

Sara O'Kane:

Hi, everyone. Welcome to today's live webinar, "Covering Data Submission 101 for 2021 Recognition," in our Outpatient Programs including Target: BP, Check. Change. Control. Cholesterol and Target: Type 2 Diabetes. So, on behalf of American Heart Association and the American Medical Association, just want to thank everybody for taking time out of your incredibly busy days to participate today. My name is Sara O'Kane. I am a healthcare informatics analyst, working with the AHA and the AMA on All Things Outpatient and I'll be presenting most of today's slides with my colleague, Beth Tapper and Katherine Overton will help answer questions. So, really quick, Beth and Katherine, do you want to just introduce yourselves really quickly?

Beth Tapper:

Sure. Hello. I'm Beth Tapper, Senior Program Manager for the American Medical Association in the Improving Health Outcomes Department. I support the data platform as well as the Target: BP recognition program as part of our joint collaboration on the outpatient quality registry and I work very closely with Sara, Katherine and the rest of the AHA team on All Things Target: BP. Katherine.

Katherine Overton:

Hi, thank you. Hi, I'm Katherine Overton, senior quality systems program manager for outpatient with the American Heart Association. I have responsibility to Target: BP, Check. Change. Control. Cholesterol and Target: Type 2 Diabetes for outpatient organizations. I'm working really closely with Beth with AMA and Sara on these programs and really happy to have you all on today. Thank you so much.

Sara O'Kane:

Thank you both. Really appreciate that. Before we dive in, just wanted to review a few housekeeping items. All participants are on listen only mode and are muted right now, just to minimize background noise. We are accepting questions throughout the presentation in the GoToWebinar chat feature on your screen. You can feel free to type questions at anytime and we'll either try to answer in the chat as we're able or we will have pauses for questions between sections and so we can take some questions during those times, not just at the very end. If you missed asking questions or you have to drop off early, we put up the AQ Contact Us Bitly link for any post webinar questions that you might have.

Sara O'Kane:

Then, if you're needing help with password resets, user accounts, that kind of thing, this is our IQVIA support help desk. Then, another thing, after the webinar, we will be emailing the slide deck in this recording and right after the webinar ends, you'll get a survey link. It should only take a minute to complete but we would always appreciate any feedback that you can help us ... that you can provide to help us improve our webinars. Let's get started. Today, we will be covering the essentials of submitting data for any of our three outpatient recognition programs, like I mentioned, Target: BP, Check. Change. Control. Cholesterol and Target: Type 2 Diabetes.

Sara O'Kane:

So data submission for all three programs is done in the same online portal and we'll give a brief overview of each recognition program, the criteria for awards and the available resources. We'll go through sort of the tips for success in submitting data. Then, that will be followed by a question and answer section and then, we will do a step by step walkthrough of submitting data for Target: BP. So it's

a lot of information all at once, so I will pause between some of the main sections for questions so that, if you need to drop off before that step by step walkthrough, then you can. So first just want to take a moment to congratulate our 2020 awardees in all programs.

Sara O'Kane:

Even in the midst of an extraordinarily challenging year, so many organizations have stepped up to submit data and get recognized for their tremendous efforts, so we're really proud of everybody who participated last year. A nice thing that's coming up is that we will have an ad appearing in the February edition of Modern Healthcare, listing all of the 2020 Gold Awardees. This is just a screenshot of one of the pages so we have others listed. This is just an example but it's great to have so many high achieving organizations and we're really proud of everybody. Then, regardless if you submitted last year or not, you're here today and thank you so much for your interest in our programs, especially knowing that the data from 2020 is unlike any other year.

Sara O'Kane:

Your 2020 data submission will help us inform our understanding of the pandemic's effect on chronic conditions and it's a great way to show your sustained commitment to managing blood pressure and cardiovascular disease risks on a national stage. So, if you're normally a gold awardee in 2020, set your organization back a little bit. We just kind of wanted to say you're not alone and we still encourage you to submit, if you're able, for the reasons mentioned here and if you're unsure, if you're knowing that you're not going to achieve goal this year, don't hesitate to talk to your local AHA or AMA director or reach out to us with the national program staff.

Sara O'Kane:

Since your data submission might look a little different this year, there are certainly ways for us to continue to celebrate your work as much as possible. We're going to go over to new award levels that we have for Target: BP specifically. So, there's a couple of ways that we can continue to celebrate you, even if your data is not exactly as you wanted it. So diving into the recognition timeline, the data platform is open now for 2020 data submission. The deadline to enter data is Friday, May 28th at 11:59 PM Eastern Time. You can revise your data at any point up until that deadline and what's saved at that time is what we will use to determine everyone's award status.

Sara O'Kane:

So we highly recommend entering data early if possible, since that deadline is concrete this year, it shouldn't be moving. Then, we'll take a couple of months to review submissions and notify awardees in the September, October timeframe and then, there will be a public announcement at the American Heart Association Scientific Sessions in November. Now, the benefits of recognition are many fold but high level, the awardees are recognized in those annual AHA and AMA meetings, on program websites and you'll receive a press release and promotional toolkit to help promote your achievement. Now, to get to an overview of each recognition program.

