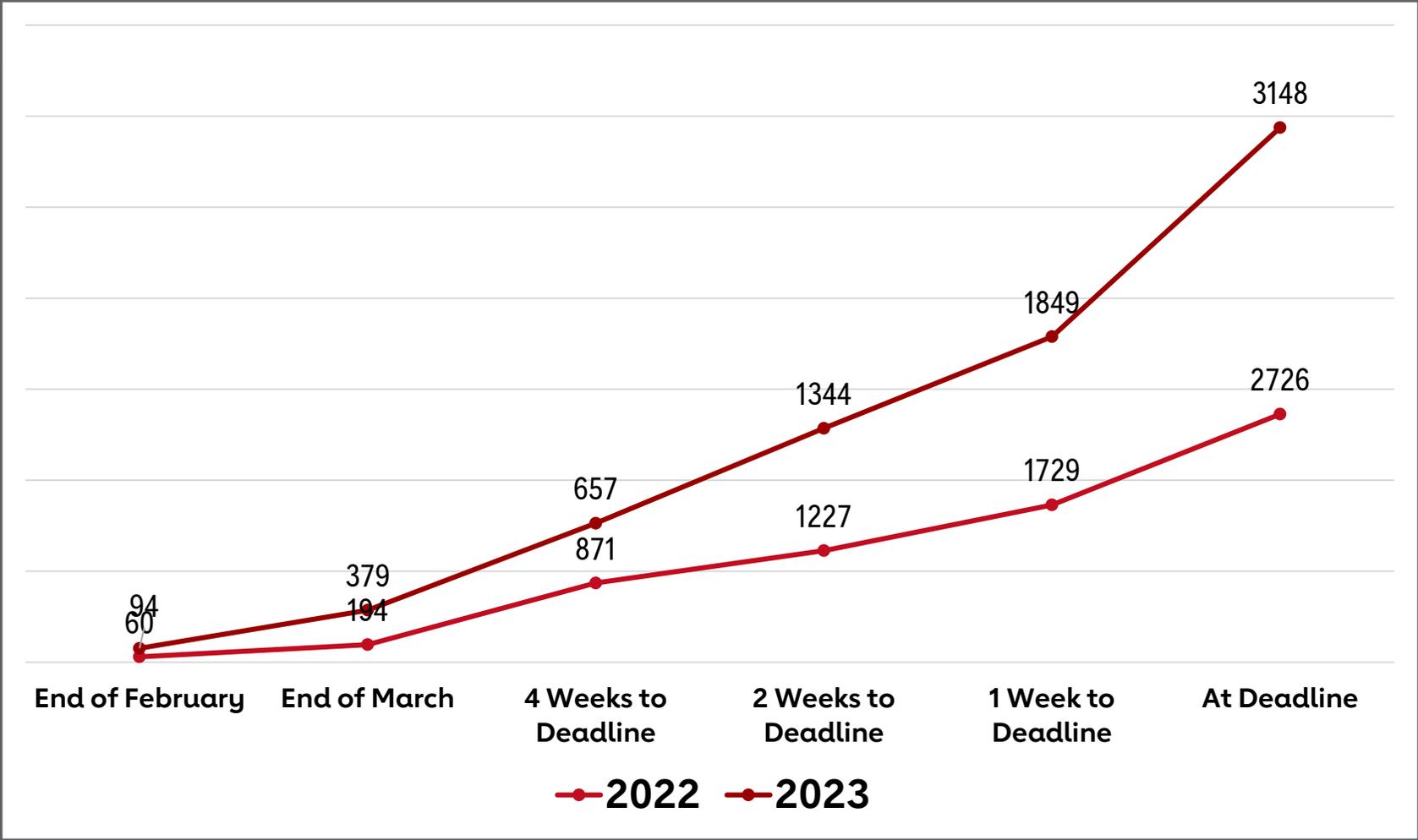
**NOVEMBER**



**Celebrate  
2024  
Awards!**

# 2022 & 2023 Data Submissions Timing Trends

Keep in mind, the earlier you submit data – the more support available for troubleshooting.



**In 2023**

How many submitted in the last month?  
**79%**

How many submitted the last week?  
**41%**

How many submitted the last day?  
**18%**

# Benefits of Award Achievement

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

- National awards listing on initiative websites
- National press release
- Acknowledgement at annual meetings such as the American Heart Association’s Scientific Sessions
- Regional opportunities to share successes
- Modern Healthcare Ad for Gold & Gold+ Awardees
- Award certificate and digital award icons for use on your website and other materials
- Comprehensive toolkit that includes:
  - A press release template
  - Social media messaging
  - Email signature graphic
  - And more!

The collage features several key award components:

- TARGET:BP GOLD Award Certificate:** A certificate from the American Heart Association and American Medical Association recognizing practices for demonstrating a commitment to achieving better outcomes for patients with hypertension. It lists award recipients by state, including Alaska, Arizona, Colorado, Connecticut, Florida, and others.
- CONGRATULATIONS! 2023 GOLD LEVEL RECOGNITION WINNERS:** A celebratory graphic with a group of healthcare professionals. It includes a congratulatory message and information about the 2024 data submission period (January 1-May 17, 2024).
- 2023 AWARD LEGEND:** A legend defining four award levels: Target: BP GOLD, Target: BP GOLD PLUS, Target: Type 2 Diabetes GOLD, and Check Change Control Cholesterol GOLD. Each level includes a brief description of the criteria for recognition.
- 2023 RECOGNIZED FOR ACHIEVEMENT BADGE:** A circular badge for Cholesterol GOLD, awarded by the American Heart Association.

# Eligibility Criteria for Award Achievement

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

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## Organizational Eligibility Criteria

To be eligible for any achievement award, organizations submitting data must directly diagnose and manage patients with chronic diseases (hypertension, diabetes, high cholesterol), including prescribing and managing medications.

This is the first question during data submission to confirm you meet this minimum standard.

## Step 1: Register

**Brand New?** Fill out details about your organization and request data submission access at: [heart.org/RegisterMyOutpatientOrg](https://heart.org/RegisterMyOutpatientOrg)

### Note:

- You can register for all 3 Outpace CVD programs simultaneously.
- 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 have 5+ sites to register, there is a multi-site option to save time.

