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KHC Office Hours:

The AHA’s Target: Type 2 Diabetes Initiative & Related Resources

January 22, 2025

Tim Nikolai, Sr. Rural Health Director
American Heart Association

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DISCLAIMER

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Today's Webinar Agenda

- Welcome – 5 mins
- Content Presentation 45 mins
- Q&A 5 Mins
- Closing Comments 2 mins

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Disclosures

I am not a clinician or health care professional. I will provide the information I know and attempt to answer questions to the best of my ability. Of course, I am happy to help direct you to further resources.

Objectives

To provide an overview of American Heart Association tools and efforts focused on the evidence-based management of Type 2 Diabetes and overall cardiovascular health improvement.

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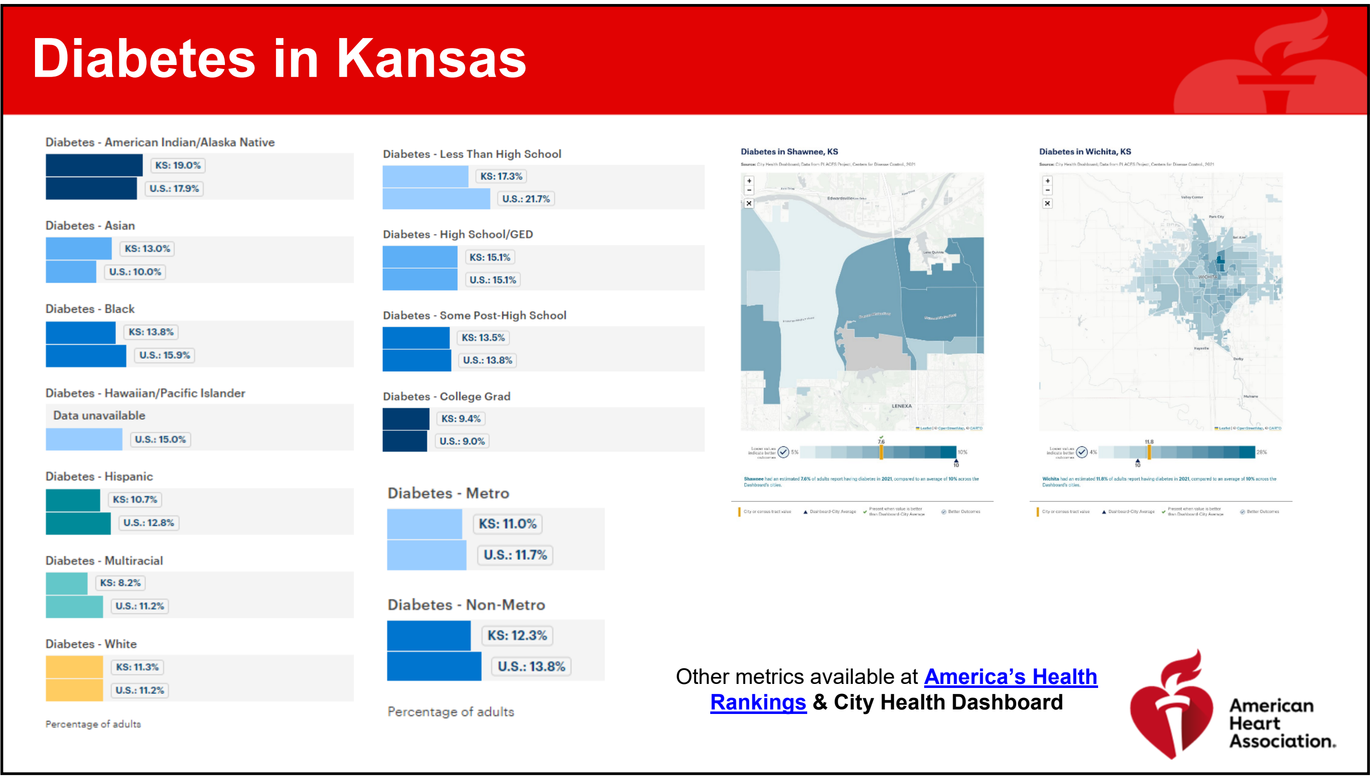

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Multiple Chronic Conditions (MCC)

- More than 1 in 4 Americans have 2+ concurrent chronic conditions including hypertension, diabetes, and heart disease.
- Prevalence of multiple chronic conditions among individuals increases with age.
- As the number of chronic conditions ⇧, the risks of the following outcomes also ⇧:
  - Mortality,
  - Poor functional status; unnecessary hospitalizations
  - Adverse drug events; duplicative tests; conflicting medical advice.
- 66% of total health care spending is directed toward care for the approximately 27% of Americans with MCC.
- Only about a third of people 45 and older with type 2 diabetes have discussed their risk with their health care provider for developing heart attacks, stroke or cardiovascular disease, according to a 2021 national survey.

U.S. Department of Health and Human Services. Multiple Chronic Conditions—A Strategic Framework: Optimum Health and Quality of Life for Individuals with Multiple Chronic Conditions. Washington, DC. December 2010.

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CVD Risk Targets & Event Risks

***Percent CVD risk reduction* for being at target level among 2018 persons with diabetes for each of the measures:**

Blood pressure	LDL-C	HBA1c
17%	33%	37%

Percent lower adjusted risk of CVD events with one, two, or three risk factors at target level:

Any 1 of 3	Any 2 of 3	3 of 3
36%	52%	62%

Wong, et al. Diabetes Care 2016 May; 39(5) 668-676. Incident of CVD was defined as MI, CHD death, cardiac procedure (PCI, CABG, or coronary revascularization), stroke, or HF.

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Our Work in Outpatient/Ambulatory Quality

MIPS #236, eCQM CMS#165v11, PQRS #236 or ACO #28

MIPS #438 or eCQM CMS347v6

NQF 0059, eCQM CMS#122v11 or MIPS #001

- Provide clinical guidelines and protocols.
- Offer free resources directed towards both providers and patients.
- Connect clinical partners to others around the country engaged in the same work.
- Offer recognition opportunities for any health care organization that demonstrates a commitment to, and/or achieves, clinical excellence.

Registration for program(s) can be completed at heart.org/registermyoutpatientorg

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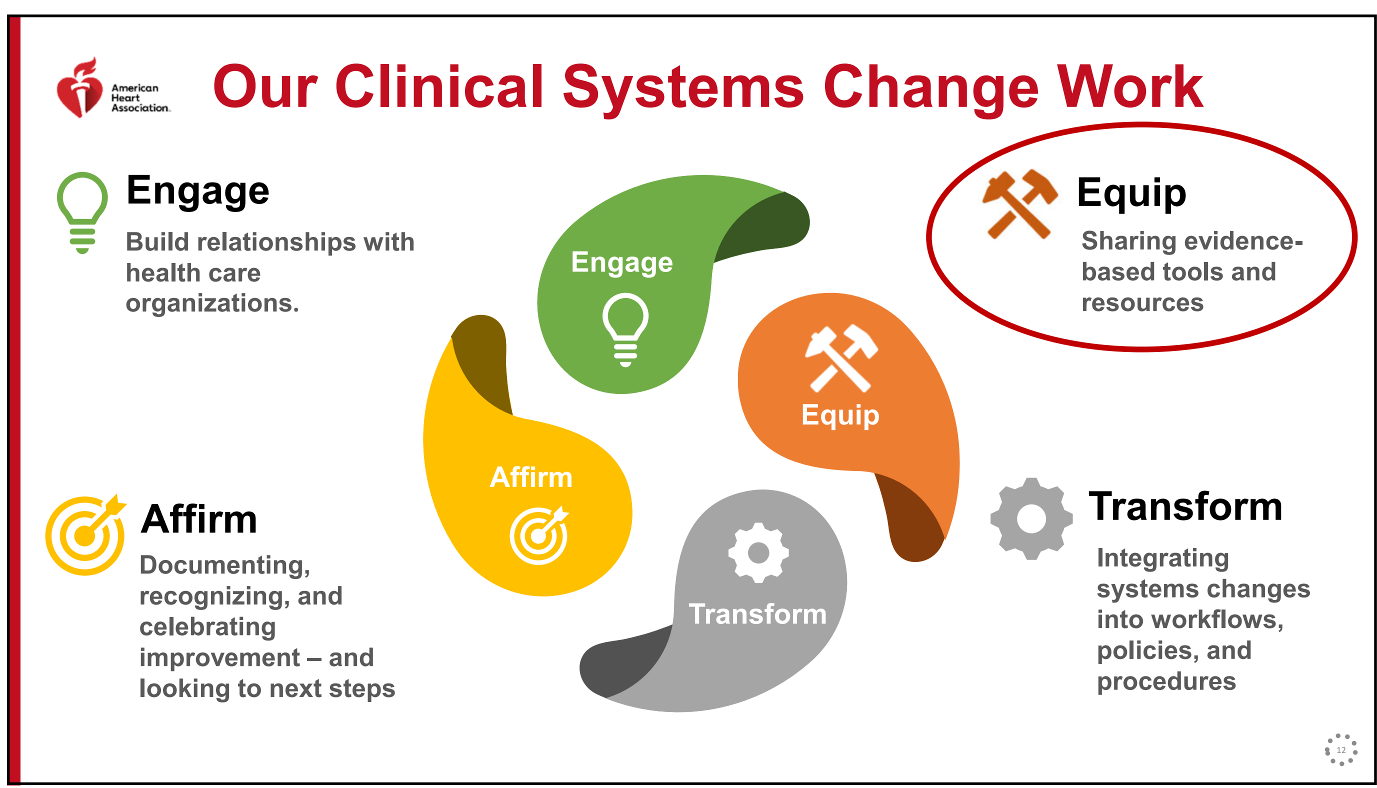

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Standards of Care in Diabetes 2025

American Diabetes Association. Connected for Life

The *Standards of Care in Diabetes—2025* was released in December 2024.