Sara O'Kane:

So the outpatient programs are truly intended to recognize organizations that are directly providing patient care for chronic diseases and going forward, we will be making this criteria a higher priority. So to be eligible for an award in 2021 and on, the submitting organization must be diagnosing and treating patients up to and including prescribing and managing medications. So this shouldn't really affect most

organizations. The vast majority of organizations who are participating already do this but for the handful who are in may be more of a referral role or an educational role, we will have further spotlight opportunities to highlight your organization's important contributions to this ecosystem in lieu of a hard award this year.

Sara O'Kane:

This is something that ... if this is you, then please don't hesitate to work with your local directors and reach out and if you have questions, we can work with you one on one. All right, so heading into Target: BP, Beth, you want to take it over?

Beth Tapper:

Yeah, thanks, Sara. So I'm going to talk about specifically just the Target: BP recognition criteria and the award levels and I'm going to share the new award levels that have been developed to expand the recognition opportunities this year. As in 2020, we will continue to provide the participant award this year and we'll recognize those practices that submit their 2020 blood pressure control rate data and remain committed to working with patients with uncontrolled blood pressure. What's new this year is this silver award and that recognizes practices that submit their 2020 data and attest to achieving implementation of at least four of six evidence based blood pressure measurement activities.

Beth Tapper:

We will be highlighting these activities shortly and we'll be reviewing them more in depth in an upcoming webinar in a couple of weeks. So, this board is really building on the participant award by adding these four of six evidence based blood pressure improvement activities. It's really to demonstrate your clinic's commitment to improving blood pressure. You can go to the next slide. So for the Gold Awards, again, we're offering ... in 2020, we're continuing with the gold level award for practices to achieve at least 70% control for adult patients with hypertension, whose blood pressure is controlled at 140 over 90 or lower.

Beth Tapper:

New this year, we are introducing the Gold Plus Award that recognizes practices that submit their 2020 data achieving at least 70% blood pressure control rate and attest to achieving implementation of four of six evidence based blood pressure measurement activities. The goal here though, is that as we grow this program over time, more and more practices will be interested in working towards this award level, so we recognize this is new and many of you may not have had an opportunity to do these activities in 2020. So this will grow over time. Just a reminder for all organizations that regardless of your award status, anyone that submits data will receive recognition and acknowledgement on the Target: BP website, as well as national conferences, such as scientific sessions and you may, in fact, be in a journal ad if you achieve gold status.

Beth Tapper:

Also, just to remind everyone that recognition is always at the clinical or organizational level, it's not at the practitioner level. All right, you can go to the next slide. So if you've submitted data previously, you should be familiar with most of these data requirements. The required data for this year are really consistent with last year with the exception of one new question. So for your 2020 aggregate data, you will need to report on the total adult patient population ages 18 to 85, the total number of patients with

a diagnosis of hypertension and a 2020 visit. So that's based on the CMS MIPS 236, controlling high blood pressure measure.

Beth Tapper:

Then, the total number of patients with a diagnosis of hypertension, whose blood pressure is controlled at 140 or 90 or below again, based on the CMS MIPS 236 measure. Then, new this year, we're asking you to report whether or not any of these readings were in fact remote readings, so given the shift to telehealth visits and home monitoring, this is really a "Yes, No or Not Sure" question. So if you don't know the answer, it's okay. You can just answer "Not sure." Then, we'll also asking again this year, the total number of providers. Providers are defined as physicians, nurse practitioners and physician assistants that are diagnosing and treating hypertension, as Sara mentioned earlier. Then lastly, the total number of adult patients' primary payer group.

Beth Tapper:

So we do have more information and guidance on details in the data collection worksheet, and I see that data collection worksheet included here in the handouts, and you can download that today, if you need to. So those are the six questions. We're also continuing to collect the hypertension prevalence estimator data. That as you probably know, is a breakdown of your total patient population by age, race, ethnicity and gender. There are more details on the prevalence estimator, they're included in the appendix of this presentation if you want more information on that. You can go to the next slide. So here, we really want to share some important updates to the nationally endorsed blood pressure control measure that we're using.

Beth Tapper:

Again, it's based on the 2020 version of CMS MIPS 236. Really, in part because of the increased number of telehealth visits and remote blood pressure monitoring, this measure was updated. It's now more flexible, it can accommodate a broader range of options for reporting. If you are reporting for UDS on the blood pressure measure, this is aligned with the specifications for that measure, so it should be familiar to those groups that are in UDS. The measure description itself has not changed. It still is the total number of adult patients ages 18 to 85, with a diagnosis of hypertension, whose most recent blood pressure is controlled at 140 over 90 or lower. So what has been modified and expanded this year are the encounter types that are allowed.

