This guide provides instructions for registering and submitting data for recognition in any of our three Ambulatory Quality Improvement programs:

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

### 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™ ................................................................................................................................................... 4
- Entering Data – Check. Change. Control. Cholesterol™ .......................................................................................................... 8
- Entering Data – Target: Type 2 Diabetes℠ ........................................................................................................................... 14

### Getting Started

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

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](https://www.aha.org/contact).
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 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)”.

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 to be eligible for program recognition.

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

**Notifications** – View updates on recognition, changes to the program, 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.
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.

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

- **Add Forms** | This section lists the programs to which your HCO has access.
  - Select **Add New** to start a new data submission per program.
  - Missing a program form? Please submit the registration form for the new program. 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 (2020 and earlier) or the current reporting year (2021).

**NOTE:** The form’s year refers to the year data were collected (e.g., for 2022 recognition, an HCO will be submitting data collected during the 2021 calendar year on a form labeled 2021).

**STEP 1**

Review the existing forms (if any) under the **Edit Forms** section.

- Program forms containing “2021” will be used to determine recognition eligibility for 2022.
  - To edit an existing form for year 2021 or prior, click on the link (ex: “Target: BP – 2021”) and skip to STEP 1 below for the chosen program.
  - Why edit a prior year’s form? Editing data in a 2020 form or earlier does not change your recognition status for that year, but it will update your HCO’s operational reports and allow for more accurate year-over-year comparisons.

**STEP 2**

To add a 2021 program form, under the **Add Forms** section, click “Add New” to the right of the desired program.

- Enter the Reporting Year (2021) 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, 2021. The deadline to submit data is Friday, May 27, 2022, 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 2021 data under **ALL tabs** to be eligible for 2022 awards.

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

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**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. NQF 0018 measure specifications are also acceptable. 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

#### DENOMINATOR

Q4. What is the total number of patients 18-85 years of age who had a 2021 visit (in-office or qualifying telehealth encounter) and a diagnosis of essential hypertension present some time between January 1, 2020 and December 31, 2021?

Q4. Note: Exclude patients: in hospice, OR with ESND, dialysis, renal transplant before or during the measurement period or pregnancy during the measurement period, OR patients ages 66 or older who are in Institutional Special Needs Plans (SNP) for 90 days or more, OR patients with an encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period, OR patients ages 66-80 with an encounter for frailty during the measurement period and either an acute inpatient encounter for a patient with a blood pressure reading or two outpatient observation, ED, or nonacute inpatient encounters for different dates with an advanced age waiver, OR patients ages 81 and older with an encounter for frailty during the measurement period.

#### NUMERATOR

Q5. Of those who have been diagnosed with hypertension (from Question 4), what is the number of patients 18-85 years of age whose BP from their most recent 2021 visit is under control, <140/90 mmHg?

Q5. Note: If there are multiple blood pressures on the same date of service, use the lowest systolic and lowest diastolic blood pressure. See additional guidance in the Data Collection Worksheet.

Q6. Did your numerator data include digitally transmitted blood pressure readings from a patient’s remote monitoring device?

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

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

Enter your HCO’s data for Q4 and Q5 based on MIPS #236 criteria.

Please indicate if, to the best of your knowledge, home BP readings were used to determine patients with controlled BP.
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 2021 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.
**STEP 4**

Under **Tabs** on the righthand side, navigate to the 2nd tab, “BP Measurement Activities”. Select responses for 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.”

**STEP 6**

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 27, 2022, at 11:59 PM ET.
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, 2021. The deadline to submit data is Friday, May 27, 2022, 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 2021 data under ALL tabs to be eligible for 2022 awards.

TIP: Save data often by clicking 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 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.
STEP 2  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.

STEP 3  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 2021 Health Center Data for more information.

Q5. 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 2021 Health Center Data):

- Asian - Non-Hispanic or Latinx: Total Patient Count
- Native Hawaiian - Non-Hispanic or Latinx: Total Patient Count
- Native Hawaiian - Hispanic or Latinx: Total Patient Count
- Other Pacific Islander - Non-Hispanic or Latinx: Total Patient Count
- Other Pacific Islander - Hispanic or Latinx: Total Patient Count
- Black/African American - Non-Hispanic or Latinx: Total Patient Count
- Black/African American - Hispanic or Latinx: Total Patient Count
- American Indian or Alaska Native - Non-Hispanic or Latinx: Total Patient Count
- American Indian or Alaska Native - Hispanic or Latinx: Total Patient Count
- White - Non-Hispanic or Latinx: Total Patient Count
- White - Hispanic or Latinx: Total Patient Count
- More than one race - Non-Hispanic or Latinx: Total Patient Count
- More than one race - Hispanic or Latinx: Total Patient Count
- Unreported/Unknown: Total Patient Count

Race/Ethnicity Summation: Total Patient Count (MUST EQUAL YOUR RESPONSE TO QUESTION 3)
**STEP 4** 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.

