



Check. Change. *Control.* Cholesterol™ Recognition

Frequently Asked Questions

ABOUT

What is Check. Change. *Control.* Cholesterol™?

Check. Change. *Control.* Cholesterol™ is a national initiative of the American Heart Association (AHA) to reduce the number of Americans who have heart attacks and strokes by urging medical practices, health service organizations and patients to prioritize High Cholesterol (hypercholesterolemia) diagnosis and treatment.

To help achieve this goal, Check. Change. *Control.* Cholesterol empowers registrants with a dedicated website featuring evidence-based tools and resources to help clinicians track and benchmark cholesterol diagnosis and management in their practice.

Who can join Check. Change. *Control.* Cholesterol?

Independent physician practices, medical practices, health systems and health service organizations are eligible and encouraged to join. Patients are encouraged to engage with their healthcare providers and utilize education available on our website at www.heart.org/cholesterol.

Why should organizations join Check. Change. *Control.* Cholesterol?

By addressing High Cholesterol, Check. Change. *Control.* Cholesterol registrants' partner with patients and empower them to take a more proactive role in their own health and well-being. This helps build a healthier nation and reshape care for patients at risk of chronic disease. Healthcare providers who join Check. Change. *Control.* Cholesterol can also opt to be recognized for their efforts and improvements, year after year, as part of the program.

Does it cost anything to join Check. Change. *Control.* Cholesterol?

No. Check. Change. *Control.* Cholesterol is a free program with free resources.

RECOGNITION

What is the Check. Change. *Control.* Cholesterol Recognition Program?

The Check. Change. *Control.* Cholesterol Recognition Program offers national and local recognition opportunities from the AHA each year to physician practices and health systems that register with the program, commit to improving Atherosclerotic Cardiovascular Disease



(ASCVD) estimator tool use, submit adult patient data, and reach defined recognition threshold levels. There are two levels of recognition available to registrants with varying data submission requirements.

Who is eligible for recognition?

At this time, only U.S.-based healthcare organizations can qualify for the Check. Change. *Control.* Cholesterol Recognition Program. Recognition opportunities may include acknowledgment through special national and local press announcements, clinical best practice showcases, local/national award ceremonies, resources for self-promotion, and more.

What are the threshold levels registrants must achieve to be recognized?

Check. Change. *Control.* Cholesterol has two levels of recognition.

Participant Award – Recognizes organizations for registering with the program and confirming their organization will work to incorporate the ASCVD Risk Estimations into their workflows and Electronic Health Record (EHR) systems, where possible.

Gold Achievement Award – Recognizes organizations that submit numerator and denominator information for MIPs measure #438 and achieve control rates of 70 percent or greater within the adult patient populations they serve.

When can organizations register and apply for recognition?

Registration is open year-round. Recognition data submission will be available beginning February 2nd, 2019. All recognition related data must be submitted by May 31st, 2019 to be eligible in 2019.

How can I register and become recognized?

Go to www.heart.org/changecholesterol and navigate to the registration/recognition section. Interested parties will register online and indicate they would like access to our Data Submission Platform (<https://aha.infosarioregistry.com/login>). After the platform opens on February 2nd, 2019, new registrants will be granted access within 24-72 hours of registration.

The AHA has prepared a [Data Requirements Worksheet](#) to help interested registrants prepare for the application and data submission process. Additionally, a [full PDF download](#) of the online registration form is available on the Check. Change. *Control.* Cholesterol Recognition Program website so sites can prepare ahead of time.



What is a secondary contact and why do I need it?

A secondary contact is someone the AHA is authorized to communicate with in the event of staff turnover or bounce-back emails. This is particularly important for those seeking recognition.

What is the data collection timeframe?

Data are submitted once a year. To be considered for recognition in the 2019 Check. Change. Control. Cholesterol Recognition Program, patient data collected during the 2018 calendar year is submitted in during the open application period in 2019. Each year's Gold Achievement Award recognition is based on the previous calendar year data.

RECOGNITION AND DATA SUBMISSION

What is the ASCVD Risk Estimation tool and why should I incorporate its use into my organization?

