

QUICK USER GUIDE – DATA SUBMISSION

Target: BP™ • Check. Change. Control. Cholesterol™ • Target: Type 2 DiabetesSM

This guide provides instructions for registering and submitting data for achievement awards in any of the three Outpace CVD quality improvement initiatives:

- [Target: BP™](#)
- [Check. Change. Control. Cholesterol™](#)
- [Target: Type 2 DiabetesSM](#)

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Getting Started

<p>If your organization has NOT previously participated in any of the above initiatives</p>	<p>Navigate to the Outpace CVD registration form. Follow the instructions within the registration form to complete the form with your Health Care Organization’s details.</p>
<p>If your organization has previously registered for any of the above initiatives, and is submitting data for the <u>same</u> initiative(s)</p>	<p>No need to re-register. Users with an existing account can navigate directly to the data submission platform at https://aha.infosarioregistry.com/login and log in. They will be immediately redirected to the Community Page for their organization.</p>
<p>If your previously-registered organization wants to register for another initiative</p>	<p>Fully complete the Outpace CVD registration form and request access to that new initiative.</p>
<p>If you want to submit data for multiple individual sites through our CSV Uploader feature</p>	<p>Register your individual sites via the Multi-Site registration form -or- submit a request in our Contact Us form for help.</p>
<p>If your organization is registered, but you need a password reset or new user account</p>	<p>Submit a request in our Contact Us form, or contact the Help Desk. Please do not submit the registration form again to help us reduce duplicates.</p>

Once registered, an account will be created in the data submission platform for new participants within 3 business days. Check your spam/junk filters for your log-in credentials. If you have no credentials after 3 business days, [contact us](#).

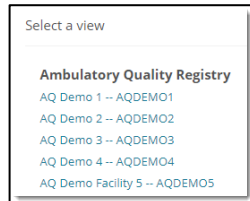
Troubleshooting and Support

- **Forgot your username or password?** Please follow the “Forgot password?” instructions at the log-in landing page. For additional help, see the [troubleshooting](#) page.
 - **We highly recommend setting up your Challenge Questions in your account** – these enable you to reset your password in most scenarios without contacting the Help Desk.
- **Locked out of your account?** Reach out to the platform Help Desk (InfosarioOutcomeSupport@Quintiles.com or 888-526-6700) or submit a [Contact Us](#) request. You can also reach out directly to your local Heart Association team to submit a ticket.

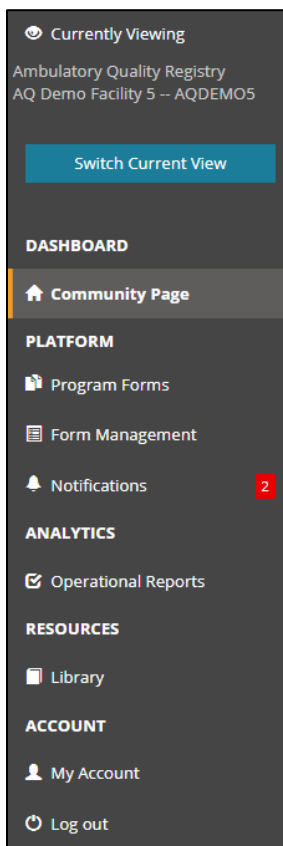
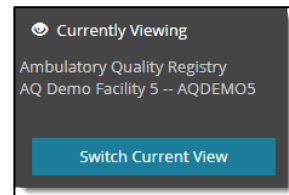
Navigating the Online Platform

NOTE: If the user has access to submit data for **more than one organization**, they will be prompted to select one organization at a time for which they can make updates and submit data. After selecting the specific organization, the user will be directed to that organization’s community page. To navigate to a different organization’s page, click “Switch Current View”. If you have access to submit data for multiple sites via the “Upload” feature, navigate to the profile labeled “(Health System Profile)”.

Toggle between
different HCO
views



Select the organization
you want to view
(if you have access to
multiple)



The Health Care Organization (HCO) being viewed is located at the top of the panel. In this case, the view for “**AQ Demo Facility 5**” is open. “AQDEMO5” is the **Facility ID** – normally this will be a 6-digit number.

Switch Current View – (When applicable) Allows user to toggle between other organizations for which they have user permissions. Can view and submit data for multiple organizations.

Community Page – HCO home page. Quickly access frequently used sections.

Program Forms – Contains online forms for submitting data – enter data in Program Forms by the deadline to be eligible for an achievement award.

Form Management – Contains forms to add/edit site characteristics. Enter site-specific information here to pull advanced benchmarking reports.

Notifications – View updates on recognition, updates to the platform, and other news.

Operational Reports – View HCO and benchmarking data.

Library – Locate all resources related to the registry (e.g., data entry worksheets, user guides, measure information).

My Account – Manage your password and account security questions.

Entering Data – Adding Your Program Forms

STEP 1

Select **“Program Forms”** from the left navigation bar, or from the Community Page. Here you can enter and submit data into one or more forms to be eligible for recognition.

