



FOR CHECK. CHANGE. CONTROL. CHOLESTEROL AWARD ACHIEVEMENT

NOTE:

6.

7. Does your organization or its individual clinical providers consistently calculate ASCVD Risk (utilizing the Pooled Cohort Equations CV Risk Calculator)?

☐ 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).

10. My organization is committed to continuously improving use

11. 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.

Please describe your organization's familiarity and use of the PREVENT calculator:

- | | |
|--|---|
| ☐ My organization currently utilizes the PREVENT calculator and automatically collects the results and calculates the risk scores in a discrete field in our EHR. | ☐ Some clinicians in my organization use the PREVENT tool as a standalone tool, but it is not integrated into the EHR. |
| ☐ My organization currently utilizes the PREVENT calculator and requires the clinicians to manually insert data for risk score calculations. | ☐ The clinicians at my organization are familiar with the PREVENT calculator but have not yet utilized the tool. |
| | ☐ My organization is currently unfamiliar with the PREVENT calculator. |
| | ☐ I am not sure. |

Resource: [Development and Validation of the American Heart Association's PREVENT Equations](#)

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.

12. Which quality improvement (QI) activities for high cholesterol and/or ASCVD management has your health care organization engaged in during the last year? . *Note: Your response will not affect award status*

- | | |
|--|--|
| ☐ AHA resources (Ex. pocket guides or the "Ready. Set. Go. Standardizing Lipid Management: Implementation Guide") | ☐ Third-party QI consulting services (Ex. Quality Improvement Organization (QIO)) |
| ☐ Check. Change. Control. Cholesterol activities with a local AHA representative | ☐ Internal QI activities (led by your own organization) |
| ☐ AHA National QI collaborative (Ex. ASCVD Initiative) | ☐ None / I am not sure |
| ☐ State or Regional Level Learning Collaboratives | ☐ Other(s) – Include details below (optional): |

Resource:

MEASURE SUBMISSION – NUMERATOR/DENOMINATOR DATA

- 13. 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 four risk groups? Avoid double-counting patients who fall into more than one risk group.

NOTE:

- **Please note that an additional risk group has been added in 2024.**
- 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.
- Find denominator exclusions and exceptions in the measure description.

- 13a.** denominator criteria and, if applicable, why your overall patient population may be small.

(500-character limit).

Note: Q13a is a conditional question based on your answer to Q13. You may not be prompted to answer in the data platform, but 13a is REQUIRED if your answer to Q13 is 10 or fewer.

- 14. NUMERATOR:** Using _____ criteria, of the patients given in Question 13, how many were prescribed or were actively using statins at any point during 2024? _____

The following section is conditional based upon the answer you provided in question 13.
You may not be prompted to answer them all in the data platform.

- 16. Please describe your sampling method (including initial population sampled, sample size, and selection methods) and reason for sampling. (500 character limit)**

- 17. If "no" on Question 15, the denominator entered in question 13 may be considered low compared to your overall population in question 3. Check that your denominator includes ALL patients in ALL four 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.**
