



American Heart Association®

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Cholesterol™

2022 RECOGNITION PROGRAM

DATA COLLECTION WORKSHEET

Use this worksheet to prepare for the formal data submission process. The deadline to submit 2021 data for 2022 recognition is May 27, 2022, 11:59 p.m. ET.

INSTRUCTIONS

Use only numbers when entering data into the data submission platform. (No commas or decimals.)

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 2022 recognition cycle is based on the performance period of the 2021 calendar year (1/1/2021-12/31/2021).

- 1. Does your organization diagnose and manage 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?** _____
You will be asked to break down this total by primary payor and race/ethnicity in subsequent questions.
- 4. How many providers are in the health care organization?** _____
Include all physicians, nurse practitioners, and physician assistants.

(Questions continue on the following page)

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 2021 Health Center Data)

Sum must equal total patient count in question 3.

Race	Non-Hispanic or Latinx (Total Patients – Ages 18+)	Hispanic or Latinx (Total Patients – Ages 18+)
Asian		
Native Hawaiian		
Other Pacific Islander		
Black/African American		
American Indian or Alaska Native		
White		
More than one race		
Unreported or Unknown		
Subtotals	Total Non-Hispanic or Latinx Patients:	Total Hispanic or Latinx Patients:
Total Patients (Must equal Question 3 response)		

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? Calculate in our EHR Clinicians calculate external to our EHR

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

If yes, where? Discrete field in our EHR Notes or non-discrete field in our EHR

(Questions continue on the following page)

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 |
- None of the above

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

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. NOTE: All three risk groups must be factored into the final denominator total. _____

Aged ≥ 21 years at the beginning of the measurement period with clinical ASCVD diagnosis.

- OR -

Aged ≥ 21 years at the beginning of the measurement period who have ever had a fasting or direct laboratory result of (LDL-C) level ≥ 190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial or pure hypercholesterolemia.

- OR -

Aged 40-75 years at the beginning of the measurement period with Type 1 or Type 2 diabetes and with a LDL-C level of 70-189 mg/dL recorded as the highest fasting or direct laboratory test results in the measurement year or during the two years prior to the beginning of the measurement period.

12. **NUMERATOR: How many of the patients in Question 11 were prescribed or were actively using statins at any point during the measurement period?** _____

(Questions continue on the following page)

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 ages 18+ 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 2021 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	--