Notable updates to the Standards of Care in Diabetes—2025 include:

1. Continuous Glucose Monitoring (CGM): Recommended for More Patients

.

2. Early and Tailored Device Selection.

3. Comprehensive Education and Ongoing Support

4. Access Across All Ages and A1C Levels

5. Standardized Reporting for Better Decision-Making

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KnowDiabetesbyHeart™

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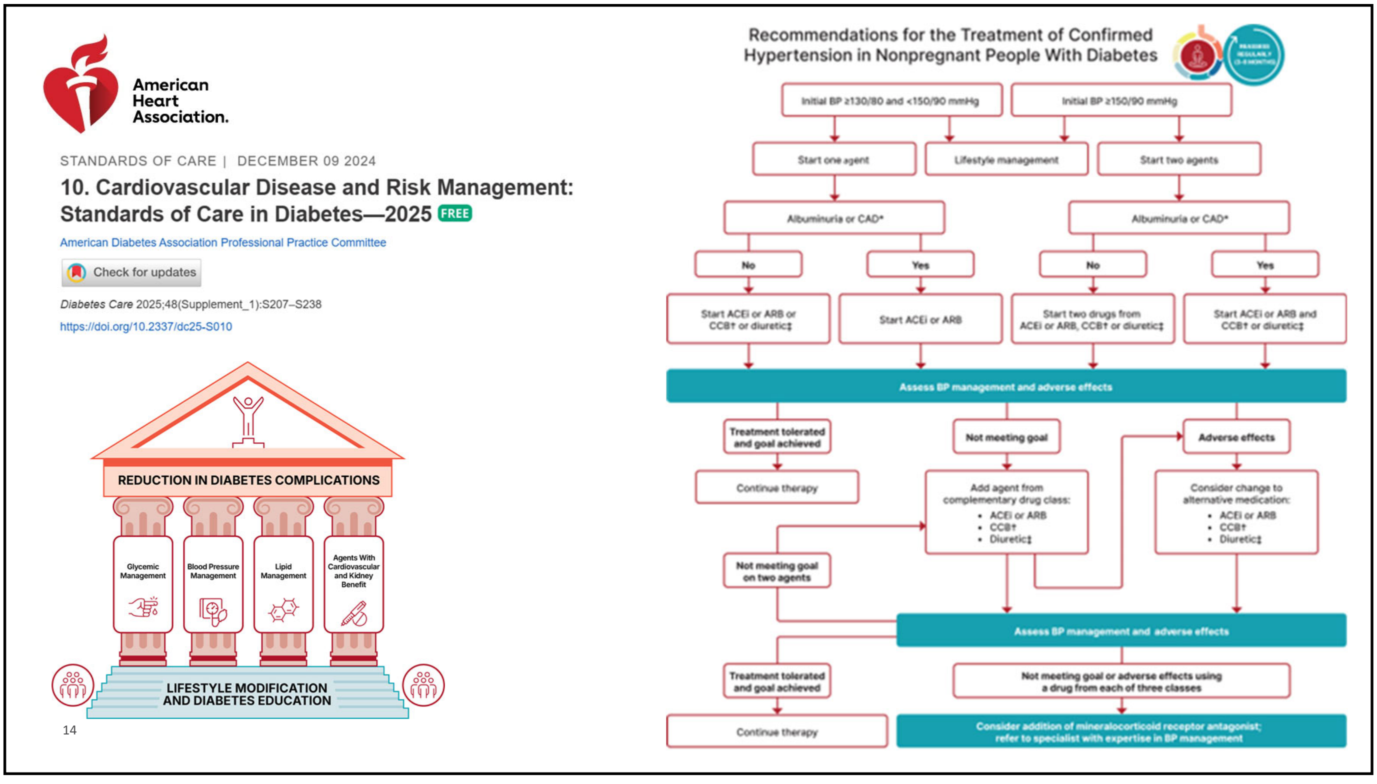

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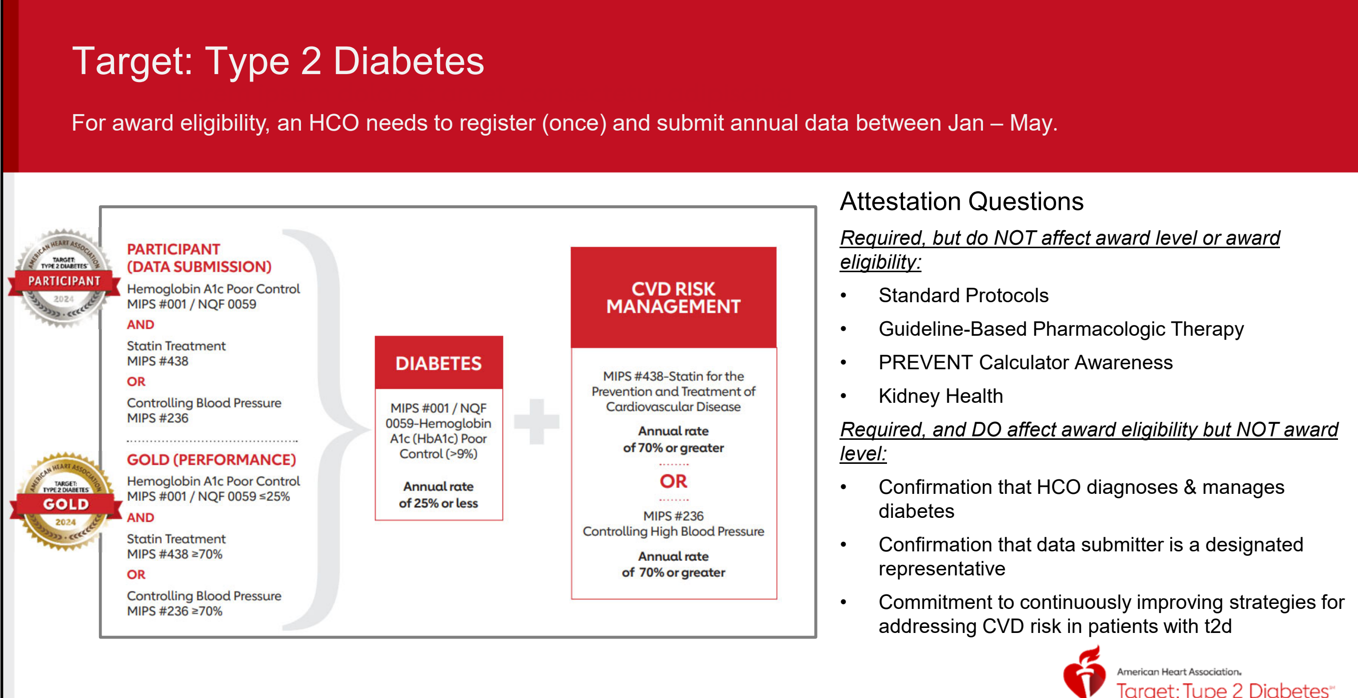

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Participant and Gold Achievement Award recipients will be provided with resources to help celebrate their success.

An award certificate and digital award icons for use on your website and other materials

National Achievement Award recognition on the Target: Type 2 Diabetes program website

Awards Toolkit that includes a press release template, social media messaging, and more

Recognition mentions at American Heart Association's Scientific Sessions Meeting

GOLD ACHIEVEMENT AWARD

Recognizes practices that achieve Participant Award status AND meet the specified thresholds for each of the two selected clinical measures.

PARTICIPANT AWARD

Recognizes practices that have registered, completed data submission including clinical measure entry, and committed to improvement.

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Participant Award:
Recognizes organizations who complete the data submission process inclusive of:

- Organizational information inclusive of a commitment to participate/improve and attestations that your organization diagnoses and treats patients with diabetes and that your responses are complete and accurate.
- Summary numerator/denominator data on the following measures for the previous calendar year:

  Required for all:
  Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%) (NQF 0059/MIPS #1)

  AND one of the following two CVD related measures:
  - Statin Therapy for the Prevention and Treatment of Cardiovascular Disease (MIPS #438)
  - Controlling High Blood Pressure (MIPS #236)

Gold Achievement Award:
Recognizes organizations who achieve a Participant Award **and** meet specified thresholds for each clinical measure the site wishes to submit.

Required for all:
Annual rate of 25% or less for HbA1c Poor Control (>9%) based on NQF 0059/MIPS #1

AND one of the following two CVD related measures:
- Annual rate of 70% or greater for appropriate statin therapy based on MIPS #438
- Annual rate of 70% or greater for blood pressure control based on MIPS #236

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Getting Started with TT2D

American Heart Association.
Outpace CVD

The American Heart Association's Outpace CVD™ suite offers technology solutions and quality improvement support for healthcare organizations participating in AHA programs and partnered initiatives as they target cardiovascular disease. We support and recognize your organization's commitment to improving patient outcomes.

