



American Heart Association®

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Cholesterol™

2023 RECOGNITION PROGRAM

DATA COLLECTION WORKSHEET

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 2022 data for 2023 recognition is May 19, 2023, 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 MIPS Measure #438: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease. Also, the AHA/ASA advocates use of ASCVD Risk Assessment tools which enable healthcare providers and patients to estimate 10-year and lifetime risk for atherosclerotic cardiovascular disease (ASCVD), or denote Very High-Risk Patients for secondary prevention. You will need to provide information regarding your organization’s current use of ASCVD Risk Assessment.*

ALL FIELDS ARE REQUIRED

The 2023 recognition cycle is based on the performance period of the 2022 calendar year (1/1/2022-12/31/2022).

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

Only organizations directly diagnosing and managing high cholesterol 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 2022 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 Target: Type 2 Diabetes.
- 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 2022 Health Center Data)?

Sum must equal total patient count in question 3.

Race	Non-Hispanic or Latinx <i>(Total Patients – Ages 18+)</i>	Hispanic or Latinx <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>(Known to be Hispanic or Latinx, Race Unknown)</i>		
Unreported/Unknown Ethnicity — <i>(Race Known [Any], Ethnicity Unknown)</i>		
Unreported or Unknown Race & Ethnicity		
Subtotals*		
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 page 5 for additional guidance on payor groups.

Medicare Medicaid Private Health Insurance
 Other Public Uninsured/Self-Pay Other/Unknown

7. Does your organization or its individual clinical providers consistently calculate ASCVD Risk? Yes No

If yes, where? My organization currently calculates ASCVD Risk Estimations in our EHR My organization relies on clinicians to calculate ASCVD Risk Estimation external to our EHR (our EHR does not have this functionality).

8. Does your organization or its individual clinical providers document the ASCVD Risk score? Yes No

If yes, where? My organization currently collects the results of ASCVD Risk Estimations in a discrete field in our EHR. My organization currently collects the results of ASCVD Risk Estimations in a notes field or other non-discrete field in our EHR (there is not a dedicated space in our EHR to capture this information).

9. The **2018 AHA/ACC Guideline on the Management of Blood Cholesterol** defines patients with existing clinical ASCVD as “very high-risk” of a future event if they have a history of multiple major ASCVD events or 1 major ASCVD event and multiple high-risk conditions.

Does your organization operationalize a specific treatment plan, such as use of a clinical decision support tool or workflow following the AHA/ACC guideline algorithm, for managing patients considered very high-risk for future ASCVD events? Yes No

If yes, does this treatment plan include: *(Select all that apply)*

- | | |
|---|--|
| <input type="checkbox"/> Detailed collection of past medical history including major ASCVD Events and High-Risk Conditions as defined in the 2018 AHA/ACC Guideline on the Management of Blood Cholesterol | <input type="checkbox"/> Supplying the AHA/ACC guideline algorithm for “ Secondary prevention in patients with clinical ASCVD ” to clinicians |
| <input type="checkbox"/> Protocol for follow-up with repeat lipid measurement 4-12 weeks after treatment initiation or referral to a specialist | <input type="checkbox"/> Educating care teams every 12 months about guideline-based management of very high-risk patients |
| <input type="checkbox"/> Using an EHR-based clinical decision support tool for intensifying statins or prescribing ezetimibe or PCSK9 therapy | <input type="checkbox"/> Standard protocol for clinician-patient shared decision making, including discussion of other possible risk factors, social needs, cost considerations, and lifestyle |

10. My organization is committed to continuously improving use and data capture of ASCVD Risk Estimations into our workflows and EHR systems. A “yes” response is required for award eligibility. Yes No

MEASURE SUBMISSION – NUMERATOR/DENOMINATOR DATA

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

11. **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.

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 fasting or direct laboratory result of 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

DENOMINATOR NOTE:

- **All three risk groups must be factored into the final denominator.** Minor adjustments have been made to the risk groups in 2022.
- 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.

12. NUMERATOR: Using MIPS #438 criteria, of the patients given in Question 11, how many were prescribed or were actively using statins at any point during 2022? _____

The following section is conditional based upon the answer you provided in question 11.
You may not be prompted to answer them all in the data platform.

13. Was the denominator (question 11) determined based on a subset or sample of patients in your organization? This question is REQUIRED if your denominator is less than 6% of your total adult population (i.e., Question 11 total is <6% of the Question 3 total). Yes No

[**Example:** If Question 11 = 50 patients and Question 3 = 1,000 patients, Question 13 is required for award eligibility.]

14. If yes on Question 13, please briefly describe your sampling method and reason for sampling. (500 character limit)

15. If no on Question 13, the denominator entered in question 11 may be considered low compared to your overall population in question 3. Check that your denominator includes ALL patients in ALL three risk groups, and all other measure logic is appropriately applied. If yes, please describe any unique characteristics of your patients or organization for consideration that might contribute to having a small number of patients at risk for ASCVD. (500 character limit)

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 2022 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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