Beth Tapper:

The types of blood pressure readings that can be included, and the time window for when a patient's hypertension diagnosis was made during the year. So first, for the encounter type both in-person, office visits and eligible telehealth encounters are allowed where previously only in-person, office visits were allowed. Second, for the type of blood pressure readings, remote blood pressure readings taken from a remote monitoring device, as well as readings taken in an office are now allowed. So that's just making this a little more accommodating for those home readings that people are doing right now and hopefully in the future.

Beth Tapper:

Then lastly, changes to the measure include a hypertension diagnosis anytime during the reporting period, whereas previously it was only in the first six months. So there's more flexibility here really for providers and hopefully these changes will allow for a larger number of patients that can be reported on

and also capturing those readings that are taken at home, which we do know from the evidence, those are in fact very reliable and they're oftentimes more reliable than what's recorded in the office readings. So we do have additional guidance on these changes that can be found in the data collection worksheet, as well as more detail on what constitutes remote blood pressure readings. You can go to the next slide.

Beth Tapper:

So as I mentioned earlier, with the new award levels and expanding to collect what evidence based blood pressure improvement activities clinics may be working on, these other required questions for those activities and just to emphasize, we are asking clinics to attest to four of these six activities. So first ... and also to remind everyone that no documentation is required. You are testing, "Yes, No or Not Sure." So it's a checkbox field. So, you'll be asked, "In 2020 did your organization calibrate all regularly used blood pressure measurement devices?" That would include manual or any automated blood pressure devices per the recommended timelines.

Beth Tapper:

Second, have any devices been found on a formal list of validated BP devices such as the ValidateBP.org, otherwise known as the VDL and then if so, what percentage of those devices are on the VDL? Third, did you strengthen your staff knowledge of accurate blood pressure measurement every six to 12 months such as trainings, videos, CME activities? Fourth, did you test your staff's skills, inaccurate blood pressure measurement every six to 12 months? Fifth, did you use a protocol including SMBP, AOBP or using confirmatory measurements to consistently measure blood pressure? Then, lastly, did you post a visual reminder of proper patient positioning next to every blood pressure device, something like the Target: BP proper positioning poster.

Beth Tapper:

So these are new, they are new requirements and we're asking you to attest to 2020 activities. So we do recognize that as this program grows, more and more clinics should be able to successfully complete these activities in subsequent years to come and then, I think we can go to the last slide. So two weeks from today because there was a lot of information there, I just presented around those new evidence based activities. Two weeks from today, on Tuesday, February 23rd, we're holding a webinar that's dedicated really solely to these evidence based activities and we highly encourage you to register. This is an important session, we'll be doing a deep dive into these six activities. We'll walk through what counts for attestation, and what each component is and how sites can really implement these practices in 2021.

Beth Tapper:

So I know that was a lot. I'm going to pause here and see if there's any questions that are coming up in the chat.

Sara O'Kane:

Yeah, we did have two questions. So one was, "Is the total adult population just the initial patient population from the BP measure," which I think I can answer, unless you want to Beth?

Beth Tapper:

Go ahead.

Sara O'Kane:

My understanding of the initial patient population of the BP control measure is ... I think it also requires patients to have a diagnosis of hypertension for that patient population but when we were looking for the total population, we're just looking for all adults for the organization, regardless of diagnosis. So basically, just anybody who's seen-

Beth Tapper:

Well, yes, it's anybody who's seen that's in the age range of 18 to 85.

Sara O'Kane:

Yes.

Beth Tapper:

Yes.

Sara O'Kane:

But no hypertension diagnosis for that.

Beth Tapper:

Correct. That's correct.

Sara O'Kane:

Then, another question was, "The 2020 NCQA measure allowed video visits to be counted for the BP measure as long as the patient had a home device, can I include those in the denominator?"

Beth Tapper:

I think so but I think we should double check that. Yeah, I think so but I would want to double check that for sure.

Sara O'Kane:

Yeah, we can get back to this person, because I think we do ... the denominator for the criteria for Target: BP does allow for telehealth encounters. We are going off of the encounter codes that are included in the CMS version of the measure. I'm not sure exactly how it matches to the NCQA version but-

Beth Tapper:

Yeah, I think we'll do a crosswalk then, we'll have to just double check.

Sara O'Kane:

Yeah, sounds good?

Beth Tapper:

Yup. All right, if there's nothing else, I'm going to hand it back to you, Sara to walk through the Check. Change. Control. Cholesterol.

Sara O'Kane:

Okay. Yeah and I think there were a couple other questions that I think we can probably cover them at the end or I can always get back to these folks, post webinar, so don't worry, I see questions and we will get to you as quickly as possible. Okay, so Check. Change. Control. Cholesterol. The recognition criteria for this program is the same as it has been last year. We have two award levels, participant and gold. The threshold for participant status is just completing data submission in the data platform and answering yes on a question that asks, "Are you committed to improving your assessment of ASCVD risk?" So, as long as you complete that and answer yes to that question, you are eligible for a participant award.