**Within 3 business days**, you'll receive a username & temporary 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.

## Step 2: Enter Data

**Log In:** [aha.infosarioregistry.com](https://aha.infosarioregistry.com)

**Navigate to:** Program Forms

**Select:** "Add New" next to the desired program

**Enter:** "2023" for the reporting year

**Enter your organization's 2023 data:** complete all fields in all tabs and click the 'Data Entry Complete' checkbox.

**Save, Save, Save & Exit!**

**You can revise and finish your data at any time until the deadline:**

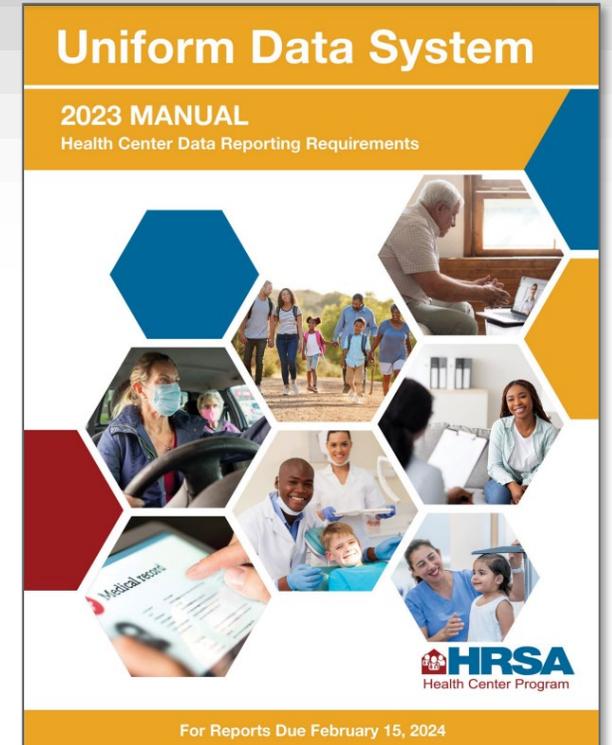
**May 17, 2024 at 11:59 pm ET**

# Aggregate data collected on all program forms

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

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- **Total Adult Patient Population (Q3)**
- **Race & Ethnicity** breakdown of Total Adult Patient Population
  - Based on: *HRSA Uniform Data System Reporting Requirements for 2023 Health Center Data*
  - Update: "Hispanic or Latinx" to "Hispanic, Latino/a, or Spanish Origin"
- **Patients Primary Payor** breakdown of Total Adult Patient Population
- **Total Number of Providers**



# Award Achievement Criteria

Timeline, Eligibility Requirements, and Updates



# Target: BP™

## 2024 Achievement Award Levels

SAME AS  
2023\*



### Participant Status

Recognizes practices that **submit data for the first-time** and commit to reducing the number of adult patients with uncontrolled patients.

- BP Control Rate of <70%
- < 4 of 6 evidence-based activities achieved



### Silver Status

Recognizes practices that **submit data and complete ≥4 of 6 evidence-based activities.**

- BP Control Rate of <70%



### Gold Status

Recognizes practices that have **70% or more of their adult patient population with high blood pressure controlled.**

- < 4 of 6 evidence-based activities achieved



### Gold+ Status

Recognizes practices that **have 70% or more of their adult patient population with high blood pressure controlled and complete ≥4 of 6 'M' evidence-based activities.**

# Target: BP™

All fields must be completed for award eligibility.

## Requirements for 2024 Data Submission

- Using **MIPS #236: Controlling High Blood Pressure** criteria:
  - DENOMINATOR:** Number of patients 18-85 years of age who had a 2023 visit and a diagnosis of essential hypertension starting before and continuing into, or starting during, the first six months of the measurement period (Measurement period = 1/1/23 – 12/31/23)
  - NUMERATOR:** Number of patients with a diagnosis of hypertension whose high blood pressure is controlled (<140 / <90 mmHg)

NOTE: Patients diagnosed July – December **2023** should not be included in denominator

Patient Visit	Patient Diagnosis	Inclusion
March 2023	March 2023	YES
October 2023	October 2023	NO
October 2023	November 2022	YES

- Yes/No/Not Sure question if given totals included patients with remote BP readings
- Attestations for 6 Evidence-Based BP Activities in 5 Pillars

