American Heart Association®
Target: Type 2 Diabetes℠

2024 DATA COLLECTION WORKSHEET

FOR TARGET: TYPE 2 DIABETES AWARD ACHIEVEMENT

INSTRUCTIONS

Enter your health care organization's adult patient data to prepare for the formal data submission process. Use only numbers when entering data into the data submission platform. (No commas or decimals).

The deadline to submit 2023 data for 2024 recognition is May 17, 2024, 11:59 p.m. ET. Data submission deadlines are firm to ensure fair opportunities for all submitters. Early submission is highly encouraged to ensure the deadline is met.

All data must be submitted using our data submission platform (**https://aha.infosarioregistry.com**) by the deadline to be eligible for recognition. Completing this worksheet does not constitute data submission. For any questions, contact your local AHA staff member or reach out at **bit.ly/AQContactUs**.

NOTE: *These data are based on NQF 0059, eCQM CMS#122v11 or MIPS #001, Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%) patient population. You must complete Q1-Q14 and either option 1 or option 2 (Q15-Q16 or Q17-Q18) in the online data submission platform.*

ALL FIELDS ARE REQUIRED

The 2024 recognition cycle is based on the performance period of the 2023 calendar year (1/1/2023-12/31/2023).

1. **Does your organization diagnose and manage adult patients with diabetes, including prescribing and managing medications?**
   Only organizations directly diagnosing and managing diabetes are eligible for awards as of 2021. A "yes" response is required for award eligibility.
   ☐ Yes ☐ No

2. **I am a designated representative of my organization and certify that the following attestations are accurate to the best of my knowledge.**
   A "yes" response is required for award eligibility.
   ☐ Yes ☐ No

3. **What is the total number of adult patients (≥18 years of age) for the health care organization, regardless of diagnosis? Patients must have had at least one 2023 visit (in-office or telehealth encounter). *Exclude acute care visits.***
   You will be asked to break down this total by primary payor and race/ethnicity in subsequent questions. These questions are the same in Target: BP and Check. Change. Control. Cholesterol.
   _____

4. **How many providers are in the health care organization?**
   Include all physicians, nurse practitioners, and physician assistants.
   _____

5. **How many of your total adult patient population (≥18 years of age) self-identify as the following race and ethnicity (based on Table 3B of the HRSA Uniform Data System Reporting Requirements for 2023 Health Center Data)?**
   Sum must equal total patient count in question 3.

RACE	NON-HISPANIC, LATINO/A, OR SPANISH ORIGIN *(Total Patients – Ages 18+)*	HISPANIC, LATINO/A, OR SPANISH ORIGIN *(Total Patients – Ages 18+)*
Asian		
Native Hawaiian		
Other Pacific Islander		
Black/African American		
American Indian or Alaska Native		
White		
More than one race		
Unreported/Unknown Race — *(Ethnicity is known to be Hispanic, Latino/a, or Spanish origin but Race is unknown)*		
Unreported/Unknown Ethnicity — *(Race Known [Any], but unknown if Hispanic, Latino/a, or Spanish origin)*		
Unreported or Unknown Race & Ethnicity		
Subtotals*	**Total Non-Hispanic or Latinx Patients:**	**Total Hispanic or Latinx Patients:**
Total Patients* (Must equal Question 3 response)		

**NOTE: The totals for your patient population will auto-populate in the data submission platform.*

6. How many of your total adult patients (≥18 years of age) are primarily attributed to the following payor groups? *Sum must equal total patient count in question 3*

See additional guidance in the Payor Group Guidance section.

_____ Medicare _____ Medicaid _____ Private Health Insurance

_____ Other Public _____ Uninsured/Self-Pay _____ Other/Unknown

CLINICAL PRACTICES QUESTIONS

Questions 7-12 are meant to serve as an assessment of your organization's practices for diabetes care, particularly assessing and managing risk for cardiovascular disease (CVD), use of guideline-based medical therapies, and preventing chronic kidney disease (CKD). If you are unable to answer a particular question, please check with clinical staff familiar with these areas. A "yes" response is required on question 12 for award eligibility.