Sara O'Kane:

Gold status is reserved for sites who have met the participant criteria and their management of their adult at risk patient population with Statin Therapy is above or at 70%, based on the CMS MIPS number 438, Statin therapy measure. So that's similar to Target: BP, we're looking at that 70% threshold. Then, the aggregate data submitted for Check. Change. Control. Cholesterol is ... we're looking at a slightly different age range. This is the age range matching the Statin therapy measure. So we're looking at adults ages 21 and up and we're looking for total adult patient population ages 21 and up, regardless of diagnosis. We are also looking for total patients that are a race other than white and/or identify as Latino or Hispanic ethnicity.

Sara O'Kane:

Looking at providers, and then, like Target: BP, we'll ask for a breakdown of your total patients by their primary payer groupings. Then, we have the two measure questions, so the total patients meeting any of the three risk group criteria based on MIPS 438 Statin Therapy, that's the denominator that we're using for that 70% threshold and then the numerator is the total number of those at risk patients who are actively using or who have received a prescription for Statin therapy at any point during 2020, which is our measurement period. Then, the other two questions are kind of just getting more information about your use of ASCVD risk score. So we just ask, do you calculate this risk score and then if yes, how do you document it?

Sara O'Kane:

Then, for Target: Type 2 Diabetes, this program is in its second year. The award criteria has not changed from last year. There are still two award levels like our cholesterol program participant in gold and participant just requires submitting data, and in a similar fashion, there is a question asking if you commit to improving strategies for addressing cardiovascular disease risk in patients with type two diabetes? So, you do have to answer yes to that question to be eligible for an award but as long as you complete all the data, you're eligible for a participant status at minimum. For gold status, it's a little bit more difficult.

Sara O'Kane:

This is recognizing practices that not only fulfill the participant criteria but they also have an annual rate of 25% or less for the HbA1c poor control measure, which is based on NQF 0059. This one is ... it's a measure that's looking at poor outcomes, so you want your percentage to be small. You want your

numerator to be small compared to your denominator. So just keep an eye on that when you're submitting data and looking at your reports. Then, in addition to that, to achieve gold, you also need to submit and have reached at least 70% on one of the two cardiovascular disease focused measures and you'll notice that these are the same measures that we use in Target: BP and Check. Change. Control. Cholesterol.

Sara O'Kane:

So if you achieve gold in one of those programs then, you have a shot at achieving gold in Target: Type 2 Diabetes, if you are reaching that HbA1c poor control threshold. So you don't have to reach 70% on both of the measures, the Statin therapy and blood pressure control. If you just reach 70% or above on one of them, then you're in good shape. So, for Target: Type 2 Diabetes, again, similar data requirements, just looking for that total adult patient population. This is another one where the age range is slightly different to match the HbA1c poor control measure. So we're looking for adult patients ages 18 to 75. Then, again, we're looking for total patients that are race other than white or identify as Latino or Hispanic ethnicity, number of providers, breakdown of patients by primary payer groups and then, we're getting to those denominator and numerator fields.

Sara O'Kane:

So the total number of patients with a diabetes diagnosis and an office visit in 2020 and then, the numerator total number of patients diagnosed with diabetes whose most recent HbA1c level performed in 2020 is greater than 9%. So again, this one is ... we're looking at patients who are having a poor outcome so you want your numerator to be small. It doesn't mean that if it's high that it's wrong, it just means that you might not be eligible for gold, but you can very well be eligible for participant if you complete all of the data. Then, like cholesterol, we just asked some information about your protocols that you have in place to assess and treat the patients with type two diabetes.

Sara O'Kane:

So just asking if you have a specific protocol to assess key characteristics of patients with type two diabetes, and then, does your practice have a specific treatment plan for these patients. Then, to complete data submission for Target: Type 2 Diabetes, you do have to enter data for at least one of these other measures. They don't carry over ... even if you submit, Target: BP data, it doesn't automatically populate the controlling high BP fields under Target: Type 2 Diabetes. You do just have to copy and paste it into this form but easy enough, if you're already submitting for one program, you've already pulled this data and it's the exact same measures, same age ranges, we're just looking for that numerator denominator again.

Sara O'Kane:

To achieve participant or gold, you do have to respond to at least one of these measures. So each program has a detailed data collection worksheet to help guide data submission. I know these past few slides were just a lot of information and it is cleanly written out in these PDF worksheets, it has the exact wording that the questions are in the platform, along with extra instructions and kind of details to help you understand what we're looking for. So highly recommend you check those out. I did place them in the handout section of GoToWebinar, if you're able to download them from there and then, we'll also send this slide deck out afterward and you can access these links online.

Sara O'Kane:

Then, there is a Quickstart User Guide, which has a step by step walkthrough with screenshots and instructions for how to submit data for all the programs. So even if you watch this whole webinar, and afterward, you're not sure how to proceed, I highly recommend using this guide because you can kind of self service and you can walk through every step what you need to do to submit data. All right, really quick, I'll go through the kind of the Getting Started Steps. I only have a couple more slides and then, I will pause for questions again. So to get started, and submit for recognition, there are two steps.

