



American Heart Association®

# Outpace CVD

The American Heart Association’s Outpace CVD™ suite offers technology solutions and quality improvement support for healthcare organizations participating in AHA programs and partnered initiatives as they target cardiovascular disease. We support and recognize your organization’s commitment to improving patient outcomes.

## Navigating the Data Platform Guide

This guide provides an overview on how to navigate the various functions of the data platform ([aha.infosarioregistry.com](http://aha.infosarioregistry.com)): from gaining access and setting up your details, to submitting data for achievement awards as part of our outpatient initiatives, to making the most of the available operational reports in your quality improvement journey.

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## Section 1: Getting Started

### Quick Guide – Where to Start

What best describes you/your organization?	We suggest getting started by...
<p><b><u>My organization is brand new</u></b> to the outpatient programs and structured initiatives Target: BP™, Check. Change. Control. Cholesterol, and Target: Type 2 Diabetes.</p>	<p>Navigate to the <a href="http://www.heart.org/RegisterMyOutpatientOrg">Ambulatory Quality Improvement registration form</a> (<a href="http://www.heart.org/RegisterMyOutpatientOrg">www.heart.org/RegisterMyOutpatientOrg</a>).</p> <p>Follow the instructions within the registration form to select the initiatives in which you would like to participate and complete the form with your Health Care Organization’s details.</p> <p>If you’d like to submit data for multiple individual sites (≥5) through our CSV uploader feature, register your individual sites via the <a href="#">Multi-Site registration form</a>.</p>
<p>My organization has participated in the past, but <b><u>I am new</u></b> to the process and do not have a user account.</p>	<p>Submit a request in our <a href="#">Contact Us</a> form. Please do not submit the registration form again to help us reduce duplicates.</p>
<p>My organization has participated in the past and now <b><u>wants to register for an additional program</u></b>.</p>	<p>Fully complete the <a href="#">Ambulatory Quality Improvement registration form</a> and request access to that new initiative.</p>
<p>My organization has registered and <b><u>I now want to set up my site characteristics so</u></b> I will be able to see how my organization compares to others in my area and of my organization type.</p>	<p>Read through <a href="#">Section 2: Setting Up Site Characteristics</a>.</p>
<p><b><u>My organization is ready to submit data</u></b>.</p>	<p>Read through <a href="#">Section 3: Submitting Data</a> for an overview on submitting data.</p> <p>Please note that data submission for an achievement award takes place between January and May (deadline TBA) of every year. Additional resources will be available to support that year’s specific data requirements.</p>
<p>My organization has submitted data and wants to <b><u>see how our organization has changed over time and compares to others</u></b> in my area and of my organization type.</p>	<p>Read through <a href="#">Section 4: Operational Reports</a>.</p>

### Gaining Access

After you [register online](#), a facility profile will be created for your health care organization. A user account will be created in the data submission platform for new participants within 3 business days. Check your spam/junk filters for your log-in credentials. If you have no credentials after 3 business days, [contact us](#). Please note that multiple users can have access to the same facility profile.

### Logging In

You will log in at [aha.infosarioregistry.com/login](http://aha.infosarioregistry.com/login).

If it’s your first-time logging in, you will be prompted to choose a new password. The registry’s License and Use Agreement appears next. Click “Agree” to proceed.

You will be asked to set up "Password Challenge" questions to assist with future password resets. We highly encourage completing these, and you can update them at any time under My Account.

Users with access to only one health care organization facility will be brought directly to your [Community Page](#) from the login page. If a user has access to submit data for more than one organization, the user will be prompted to select one organization at a time for which they can make updates, submit data, and access operational reports.

After selecting the specific organization, the user will be directed to that organization's community page. To navigate to a different organization's page, click "Switch Current View". If you have access to submit data for multiple sites via the "Upload" feature, navigate to the profile labeled "(Health System Profile)".

**Toggle between different HCO views**

Select a view

- Ambulatory Quality Registry
- AQ Demo 1 -- AQDEMO1
- AQ Demo 2 -- AQDEMO2
- AQ Demo 3 -- AQDEMO3
- AQ Demo 4 -- AQDEMO4
- AQ Demo Facility 5 -- AQDEMO5

**Select the organization you want to view (if you have access to multiple)**

Currently Viewing

Ambulatory Quality Registry  
AQ Demo Facility 5 -- AQDEMO5

Switch Current View

## Trouble Logging In?

- **Forgot your username or password?** Please follow the "Forgot password?" instructions at the log-in landing page. For additional help, see the [troubleshooting](#) page.
- **Locked out of your account?** Reach out to the platform Help Desk ([InfosarioOutcomeSupport@Quintiles.com](mailto:InfosarioOutcomeSupport@Quintiles.com) or 888-526-6700) or submit a [Contact Us](#) request. You can also reach out directly to your local AHA field staff member to submit a ticket on your behalf.

