2020 HEDIS Reference Guide for Primary Care

Comprehensive Diabetes Care (CDC): Overview

Patient Profile

MVP members 18–75 years of age with Diabetes (Type 1 and Type 2) and who have received the following elements of care during the current calendar year:

- Controlled blood pressure
- Controlled HbA1c
- Attention for nephropathy
- Retinal or dilated eye exam

Exclusions for all CDC Sub-Measures Include:

- Patients who used hospice services during the measurement year.
- Medicare members, 66 years of age and older, living in long term institutional settings or are enrolled in an institutional SNP any time during the measurement year.
- Patients 66 years of age and older with frailty and advanced illness in 2020.

How to Implement Best Practices and Improve Performance

- Encourage Diabetes self-management whenever feasible, and consider partner-in-care contracts.
- Establish a culture of patient accountability in the use of blood sugar logs and medications.
- Establish time for provider to speak with patients to see what their struggles are. The word "exercise" may be something your patient doesn't want to do or feels they can't do. Instead talk about their "physical activity" and what they can do to increase it. Do motivational interviewing with your patients what would motivate them to lose weight, improve their diet or physical activity. Set realistic goals, like losing 5 pounds versus 50.
- Consider Endocrine and CDE consultations for patients with suboptimal control.
- Consider a dedicated Diabetes Care Team approach.
- Consider use and maintenance of Diabetes flowcharts for efficient office visits and centralized Diabetes care documentation.
- Coordinate an exchange of information with specialists such as Endocrinologists, Nephrologists, Cardiologists, Ophthalmologists, Hospitalists, and Diabetes Educators. Also consider providers out of the area that may care for patients at a seasonal location. Submit all test results to your local Regional Health Information Organization (RHIO).
- Enable electronic health record alerts for staff to prevent delinquent testing, reports, and visits.
- Implement computerized patient reminders via portal systems, emails, texts, phone calls, and letters; include a follow-up plan.
- Consult the *MVP Gaps in Care Report (GIC)* for a list of delinquent CDC sub-measures.
- Consider using electronic medical record data to create a Diabetes Registry for ease of tracking and trending.

Information related to all 2020 HEDIS measures has been extracted from the NCQA 2020 HEDIS Technical Specifications Volume 2.