ABOUT THE DATA PLATFORM & REGISTRATIONS

- As a registered health care organization, you will be able to:
  - **Gain access to our data platform** (aha.infosarioregistry.com). There, you can utilize benchmarking reports to support your quality improvement activities and submit data towards achievement awards.
  - **Receive newsletters** providing the latest heart health news, opportunities, and publications.

American Heart Association.
Target: Type 2 Diabetes™

2025 DATA COLLECTION WORKSHEET
FOR TARGET: TYPE 2 DIABETES AWARD ACHIEVEMENT

INSTRUCTIONS
Enter your health care organization's adult patient data to prepare for the formal data submission process. Use only numbers when entering data into the data submission platform. (No commas or decimals).
The deadline to submit 2024 data for 2025 recognition is May 16, 2025, 11:59 p.m. ET. Data submission deadlines are firm to safeguard fair opportunities for all submitters. Early submission is highly encouraged to allow time for
All data must be submitted u
deadline to be eligible for rec
For any questions, contact u

American Heart Association.
Target: Type 2 Diabetes™

Resource Guide: Clinical Practice Questions

This **Resource Guide** is intended as a supportive tool for answering the Clinical Practice Questions (Q7-Q11) included as part of the formal data submission process for 2024 Target: Type 2 Diabetes achievement awards. These questions are meant to serve as an assessment of your organization's practices for diabetes care, particularly assessing and managing risk for cardiovascular disease (CVD), use of guideline-based medical therapies, and preventing chronic kidney disease (CKD).

These questions are required to receive an achievement award but do not affect award level. To see a full list of questions and find instructions for submitting data, please download the 2024 Target: Type 2 Diabetes Data Collection Worksheet.

Register at heart.org/RegisterMyOutpatientOrg

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Question 7: Standard Protocols

Q7. Which of the following key characteristics do your clinical teams address for patients with type 2 diabetes as part of organizational standard protocols?

Select all that apply:

- ☐ Current lifestyle
- ☐ Co-morbidities (i.e. ASCVD, HF, CKD)
- ☐ Clinical characteristics associated with increased CVD risk (i.e. age, blood pressure, cholesterol, smoking age, weight, etc.)
- ☐ Issues such as motivation and depression
- ☐ Social determinants of health (economic and social conditions that may affect a patient's health)
- ☐ Other characteristics not listed
- ☐ We don't have a standard protocol to address key characteristics of patients with type 2 diabetes
- ☐ I don't know / I'm unsure

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Question 8: Treatment Plans

Q8. 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:

- ☐ Comprehensive lifestyle modification recommendations
- ☐ Diabetes self-management education and support
- ☐ 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
- ☐ Use of ACC/AHA ASCVD Risk Calculator for CVD risk-based treatment decisions related to hypertension and lipid management in patients with type 2 diabetes
- ☐ Use of guideline-based pharmacologic therapy inclusive of cardio/cardiorenal protective therapies, such as SGLT-2 inhibitors and GLP-1 receptor agonists
- ☐ We don't operationalize a specific treatment plan for patients with type 2 diabetes.
- ☐ None of the above
- ☐ I don't know / I'm unsure

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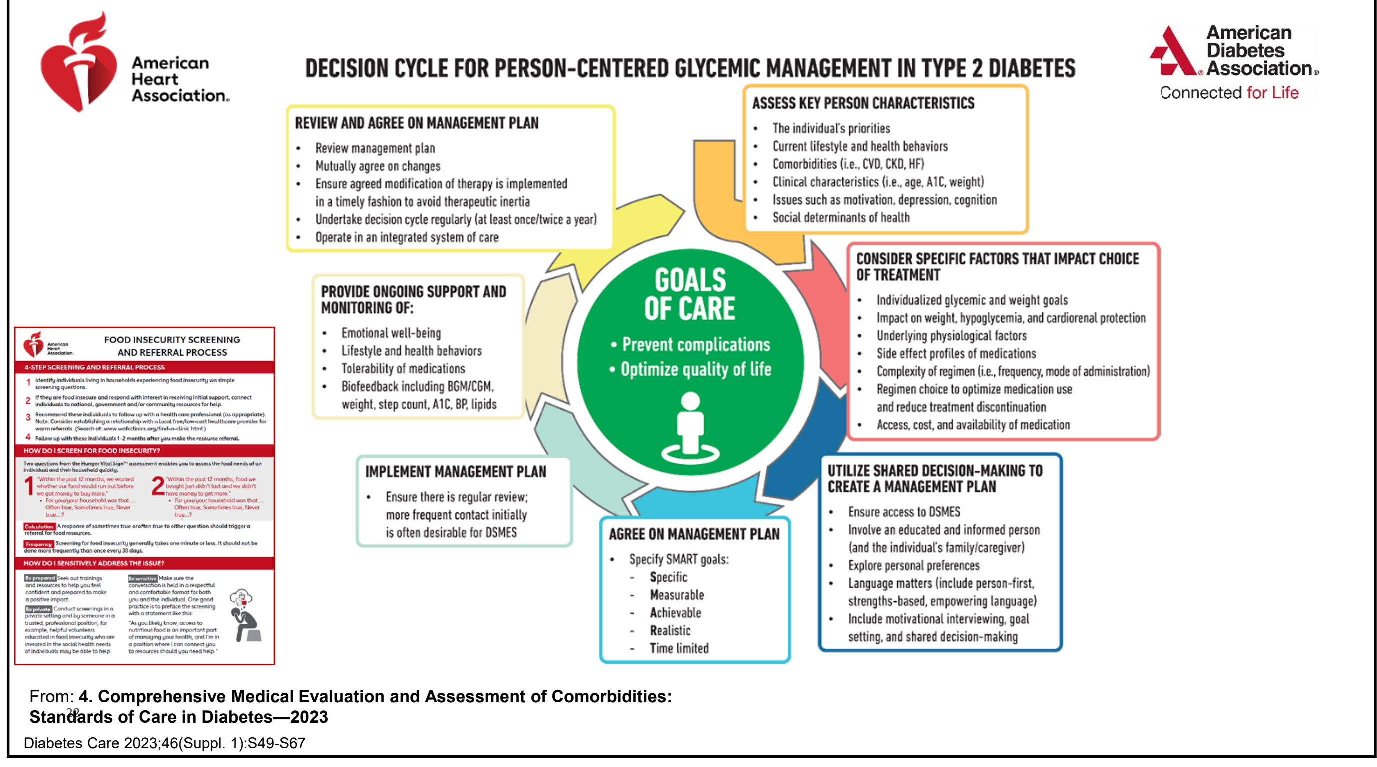

From: **4. Comprehensive Medical Evaluation and Assessment of Comorbidities: Standards of Care in Diabetes—2023**
Diabetes Care 2023;46(Suppl. 1):S49-S67

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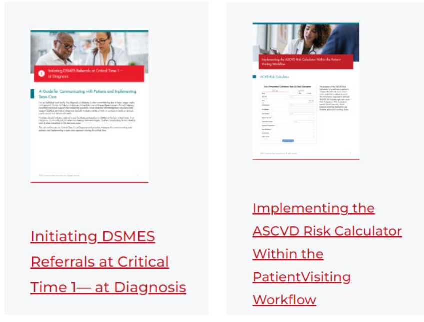
Protocols & Treatment Plans

Related Resources:

- Pharmacologic Approaches to Glycemic Treatment: Standards of Medical Care in Diabetes—2022 from the American Diabetes Association
- 2019 ACC/AHA Guideline on the Primary Prevention of Cardiovascular Disease from the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines
- ACC/AHA ASCVD Risk Calculator

KDBH Job Aids:



Find All KDBH Job Aids

DSMES = Diabetes Self-Management Education and Support

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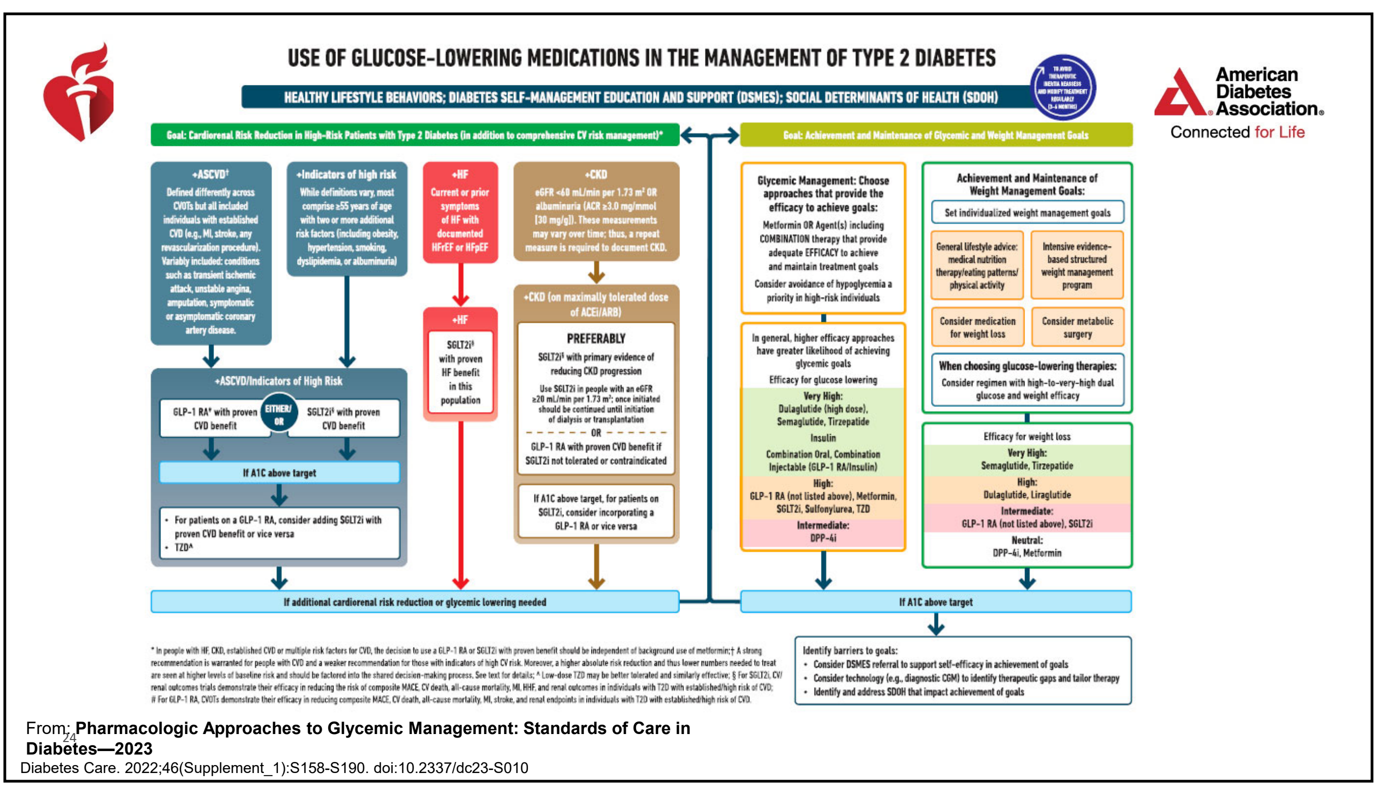

From: **Pharmacologic Approaches to Glycemic Management: Standards of Care in Diabetes—2023**
Diabetes Care. 2022;46(Supplement_1):S158-S190. doi:10.2337/dc23-S010

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Question 9: Prescribed Therapies

Q9. Please indicate where the following therapies are typically being prescribed for patients with type 2 diabetes, to the best of your knowledge.

Therapies:
A) Angiotensin system blockers (ACE inhibitor, ARB, or ARNI), **B)** Other antihypertensive medications such as beta-blockers, diuretics, etc. EXCEPT ACE/ARB/ARNI, **C)** lipid-lowering therapies, including statins or non-statin alternatives, **D)** Dipeptidyl Peptidase-4 (DPP4) inhibitors, **E)** GLP-1 receptor agonists, and **F)** SGLT-2 inhibitors

Within my organization, *[A-F individually],* are prescribed for patients with type 2 diabetes in:

Select all that apply:

- ☐ Family medicine or internal medicine
- ☐ Another specialty or specialties (example: cardiology, endocrinology, etc.)
- ☐ Specialty clinic(s), such as those for lipid or cardiometabolic care
- ☐ None of the above – we refer to external specialty providers
- ☐ None of the above – my organization neither prescribes these therapies nor has a process for referral
- ☐ I'm not sure

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Question 10: Prescribing Barriers

Q10. What barriers does your organization experience related to prescribing initiation of guideline-directed medical therapy for cardio/cardiorenal protective medications, such as SGLT-2 inhibitors and GLP-1 receptor agonists, for patients with type 2 diabetes?

Select all that apply:

- ☐ System-based barriers such as formulary or prior authorization limitations *(NOTE: Selecting this option will prompt an additional question)*
  Please select the factors that impact accessibility of cardio/cardiorenal protective medications:
  - ☐ Medications not on formulary
  - ☐ Limited resources to assist with prior authorization
  - ☐ Other factors
- ☐ Limited clinician awareness of the guideline-directed medical therapies or their application
- ☐ Clinicians unsure who is the primary lead in prescribing cardio/cardiorenal protective therapies, i.e., whether to refer to specialty provider for prescribing
- ☐ Prescriber reluctance to modify or add to patients' medications
- ☐ Lack of access to specialist for referral
- ☐ Patient reluctance, such as concerns about adverse effects or negative perception of pharmacotherapy in general
- ☐ Cost/affordability concerns expressed by patients
- ☐ Other circumstantial barriers for patients, such as lack of transportation, lack of pharmacy access, homelessness, etc.
- ☐ Other barriers not listed
- ☐ No barriers
- ☐ I'm not sure.

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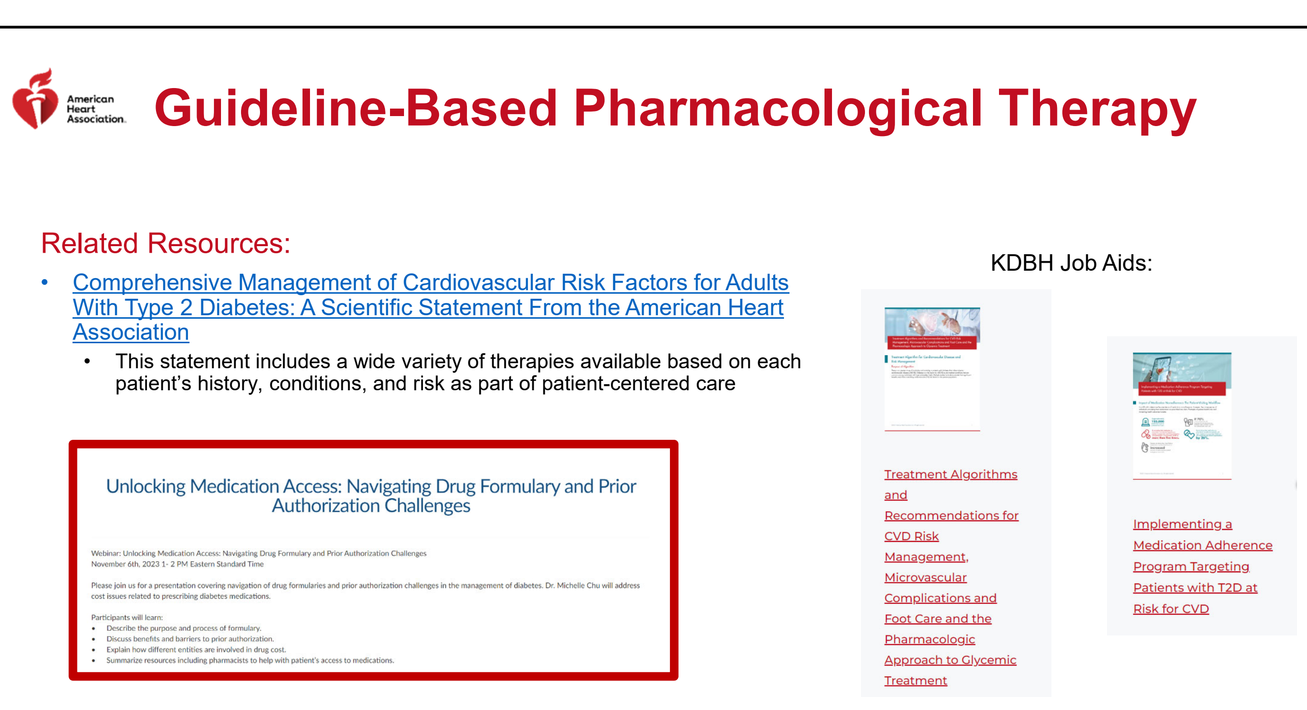

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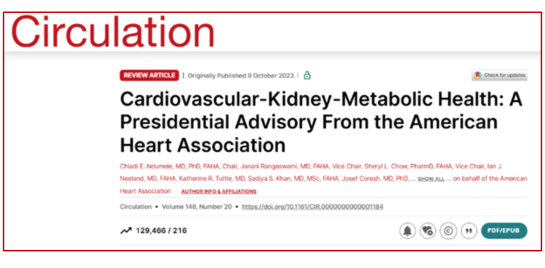
Kidney Health

WHY include a question on evaluating kidney health?

Patients with type 2 diabetes and kidney disease are at 3 times higher risk of dying from a cardiovascular event.

Early detection and use of medications designed to protect the heart and kidneys can help to prevent cardiovascular events like heart attack or stroke.

People with type 2 diabetes should have a UACR (urine albumin to creatinine ratio) test every year to measure kidney function and detect early signs of trouble.



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Question 11: Evaluating Kidney Health

Q11. Does your organization routinely evaluate kidney health for patients with type 2 diabetes?

Yes / No / I'm not sure.

If YES is selected:

Select all that apply:

- ☐ Assessment of estimated glomerular filtration rate (eGFR) at least once per year, per patient
- ☐ Assessment of estimated glomerular filtration rate (eGFR) less frequently than once per year per patient (such as once every 2 years)
- ☐ Assessment of urine albumin-creatinine ratio (uACR) at least once per year, per patient
- ☐ Assessment of urine albumin-creatinine ratio (uACR) less frequently than once per year per patient (such as once every 2 years)
- ☐ Assessment of kidney health using some other metric
- ☐ We do not have a process to evaluate kidney health in patients with diabetes
- ☐ I don't know / I'm not sure

American Heart Association Cardiovascular-Kidney-Metabolic Health Initiative

More than 89 million adults in the U.S. are at risk for or are living with cardio metabolic disease. Recent science shows that cardio kidney disease and cardiometabolic disease are interrelated, suggesting they should be viewed together as cardio kidney metabolic disease. A holistic, person-centered approach to cardiovascular-kidney-metabolic (CKM) syndrome is essential, as it aligns guidelines with real-life experiences of patients and healthcare professionals. Controlling four of Life's Essential 8 — weight, blood pressure, lipids, and blood glucose — improves cardiovascular health and reduces the risk of heart disease, stroke, metabolic disorders, and kidney disease.