# Measure Accurately



Calibrate devices per guideline



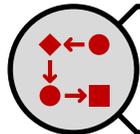
Check device validation



Train team in BP measurement



Test team in BP measurement



Adopt protocol for repeat measurement



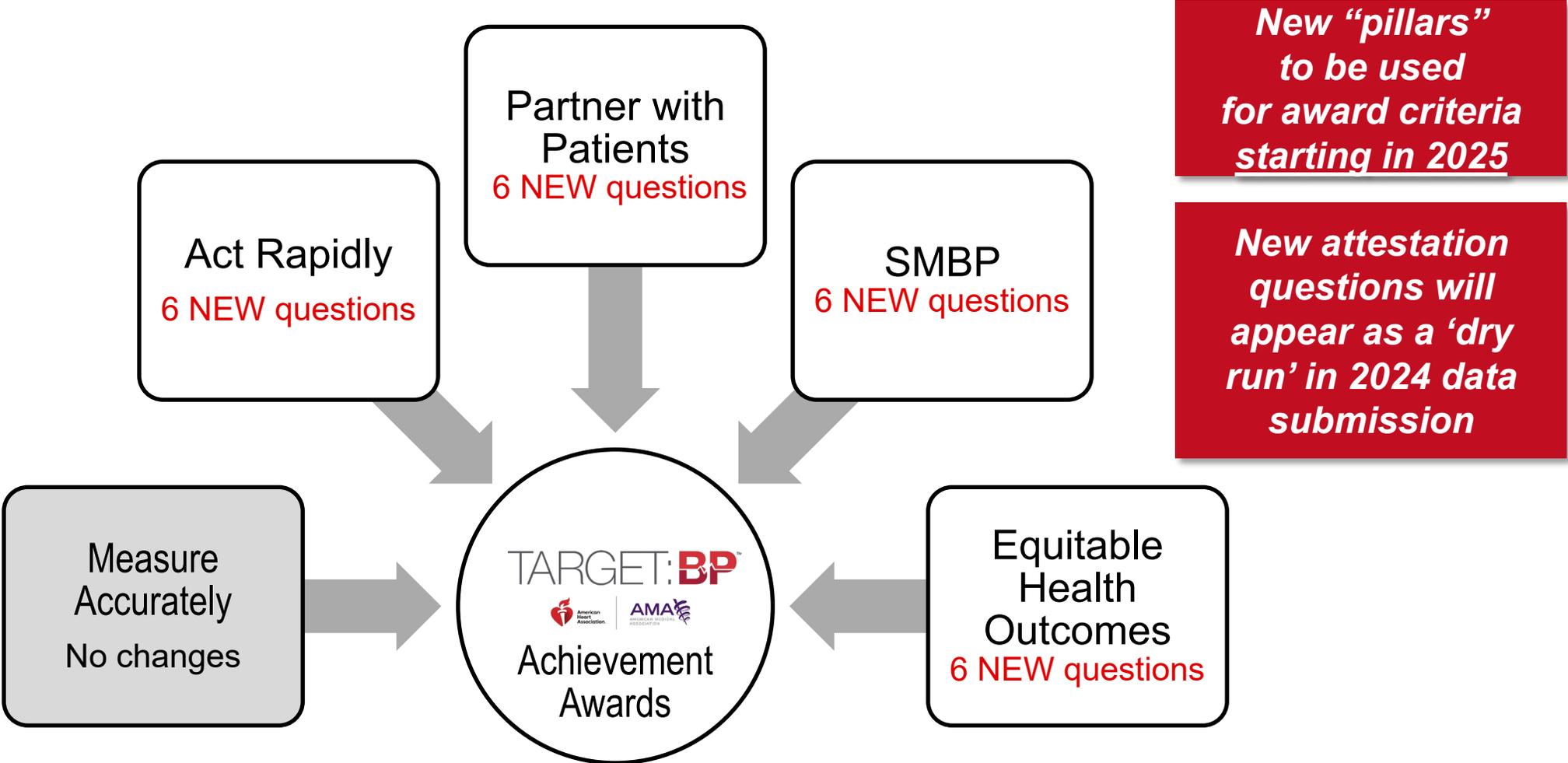
Post infographic where BP is measured



Attest to  
completing  
**≥4 of 6**  
in prior\* year

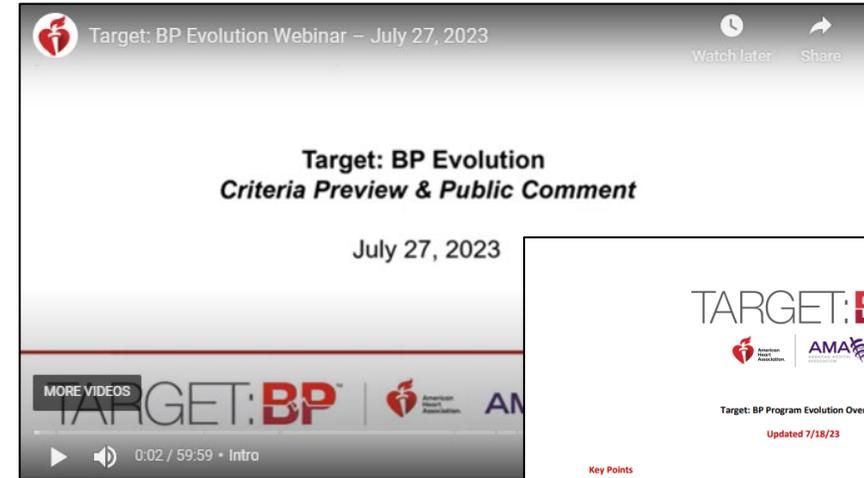
\*2024 data submission  
should include data / BP  
activities from **2023 only**

# Target: BP Evidence-Based BP Activities Evolution (Pillars)



# Supporting the NEW Target: BP Pillars

- Watch the [July 27, 2023 webinar online](#)
- Read the [Evolution Overview document](#)
- Attend the [Target: BP Office Hours | Answering New Pillar Attestations](#)
  - February 21, 2024 at Noon CT
  - Live questions welcome!



February 2024

WED 21 02/21/24 @ 12:00 pm - 1:00 pm CST

**Target: BP Office Hours | Answering New Pillar Attestations**

This live webinar will provide a high-level overview of the new Target: BP questions that are included in the 2024 data submission process and provide an opportunity for health care organizations to ask questions. The new Target: BP Pillars are Measure Accurately, Act Rapidly, Partner with Patients, Self-Measured Blood Pressure, and Equitable Health Outcomes. To... [Read more](#)

**TARGET:BP™**

Target: BP Program Evolution Overview  
Updated 7/18/23

**Key Points**

- Target: BP is expanding the evidence-based practice attestations to align with the AMA MAP™ Framework and emphasize self-measured blood pressure and health equity
- The current 2023 award levels and attestation criteria will remain in effect through the end of 2023 and be used for data submission and attestation during the next data submission and attestation period (January – May 2024) to determine awards in 2024.
- In 2024, new attestation questions will appear in the next data submission and attestation period (January – May 2024), but these 'dry run' responses will not impact 2024 recognition awards.
- In 2025, refined attestation questions (regarding 2024 data and activities) will count toward the new recognition awards.
- The award names and required levels of performance to achieve them will be finalized in the summer of 2024 based upon feedback through the survey and 'dry run' attestations.
- Please respond to the Target: BP Program Evolution survey **between 7/27/23 and 8/25/23** to insure your HCO's perspective is represented. [Survey link](#)

