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 Outpatient Quality Improvement initiatives:
- Target: BP™
- Check. Change. Control. Cholesterol™
- Target: Type 2 Diabetes℠

Table of Contents
Getting Started ........................................................................................................................................... 1
Troubleshooting and Support ................................................................................................................... 2
Navigating the Online Platform ................................................................................................................ 2
Entering Data – Adding Your Program Forms ........................................................................................... 3
Entering Data – Target: BP™ ..................................................................................................................... 5
Entering Data – Check. Change. Control. Cholesterol™ .......................................................................... 9
Entering Data – Target: Type 2 Diabetes℠ .............................................................................................. 15

Getting Started

If your organization has NOT previously participated in any of the above initiatives

Navigate to the Ambulatory Quality Improvement registration form (www.heart.org/RegisterMyOutpatientOrg). Follow the instructions within the registration form to select the initiatives in which you would like to participate and complete the form with your Health Care Organization’s details.

If your organization has previously registered for any of the above initiatives, and is submitting data for the same initiative(s)

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 initiative

Fully complete the Ambulatory Quality Improvement registration form and request access to that new initiative.

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.
Troubleshooting and Support

- Forgot your username or password? Please follow the “Forgot password?” instructions at the log-in landing page. For additional help, see the troubleshooting page.
  - We highly recommend setting up your Challenge Questions in your account – these enable you to reset your password in most scenarios without contacting the Help Desk.
- Locked out of your account? Reach out to the platform Help Desk ([InfosarioOutcomeSupport@Quintiles.com](mailto:InfosarioOutcomeSupport@Quintiles.com) or 888-526-6700) or submit a Contact Us request. You can also reach out directly to your local AHA field staff member to submit a ticket on your behalf.

Navigating the Online Platform

NOTE: If the user has access to submit data for more than one organization, the user will be prompted to select one organization at a time for which they can make updates and submit data. After selecting the specific organization, the user will be directed to that organization’s community page. To navigate to a different organization’s page, click “Switch Current View”. If you have access to submit data for multiple sites via the “Upload” feature, navigate to the profile labeled “(Health System Profile)”.

![Toggle between different HCO views](image1)

![Select the organization you want to view (if you have access to multiple)](image2)
The Health Care Organization (HCO) being viewed is located at the top of the panel. In this case, the view for “AQ Demo Facility 5” is open. “AQDEMO5” is the Facility ID – normally this will be a 6-digit number.

**Switch Current View** – (When applicable) Allows user to toggle between other organizations for which they have user permissions. Can view and submit data for multiple organizations.

**Community Page** – HCO home page. Quickly access frequently used sections.

**Program Forms** – Contains online forms for submitting data – enter data in Program Forms by the deadline to be eligible for an achievement award.

**Form Management** – Contains forms to add/edit site characteristics. Enter site-specific information here to pull advanced benchmarking reports.

**Notifications** – View updates on recognition, updates to the platform, and other news.

**Operational Reports** – View HCO and benchmarking data.

**Library** – Locate all resources related to the registry (e.g., data entry worksheets, user guides, measure information).

**My Account** – Manage your password and account security questions.

### Entering Data – Adding Your Program Forms

**STEP 1**

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

**STEP 2**

There are two sections on the “Program Forms” page.

- **Add Forms** | This section lists the initiatives to which your HCO has access.
  - Select Add New to start a new data submission per initiative.
  - *Missing a program form?* Please submit the [registration form](#) for the new initiative. If you feel there is an error with your account, please [contact us](#).

- **Edit Forms** | Section to edit existing data forms.
  - Select an existing form’s link to edit data from prior years (2022 and earlier) or the current reporting year (2023).

*NOTE: The form’s year refers to the year data were collected (e.g., for 2024 achievement awards, an HCO will be submitting data collected during the 2023 calendar year on a form labeled 2023).*
Review the existing forms (if any) under the Edit Forms section.

- Program forms containing “2023” will be used to determine award eligibility for 2024.
  - To edit an existing form for year 2022 or prior, click on the link (ex: “Target: BP – 2022”) and skip to STEP 1 below for the chosen initiative.
  - Why edit a prior year’s form? Editing data in a 2022 form or earlier does not change your award status for that year, but it will update your HCO’s operational reports and allow for more accurate year-over-year comparisons.

To add a new 2023 program form, under the Add Forms section, click “Add New” to the right of the desired initiative.