The Cardiovascular-Kidney-Metabolic Health Initiative is made possible by the American Heart Association and founding sponsors, Novo Nordisk and Boehringer Ingelheim.

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CKD is classified based on: • Cause (C) • GFR (G) • Albuminuria (A)				Albuminuria categories Description and range		
				A1	A2	A3
				Normal to mildly increased	Moderately increased	Severely increased
				<30 mg/g <3 mg/mmol	30-299 mg/g 3-29 mg/mmol	≥300 mg/g ≥30 mg/mmol
GFR categories (mL/min/1.73 m²) Description and range	G1	Normal to high	≥90	1 if CKD	Treat 1	Refer* 2
	G2	Mildly decreased	60-89	1 if CKD	Treat 1	Refer* 2
	G3a	Mildly to moderately decreased	45-59	Treat 1	Treat 2	Refer 3
	G3b	Moderately to severely decreased	30-44	Treat 2	Treat 3	Refer 3
	G4	Severely decreased	15-29	Refer* 3	Refer* 3	Refer 4+
	G5	Kidney failure	<15	Refer 4+	Refer 4+	Refer 4+

Figure 11.1—Risk of chronic kidney disease (CKD) progression, frequency of visits, and referral to nephrology according to glomerular filtration rate (GFR) and albuminuria.

Microvascular Complications and Foot Care: *Standards of Care in Diabetes - 2023. Diabetes Care* 2023:46(Suppl. 1):S191-S202

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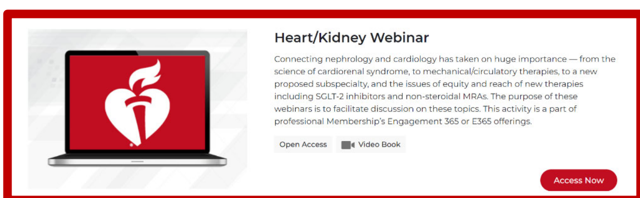
Kidney Health

Supporting Resources

Related Resources:

- Cardiorenal Protection With the Newer Antidiabetic Agents in Patients with Diabetes and Chronic Kidney Disease: A Scientific Statement From the American Heart Association
- Related Recordings (Webinars & Panels)
  - ADA 82nd Scientific Sessions Recap – Latest Research on CVD and Diabetes including Renal Risk Management
  - Managing CV and Renal Risk in Patients with T2D
  - Renal Disease in Patients with Heart Failure and Diabetes
  - FAQs for Patients with Renal Disease, Heart Failure and Type 2 Diabetes



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Clinical Practice Takeaways

- Modern management of diabetes is not just about lowering blood glucose. It is also about protecting the heart, the brain and the kidneys from vascular injury related to hyperglycemia.
- In addition to HgbA1c goals, it is important to track weight, activity, blood pressure, lipids and renal function (by eGFR and urine albumin Cr ratio) for our population with diabetes.
- In 2023 we have a broad array of tools for diabetes care. The job of the clinician is to assemble and tailor the best combination of for each patient.

Webinar

American Heart Association's Scientific Sessions Highlights: Latest Research on CVD and Diabetes

November 29, 2023

Join Know Diabetes by Heart™ for an expert panel discussion on new science released at the American Heart Association's Scientific Sessions. Panelists will discuss clinical highlights from the 2023 Scientific Sessions related to cardiovascular disease risk management in patients with diabetes, including renal disease.

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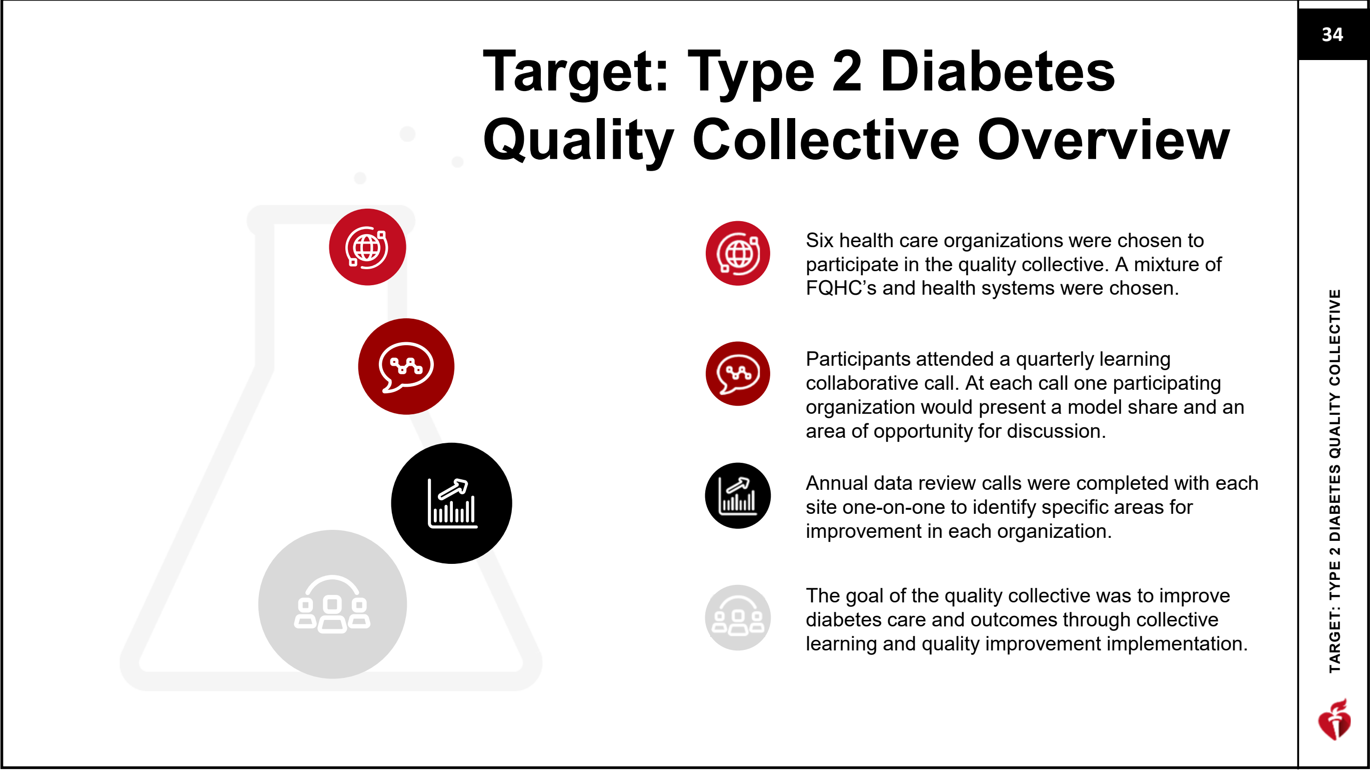

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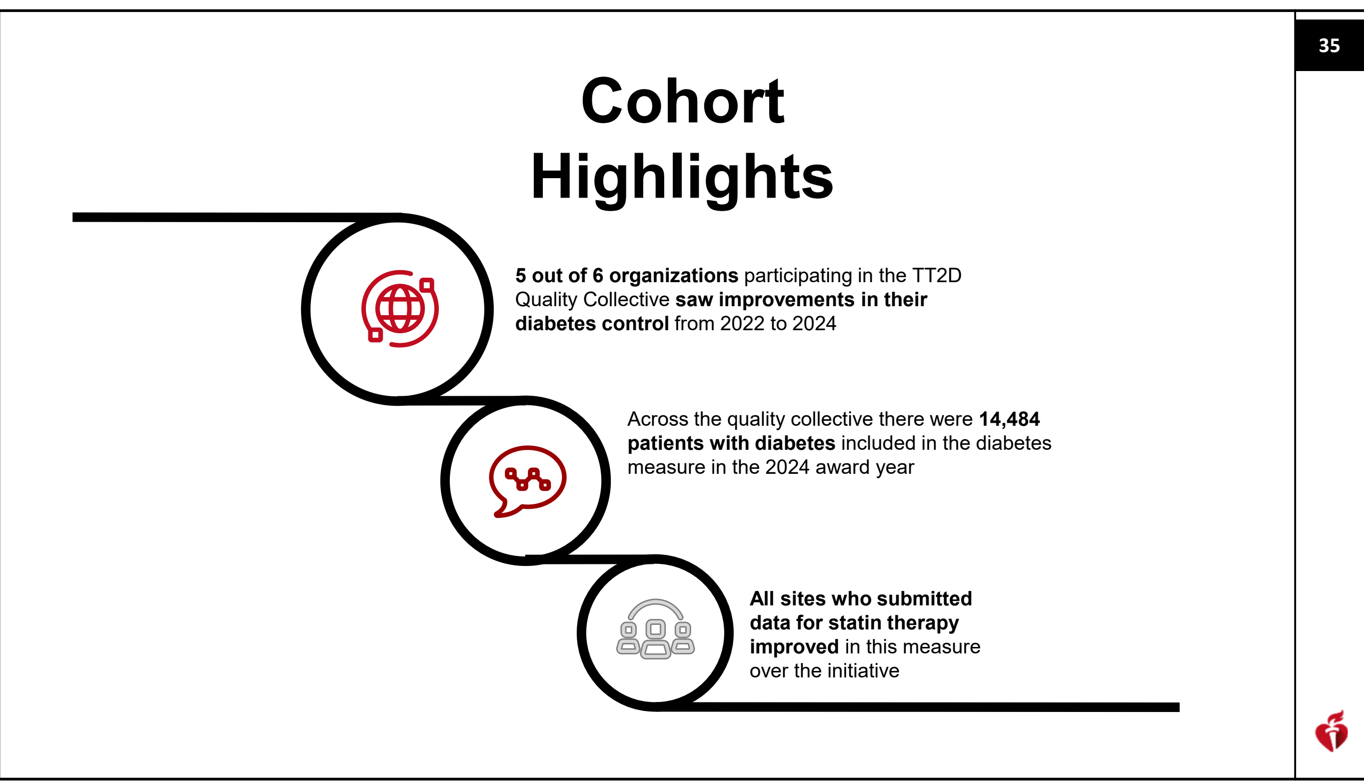