Sara O'Kane:

The first step is always going to be registering if you're new to recognition, if you have submitted data in the past, if your organization is already set up in the data platform, you do not need to re-register. That's a one time thing for each program and you can just go ahead and log back into the platform and submit your 2020 form for this year. So if you're new though, you will need to register in order to gain access to the data platform and to register, you'll go to [heart.org/registermyoutpatientorg](http://heart.org/registermyoutpatientorg). That's where you'll fill out a couple of details about your organization and you'll request access to our data platform. You can register for all three or any of the three of our outpatient programs all at the same time.

Sara O'Kane:

You don't have to fill out a separate form for each program. Now that said, if you want to submit data for multiple organizations, say you want to submit data for ABC Health System to get an award and you also want to submit data for ABC Clinic West and ABC Clinic East so that those two clinics also get awards. If that is the case, then you will need to submit a registration form for each of those entities. It's a pretty short form, so it shouldn't take very much time but if you have a lot of clinics that you want to register, there is ... within that register my outpatient org link, there's a link to a multi-site registration form where you can fill out your organization's information in a spreadsheet and you can upload that to register all those clinics at once.

Sara O'Kane:

Then, that way, we can set up all those clinics in the data platform and you can submit data for all those clinics to potentially receive an award. Once you do register, it does take a couple of business days but within about three business days, you should receive a username and a password to log in to the online data platform and then again, if you've submitted data in the past, and you already have this login, you don't need to go through registration. So the data platform is at [aha.infosarioregistry.com](http://aha.infosarioregistry.com). So, if you don't have a login, again, you can either register or you can reach out to us through our Contact Us link and we can help you get a login. I think I glimpsed someone asked me if you can have multiple users and yes, you can absolutely have multiple users submitting data or viewing data in the platform.

Sara O'Kane:

You're not tied to just having one, so that's just something to reach out to us through our Contact Us form and we can help you get that set up. So, if you're already registered, and you have that login, you'll go into the platform, you'll navigate to program forums, which is what we'll go through in just a moment, you'll select Add New next to the desired program, you'll enter 2020 for the reporting year. You'll fill out all the fields and you'll save. There is no Submit button, so once you save, you can go back and revise your data if desired. The key thing to know is just that your data needs to be 100% complete and accurate as of that Friday, May 28th deadline because at midnight that night, that's when we take a snapshot and all the data in the platform at that time is what we use to determine award statuses.

Sara O'Kane:

Now, one other thing we didn't have this time last year but we did have mid last year through the deadline was we have a self service upload tool. So, if you have a lot of organizations, you want to submit data so that, three, four, five, six, seven, eight, nine or more and I think we've had people submit data for 60 clinics before. If you have a lot of clinics you want to submit individual data for so they can get individual awards, then we do have an upload option, where you can basically type all the data into a spreadsheet and upload it, so you don't have to go through typing in data for multiple sites. So if you're interested in that, then we recommend reaching out to your local AHA director or you can submit a request at that Contact Us link and we'll help you get set up.

Sara O'Kane:

Also, if you use that multi-site registration link that I mentioned, then that automatically gets you access to the upload tool. You don't have to use it if you don't want to but it does give you access. This is just my rudimentary Clipart to demonstrate that there's an Excel file being uploaded into the platform. Then, a last thing about, once you submit data, even before the deadline, there is a chance that an AHA staff member might reach out to you to verify your data. We just ask that if that happens, please respond as soon as you're able, especially if it's after the deadline because we're usually reviewing data at that time to establish award statuses and we just want to make sure that no one gets left out because we weren't getting a question answered.

Sara O'Kane:

Just as a heads up, in case this happens, common reasons for outreach can include if pretty much anything where maybe the data seems inconsistent or it's an outlier. So, if your measure of performance rate is very, very high or very, very low, we may reach out to make sure that that's right. If you've submitted the same measure for another program and it's different, then we may reach out just to check on it or if the demographic data given for Target: BP has a lot of zeros or maybe there's some blank fields, then we may reach out to see if you can fill in the rest of that information. So, it doesn't necessarily mean that you won't get an award, it just means that we need some additional information and may ... just want to make sure that the data doesn't need to be corrected.

Sara O'Kane:

Before we open for questions and then go into the step by step walkthrough, these are just kind of the highlights for success. So, really recommend registering new organizations early, entering and saving your data in the platform as early as you're able, especially given how unpredictable the pandemic and vaccine distribution, everything can be, trying your best not to wait until May 28th if you can. Then when entering your data, use those data collection worksheets and then use that Quickstart Guide to answer questions as much as possible. Big thing this is ... I mean, this is just kind of the key thing is that in order to get recognition at all, any award status, you do have to complete all of the fields in all the tabs.

Sara O'Kane:

So you'll see when we do the walkthrough but there is a sidebar on the right, where all the programs have at least two tabs of information to fill out. Sometimes people only fill out the first tab and they don't fill out the others and then they don't get recognized. So we don't want that to happen. Just remember that you do need to fill out all the data and answer all the questions to get recognized. There is a data entry complete checkbox to be a sort of a flag for you that you have entered all of your data. So

if that checkbox is checkable, that you can click on it and it has a check mark up here, then you know that you're good to go, you've entered everything correctly.

