![American Heart Association - Target: Type 2 Diabetes℠]

RESOURCE GUIDE:
CLINICAL PRACTICE QUESTIONS

This **Resource Guide** is intended as a supportive tool for answering the new and revised Clinical Practice Questions (Q7-Q11) included as part of the formal data submission process for 2023 Target: Type 2 Diabetes recognition. These questions 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).

These questions are required for recognition but do not affect award status. To see a full list of questions and find instructions for submitting data for recognition, please download the 2023 Target: Type 2 Diabetes Data Collection Worksheet.

CLINICAL PRACTICE QUESTIONS

- Protocols & Treatment Plans (Q7–Q8)
- Guideline-Based Pharmacologic Therapy (Q9 – Q10)
- Kidney Health (Q11)

Note:

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

PROTOCOLS & TREATMENT PLANS

Protocols & Treatment Plans (Target: Type 2 Diabetes Questions 7 & 8):

Q7. **Which of the following key characteristics do your clinical teams address for patients with type 2 diabetes as part of organizational standard protocols?** [1.1] *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 sureI don't know / I'm not sure

Q8. 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[1.2, 1.3, 5.1]

☐ Diabetes self-management education and support[2.1, 2.3]

☐ 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[2.2]

☐ Use of ACC/AHA ASCVD Risk Calculator[4] for CVD risk-based treatment decisions related hypertension and lipid management in patients with type 2 diabetes[2.4]

☐ Use of guideline-based pharmacologic therapy[3] inclusive of cardio/cardiorenal protective therapies, such as SGLT-2 inhibitors and GLP-1 receptor agonists[2.5]

☐ 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

RELEVANT RESOURCES: PROTOCOL & TREATMENT PLAN RESOURCES

1. **2019 ACC/AHA Guideline on the Primary Prevention of Cardiovascular Disease from the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines**

    1.1 | "Recommendation-Specific Supportive Text," e601-602

    1.2 | "Lifestyle Factors Affecting Cardiovascular Risk," e605

    1.3 | "Recommendation-Specific Supportive Text," e609

2. **Know Diabetes by Heart™ Resources**

    2.1 | ADA Living with Type 2 Diabetes Program

    2.2 | **Job Aid:** ADA Standards of Care and ACC/AHA Guidelines: Best Practices and Recommendations for CVD Prevention in Patients with T2D

    2.3 | **Job Aid:** Initiating DSMES Referrals at Critical Time (1-4)

    2.4 | **Job Aid:** Implementing the ASCVD Risk Calculator Within the Patient-Visiting Workflow

    2.5 | **Webinar:** Tough Cases: Achieving All "Targets"

3. **Pharmacologic Approaches to Glycemic Treatment: Standards of Medical Care in Diabetes—2022 from the American Diabetes Association**

    3.1 | Pharmacologic Therapy for Adults with Type 2 Diabetes, Table 9

4. **ACC/AHA ASCVD Risk Calculator**

5. **Comprehensive Management of Cardiovascular Risk Factors for Adults With Type 2 Diabetes: A Scientific Statement From the American Heart Association**

    5.1 | "Lifestyle Management," e724-726

6. **Standards of Medical Care in Diabetes—2022 Abridged for Primary Care Providers**

    6.1 | **Chapter 5:** "Facilitating Behavior Change and Well-Being to Improve Health Outcomes"

GUIDELINE-BASED PHARMACOLOGIC THERAPY

Guideline-Based Pharmacologic Therapy (Target: Type 2 Diabetes Questions 9 & 10):

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

Therapies:[7.1]

A. Angiotensin system blockers (ACE inhibitor, ARB, or ARNI)

B. Other antihypertensive medications such as beta-blockers, diuretics, etc. EXCEPT ACE/ARB/ARNI

C. Lipid-lowering therapies

D. Dipeptidyl Peptidase-4 (DPP4) inhibitors

E. GLP-1 receptor agonists

F. SGLT-2 inhibitors

Within my organization, [A-F individually], are 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/cardiorenal protective medications, 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/cardiorenal protective medications:

   ☐ 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/cardiorenal protective therapies, 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 [8.1]