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TARGET: TYPE 2 DIABETES ABSTRACT AND POSTERS

AHA Scientific Sessions Global Quality Showcase

GLOBAL QUALITY SHOWCASE
SCIENTIFIC SESSIONS IN CHICAGO

Saturday, November 16 | 3:30 - 5:00p at HeartQuarters in the Exhibit Hall

Poster Presented at AHA Scientific Sessions November 15-18th 2024

"A Model-Sharing Approach for Quality Improvement of Diabetes and Cardiovascular Disease"

A Model-Sharing Approach for Quality Improvement of Diabetes and Cardiovascular Disease

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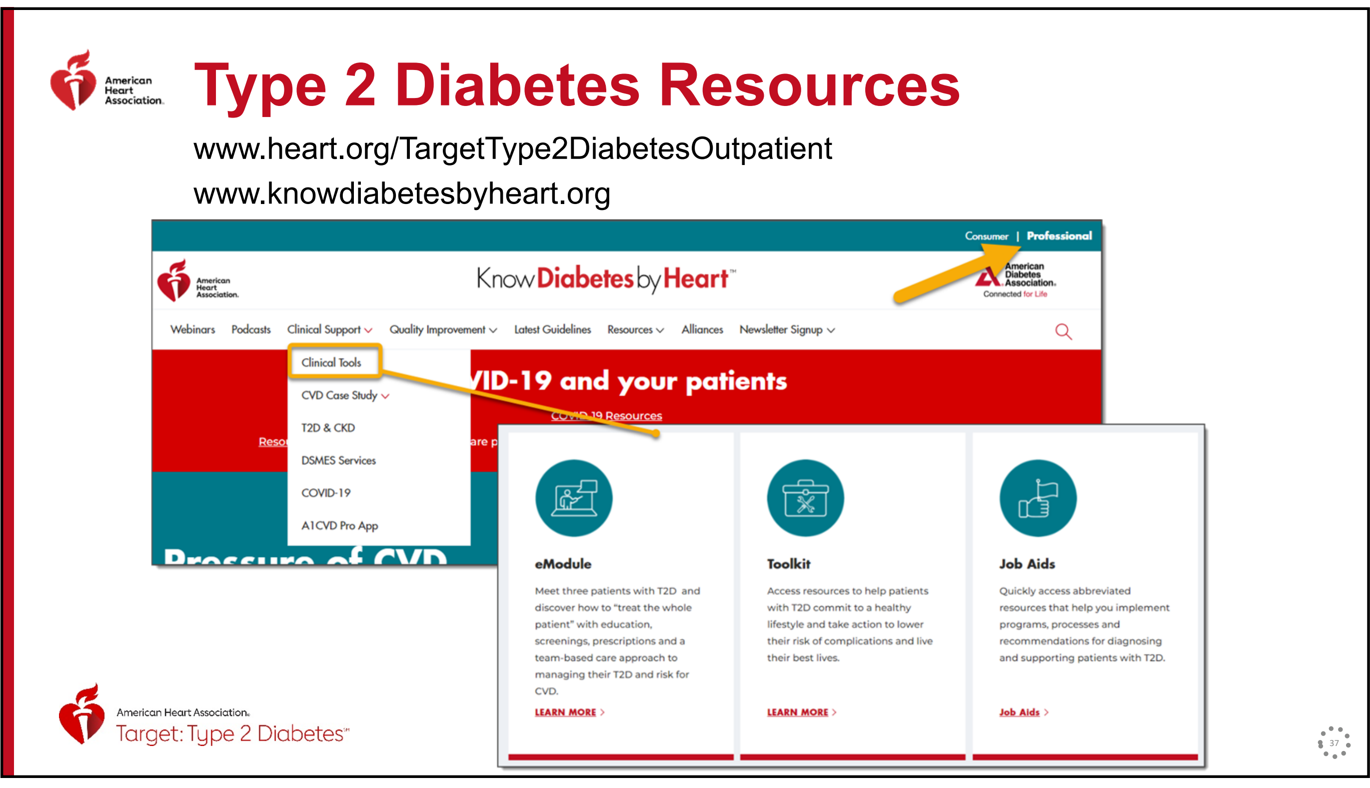

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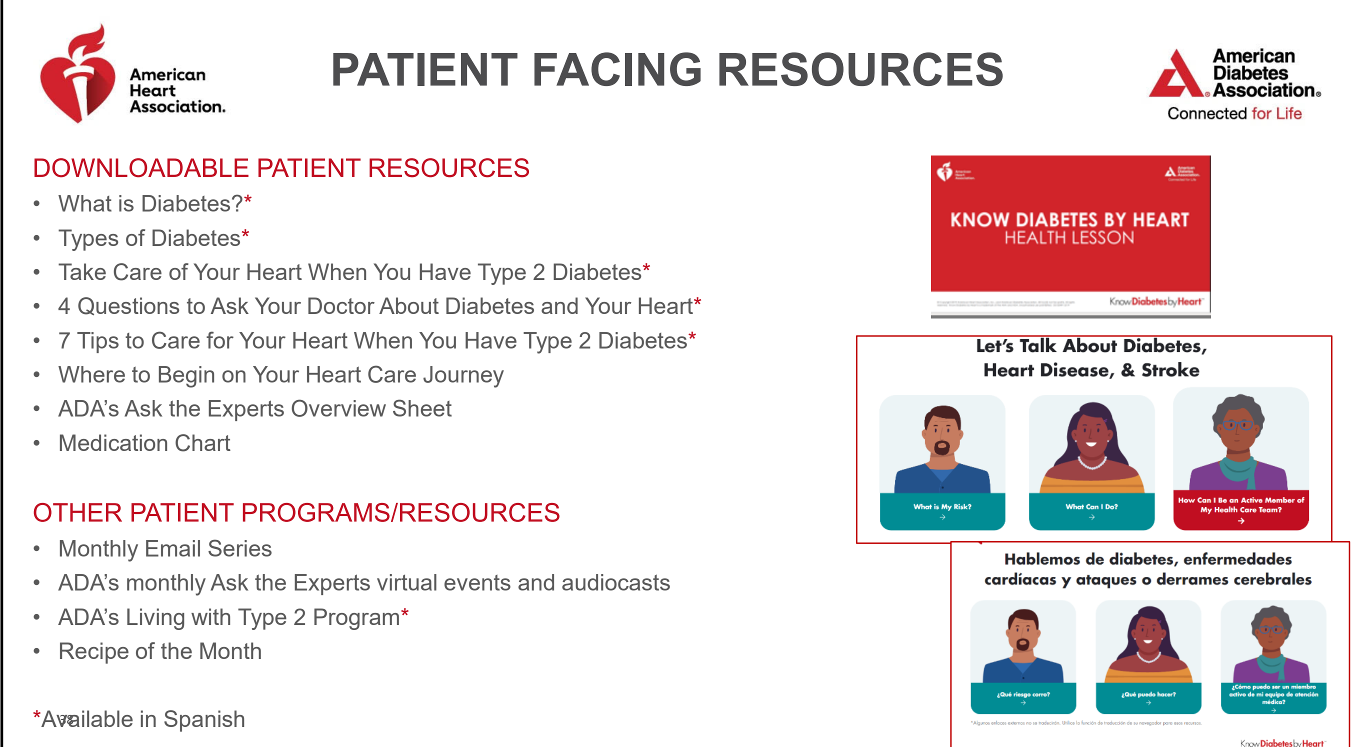

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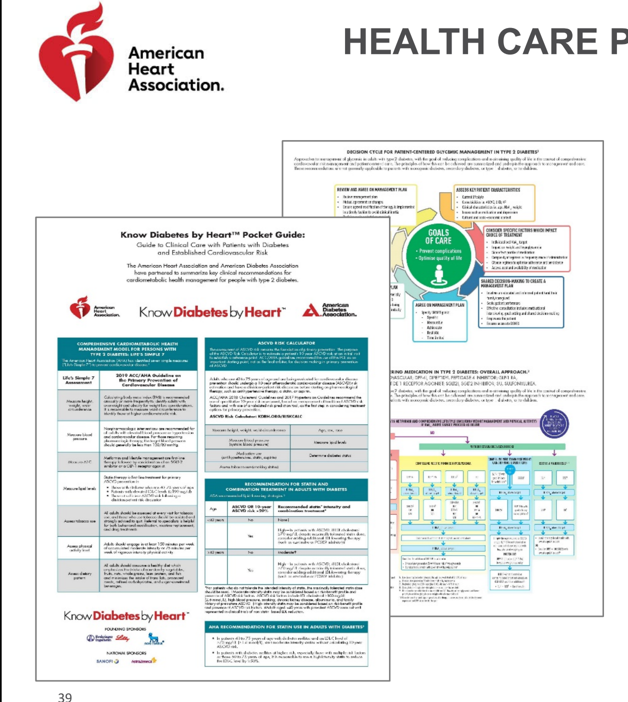
American Heart Association.

