Sara O’Kane, Healthcare Informatics Analyst, Outpatient
American Heart Association / American Medical Association
• No disclosures

Beth Tapper, Senior Program Manager, Improving Health Outcomes
American Medical Association
• No disclosures

Katherine Overton, Senior Quality Systems Program Manager, Outpatient
American Heart Association
• No disclosures
Housekeeping

Questions? **Type them into the chat or Q&A feature in GoToWebinar**


Password resets, new user accounts, etc. @ IQVIA Support Help Desk

- [InfosarioOutcomeSupport@quintiles.com](mailto:InfosarioOutcomeSupport@quintiles.com)
- 888-526-6700
Overview of 2021 Recognition Programs

- Target: BP
  - *NEW* Silver and Gold+ award levels
- Check. Change. Control. Cholesterol
- Target: Type 2 Diabetes

Recognition Resources

Submitting Data in the Platform – Essentials and Tips

Q & A – Questions taken from live GoToWebinar chat forum

Data Submission Step-by-Step Walkthrough (Target: BP)
### 2020 Recognition

<table>
<thead>
<tr>
<th>Target: BP</th>
<th>2020 Recognition</th>
<th>Target: Type 2 Diabetes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,081 organizations submitted data</td>
<td>432 organizations submitted data</td>
<td>471 organizations submitted data</td>
</tr>
<tr>
<td>36.6 million patients covered</td>
<td>13.4 million patients covered</td>
<td>17.8 million patients covered</td>
</tr>
<tr>
<td>504 organizations achieved Gold status</td>
<td>286 organizations achieved Gold status</td>
<td>205 organizations achieved Gold status</td>
</tr>
<tr>
<td>(&gt;70% of hypertensive patients’ blood pressure is controlled)</td>
<td>(&gt;70% of at-risk ASCVD patient population is appropriately managed with statin therapy)</td>
<td>(Met specified thresholds for 2 or more diabetes- and CVD-related clinical measures)</td>
</tr>
</tbody>
</table>

**Congratulations to our 2020 Awardees!**
CONGRATULATIONS
GOLD LEVEL RECOGNITION WINNERS

Our suite of outpatient care quality improvement initiatives supports organizations in their efforts to provide better patient care. Our initiatives work together to reduce cardiovascular deaths, heart attacks, and strokes among the 188 million Americans living with hypertension, high cholesterol, and/or type 2 diabetes.

These organizations are being recognized for their ongoing commitment to reducing the number of Americans who have heart attacks and strokes. Join us and be recognized for your efforts at hearLong.RegisterMyOutpatientDng.

2021 data submission is open now through May 28, 2021.
Thank you for your continued commitment to controlling high blood pressure, high cholesterol, and type 2 diabetes in your community, especially in the midst of the SARS-CoV-2 pandemic. Your data submission helps to:

- Contribute to our shared understanding of the pandemic’s impact on chronic conditions
- Demonstrate your sustained commitment to BP control and CVD risk management with continuity in data submission
- Refresh your focus on BP control and CVD risk mitigation strategies by reflecting on the data

If you’re unsure about submitting because Gold status is out of reach, please reach out to your local AHA or AMA director to discuss. Possibilities can include:

- Submitting data but opting out of public recognition
- Submitting for individual clinics vs. overall health system
- Discussing if new Target: BP Silver award was achieved (no minimum control rate)
2021 Data Submission

Timeline & Benefits
2021 Data Submission and Recognition Timeline

Jan. 1 - May 28
- Submit Data
- Review and submit 2020 data
- Edit or revise data

Friday, May 28
- DEADLINE for Data Entry
- Data will be captured at midnight (1 min after deadline) to determine award status for all sites

June 1 - Aug. 31
- Review & Validate
- AHA/AMA review and validate data
- Classify awardees as Gold or Participant level (or Silver or Gold Plus in Target: BP)

Sept. 1 - Oct. 31
- Notify Awardees
- Local press release
- Display plaque
- Digital materials
- Name on program websites

November 13-15
- Public Announcement at AHA Scientific Sessions
- Public announcement
- Promotional materials

Enter data early if possible – the deadline is concrete this year.
Benefits of Recognition

- Acknowledgement at annual meetings
- National recognition on program websites
- Display plaque with annual medallion or award certificate (as applicable)
- National press release
- Speaking opportunities to share success at program related events
- Digital Promotional Toolkit
  - Social media messages
  - Local press release template
  - Digital award icons – for use by practices on websites, emails, social media
Overview of Recognition Programs
Organizational eligibility criteria will be enforced

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

- For organizations who support/educate providers but do not provide direct patient care, ‘Spotlight’ opportunities will be available in lieu of an award.
Target: BP
2021 Recognition Criteria and Levels

Participant Status
Recognizes practices that submit 2020 data and commit to reducing the number of adult patients with uncontrolled blood pressure

Silver Status
Recognizes practices that submit 2020 data and attest to achieving implementation of at least 4 of 6 evidence-based BP measurement activities
Gold Status
Recognizes practices that submit 2020 data and achieve ≥70% BP control rate (% of adult patients with hypertension whose blood pressure is controlled to <140/90 mmHg)

Gold Plus Status
Recognizes practices that submit 2020 data, achieve ≥70% BP control rate, and attest to achieving implementation of at least 4 of 6 evidence-based BP measurement activities
Target: BP
Requirements for 2021 Data Submission