**STEP 5** 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.

**Q7.** Does your organization or its individual clinical providers consistently calculate ASCVD Risk?
- Yes
- No

  - Yes
    - 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

  - Yes
    - 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.
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.

Q9. The 2018 AHA/ACC Guideline on the Management of Blood Cholesterol defines patients with existing clinical ASCVD as “very high-risk” of a future event if they have a history of multiple major ASCVD events or 1 major ASCVD event and multiple high-risk conditions. Does your organization operationalize a specific treatment plan, such as use of a clinical decision support tool or workflow following the AHA/ACC guideline algorithm, for managing patients considered very high-risk for future ASCVD events?

Selecting "Yes" in Q9 will prompt additional required selections.

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
- Providing 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.

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, 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 2021 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.

STEP 9  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 27, 2022, 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, 2021. The deadline to submit data is **Friday, May 27, 2022, 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 2021 data under **ALL tabs** to be eligible for 2022 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.

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**STEP 1**

Q1. Does your organization diagnose and manage patients with diabetes, including prescribing and managing medications?  
Q2. I am a designated representative of my organization and certify that the following attestations are accurate to the best of my knowledge.
Enter your HCO’s data into questions 3 and 4 (Q3 and 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 payer and race/ethnicity. These same questions will be asked in Target: BP and Check. Change. Control. Cholesterol, 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.

HRSA Uniform Data System Reporting Requirements for 2021 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 Submission Worksheet for details on how to assign a payor group to each patient.

<table>
<thead>
<tr>
<th>Payor Group</th>
<th>Total Patient Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare:</td>
<td></td>
</tr>
<tr>
<td>Medicaid:</td>
<td></td>
</tr>
<tr>
<td>Private Health Insurance:</td>
<td></td>
</tr>
<tr>
<td>Other Public:</td>
<td></td>
</tr>
<tr>
<td>Uninsured / Self-Pay:</td>
<td></td>
</tr>
<tr>
<td>Other / Unknown:</td>
<td></td>
</tr>
</tbody>
</table>

Payor Group Summation: Total Patient Count (MUST EQUAL YOUR RESPONSE TO QUESTION 3)

For Q7 and Q8, enter your HCO’s data regarding its protocol to assess key characteristics of patients with type 2 diabetes, and if it operationalizes a specific treatment plan. Selecting “Yes” on either question will prompt additional required questions.

**Q7.** Does your organization have a specific protocol to assess key characteristics of patients with type 2 diabetes?

- [ ] Yes
- [ ] No

If yes, does this protocol include assessment of:
- [ ] 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
- [ ] Cultural and socioeconomic context
- [ ] None of the above

Protocol includes assessment cannot be blank when your organization has a specific protocol to assess key characteristics of patients with type 2 diabetes. Please review.

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

**Q8.** Does your organization operationalize a specific treatment plan for managing patients with type 2 diabetes and related CVD co-morbidities and risk factors?

- [ ] Yes
- [ ] No

If yes, does this treatment plan include:
- [ ] Comprehensive lifestyle modification recommendations
- [ ] Diabetes self-management education and support
- [ ] Guideline-based use of pharmacologic therapy inclusive of antihyperglycemic medications with proven CVD benefit
- [ ] None of the above

Treatment plan cannot be blank when your organization operationalizes a specific treatment plan for managing patients with type 2 diabetes and related CVD co-morbidities and risk factors. Please review.

Selecting “Yes” in Q8 will prompt additional required questions.
For Q9, indicate how your HCO tracks patients with type 2 diabetes and associated risk factors.

Q9. How does your organization track patients with type 2 diabetes and associated CVD co-morbidities and risk factors? (select all that apply)
- Electronic health record (EHR) system
- A population health management tool
- A diabetes or CVD specific patient registry
- None of the above

STEP 6

STEP 7

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

STEP 8

Under Tabs on the righthand side, navigate to the 2nd tab, “Measure Submission” tab in the top right corner. For Q11 and Q12, enter Denominator and Numerator data for NQF 0059 – Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%). Patients should be specific to the 2021 calendar year.
For recognition eligibility, you need to enter data for **one CVD measure – option 1 or 2**. Option 1 is questions 13 and 14 (Q13/14) and Option 2 is questions 15 and 16 (Q15/16). You need to enter both Denominator and Numerator data for whichever option you choose.

**Option 1 of 2 – Q13 and Q14**
Enter Denominator and Numerator data for MIPS #438: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease. Patients should be specific to the 2021 calendar year and reflect all who meet one or more of the three denominator criteria. Please refer to the Data Submission Worksheet for details.

**Option 2 of 2 – Q15 and Q16**
Enter Denominator and Numerator data for MIPS #236: Controlling High Blood Pressure. Patients should be specific to the 2021 calendar year. Please refer to the Data Submission Worksheet for details.
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 27, 2022, at 11:59 p.m. ET.