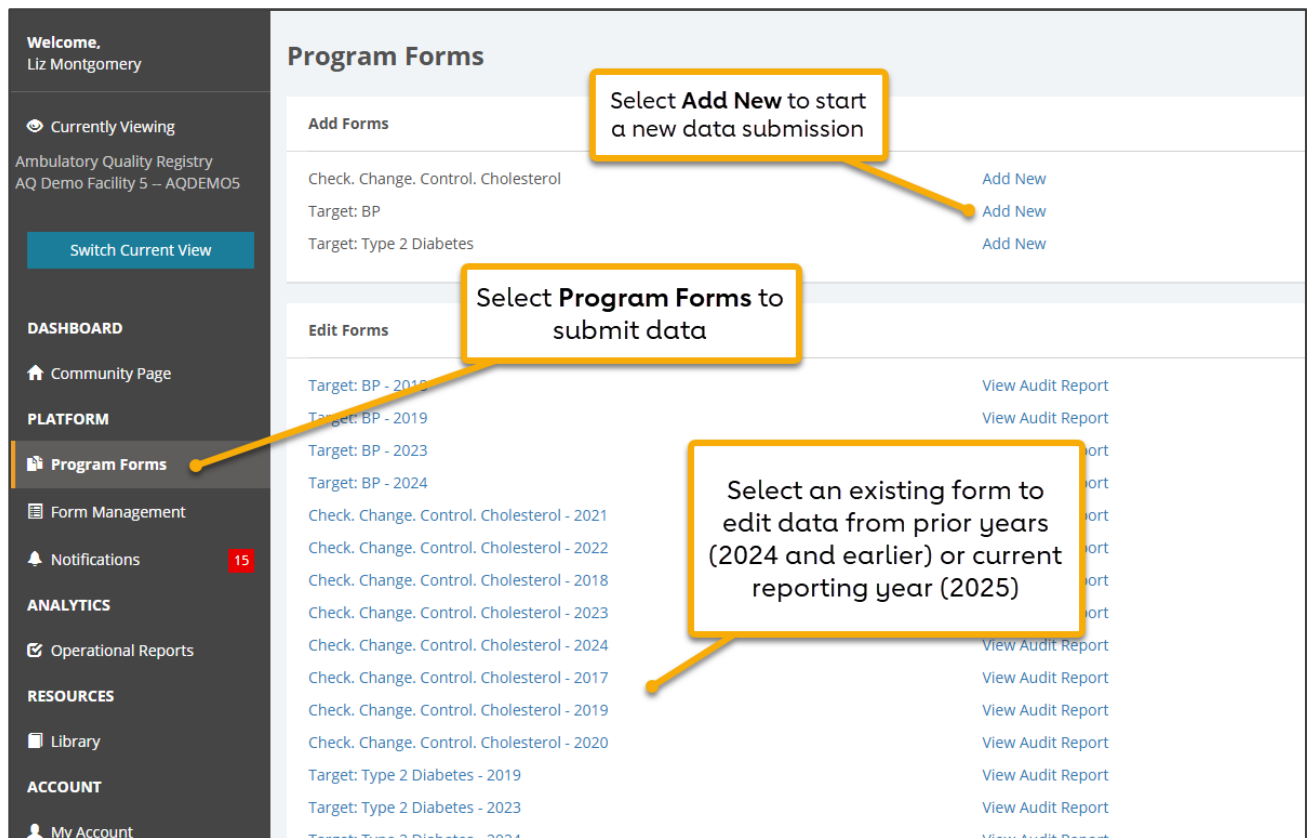
STEP 2

There are two sections on the **“Program Forms”** page.

- **Add Forms** | This section lists the initiatives to which your HCO has access.
 - Select **Add New** to start a new data submission per initiative.
 - *Missing a program form?* Please submit the [registration form](#) for the new initiative. If you feel there is an error with your account, please [contact us](#).

- **Edit Forms** | Section to edit **existing** data forms.
 - Select an existing form’s link to edit data from prior years (2024 and earlier) or the current reporting year (2025).

NOTE: The form’s year refers to the year data was collected (e.g., for 2026 achievement awards, an HCO will be submitting data collected during the 2025 calendar year on a form labeled 2025).



The screenshot shows the 'Program Forms' page interface. On the left is a dark navigation sidebar with 'Program Forms' highlighted. The main content area is divided into two sections: 'Add Forms' and 'Edit Forms'. Callouts with yellow boxes and arrows point to specific elements:

- A callout points to the 'Add New' button in the 'Add Forms' section, stating: "Select Add New to start a new data submission".
- A callout points to the 'Program Forms' link in the sidebar, stating: "Select Program Forms to submit data".
- A callout points to a list of existing forms in the 'Edit Forms' section, stating: "Select an existing form to edit data from prior years (2024 and earlier) or current reporting year (2025)".

STEP 3

Review the existing forms (if any) under the **Edit Forms** section.

- Program forms containing “2025” will be used to determine award eligibility for 2026.
 - **To edit an existing form** for year 2024 or prior, click on the link (ex: “Target: BP – 2024”) and skip to STEP 1 below for the chosen initiative.
 - *Why edit a prior year’s form?* Editing data in a 2024 form or earlier does not change your award status for that year, but it will update your HCO’s operational reports and allow for more accurate year-over-year comparisons.

STEP 4

To add a new 2025 program form, under the **Add Forms** section, click “Add New” to the right of the desired initiative.

- Enter the Reporting Year (2025) and click “Submit.” The Reporting Year refers to the year the data were collected.
- If selecting the year using the calendar icon, select any month and day within the Reporting Year.

Continue to the next page to see steps on entering data.



Entering Data – Target: BP™

NOTE: It is highly recommended that users first gather data using the Target: BP™ [Data Collection Worksheet](#). Organizations should report on data collected only from January 1 to December 31, 2025. The deadline to submit data is **Friday, May 15, 2026, at 11:59 PM ET**. When finished with all entry, check the **“Data Entry Complete”** checkbox, and hit **“Save and Exit”**. **NOTE:** Data can still be revised before the submission deadline.

Organizations must submit complete 2025 data under ALL tabs to be eligible for 2026 awards.

TIP: Save data often by clicking on the Save button in the top right of the page.

The screenshot shows the 'Facility Information (Tab 1 of 3)' page. At the top right, there are 'Save' and 'Save & Exit' buttons. A 'Data Entry Complete' checkbox is visible. A 'Tabs' panel on the right lists 'Facility Information (Tab 1 of 3)', 'M, A, P Activities (Tab 2 of 3)', and 'SMBP, EHO Activities (Tab 3 of 3)'. A red text box states: 'Once data entry is complete on ALL TABS (located in the righthand “Tabs” panel), please check the “Data Entry Complete” box and click the Save & Exit button above. This constitutes completion of data submission – there is no formal “Submit” button.' Three callout boxes provide additional instructions: 'Save often to prevent losing your work.' points to the Save buttons; 'When finished, check the “Data Entry Complete” box and hit “Save and Exit.”' points to the checkbox; and 'Complete ALL Tabs. Attest to your organization’s completion of evidence-based BP activities on Tab 2 and Tab 3.' points to the Tabs panel.

STEP 1

Respond “yes” or “no” to Questions 1 and 2 (Q1 and Q2). Q1 asks if your organization directly treats patients with hypertension. Q2 asks if you certify that your attestations are accurate. A “yes” response on both is required to be eligible for an award.

Q1. Does your organization diagnose and manage adult patients with hypertension, including prescribing and managing medications? Yes No

Q2. I am a designated representative of my organization and certify that the following attestations are accurate to the best of my knowledge: Yes No



STEP 2

Enter your HCO's data into questions 3 – 7 (Q3 – Q7). For Q4 and Q5, use Denominator and Numerator data from [MIPS #236: Controlling High Blood Pressure](#). Question 6 asks if your data included blood pressure readings from patients' remote monitoring devices – please answer to the best of your knowledge.

DENOMINATOR

Q4. Using MIPS #236 criteria, what is the number of patients 18-85 years of age who had a 2025 visit (in-office or qualifying telehealth encounter) and a diagnosis of essential hypertension starting before and continuing into, or starting during, the first six months of the measurement period (measurement period = January 1 – December 31, 2025)?