## Community Page & Navigation Bar

### The Community Page

The screenshot displays the 'Community Page' interface. On the left is a dark navigation sidebar with sections: 'Welcome', 'Currently Viewing' (Ambulatory Quality Registry), 'DASHBOARD', 'Community Page', 'PLATFORM' (Program Forms, Form Management), 'Notifications' (16), 'ANALYTICS' (Operational Reports), 'RESOURCES' (Library), and 'ACCOUNT' (My Account, Log out). The main content area includes a 'Get Started' section with links for Program Forms, Reports, and Library. A 'Navigation Tips' box provides instructions on data submission and benchmarking. Below is a 'STATISTIC' table and three performance charts for Blood Pressure Control, Cholesterol, and Diabetes.

STATISTIC	2020	2021	2022	2023
Last Refreshed: 03/27/2024				
Blood Pressure Control				
% BP Controlled	73%	73%	72%	
Population Count	37155	37155	36248	
Cholesterol				
% Appropriate Statin Therapy	65%	0%		
Population Count	37155	37155	1	
Diabetes				
Diabetes Poor Control (A1c > 9%)	28%	28%		
Population Count	37155	37155		

**Blood Pressure Control Performance:**

Year	All Healthcare Organizations	My Healthcare Organization	OK
2021	69%	71%	73%
2022	71%	73%	70%
2023	71%	72%	71%

**Cholesterol Performance:**

Year	All Healthcare Organizations	My Healthcare Organization	OK
2021	68%	73%	69%
2022	73%	68%	83%
2023	77%	68%	76%




**Diabetes Performance:**

Year	All Healthcare Organizations	My Healthcare Organization	OK
2021	27%	28%	30%
2022	26%	28%	28%
2023	24%	20%	20%

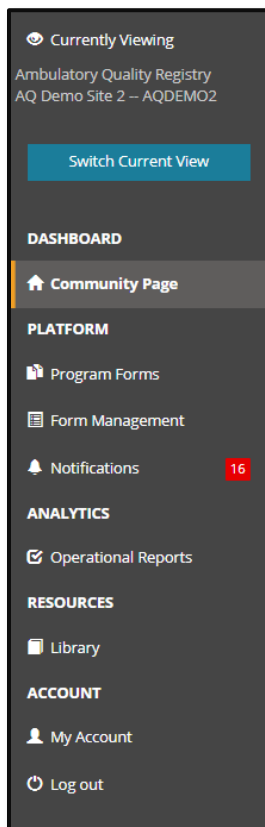
The Community Page is your homepage from which you can quickly find Navigation Tips on the top right, see snapshot reports of data submitted to Target: BP, Check. Change. Control. Cholesterol, and Target: Type 2 Diabetes, and navigate to frequently used sections from the lefthand navigation bar.

The **Navigation Tips** Box in the upper right corner is useful to get general knowledge on how to navigate through the registry platform

The **Get Started** Bar on the upper left of the community page has useful shortcuts which includes:

-  **Program Forms** icon takes you to all the programs the facility is registered with. Contains online forms for submitting aggregated data for recognition.
-  **Reports** icon takes to the Operational Reports section of the registry where the user can view measures and other reports for your organization.
-  **Library** icon will navigate you the page where the user can locate all registry resources (e.g. user guides, measure information, etc).

## Lefthand Navigation Bar – A Closer Look



The Health Care Organization (HCO) being viewed is located at the top of the panel. In this case, the view for “AQ Demo Site 2” is open. “AQDEMO2” is the **Facility ID** – normally this will be a 6-digit number.

**Switch Current View** – (When applicable) Allows user to toggle between other organizations for which they have user permissions. Can view and submit data for multiple organizations.

**Community Page** – Your health care organization home page. Quickly access frequently used sections.

**Program Forms** – Contains online forms for submitting data. You will need to enter data in Program Forms by the deadline to be eligible for an achievement award.

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

**Notifications** – View updates on recognition, updates to the platform, and other news.

**Operational Reports** – View health care organization and benchmarking data.

**Library** – Locate all resources related to the registry (e.g., data entry worksheets, user guides, measure information).

**My Account** – Manage your password and account security questions.

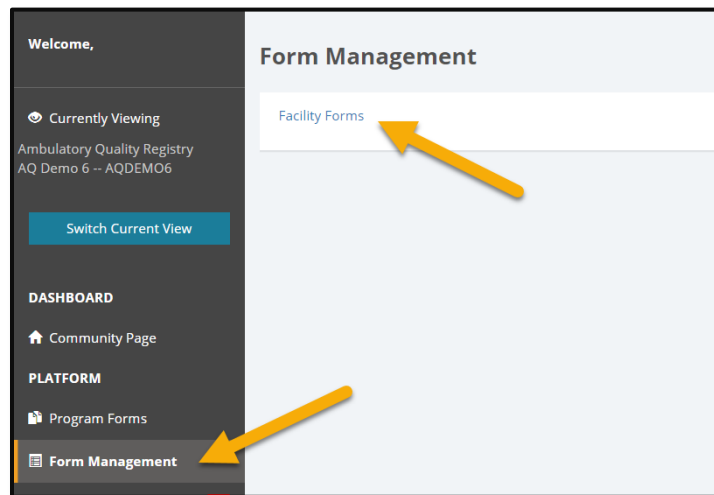
## Section 2: Setting Up Site Characteristics

An important step that will help you make the most out of the data platform is to set up your site characteristics. This will allow you to benchmark how your organization is doing compared to other sites of a similar type (ex. Rural, FQHC, Primary Care, etc.) While some benchmarking characteristics are automatically included, such as your state, others will only populate if this section is completed.