- Enter the Reporting Year (2023) and click “Submit.” The Reporting Year refers to the year the data were collected.
- If selecting the year using the calendar icon, select any month and day within the Reporting Year.
**Entering Data – Target: BP™**

**NOTE:** It is highly recommended that users first gather data using the Target: BP™ **Data Collection Worksheet.** Organizations should report on data collected only from January 1 to December 31, 2023. The deadline to submit data is Friday, May 17, 2024, at 11:59 PM ET. When finished with all entry, check the “Data Entry Complete” checkbox, and hit ‘Save and Exit’. **NOTE:** Data can still be revised before the submission deadline.

**Organizations must submit complete 2023 data under ALL tabs to be eligible for 2024 awards.**

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

**STEP 1**

Respond “yes” or “no” to Questions 1 and 2 (Q1 and Q2). Q1 asks if your organization directly treats patients with hypertension. Q2 asks if you certify that your attestations are accurate. A “yes” response on both is required to be eligible for an award.
Enter your HCO’s data into questions 3 – 7 (Q3 – Q7). For Q4 and Q5, use Denominator and Numerator data from MIPS #236: Controlling High Blood Pressure. Question 6 asks if your data included blood pressure readings from patients’ remote monitoring devices – please answer to the best of your knowledge. See STEP 3 below for instructions on question 8 (Q8).

**STEP 2**

**STEP 3**

For Q8, enter your HCO’s data regarding the race and ethnicity of your patient population. Each field must have a data value entered. Even if it is a zero, type “0.” Blanks will generate an error. See Table 3B of the HRSA Uniform Data System Reporting Requirements for 2023 Health Center Data for more information.
For Q9 enter your HCO’s data regarding your patient population’s primary payor groups. Each field must have a data value entered. Even if it is zero, type “0”. Blanks will generate an error. See the last page of the Data Collection Worksheet for details on how to assign a payor group to each patient.
Under Tabs on the righthand side, or using the Next button at the bottom of the screen, navigate to the 2nd tab, “M, A, P Activities”. Select responses for the “Measure Accurately” pillar questions 10a, 10b, and 12 – 15 (Q10a, Q10b, Q12 – Q15). For question 11 (Q11), select the percentage of your organization’s devices that are validated. Completing all questions is required for award eligibility.

For question 11 (Q11), select the percentage of your organization’s devices that are validated from the drop-down menu. If you do not know the percentage, select “Not sure.”

Continue through answering the “Act Rapidly” pillar questions (Q16-Q21) and “Partner with Patient” pillar questions (Q22-Q27). Each of these questions has an option for “Yes,” “No,” or “Not sure.”
STEP 7 When all data are entered, navigate to the “Facility Information” tab, check the “Data Entry Complete” checkbox and click the Save & Exit button at the top of the page.

Data may be edited at any time. All recognition awards will be based on a “snapshot” of data available in the platform on May 17, 2024, at 11:59 PM ET.

Entering Data – Check. Change. Control. Cholesterol™

NOTE: It is highly recommended that users first gather data using the Check. Change. Control. Cholesterol™ Data Collection Worksheet. Organizations should report on data collected only from January 1 to December 31, 2023. The deadline to submit data is Friday, May 17, 2023, at 11:59 PM ET. When finished with all entry, check the “Data Entry Complete” checkbox, and hit “Save and Exit”. NOTE: Data can still be revised before the submission deadline.

Organizations must submit complete 2023 data under ALL tabs to be eligible for 2024 awards.

TIP: Save data often by clicking the Save button in the top right of the page.
Respond “yes” or “no” to Questions 1 and 2 (Q1 and Q2). Q1 asks if your organization directly treats patients with high cholesterol. Q2 asks if you certify that your attestations are accurate. A “yes” response on both is required to be eligible for an award.

![Participant Organizational Information]

Enter your HCO’s data into questions 3 – 4 (Q3 – Q4).

![Q3. What is the total number of patients 18 years of age and older in the Healthcare Organization, regardless of diagnosis?](Note: In subsequent questions, you will be asked to break down this total by primary payor and race/ethnicity. These same questions will be asked in Target BP and Target: Type 2 Diabetes, if you are participating. The measure numerators/denominators for each program utilize different age ranges per national measure specifications.)

Q4. How many providers are in your Healthcare Organization? Include physicians and mid-level providers.