Q4. Note: Exclude patients: in hospice, with a diagnosis of pregnancy, or palliative care services any time during the measurement period, OR patients ages 66-80 by the end of the measurement period with any following advanced illness criteria: advanced illness diagnosis during the measurement period or the year prior, OR patients 81 and older by the end of the measurement period with an indication of frailty for any part of the measurement period, OR patients 66 and older by the end of the measurement period who are living long term in a nursing home any time on or before the end of the measurement period.

NUMERATOR

Q5. Using MIPS #236 criteria, of the patients qualifying for the denominator (Question 4), what is the number of patients whose BP from their most recent 2025 visit is adequately controlled (systolic BP >0 mmHg and <140 mmHg, and diastolic BP >0 mmHg and <90 mmHg)?

Q5. Note: If there are multiple blood pressures on the same date of service, use the lowest systolic and lowest diastolic blood pressure on that date. See additional guidance in the Data Collection Worksheet.

Q6. Did your numerator data include digitally transmitted blood pressure readings from a patient's remote monitoring device? Yes No Not Sure

(Note: Your response will not affect your recognition status.)

Q7. How many clinicians are in the health care organization? Include all physicians, nurse practitioners, and physician assistants.

Enter your HCO's data for Q4 and Q5 based on MIPS #236.

Please indicate if, to the best of your knowledge, home BP readings were used to determine patients with controlled BP.

Depending on your answers to Q4 and Q5, you may also be required to answer Q4a and/or Q5a.

Question 4a will only appear if your answer to Q4 (the denominator) is less than or equal to 10. If it is, you are required to provide context as to why your denominator is small, and, if applicable, why your overall patient population may be small.

Q4a. REQUIRED – Please provide context on why your organization has ≤10 adult patients meeting the denominator criteria and, if applicable, why your overall patient population may be small. Examples may include unique characteristics of your patient demographics or location. (500-character limit).

If Q4 is ≤10, Q4a is REQUIRED to save the program form.

Question 5a will only appear if your performance on the measure (numerator divided by denominator) is 90% or greater. If it is, you are required to verify that the data is accurate and share details that may be contributing to an above average performance.

Q5a. REQUIRED – Your control rate on the measure is above 90% control. Please verify your data, and if accurate, provide details that may be contributing to your above average performance. (500-character limit).

If your control rate on the measure is ≥90%, then an answer to Q5a is REQUIRED to save the program form.



STEP 3

For Q8, enter your HCO’s data regarding the race and ethnicity of your patient population. Each field must have a data value entered. Even if it is a zero, type “0.” Blanks will generate an error. See Table 3B of the [HRSA Uniform Data System Reporting Requirements for 2025 Health Center Data](#) for more information.

Q8. How many of your total adult patient population (ages 18 and older) self-identify as the following race and ethnicity (based on Table 3B of the [HRSA Uniform Data System Reporting Requirements for 2025 Health Center Data](#)):

All fields must contain a value. Please enter "0" where there are no patients.

Asian - Non-Hispanic, Latino/a, or Spanish Origin: Total Patient Count	<input type="text"/>
Asian - Hispanic, Latino/a, or Spanish Origin: Total Patient Count	<input type="text"/>
Native Hawaiian - Non-Hispanic, Latino/a, or Spanish Origin: Total Patient Count	<input type="text"/>
Native Hawaiian - Hispanic, Latino/a, or Spanish Origin: Total Patient Count	<input type="text"/>
Other Pacific Islander - Non-Hispanic, Latino/a, or Spanish Origin: Total Patient Count	<input type="text"/>
Other Pacific Islander - Hispanic, Latino/a, or Spanish Origin: Total Patient Count	<input type="text"/>
Black/African American - Non-Hispanic, Latino/a, or Spanish Origin: Total Patient Count	<input type="text"/>
Black/African American - Hispanic, Latino/a, or Spanish Origin: Total Patient Count	<input type="text"/>
American Indian or Alaska Native - Non-Hispanic, Latino/a, or Spanish Origin: Total Patient Count	<input type="text"/>
American Indian or Alaska Native - Hispanic, Latino/a, or Spanish Origin: Total Patient Count	<input type="text"/>
White - Non-Hispanic, Latino/a, or Spanish Origin: Total Patient Count	<input type="text"/>
White - Hispanic, Latino/a, or Spanish Origin: Total Patient Count	<input type="text"/>
More than one race - Non-Hispanic, Latino/a, or Spanish Origin: Total Patient Count	<input type="text"/>
More than one race Hispanic, Latino/a, or Spanish Origin: Total Patient Count	<input type="text"/>
Unreported/Unknown Race - Hispanic, Latino/a, or Spanish Origin: Total Patient Count	<input type="text"/>
Race Known (Any), but Hispanic, Latino/a, or Spanish Origin Unreported/Unknown: Total Patient Count	<input type="text"/>
Race Unknown, Ethnicity either Unknown, disclosed, or not Hispanic, Latino/a, or Spanish Origin: Total Patient Count	<input type="text"/>
Race/Ethnicity Summation: Total Patient Count (MUST EQUAL YOUR RESPONSE TO QUESTION 3)	<input type="text"/>

STEP 4

For Q9 enter your HCO’s data regarding your patient population’s primary payor groups. Each field must have a data value entered. Even if it is zero, type “0”. Blanks will generate an error. See the last page of the [Data Collection Worksheet](#) for details on how to assign a payor group to each patient.

Q9. How many of your total adult patient population (ages 18 and older) are primarily attributed to the following payor groups:

All fields must contain a value. Please enter "0" where there are no patients.

Medicare: Total Patient Count	<input type="text"/>
Medicaid: Total Patient Count	<input type="text"/>
Private Health Insurance: Total Patient Count	<input type="text"/>
Other Public: Total Patient Count	<input type="text"/>
Uninsured / Self-Pay: Total Patient Count	<input type="text"/>
Other / Unknown: Total Patient Count	<input type="text"/>
Payor Group Summation: Total Patient Count (MUST EQUAL YOUR RESPONSE TO QUESTION 3)	<input type="text"/>



STEP 6 Under **Tabs** on the righthand side or using the **Next** button at the bottom of the screen, navigate to the 3rd tab, **“SMBP, EHO Activities.”**

Select responses for the “Self-Measured Blood Pressure” pillar questions (Q28-Q33) and “Partner with Patient” pillar questions (Q34-Q39). Each of these questions has an option for “Yes,” “No,” or “Not sure.”

The screenshot shows a web-based form titled "SMBP, EHO Activities (Tab 3 of 3)". At the top right, there are buttons for "Save" and "Save & Exit", and a "Tabs" menu. The "Tabs" menu lists three tabs: "Facility Information (Tab 1 of 3)", "M, A, P Activities (Tab 2 of 3)", and "SMBP, EHO Activities (Tab 3 of 3)". The current tab is selected. Below the title, there is a section for "Self-Measured Blood Pressure (SMBP)" with a brief instruction. Underneath, there is a section titled "Evidence-Based Use of Self-Measured Blood Pressure" with a statement "I attest that my organization:". Below this, there are several questions (Q28-Q32) with three radio button options: "Yes", "No", and "Not sure".