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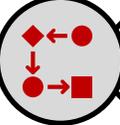
Section	Page
I. Background	2-3
II. Target: BP Program Evolution	3
III. At-A-Glance Overview	4
New Attestation Criteria, Rationale, & Resources	
IV. Act Rapidly (A)	5-7
V. Partner with Patients (P)	8-9
VI. Self-Measured Blood Pressure (SMBP)	10-11
VII. Equitable Health Outcomes (EHO)	12-13
VIII. Summary of Resources	14

# NEW Evidence-Based BP Activities

## Act Rapidly

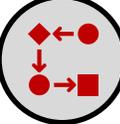
-  Adopt a treatment algorithm
-  Monitor care team adherence to algorithm
-  Specify a treatment goal of <math><130 / 80 \text{ mm Hg}^\*</math>
-  Intensify treatment if not at goal
-  Use single pill combos or other Rx adherence strategies
-  Follow-up within 1 month if not at goal

## Partner with Patients

-  Adopt a modifiable lifestyle risk factor policy
-  Monitor care team adherence to policy
-  Assess modifiable lifestyle risk factors  
- nutrition, physical activity, weight
-  Intervene with modifiable lifestyle risk factors  
- nutrition, physical activity, weight
-  Assess modifiable lifestyle risk factors  
- alcohol and tobacco use
-  Intervene with modifiable lifestyle risk factors  
- alcohol and tobacco use

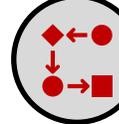
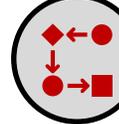
\*for adults with confirmed hypertension and known CVD or 10-year ASCVD event risk of 10% or higher

## Self-Measured Blood Pressure

-  Adopt a policy to prepare patients for SMBP
-  Monitor care team adherence to policy
-  Train patients in measurement technique and device use
-  Establish a measurement schedule
-  Receive and average readings to inform dx and tx decision
-  Use SMBP with 30 or 10% of patients with hypertension\*

\*whichever is larger

## Equitable Health Outcomes

-  Adopt a policy to gather race / ethnic data
-  Adopt a policy to gather SDOH
-  Train care team to gather data per policy
-  Monitor care team adherence to policy(s)
-  Stratify BP control rate data by 2 sub-groups
-  Examine data for gaps and take action

# Check. Change. Control. Cholesterol™

2024 Awards Criteria and Levels: NO CHANGES



## 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™

2024 Data Submission Questions: Minor language changes only.

## Using *MIPS #438: Statin Therapy for Prevention and Treatment of Cardiovascular Disease* criteria:

- **DENOMINATOR:** Number of patients meeting any of 3 risk-group criteria  
*NOTE: Minor adjustments to the risk groups have been made since 2023*
- **NUMERATOR:** Total number of above patients who are actively using or who receive an order (prescription) for statin therapy at any point in the measurement period (1/1/23 – 12/31/23)

## Info on your use of the ASCVD Risk Score:

- Do you calculate the ASCVD (Atherosclerotic Cardiovascular Disease) Risk Score in your practice?
- How do you document the ASCVD Risk Score in your practice?
- Does your HCO operationalize a specific treatment plan for managing very high-risk patients?

**Denominator:** All patients who meet one or more of the criteria below:

1. ALL patients, regardless of age, who were previously diagnosed with or currently have an active diagnosis of clinical ASCVD, including an ASCVD procedure;

OR

2. Patients aged  $\geq 20$  years at the beginning of the measurement period and have ever had a low-density lipoprotein cholesterol (LDL-C)  $\geq 190$  mg/dL or were previously diagnosed with or currently have an active diagnosis of familial hypercholesterolemia;

OR

3. Patients aged 40 to 75 years at the beginning of the measurement period with Type 1 or Type 2 diabetes

# Target: Type 2 Diabetes<sup>SM</sup>

2024 Awards Criteria and Levels: NO CHANGES



### 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  $\leq 25\%$  for HbA1c Poor Control ( $>9\%$ ) amongst eligible patients based on MIPS #001
- AND**
- Have annual rate of  $\geq 70\%$  for appropriate statin therapy amongst eligible patients based on MIPS #438
- OR**
- Have annual rate of  $\geq 70\%$  for blood pressure control amongst eligible patients based on MIPS #236

# Target: Type 2 Diabetes<sup>SM</sup>

2024 Data Submission Questions: NO CHANGES

## Using *MIPS #1: Hemoglobin A1c (HbA1c) Poor Control* criteria:

- **DENOMINATOR:** Number of adult patients (18-75 years of age) who had a visit in 2023 and have a diagnosis of diabetes
- **NUMERATOR:** Total number of above patients whose most recent HbA1c level performed in 2023 is >9% OR who had no HbA1c level performed in 2023

## Measure Submission for *either*:

- MIPS #236: Controlling High Blood Pressure
- MIPS #438: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease

## Clinical Practice Questions on:

- Standard Protocols & Treatment Plans
- Guideline-Based Pharmacologic Therapy
- Kidney Health



# Target: Type 2 Diabetes<sup>SM</sup>

Requirements for 2023 Data Submission

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**Remember:** Choose Option 1 or 2, submitting at least one option is required for an award.

Option 1: MIPS #438  
Statin Therapy Measure Submission



Option 2: MIPS #236  
Controlling High BP Measure Submission



# Key Takeaways

When is the deadline to submit 2023 data for 2024 Achievement Awards?

- **May 17, 2024 at 11:59 PM Eastern Time**

If I've submitted data before, do I need to re-register?

- **No! You can log in to your current account and begin submitting data. Only register for NEW initiative access.**

Do your answers to the NEW Target: BP pillar questions affect awards this year?

- **No! Your answers reflecting 2023 practices for the A, P, SMBP, and EHO pillars will not affect awards in 2024.**



# Takeaways



# Submitting Data

Quick Walk Through – Target: BP





**First login in a while?**  
Use the "Forgot password?" link  
or the "Need Help?" options.

A screenshot of a login form titled "Sign in to your account". It contains two input fields: "Username" with a person icon and "Password" with a magnifying glass icon. Below the password field is a link for "Forgot password?". At the bottom, there is a "Need help?" link and a blue "Sign In" button. Two red arrows originate from the text box on the left, pointing to the "Forgot password?" link and the "Need help?" link.