HEALTH CARE PROVIDER RESOURCES

American Diabetes Association. Connected for Life



WEBINAR SERIES

- Translating Guidelines into Practice
- Supporting Your Patients in Managing their CV Risk through Lifestyle Management

PODCAST SERIES

- Know Diabetes by Heart™ Initiative
- Management and Treatment of Diabetes to Prevent CVD
- AHA's 2018 Cholesterol Guidelines and the Implications for T2D
- Shared Decision-Making
- ASCVD Risk Calculator
- Diabetes and Heart Failure

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WEBINAR: TOMORROW (1.23.25 @ 12 PM CST)

REGISTER HERE

Learn About Diabetes and the Heart

Tuesday, February 11, 2025
2:00 pm – 3:00 pm ET

Did you know cardiovascular disease is the leading cause of death and a major cause of heart attacks, stroke and heart failure for people living with type 2 diabetes? Learn how caring for your heart and diabetes is a two-way street.

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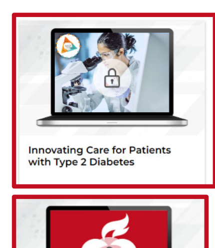
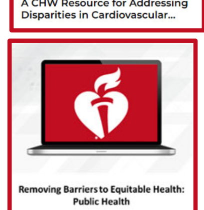
Professional Education

A mix of free / $$ options.

- Health Equity
- Hypertension
- Resuscitation
- Stroke & Brain Health
- Telehealth Prof. Cert.
- Tobacco Treatment Cert.

Future & Past webinars.





Community Facing Resources

Collections of Presentations

- **Healthy For Life Nutrition Lessons**
- **Empowered To Serve Modules.**

Answers By Heart includes dozens of fact sheets on **Cardiovascular Conditions**, **Treatments and Tests**, and **Lifestyle and Risk Reduction**. A great way to help make health information accessible. **Many sheets are also available in Spanish.**

Life's Essential 8 are the defining markers of good heart health. Resources include infographics for adults (also in Spanish) and **kids**, along with the **MyLifeCheck** heart health score tool.

American Heart Association.

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Funding Opportunities for Rural KS

Blood Pressure & Beyond – in the Rural Midwest Grant for Health Care Organizations*

Receive *up to* $2000* for your efforts in addressing rural health outcomes.

In July of 2024, the American Heart Association released a Presidential Advisory: Forecasting the Burden of Cardiovascular Disease (CVD) & Stroke in the U.S. Through 2050—Prevalence of Risk Factors and Disease. The report emphasized the role that a growing incidence of high blood pressure and diabetes will play in the overall growth of CVD while anticipating a continued disproportionate impact on rural areas.

Furthermore, the Advisory encourages the need for a comprehensive approach to prevention and management. Thus, we are working with health systems, Rural Health Clinics, Federally Qualified Health Centers, free clinics, and, more recently, pharmacies, dentists, behavioral health clinics, etc, to improve the clinical response to chronic disease disparities. In many cases, we are working with those same organizations to integrate opportunities to address the Social Drivers of Health (SDOH) and improve resource access in coordination with local community based organizations.

DEADLINE 1.31

Meeting People Where They Are

Improving Health in Collaboration with the Places Where Rural Communities Gather

Receive up to $1500 for your efforts to improve health in your community.

The American Heart Association's mission to be a *relentless force for a world of longer, healthier lives* is a prospect that is increasingly difficult in many rural communities. Among other health challenges, rural Americans face higher rates of high blood pressure, nutrition insecurity, tobacco use, cardiac arrest death rates, and more. At the same time, rural communities have strong assets – organizations and individuals who are dedicated to making a difference and thinking creatively to overcome challenges. That reality aligns with our Guiding Values which include a focus on "meeting people where they are" and "building powerful partnerships."

DEADLINE 2.7

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Next Steps

- Visit heart.org/RegisterMyOutpatientOrg to sign up for **Target: BP**, **Target: Type 2 Diabetes**, and/or **Check. Change. Control. Cholesterol.**
- Evaluate existing or potential **practice gaps** around chronic disease management and access American Heart Association tools to help close those gaps.
- Consider applying for one of AHA's rural health grants, either for your organization or in conjunction with a local partner.
- Reach out to Tim.Nikolai@heart.org for further information or to examine opportunities for collaboration.

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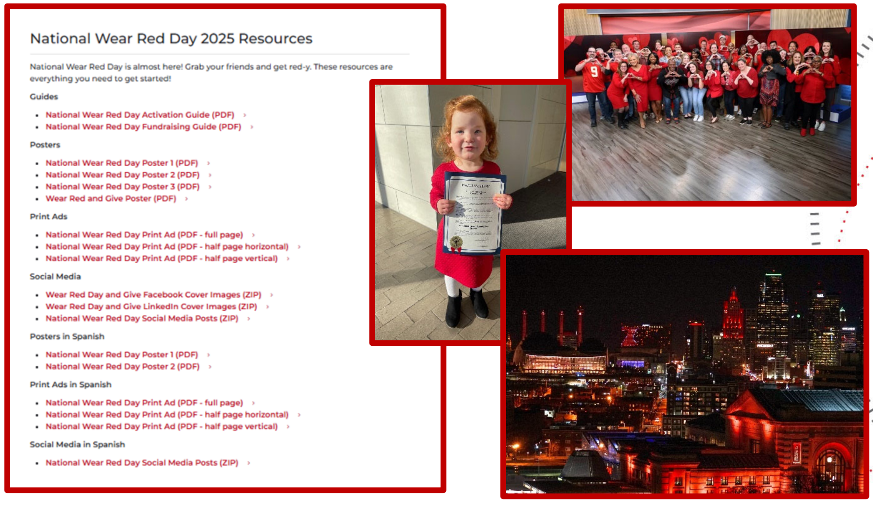
February is American Heart Month



National Wear Red Day 2025 Resources

National Wear Red Day is almost here! Grab your friends and get red-y. These resources are everything you need to get started!

Guides

- National Wear Red Day Activation Guide (PDF)
- National Wear Red Day Fundraising Guide (PDF)

Posters

- National Wear Red Day Poster 1 (PDF)
- National Wear Red Day Poster 2 (PDF)
- National Wear Red Day Poster 3 (PDF)
- Wear Red and Give Poster (PDF)

Print Ads

- National Wear Red Day Print Ad (PDF - full page)
- National Wear Red Day Print Ad (PDF - half page horizontal)
- National Wear Red Day Print Ad (PDF - half page vertical)

Social Media

- Wear Red Day and Give Facebook Cover Images (ZIP)
- Wear Red Day and Give LinkedIn Cover Images (ZIP)
- National Wear Red Day Social Media Posts (ZIP)

Posters in Spanish

- National Wear Red Day Poster 1 (PDF)
- National Wear Red Day Poster 2 (PDF)

Print Ads in Spanish

- National Wear Red Day Print Ad (PDF - full page)
- National Wear Red Day Print Ad (PDF - half page horizontal)
- National Wear Red Day Print Ad (PDF - half page vertical)

Social Media in Spanish

- National Wear Red Day Social Media Posts (ZIP)