Callout 1: "Navigate to the 'SMBP, EHO Activities (Tab 2 of 3)' and respond to all the questions." (Note: The screenshot shows Tab 3 of 3 is selected, but the callout text says Tab 2 of 3).

Callout 2: "Answer each single-select question."

STEP 7 When all data are entered, navigate to the **“Facility Information”** tab, check the **“Data Entry Complete”** checkbox and click the **Save & Exit** button at the top of the page.

Data may be edited at any time. All achievement awards will be based on a “snapshot” of data available in the platform on May 15, 2026, at 11:59 PM ET.



American Heart Association.

Check. Change. Control.
Cholesterol™

Entering Data – Check. Change. Control. Cholesterol™

NOTE: It is highly recommended that users first gather data using the Check. Change. Control. Cholesterol™ [Data Collection Worksheet](#). Organizations should report on data collected only from January 1 to December 31, 2026. The deadline to submit data is **Friday, May 16, 2026, at 11:59 PM ET**. When finished with all entry, check the **“Data Entry Complete”** checkbox, and hit **“Save and Exit.”**
NOTE: Data can still be revised before the submission deadline.

Organizations must submit complete 2025 data under ALL tabs to be eligible for 2026 awards.

TIP: Save data often by clicking the Save button in the top right of the page.

The screenshot shows the data entry interface. At the top right, there are buttons for 'Save' and 'Save & Exit'. A callout points to these buttons with the text: "Save often to prevent losing your work." Below the buttons, there is a 'Tabs' panel with two tabs: 'Participant Information' and 'Measure Submission'. A callout points to this panel with the text: "Complete BOTH Tabs for award eligibility." In the main content area, there is a 'Reporting Year' dropdown set to '2025' and a 'Data Entry Complete' checkbox. A callout points to this checkbox with the text: "When finished, check the 'Data Entry Complete' box and hit 'Save and Exit.'" Another callout points to the 'Data Entry Complete' checkbox with the text: "Data can still be revised before the submission deadline." A red text box in the center of the page reads: "Once data entry is complete on ALL TABS (located in the righthand 'Tabs' panel), please check the 'Data Entry Complete' box and click the Save & Exit button above. This constitutes completion of data submission - there is no formal 'Submit' button."

STEP 1

Respond “yes” or “no” to Questions 1 and 2 (Q1 and Q2). Q1 asks if your organization directly treats patients with high cholesterol. Q2 asks if you certify that your attestations are accurate. A “yes” response on both is required to be eligible for an award.

Participant Organizational Information	
Q1. Does your organization diagnose and manage adult patients with high cholesterol, including prescribing and managing medications?	<input type="radio"/> Yes <input type="radio"/> No
Q2. I am a designated representative of my organization and certify that the following attestations are accurate to the best of my knowledge.	<input type="radio"/> Yes <input type="radio"/> No



American Heart Association.

Check. Change. Control. Cholesterol™

STEP 2

Enter your HCO’s data into questions 3 – 4 (Q3 – Q4).

Q3. What is the total number of patients 18 years of age and older in the Healthcare Organization, regardless of diagnosis? Patients must have had at least one 2024 visit (in-office or telehealth encounter). Exclude acute care visits.

(Note: In subsequent questions, you will be asked to break down this total by primary payor and race/ethnicity. These questions are now the same in Target: BP and Target: Type 2 Diabetes to reduce data burden, if you are participating. The measure numerators/denominators for each program utilize different age ranges per national measure specifications.)

Q4. How many providers are in your Healthcare Organization? Include physicians and mid-level providers.

STEP 3

For Q5, enter your HCO’s data regarding the race and ethnicity of your patient population. Each field must have a data value entered. Even if it is a zero, type “0.” Blanks will generate an error. See Table 3B of the [HRSA Uniform Data System Reporting Requirements for 2025 Health Center Data](#) for more information.

Q5. How many of your total adult patient population (ages 18 and older) self-identify as the following race and ethnicity (based on Table 3B of the HRSA Uniform Data System Reporting Requirements for 2025 Health Center Data):

All fields must contain a value. Please enter “0” where there are no patients.

Asian - Non-Hispanic, Latino/a, or Spanish Origin: Total Patient Count	<input type="text"/>
Asian - Hispanic, Latino/a, or Spanish Origin: Total Patient Count	<input type="text"/>
Native Hawaiian - Non-Hispanic, Latino/a, or Spanish Origin: Total Patient Count	<input type="text"/>
Native Hawaiian - Hispanic, Latino/a, or Spanish Origin: Total Patient Count	<input type="text"/>
Other Pacific Islander - Non-Hispanic, Latino/a, or Spanish Origin: Total Patient Count	<input type="text"/>
Other Pacific Islander - Hispanic, Latino/a, or Spanish Origin: Total Patient Count	<input type="text"/>
Black/African American - Non-Hispanic, Latino/a, or Spanish Origin: Total Patient Count	<input type="text"/>
Black/African American - Hispanic, Latino/a, or Spanish Origin: Total Patient Count	<input type="text"/>
American Indian or Alaska Native - Non-Hispanic, Latino/a, or Spanish Origin: Total Patient Count	<input type="text"/>
American Indian or Alaska Native - Hispanic, Latino/a, or Spanish Origin: Total Patient Count	<input type="text"/>
White - Non-Hispanic, Latino/a, or Spanish Origin: Total Patient Count	<input type="text"/>
White - Hispanic, Latino/a, or Spanish Origin: Total Patient Count	<input type="text"/>
More than one race - Non-Hispanic, Latino/a, or Spanish Origin: Total Patient Count	<input type="text"/>
More than one race Hispanic, Latino/a, or Spanish Origin: Total Patient Count	<input type="text"/>
Unreported/Unknown Race - Hispanic, Latino/a, or Spanish Origin: Total Patient Count	<input type="text"/>
Race Known (Any), but Hispanic, Latino/a, or Spanish Origin Unreported/Unknown: Total Patient Count	<input type="text"/>
Race Unknown, Ethnicity either Unknown, Undisclosed, or not Hispanic, Latino/a, or Spanish Origin: Total Patient Count	<input type="text"/>
Race/Ethnicity Summation: Total Patient Count (MUST EQUAL YOUR RESPONSE TO QUESTION 3)	<input type="text"/>



STEP 4

For Q6, enter your HCO’s data regarding your patient population’s primary payor groups. Each field must have a data value entered. Even if it is zero, type “0”. Blanks will generate an error. See the last page of the [Data Collection Worksheet](#) for details on how to assign a payor group to each patient.