For Q5, enter your HCO’s data regarding the race and ethnicity of your patient population. Each field must have a data value entered. Even if it is a zero, type “0.” Blanks will generate an error. See Table 3B of the HRSA Uniform Data System Reporting Requirements for 2023 Health Center Data for more information.
For Q6, enter your HCO’s data regarding your patient population’s primary payor groups. Each field must have a data value entered. Even if it is zero, type “0”. Blanks will generate an error. See the last page of the Data Collection Worksheet for details on how to assign a payor group to each patient.
For Q7 and Q8, enter your HCO’s data regarding its calculation and documentation of ASCVD Risk. Selecting “Yes” on either question will prompt additional required questions.

**STEP 5**

Q7. Does your organization or its individual clinical providers consistently calculate ASCVD Risk?

- Yes
- No

If Yes, where?

- My organization currently calculates ASCVD Risk Estimations in our EHR.
- My organization relies on clinicians to calculate ASCVD Risk Estimation external to our EHR (our EHR does not have this functionality).
- My organization and its providers do not calculate or document ASCVD Risk Estimations at this time.

Please select where your organization or its individual providers currently calculates ASCVD Risk.

Q8. Does your organization or its individual clinical providers document the ASCVD Risk Score?

- Yes
- No

If Yes, where?

- My organization currently collects the results of ASCVD Risk Estimations in a discrete field in our EHR.
- My organization currently collects the results of ASCVD Risk Estimations in a notes field or other non-discrete field in our EHR (there is not a dedicated space in our EHR to capture this information).
- My organization and its providers do not calculate or document ASCVD Risk Estimations at this time.

Please select where your organization or its individual providers documents the ASCVD Risk Score.

Selecting “Yes” in Q7 will prompt additional required questions.

Selecting “Yes” in Q8 will prompt additional required questions.

For Q9, indicate if your HCO organization operationalizes a specific treatment plan for managing patients considered very high-risk for future ASCVD events. Selecting “Yes” will prompt additional required elements, of which multiple selections can be chosen.

**STEP 6**

Q9. Does your organization operationalize a specific treatment plan for managing patients considered very high-risk for future ASCVD events?

- Yes
- No

If yes, does this treatment plan include: (select all that apply)

- Detailed collection of past medical history including Major ASCVD Events and High Risk Conditions as defined in the 2018 AHA/ACC Guideline on the Management of Blood Cholesterol
- Protocol for follow-up with repeat lipid measurement 4-12 weeks after treatment initiation or referral to a specialist
- Using an EHR-based clinical decision support tool for intensifying statins or prescribing ezetimibe or PCSK9 therapy
- Supplying the AHA/ACC guideline algorithm for “Secondary prevention in patients with clinical ASCVD” to clinicians
- Educating care teams every 12 months about guideline-based management of very high-risk patients
- Standard protocol for clinician-patient shared decision making, including discussion of other possible risk factors, social needs, cost considerations, and lifestyle
- None of the above

Please select what your treatment plan includes for very high-risk patients.

Selecting “Yes” in Q9 will prompt additional required selections.
For Q10, indicate if your HCO is committed to continuously improving use and data capture of ASCVD Risk Estimations. You must select “Yes” to be eligible for recognition.

**Q10. My organization is committed to continuously improving use and data capture of ASCVD Risk Estimations into our workflows and EHR systems.**

Under Tabs on the righthand side, or using the Next button at the bottom of the screen, navigate to the “Measure Submission” tab. For Q10 and Q11, enter Denominator and Numerator data for **MIPS #438: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease.** Patients should be specific to the 2023 calendar year and reflect all who meet one or more of the three denominator criteria. Please refer to the **Data Collection Worksheet** for details.

**IMPORTANT NOTE:** If the Denominator (total patients in measure risk groups) is less than 6% of your total patient population (ex: 5 patients out of 100 total patients), an additional question (Q13) will be required.
If Q13 appears, and you select “Yes”: You will be prompted to briefly describe your sampling method and reason for sampling. This description is required to be eligible for an award.

If Q13 appears, and you select “No”: You will be notified that the number of patients across all risk groups are considered low compared to your overall population. Please describe any unique characteristics of your patients or organization for consideration. This description is required to be eligible for an award.

When all data are entered, check the “Data Entry Complete” checkbox and click the Save & Exit button at the top of the page.

Data may be edited at any time. All recognition awards will be based on a “snapshot” of data available in the platform on May 17, 2023, at 11:59 p.m. ET.
Entering Data – Target: Type 2 Diabetes℠

NOTE: It is highly recommended that users first gather data using the Target: Type 2 Diabetes℠ Data Submission Worksheet. Organizations should report on data collected only from January 1 to December 31, 2023. The deadline to submit data is Friday, May 17, 2024, at 11:59 PM ET. When finished with all entry, check the “Data Entry Complete” checkbox, and hit “Save and Exit”. NOTE: Data can still be revised before the submission deadline.