## Instructions to Set Up Site Characteristics:

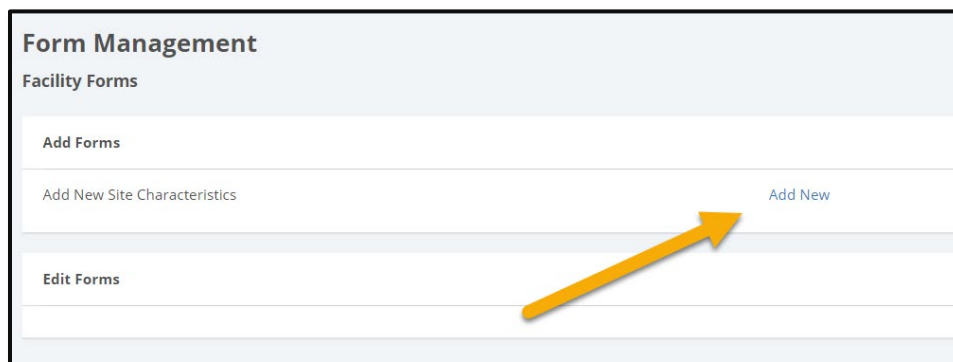
### STEP 1

Click on "Form Management" from the lefthand navigation bar. Then select "Facility Forms."



### STEP 2

Next, you will be prompted to Add New Site Characteristics. Click "Add New."



### STEP 3

Next, you can select your **Clinical Setting** choosing all that apply, your **Geographical Setting** choosing all that apply, your **Healthcare Organization Size** (adult patients), and your **Hypertensive Population** (adult patients).

The screenshot shows a form for adding new site characteristics. It includes the following fields and options:

- Clinical Setting (check all that apply):**
  - Federally Qualified Health Center and Look-Alikes
  - Community Health Center, Non-FQHC
  - Specialty
  - Multi-specialty
  - Primary Care
  - Residency Practice
- Geographical Setting (check all that apply to your location(s)):**
  - Rural
  - Suburban
  - Urban
- Healthcare Organization Size (adult patients):** 2500 - 9999 (Healthcare Organization Size)
- Hypertensive Population (adult patients):** <1000 (Hypertensive Population) (highlighted in the dropdown menu)

Buttons for 'Save', 'Save & Exit', and a checkmark icon are visible at the top right and bottom right of the form.

**STEP 4**

Finally, click "Save" or "Save & Exit."

The screenshot shows a web form with the following sections:

- Clinical Setting (check all that apply)**
  - Federally Qualified Health Center and Look-Alikes
  - Community Health Center, Non-FQHC
  - Specialty
  - Multi-specialty
  - Primary Care
  - Residency Practice
- Geographical Setting (check all that apply to your location(s))**
  - Rural
  - Suburban
  - Urban
- Healthcare Organization Size (adult patients)**
  - 2500 - 9999 (Healthcare Organization Size)
- Hypertensive Population (adult patients)**
  - 1000 - 9999 (Hypertensive Population)

Buttons for "Save" and "Save & Exit" are located in the top right and bottom right corners. Two yellow arrows indicate the flow from the top buttons to the bottom buttons.

This completes setting up your site characteristics.

### Section 3: Submitting Data

By navigating to the "Program Forms" page on the left, you'll be able to submit annual aggregate data for Target: BP, Check. Change. Control. Cholesterol, and Target: Type 2 Diabetes. This data populates the operational reports, which are detailed in Section 4. Submit your data by the May deadline to be eligible for an annual achievement award.

Before submitting data, we recommend visiting the "**Library**" page from the lefthand navigation bar to access current Data Collection Worksheets, Measure Specifications, and additional resources.

You also have the option to enter data from earlier years to enhance your reports. Please note, however, that we cannot provide official awards retroactively for these years. To complete earlier program forms, you may request the historical data collection worksheets through our [Contact Us](#) form.

#### Instructions to submit data:

**STEP 1**

Click on "**Program Forms**" from the lefthand navigation bar. There are two sections on the "**Program Forms**" page:

- **Add Forms** | This section lists the initiatives to which your HCO has access.
  - Select **Add New** to start a new data submission per initiative.
  - *Missing a program form?* Please submit the [registration form](#) for the new initiative. If you feel there is an error with your account, please [contact us](#).
- **Edit Forms** | Section to edit **existing** data forms.
  - Select an existing form's link to edit data from prior years or the current reporting year.

The screenshot shows the 'Program Forms' dashboard. On the left is a navigation sidebar with categories: Welcome, Currently Viewing (Ambulatory Quality Registry AQ Demo Site 2 -- AQDEMO2), Switch Current View, DASHBOARD (Community Page), PLATFORM (Program Forms, Form Management), Notifications (13), ANALYTICS (Operational Reports), RESOURCES (Library), and ACCOUNT (My Account). The main content area is divided into 'Add Forms' and 'Edit Forms' sections. The 'Add Forms' section lists 'Check. Change. Control. Cholesterol' and 'Target: Type 2 Diabetes' with 'Add New' links. The 'Edit Forms' section lists various 'Target: BP' and 'Check. Change. Control. Cholesterol' forms from 2018 to 2022, each with a 'View Audit Report' link. Three callout boxes with yellow borders and arrows point to: 1) 'Add New' links in the 'Add Forms' section, 2) the 'Program Forms' link in the sidebar, and 3) a 'View Audit Report' link in the 'Edit Forms' section.