Q6. How many of your total adult patients 18 years of age and older are primarily attributed to the following payor groups:
All fields must contain a value. Please enter "0" where there are no patients.

Medicare: Total Patient Count	<input type="text"/>
Medicaid: Total Patient Count	<input type="text"/>
Private Health Insurance: Total Patient Count	<input type="text"/>
Other Public: Total Patient Count	<input type="text"/>
Uninsured / Self-Pay: Total Patient Count	<input type="text"/>
Other / Unknown: Total Patient Count	<input type="text"/>
Payor Group Summation: Total Patient Count (MUST EQUAL YOUR RESPONSE TO QUESTION 3)	<input type="text"/>

STEP 5

For Q7, enter your HCO’s data regarding its calculation, documentation, and discussion of ASCVD Risk using either the Pooled Cohort Equations CV Risk Calculator or the PREVENT calculator.

Q7. Which of the following describes your organization’s use of ASCVD Risk Calculators (utilizing either the Pooled Cohort Equations CV Risk Calculator or the PREVENT™ Calculator) as part of standard process? (Select all that apply)

- 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).
- My organization currently collects the results of ASCVD Risk Estimations in a discrete field in our EHR.
- My organization currently collects the results of ASCVD Risk Estimations in a notes field or other non-discrete field in our EHR (there is not a dedicated space in our EHR to capture this information).
- Clinicians at my organization discuss ASCVD Risk Estimation results with patients.
- None of the above.
- I am not sure.

STEP 6

For Q8, indicate if your HCO organization operationalizes a specific treatment plan for managing patients considered very high-risk for future ASCVD events. Selecting “Yes” will prompt additional required elements, of which multiple selections can be chosen.

See a screenshot of Q8 on the following page.



Q8. The 2018 AHA/ACC Guideline on the Management of Blood Cholesterol defines patients with existing clinical ASCVD as “very high-risk” of a future event if they have a history of multiple major ASCVD events or 1 major ASCVD event and multiple high-risk conditions. Does your organization operationalize a specific treatment plan, such as use of a clinical decision support tool or workflow following the AHA/ACC guideline algorithm, for managing patients considered very high-risk for future ASCVD events?

Yes No

Resource: [2018 AHA/ACC Guideline on the Management of Blood Cholesterol](#)

If yes, does this treatment plan include: (select all that apply?)

- Detailed collection of past medical history including Major ASCVD Events and High-Risk Conditions as defined in the 2018 AHA/ACC Guideline on the Management of Blood Cholesterol
- Protocol for follow-up with repeat lipid measurement 4-12 weeks after treatment initiation or referral to a specialist
- Using an EHR-based clinical decision support tool for intensifying statins or prescribing ezetimibe or PCSK9 therapy
- Supplying the AHA/ACC guideline algorithm for “Secondary prevention in patients with clinical ASCVD” to clinicians
- Educating care teams every 12 months about guideline-based management of very high-risk patients
- Standard protocol for clinician-patient shared decision making, including discussion of other possible risk factors, social needs, cost considerations, and lifestyle
- None of the above

Selecting "Yes" in Q8 will prompt additional required selections.

STEP 7

For Q9, indicate if your HCO is committed to continuously improving use and data capture of ASCVD Risk Estimations. You must select “Yes” to be eligible for an achievement award.

Q9. My organization is committed to continuously improving use and data capture of ASCVD Risk Estimations into our workflows and EHR systems. Yes No

STEP 8

For Q10, describe your organization’s familiarity and use of the [Predicting Risk of cardiovascular disease EVENTS \(PREVENT™\) calculator](#).

Q10. The American Heart Association launched a tool 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.
- My organization currently utilizes the PREVENT calculator and requires the clinicians to manually insert data for risk score calculations.
- Some clinicians in my organization use the PREVENT tool as a standalone tool, but it is not integrated into the EHR.
- The clinicians at my organization are familiar with the PREVENT calculator but have not yet utilized the tool.
- I am not sure what my organization’s familiarity or use of the PREVENT calculator is.

Resource:
[Predicting Risk of cardiovascular disease EVENTS \(PREVENT™\) calculator](#)
[Development and Validation of the American Heart Association’s PREVENT Equations](#)



STEP 9

Under **Tabs** on the righthand side, or using the Next button at the bottom of the screen, navigate to the **“Measure Submission”** tab. For Q10 and Q11, enter Denominator and Numerator data for [MIPS #438: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease](#). Patients should be specific to the 2025 calendar year and reflect all who meet one or more of the three denominator criteria. Please refer to the [Data Collection Worksheet](#) for details.

Save **Save & Exit** **Menu** **Participant Information** **Measure Submission**

Measure Description: MIPS Measure #438: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease
(Measurement period = January 1 – December 31, 2025)

Denominator:** All patients who had a visit (in-office or qualifying telehealth encounter) during 2025 and meet one or more of the following criteria. (NOTE: A patient may meet 2+ criteria, but be careful not to count them twice – determine patient eligibility in order of each criterion. See example measure logic in the Library, found in the left navigation panel.)

1. ALL patients who were previously diagnosed with or currently have a diagnosis of clinical ASCVD, including an ASCVD procedure;
OR
2. Patients aged 20 to 75 years at the beginning of the performance period who have ever had a laboratory result of low-density lipoprotein cholesterol (LDL-C) \geq 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 performance period with Type 1 or Type 2 Diabetes;
OR
4. Patients aged 40 to 75 years at the beginning of the performance period with a 10-year ASCVD risk score of \geq 20 percent

**All patients who meet one or more of the above criteria would be considered at high risk for cardiovascular events under the ACC/AHA guidelines.

EXCLUSIONS (always remove from denominator): Patients who are breastfeeding, or who have a rhabdomyolysis diagnosis active any time during 2025.

EXCEPTIONS (remove from denominator if patient meets one of these criteria AND is NOT taking a statin): Patients with statin-associated muscle symptoms or an allergy to statin medication; Patients with active liver or hepatic disease or insufficiency; Patients with end stage renal disease; Patients receiving palliative or hospice care; patients with documentation of a medical reason for not being prescribed statin therapy.

Numerator: Patients who are actively using or who receive an order (prescription) for statin therapy at any point during the measurement period.

Denominator:
Q11. Identify the number of patients in EACH of the above four 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: All four risk groups must be factored into the final denominator total.

You must use the MIPS #438 measure criteria as specified – using a different measure, using a custom definition of at-risk patients, or using a different measurement period is NOT acceptable for award eligibility

Numerator:
Q12. Using MIPS #438 criteria, of the patients given in Question 11, how many were prescribed or were actively using statins at any point during 2025?

