OPTIMAL DIABETES CARE SPECIFICATIONS
2012 (2011 Dates of Service)

Summary of Changes	No changes since 2010.

Description	Composite ("optimal" care) measure of the percentage of adult patients who have type 1 or type 2 diabetes with optimally managed modifiable risk factors.
Methodology	Population identification is accomplished via a query of a practice management system or Electronic Medical Record (EMR) to identify the population of eligible patients (denominator). Data elements are either extracted from an EMR system or abstracted through medical record review. Submission of total patient population is preferred. Submission of a sample is an option.
Rationale	According to the MN Department of Health, diabetes is a high impact clinical condition in Minnesota. More than 1 in 3 adults and 1 in 6 youth in Minnesota have diabetes or are at high risk of developing it. Each year more than 20,000 Minnesotans are newly diagnosed with diabetes. Diabetes is the sixth leading cause of death in Minnesota and is a significant risk factor in developing cardiovascular disease and stroke, non-traumatic lower extremity amputations, blindness, and end-stage renal disease. Diabetes costs Minnesota almost $2.7 billion annually, including medical care, lost productivity and premature mortality. According to the American Diabetes Association, an estimated 23.6 million American children and adults have diabetes. Most people with diabetes have other risk factors, such as high blood pressure and cholesterol that increase the risk for heart disease and stroke. In fact, more than 65% of people with diabetes die from these complications.
Measurement Period	Measurement period will be a fixed 12 month period: 01/01/2011 to 12/31/2011
Denominator	Established patient who meets each of the following criteria is included in the population (denominator): • Patient was age 18 to 75 during the measurement period (date of birth was 01/01/1936 to 12/31/1993). • Patient was seen by an eligible provider in an eligible specialty face-to-face at least 2 times during the last 2 years (01/01/2010 to 12/31/2011) with visits coded with a diabetes ICD-9 code (in any position, not only primary). Use this date of service range when querying the practice management or EMR system to allow a count of the visits within this time frame. • Patient was seen by an eligible provider in an eligible specialty face-to-face at least 1 time during the last 12 months (01/01/2011 to 12/31/2011) for any reason. This may or may not include one of the face-to-face diabetes visits. *Eligible specialties: Family Medicine, Internal Medicine, Geriatric Medicine, Endocrinology.* *Eligible providers: Medical Doctor (MD), Doctor of Osteopathy (DO), Physician Assistant (PA), Nurse Practitioner (NP).* *Diabetes mellitus ICD-9 codes:* **250—250.93**
Allowable Exclusions	• Patient was a permanent nursing home resident home during the measurement period • Patient was in hospice at any time during the measurement period • Patient died prior to the end of the measurement period • Patient was pregnant during measurement period *(Diabetes mellitus complicating pregnancy, ICD-9 codes: 648.0-648.04)* • Documentation that diagnosis was coded in error

Numerator Components	Percentage of diabetes patients age 18-75 in the measurement period (01/01/2011-12/31/2011) who met all of the following targets:
	• The most recent HbA1c in the measurement period has a value <8.0.
	• The most recent LDL test in the measurement period has a value <100.
	• The most recent Blood Pressure in the measurement period has a systolic value of <140 and a diastolic value of <90 **(both** values must be less than).
	• There is documentation in the chart that the patient is currently a non-tobacco user.
	• If the patient has a co-morbidity of Ischemic Vascular Disease (see page 4)*,* there is documentation in the measurement period that the patient is on daily aspirin *or* there is documentation of an accepted contraindication (any date).

ICD-9-CM Coding Conventions Used in MNCM Documentation

MNCM uses the standard HEDIS coding conventions from HEDIS 2011, *Comprehensive Diabetes Care*. From the HEDIS manual:

Unless otherwise noted, codes are stated to the minimum specificity required. For example, if a code is presented to the third digit, any valid fourth or fifth digits may be used. When necessary, a code may be specified with an "x," which represents a required digit; for example, ICD-9-CM Diagnosis code 640.0x indicates a fifth digit is required, but the fifth digit could be any number allowed by the coding manual.

DIABETES			
250.00	DMII WO CMP NT ST UNCNTR	250.50	DMII OPHTH NT ST UNCNTRL
250.01	DMI WO CMP NT ST UNCNTRL	250.51	DMI OPHTH NT ST UNCNTRLD
250.02	DMII WO CMP UNCNTRLD	250.52	DMII OPHTH UNCNTRLD
250.03	DMI WO CMP UNCNTRLD	250.53	DMI OPHTH UNCNTRLD
250.10	DMII KETO NT ST UNCNTRLD	250.60	DMII NEURO NT ST UNCNTRL
250.11	DMI KETO NT ST UNCNTRLD	250.61	DMI NEURO NT ST UNCNTRLD
250.12	DMII KETOACD UNCONTROLD	250.62	DMII NEURO UNCNTRLD
250.13	DMI KETOACD UNCONTROLD	250.63	DMI NEURO UNCNTRLD
250.20	DMII HPRSM NT ST UNCNTRL	250.70	DMII CIRC NT ST UNCNTRLD
250.21	DMI HPRSM NT ST UNCNTRLD	250.71	DMI CIRC NT ST UNCNTRLD
250.22	DMII HPROSMLR UNCONTROLD	250.72	DMII CIRC UNCNTRLD
250.23	DMI HPROSMLR UNCONTROLD	250.73	DMI CIRC UNCNTRLD
250.30	DMII O CM NT ST UNCNTRLD	250.80	DMII OTH NT ST UNCNTRLD
250.31	DMI O CM NT ST UNCNTRLD	250.81	DMI OTH NT ST UNCNTRLD
250.32	DMII OTH COMA UNCONTROLD	250.82	DMII OTH UNCNTRLD
250.33	DMI OTH COMA UNCONTROLD	250.83	DMI OTH UNCNTRLD
250.40	DMII RENL NT ST UNCNTRLD	250.90	DMII UNSPF NT ST UNCNTRL
250.41	DMI RENL NT ST UNCNTRLD	250.91	DMI UNSPF NT ST UNCNTRLD
250.42	DMII RENAL UNCNTRLD	250.92	DMII UNSPF UNCNTRLD
250.43	DMI RENAL UNCNTRLD	250.93	DMI UNSPF UNCNTRLD

Documentation of Ischemic Vascular Disease (IVD) Diagnosis

The following information sources must be used to determine a diagnosis of IVD (do not limit search by using only one source):

Use All Sources:

- Patient's problem list,

- Documentation in patient's record (progress notes, etc.), and

- ICD-9 codes (EMR or practice management system):

410 – 410.92	Acute Myocardial Infarction (AMI)
411 – 411.89	Post Myocardial Infarction Syndrome
412	Old AMI
413 – 413.9	Angina Pectoris
414.0 – 414.07	Coronary Arthrosclerosis
414.2	Chronic Total Occlusion of Coronary Artery
414.3	Atherosclerosis due to lipid rich plaque
414.8	Other Chronic Ischemic Heart Disease (IHD)
414.9	Chronic IHD
429.2	Cardiovascular (CV) disease, unspecified
433 – 433.91	Occlusion and stenosis of pre-cerebral arteries
434 – 434.91	Occlusion of cerebral arteries
440.1	Atherosclerosis of renal artery
440.2 – 440.29	Atherosclerosis of native arteries of the extremities, unspecified
440.4	Chronic Total Occlusion of Artery of the Extremities
444 – 444.9	Arterial embolism and thrombosis
445 - 445.8	Atheroembolism