
CBE ID

0731

Title

Comprehensive Diabetes Care

Project

Endocrine Endorsement Maintenance

Endorsement Status

Endorsement Removed

Is Under Review

No

Previous Endorsement Cycle

Spring 2014

Removal Date

Mon, 02/03/2014 - 19:00

Initial Endorsement

Mon, 01/17/2011 - 18:36

Steward

National Committee for Quality Assurance

1.0 New or Maintenance

Maintenance

1.1 Measure Structure

Composite Measure

1.3 Electronic Clinical Quality Measure (eCQM)

No

1.6 Measure Description

The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) who had each of the following:

- Hemoglobin A1c (HbA1c) testing (NQF#0057)
- HbA1c poor control (>9.0%) (NQF#0059)
- HbA1c control (<8.0%) (NQF#0575)
- HbA1c control (<7.0%) for a selected population*
- Eye exam (retinal) performed (NQF#0055)
- LDL-C screening (NQF#0063)
- LDL-C control (<100 mg/dL) (NQF#0064)

- Medical attention for nephropathy (NQF#0062)
- BP control (<140/90 mm Hg) (NQF#0061)
- Smoking status and cessation advice or treatment

1.7 Measure Type

Composite

1.8 Level of Analysis

Clinician: Group/Practice, Clinician: Individual, Health Plan

1.9 Care Setting

Outpatient Services

1.14 Numerator

Percentage of individuals 18-75 years of age with diabetes (type 1 and 2) who had each of the following:

1. HbA1c Testing - An HbA1c test performed during the measurement year as identified by claim/encounter or automated laboratory data.
2. HbA1c Poor Control >9% - Use automated lab data to identify the most recent HbA1c test during the measurement year. The member is numerator compliant if the most recent automated HbA1c level is >9.0% or is missing a result, or if an HbA1c test was not done during the measurement year. The member is not numerator compliant if the automated result for the most recent HbA1c test during the measurement year is =9.0%. An organization that uses CPT Category II codes to identify numerator compliance for this indicator must search for all codes and use the most recent code during the measurement year to evaluate whether the member is numerator compliant. Note: For this indicator, a lower rate indicates better performance (i.e., low rates of poor control indicate better care).
3. HbA1c Control <8% - Use automated laboratory data to identify the most recent HbA1c test during the measurement year. The member is numerator compliant if the most recent automated HbA1c level is <8.0%. The member is not numerator compliant if the automated result for the most recent HbA1c test is =8.0% or is missing a result, or if an HbA1c test was not done during the measurement year. An organization that uses CPT Category II codes to identify numerator compliance for this indicator must search for all codes and use the most recent code during the measurement year to evaluate whether the member is numerator compliant.
4. HbA1c Control <7% - Use automated laboratory data to identify the most recent HbA1c test during the measurement year. The member is numerator compliant if the most recent automated HbA1c level is <7.0%. The member is not numerator compliant if the automated result for the most recent HbA1c test is =7.0% or is missing a result, or if an HbA1c test was not done during the measurement year. An organization that uses CPT Category II codes to identify numerator compliance for this indicator must search for all codes and use the most recent code during the measurement year to evaluate whether the member is numerator compliant. Note: This indicator uses the eligible population with additional eligible population criteria (e.g., removing members with required exclusions).
5. Eye Exam - An eye screening for diabetic retinal disease as identified by administrative data. This includes diabetics who had one of the following:- A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year, OR- A negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional in the year prior to the measurement year. Refer to codes to identify eye exams. For exams performed in the year prior to the measurement year, a result must be available.
6. LDL-C