NOTE: Depending on your answers to Q3, Q11, and Q12, you may also be required to answer Q11a, Q12a, Q14, and/or Q15 and either Q16 or Q17. These conditional questions will be walked through below.

Question 11a will only appear if your answer to Q11 (the denominator) is less than or equal to 10. If it is, you are required to provide context as to why your denominator is small, and, if applicable, why your overall patient population may be small.

Q11a. REQUIRED – Please provide context on why your organization has \leq 10 adult patients meeting the denominator criteria and, if applicable, why your overall patient population may be small. Examples may include unique characteristics of your patient demographics or location. (500-character limit).

If Q11 is \leq 10, 11a is REQUIRED to save the program form.



Question 12a will only appear if your performance on the measure (numerator divided by denominator) is 90% or greater. If it is, you are required to verify that the data is accurate and share details that may be contributing to an above average performance.

Q12a. REQUIRED – Your performance rate on the measure is above 90% control. Please verify your data, and if accurate, provide details that may be contributing to your above average performance. (500-character limit).

If your performance rate on the measure is $\geq 90\%$, then an answer to Q12a is REQUIRED to save the program form.

Question 13 will only appear if the Denominator (total patients in measure risk groups) is less than 6% of your total patient population given in Q3 (ex: 5 patients out of 100 total patients).

Denominator:

Q11. Identify the number of patients in EACH of the above four 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: All four risk groups must be factored into the final denominator total.

You must use the MIPS #438 measure criteria as specified - using a different measure, using a custom d acceptable for award eligibility

Numerator:

Q12. Using MIPS #438 criteria, of the patients given in Question 11, how many were prescribed or were actively using statins at any point during 2025?

If the Denominator value is <6% of your total population (given in Q3) you will be prompted to answer Q13.

Q13. Was the denominator (Q11 above) determined based on a subset or sample of patients in your organization?

- Yes. Record sampling, or a specific subset of patients was used to determine measure compliance.
- No. The denominator includes all patients in our total patient population who meet the MIPS #438 measure criteria as specified for CMS use.

If Q13 appears, and you select "Yes": You will be prompted to briefly describe your sampling method (including initial population sampled, sample size, and selection methods) and reason for sampling. This description is required to be eligible for an award.

Q13. Was the denominator (Q11 above) determined based on a subset or sample of patients in your organization?

- Yes. Record sampling, or a specific subset of patients was used to determine measure compliance.
- No. The denominator includes all patients in our total patient population who meet the MIPS #438 measure criteria as specified for CMS use.

Q14. REQUIRED - Please describe your sampling method (including initial population sampled, sample size, and selection methods) and reason for sampling. (500-character limit)



If Q13 appears, and you select “No”: You will be notified that the number of patients across all risk groups are considered low compared to your overall population. Please describe any unique characteristics of your patients or organization for consideration. This description is required to be eligible for an award.

Q13. Was the denominator (Q11 above) determined based on a subset or sample of patients in your organization?

Yes. Record sampling, or a specific subset of patients was used to determine measure compliance.

No. The denominator includes all patients in our total patient population who meet the MIPS #438 measure criteria as specified for CMS use.

Q15. REQUIRED - The denominator entered in Q11 may be considered small compared to your overall population in Q3. Please ensure your denominator includes ALL patients in ALL four risk groups, and all other measure logic is appropriately applied. If the measure has been appropriately applied, 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. (500-character limit)

STEP 10

When all data are entered, check the “**Data Entry Complete**” checkbox and click the **Save & Exit** button at the top of the Participant Information page. Data may be edited at any time. All achievement awards will be based on a “snapshot” of data available in the platform on May 15, 2026, at 11:59 p.m. ET.



Entering Data – Target: Type 2 DiabetesSM

NOTE: It is highly recommended that users first gather data using the Target: Type 2 DiabetesSM [Data Submission Worksheet](#). Organizations should report on data collected only from January 1 to December 31, 2025. The deadline to submit data is **Friday, May 15, 2026, at 11:59 PM ET**. When finished with all entry, check the “Data Entry Complete” checkbox, and hit “Save and Exit”.

NOTE: Data can still be revised before the submission deadline.

Organizations must submit complete 2025 data under ALL tabs to be eligible for 2026 awards (questions 1-31, and either Option 1 or Option 2 for questions 34-37 on the Measure Submission tab).

TIP: Save data often by clicking on the Save button in the top right of the page.

The screenshot shows the data submission interface. At the top right, there are buttons for 'Save' and 'Save & Exit'. A callout points to the 'Save' button with the text: "Save often to prevent losing your work." Below the buttons, there is a 'Participant Information' section with a 'Reporting Year' dropdown set to '2025' and a 'Data Entry Complete' checkbox. A callout points to the checkbox with the text: "When finished, check the 'Data Entry Complete' box and hit 'Save and Exit.' Data can still be revised before the submission deadline." On the right side, there is a 'Tabs' panel with a blue icon (four horizontal lines) to expand it. A callout points to this icon with the text: "Complete ALL Tabs. Attest to your organization's completion of evidence-based activities on Tab 2." The main content area shows instructions for data submission, including a note: "Once data entry is complete on ALL TABS (located in the righthand 'Tabs' panel), please check the 'Data Entry Complete' box and click the Save & Exit button above. This constitutes completion of data submission – there is no formal 'Submit button.'"

STEP 1

Respond “yes” or “no” to Questions 1 and 2 (Q1 and Q2). Q1 asks if your organization directly treats patients with diabetes. Q2 asks if you certify that your attestations are accurate. A “yes” response on both is required to be eligible for an award.

Q1. Does your organization diagnose and manage adult patients with diabetes, including prescribing and managing medications?	<input type="radio"/> Yes <input type="radio"/> No
Q2. I am a designated representative of my organization and certify that the following attestations are accurate to the best of my knowledge.	<input type="radio"/> Yes <input type="radio"/> No



STEP 2

Enter your HCO’s data into questions 3 and 4 (Q3 and Q4).

Q3. What is the total number of patients 18 years of age and older in the health care organization, regardless of diagnosis? Patients must have had at least one 2025 visit (in-office or telehealth encounter). Exclude acute care visits.

(Note: In subsequent questions, you will be asked to break down this total by primary payor and race/ethnicity. These questions are now the same in Target: BP and Check. Change. Control. Cholesterol to reduce data burden, if you are participating. The measure numerators/denominators for each program utilize different age ranges per national measure specifications.)

Q4. How many clinicians are in your Healthcare Organization? Include all physicians, nurse practitioners, and physician assistants.

STEP 3

For Q5, enter your HCO’s data regarding the race and ethnicity of your patient population. Each field must have a data value entered. Even if it is a zero, type “0.” Blanks will generate an error. See Table 3B of the [HRSA Uniform Data System Reporting Requirements for 2025 Health Center Data](#) for more information.