• Aggregate 2020 patient data (adult patients ages 18-85)
  1. Total adult patient population
  2. Total number of patients with diagnosis of hypertension and a 2020 visit (based on MIPS #236 – Controlling High Blood Pressure)
  3. Total number of patients with diagnosis of hypertension whose high blood pressure is controlled (based on MIPS #236 – Controlling High Blood Pressure)
  4. *NEW* Yes/No/Not Sure question if given totals included patients with remote BP readings
  5. Total number of providers
     o Providers are physicians, nurse practitioners, and physician assistants diagnosing and treating hypertension
  6. Totals of adult patients’ primary payor groups

• Hypertension Prevalence Estimator data (adult patients ages 18-85)
  – Provide breakdown of total patient population (given in Question 1) by age, race/ethnicity and gender

All fields must be completed for award eligibility.
Updates to BP Control Criteria

Required aggregate data for 2021 Recognition has been updated based on the 2020 version of measure MIPS #236 to accommodate increases in telehealth and remote BP monitoring.

Controlling High BP measure: **Total number of adult patients ages 18-85 with diagnosis of hypertension whose most recent blood pressure is controlled at <140/90 mmHg**

<table>
<thead>
<tr>
<th>Revised recognition criteria</th>
<th>OLD 2020 recognition criteria</th>
<th>NEW 2021 recognition criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Encounter type</td>
<td>Only in-person office visits are eligible</td>
<td>In-person office visits AND eligible telehealth encounters allowed</td>
</tr>
<tr>
<td>Type of BP readings allowed</td>
<td>BP readings taken only in a provider's office allowed</td>
<td>Remote BP readings taken from a remote monitoring device* AND readings taken in a provider's office allowed</td>
</tr>
<tr>
<td>Hypertension diagnosis timeframe</td>
<td>HTN diagnosis in the first 6 months of reporting period or prior</td>
<td>HTN diagnosis any time during the reporting period or prior</td>
</tr>
</tbody>
</table>

See Data Collection Worksheet guidance on accepted remote BP readings
Target: BP
Requirements for 2021 Data Submission

- Attest* to completing evidence-based BP activities
  *No documentation required – only Yes/No/Not Sure responses

  In 2020, did your organization…

  1. Calibrate all regularly used BP measurement devices (including both manual and/or automated BP devices) per recommended timelines?
  2. Have any devices found on a formal list of validated BP devices (such as ValidateBP.org), and if so, what percentage?
  3. Strengthen staff knowledge of accurate BP measurement every 6-12 months?
  4. Test staff skills in accurate BP measurement every 6-12 months?
  5. Use a protocol including SMBP, AOBP, or confirmatory measurements to consistently measure BP?
  6. Post a visual reminder of proper patient positioning next to every BP device?

All fields must be completed for award eligibility.
Have questions about the new Target: BP award criteria, particularly what counts for the evidence-based BP activities?

Attend our Evidence-Based BP Activities Q&A webinar
Tuesday, February 23 – noon to 1 pm Central time

REGISTER HERE:
https://attendee.gotowebinar.com/register/6789954205176999691
Check. Change. Control. Cholesterol
2021 Recognition Criteria and Levels

Participant Status
• Recognizes practices that submit data and commit to improving ASCVD (Atherosclerotic Cardiovascular Disease) risk assessment and implementing ASCVD risk calculations into their clinical workflows.

Gold Status
• Recognizes practices that fulfilled the Participant criteria AND have ≥70% of their adult, at-risk patient population appropriately managed with statin therapy based on MIPS #438

No changes from prior years
Check. Change. Control. Cholesterol
Requirements for 2021 Data Submission

• **Aggregate 2020 patient data (adult patients ages 21+)**
  1. Total adult patient population
  2. Total patients that are a race other than white and/or identify as Latino or Hispanic ethnicity
  3. Total number of providers
  4. Totals of adult patients’ primary payor groups
  5. Total patients meeting any of 3 risk-group criteria (*based on MIPS #438 – Statin Therapy for the Prevention and Treatment of Cardiovascular Disease*)
  6. Total number of above patients who are actively using or who receive an order (prescription) for statin therapy at any point during the measurement period

• **Info on use of ASCVD risk score**
  1. Do you calculate the ASCVD (Atherosclerotic Cardiovascular Disease) Risk Score in your practice?
  2. How do you document the ASCVD Risk Score in your practice?
Participant Status
• Recognizes practices that submit data and commit to improving strategies for addressing CVD (Cardiovascular Disease) risk in patients with type 2 diabetes

Gold Status
• Recognizes practices that fulfill the Participant criteria AND:
  • Have annual rate of ≤ 25% for HbA1c Poor Control (>9%) amongst eligible patients based on NQF 0059
  AND
  • Have annual rate of ≥ 70% for appropriate statin therapy amongst eligible patients based on MIPS #438
  OR
  • Have annual rate of ≥ 70% for blood pressure control amongst eligible patients based on MIPS #236

No changes from prior years
Target: Type 2 Diabetes
Requirements for 2021 Data Submission

• Aggregate 2020 patient data (adult patients ages 18-75)
  1. Total adult patient population
  2. Total patients that are a race other than white and/or identify as Latino or Hispanic ethnicity
  3. Total number of providers
  4. Totals of adult patients’ primary payor groups
  5. Total number of patients with a diabetes diagnosis and an office visit in 2020 (based on NQF 0059 - HbA1c Poor Control)
  6. Total number of patients diagnosed with diabetes whose most recent HbA1c level performed in 2020 is > 9.0% (based on NQF 0059 - HbA1c Poor Control)

• Info on protocols for type 2 diabetes patients
  1. Does your practice have a specific protocol to assess key characteristics of patients with type 2 diabetes? If yes, what characteristics?
  2. Does your practice initiate a specific treatment plan for patients with type 2 diabetes? If yes, how?

