January 2, 2026

Mehmet Oz, MD, MBA
Administrator
Centers for Medicare and Medicaid Services
200 Independence Avenue, SW
Washington, DC 20201

RE: Excess Days in Acute Care (EDAC) After Hospitalization for Diabetes (MUC2025-053)

Dear Administrator Oz,

Glytec appreciates the opportunity to comment on the Excess Days in Acute Care (EDAC) After Hospitalization for Diabetes measure (MUC2025-053), which assesses excess days spent in acute care settings – including inpatient readmissions, observation stays, and emergency department visits – within 30 days following discharge from a diabetes-related hospitalization. We applaud CMS's continued leadership in advancing outcomes-based quality measurement and improving care transitions for patients hospitalized with diabetes. Glytec strongly supports the adoption of the Diabetes EDAC measure as a mandatory reporting measure in the Hospital Inpatient Quality Reporting (IQR) Program.

About Glytec

Since our founding in 2006, Glytec has been a pioneer in insulin management technology. We provide advanced insulin management software as a medical device (SaMD), cleared by the Food and Drug Administration, that delivers personalized insulin treatment across the full spectrum of inpatient glycemic care. Glytec's software is grounded in peer-reviewed clinical guidelines and supported by advanced, intelligent, computer-based algorithms that optimize glycemic management across a wide range of clinical conditions and severities. These include patients with and without diabetes, complex inpatient populations (*e.g.*, ICU, stroke, and cardiac surgery patients), and acute metabolic presentations such as ketoacidosis related to diabetes and hyperosmolar states.

Glytec's solutions have demonstrated meaningful improvements in safety, clinical outcomes, and cost savings for more than 350 health systems nationwide, including academic medical centers, community hospitals, accountable care organizations, and health plans. With an estimated 40 to 50 percent of hospitalized patients requiring insulin therapy in some settings, hospitals increasingly rely on SaMD to improve glycemic management. Glytec's clients have achieved measurable reductions in hypoglycemia, hyperglycemia, length of stay, readmissions, A1C levels, and overall cost of care. By improving inpatient glycemic control and supporting safer transitions of care, Glytec delivers both clinical and economic value to patients and health systems.

As a leading health care technology company, Glytec welcomes the opportunity to share its experience and insights and appreciates CMS's efforts to advance quality measurement that meaningfully reflects patient outcomes.

Support for the Diabetes EDAC Measure

Glytec strongly supports the Diabetes EDAC measure as a meaningful and appropriate approach to evaluating post-discharge outcomes for patients hospitalized with diabetes. Patients with diabetes face an elevated risk of emergency department visits, observation stays, and unplanned readmissions following hospitalization, often due to challenges related to glycemic management, medication adjustments, patient education, and care coordination at discharge. By aggregating emergency department visits, observation stays, and unplanned readmissions into a single, risk-adjusted outcome measure, the EDAC framework provides a more comprehensive and clinically relevant assessment of post-discharge acute care utilization than readmission-only measures.

Glytec believes this approach more accurately reflects the patient experience and aligns with CMS's goals of improving care transitions, reducing avoidable utilization, and advancing value-based care. We also support the measure's use of risk adjustment for age, comorbidities, and exposure time, which helps ensure fair comparisons across hospitals serving complex patient populations.

Importance of Mandatory Inclusion in the Hospital IQR Program

Glytec strongly urges CMS to adopt the Diabetes EDAC measure as a mandatory measure within the IQR Program. Mandatory reporting increases hospital engagement, elevates leadership accountability for patient safety, and drives investment in quality improvement strategies focused on diabetes care transitions. CMS's experience with other mandatory inpatient quality measures demonstrates that public reporting and accountability frameworks catalyze the adoption of standardized clinical protocols, strengthen discharge planning processes, and support implementation of tools and workflows that reduce preventable adverse outcomes. Making the Diabetes EDAC measure mandatory would clearly signal CMS's commitment to improving patient safety for patients with diabetes.

Including the Diabetes EDAC measure in the IQR Program would further reinforce the importance of continuity of care beyond the inpatient setting and encourage hospitals to implement interventions that reduce post-discharge acute care utilization, improve patient safety, and lower the cost of care. A growing body of evidence demonstrates that effective inpatient glycemic management – specifically the avoidance of hypoglycemia and hyperglycemia and the reduction of glucose variability – is associated with lower rates of emergency department visits and hospital readmissions after discharge.[1] These findings underscore the importance of addressing glycemic control during the inpatient stay as a foundational strategy for improving post-discharge outcomes.

[1] Rubin, D. J., & Shah, A. A. (2021). Predicting and preventing acute care re-utilization by patients with diabetes. Current Diabetes Reports, 21(9), 34. https://pmc.ncbi.nlm.nih.gov/articles/PMC8418292/

Alignment with Outcomes-Based Quality Measurement

The Diabetes EDAC measure aligns with CMS's broader shift toward outcomes-based quality measurement, including recent efforts to improve inpatient glycemic management through electronic clinical quality measures, by promoting accountability for both inpatient care and downstream outcomes following discharge. In addition to holding hospitals accountable for post-discharge acute care utilization, the measure will drive a transition toward more technology-enabled care during the critical 30-day post-discharge period, when patients hospitalized with diabetes face heightened risk for adverse events.

Hospitals have access to a range of emerging solutions that can help modulate the post-discharge experience for patients with diabetes, including models like Glytec's artificial intelligence-powered Command Center and other technology-enabled approaches that support monitoring, coordination, and timely intervention following discharge. Glytec's Command Center uses AI-driven analytics to transform electronic health record and glycemic data into actionable insights for risk surveillance, performance benchmarking, and care coordination across the enterprise, helping health systems prioritize high-risk discharges and intervene early.

Effective inpatient glycemic management remains a critical determinant of post-discharge outcomes, underscoring the importance of optimizing glucose control during hospitalization to reduce downstream acute care utilization. We expect hospitals to prioritize improvements to care protocols and adopt technology-enabled approaches that strengthen care transitions, reduce avoidable emergency department visits and readmissions, and advance CMS's goals for patient-centered, value-driven care. Hospitals already have access to a range of technology-enabled solutions that support effective glycemic management and coordinated transitions of care, and the EDAC measure provides a meaningful incentive to adopt and scale these approaches to reduce excess days in acute care.

Conclusion

Glytec appreciates CMS's leadership in advancing meaningful quality measures and strongly supports the adoption of the Diabetes EDAC measure as a mandatory reporting measure in the IQR Program. We believe this measure represents a significant step forward in enhancing care transitions and outcomes for patients with diabetes.

Thank you for the opportunity to provide comment. We look forward to continued engagement as this measure advances.

Sincerely,

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