Sign in to your account

Username

Password

[Forgot password?](#)

[Need help?](#)



## Select a view

### Ambulatory Quality Registry

AQ Demo Facility 5 -- AQDEMO5

AQ Demo Site 1 -- AQDEMO1

AQ Demo Site 2 -- AQDEMO2

AQ Demo Site 3 -- AQDEMO3

AQ Demo Site 4 -- AQDEMO4

AQ Demo System (Health System Profile) --

AQ\_System

**Are you submitting data for multiple locations?**  
Start by selecting which site you would like to view by clicking on the name.



Ambulatory Quality Registry  
AQ Demo Site 2

Liz Montgomery

Welcome,  
Liz Montgomery

Community Page

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

Switch Current View

DASHBOARD

Community Page

PLATFORM

Program Forms

Form Management

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ANALYTICS

Operational Reports

RESOURCES

Library

ACCOUNT

My Account

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

Submit your data using the "Program Forms."

Access helpful resources in the Library.

Target:BP

Category	2021	2022	2023
All Healthcare Organizations	69%	71%	50%
My Healthcare Organization	73%	73%	
OK	70%	70%	

Table Data:

Category	Value	Value
Last Refreshed:	01/02/2024	
Blood Pressure Control		
% BP Controlled	73%	73%
Population Count	37155	37155
Cholesterol		
% Appropriate Statin Therapy		
Population Count		
Diabetes		
Diabetes Poor Control (A1c > 9%)		

Ambulatory Quality Registry  
AQ Demo Site 2

Liz Montgomery

Welcome,  
Liz Montgomery

## Program Forms

**Add Forms**

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

**Edit Forms**

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

Switch Current View

DASHBOARD

- Community Page

PLATFORM

- Program Forms**
- Form Management

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ANALYTICS

- Operational Reports

RESOURCES

- Library

ACCOUNT

- My Account

**Click "Add New" next to the desired program to start your 2023 data submission.**

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



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

**Under "Edit Forms"**  
Any forms that have previously been open can be accessed. Once you begin the 2023 form, you will see it here and can return at any time.

View Audit Report  
View Audit Report  
View Audit Report  
View Audit Report  
View Audit Report



Welcome, Liz Montgomery

Ambulatory Quality Registry  
AQ Demo Site 2 -- AQDEMO2

Reporting Year

Cancel Submit

2024 Achievement Awards =  
2023 Reporting Year

Hit "Submit"

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

Switch Current View

DASHBOARD

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Ambulatory Quality Registry Liz Montgomery  
AQ Demo Site 2

Welcome, Liz Montgomery

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**Remember to SAVE as you go.**

Save Save & Exit

Tabs  
x Facility Information (Tab 1 of 3)  
M, A, P Activities (Tab 2 of 3)  
SMBP, EHO Activities (Tab 3 of 3)

Facility Information (Tab 1 of 3)

Reporting Year 2023  
YYYY

Once data entry is complete on ALL TABS (located in the righthand "Tabs" panel), please check the "Data Entry Complete" box and click the Save & Exit button above. This constitutes completion of data submission - there is no formal "Submit" button.

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 corner of the panel.
  - You can also navigate using the "Next" and/or "Previous" buttons.
- Enter data on your total patient population ages 18 and older by primary payor and by race-ethnicity groupings.
- Attest to your organization's evidence-based blood pressure measurement activities in the tabs labeled "M, A, P Activities," containing Question 10a (Q10a) through Question 27 (Q27), and "EBA, EHO Activities," containing Questions 28 (Q28) through Question 39 (Q39).
- Follow data requirements detailed below and in the printable [Data Collection Worksheet](#).
- Click 'Save' often.
- When data entry is complete, check the 'Data Entry Complete' checkbox and click 'Save & Exit'.

Requirements for Award Eligibility

- All questions in all tabs must be answered by the deadline.
- 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 (Payor Group Summation: Patient Total) must **match** the total adult (ages 18 and older) patient population entered in Question 3 (Q3).
- The auto-sum of data entered in each race-ethnicity grouping (Race/Ethnicity Summation: Patient Total) must **match** the total adult (ages 18 and older) 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.

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Save Save & Exit

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

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

Q3. What is the total number of patients 18 years of age and older in the Healthcare Organization, regardless of diagnosis? Patients must have had at least one 2023 visit (in-office or telehealth encounter).

*(Note: In subsequent questions, you will be asked to break down this total by primary payor and race/ethnicity. The measure numerator/denominator for each program utilize different age ranges per national measure specification and Target: Type 2 Diabetes, if you are participating. The measure numerators/denominators for each program utilize different age ranges per national measure specification.)*

**DENOMINATOR**

Q4. Using MIPS #236 criteria, what is the number of patients 18-85 years of age who had a 2023 visit (in-office or qualifying telehealth encounter) and a diagnosis of essential hypertension starting before and measured during the measurement period?

**NUMERATOR**

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.

Facility Information (Tab 1 of 3)  
M, A, P Activities (Tab 2 of 3)  
SMBP, EHO Activities (Tab 3 of 3)

↑

A "Yes" on both the 1<sup>st</sup> and 2<sup>nd</sup> question is required for award eligibility.

Question 3 asks for your total adult patient population.

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

Questions 4 and 5 are the Denominator and Numerator based on MIPS #236 criteria and will affect award status.