Sara O'Kane:

If you can't check it, like you click on it and it doesn't add a checkmark, then that means that you have left something undone in the form, so that's kind of your reminder. Then above all, just rely on your local AHA and AMA staff. We're here to help for improvement, support, resources. Whatever you need, don't hesitate to reach out. All right, so pausing for questions. Let me just take a quick look at the question function. So, I know one question from early on was where do we register for the evidence based BP activities Q and A? I think ... I don't know if anybody can throw that into the chat, the actual link, that would be awesome. It's also on GoToWebinar and we can provide that link.

Katherine Overton:

I'll pick it up for you Sara.

Sara O'Kane:

Thanks, Katherine. Then ... go ahead.

Beth Tapper:

I was just going to say it's also in this in the slide deck, we can pull it too.

Sara O'Kane:

Yes, that's true and then, someone asked to clarify for the Target: BP metric, the total number of patients from the first question, is that patients who are 18 to 85 years old as of December 31st, of 2020?

Beth Tapper:

Yes, so we ... submitting in 2021, we are using 2020 data. Yes.

Sara O'Kane:

Okay.

Katherine Overton:

Sara, I was able to send you the link for the webinar in two weeks but I cannot send it to all of the attendees, if you might have to recopy and paste that, I don't have the right permissions.

Sara O'Kane:

Okay, yeah, I think I should be able to send it to everybody. I'll just give it a shot. All right and then, do home BP readings need to be only those connected to the EMR by a Bluetooth device or could they also be readings that the patient manually enters from their home device? That is a great question. It has kind of a long answer. So there is ... on the data collection worksheet and in the appendix of this presentation, there are specific criteria for the remote BP readings that are acceptable for target BP submission. The key thing is really that ... so it can either be that they were ... the reading was sent over via Bluetooth or internet, some sort of secured message system.

Sara O'Kane:

It could be that you're on a video visit and the provider is directly seeing the reading on the patient's device and inputting it into their EMR. The key thing is the reading should not have any opportunity for the patient to tamper with it. So it shouldn't be something that they're entering themselves into a platform. It needs to really be either automatically entered in an EMR or seen by a provider and entered into an EMR. Then, let me see, I see, "Our organization has already been registered. However, the person who set up the account is no longer in their quality reporting position, can I still use their login or do I need to create a new login?"

Sara O'Kane:

Great question. So logins are tied to people's email addresses so it is best if we just create a new login for you personally, so that you can have your own account, you can get your own password resets all of that. So if you want to just reach out or I can even just take your name down, and we can reach out and make sure that we get you a user account setup. Then, let's see, how can we find out what organizations were set up prior years? That is a good question. To an extent, it's really just internally at your organization, if you know that someone has submitted in the past, you can also reach out to us and ask if ... and to say, "Hey, my organization is this. Have we registered before?"

Sara O'Kane:

You can look at the public recognition listings from prior years to see if maybe they're listed but worst case scenario, if you register, and we already have a profile for you, we'll just add you to the existing profile. We don't create a duplicate, it's something ... a human being, myself looks at all the registrations and double checks to make sure that we're setting up the right profiles. So there's not really a harm if you re-register. Then, February 23rd call from 12 to 1, does that show us how to enter data online for BP and also cholesterol? Great question, so we're going to show you just now how to enter data for Target: BP.

Sara O'Kane:

Then, the February 23rd call is really focused on Target: BP in that silver and gold plus criteria and those attestation questions around blood pressure measurement activities, since those are new this year. So that's what that call will focus on. After this call, if you need additional help or walkthroughs on how to submit data for the programs, happy to help you out, we will have some video walkthroughs available online that you can watch. Then, we'll have some office hours as well in April and May to answer questions. So, there will definitely be help available and I think that's pretty much it. I know there's another question about if anybody has tips on how to get more granular data from Epic EHR system on things like primary peer groups and population ethnicity.

Sara O'Kane:

I don't have a good answer for that but I know that kind of question has come up before, so I will put that in my pocket and will try to get back to you with an answer on it, if anybody has tips on submitting, population data for ... if they have an Epic EHR. All right, so moving forward. This is going to be ... I'll toggle back just to land on that for just a second. So, this platform walkthrough, the first part is going to go over just the platform in general and then, it will focus on Target: BP submission. The concepts can generally be applied to cholesterol and diabetes submission and we'll briefly go over those. We kind of went over all the high level concepts already. So if you're not super into the walkthrough, then feel free to drop.

Sara O'Kane:

So once you get to [aha.infosarioregistry.com](http://aha.infosarioregistry.com), this is where you'll log to the data platform. If you haven't logged in, in a while, we do recommend just checking your inbox or your junk and spam folders, in case you've gotten a recent temporary password from AHA support, we did reactivate a lot of accounts in late January and so, you may have a temporary password already available or you may be able to go through the Forgot Password steps and reset your password. So, then you will enter a permanent password to get started. Then, if it's your first time logging in, you will need to agree to the data platform license and use agreement which is basically just the agreement between you as the user agreeing that you'll use the platform in an acceptable manner.

