



American Heart Association®

Target: Type 2 DiabetesSM

2025 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 2024 data for 2025 recognition is May 16, 2025, 11:59 p.m. ET. Data submission deadlines are firm to safeguard fair opportunities for all submitters. Early submission is highly encouraged to allow time for resolving any issues and to ensure the deadline is met.

All data must be submitted using our data submission platform (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#122v12 or MIPS #001, Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%) patient population. You must complete Q1-Q16 and either option 1 or option 2 (Q17-18 or Q19-20) in the online data submission platform.

ALL FIELDS ARE REQUIRED

The 2025 recognition cycle is based on the performance period of the 2024 calendar year (1/1/2024-12/31/2024).

- 1. Does your organization diagnose and manage adult patients with diabetes, including prescribing and managing medications?** Yes No

Only organizations directly diagnosing and managing diabetes are eligible for awards as of 2021. A "yes" response is required for award eligibility.
- 2. I am a designated representative of my organization and certify that the following attestations are accurate to the best of my knowledge.** Yes No

A "yes" response is required for award eligibility.
- 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 2024 visit (in-office or telehealth encounter). Exclude acute care visits.** _____

This answer should represent all adult patients that could be considered for management of diabetes during their visit. 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 clinicians, physicians, nurse practitioners, and physician assistants.
- 5. How many people 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 2024 Health Center Data](#))?**

Sum must equal total patient count in question 3.

(Questions continue on the next page.)

RACE	NON-HISPANIC, LATINO/A, OR SPANISH ORIGIN <i>(Total Patients – Ages 18+)</i>	HISPANIC, LATINO/A, OR SPANISH ORIGIN <i>(Total Patients – Ages 18+)</i>
Asian		
Native Hawaiian		
Other Pacific Islander		
Black/African American		
American Indian or Alaska Native		
White		
More than one race		
Unreported/Unknown Race — <i>(Ethnicity is known to be Hispanic, Latino/a, or Spanish origin but Race is unknown)</i>		
Unreported/Unknown Ethnicity — <i>(Race Known [Any], but unknown if Hispanic, Latino/a, or Spanish origin)</i>		
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.

- | | | |
|-----------------------------------|---|---|
| <input type="text"/> Medicare | <input type="text"/> Medicaid | <input type="text"/> Private Health Insurance |
| <input type="text"/> Other Public | <input type="text"/> Uninsured/Self-Pay | <input type="text"/> Other/Unknown |

CLINICAL PRACTICES QUESTIONS

Questions 7-13 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 13 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.

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

(Questions continue on the next page.)

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
- Use of [Pooled Cohort Equations CV Risk Calculator](#) for CVD risk-based treatment decisions related hypertension and lipid management in patients with type 2 diabetes
- Use of [AHA Predicting Risk of cardiovascular disease EVENTS \(PREVENT™\) calculator](#) for primary prevention patients (without ASCVD or HF) to assess 10- or 30-year CVD risk
- 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.
- None of the above
- I don't know / I'm not sure

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.

9. The American Heart Association launched a new tool in November 2023 to predict a person's long-term risk of cardiovascular disease. [The Predicting Risk of cardiovascular disease EVENTS \(PREVENT™\) calculator](#) aims to help clinicians implement risk assessment for cardiovascular disease and facilitate clinician-patient discussion to optimize prevention for cardiovascular disease, including ASCVD and heart failure. This tool factors in kidney disease and metabolic disease, including Type 2 diabetes and obesity, as well as indicators of social deprivation. Please describe your organization's familiarity and use of the PREVENT calculator:

- My organization currently utilizes the PREVENT calculator and automatically collects the results and calculates the risk scores in a discrete field in our EHR.
- My organization currently utilizes the PREVENT calculator and requires the clinicians to manually insert data for risk score calculations.
- Some clinicians in my organization use the PREVENT tool as a standalone tool, but it is not integrated into the EHR.
- The clinicians at my organization are familiar with the PREVENT calculator but have not yet utilized the tool.
- My organization is currently unfamiliar with the PREVENT calculator.
- I am not sure.