The "[2018 Multilateral Guideline on the Management of Blood Cholesterol](#)" states that the following four groups of patients can benefit from moderate- or high-intensity statin therapy:

- Individuals with clinical ASCVD
- Individuals with primary elevations of Low-Density Lipoprotein (LDL) \geq 190 mg/dL
- Individuals 40 to 75 years of age with Diabetes and an LDL 70 to 189 mg/dL without clinical ASCVD
- Individuals without clinical ASCVD or Diabetes who are 40 to 75 years of age with LDL 70 to 189 mg/dL and a 10-year **ASCVD risk of 7.5%** or higher

The ASCVD Risk Estimation tool is based on the "[2013 ACC/AHA Guideline on the Assessment of Cardiovascular Risk](#)" published by *Circulation* and enables health care providers and patients to estimate 10-year and lifetime risks for atherosclerotic cardiovascular disease (ASCVD), defined as coronary death or nonfatal myocardial infarction, or fatal or nonfatal stroke, based on the Pooled Cohort Equations and the work of Lloyd-Jones, et al., respectively. The information required to estimate ASCVD risk includes age, sex, race, total cholesterol, HDL cholesterol, systolic blood pressure, blood pressure lowering medication use, diabetes status, and smoking status. An easy to use online version of the calculator can be found at <http://professional.heart.org/ascvd> or within the AHA's Guidelines-on-the-Go smart phone app.



In order to improve patient care and track outcomes related to ASCVD risk, cholesterol management, and statin use, it is important that organizations work to add ASCVD risk estimations into their patient care workflow and include documentation of risk into their EHR where it does not already exist.

How do I incorporate ASCVD Risk Estimation into my workflows?

This will vary widely organization to organization. Some organization may already have access to this calculation in their EHR while others may not. Many organizations might have access to the calculator, however the calculation results are not documented in the EHR system within a discrete field. We recommend working with your EHR vendor directly to request any system improvements. It is recommended that all organizations evaluate their current risk estimation processes and work to improve documentation and workflow, where possible. This might include simply advocating for education of ASCVD risk estimations amongst providers and patients to requesting technology updates from technology providers.

What is MIPS Measure #438?

Merit-based Incentive Payment System (MIPS) #438 is a nationally recognized measure titled "[Statin Therapy for the Prevention and Treatment of Cardiovascular Disease.](#)" This measure is supported by the National Committee for Quality Assurance (NQCA) and is currently part of the CMS Merit-Based Incentive Payment System (MIPS) used to give payment adjustments in Medicare under the "quality" performance category.

From the CMS measure

DESCRIPTION:

Percentage of the following patients - all considered at high risk of cardiovascular events - who were prescribed or were on statin therapy during the performance period:

- Adults aged ≥ 21 years who were previously diagnosed with or currently have an active diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD); OR
- Adults aged ≥ 21 years who have ever had a fasting or direct low-density lipoprotein cholesterol (LDL-C) level ≥ 190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial or pure hypercholesterolemia; OR
- Adults aged 40-75 years with a diagnosis of diabetes with a fasting or direct LDL-C level of 70-189 mg/dL



How can my organization track MIPS #438?

MIPS #438 is a complex measure with multiple denominator criteria. Many EHR systems have the ability to track this measure but may require support from IT staff or vendor staff to add this tracking feature.

Are there any patients that should be excluded from the data?

Please reference the CMS measure language for specific exclusions/exceptions language. General denominator exclusions include pregnancy, breastfeeding, and diagnosis of rhabdomyolysis.

May I edit my data after it has been submitted?

Yes. If you need to update your registration, you may contact ChangeCholesterol@heart.org. Data entered into our Data Submission Platform may be updated at any time. Awards will be based on data in that platform at the close of the recognition period on May 31, 2019. Any updates to data after May 31, may be complete by the user, but will not be considered for recognition.

DATA

How will this information be used?

Data will be used to track success rates in cholesterol management. Organizations that commit to improving ASCVD risk estimation and/or achieve rates of 70 percent or greater for MIPS measure #438 within the adult patient populations they serve will be recognized by the Check. Change. Control. Cholesterol program. Compliance rate numbers will not be posted publicly. Only those who give AHA permission to recognize them publicly will have their award level published. Please reference our [Data Use Agreement](#).