All fields must be completed for award eligibility.
Target: Type 2 Diabetes
Requirements for 2021 Data Submission

*Choose Option 1 or 2 – submitting at least one option is required for an award*

Option 1
• MIPS #438 Statin Therapy Measure Submission (adult patients ages 21+)
  1. Total number of patients meeting any of 3 risk-group criteria based on MIPS #438
  2. Total number of patients who are actively using or who receive an order (prescription) for statin therapy at any point during the measurement period

Option 2
• MIPS #236 Controlling High BP Measure Submission (adult patients ages 18-85)
  1. Total number of patients with diagnosis of hypertension
  2. Total number of patients with diagnosis of hypertension whose high blood pressure is controlled

Note – Different age ranges from HbA1c measure
• Each program has a detailed “Data Collection Worksheet” to guide data submission.
  – **Target: BP Data Collection Worksheet**
  – **CCC Cholesterol Data Collection Worksheet**
  – **Target: Type 2 Diabetes Data Collection Worksheet**
Quick Start User Guide

• For a step-by-step walkthrough of submitting data with screenshots, review the Quick Start User Guide:

  – NOTE: The guide contains data submission instructions for all three programs.
2021 Data Submission

Getting Started
Two Steps: Register + Enter Data Online

Register

- New to recognition? Fill out details about your organization and request data submission access at heart.org/RegisterMyOutpatientOrg
  - *NOTE:* 1 registration = 1 potential awardee
  - If you wish to submit data for multiple sites (e.g., clinics) to be individually recognized, you must complete a registration form for each site. If you want to register 5+ sites, there is a multi-site registration option to save time.

- Within 3 business days, you’ll receive a username & password to log into the online data platform.

- **Submitted data before?** No need to re-register! Skip straight to entering your data in the platform.

Did you know?

You can register for all three outpatient programs simultaneously with a few extra clicks.
Enter Data

- Log in at aha.infosarioregistry.com
- Navigate to “Program Forms”.
- Select “Add New” next to desired program.
- Enter “2020” for the Reporting Year.
- Enter your organization’s 2020 data – complete all fields in all tabs.
- Save!

You can revise and finish your data at any time until the deadline: **May 28, 2021**

At midnight, a snapshot of all data in the platform is taken to determine all organizations’ recognition status.
Self-Service Upload Tool

• **WHAT IT IS:** Allows sites to type their recognition data for any program (BP, Cholesterol, Diabetes) into a spreadsheet and upload into the platform vs. manually typing into the platform.

• **WHO CAN USE IT:** Health systems with 5+ sites who want to submit recognition data specific to each of these individual clinics/locations (not just the overall health system)

• **HOW TO GAIN ACCESS:** Reach out to your local AHA director for more information, or submit a request at bit.ly/AQContactUs.
Self-Service Data Uploader
Outreach after the Submission Deadline

- An AHA staff member may reach out to you after you submit to verify your data. Please respond as soon as you’re able – this verification may be needed to receive an award.

- **Common reasons for outreach can include:**
  - Measure performance rate is very high or very low
  - BP Control or Statin Therapy data given for Target: Type 2 Diabetes does not match your Target: BP or Check. Change. Control. Cholesterol submission
  - Total at-risk patients given for the denominator of the Statin Therapy measure is very low (<6% of your total population), and additional information may be needed
  - Patient demographic breakdown for the Hypertension Prevalence Estimator needs verification (e.g., patients are lumped into “unknown” race/ethnicity categories, only one age group, etc.)
  - Fields are left blank
Tips for Success

- Register new organizations early.
- Enter and save data as early as you’re able. This avoids any staffing or data hiccups close to the deadline.

When entering data:
- Use the Data Collection Worksheets and Quick Start Guide for full instructions.
- Complete all fields in all tabs.
- Make sure the “Data Entry Complete” checkbox is checked (or at least checkable) to ensure your data is complete.

- Rely on your local AHA/AMA staff for resources, submission help, and improvement support. We’re here to help!

Deadline to Enter Data:
Friday, May 28, 2021 at 11:59 pm ET
Pause for questions

Type your questions in the chat!
2021 Data Submission

Platform Walkthrough

Target: BP Example
Logging In

https://aha.infosarioregistry.com/login

First login in a while? Check your Inbox or Junk/Spam folders for a recent temporary password from ‘AHA Support’
Logging In

Your password has expired. Please choose a new password.

Current Password: [Redacted]
New Password: [Redacted]
Re-enter your new password: [Redacted]

Password must meet the following criteria:
1. Password must be between 8 and 31 characters long.
2. Password must have three out of the following four characteristics:
   - Contains at least 1 upper case character
   - Contains at least 1 lower case character
   - Contains at least 1 numeric character
   - Contains at least 1 symbol
3. Password cannot contain any whitespace characters.
4. Password must not contain 4 consecutive characters from the user’s first or last name.
5. Password cannot be the same as any of your last 6 passwords.