**STEP 2** Review the existing forms (if any) under the **Edit Forms** section. Award eligibility is determined by data from the previous calendar year.

For example, 2024 award eligibility is based on 2023 data (1/1/2023 – 12/31/2023). Thus, award eligibility in 2024 uses program forms containing “2023.”

**To edit an existing form**, click on the link (ex: “Target: BP – 2022”) and skip to STEP 5 below for the chosen initiative.

**STEP 3** To add a new program form, under the Add Forms section, click “**Add New**” to the right of the desired initiative. Our example will use Target: Type 2 Diabetes.

This close-up shows the 'Add Forms' section of the dashboard. It lists 'Check. Change. Control. Cholesterol' and 'Target: BP'. Below these, 'Target: Type 2 Diabetes' is listed with three 'Add New' links to its right. A yellow arrow points from the 'Add New' link for 'Target: Type 2 Diabetes' towards the right.

**STEP 4** Enter the **Reporting Year** and click “**Submit.**” The Reporting Year refers to the year the data were collected. If selecting the year using the calendar icon, select any month and day within the Reporting Year.

This close-up shows the 'Reporting Year' input field. The field contains the year '2023' and a calendar icon. A yellow arrow points to the input field. Below the field are 'Cancel' and 'Submit' buttons. Another yellow arrow points down to the 'Submit' button.

## STEP 5

This will bring you to the first tab of the program form. Each program contains multiple tabs, which you can see on the right under "Tabs."

Welcome.

Currently Viewing  
Ambulatory Quality Registry  
AQ Demo Site 2 -- AQDEMO2

Switch Current View

DASHBOARD  
Community Page

PLATFORM  
Program Forms  
Form Management

ANALYTICS  
Operational Reports 16

RESOURCES

Participant Information

Reporting Year: 2023

Once data entry is complete on ALL TABS (located in the righthand "Tabs" panel), please check the "Data Entry Complete" box and click the Save & Exit button above. This constitutes completion of data submission – there is no formal "Submit" button.

Data Entry Complete

Target: Type 2 Diabetes Data Submission

Instructions for Data Submission  
The Target: Type 2 Diabetes program aims to reduce cardiovascular events and strokes in people living with type 2 diabetes.

Recognition data entry requires completion of Q1-Q14 AND either Q15/Q16 or Q17/Q18 by the deadline for award eligibility.

The Participant Information tab requires information on demographics. The Clinical Practices tab requires information on current clinical practices for caring for patients with diabetes.

In the Measure Submission tab (Q13 - Q18), participants will supply numerator and denominator values for select measures of patients seen in the 2023 calendar year.

Tabs are located in the right panel and can be expanded by clicking the blue icon with 4 lines in the top right of the data submission window. Additional resources for submission are located in the Library. You can also navigate using the "Next" and/or "Previous" buttons at the bottom of each page.

Participant Organizational Information

Q1. Does your organization diagnose and manage adult patients with diabetes, 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.  Yes  No

Save Save & Exit

Tabs

- Participant Information
- Clinical Practices
- Measure Submission

**Required fields on ALL tabs must be entered by the deadline to receive an achievement award.** You can navigate directly to each tab using "Tabs" section at the top right, or by clicking the "Next" and "Previous" buttons at the bottom of each page.

Other / Unknown: Total Patient Count

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

Note:  
To complete your data submission, navigate to the "Clinical Practices" tab and the "Measure Submission" tab, located in the righthand panel. The panel can be expanded by clicking the blue icon with 4 lines in the top right of the data submission window, or you can click the "Next" button below to continue.

Previous Save Save & Exit Next

Additional step-by-step guides for each program are updated annually, outlining common questions and errors. Please check the "Library" section for the latest resources or [Contact Us](#) for support.

## STEP 6

When all data are entered, check the "Data Entry Complete" checkbox and click the **Save & Exit** button at the top of the page to finalize your submission.

Participant Information

Reporting Year: 2023

Once data entry is complete on ALL TABS (located in the righthand "Tabs" panel), please check the "Data Entry Complete" box and click the Save & Exit button above. This constitutes completion of data submission – there is no formal "Submit" button.

Data Entry Complete

Target: Type 2 Diabetes Data Submission

Instructions for Data Submission  
The Target: Type 2 Diabetes program aims to reduce cardiovascular events and strokes in people living with type 2 diabetes.

Recognition data entry requires completion of Q1-Q14 AND either Q15/Q16 or Q17/Q18 by the deadline for award eligibility.

The Participant Information tab requires information on demographics. The Clinical Practices tab requires information on current clinical practices for caring for patients with diabetes.