Resource: [Development and Validation of the American Heart Association's PREVENT Equations](#)

10a-10f. Please indicate where the following therapies are being prescribed for patients with type 2 diabetes, to the best of your knowledge.

10a. 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

(Questions continue on the next page.)

10b. Within my organization, other antihypertensive medications such as beta-blockers or diuretics (NOT including angiotensin system blockers mentioned in Question 10a) 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

10c. 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

10d. 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

10e. 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

10f. 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

(Questions continue on the next page.)

11. 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
 - 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
- 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

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.

12. 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 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
- 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

13. 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.

(Questions continue on the next page.)

QUALITY IMPROVEMENT ACTIVITIES

The American Heart Association wants to learn more about your efforts to improve quality of health care delivery in your organization during the last year. This information helps us understand trends in health care quality improvement and design programs that meet our participants' needs. Please review the following question and choose any that may apply.

14. Which quality improvement (QI) activities for diabetes management has your health care organization engaged in during the last year?

(Select all that apply) Note: Your response will not affect award status

- | | |
|--|--|
| <input type="checkbox"/> Target: Type 2 Diabetes or Know Diabetes by Heart self-guided QI resources (Ex. PDFs, Videos) | <input type="checkbox"/> Third-party QI consulting services (Ex. Quality Improvement Organization (QIO)) |
| <input type="checkbox"/> Target: Type 2 Diabetes activities with a local AHA representative | <input type="checkbox"/> Internal QI activities (led by your own organization) |
| <input type="checkbox"/> AHA National QI collaborative (Ex. Diabetes Control Accelerator) | <input type="checkbox"/> None / I am not sure |
| <input type="checkbox"/> State or Regional Level Learning Collaboratives | <input type="checkbox"/> Other(s) – Include details below (optional): |
-

MEASURE SUBMISSION – NUMERATOR/DENOMINATOR DATA

You must complete questions 15 and 16 and either option 1 or option 2 in the online data submission platform.

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

NOTE: This is an inverse measure. A smaller numerator relative to your denominator indicates better patient outcomes.

15. DENOMINATOR: Using MIPS #001 criteria, what is the number of adult patients (18–75 years of age) who had a visit during 2024 and have a diagnosis of diabetes? _____

15a. Please provide context on why your organization has ≤10 adult patients meeting the denominator criteria and, if applicable, why your overall patient population may be small. Examples may include unique characteristics of your patient demographics or location. (500-character limit). Note: Q15a is a conditional question based on your answer to Q15. You may not be prompted to answer in the data platform, but 15a is REQUIRED if your answer to Q15 is 10 or fewer.

16. NUMERATOR: Using MIPS #001 criteria, of the patients with diabetes and a 2024 visit (from Q15), what is the number of patients whose most recent HbA1c level (performed during 2024) is > 9.0% or who had no HbA1c level performed in 2024? _____

(See Option 1 and 2 on the following pages.)

CARDIOVASCULAR DISEASE-RELATED MEASURES

Organizations must complete at least 1 option to be eligible for an achievement award.

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 13 & 14 on the Check. Change. Control. Cholesterol data collection worksheet.

- 17. 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 four risk groups? Avoid double-counting patients who fall into more than one risk group.

NOTE:

- All four 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 to 75 years who have ever had a laboratory result of low-density lipoprotein cholesterol (LDL-C) \geq 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

- OR -

4. Patients aged 40 to 75 years at the beginning of the performance period with a 10-year ASCVD risk score of \geq 20%

- 18. NUMERATOR:** Using MIPS #438 criteria, of the patients given in Question 17, how many were prescribed or were actively using statins at any point during 2024?

- OR -

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

NOTE: The Statin Therapy Denominator / Numerator questions below are identical to Questions 4 & 5 on the Target: BP data collection worksheet. Do NOT narrow measure to only patients with diabetes.

- 19. DENOMINATOR:** Using MIPS #236 criteria, what is the number of patients 18-85 years of age who had a 2024 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, 2024)?

- 20. NUMERATOR:** Using MIPS #236 criteria, of the patients qualifying for the denominator (from Q19), what is the number of patients 18-85 years of age whose BP from their most recent 2024 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 2024 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	--

heart.org/TargetType2DiabetesOutpatient