Enter a permanent password
Data Use and License Agreement: Ambulatory Quality Registry

License and Use Agreement

This License and Use Agreement (this “Agreement”) is a legal agreement between Site Name (“Licensee”), having an address of Site Address, on behalf of itself and its employees, and Outcome Sciences, LLC (“IQVIA”) granting you certain rights to access and use elements of IQVIA’s software products, in machine-readable form, together with any permitted copies thereof and any permitted modifications, enhancements or connections thereto and the data processing capacity, program storage capacity, use of the information services and any other services as provided by IQVIA under the IQVIA under your participation in the Registry. “Registry” shall mean the applicable study, research project or quality improvement program in which you may participate by agreeing to the terms of this Agreement.

1. Operational Model. IQVIA provides certain clinical registry services to its customers (the “Customer”) through the Platform that allows users such as Licensee to participate in Customers’ programs and registries. Use of the Platform by the Licensee is subject to the terms of this Agreement. In exchange for payment to IQVIA of the applicable fees by the Customer or by Licensee, as the case may be, IQVIA hereby agrees to provide Licensee with access to, and use of, the Platform to participate in the Registry. The Platform is proprietary to IQVIA and all right, title and interest therein remains with IQVIA. All proprietary and intellectual property rights of any nature regarding the Platform and any and all parts, copies, modifications, enhancements, improvements and processes included therein, and derivative works created therefrom are owned by, and shall remain the property of, IQVIA.

2. Rights and Obligations of the Parties. Licensee agrees that it shall use the Platform only for lawful purposes, in compliance with all applicable laws and regulations, and in accordance with the user guide and associated documentation (the “Documentation”) provided by IQVIA, as well as any agreements and guidance from the Customer, to the extent such agreements and guidance do not conflict with this Documentation. IQVIA will maintain administrative, physical and technical safeguards designed to protect the security, confidentiality and integrity of data transmitted to the Platform. Licensee agrees that it is responsible for maintaining all Licensee passwords necessary to access the Platform in a secure manner and to prevent any unauthorized or improper use. IQVIA may, in its sole discretion, suspend Licensee’s access to the Platform in connection with Licensee’s violation of applicable law or regulation, a material breach of this Agreement, including non-payment of any fees due and owing under this Agreement, or if Licensee (or one of its users) is listed on any exclusionary list published by the United States Government. Licensee’s right to access and use the Platform is personal to Licensee and is not transferable or assignable to any other person or entity, without IQVIA’s prior written authorization. All data transmitted to the Platform will be used and kept in confidence in accordance with IQVIA’s privacy and data security policy, available at www.iqvia.com. Licensee shall, and bears sole responsibility to, ensure that it has all necessary authority, consent, and agreement to provide any data Licensee enters into the Platform. IQVIA has entered into an agreement containing sub-business associate terms and data use agreement terms with Customer, as applicable. Except as described in this Agreement, each party hereto will keep confidential any information obtained from the other party in connection with this Agreement, unless the disclosure of the information is required by applicable law. In addition to the limitations and restrictions set forth herein, Licensee may not, (a) decompile, disassemble or reverse engineer the Service or its components in whole or in part, (b) use, copy, distribute or modify any of its components, including any code which necessitates or solicits agreement to this Agreement before use of the Platform or (c) export the Platform in violation of any law or regulation, including without limitation the U.S. Department of Commerce Export Administration regulations. No transfer and/or sublicensing of the Service to other individuals or organizations is prohibited. Any unauthorized use of the Platform by Licensee or any unauthorized use of the Platform allowed by Licensee shall constitute fraud, theft of the Platform and breach of this Agreement.

3. Additional Services. From time to time IQVIA may provide certain implementation and consulting services to Licensee relating to the Platform, the scope and assumptions of which services shall be outlined in a separate written agreement, which agreement shall be governed by the terms and conditions of this Agreement.

4. Risk Allocation: Dispute Resolution. Licensee agrees to defend, indemnify and hold IQVIA, its officers, directors and employees harmless from and against any and all claims, actions, damages, demands, penalties, losses, liabilities, costs regulatory investigations settlements, fines, penalties and expenses (including attorneys’ fees) arising out of or related to, Licensee’s willful misconduct, negligence, and/or breach of its obligations under this Agreement, provided that IQVIA provides Licensee with prompt written notice of any such claim, reasonable assistance in defending such claim, and control to Licensee sole control of the defense and settlement of such claim, except that in no event shall Licensee agree to any defense or settlement that imposes any liability, damages, or admission of guilt or wrongdoing on IQVIA without IQVIA’s prior written consent. The laws of the State of North Carolina shall govern this Agreement, without giving effect to the conflict of laws principles thereof, unless the law governing the formation of the Licensee forbids it from agreeing to be bound by those laws. The venue of any dispute arising under this Agreement shall be in the city of Raleigh, in the State of North Carolina, United States of America. EXCEPT AS OTHERWISE PROVIDED HEREIN, LICENSEE ACKNOWLEDGES AND AGREES THAT IQVIA PROVIDES THE PLATFORM AND ALL SERVICES ON AN
Logging In