You must respond to each question to be eligible for an award, but your responses do not affect your award status. These questions are intended to help support your improvement and inform future educational resources for program participants.

For FAQs and additional resources, please visit the **Resources Page online here**.

NOTE:* ***Please consider the organizational area your data submission represents. *For example, if the facility name in the data platform is ABC Health System – North Clinic, and the other data submitted are specific to this facility, please answer the below questions with only North Clinic in mind. However, if you are submitting data on behalf of the entirety of ABC Health System, please answer the below questions with the whole of ABC Health System in mind, to the best of your ability.*

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

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

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

- ☐ Comprehensive lifestyle modification recommendations
- ☐ Diabetes self-management education and support
- ☐ Use of guideline-based treatment algorithms (such as the ADA Standards of Care treatment algorithm or ACC/AHA treatment of T2DM for primary prevention of CVD algorithm) by providers and care teams
- ☐ None of the above
- ☐ I don't know / I'm not sure
- ☐ Use of ACC/AHA ASCVD Risk Calculator for CVD risk-based treatment decisions related hypertension and lipid management in patients with type 2 diabetes
- ☐ Use of guideline-based pharmacologic therapy inclusive of cardio protective antihyperglycemic agents, such as SGLT-2 inhibitors and GLP-1 receptor agonists
- ☐ We don't operationalize a specific treatment plan for patients with type 2 diabetes.

Guideline-Based Pharmacologic Therapy

Comprehensive Management of Cardiovascular Risk Factors for Adults With Type 2 Diabetes: A Scientific Statement From the American Heart Association includes a wide variety of therapies available based on each patient's history, conditions, and risk as part of patient-centered care. Therapies include antihypertensives, lipid-lowering therapies, and an angiotensin system inhibitor such as an ACE (angiotensin-converting enzyme) inhibitor, ARB (angiotensin receptor blockers), or ARNI (angiotensin receptor-neprilysin inhibitor) as well as classes of antihyperglycemic agents with cardio protective properties such as SGLT-2 (sodium glucose cotransporter 2) inhibitors and GLP-1 (glucagon-like peptide-1) receptor agonists.

9a-9f. Please indicate where the following therapies are being prescribed for patients with type 2 diabetes, to the best of your knowledge.

9a. Within my organization, angiotensin system blockers (ACE inhibitor, ARB, or ARNI) are typically prescribed for patients with type 2 diabetes in: *Select all that apply:*

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

9b. Within my organization, other antihypertensive medications such as beta-blockers or diuretics (NOT including angiotensin system blockers mentioned in Question 9a) are typically prescribed for patients with type 2 diabetes in: *Select all that apply:*

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

9c. Within my organization, lipid-lowering therapies, including statins or non-statin alternatives, are typically prescribed for patients with type 2 diabetes in: *Select all that apply:*

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

9d. Within my organization, Dipeptidyl Peptidase-4 (DPP4) inhibitors are typically prescribed for patients with type 2 diabetes in: *Select all that apply:*

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

9e. Within my organization, GLP-1 receptor agonists are typically prescribed for patients with type 2 diabetes in: *Select all that apply:*

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

9f. Within my organization, SGLT-2 inhibitors are typically prescribed for patients with type 2 diabetes in: *Select all that apply:*

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

10. What barriers does your organization experience related to initiation of guideline-directed medical therapy for cardio protective antihyperglycemic agents, such as SGLT-2 inhibitors and GLP-1 receptor agonists, for patients with type 2 diabetes? *Select all that apply:*

- ☐ System-based barriers such as formulary or prior authorization limitations

  NOTE: *Selecting this option will prompt an additional question, shown below in red.*

  Please select the factors that impact accessibility of cardio protective antihyperglycemic agents:

  - ☐ Medications not on formulary
  - ☐ Limited resources to assist with prior authorization
  - ☐ Other factors
- ☐ Limited clinician awareness of the guideline-directed medical therapies or their application
- ☐ Clinicians unsure who is the primary lead in prescribing cardio protective antihyperglycemic agents, i.e., whether to refer to specialty provider for prescribing
- ☐ Prescriber reluctance to modify or add to patients' medications
- ☐ Lack of access to specialist for referral
- ☐ Patient reluctance, such as concerns about adverse effects or negative perception of pharmacotherapy in general
- ☐ Cost/affordability concerns expressed by patients
- ☐ Other circumstantial barriers for patients, such as lack of transportation, lack of pharmacy access, homelessness, etc.
- ☐ Other barriers not listed
- ☐ No barriers
- ☐ I don't know / I'm not sure

Kidney Health

Cardiorenal Protection With the Newer Antidiabetic Agents in Patients with Diabetes and Chronic Kidney Disease: A Scientific Statement From the American Heart Association states that chronic kidney disease in patients with type 2 diabetes accounts for most patients with end-stage renal disease in the United States and worldwide. Regularly evaluating and addressing kidney health for patients with diabetes is critical to halt the progression to end-stage renal disease, improve patients' quality-of-life, and reduce the strain on healthcare resources.

11. Does your organization routinely evaluate kidney health for patients with type 2 diabetes? *Select one option.*

☐ Yes ☐ No ☐ I'm not sure

If "Yes" is selected, please select your processes for evaluating kidney health for patients with diabetes:

- ☐ Assessment of estimated glomerular filtration rate (eGFR) at least once per year, per patient
- ☐ Assessment of estimated glomerular filtration rate (eGFR) less frequently than once per year per patient (such as once every 2 years)
- ☐ Assessment of urine albumin-creatinine ratio (uACR) at least once per year, per patient
- ☐ Assessment of urine albumin-creatinine ratio (uACR) less frequently than once per year per patient (such as once every 2 years)
- ☐ Assessment of kidney health using some other metric
- ☐ We do not have a process to evaluate kidney health in patients with diabetes
- ☐ I don't know / I'm not sure

12. My organization is committed to continuously improving strategies for addressing CVD risk in patients with type 2 diabetes.

☐ Yes ☐ No

A yes response is required for award eligibility.

MEASURE SUBMISSION – NUMERATOR/DENOMINATOR DATA

You must complete questions 13 and 14 **and** either option 1 or option 2 in the online data submission platform.

MIPS #001 – Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)

13. DENOMINATOR: Using MIPS #001 criteria, what is the number of adult patients (18-75 years of age) who had a visit during 2023 and have a diagnosis of diabetes? _____

14. NUMERATOR: Using MIPS #001 criteria, of the patients with diabetes and a 2023 visit (from Q13), what is the number of patients whose most recent HbA1c level (performed during 2023) is > 9.0% or who had no HbA1c level performed in 2023? _____

CARDIOVASCULAR DISEASE-RELATED MEASURES

Must complete at least 1 option to be eligible for recognition

OPTION 1: MIPS Measure #438: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease

NOTE: *The Statin Therapy Denominator / Numerator questions below are identical to Questions 11 & 12 on the Check. Change. Control. Cholesterol data collection worksheet.*

15. **DENOMINATOR:** All patients who meet one or more of the criteria below would be considered at high risk for cardiovascular events under the ACC/AHA guidelines. When reporting this measure, determine if the patient meets denominator eligibility in order of each risk category *(i.e. Does the patient meet criteria #1? If not, do they meet criteria #2? If not, do they meet criteria #3?)*.

Identify the number of patients in EACH of the below risk groups. What is the sum of patients in all three risk groups? *Avoid double-counting patients who fall into more than one risk group.*

_____

NOTE:

- All three risk groups must be factored into the final denominator.
- You must use the MIPS #438 measure criteria as specified – using a different measure, using a custom definition of at-risk patients, or pulling in only patients with ASCVD is NOT acceptable for award eligibility.

