CalOptima Health

Pharmacy Update
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Diabetes Quality Measures

According to the Centers for Disease Control and Prevention, diabetes affects 37.1 million or 14.7 percent of adults in the United States and is the number one cause of kidney failure, lower-limb amputations and adult blindness.[1] To promote diabetes control and prevent serious complications, the American Diabetes Association recommends the following:[2]

1. Assess hemoglobin A1C (A1C) at least twice a year in patients who are meeting treatment goals and have stable glycemic control and quarterly in those not meeting treatment goals or with treatment changes.
2. Measure blood pressure (BP) at every routine clinical visit.
3. Monitor urinary albumin and estimated glomerular filtration rate annually.
4. Perform a dilated comprehensive eye exam every one to two years to screen for retinopathy and at least annually if retinopathy is present.
5. Screen for diabetic peripheral neuropathy annually.
6. Complete a comprehensive foot evaluation annually.

The National Committee for Quality Assurance has four important Healthcare Effectiveness Data and Information Set (HEDIS) quality measures that examine A1C and BP control, as well as monitoring eye and kidney health in members with diabetes (type 1 and 2) during the measurement year:[3]

	Hemoglobin A1C Control for Patients with Diabetes (HBD)	**Blood Pressure Control for Patients with Diabetes (BPD)**	**Eye Exam for Patients with Diabetes (EED)**	**Kidney Health Evaluation for Patients with Diabetes (KED)**
Description	Percentage of members whose A1C was under control (less than 8.0%) or in poor control (greater than 9.0%)	Percentage of members whose BP was adequately controlled (less than 140/90 mmHg)	Percentage of members who had a retinal eye exam	Percentage of members who had kidney health evaluation, defined as an estimated glomerular filtration rate (eGFR) **and** urine albumin-creatinine ratio (uACR) **or** urine albumin test and urine creatinine test less than five days apart
Ages	18–75 years of age			18–85 years of age
Inclusion Criteria	• Acute inpatient encounter^ or discharge with a diagnosis of diabetes **OR** • Two of the following with a diagnosis of diabetes: outpatient, observation or telephone visits; e-visits or virtual check-ins; nonacute inpatient encounters^ or discharges **OR** • Dispensed insulin or hypoglycemics/antihyperglycemics indicated for diabetes¥			
Exclusion Criteria	For HBD#, BPD#, EED# and KED: • Hospice or palliative care • 66 years and older in I-SNP, with LTI flag, or with frailty and advanced illness			For KED only: • End-stage renal disease or dialysis • 81 years and older with frailty

^Excludes telehealth; ¥Excludes metformin monotherapy; #Members who do not have a diagnosis of diabetes and have polycystic ovarian syndrome, gestational or steroid-included diabetes are excluded; I-SNP = institutional special needs plans; LTI = long-term institution

How can I help improve performance?

- Ensure proper labs are ordered (A1C, eGFR, uACR) and follow up with patients to discuss results.
- Coordinate care with appropriate specialists as needed (e.g., endocrinologist, nephrologist, podiatrist, optometrist/ophthalmologist).

References

1. National Diabetes Statistics Report. Centers for Disease Control and Prevention. Updated June 29, 2022. Available at: https://www.cdc.gov/diabetes/data/statistics-report/index.html. Accessed 7/3/2023.
2. American Diabetes Association (ADA). Standards of Medical Care in Diabetes—2023. Diabetes Care 2023; 46 (Supplement 1).
3. National Committee for Quality Assurance (NCQA). HEDIS MY 2023, Volume 2. Technical Specifications for Health Plans.