Users are listed on an unclassified list published by the United States Government. Licensee’s right to access and use the Platform is personal to Licensee and is non-transferable or assignable to any other person or entity without IQVA’s prior written authorization. All data transmitted to the Platform will be used and kept in confidence in accordance with IQVA’s privacy and data security policy, available at www.iqva.com. Licensee shall, and bears sole responsibility to, ensure that it has all necessary authority, consent, and agreement to provide any data Licensee enters into the Platform. IQVA has entered into an agreement containing sub-business associate terms and data use agreement terms with Customer, as applicable. Except as described in this Agreement, each party hereto will keep confidential any information obtained from the other party in connection with this Agreement, unless the disclosure of the information is required by applicable law. In addition to the limitations and restrictions set forth herein, Licensee may not: (a) decompile, disassemble, reverse engineer, disassemble, or otherwise attempt to discover the Service or its components in whole or in part; (b) defeat, disable, or circumvent any protection mechanism related to the Platform or its components, including any code which establishes or solicits agreement to this Agreement before use of the Platform; or (c) export the Platform in violation of any law or regulation, including without limitation the U.S. Department of Commerce Export Administration regulations. False, transfer, and/or sublease of the Service to other individuals or organizations is prohibited. Any unauthorized use of the Platform by Licensee or any unauthorized use of the Platform allowed by Licensee shall constitute fraud, theft of the Platform and breach of this Agreement.

3. Additional Services. From time to time IQVA may provide certain implementation and consulting services to Licensee relating to the Platform, the scope and assumptions of which services shall be outlined in a separate written agreement, which agreement shall be governed by the terms and conditions of this Agreement.

4. Risk Allocation; Dispute Resolution. Licensee agrees to defend, indemnify and hold IQVA, its officers, directors, employees and agents, harmless from and against any and all claims, actions, damages, demands, liabilities, costs, regulatory investigations, settlements, fines, penalties and expenses (including attorneys’ fees) arising out of or related to, Licensee’s willful misconduct, negligence, and/or breach of its obligations under this Agreement, provided that IQVA provides Licensee with prompt written notice of any such claim, reasonable assistance in defending such claim, and cedes to Licensee sole control of the defense and settlement of such claim, except that no event shall Licensee agree to any defense or settlement that imposes any liability, damages, or admission of guilt or wrongdoing on IQVA without IQVA’s prior written consent. The laws of the State of North Carolina shall govern this Agreement, without giving effect to the conflict of laws principles thereof, unless the laws governing the formation of the Licensee forbids it from agreeing to be bound by those laws. The venue of any dispute arising under this Agreement shall be in the city of Raleigh, in the State of North Carolina, United States of America. EXCEPT AS OTHERWISE PROVIDED HEREIN, LICENSEE ACKNOWLEDGES AND AGREES THAT IQVA PROVIDES THE PLATFORM AND ALL SERVICES ON AN “AS IS” BASIS WITH NO WARRANTIES, EXPRESS OR IMPLIED, IN NO EVENT SHALL EITHER PARTY BE LIABLE HEREUNDER FOR LOSS OF PROFITS, CONSEQUENTIAL, INCIDENTAL, INDIRECT, SPECIAL, PUNITIVE OR EXEMPLARY DAMAGES AND IN NO EVENT WILL IQVA’S COLLECTIVE LIABILITY HEREUNDER (INCLUDING WITHOUT LIMITATION, CONTRACT, NEGLIGENCE AND TORT LIABILITY) EXCEED ONE THOUSAND DOLLARS ($1,000) USD, PROVIDED HOWEVER THAT THE FOREGOING LIMITATION WILL NOT APPLY TO ANY INDEMNIFICATION OBLIGATIONS HEREUNDER.

5. Miscellaneous. No oral modification or waiver of any provisions of this Agreement shall be binding on either party hereto. Neither party will be liable for any failure or delay in performance due to acts of force majeure, including without limitation, any governmental acts, acts of God, war or civil unrest, acts or omissions of third parties, failures of the Internet, equipment or power interruption, or other circumstance beyond that party’s reasonable control. This Agreement may be executed by electronic means and in counterparts, each of which is deemed an original, but all of which together are deemed to be one and the same agreement. Any provision of this Agreement is invalid, illegal, or unenforceable in any jurisdiction, such invalidity, illegality, or unenforceability shall not affect any other term of this Agreement or invalidate or render unenforceable such term or provision in any other jurisdiction. This Agreement (and the documents referenced herein or documents otherwise agreed to by the parties as being incorporated into this Agreement) represents the entire understanding between the parties regarding Licensee’s access and use of the Platform. It supersedes, and its terms govern, all prior proposals, agreements, or other communications between the parties, oral or written, regarding such subject matter. There are no intended third party beneficiaries to this Agreement. Without in any way limiting the foregoing, it is the parties’ specific intent that nothing contained in this Agreement gives rise to any right or cause of action, contractual or otherwise, in or on behalf of any individuals whose Protected Health Information or Limited Data Set is Used or Disclosed pursuant to this Agreement.

By clicking “I Agree” below, Licensee hereby agrees to all of the above terms and conditions.
Logging In

Set up your Password Challenge Questions!

These enable you to reset your password in the future without contacting the Help Desk.
Logging In

Community Page

Get Started

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<th>Reports</th>
<th>Library</th>
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<tbody>
<tr>
<td>Ambulatory Quality Registry</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Navigation Tips

1. Submit recognition data in "Program Forms"
2. View helpful user guides and resources in the "Library"
3. Identify your site’s characteristics for benchmarking against peers in "Form Management"
4. Visualization results, historic trends, and benchmarks in "Operational Reports"
See tips on navigating here
Submit data in “Program Forms”
Add Site Characteristics in “Form Management” to benchmark your organization against similar organizations.
View reports in “Operational Reports”
Access data submission and measure guidance in the “Library”
View additional resources such as:
- Data Collection Worksheets
- Quick User Guides
- FAQs
- Measure Specifications
Submitting Data – Program Forms

Submit data in “Program Forms”
Submitting Data – Program Forms

“Add New” next to the desired program to start your 2020 data submission

NOTE: You will only be able to see forms for programs for which your organization is registered.
Submitting Data – Program Forms

Type “2020” into the Reporting Year field
2021 Recognition = 2020 Reporting Year

Hit “Submit”
Submitting Target: BP Data – Form Entry

Once data entry is complete, please check the “Data Entry Complete” box and click the Save & Exit button above to complete your data submission.

