



One in a series of tip sheets that look at key Healthcare Effectiveness Data and Information Set measures, commonly referred to as HEDIS® measures.

Comprehensive diabetes care

This measure examines the percentage of adults ages 18 to 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
- Retinal eye exam performed. This doesn't need to be completed annually if result was negative the previous year. For more details, see "Diabetes care — Retinal eye exam" tip sheet.
- Blood pressure control (<140/90 mm Hg)

Did you know?

- More than 100 million U.S. adults are now living with diabetes or prediabetes, according to a report by the Centers for Disease Control and Prevention.
- A person with diagnosed diabetes at age 50 dies six years earlier than their counterpart without diabetes.

Improving HEDIS scores

- **HbA1C screening:** Need date and most recent result during current year in chart; use a distinct value for the result, not a threshold.
 - <7% is optimal for select populations, such as those who currently have or those with a 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 who have been diagnosed with atherosclerotic cardiovascular disease or have had a prior myocardial infarction.
 - <7% is optimal 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.
 - <8% is acceptable.
 - >9% denotes poor control.

Tips:

Reach out. Contact patients to remind them of the need for follow-up appointments. If a patient has been diagnosed with diabetes and no A1c has been recorded during the year, then it's assumed that the patient's blood sugar is not being controlled.

Educate. Poor control and compliance lead to poor outcomes. Knowing the risks can help patients make better decisions. Be sure to reinforce with patients the need to take their medications regularly and correctly to help improve compliance and keep blood sugars under control.

continued

- **Blood pressure control:** Need the date and most recent result during current year in chart; use a distinct value for the result, not a threshold.
- **Retinal eye exam (must include one of the following):**
 - A note or letter completed by an eye care specialist, primary care physician or health professional, documenting ophthalmoscopy 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.)
 - Documentation of bilateral enucleation
- **Medical attention to nephropathy:** Need a nephropathy screening test or evidence of nephropathy during the current year. Nephropathy screening test may include a simple urine test for protein (spot urine) or any of the following with the date and result:
 - 24-hour spot or timed urine test for albumin or protein
 - 24-hour urine total protein test
 - Random urine test for protein/creatinine ratio
 - Urine for albumin/creatinine ratio

or

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

Exclusions (optional):

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

- Gestational diabetes
- Steroid-induced diabetes
- Members in hospice are excluded from this measure.

Note: If member was included due to claim or encounter data, optional exclusions don't apply because the member had a diagnosis of diabetes.

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This measure applies to both commercial and Medicare members.