Save Save & Exit



**NOTE:** If this checkbox cannot be populated, it means your data is incomplete and you may not be eligible for recognition. Please review all tabs and ensure no fields are left unanswered before exiting.

Remember, you can return at any time to edit your data but it must be complete by the May deadline to be considered for an achievement award.

## Section 4: Operational Reports

### About the Operational Reports

Under “**Operational Reports**” you will find four reports that will populate with visualizations on your organization’s performance and benchmarks after you have entered data. Please note that reports may take 1–2 hours to update after data is entered. **Target: BP, Check. Change. Control. Cholesterol,** and **Target: Type 2 Diabetes** each have a report focusing on the measure data submitted (MIPS #236, MIPS #438, and MIPS #001). **Target: BP** also has a report that focuses on the achievement of Evidence-Based BP Activities allowing you to track your pillar attestations year over year.

The screenshot shows a section titled "Self-Reported Measures" with a dropdown arrow. It lists four reports:

- Target: BP Report (NQF18/MIPS#236)**  
This report displays the 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.
- Target: BP Evidence-Based Activities Report**  
This report displays the number of evidence-based activities attested to in each of five categories (Measure Accurately, Act Rapidly, Partner with Patients, Self-Measured Blood Pressure [SMBP], and Equitable Health Outcomes) during the measurement year.
- Check. Change. Control. Cholesterol Report (MIPS#438)**  
This report displays the percentage of patients with appropriate Statin Therapy for the Prevention and Treatment of Cardiovascular Disease.
- Target: Type 2 Diabetes Report**  
This report displays measures relevant to participation in Target: Type 2 Diabetes including Diabetes Poor Control (NQF 0059/MIPS #001), controlling High Blood Pressure (NQF 0018/MIPS #236), and/or Statin Therapy (MIPS #438).

All reports offer the option of selecting different reporting parameters, and additional filters become available based on your [Site Characteristics](#) questionnaire under Form management.

### Instructions for Accessing Measure Reports

Below we will outline how to use one of the measure-based reports. This example will utilize the “Check. Change. Control. Cholesterol Report (MIPS#438).”

**STEP 1**

Click on “**Operational Reports**” from the lefthand navigation bar. Then select “**Check. Change. Control. Cholesterol Report (MIPS#438).**”

**STEP 2**

You will then be prompted to **set your parameters**. All reports are automatically set to “Reporting Period: Annually” as they all utilize annual aggregate data.

## Operational Reports

Check. Change. Control. Cholesterol Report (MIPS #438)

Configurable Report

Predefined Report

### Parameters

Reporting Period

Annually

From

2017

To

2023

Benchmarks:

My Healthcare Organization

All Healthcare Organizations

Federally Qualified Health Center and Look-Alikes

Primary Care

Urban

25,000 - 49,999 (Healthcare Organization Size)

10,000 - 24,999 (Hypertensive Population)

Save As

Apply Parameters

Clear Parameters

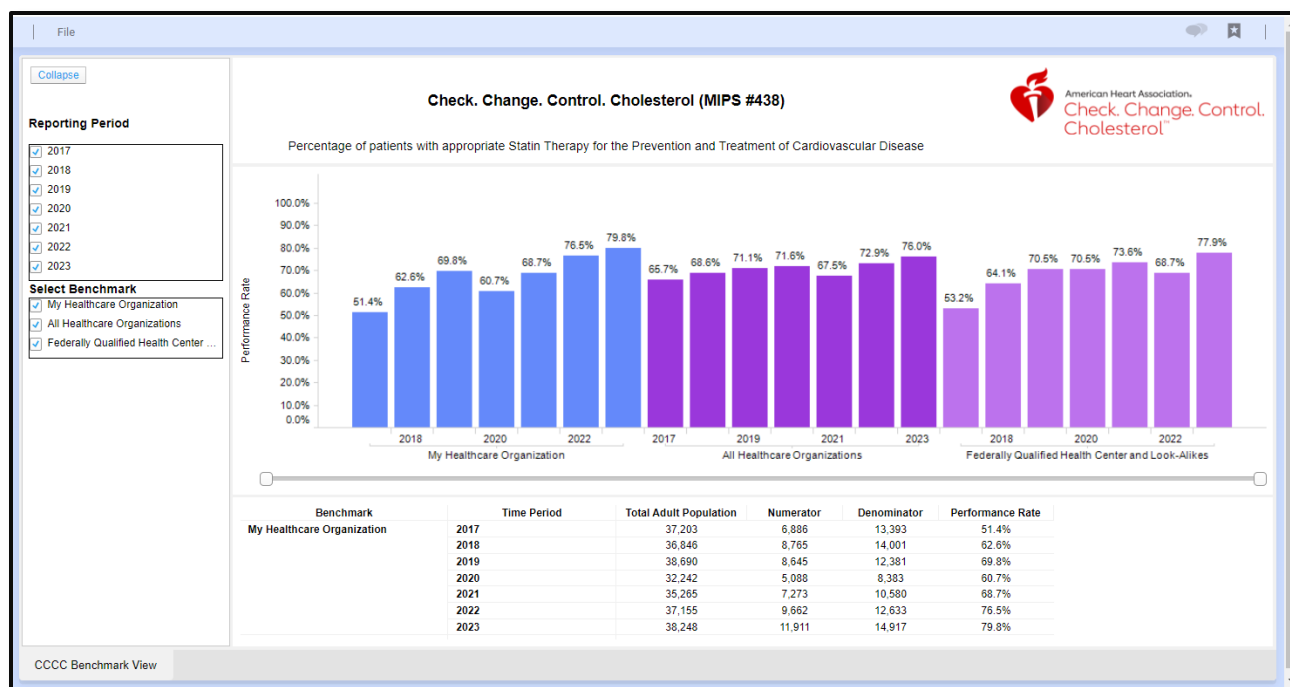
You will be able to customize:

- The **Reporting Period**, selecting which years to include, starting from the year the program or initiative was introduced.
  - Our example shows from 2017 to 2023.
- Which **Benchmarks** you would like included in the report. The list will reflect which Site Characteristics you have set up. "My Healthcare Organization" and "All Healthcare Organizations" will automatically be selected, but you can choose any/all from this list.
  - Our example shows "My Healthcare Organization," "All Healthcare Organizations," and "Federally Qualified Health Center and Look-Alikes."

After making your selections, click on "Apply Parameters" on the upper right corner of the report window.

### STEP 3

The report will now be generated for your review:

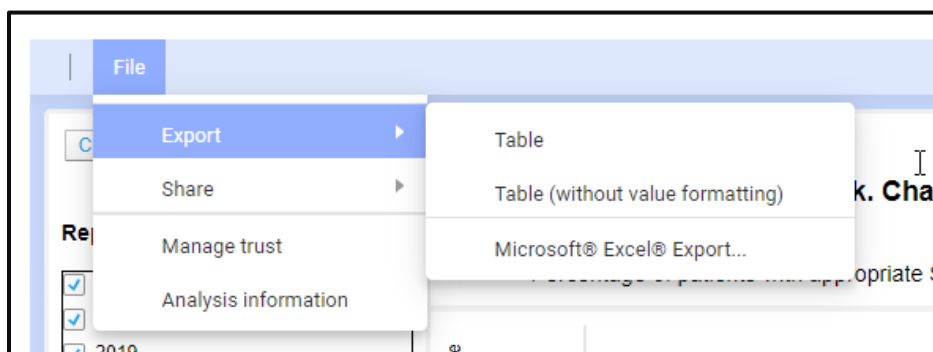


## TIPS FOR UTILIZING THE REPORT

- The **top pane** will show a bar chart reflecting the “Performance Rate” of the selected benchmarks.
  - To toggle your view to see a closer view of a particular benchmark or year, you can slide the square icons circled in red above left or right.
- The **bottom pane** will show a benchmark table.
  - You can click and drag the bar above the benchmark table, as indicated by the yellow arrow, for a larger view of the table.

Benchmark	Time Period	Total Adult Population	Numerator	Denominator	Performance Rate
My Healthcare Organization	2017	37,203	6,886	13,393	51.4%
	2018	36,846	8,765	14,001	62.6%
	2019	38,690	8,645	12,381	69.8%
	2020	32,242	5,088	8,383	60.7%
	2021	35,265	7,273	10,580	68.7%
	2022	37,155	9,662	12,633	76.5%
All Healthcare Organizations	2017	38,248	11,911	14,917	79.8%
	2018	2,705,241	234,446	356,755	65.7%
	2019	7,663,843	852,515	1,242,054	68.6%
	2020	13,592,421	1,601,943	2,251,920	71.1%
	2021	12,179,435	1,316,015	1,837,220	71.6%
	2022	10,081,515	1,368,891	2,026,705	67.5%
Federally Qualified Health Center and Look-Alikes	2022	13,306,892	2,160,152	2,962,335	72.9%
	2023	16,009,967	2,630,885	3,462,623	76.0%
	2017	151,575	12,120	22,785	53.2%
	2018	403,584	24,252	37,848	64.1%
	2019	804,125	85,694	121,474	70.5%
	2020	873,617	91,404	129,633	70.5%
2021	1,003,841	111,198	151,047	73.6%	

- Within the table, you will also be able to scroll up or down to view more information.
- In the **left pane**, you will be able to modify your Reporting Period and Selected Benchmarks in real time to adjust how your report is populated.
- To **download a copy of the report**, click on File at the upper left-hand corner of the reporting window, then export.



You will have the options of:

- **Table** – This will export the data only as a .csv file.
- **Table (without value formatting)** – This will also export the data as a .csv file, but will remove formatting (such as commas and percentages).
- **Microsoft Excel Export** – This will export the data as a .xlsx report with four sheets. You will navigate to the “**Benchmark Bar**” sheet tab to view the full bar chart, and to the “**Cross Table**” sheet tab to see the full benchmark table.

**NOTE:** These steps will be the same for both the “Target: BP Report (NQF18/MIPS#236)” and the “Target: Type 2 Diabetes Report” options under Operational Reports.