Tips to Ensure Data Entry is Complete:
- All questions in all tabs must be answered.
- Leave no fields blank - For data questions, if the answer is zero enter “0”. For attestation questions if you don’t know, select “Not sure”.
- The auto-sum of patients in each payer group/summarized patient total must match the total adult (18-85 years) patient population entered in Question 3 (Q3).
- The auto-sum of data entered in all “Patients X-Y years of age” tabs (Overall Total 18-85 years of age) must match the total adult (18-85 years) patient population entered in Question 3 (Q3).

Q4 and Q5 align with the denominator and numerator of the Controlling High Blood Pressure measure (MIPS#236). This measure is widely implemented in various Center for Medicaid and Medicare Services (CMS) and private payer reporting programs. You can also use NQF 0018 measure logic. While they may differ slightly, the use of either measure specification is acceptable.

Measure Description: Controlling High Blood Pressure measure (MIPS#236).
Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose most recent blood pressure was adequately controlled.
The first two questions are NEW.

Responses must be “Yes” on both for award eligibility.
Question 3 asks for your total adult patients. Be sure you have access to payor data and demographic data for this total.
All programs contain a similar question asking for a patient breakdown by payor group.
### Q3. What is the total number of patients 18-85 years of age in the Healthcare Organization, regardless of diagnosis?

**DENOMINATOR**

Q4. What is the number of patients 18-85 years of age who had a visit (in-office or telehealth encounter) and a diagnosis of essential hypertension overlapping (prior to or during) the measurement period?

Q4. Note: Exclude patients in hospice, OR with ESRD, dialysis, renal transplant before or during the measurement period or pregnancy during the measurement period. OR patients ages 66 or older who meet any of the following criteria – are in institutional Special Needs Plans (SNP) for 90+ days OR have an encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior OR an encounter for frailty during the measurement period and either an acute inpatient encounter with advanced illness diagnosis or a clinic/patient observation, ED, or nonacute inpatient encounters on different dates with an advanced illness diagnosis during the measurement period or the year prior.

**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 most recent BP is under control, < 140/90 mmHg?

Q6. Did your numerator data include digitally transmitted blood pressure readings from a patient’s remote monitoring device?  
- [ ] Yes  
- [ ] No  
- [ ] Not Sure

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

Q8. How many of your total adult (18-85 years) patient population are primarily attributed to the following payor groups:

<table>
<thead>
<tr>
<th>Payor Group</th>
<th>Total Patient Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare</td>
<td>11759</td>
</tr>
<tr>
<td>Medicaid</td>
<td>9451</td>
</tr>
<tr>
<td>Private Health Insurance</td>
<td>12087</td>
</tr>
<tr>
<td>Other Public</td>
<td>1236</td>
</tr>
<tr>
<td>Uninsured / Self-Pay</td>
<td>2511</td>
</tr>
<tr>
<td>Other / Unknown</td>
<td>21</td>
</tr>
<tr>
<td><strong>Summation: Total Patient Count</strong></td>
<td><strong>37155</strong></td>
</tr>
</tbody>
</table>

Your answer to Question 3 (total adult patients) **MUST EQUAL** the auto-total of your patient totals by payor.
Submitting Target: BP Data – Tab Navigation

Move to the next tab “BP Measurement Activities”

Save your work
Submitting Target: BP Data – BP Measurement Activities

Move to the next tab “BP Measurement Activities”

Attestation questions related to 6 evidence-based BP activities for Silver and Gold+
• We highly recommend using the Data Collection Worksheet for guidance on how to respond to each of the questions related to evidence-based BP activities. [link]

• To receive any award, all questions need to be answered.
  – You can enter “Not sure” on the single-select questions & “0” on the validation question.
After completing the BP Activities questions, move to the next tab: “Patients 18-44 years of age”
Enter your TOTAL patients broken down by race/ethnicity and gender in the tabs for each age range.
Add zeroes where you have no patients.

<table>
<thead>
<tr>
<th>Patients 75-85 years of age - Unknown</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Female</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patients 75-85 years of age - Subtotal</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Total 18-85 years of age</td>
<td>0</td>
</tr>
</tbody>
</table>
When all tabs are completed, a total auto-populates. This total must equal your response to Question 3.
### Question 3

Q1. Does your organization diagnose and manage patients with hypertension, including prescribing and managing medications?

- **Yes**
- **No**

Q2. I am a designated representative of my organization and certify that the following attestations are accurate to the best of my knowledge:

Q3. What is the total number of patients 18-85 years of age in the Healthcare Organization, regardless of diagnosis?

- **37155**

---

The auto-summed “Overall Total of 18-85 years of age” must MATCH your answer to Question 3.
Submitting Target: BP Data – Data Entry Complete

Once data entry is complete, please check the “Data Entry Complete” box and click the Save & Exit button above to complete your data submission.