Sara O'Kane:

Then once you have gotten past that, then you will have ... if you have access to multiple sites, you will be able to choose which clinic or profile you want access to right now, and you can toggle between them. Then, we do recommend, if you get a pop up that says set up your password challenge questions, we really do recommend doing that. It takes five seconds and it is very helpful in resetting your password in the future. So you don't have to contact the help desk. All right, so once you're logged in, this is the community page. It looks a little bit different than it has in prior years. So you can see we have some kind of colorful bar graphs on the right.

Sara O'Kane:

So these bar graphs are ... they're essentially in beta testing right now and they're still kind of being developed, so they might not refresh or look totally correct. Until I think, after the end of February is when they're supposed to be kind of refreshed but they should contain aggregate recognition and program data so these bars are representing the data from your organization and all healthcare organizations who have submitted and then, it will also have bar graphs for your state organizations who are participating. So it's just kind of like a nice little snapshot to see how you compare against similar organizations. So on that community page, there's some navigation tips on the top right.

Sara O'Kane:

The key place that we'll go through is the program forms area. That's where you'll submit data. In form management, that's where you can add your site characteristics to allow for additional benchmarking in the reports area. This is where you'll view reports under operational reports. Then, we have a library where you can access kind of data submission and measure guidance. So this is what the library looks like and if you need the data collection worksheet, you need FAQs, measure specifications, all sorts of things, the video demos, those are located in this library. Okay, so back to that program forms link. So this is the main place that you are going to be. So going to program forms, you will get to a screen and at the top, there's going to be a place that says "Add Forms."

Sara O'Kane:

Now, if you are not registered for all three programs, then not all three of them will appear. It will only show the programs for which you have registered and have access. So if you need access to an additional program, then that's when you'll need to go to that [heart.org/registermyoutpatientorg](http://heart.org/registermyoutpatientorg) link and request that program access. If you are already set up, then you just need to click "Add New" next to the desired program and I have it next to Target: BP to start your 2020 data submission. So in the "Reporting year field," you're going to type 2020 and then you'll hit "Submit." This is the start of the form. So you can see at the top, there's save and save and exit buttons.

Sara O'Kane:

We recommend saving your work throughout and then, on the right, you can see there's a couple of different tabs and this is where people can tend to just fill out the first tab and they don't see the other tabs on the right, so just emphasizing now that you do need to complete all of those tabs to be eligible for recognition. Okay, so this is just kind of a scroll down view of the first couple of questions on the form. So the first two questions are new this year and they're kind of just formalities, but they do require yes responses for awards. So, the first one is related to that, what we spoke about earlier with the eligibility criteria.

Sara O'Kane:

It asks, just point blank, does your organization diagnose and manage patients with hypertension? There are similar questions in cholesterol and diabetes asking if you're diagnosing and managing patients with diabetes or are diagnosing and managing patients with high cholesterol? So you do have to answer yes there to be eligible for recognition. Then, the second is just certifying that you're a representative of the organization and that everything's accurate to the best of your knowledge. So, just a formality but they do require a yes there as well. So question three, that's where we asked for that total adult patient population, 18 to 85.

Sara O'Kane:

This is where we need you to keep that wherever you pull this number from, try to make sure you have access to your payer data and demographic data for this total because you'll need to break it down. So you can see down here question eight is the question around the patient breakdown by payer. You can see just up above here that we have that ... Actually, let me toggle back up and go through these really fast just so you can see them but we have that total patient population question. Here's the denominator question for the ... controlling high BP measure and the numerator. Then, we have the question around digitally transmitted blood pressure readings from a patient's remote monitoring device, "Yes, No, Not Sure" that Beth was talking about.

Sara O'Kane:

Then, we ask how many providers? So they're all just fields that you'll type in and then there's a single select question. Then, we have the question asking for a breakdown of patients by primary payer and if you need extra guidance on this, the data collection worksheet has a specific page dedicated to help you understand where to kind of put patients in which groupings. What counts as other public? What counts as private health insurance? All of that. Just to reiterate that question, that total adult patient population question and question number three, it needs to match the total of your patients broken up by primary payer.

Sara O'Kane:

Otherwise, there will be an error that appears in the platform. So once you've filled out that first tab, I recommend saving your work just you don't lose it but the next tab is this BP measurement activities tab that's new this year. So, this is where you're going to enter your data for those BP measurement activities. So each question except for question 10 is a ... they're all single select and they're pretty much yes, no, not sure type questions. So I'm not going to go through this super thoroughly, since we have an entire webinar dedicated to this, but I will also say that there is the data collection worksheet. There's a page that features the exact wording of the questions with notes and links to resources just to determine what counts and what's not, and what doesn't count.

