

QUALITY MEASURES IN THE CARE OF DIABETIC PATIENTS

- HbA_{1c} glycosylated hemoglobin
- Lipid measurements
- Retinal eye exams



Discussion led by Trenton James, MD
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How does CMS know?

- Medicare tracks billing information on diabetics and correlates codes for lab testing by the ordering physician. The eye specialists bill CMS by code and procedure for retinal dilated examination by year.
- Future will be on reporting to CMS: to their website, to a qualified CMS Registry or by EHR to CMS.

References for this presentation include:

- BMJ Clinical Evidence Handbook, June 2010
- Medical Guidelines for Clinical Practice for the Management of Diabetes Mellitus by the American Association of Clinical Endocrinologists
- www.aace.com/pub/pdf/guidelines/DMGuidelines2007.pdf
- American Diabetes Association, Executive Summary: Standards of Medical Care in Diabetes--2010
- www.care.diabetesjournals.org/content/33/supplement_1/S4.full.pdf+html
- Patel, P and Macerollo, A: Diabetes Mellitus: Diagnosis and Screening. American Family Physician, 81. (7) April 2010.

Quality Measure: HbA1c

- Non-fasting blood test
- Reported in %
- Normal up to 6.5% [5.4 to 6.4%]
- Estimates average glucose values over preceding 3 months
- Gives far better picture of diabetic control over time than spot daily glucose readings

HbA_{1c} (continued)

- Goal for acceptable control is below 7%... <6.5 is best
- If below 7% and acceptable, test may be repeated in 6 to 12 months
- If 7% or above and not acceptable, follow every 3 months
- **Empower your diabetics to get it done**

HbA_{1c} (continued)

- For QIO project, HbA_{1c} needs to be done at least **ONCE yearly** to be measured and counted by CMS.
- Paid for by Medicare up to 4 times in a year, if value is not normal.
- Can be performed in office by finger sticks and proper lab equipment, CLIA waived. It is best to be consistent in where performed.
- If bill dropped to CMS, it is counted.

Quality Measure: LIPIDS

- Checking diabetics' lipids is important; high risk for CV disease.
- Most diabetics die from atherosclerotic coronary artery disease (CAD).
- As standard of care, **lipid panels done at least once a year**, and if undergoing treatment for abnormal lipids, can be obtained every 3 to 6 months.
- It is a **FASTING** test, 12 hours without calorie intake to be accurately measured.

LIPIDS (continued)

- Lipid panels measure:
 - Total cholesterol (not sufficient as a stand alone test)
 - Triglycerides (TGs) = under 150
 - HDL-C = high density, good kind
 - over 40 for over 50 for or patient at definite risk for Heart Disease (HD)
 - LDL-C = low density, bad kind
 - Goal for high risk diabetics is same as those with HD, **under 70**
 - No diabetic has “normal lipids,” correct TGs and non-HDL fractions; goal to reduce LDL by 30 to 40%

LIPIDS (continued)

- The use of a “statin” medication will be often required to obtain goal.
- If used, must perform liver function tests (LFTs = AST, ALT) before and after initiation of drug.
- After beginning drug therapy, recheck at least in 3 months, sooner if concerned. If normal and to goal, then test every 6 to 12 months long term.
- To check lipids, should be measured fasting, if LFTs alone, not necessary to fast.

Quality Measure: RETINAL EYE EXAM

- Once yearly, all diabetics should be referred for a dilated eye exam to have their retinas viewed by a trained specialist.
- Should vascular changes be identified, i.e., micro aneurysms, hemorrhages, exudates, then therapy can intervene and prevent blindness.
- Diabetes is the most common cause for blindness in the USA and is preventable.

Other Steps to Take for Diabetics Under Your Care

- Assess for kidney disease by obtaining a micro albumin on a clean voided urine specimen once yearly.
- Put all diabetics on an ACE or ARB (absent a contra-indication) to forestall renal disease and treat hypertension.
- Check all diabetics' feet on each encounter for neuropathy...use a monofilament to assess sensation or identify its absence.

Other Steps To Take (continued)

- **THINK VACCINES & PREVENTION**

Annual or biannual influenza vaccines

Pneumonia vaccine once every 5 years (at least more than once in >65 yrs)

Tetanus boosters every 10 years

- **Treat their blood pressure to goal, under 130/80.**

Measurements

- HbA_{1c}, Lipids and Retinal exam, each obtained yearly measured now by CMS, **but....**
- Quality clinical outcomes long term for your patients will be assessed by all of the above measures discussed.

**CARING FIRST CAN PREVENT COMPLICATIONS
LATER...A QUALITY OF LIFE ISSUE**

Steps we can help you to take

- eQHealth Solutions' Quality Improvement Specialists (QIS) are available to you at no charge to lend assistance to your office in:
- Identifying diabetic patients
 - Making a registry in order to easily locate diabetic patients
 - Instituting other processes to help you reach the measures

Next Steps to Take

Contact your assigned
eQHealth QI Specialist

Our Main Office Number:

225-926-6353

Our toll free number for your
Medicare diabetics to call to
sign up for a free education
class near them:

1-888-321-3555

- James Huval, MSW
- Mike Madona
- Annette Martijn
- Diana Norton, RN
- Ashley Pugh
- Karen Ziecker, RN
- Lisa Solomon, RN

Other MDwebinars Planned

- Patient Education: What DEEP training will give your diabetic patients.
- Limb Preservation: “An ounce of prevention is worth a pound of cure” or what Foot Exams can tell you.
- The EYES have it: The diagnosis of diabetic retinopathy and preventing blindness.

FLU SHOTS

Give all your diabetics their influenza vaccine NOW, and encourage those “close” to them to be protected, too.

Q&A

- eQHealth Solutions will notify you about our next MDwebinar. Please let me hear from you concerning these webinars. You can email me at tjames@eqhs.org
- Past Mdwebinars, including this one, can be viewed on the eQHealth website:
<http://louisianaqio.eqhs.org/physicians.htm>

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