☐ 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

RELEVANT RESOURCES: GUIDELINE-BASED PHARMACOLOGIC THERAPY

7. Comprehensive Management of Cardiovascular Risk Factors for Adults with Type 2 Diabetes: A Scientific Statement from the American Heart Association

   7.1 | Table 2, e729-731

8. Know Diabetes by Heart™ Resources

   8.1 | Job Aid: Implementing a Medication Adherence Program Targeting Patients with T2D at Risk for CVD

   8.2 | Job Aid: Treatment Algorithms for CVD Risk Management, Microvascular Complications and Foot Care and the Pharmacologic Approach to Glycemic Treatment

KIDNEY HEALTH

11. **Does your organization routinely evaluate kidney health for patients with type 2 diabetes?** *Select one option.* ☐ Yes ☐ No

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[10.1]

☐ 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[10.1]

☐ 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

RELEVANT RESOURCES: KIDNEY HEALTH

9. **Cardiorenal Protection with the Newer Antidiabetic Agents in Patients with Diabetes and Chronic Kidney Disease: A Scientific Statement from the American Heart Association**

10. **Chronic Kidney Disease and Risk Management: Standards of Medical Care in Diabetes—2022**

10.1| "Screening Recommendations," 11.1a

11. **Know Diabetes by Heart™ Resources**

11.1 | Webinar: ADA 82nd Scientific Sessions Recap – Latest Research on CVD and Diabetes including Renal Risk Management

11.2| Podcast: Identifying and managing Renal Complications in Patients with T2D and CVD

11.3| Podcast: Managing CV and Renal Risk in Patients with T2D

Know Diabetes by Heart™

Additional clinical tools and resources to help you better manage cardiovascular risk in patients with diabetes mellitus are available online at **www.knowdiabetesbyheart.org/professional/**.

1. Bittner VA. The New 2019 ACC/AHA Guideline on the Primary Prevention of Cardiovascular Disease. Circulation. Published online March 17, 2019. doi:10.1161/circulationaha.119.04062

2. Know Diabetes by Heart™ | Managing Type 2 Diabetes and Heart Risks. Know Diabetes by Heart. https://www.knowdiabetesbyheart.org/

3. American Diabetes Association. Pharmacologic Approaches to Glycemic Treatment: Standards of Medical Care in Diabetes—2022. Diabetes Care. 2021;45(Supplement_1):S125–S143. doi:10.2337/dc22-s009

4. 2018 Prevention Guidelines Tool CV Risk Calculator. static.heart.org. https://static.heart.org/riskcalc/app/index.html#

5. Joseph JJ, Deedwania P, Acharya T, et al. Comprehensive Management of Cardiovascular Risk Factors for Adults With Type 2 Diabetes: A Scientific Statement From the American Heart Association. Circulation. Published online January 10, 2022. doi:10.1161/cir.0000000000001040

6. American diabetes association. Standards of Medical Care in Diabetes—2022 Abridged for Primary Care Providers. Clinical Diabetes. 2021;40(1). doi:10.2337/cd22-as01

7. Joseph JJ, Deedwania P, Acharya T, et al. Comprehensive Management of Cardiovascular Risk Factors for Adults With Type 2 Diabetes: A Scientific Statement From the American Heart Association. Circulation. Published online January 10, 2022. doi:10.1161/cir.0000000000001040

8. Job Aids. Know Diabetes by Heart. Accessed November 9, 2022. https://www.knowdiabetesbyheart.org/job-aids/

9. Rangaswami J, Bhalla V, de Boer IH, et al. Cardiorenal Protection With the Newer Antidiabetic Agents in Patients With Diabetes and Chronic Kidney Disease: A Scientific Statement From the American Heart Association. Circulation. 2020;142(17). doi:10.1161/cir.0000000000000920

10. Chronic Kidney Disease and Risk Management: Standards of Medical Care in Diabetes—2022. Diabetes Care. 2021;45(Supplement_1):S175–S184. doi:10.2337/dc22-s011

11. Type 2 Diabetes Resources | Know Diabetes by Heart™. Know Diabetes by Heart. https://www.knowdiabetesbyheart.org/resources/