Screening - An LDL-C test performed during the measurement year, as identified by claim/encounter or automated laboratory data. The organization may use a calculated or direct LDL for LDL-C screening and control indicators.7. LDL-C Control <100 mg/dL - Use automated laboratory data to identify the most recent LDL-C test during the measurement year. The member is numerator compliant if the most recent automated LDL-C level is <100 mg/dL. If the automated result for the most recent LDL-C test during the measurement year is =100 mg/dL or is missing, or if an LDL-C test was not done during the measurement year, the member is not numerator compliant. An organization that uses CPT Category II codes to identify numerator compliance for this indicator must search for all codes and use the most recent code during the measurement year to evaluate whether the member is numerator compliant.8. Medical Attention for Nephropathy - A nephropathy screening test or evidence of nephropathy, as documented through administrative data.9. BP Control <140/90 mmHg - Use automated data to identify the most recent BP reading during the measurement year. The member is numerator compliant if the most recent automated BP level is <140/90 mm Hg. The member is not compliant if the BP is =140/90 mm Hg or if there is no automated BP reading during the measurement year. If there are multiple BPs on the same date of service, use the lowest systolic and lowest diastolic BP on that date as the representative BP. An organization that uses CPT Category II codes to identify numerator compliance for this indicator must search for all codes and use the most recent codes during the measurement year to evaluate whether the member is numerator compliant for both systolic and diastolic levels.11. Smoking status: Patients with documentation of smoking status (i.e. non-smoker, smoker, not known) AND date of cessation counseling, OR treatment during the measurement year if the patient is a tobacco smoker.

1.15 Denominator

Individuals 18-75 years of age by the end of the measurement year who had a diagnosis of diabetes (type 1 or type 2) during the measurement year or the year prior to the measurement year.

1.20 Types of Data Sources

Claims Data, Electronic Health Data, Electronic Health Records: Electronic Health Records, Other

6.1.2 Current or Planned Use(s)

Payment Program, Professional Certification or Recognition Program, Public Reporting, Quality Improvement (Internal to the specific organization), Regulatory and Accreditation Programs

6.1.3 Current Use(s)

Payment Program, Professional Certification or Recognition Program, Public Reporting, Quality Improvement (Internal to the specific organization), Regulatory and Accreditation Programs

Exclusions

Exclude individuals with a diagnosis of polycystic ovaries who did not have a face-to-face encounter, in any setting, with a diagnosis of diabetes during the measurement year or the year prior to the measurement year. Diagnosis may occur at any time in the individual's history, but must have occurred by the end of the measurement year.

Exclude individuals with gestational or steroid-induced diabetes who did not have a face-to-face

encounter, in any setting, with a diagnosis of diabetes during the measurement year or the year prior to the measurement year. Diagnosis may occur during the measurement year or the year prior to the measurement year, but must have occurred by the end of the measurement year.

Exclusions for the HbA1c Control <7% indicator ONLY:

1. 65 years of age and older by the end of the measurement year
2. Members discharged alive for CABG or PCI in the measurement year or year prior to the measurement year.
3. Members with at least one outpatient visit w/ an IVD diagnosis OR at least one acute inpatient claim/encounter w/ an IVD diagnosis during the measurement year and the year prior to the measurement year. Criteria need not be the same across both years.
4. Members with at least one outpatient visit w/ a thoracic aortic aneurysm diagnosis OR at least one acute inpatient claim/encounter with a thoracic aortic aneurysm diagnosis during the measurement year and the year prior to the measurement year. Criteria need not be the same across both years.
5. Members who had at least one encounter, in any setting, w/chronic heart failure.
6. Members who had at least one encounter, in any setting, w/any code to identify MI. Look as far back as possible in the member's history through the end of the measurement year.
7. Members who had at least one encounter, in any setting, w/ any code to identify CRF/ESRD. Look as far back as possible in the member's history through the end of the measurement year.
8. Members who had at least one encounter, in any setting, w/ any code to identify dementia. Look as far back as possible in the member's history through the end of the measurement year.
9. Members who had at least one encounter, in any setting, w/ any code to identify blindness. Look as far back as possible in the member's history through the end of the measurement year.
10. Members who had at least one encounter, in any setting, w/ any code to identify lower extremity amputation. Look as far back as possible in the member's history through the end of the measurement year.

Planned Use

Payment Program, Professional Certification or Recognition Program, Public Reporting, Quality Improvement (Internal to the specific organization)

Risk Adjustment

No risk adjustment or risk stratification

Target Population

Elderly

Steward Organization

National Committee for Quality Assurance

Steward POC email

measureendorsement@ncqa.org