Sara O'Kane:

So, I highly recommend just kind of printing this out or using this before you actually go on the platform, because this tends to answer a lot of questions. If you don't care about silver or gold, if you have no idea, you're not even looking at these this year, that's totally fine. You can answer not sure to every question and then on question 10, you can just answer zero and move on. So once you complete the BP activities questions, you will move to the next tab, which is patients 18 to 44 years of age. This is where you're going to enter your total patients broken down by race, ethnicity and I think technically, it would be sex. So, race, ethnicity and sex in each of these age range tabs.

Sara O'Kane:

So this is based on the Million Hearts Hypertension Prevalence Estimator, and you're using your patient total, not just your hypertensive patient total. Now, as you're going along, if you find you have no patients in a category, please add zeros and don't leave it blank. Otherwise, it won't count your form as being complete. So, once all of those tabs are completed, there will be a total that appears at the bottom and that total needs to match your response for question three, which was that total adult patient population? So this is just kind of a screenshot of ... which is kind of hard to see but it's just basically re-emphasizing that your question three answer about the total number of patients needs to match the total of the patients you entered in those demographic groups.

Sara O'Kane:

Then, when you are done filling out all tabs, that data entry complete checkbox will be clickable, so it'll let you populate it with a check mark and if it does that, that means you are set, you've entered all the fields, there's no errors, you're good to go and you can save and exit and unless you have a reason to come back, like you found out that you mis-entered something or we've reach out then there's ... you don't need to come back. You can enter it tomorrow, save it and you're good to go. You don't have to worry about the deadline. You're all set. So, for Check. Change. Control. Cholesterol and Target: Type 2 Diabetes, the process is the same and that you're just adding new next to those programs rather than adding new in Target: BP and you're still doing, reporting your 2020.

Sara O'Kane:

Those forms are a little bit shorter. Since we don't have the demographic data that we're looking for or the BP measurement activities. There's only two tabs of data to enter for each program but I do want to emphasize there are two tabs. So there is a participant information tab and the measure tab. So make sure that you're just catching ... You're entering responses for everything, for all tabs. Then, I think we mentioned this early on, but just make sure you're answering yes to question nine, which is, "Are you committed to improving the use and data capture of ASCVD risk estimations," and then, on question 10, for Target: Type 2 Diabetes, make sure you're answering yes on the question asking if you're committed to improving strategies for addressing risk in patients with type two diabetes.

Sara O'Kane:

All right, I know that was a lot. Let me check and see if there's any other questions. I think someone was just asking, "Can you resend the site to register as a user to submit data?" Yes, we can send you all the relevant links. We can send you the link to the data platform and then, the Bitly one, let me see if I have the Bitly one. I think I have it at the end? Let me put in the chat the Bitly link. Okay. So there's the Bitly link. That is what you can use to reach out to us with questions, pretty much any question but if you

want a new user account then you can use that. Then, someone asked, "If we have providers that travel? Do we count them on each site that they practice within?"

Sara O'Kane:

That is a good question. I would say yes. I don't know if anybody else has other thoughts but yes, I would say that if they're regularly practicing and treating patients at a particular site, that they would be included as a provider at that site.

Katherine Overton:

I agree, Sara.

Beth Tapper:

I agree.

Sara O'Kane:

Then someone said, so by participating today and watching how to input data, there isn't a need to participate in the February 23rd call. Correct. That's up to you. Yeah, you don't ... that one is only covering a specific portion of the Target: BP recognition program. So, if you're looking for more resources on data submission then, this is kind of the main webinar that we have and then, if you need anything else, feel free to reach out. Then, someone asked, "Should all patient data be the same across the three programs like age, race, et cetera?" Great question. The patient age ranges and then, therefore every other question is a little bit different.

Sara O'Kane:

So in Target: BP, we're looking for patients ages 18 to 85. In cholesterol, we're looking for patients 21 and up, ages 21 and up. Then, Target: Type 2 Diabetes, we are looking for patients 18 to 75 and that's just because those are all the age ranges for the nationally endorsed measures that we're using, so your responses to some of the questions between programs will be a little bit different for that. Those are the only questions that I see. Does anybody else see other questions? All right, well, I know we're a minute before time, so we'll send out this deck. The rest of the presentation just has some extra information about other platform features.

Sara O'Kane:

If you're interested like the reporting features, we have benchmarking that you can accomplish. We do recommend filling this out because it does just help enhance the platform for everyone, including you but not required for data submission by any means. It's just a nice to have within the platform. So feel free to click through here to see what additional reports you can pull and then, don't hesitate to reach out with any other question. Let me see if I can get to that, so here's kind of the key takeaways. Deadline is Friday, May 28th, enter and save data as early as you can. Here's that registration link.

Sara O'Kane:

Then again, we'll send all this out afterward and then if you have any other questions, feel free to reach out at our Bitly AQ Contact Us link. All right, well, thank you guys so much for participating today. Really appreciate it. Have a wonderful rest of your week.

This transcript was exported on Feb 25, 2021 - view latest version [here](#).

Katherine Overton:

Thank you.

Beth Tapper:

Thank you, everyone.