Q5. How many of your total adult patient population (ages 18 and older) self-identify as the following race and ethnicity (based on Table 3B of the [HRSA Uniform Data System Reporting Requirements for 2025 Health Center Data](#)):

All fields must contain a value. Please enter "0" where there are no patients.

Asian - Non-Hispanic, Latino/a, or Spanish Origin: Total Patient Count

Asian - Hispanic, Latino/a, or Spanish Origin : Total Patient Count

Native Hawaiian - Non-Hispanic, Latino/a, or Spanish Origin: Total Patient Count

Native Hawaiian - Hispanic, Latino/a, or Spanish Origin: Total Patient Count

Other Pacific Islander - Non-Hispanic, Latino/a, or Spanish Origin: Total Patient Count

Other Pacific Islander - Hispanic, Latino/a, or Spanish Origin : Total Patient Count

Black/African American - Non-Hispanic, Latino/a, or Spanish Origin: Total Patient Count

Black/African American - Hispanic, Latino/a, or Spanish Origin: Total Patient Count

American Indian or Alaska Native - Non-Hispanic, Latino/a, or Spanish Origin: Total Patient Count

American Indian or Alaska Native – Hispanic, Latino/a, or Spanish Origin: Total Patient Count

White - Non-Hispanic, Latino/a, or Spanish Origin: Total Patient Count

White - Hispanic, Latino/a, or Spanish Origin: Total Patient Count

More than one race - Non-Hispanic, Latino/a, or Spanish Origin: Total Patient Count

More than one race Hispanic, Latino/a, or Spanish Origin: Total Patient Count

Unreported/Unknown Race – Hispanic, Latino/a, or Spanish Origin: Total Patient Count

Race Known (Any), but Ethnicity Unreported/Unknown: Total Patient Count

Race Unknown, Ethnicity either Unknown, Undisclosed, or not Hispanic, Latino/a, or Spanish Origin: Total Patient Count

Race/Ethnicity Summation: Total Patient Count (MUST EQUAL YOUR RESPONSE TO QUESTION 3)

STEP 4

For Q6, enter your HCO’s data regarding your patient population’s primary payor groups. Each field must have a data value entered. Even if it is zero, type “0”. Blanks will generate an error. See the last page of the [Data Submission Worksheet](#) for details on how to assign a payor group to each patient.



Q6. How many of your total adult patients 18 years of age and older are primarily attributed to the following payor groups:

All fields must contain a value. Please enter "0" where there are no patients.

Medicare: Total Patient Count

Medicaid: Total Patient Count

Private Health Insurance: Total Patient Count

Other Public: Total Patient Count

Uninsured / Self-Pay: Total Patient Count

Other / Unknown: Total Patient Count

Payor Group Summation: Total Patient Count (MUST EQUAL YOUR RESPONSE TO QUESTION 3)

STEP 5

Under **Tabs** on the righthand side, or using the Next button at the bottom of the screen, navigate to the 2nd tab, **"Clinical Practices: Evidence-Based Activities."** Select responses for questions 7 – 31. Completing all questions is required for award eligibility.

Clinical Practices: Evidence-Based Activities

Save often.

Navigate to the 'Clinical Practices: Evidence-Based Activities' tab and respond to all the questions.

Guidance for Questions 7-31
Target: Type 2 Diabetes aims to support meaningful, evidence-based efforts to reduce cardiovascular disease risk in patients with, or at risk for, type 2 diabetes. Please see guidance in the Data Collection Worksheet and our Resources & Examples Toolkit available at www.heart.org/OutpaceCVDPlatform for further details and resources on each Evidence-Based Activities pillar on this tab. These include Assessment, Treatment, Patient Partnership and Lifestyle Modification, and Equitable Health Outcomes. An individual familiar with assessment policies, staff training, and clinical practice within your organization should answer or be consulted on the questions.

Please answer the questions below to describe your organization's practices during 2025. Your responses are required fields but will **NOT** affect award status in 2026.

Clinical Practices: Prediabetes

Q7. Which of the following guideline-directed treatment and prevention efforts does your organization deploy for patients with prediabetes:

- Monitoring HbA1c and/or fasting blood sugar for the development of diabetes at least annually or more often if clinically indicated
- Prescription of Metformin
- Education of lifestyle modifications including healthy eating and physical activity
- Referral to diabetes prevention program (DPP)
- Promotion of weight loss through lifestyle modification or pharmacotherapy when indicated for those with obesity or overweight
- I don't know / I'm not sure

STEP 6

For Q7, select which of treatment and prevention efforts your organization deploys for patients with prediabetes.

Clinical Practices: Prediabetes

Q7. Which of the following guideline-directed treatment and prevention efforts does your organization deploy for patients with prediabetes:

Select all options that apply.

- Monitoring HbA1c and/or fasting blood sugar for the development of diabetes at least annually or more often if clinically indicated
- Prescription of Metformin
- Education of lifestyle modifications including healthy eating and physical activity
- Referral to diabetes prevention program (DPP)
- Promotion of weight loss through lifestyle modification or pharmacotherapy when indicated for those with obesity or overweight
- I don't know / I'm not sure

RELATED RESOURCES:
[ADA Standards of Care 2025 Section 3: Prevention or Delay of Diabetes and Associated Comorbidities](#)



STEP 7

For Q8 - 31, most questions are single select but selecting "Yes" on Q12 will prompt an additional required multi-select question.

Q12. Assessment of and evaluation of comorbidities into the standard of care Yes No Not sure

Q12a. If "Yes" is selected, please select which of the following are included into the standard of care: (Select all that apply)

- Chronic Kidney Disease
- Hypertension
- Dyslipidemia
- Atherosclerotic Cardiovascular Disease (ASCVD)
- Obesity

STEP 8

Under **Tabs** on the righthand side, navigate to the 3rd tab, "**Measure Submission**" tab in the top right corner. For Q32 and Q33, enter Denominator and Numerator data for [MIPS #001 - Diabetes: Glycemic Status Assessment Greater than >9%](#). Patients should be specific to the 2025 calendar year.