Organizations must submit complete 2023 data under ALL tabs to be eligible for 2023 awards (questions 1-12, and either Option 1 or Option 2 for questions 13-16 on the Measure Submission tab).

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

STEP 1
Respond “yes” or “no” to Questions 1 and 2 (Q1 and Q2). Q1 asks if your organization directly treats patients with diabetes. Q2 asks if you certify that your attestations are accurate. A “yes” response on both is required to be eligible for an award.

STEP 2
Enter your HCO’s data into questions 3 and 4 (Q3 and Q4).
For Q5, enter your HCO’s data regarding the race and ethnicity of your patient population. Each field must have a data value entered. Even if it is a zero, type “0.” Blanks will generate an error. See Table 3B of the HRSA Uniform Data System Reporting Requirements for 2023 Health Center Data for more information.

<table>
<thead>
<tr>
<th>Race/Ethnicity Category</th>
<th>Total Patient Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian - Non-Hispanic, Latino/a, or Spanish Origin</td>
<td></td>
</tr>
<tr>
<td>Asian - Hispanic, Latino/a, or Spanish Origin</td>
<td></td>
</tr>
<tr>
<td>Native Hawaiian - Non-Hispanic, Latino/a, or Spanish Origin</td>
<td></td>
</tr>
<tr>
<td>Native Hawaiian - Hispanic, Latino/a, or Spanish Origin</td>
<td></td>
</tr>
<tr>
<td>Other Pacific Islander - Non-Hispanic, Latino/a, or Spanish Origin</td>
<td></td>
</tr>
<tr>
<td>Other Pacific Islander - Hispanic, Latino/a, or Spanish Origin</td>
<td></td>
</tr>
<tr>
<td>Black/African American - Non-Hispanic, Latino/a, or Spanish Origin</td>
<td></td>
</tr>
<tr>
<td>Black/African American - Hispanic, Latino/a, or Spanish Origin</td>
<td></td>
</tr>
<tr>
<td>American Indian or Alaska Native - Non-Hispanic, Latino/a, or Spanish Origin</td>
<td></td>
</tr>
<tr>
<td>American Indian or Alaska Native - Hispanic, Latino/a, or Spanish Origin</td>
<td></td>
</tr>
<tr>
<td>White - Non-Hispanic, Latino/a, or Spanish Origin</td>
<td></td>
</tr>
<tr>
<td>White - Hispanic, Latino/a, or Spanish Origin</td>
<td></td>
</tr>
<tr>
<td>More than one race - Non-Hispanic, Latino/a, or Spanish Origin</td>
<td></td>
</tr>
<tr>
<td>More than one race Hispanic, Latino/a, or Spanish Origin</td>
<td></td>
</tr>
<tr>
<td>Unreported/Unknown Race - Hispanic, Latino/a, or Spanish Origin</td>
<td></td>
</tr>
<tr>
<td>Race Known (Any), but Ethnicity Unreported/Unknown</td>
<td></td>
</tr>
<tr>
<td>Both Race and Ethnicity Unreported/Unknown</td>
<td></td>
</tr>
<tr>
<td>Race/Ethnicity Summation: Total Patient Count (MUST EQUAL YOUR RESPONSE TO QUESTION 3)</td>
<td></td>
</tr>
</tbody>
</table>
For Q6, enter your HCO’s data regarding your patient population’s primary payor groups. Each field must have a data value entered. Even if it is zero, type “0”. Blanks will generate an error. See the last page of the Data Submission Worksheet for details on how to assign a payor group to each patient.

Under Tabs on the righthand side, or using the Next button at the bottom of the screen, navigate to the 2nd tab, “Clinical Practices.” Select responses for questions 7 – 12. Completing all questions is required for award eligibility.

