



Check. Change.
Control. Cholesterol.

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

No. The AHA offers this program as a free resource.

RECOGNITION AND DATA SUBMISSION

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

This program offers national and local recognition opportunities from the AHA each year to physician practices and health systems that register with the program, attest to being an eligible organization and providing accurate responses, 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 that are directly diagnosing and treating patients with high cholesterol, including prescribing and managing medications, can qualify. Recognition opportunities

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

Currently, there are two levels of recognition.

Participant Award:

Recognizes practices that have attested to being an eligible organization and providing accurate responses, committed to improving ASCVD risk assessment and submitted data on appropriate Statin therapy based on MIPS measure #438.

Gold Achievement Award:

Recognizes practices that have fulfilled the Participant criteria AND have 70% or more of their adult, at-risk ASCVD patient population appropriately managed with Statin therapy based on MIPS measure #438.

After I register my health care organization, how do I activate my account?

You will receive an email with an activation link and temporary password within 24–72 hours of registering, from AHA Support email address (InfosarioOutcomeSupport@quintiles.com). Note that the temporary password expires 90 days after receipt, so you must change it within 90 days or the account becomes inactive.

How can I prepare for data submission?

The AHA has prepared a [Data Collection Worksheet](#) to help interested registrants prepare for the data submission process.

Can more than one person in my health care organization have access to the account?

Yes, there can be multiple users for each organization. Users can either be listed as data submitters/editors or “read only” if there is no need to modify data. Additional users can be requested via program staff.

What is the data collection timeframe?

Data from the previous calendar year are collected once a year in accordance with the current year’s recognition cycle. Visit www.heart.org/changecholesterol for this year’s data submission window.

I did not select the “Data Entry Complete” checkbox when I finished my data entry, and now

MIPS #438 AND ASCVD RISK ESTIMATIONS

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

The “2018 AHA/ACC/AACVPR/AAPA/ABC/ACPM/ADA/AGS/APhA/ASPC/NLA/PCNA Guideline on the Management of Blood Cholesterol: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines” states that statin therapy initiation or intensification should consider patient discussions *and* ASCVD risk calculations, as appropriate, for certain age groups, diagnoses such as Diabetes.

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 organizations may already have access to these calculations in their EHR while others may not. We recommend working with your EHR vendor directly to request any system improvements. Many organizations might have access to the calculator, however the calculation results are not documented in the EHR system within a discrete field. It is recommended that all organizations evaluate their current risk estimation processes and work to improve documentation and

MIPS #438 AND ASCVD RISK ESTIMATIONS *continued*

Why does MIPS #438 not specifically match the 2018 Guideline Recommendations?

AHA ambulatory programs strive to utilize nationally endorsed and widely available measures such as MIPS #438 which is used by CMS and other groups nationally. Measures often lag guideline recommendations, however at this time of the creation of this document, MIPS 438 most closely aligns with guideline recommendations and captures groups of patients where statin use is recommended even without requiring additional risk assessments. AHA programs will evaluate measures for inclusion and exclusion in our programs on an ongoing basis.

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.

Can my organization use a subset or sample of patients for the measure (MIPS #438) denominator?

Sampling is discouraged. If sampling is the only means available for participation, please note that inconsistent patient volumes or outliers may be flagged for additional audits for confirmation. If you need support regarding sampling concerns, please reach out to our [AQ Contact Us form](#).

DATA

How will this information be used?

Data will be used to track success rates in cholesterol management. Organizations that complete the attestation questions, commit to improving ASCVD risk estimation, submit data, and/or achieve rates of 70 percent or

**If you have a question that has not been addressed above,
please submit your inquiry at <http://bit.ly/AQContactUs>.**

heart.org/changecholesterol

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