### Instructions for Accessing the Target: BP Evidence-Based BP Activities Report

Below we will outline how to use the “**Target: BP Evidence-Based Activities Report.**” This report displays the number of evidence-based activities attested to in each of five categories, or “pillars”, (Measure Accurately, Act Rapidly, Partner with Patients, Self-Measured Blood Pressure [SMBP], and Equitable Health Outcomes) during the measurement year.

To learn more about these questions, please visit our [Target: BP Evidence-Based Activities webpage.](#)

**STEP 1**

Click on **“Operational Reports”** from the lefthand navigation bar. Then select **“Target: BP Evidence-Based Activities Report.”**

**STEP 2**

You will then be prompted to **set your parameters**. All reports are automatically set to **“Reporting Period: Annually”** as they all utilize annual aggregate data.

**Parameters** Apply Parameters Clear Parameters

Reporting Period:

From:  To:

Measures:

- Target: BP Evidence-Based Activities Report
- Measure Accurately
- Act Rapidly
- Partner with Patients
- Self-Measured Blood Pressure
- Equitable Health Outcomes

Benchmarks:

- My Healthcare Organization
- All Healthcare Organizations
- South
- Oklahoma
- Urban
- 10,000 - 24,999 (Hypertensive Population)
- 25,000 - 49,999 (Healthcare Organization Size)
- Federally Qualified Health Center and Look-Alikes
- Primary Care

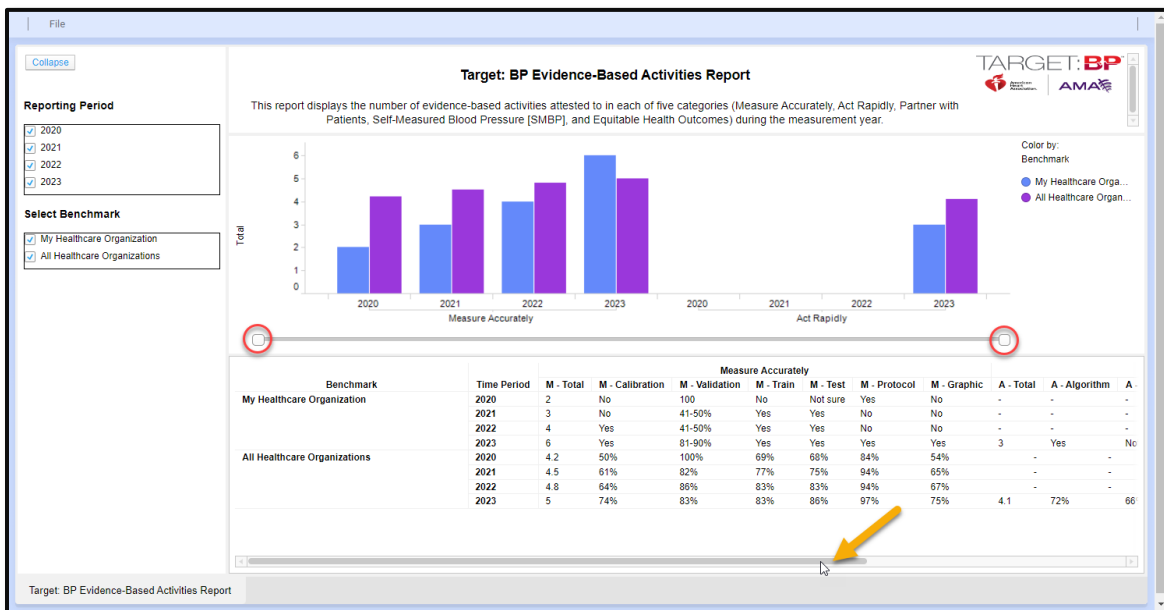
You will be able to customize:

- The **Reporting Period**, selecting which years to include, starting from 2020 which was the year the first **“Measure Accurately”** questions were introduced.
  - Our example shows from 2020 to 2023.
- Under **Measures** you can select which of the five pillars you would like to populate in the report.
  - Our example will focus on **“Measure Accurately”** and **“Act Rapidly.”**
- Which **Benchmarks** you would like included in the report. The list will reflect which Site Characteristics you have set up. **“My Healthcare Organization”** and **“All Healthcare Organizations”** will automatically be selected, but you can choose any/all from this list.
  - Our example will keep the automatic selections.

After making your selections, click on **“Apply Parameters”** on the upper right corner of the report window.

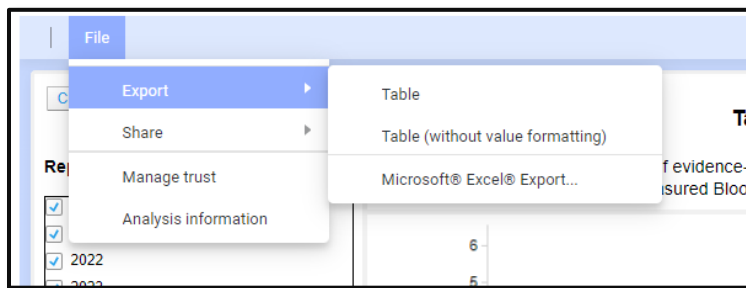
**STEP 3**

The report will now be generated for your review:



## TIPS FOR UTILIZING THE REPORT

- The **top pane** will show a bar chart reflecting the number of activities attested to within each pillar category (out of 6). This will show an exact representation for your organization and an average achievement for any benchmarks selected.
  - To toggle your view to see a closer view of a particular benchmark or year, you can slide the square icons circled in red above left or right.
- The **bottom pane** will show a benchmark table reflecting the total achieved in each category, along with the answers given for each specific question. See the [Table Glossary](#) below.
  - You can click and drag the bar below the benchmark table left and right, as indicated by the yellow arrow, to see further data.
- In the **left pane**, you will be able to modify your Reporting Period and Selected Benchmarks in real time to adjust how your report is populated.
- To **download a copy of the report**, click on File at the upper left-hand corner of the reporting window, then export.