Check the Data Entry Complete checkbox when finished.
Submitting Data – CCC Cholesterol & TT2D

The submission process is the same for Check. Change. Control. Cholesterol and Target: Type 2 Diabetes.

“Add New” next to the desired program to start your 2020 data submission.
Two tabs of data to complete
Answering “Yes” to Question 9 in CCC Cholesterol and Question 10 in Target: Type 2 Diabetes is required to be eligible for recognition.

**CCC Cholesterol:** “My organization is committed to continuously improving data use and data capture of ASCVD Risk Estimations in our workflows and EHR Systems.”

**Target: Type 2 Diabetes:** “My organization is committed to continuously improving strategies for addressing CVD risk in patients with Type 2 diabetes.”
Pause for questions

Type your questions in the chat!
Other Platform Features

Benchmarking and More
Site Characteristics Form

• Make sure to fill out your Site Characteristics form.
  – This provides additional benchmarking functionality in reports.

Add Site Characteristics for benchmarking in “Form Management”
Click on “Facility Forms”
Add new Site Characteristics here.
Click on “Facility Forms” here for additional benchmarking capability.

*Highly encouraged*
View reports in “Operational Reports”
Operational Reports

• You can access reports in the platform that visually show:
  – % of patients meeting the measure criteria
  – Your year-over-year data (if prior years’ data are entered)
  – How your HCO compares to all HCOs who entered data
  – How your HCO compares to similar HCOs*
    o *This requires filling out your Site Characteristics first

• Reports take 2 hours to refresh after data is updated.
Operational Reports – Example (Target: BP)
### Operational Reports - Example (Target: BP)

**Target: BP Report (NQF18/MIPS #236)**

Percentage of patients 18 to 85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90 mmHg) during the measurement year.

#### Reporting Period
- [x] 2018
- [ ] 2019

#### Select Benchmark
- [x] My Healthcare Organization
- [ ] All Healthcare Organizations

#### Performance Rate Graph
- **2018**
  - **My Healthcare Organization**: 46.7%
  - **All Healthcare Organizations**: 46.7%
- **2019**
  - **My Healthcare Organization**: 72.8%
  - **All Healthcare Organizations**: 67.6%

#### Benchmark Table

<table>
<thead>
<tr>
<th>Benchmark</th>
<th>Time Period</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Performance Rate</th>
<th>Estimated Patients with Hypertension</th>
<th>96% confidence interval range</th>
</tr>
</thead>
<tbody>
<tr>
<td>My Healthcare Organization</td>
<td>2018</td>
<td>8,993</td>
<td>19,255</td>
<td>46.7%</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td></td>
<td>2019</td>
<td>17,455</td>
<td>23,991</td>
<td>72.8%</td>
<td>10,141</td>
<td>18,042 - 18,239</td>
</tr>
<tr>
<td>All Healthcare Organizations</td>
<td>2018</td>
<td>8,182,673</td>
<td>9,158,061</td>
<td>67.5%</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td></td>
<td>2019</td>
<td>115,049</td>
<td>147,908</td>
<td>77.8%</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>
2021 Data Submission

Conclusion
Top Takeaways for 2021 Recognition

1. **Deadline to enter & save final data for recognition:**
   Friday, May 28th, 2021 at 11:59 PM ET

2. Enter and save data as early as you’re able.

3. Register for additional programs in the combined registration form:
   [heart.org/RegisterMyOutpatientOrg](http://heart.org/RegisterMyOutpatientOrg)

4. To help prepare for data submission, utilize the tools found at:
   - [https://targetbp.org/recognition-program/](https://targetbp.org/recognition-program/)
   - [http://www.heart.org/changecholesterol](http://www.heart.org/changecholesterol)
   - [https://knowdiabetesbyheart.org/quality](https://knowdiabetesbyheart.org/quality)
   - The data platform “Library”

5. Rely on your local AHA/AMA directors for resources, recognition submission, system and benchmark setup, and improvement support. We’re here to help!
General questions: bit.ly/AQContactUs

Password resets, new user accounts, etc. @ IQVIA Support Help Desk

- InfosarioOutcomeSupport@quintiles.com
- 888-526-6700
QUESTIONS?
Please provide your feedback in the post-webinar survey.

THANK YOU!
Together, we can reduce the number of Americans who have heart attacks and strokes.
APPENDIX
Questions 1-3

Q3 = Total Population = 10

Q4 = Patients with Hypertension = 5

Q5 = Patients with Controlled Hypertension = 3
Controlling High BP Measure (MIPS #236)

Percentage of patients 18 - 85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (< 140/90) mmHg at the most recent visit during the measurement period

Key Criteria

- **Question 3:** Enter total adult patient population (ages 18-85): include only those patients with an office or eligible telehealth visit in 2020
- **Question 4 (Denominator):** Enter total hypertensive population: *limited to patients with a diagnosis on or prior to 12/31/20 with at least one office visit in 2020*
  - Exclude patients: in hospice, OR with ESRD, dialysis, renal transplant before or during the measurement period or pregnancy during the measurement period, OR patients ages 66 or older who meet any of the following criteria – are in Institutional Special Needs Plans (SNP) for 90+ days OR have an encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior OR an encounter for frailty during the measurement period and either an acute inpatient encounter with advanced illness diagnosis or two outpatient, observation, ED, or nonacute inpatient encounters on different dates with an advanced illness diagnosis during the measurement period or the year prior.
Question 5 (Numerator): Enter controlled hypertensive population: patients in the denominator with a blood pressure <140/90 mmHg at their most recent 2020 office visit

• If multiple blood pressures were taken on the same visit, use the lowest systolic and lowest diastolic BP on that date as the representative BP.