Q8. How many of your total adult patient population (ages 18 and older) self-identify as the following race and ethnicity (based on Table 3B of the [HRSA Uniform Data System Reporting Requirements for 2023 Health Center Data](#)):

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

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

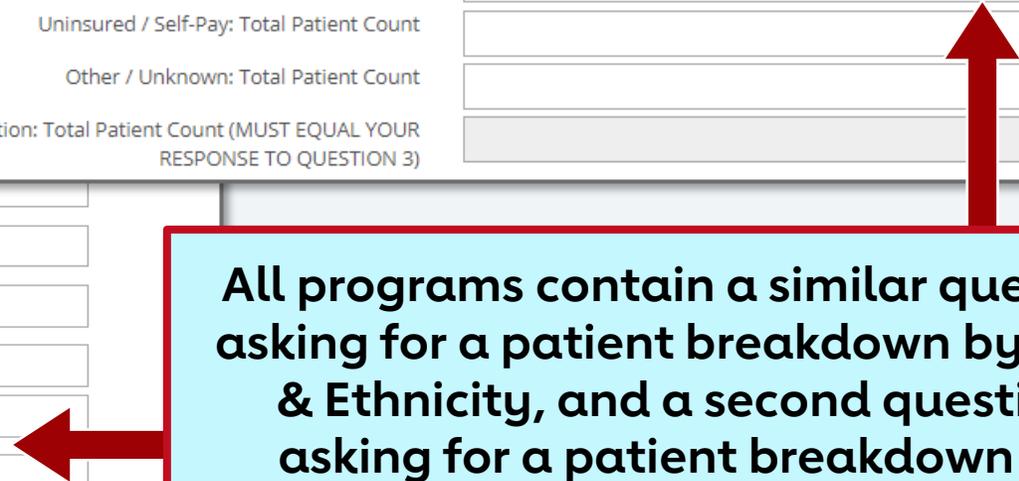
Q9. How many of your total adult patient population (ages 18 and older) are primarily attributed to the following payor groups:

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

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

**All programs contain a similar question asking for a patient breakdown by Race & Ethnicity, and a second question asking for a patient breakdown by Payor Group.**

**The auto-total MUST equal your answer to Question 3 (total adult patients).**



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Save Save & Exit

Facility Information (Tab 1 of 3)

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Target: BP Data Submission  
Instructions for Data Submission:

- Enter data in all fields on all tabs, located in the top right corner of the screen.
  - View all tabs by clicking the blue icon with a list of tabs.
  - You can also navigate using the "Next" and "Previous" buttons.
- Enter data on your total patient population age groupings.
- Attest to your organization's evidence-based practice (EBP) activities, including "EBA, EHO Activities," containing questions 27 (Q27), and "EBA, EHO Activities," containing questions 28 (Q28) and 29 (Q29).
- Follow data requirements detailed below and click 'Save' often.
- When data entry is complete, check the 'Data Entry Complete' checkbox and click 'Save & Exit'.

Requirements for Award Eligibility

- All questions in all tabs must be answered by the deadline.
- 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".
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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.

Facility Information (Tab 1 of 3)

M, A, P Activities (Tab 2 of 3)

SMBP, EHO Activities (Tab 3 of 3)

Tab 2 & 3 include attestation questions relating to your blood pressure practices underneath five pillars (M, A, P, SMBP, EHO).

All questions under each pillar **MUST** be answered to be eligible for an award.

However, only questions under "Measure Accurately" will affect award status.

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SMBP, EHO Activities (Tab 3 of 3)

Reporting Year 2023  
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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.
  - You can also navigate using the "Next" and/or "Previous" buttons at the bottom of each page.
- Enter data on your total patient population ages 18 and older in Question 3 (Q3), and use this same data for all other questions in this section.
- Attest to your organization's evidence-based blood pressure measurement activities in the tabs "EBA, EHO Activities," containing Questions 28 (Q28) through Question 39 (Q39).
- Follow data requirements detailed below and in the printable [Data Collection Worksheet](#).
- Click 'Save' often.
- When data entry is complete, check the 'Data Entry Complete' checkbox and click 'Save & Exit'.

Requirements for Award Eligibility

- All questions in all tabs must be answered by the deadline.
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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.

Once ALL answers have been completed, return to the Facility Information tab and click the "Data Entry Complete" checkbox. Then click "Save and Exit."



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## Program Forms

### Add Forms

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

Add New  
 Add New  
 Add New



### Edit Forms

Target: BP - 2018  
 Target: BP - 2017  
 Target: BP - 2016  
 Target: BP - 2019  
 Target: BP - 2020  
 Target: BP - 2021  
 Target: BP - 2022

View Audit Report  
 View Audit Report

Check. Change. Control. Cholesterol - 2017  
 Check. Change. Control. Cholesterol - 2018  
 Check. Change. Control. Cholesterol - 2019  
 Check. Change. Control. Cholesterol - 2021  
 Check. Change. Control. Cholesterol - 2022  
 Target: Type 2 Diabetes - 2021  
 Target: Type 2 Diabetes - 2022





# Resources & Tips

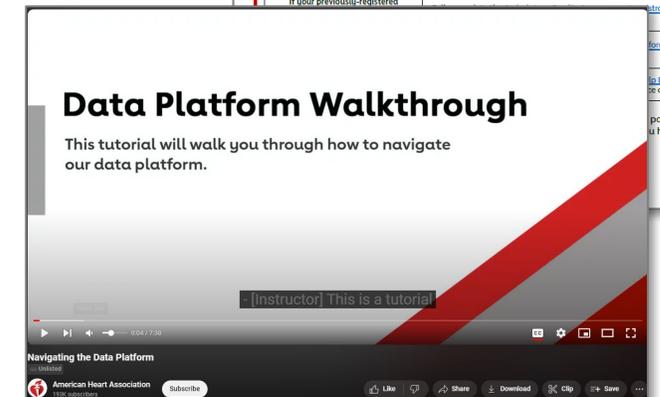
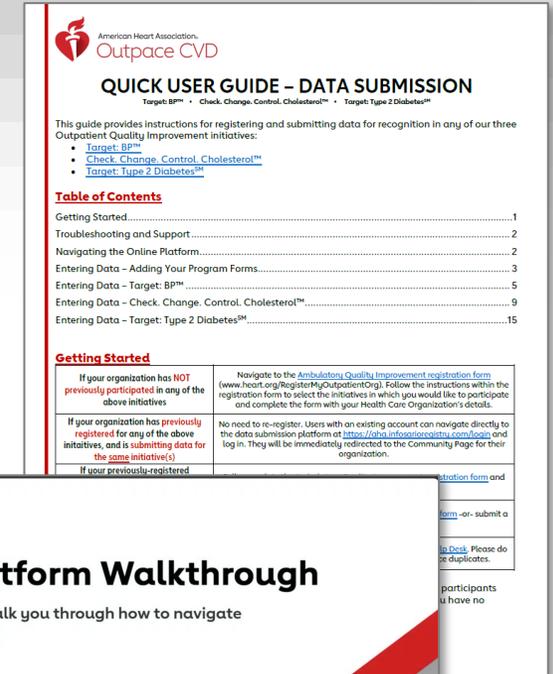
To support your data submission.



