



One of a series of tip sheets that look at key Healthcare Effectiveness Data and Information Set measures

Comprehensive diabetes care

This measure examines the percentage of adults ages 18-75 with diabetes (Type 1 and Type 2) who had each of the following completed annually:

- Hemoglobin A1C (HbA1C) screening test
- Medical attention to nephropathy
- Eye exam (retinal) performed (doesn't need to be completed annually if result was negative the previous year)
- Blood pressure control (<140/90 mm Hg)

Controlling HbA1C

- <7% is optimal for most people
- <8% is acceptable in select populations*
- >9% denotes poor control

For more details, see information on back and the corresponding tip sheet on retinal exams related to comprehensive diabetic care.

Exclusions

Patients without a diagnosis of diabetes but with a diagnosis of one of the following during the current year or year prior:

- Gestational diabetes
- Steroid-induced diabetes

*Select populations for HbA1C rate <8% include:

- Any prior or current history of dementia, blindness, stage 4 chronic kidney disease, end stage renal disease, lower extremity amputation, chronic heart failure, cardiomyopathy, thoracoabdominal or thoracic aortic aneurysm or has been diagnosed with atherosclerotic cardiovascular disease or has had a prior myocardial infarction
- If a patient turns 65 during the year or has undergone a coronary artery bypass graft or percutaneous coronary intervention — during the current or previous year

Tips

Comprehensive diabetes care measures are collected for HEDIS purposes from two key sources:

- **Administrative data.** This can include data from claims, lab feeds, pharmacy data and standard supplemental data sources that have been audited, such as electronic medical records.
- **Data from chart reviews.** This is a random sample of medical records selected to review evidence of the data listed and the exclusions. Proper documentation of tests, dates, results and exclusions is essential for chart review purposes.

HEDIS® requirements

- **HbA1C screening:** Need date and most recent result during current year in chart – use a distinct value for result, not threshold
- **Blood pressure control:** Need date and most recent result during current year in chart – use a distinct value for result, not threshold
- **Eye exam** (must include one of the following):
 - A letter from an eye care specialist, primary care physician or health professional documenting ophthalmoscopic exam by eye care professional, with date and results in current year
 - A chart or photograph of retinal abnormalities reviewed by an eye care professional, with date and results in current year
 - Documentation of a negative retinal exam by an eye care professional from the prior year – see Comprehensive Diabetes Care — Retinal Eye Exam tip sheet for more details
- **Medical attention to nephropathy:** Need a nephropathy screening test or evidence of nephropathy during the current year
 - Nephropathy screening test may include any of the following:
 - 24-hour, spot or timed urine test for microalbumin, with date and result
 - 24-hour urine total protein test, with date and result
 - Random urine test for microalbumin/creatinine or protein/creatinine ratio, with date and result
 - Evidence of nephropathy:
 - Documentation of visit to a nephrologist
 - Documentation of ACE or ARB medication prescribed during the current year
 - Documentation of renal transplant
 - Documentation of medical attention for end stage renal disease, chronic kidney disease, diabetic nephropathy, proteinuria/albuminuria, renal dysfunction or insufficiency, dialysis, acute or chronic renal failure

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