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

-OR-

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

-OR-

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

16. **NUMERATOR:** Using MIPS #438 criteria, of the patients given in Question 15, how many were prescribed or were actively using statins at any point during 2023? _____

-OR-

OPTION 2: MIPS Measure #236: Controlling High Blood Pressure

NOTE: *The Controlling High Blood Pressure Denominator / Numerator questions below are identical to Questions 4 & 5 on the Target: BP data collection worksheet.*

17. **DENOMINATOR:** Using MIPS #236 criteria, what is the number of patients 18-85 years of age who had a 2023 visit (in-office or qualifying telehealth encounter) and a diagnosis of essential hypertension starting before and continuing into, or starting during, the first six months of the measurement period (measurement period = January 1 – December 31, 2023)? _____

18. **NUMERATOR:** Using MIPS #236 criteria, of the patients qualifying for the denominator (from Q17), what is the number of patients 18-85 years of age whose BP from their most recent 2023 visit is adequately controlled (systolic BP >0 mmHg and <140 mmHg, and diastolic BP >0 mmHg and <90 mmHg)? _____

PAYOR GROUP GUIDANCE

For question 6, all patients ≥18 years of age for the Total Population reported in question 3 should be grouped by their primary health care payor at the time of their last visit.

Medicaid – Report patients ages 18+ covered by state-run Medicaid programs, including those known by state names (e.g. MassHealth). Report patients covered by Medicaid and Medicare (dual eligible) with Medicare as a primary insurer.

Medicare – Report patients ages 18+ covered by federal Medicare programs. Report patients covered by Medicaid and Medicare (dual eligible) with Medicare as a primary insurer.

Private Insurance – Report patients ages 18+ covered by commercial or private insurers. This includes employer-based insurance and insurance purchased through federal and state exchanges unless part of state Medicare exchanges.

> ***NOTE:*** *For Federally Qualified Health Centers (FQHCs) reporting to the Uniform Data System (UDS): Insurance purchased for public employees or retirees, such as TRICARE or the Federal Employees Benefits Program, may be grouped with "Private Health Insurance" (as reported in UDS), or as "Other Public".*

Other Public – Report patients ages 18+ covered by programs such as state health plans, Department of Veterans Affairs, Department of Defense, Department of Corrections, Indian Health Services Plans, Title V, Ryan White Act, Migrant Health Program, other public insurance programs, and insurance purchased for public employees or retirees, such as TRICARE.

> ***NOTE:*** *For Federally Qualified Health Centers (FQHCs) reporting to the Uniform Data System (UDS): Insurance purchased for public employees or retirees, such as TRICARE or the Federal Employees Benefits Program, may be grouped with "Private Health Insurance" (as reported in UDS), or as "Other Public".*

Uninsured/Self-Pay - Report patients ages 18+ who did not have medical insurance at the time of their last visit. This may include patients whose visit was paid for by a third-party source that was not an insurance provider.

Other / Unknown - Report patients ages 18+ where the payment source is not documented or unable to be determined, or the payment source does not coincide with one of the above options.

UNIFORM DATA SYSTEM (UDS) ALIGNMENT

For Federally Qualified Health Centers (FQHCs) reporting to the Uniform Data System (UDS):
The table below outlines alignment with the "**Uniform Data System Reporting Instructions for 2023 Health Center Data**" manual for "Table 4: Selected Patient Characteristics."

PROGRAM PAYOR GROUP	UDS TABLE 4 ALIGNED ROWS
Medicare	**Row 9** *(ages 18+)*
Medicaid	**Row 8** *(8a and 8b - ages 18+ only)*
Private Health Insurance	**Row 11** *(ages 18+)*
Other Public	**Row 10** *(10a and 10b - ages 18+ only)*
Uninsured/Self-Pay	**Row 7** *(ages 18+)*
Other / Unknown	--

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