# Data Submission Resources

## Navigating the Data Platform

- **Quick User Guide (PDF)**
  - This provides instructions for registering and submitting data for recognition on any of our three Outpace CVD program forms.
- **Navigating the Data Platform (Video)**
  - This video guides a user on how to navigate with the data submission platform including setting up site characteristics and utilizing benchmark reports.
- **“How to Submit Data” Videos – *Coming Soon***
  - Step-by-Step demo videos that show how to submit data for each program. There is a quick version and a full walkthrough, highlighting common errors.
  - 2023 videos are available, 2024 coming soon.



# Data Submission Resources

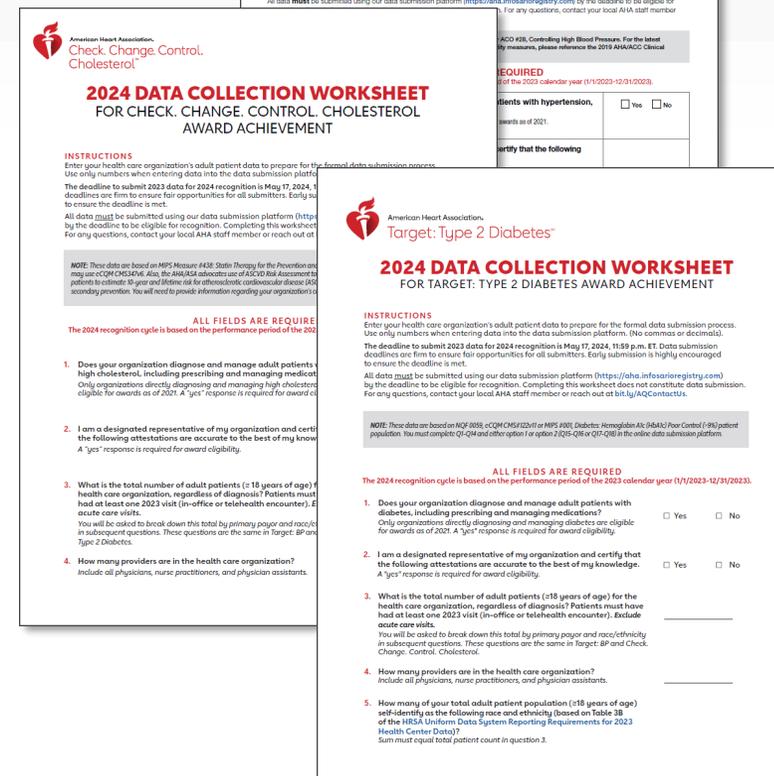
## Answering Program Questions

- **Data Collection Worksheets (PDFs)**

- Each initiative has a details “Data Collection Worksheet” to guide data submission.
  - [Target: BP Data Collection Worksheet](#)
  - [Check. Change. Control. Cholesterol Data Collection Worksheet](#)
  - [Target: Type 2 Diabetes Data Collection Worksheet](#)

- **Frequently Asked Questions (PDFs)**

- Each initiative has a document to address common questions.
  - [Target: BP FAQ](#)
  - [Check. Change. Control. Cholesterol FAQ](#)
  - [Target: Type 2 Diabetes FAQ](#)



# Data Submission Resources

## Additional Support for Attestation Questions

- **Target: BP Evidence-Based BP Activities Resources & Examples (PDF)**
  - Update Coming Soon!
- **Target: Type 2 Diabetes Clinical Practice Resource Guide (PDF)**
  - Available [online here](#).




Sprint to Silver & Gold+  
 Evidence-Based BP Activities – Resources & Examples

This toolkit reviews the requirements for eligibility of the Silver or Gold+ awards for Target: BP. The evidence-based BP activities are sourced from the [2019 AHA Scientific Statement: Measurement of Blood Pressure in Humans](#) (BP Scientific Statement). Though not required, we highly recommend reading this statement to understand the full suite of recommendations and the science behind them.

\*\*Completing 2 of 6 of the below activities by Dec. 31, 2022, is required for Silver or Gold+ award eligibility\*\*

---

Activities to Complete

[t devices](#)

[ica](#)

[very 6-12 months](#)

[nths](#)

[urement protocol](#)

[nths](#)

t devices

er manufacturer recommendation including manual ed, or fully automated devices

ration:  
 nths  
 see sub-section "Aneroid Sphygmomanometers" under "BP  
 e e38.  
 (r) follow manufacturer's guidance)  
 see section "Device Calibration" on page e55.  
 eering resource or the equipment manufacturer for device-

Revised November 2022



American Heart Association  
**Target: Type 2 Diabetes**

RESOURCE GUIDE:

CLINICAL PRACTICE QUESTIONS

This Resource Guide is intended as a supportive tool for answering the new and revised Clinical Practice Questions (Q7-Q11) included as part of the formal data submission process for 2023 Target: Type 2 Diabetes recognition. These questions are meant to serve as an assessment of your organization's practices for diabetes care, particularly assessing and managing risk for cardiovascular disease (CVD), use of guideline-based medical therapies, and preventing chronic kidney disease (CKD).

These questions are required for recognition but do not affect award status. To see a full list of questions and find instructions for submitting data for recognition, please download the 2023 Target: Type 2 Diabetes Data Collection Worksheet.

CLINICAL PRACTICE QUESTIONS

- Protocols & Treatment Plans (Q7-Q8)
- Guideline-Based Pharmacologic Therapy (Q9-Q10)
- Kidney Health (Q11)

Note:

- The 2023 recognition cycle is based on the performance period of the 2022 calendar year (1/1/2022-12/31/2022)
- Please consider the organizational area your data submission represents. For example, if the facility name in the data platform is ABC Health System – North Clinic, and the other data submitted are specific to this facility, please answer the below questions with only North Clinic in mind. However, if you are submitting data on behalf of the entirety of ABC Health System, please answer the below questions with the whole of ABC Health System in mind, to the best of your ability.