The screenshot shows the 'Measure Submission' form for 'Target: Type 2 Diabetes Data Submission'. The 'Measure Numerator/Denominator Submission' section contains instructions and a 'NOTE' that this is an inverse measure. Below this, the 'DIABETES MEASURE (Required)' section specifies the measurement period as January 1 - December 31, 2025. The 'MIPS #001 - Diabetes: Glycemic Status Assessment Greater Than 9%' section includes a 'Denominator' definition: 'Patients 18 - 75 years of age with diabetes with a visit during the measurement period.' It also lists 'EXCLUSIONS' and a 'Numerator' definition: 'Patients whose most recent glycemic status assessment (HbA1c or GMI) (performed during the measurement period)'. At the bottom, there are two input fields: 'Denominator: Q32. Using MIPS #001, what is the number of adult patients (18-75 years of age) with diabetes who had a visit (in-office or qualifying telehealth encounter) during the measurement period?' and 'Numerator: Q33. Using MIPS #001 criteria, of the patients with diabetes and a 2025 visit (from Q32), what is the number of patients whose most recent glycemic status assessment (HbA1c or GMI) level performed during 2025 is > 9.0% or who had no HbA1c level performed in 2025?'. Annotations include: 'Save often.' pointing to the 'Save' button; 'Navigate to the Measure Submission' pointing to the 'Measure Submission' tab in the right-hand 'Tabs' menu; and 'Enter your organization's data for Q32 and Q33 based on MIPS #001.' pointing to the two input fields.

NOTE: Depending on your answer to Q32, you may also be required to answer Q32a.



Question 32a will only appear if your answer to Q32 (the denominator) is less than or equal to 10. If it is, you are required to provide context as to why your denominator is small, and, if applicable, why your overall patient population may be small.

Q32a. REQUIRED – Please provide context on why your organization has ≤10 adult patients meeting the denominator criteria and, if applicable, why your overall patient population may be small. Examples may include unique characteristics of your patient demographics or location.” (500-character limit).

If Q32 is ≤10, Q32a is REQUIRED to save the program form.

STEP 9

For recognition eligibility, you need to enter data for **one CVD measure – option 1 or 2**. Option 1 is questions 34 and 35 (Q34/35) and Option 2 is questions 36 and 37 (Q36/37). You need to enter both Denominator and Numerator data for whichever option you choose.

Option 1 of 2 – Q36 and Q37

Enter Denominator and Numerator data for [MIPS #438: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease](#). Patients should be specific to the 2025 calendar year and reflect all who meet one or more of the four denominator criteria. Please refer to the Data Submission Worksheet for details.

NOTE: *The Statin Therapy Denominator/ Numerator questions are identical to Q11 and Q12 in the Check. Change. Control. Cholesterol program form. If you have already completed the Check. Change. Control. Cholesterol form, you can simply copy and paste the measure details. Do not narrow the measure to only patients with diabetes.*

CVD Measure #1 (Option 1 of 2):

MIPS Measure #438: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease
(Measurement period = January 1 – December 31, 2025)

Denominator:** All patients who had a visit (in-office or qualifying telehealth encounter) during 2025 and meet one or more of the four below risk group criteria (NOTE: A patient may meet 2+ criteria, but be careful not to count them twice – determine patient eligibility in order of each criterion. See [MIPS #438: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease](#) left navigation panel.):

1. ALL patients who were previously diagnosed with or currently have a diagnosis of clinical ASCVD, including atherosclerotic cardiovascular disease (ASCVD) with a history of myocardial infarction, angina, stroke, transient ischemic attack, or peripheral artery disease (PAD);
2. Patients aged 20 to 75 years at the beginning of the performance period who have ever had a laboratory test for total cholesterol, low-density lipoprotein cholesterol (LDL-C), or high-density lipoprotein cholesterol (HDL-C) ≥ 190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial hypercholesterolemia;
3. Patients aged 40 to 75 years at the beginning of the performance period with Type 1 or Type 2 Diabetes;
4. Patients aged 40 to 75 years at the beginning of the performance period with a 10-year ASCVD risk score of ≥ 20 percent

**All patients who meet one or more of the above criteria would be considered at high risk for cardiovascular events under the ACC/AHA guidelines.

Numerator: Patients who are actively using or who receive an order (prescription) for statin therapy at any point during the measurement period.

NOTE: The Statin Therapy Denominator / Numerator questions are identical to Q11 and Q12 on the Check. Change. Control. Cholesterol program form. Do NOT narrow measure to only patients with diabetes.

Denominator:
Q34. Identify the number of patients in EACH of the above four 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: All four risk groups must be factored into the final denominator total.

You must use the MIPS #438 measure criteria as specified – using a different measure, using a custom definition of eligibility, or using a different measurement period is NOT acceptable for award eligibility.

Numerator:
Q35. Using MIPS #438 criteria, of the patients given in Question 34, how many were prescribed or were actively using statins at any point during 2025?

MUST complete this data OR option 2

Enter data based on MIPS #438 criteria.



Option 2 of 2 – Q36 and Q37

Enter Denominator and Numerator data for [MIPS #236: Controlling High Blood Pressure](#). Patients should be specific to the 2025 calendar year. Please refer to the Data Submission Worksheet for details.

NOTE: The controlling high blood pressure Denominator/ Numerator questions are identical to Q4 and Q5 on the Target: BP program form. If you have already completed the Target: BP form, you can simply copy and paste the measure details. Do not narrow the measure to only patients with diabetes.

CVD Measure #2 (Option 2 of 2):

MIPS #236: Controlling High Blood Pressure
(Measurement period = January 1 – December 31, 2025)

Denominator: Patients 18-85 years of age who had a 2025 visit (in-office or telehealth encounter) and a diagnosis of essential hypertension starting before and continuing into, or starting during the first six months of the measurement period (January 1, 2024 – June 30, 2025).

Numerator: Patients whose most recent blood pressure is adequately controlled (systolic blood pressure >0 mmHg and <140 mmHg, and diastolic blood pressure >0 mmHg and <90 mmHg) during the measurement period.

NOTE: The Controlling High BP Denominator / Numerator questions are identical to Q4 and Q5 on the Target: BP program form. Do NOT narrow measure to only patients with diabetes.

Denominator:
Q36. Using MIPS #236 criteria, what is the number of patients 18-85 years of age who had a 2025 visit (in-office or qualifying telehealth encounter) and a diagnosis of essential hypertension starting before and continuing into, or starting during, the first six months of the measurement period (measurement period = January 1 – December 31, 2025)?

Numerator:
Q37. Using MIPS #236 criteria, of the patients qualifying for the denominator (from Q36), what is the number of patients whose BP from their most recent 2025 visit is adequately controlled (systolic BP >0 mmHg and <140 mmHg, and diastolic BP >0 mmHg and <90 mmHg)?

MUST complete this data OR option 1

Enter data based on MIPS #236 criteria.

STEP 10

When all data are entered, check the “Data Entry Complete” checkbox and click the **Save & Exit** button at the top of the Participant Information page.

Data may be edited at any time. All recognition awards will be based on a “snapshot” of data available in the platform on May 15, 2026, at 11:59 p.m. ET.

Additional resources for data submission can be found online at www.heart.org/OutpaceCVDPlatform.