



A

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?

Select all that apply.

- | | |
|--|---|
| <input type="checkbox"/> recommendations | <input type="checkbox"/> Use of ACC/AHA ASCVD Risk Calculator for CVD risk-based treatment decisions related hypertension and lipid management in patients with type 2 diabetes |
| <input type="checkbox"/> Diabetes self-management education and support | <input type="checkbox"/> Use of guideline-based pharmacologic therapy inclusive of cardio protective antihyperglycemic agents, such as SGLT-2 inhibitors and GLP-1 receptor agonists |
| <input type="checkbox"/> 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 | <input type="checkbox"/> treatment plan for patients with type 2 diabetes. |
| <input type="checkbox"/> None of the above | |
| <input type="checkbox"/> I don't know / I'm not sure | |

9a. Within my organization, angiotensin system blockers (ACE inhibitor, ARB, or ARNI) are typically prescribed for patients with type 2 diabetes in: *Select all that apply:*

- | | |
|--|---|
| <input type="checkbox"/> Family medicine or internal medicine | <input type="checkbox"/> None of the above – we refer to external specialty providers |
| <input type="checkbox"/> Another specialty or specialties (example: general cardiology, endocrinology, etc.) | <input type="checkbox"/> |
| <input type="checkbox"/> Specialty clinic(s), such as those focused solely on lipid or cardiometabolic care | |

9b. Within my organization, other antihypertensive medications such as beta-blockers or diuretics (NOT including angiotensin system blockers mentioned in Question 9a) are typically prescribed for patients with type 2 diabetes in: *Select all that apply:*

- | | |
|--|--|
| <input type="checkbox"/> Family medicine or internal medicine | <input type="checkbox"/> None of the above – we refer to external specialty providers |
| <input type="checkbox"/> Another specialty or specialties (example: general cardiology, endocrinology, etc.) | <input type="checkbox"/> None of the above – my organization neither prescribes these therapies nor has a process for referral |
| <input type="checkbox"/> Specialty clinic(s), such as those focused solely on lipid or cardiometabolic care | <input type="checkbox"/> I don't know / I'm not sure |

CARDIOVASCULAR DISEASE-RELATED MEASURES

Must complete at least 1 option to be eligible for recognition

OPTION 1: MIPS Measure # 438: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease

NOTE: The Statin Therapy Denominator / Numerator questions below are identical to Questions 11 & 12

15. 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* ~~BDC BT-0.025DC 1 T3BT-0.025 Tc P A.C. f no3egory~~

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 -

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 -

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 (e)-321 (t)5.u(t)-22.d.6 <009A02 0n-3 (eg 8)1.4

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