PROTOCOLS & TREATMENT PLANS

Protocols & Treatment Plans (Target: Type 2 Diabetes Questions 7 & 8):

Q7. Which of the following key characteristics do your clinical teams address for patients with type 2 diabetes as part of organizational standard protocols? \*Select all that apply.

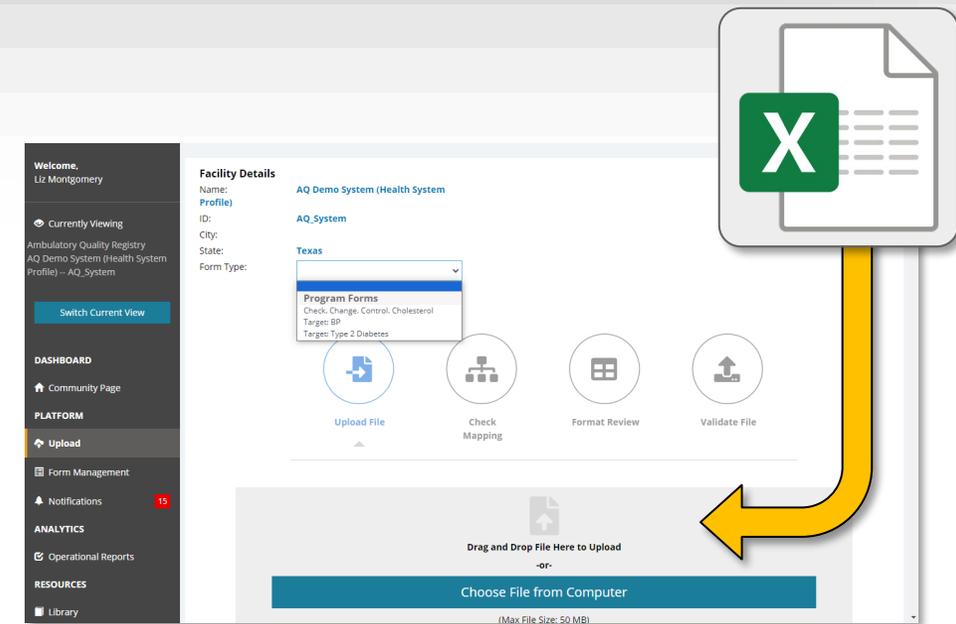
<input type="checkbox"/> Current lifestyle <input type="checkbox"/> Co-morbidities i.e. ASCVD, HF, CKD <input type="checkbox"/> Clinical characteristics associated with increased CVD risk i.e. age, blood pressure, cholesterol, smoking, age, weight, etc. <input type="checkbox"/> Issues such as motivation and depression Social determinants of health (economic	<input type="checkbox"/> and social conditions that may affect a patient's health) <input type="checkbox"/> Other characteristics not listed <input type="checkbox"/> We don't have a standard protocol to address key characteristics of patients with Type 2 diabetes. <input type="checkbox"/> I don't know / I'm not sure / don't know / I'm not sure
---	--

# Data Submission Resources

## Uploading Data for Multiple Sites

### Self-Service Data Uploader

- **WHAT IT IS:** Allows sites to type their annual data for any program (TBP, CCCC, TT2D) 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 <https://bit.ly/AQContactUs>



# Data Submission Office Hours

Bring your questions to the national AHA/AMA team!

et, sed do eiusmod tempor.

## Save the Date & Register Now:

- **Target: BP Office Hours | Answering New Pillar Attestations**
  - Wednesday, February 21 from Noon – 1:00 pm CST
  - [Register Online](#)
- **March Office Hours: 2024 Data Submission**
  - Wednesday, March 13 from Noon – 1:00 pm CST
  - [Register Online](#)
- **May Office Hours: 2024 Data Submission**
  - Wednesday, May 1 from 11:00 am – Noon CST
  - [Register Online](#)



**REGISTER** new organizations early.

**ENTER & SAVE** data as early as your able.

**USE** the Data Collection Worksheets & Quick User Guide for full instructions.

Make sure the **DATA ENTRY COMPLETE** checkbox is checked to ensure your data is complete.

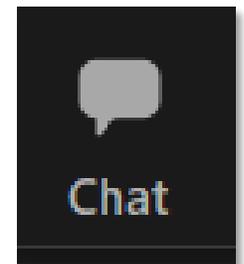
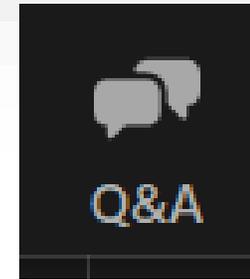
**Be in contact with your local AHA/AMA staff for resources, submission help, and improvement support.**

**We are here to help!**

Get in touch at [bit.ly/AQContactUs](https://bit.ly/AQContactUs)

# Questions?

- This meeting is being **recorded** and **slides will be available**.
- Type **Questions into the Q&A Feature** and keep an eye on the **Chat** feature for messages from the AHA/AMA team.
- **Post-webinar general questions:** [bit.ly/AQContactUs](https://bit.ly/AQContactUs)
- **Password resets, new user accounts, etc. Contact the IQVIA Support Help Desk**
  - [InfosarioOutcomeSupport@quintiles.com](mailto:InfosarioOutcomeSupport@quintiles.com)
  - 888-526-6700



# Key Takeaways

When is the deadline to submit 2023 data for 2024 Achievement Awards?

- **May 17, 2024 at 11:59 PM Eastern Time**

If I've submitted data before, do I need to re-register?

- **No! You can log in to your current account and begin submitting data. Only register for NEW initiative access.**

Do your answers to the NEW Target: BP pillar questions affect awards this year?

- **No! Your answers reflecting 2023 practices for the A, P, SMBP, and EHO pillars will not affect awards in 2024.**



# Takeaways



Thank you!