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

- Current lifestyle
- Co-morbidities i.e. ASCVD, HF, CKD
- Clinical characteristics associated with increased CVD risk i.e. age, blood pressure, cholesterol, smoking, age, weight, etc.
- Issues such as motivation and depression
- Social determinants of health (economic and social conditions that may affect a patient's health)
- Other characteristics not listed

Q8. When your organization operationalizes treatment plans for managing patients with type 2 diabetes, which of the following considerations does the treatment plan include as standard process? (Select all that apply)

- Comprehensive lifestyle modification recommendations
- Diabetes self-management education and support
- Use of guideline-based treatment algorithms (such as the ADA Standards of Care treatment algorithm or ACC/AHA treatment of T2DM for primary prevention of CVD algorithm) by providers and care teams
- Use of ACC/AHA ASCVD Risk Calculator for CVD risk-based treatment decisions related to hypertension and lipid management in patients with type 2 diabetes
- Use of guideline-based pharmacologic therapy inclusive of cardio protective antihyperglycemic agents such as SGLT-2 inhibitors and GLP-1 receptor agonists

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 above 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 above questions with the whole of ABC Health System in mind, to the best of your ability.

STEP 7

Q9 and Q10 center on guideline-based pharmacologic therapies. Q9A-Q9F ask about which therapies are typically being prescribed and where they are prescribed.

Q9a. Within my organization, angiotensin system blockers (ACE inhibitor, ARB, or ARNI) are typically prescribed for patients with type 2 diabetes. (Select all that apply)

- Family medicine or internal medicine
- Another specialty or specialties (example: general cardiology, endocrinology, etc.)
- Specialty clinic(s), such as those focused solely on lipid or cardiometabolic care
- None of the above – we refer to external specialty providers
- None of the above – my organization neither prescribes these therapies nor has a process for referral
- I don’t know / I’m not sure

Q9b. Within my organization, other antihypertensive medications such as beta-blockers or diuretics (Not Question 9a) are typically prescribed for patients with type 2 diabetes. (Select all that apply)

- Family medicine or internal medicine
- Another specialty or specialties (example: general cardiology, endocrinology, etc.)
- Specialty clinic(s), such as those focused solely on lipid or cardiometabolic care
- None of the above – we refer to external specialty providers
- None of the above – my organization neither prescribes these therapies nor has a process for referral
- I don’t know / I’m not sure

Q9c. Within my organization, lipid-lowering therapies, including statins or non-statin alternatives, are typically prescribed for patients with type 2 diabetes. (Select all that apply)

- Family medicine or internal medicine
- Another specialty or specialties (example: general cardiology, endocrinology, etc.)
- Specialty clinic(s), such as those focused solely on lipid or cardiometabolic care
- None of the above – we refer to external specialty providers
- None of the above – my organization neither prescribes these therapies nor has a process for referral
- I don’t know / I’m not sure

Q9a - Q9f all have the same available multi-select options.
Q10 asks about the prescribing barriers your organization faces. Multiple answers can be selected, scroll down to see all options. If you select the first option “System-based barriers such as formulary or prior authorization limitations” an additional question will appear that must be answered.

For Q11, you will be asked if you routinely evaluate kidney health for patients with type 2 diabetes. If you select yes, an additional required question will appear.

For Q12, indicate if your HCO is committed to continuously improving strategies for addressing CVD risk in patients with type 2 diabetes. You must select “Yes” on Q12 to be eligible for recognition.
Under Tabs on the righthand side, navigate to the 3rd tab, “Measure Submission” tab in the top right corner. For Q11 and Q12, enter Denominator and Numerator data for **MIPS #001 - Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%).** Patients should be specific to the 2023 calendar year.

For recognition eligibility, you need to enter data for one CVD measure – option 1 or 2. Option 1 is questions 15 and 16 (Q15/16) and Option 2 is questions 17 and 18 (Q17/18). You need to enter both Denominator and Numerator data for whichever option you choose.

**Option 1 of 2 – Q15 and Q16**
Enter Denominator and Numerator data for **MIPS #438: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease.** Patients should be specific to the 2023 calendar year and reflect all who meet one or more of the three denominator criteria. Please refer to the Data Submission Worksheet for details.

**NOTE:** The Statin Therapy Denominator/ Numerator questions are identical to Q11 and Q12 in the Check. Change. Control. Cholesterol program form.
Option 2 of 2 – Q17 and Q18
Enter Denominator and Numerator data for **MIPS #236: Controlling High Blood Pressure**. Patients should be specific to the 2023 calendar year. Please refer to the Data Submission Worksheet for details.

**NOTE:** The controlling blood pressure Denominator/ Numerator questions are identical to Q11 and Q12 in the Target: BP initiative.
When all data are entered, check the “Data Entry Complete” checkbox and click the Save & Exit button at the top of the page.

Data may be edited at any time. All recognition awards will be based on a “snapshot” of data available in the platform on May 17, 2024, at 11:59 p.m. ET.