A

RACE	NON-HISPANIC, LATINO/A, OR SPANISH ORIGIN *(Total Patients – Ages 18+)*	HISPANIC, LATINO/A, OR SPANISH ORIGIN *(Total Patients – Ages 18+)*
Asian		
Native Hawaiial PNH3-2 (}1cntNH3-m)t		

6. How many of your total adult patients (≥18 years of age) are primarily attributed to the following payor groups?

See additional guidance in the Payor Group Guidance section.

_____ Medicare _____ Medicaid _____ Private Health Insurance

_____ Other Public _____ Uninsured/Self-Pay _____ 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**

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?**
S

- ☐ Comprehensive lifestyle modifcation recommendations
- ☐

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.**

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:

- ☐ 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:

- ☐ 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:

- ☐ 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:

- ☐ 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:

- ☐ 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?

- ☐ System-based barriers such as formulary or prior authorization limitations

  NOTE:

  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
- ☐ 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

KIDNEY HEALTH

Cardiorenal Protection With the Newer Antidiabetic Agents in Patients with Diabetes and Chronic Kidney Disease: A Scientifc 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?

☐ Yes ☐ No ☐ I'm not sure

- ☐ Assessment of estimated glomerular fltration rate (eGFR) at least once per year, per patient
- ☐ Assessment of estimated glomerular fltration 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
- ☐ 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

13. My organization is committed to continuously improving strategies for addressing CVD risk in patients with type 2 diabetes.

☐ Yes ☐ No

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.

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%)

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?

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

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) ≥ 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 -

- OR -