@AHAKansas

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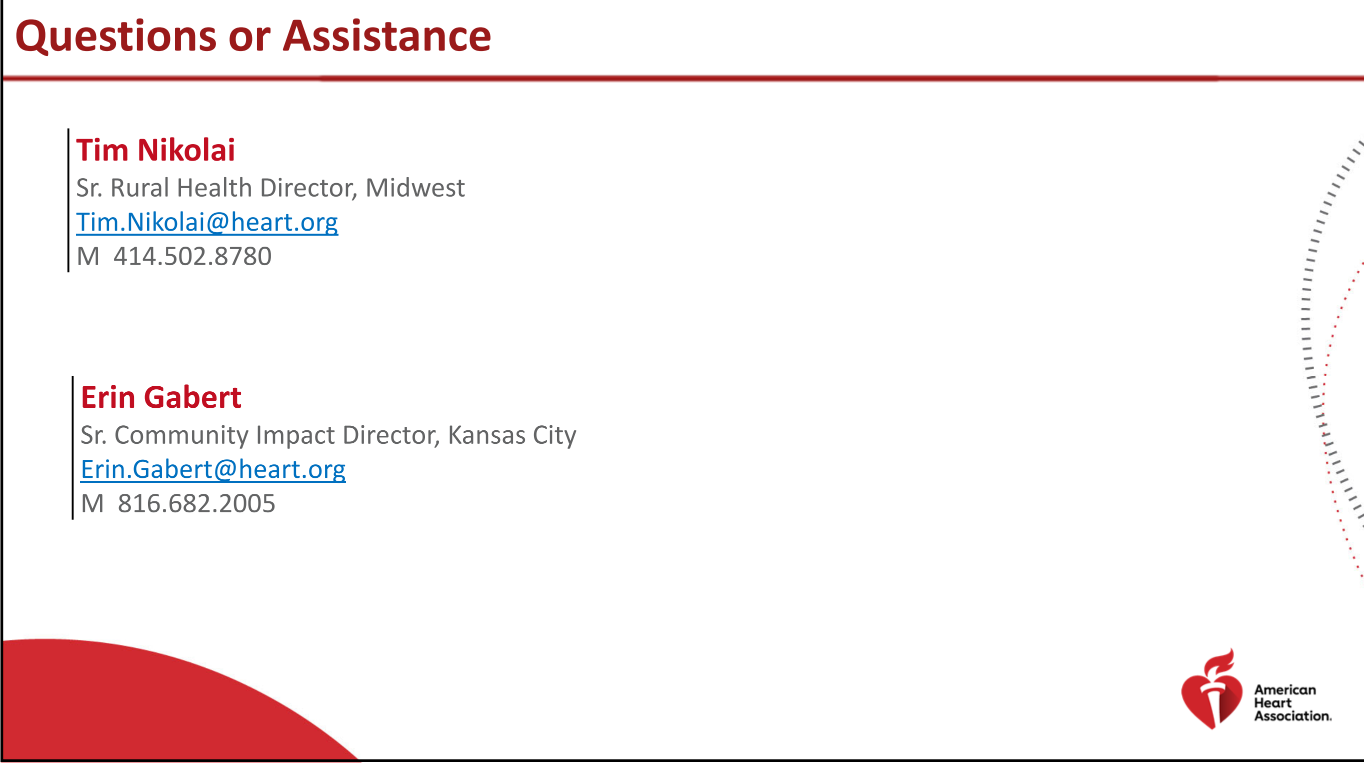

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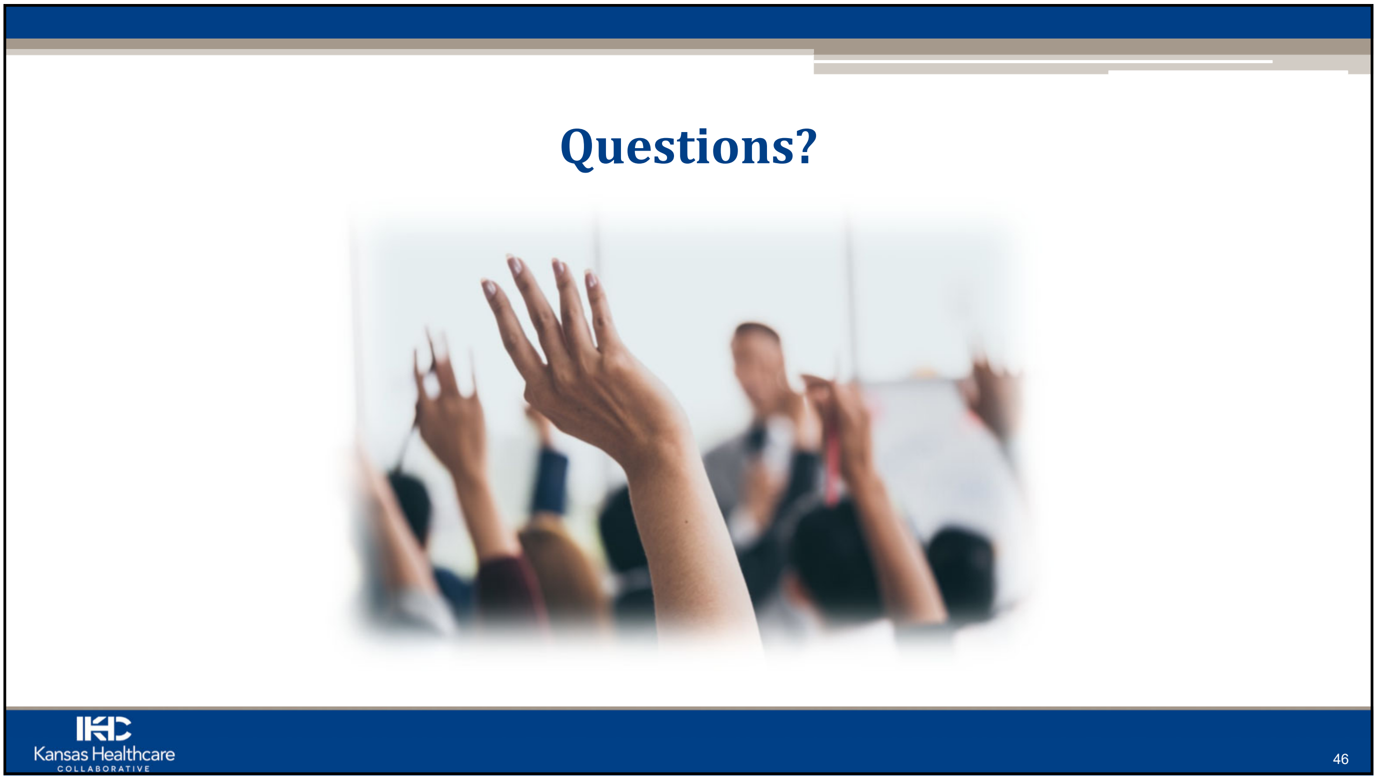

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Upcoming Education and Important Dates

- 1/23 KHA Advocacy Day
- 1/30 Kansas Virtual Career Day
- 2/26 KHC Office Hours - Resources for Treating Hypertension and CVD
- 3/26 KHC Office Hours - Best Practices for Success in APMs
- 3/31 MIPS Submission Window Closes - Last Day to Submit

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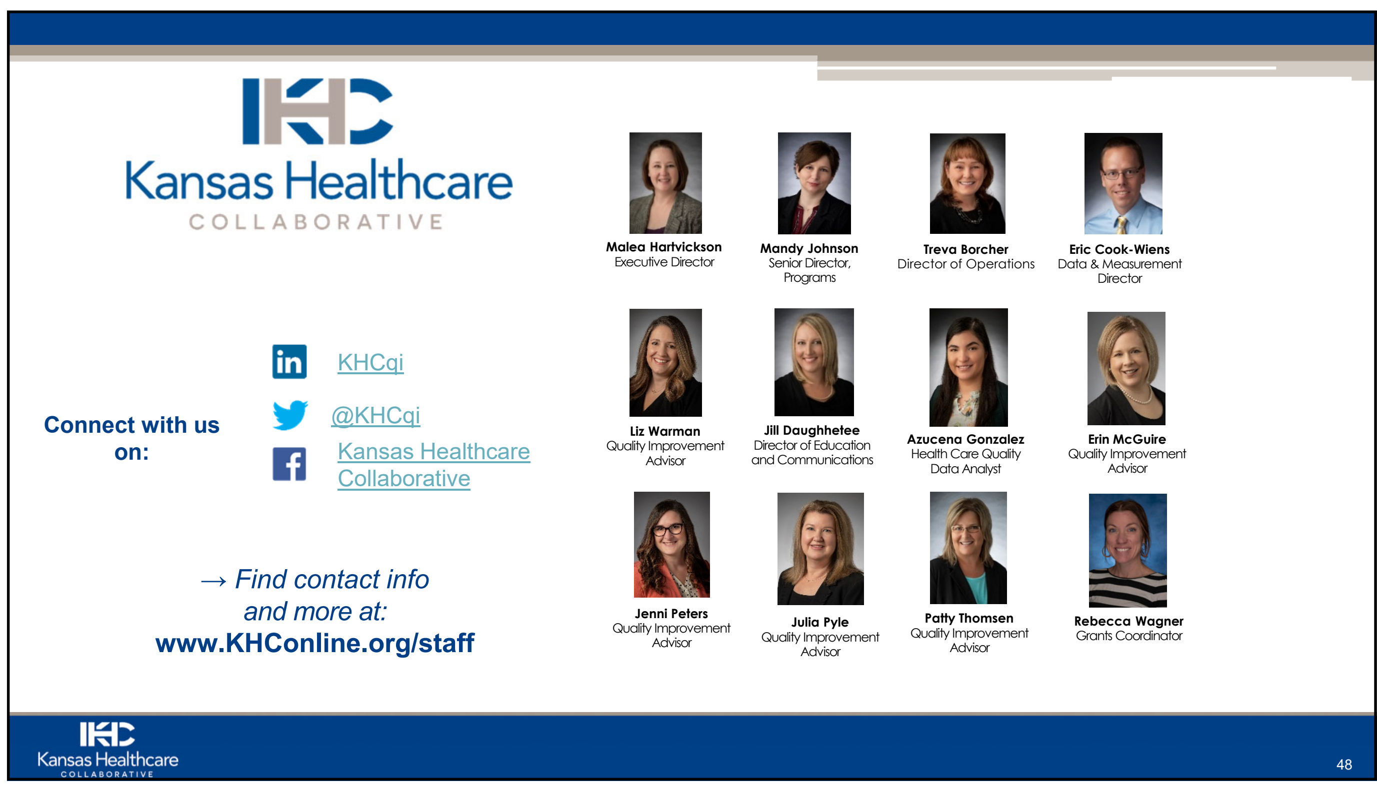

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