You will have the options of:

- **Table** – This will export the data only as a .csv file.
- **Table (without value formatting)** – This will also export the data as a .csv file but will remove formatting (such as commas and percentages).
- **Microsoft Excel Export** – This will export the data as a .xlsx report with four sheets. You will navigate to the “**Evidence-Based Activities - Bar**” sheet tab to view the full bar chart, and to the “**Cross Table**” sheet tab to see the full benchmark table.

**NOTE:** The activities for Act Rapidly, Partner with Patients, Self-Measured Blood Pressure [SMBP], and Equitable Health Outcomes were added in the 2023 program forms and will only populate for years 2023 and later.

## Target: BP Evidence-Based Activities Report Table Glossary

Pillar Categories	Table Header & Abbreviated Attestation See full attestation language on our <a href="#">Target: BP Evidence-Based Activities webpage</a> .
<b>Measure Accurately ("M")</b>	<p><b>M - Calibration:</b> Calibrate devices per guideline</p> <p><b>M - Validation:</b> Check device validation</p> <p><b>M - Train:</b> Train team in BP measurement</p> <p><b>M - Test:</b> Test team in BP measurement</p> <p><b>M - Protocol:</b> Adopt protocol for repeat measurement</p> <p><b>M - Graphic:</b> Post infographic where BP is measured</p>
<b>Act Rapidly ("A")</b>	<p><b>A - Algorithm:</b> Adopt a treatment algorithm</p> <p><b>A - Monitor:</b> Monitor care team adherence to algorithm</p> <p><b>A - Specify Goal:</b> Specify a treatment goal of &lt;130 / 80 mm Hg*</p> <p><b>A - Intensify:</b> Intensify treatment if not at goal</p> <p><b>A - SPC / Other Rx:</b> Use single pill combos or other Rx adherence strategies</p> <p><b>A - Follow Up:</b> Follow-up within 1 month if not at goal <i>*for adults with confirmed hypertension and known CVD or 10-year ASCVD event risk of 10% or higher</i></p>
<b>Partner with Patients ("P")</b>	<p><b>P - Policy:</b> Adopt a modifiable lifestyle risk factor policy</p> <p><b>P - Monitor:</b> Monitor care team adherence to policy</p> <p><b>P - Assess (N, PA, W):</b> Assess modifiable lifestyle risk factors - nutrition, physical activity, weight</p> <p><b>P - Intervene (N, PA, W):</b> Intervene with modifiable lifestyle risk factors - nutrition, physical activity, weight</p> <p><b>P - Assess (Alc, Tob):</b> Assess modifiable lifestyle risk factors - alcohol and tobacco use</p> <p><b>P - Intervene (Alc, Tob):</b> Intervene with modifiable lifestyle risk factors - alcohol and tobacco use</p>
<b>Self-Measured Blood Pressure ("SMBP")</b>	<p><b>SMBP - Policy:</b> Adopt a policy to prepare patients for SMBP</p> <p><b>SMBP - Monitor:</b> Monitor care team adherence to policy</p> <p><b>SMBP - Train:</b> Train patients in measurement technique and device use</p> <p><b>SMBP - Schedule:</b> Establish a measurement schedule</p> <p><b>SMBP - Receive:</b> Receive and average readings to inform dx and tx decision</p> <p><b>SMBP - Threshold:</b> Use SMBP with 30 or 10% of patients with hypertension* <i>*whichever is larger</i></p>
<b>Equitable Health Outcomes ("EHO")</b>	<p><b>EHO - Policy (R/E):</b> Adopt a policy to gather race / ethnic data</p> <p><b>EHO - Policy (SDOH):</b> Adopt a policy to gather SDOH</p> <p><b>EHO - Train:</b> Train care team to gather data per policy</p> <p><b>EHO - Monitor:</b> Monitor care team adherence to policy(s)</p> <p><b>EHO - Stratify:</b> Stratify BP control rate data by 2 sub-groups</p> <p><b>EHO - Action:</b> Examine data for gaps and take action</p>

Learn More

# TARGET:BP™



A joint initiative of the AHA and the American Medical Association, with a deep focus on hypertension control and the AMA MAP™ framework.

Learn More at: [TargetBP.org](https://TargetBP.org)



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Focused on addressing high cholesterol through ASCVD risk assessment and appropriate therapies.

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*Please direct questions related to the data platform ([aha.infosarioregistry.com](https://aha.infosarioregistry.com)) to our [AQ Contact Us Form](#) or your local AHA representative.*