• Guidance on readings from a remote BP monitor: Readings from a patient’s remote BP monitoring device are acceptable only if:
  • The device is automated and has memory to store date stamped readings AND EITHER
    1) Provider sees the date-stamped BP readings directly on the device during a video telehealth visit and documents the most recent readings in the EHR with date(s) measured. Patient-reported readings (via audio, paper, or video) do not count.
    OR
    2) Digitally stored BPs from a device are transmitted electronically (via Internet, Bluetooth or SMS) to the provider. Electronic transmission includes direct transmission of device data or mobile apps generating secure email (PDF or Excel file) or text message. Patient must not have the ability to alter BP data.
Developed by Million Hearts®, the prevalence estimator tool estimates the expected hypertensive patient population based on an organization’s adult patient population, stratified by age, race/ethnicity and gender for four age groups: 18-44; 45-64; 65-74; 75-85.

### Hypertension Prevalence Estimator

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Race/Ethnicity</th>
<th>Number of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-44</td>
<td>Non-Hispanic White</td>
<td></td>
</tr>
<tr>
<td>18-44</td>
<td>Non-Hispanic Black</td>
<td></td>
</tr>
<tr>
<td>18-44</td>
<td>Hispanic</td>
<td></td>
</tr>
<tr>
<td>18-44</td>
<td>American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Islander, and all others</td>
<td></td>
</tr>
<tr>
<td>18-44</td>
<td>Unknown</td>
<td></td>
</tr>
</tbody>
</table>

*If some, or all of your patient population does not fit into the defined race/ethnicity categories, please place these patients in the “Unknown” category for each age group and gender.
The prevalence estimator is a nationally represented distribution of patients with expected hypertension, therefore your results may not align with the expected numbers.

<table>
<thead>
<tr>
<th>Prevalence Estimator Results</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of patients</td>
<td>13450</td>
</tr>
<tr>
<td>Expected patients with HTN</td>
<td>2730</td>
</tr>
<tr>
<td>95% confidence interval range</td>
<td>2696 - 2764</td>
</tr>
<tr>
<td>Q2) Total adult (18-85 years) patient population that has been diagnosed with hypertension ≥ 140/90</td>
<td>1500</td>
</tr>
</tbody>
</table>

If your rate of HTN is lower than the expected patients with HTN, then you may be missing patients at risk, missing data documenting their condition, or have other causes requiring further study.

If your rate of HTN is higher than the expected patients with HTN, you may have a different patient mix than the national distribution (e.g., older population).
Include all patients who are:

1. Aged ≥ 21 years at the beginning of the measurement period with clinical ASCVD diagnosis

2. Aged ≥ 21 years at the beginning of the measurement period who have ever had a fasting or direct laboratory result of LDL-C ≥ 190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial or pure hypercholesterolemia

3. Aged 40 to 75 years at the beginning of the measurement period with Type 1 or Type 2 diabetes and with an LDL-C result of 70–189 mg/dL recorded as the highest fasting or direct laboratory test result in the measurement year or during the two years prior to the beginning of the measurement period.
Patients 18-75 years of age with diabetes (diagnosed during the measurement period) who had hemoglobin A1c > 9.0% during the measurement period

- **NOTE:** This measure tracks negative results. Unlike other measures, you want a low percentage of your patients with diabetes to meet this measure’s criteria.

**DENOMINATOR:** Enter patients 18-75 years of age who had an office visit in 2019 and have been diagnosed during the measurement period.

- Exclude patients who have been provided hospice services in 2019

**NUMERATOR:** Enter patients whose most recent HbA1c level (performed in 2019) is >9.0%
Regional Benchmarks:
- Creates 1 bar in the report with aggregate of all data for those within the group
- There is no listing of who is included in the cohort (blinded, aggregate)
- Must have at least 3 sites to display.

Uses:
- Those who need an aggregate benchmark for sites in a specific group or cohort
- collaborative, region, etc.

System Level Reports:
- Creates special report with all sites side-by-side within the system.
- Unblinded bar for each facility
- Also creates an overall system level benchmark

Uses:
- Health Systems with 1 data submitter for multiple sites who ALSO want side by side reports of all sites
- Collaboratives of sites that share data or may want to bulk upload many data points
Advanced Reporting Example (By Request)

Operational Reports
Target: BP Report (NGF18/MIPS #238)

Configurable Report  Predefined Report

Reporting Period
☑ 2018
☑ 2017
☑ 2016

Select Health System/Benchmark
Type to search in list
☐ All Healthcare Organization(Benchmark)
☐ AQ Demo System
☐ AQ Demo 1
☐ AQ Demo 2
☐ AQ Demo 3

Target: BP Report (NGF18/MIPS #238)
Percentage of patients 18 to 85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90 mmHg) during the measurement year.

Performance Rate

Health System
All Healthcare Organizations
AQ Demo System

Facility
All Healthcare Organization(Benchmark)
AQ Demo System

Time Period
2016
2017
2018

Total Adult Population
14,247,555
22,234,158
21,122,138

Numerator
23,000
22,500
21,800

Denominator
5,756,192
9,462
9,900

Performance Rate
52.4%
55.1%
55.1%

Expected patients with hypertension
NA
NA
NA
System Reporting (By Request)