Quality Provider Program: Primary Care Diabetes Care: Frequently Asked Questions

Q: Why does this measure matter?

- A: Diabetes affects more than 30 million people in the U.S. and is the 7th leading cause of death.¹ In addition to these human costs, the 2017 estimated total financial cost of diagnosed diabetes in the U.S. was \$327 billion.²
 - When managed, we can prevent or delay diabetic complications. However, for about 20% of Americans, their diabetes is undiagnosed.³
 - Another 88 million adults have elevated blood glucose levels, increasing their risk of developing type 2 diabetes in the next few years.⁴ Among those whose diabetes is poorly controlled, complications tend to be more common and more severe. Better health outcomes rely on preventive care practices.

Q: What is Select Health doing to help?

A: Outreach to SelectHealth members includes:

- Distributing a Diabetes Report Card to members that includes diabetesrelated measures two times per year.
- Providing care management services that help members manage health conditions, such as diabetes. Members or providers can contact Care Management at **800-442-5305**.
- Sending a quarterly diabetes newsletter to members with diabetes with information about managing diabetes and healthy lifestyle tips.
- Using computer-generated calls to provide diabetes care reminders and education to those with diabetes. In addition, Medicare members receive live diabetes appointment reminder calls.

SelectHealth Quality Provider Program provides an up-to-date registry of patients who have diabetes and are included in the hemoglobin A1c (HbA1c), diabetic eye exam, and kidney health evaluations measures. This registry includes compliance status.

Q: What are best practices for this measure?

A: Best practices include:

- Creating workflow processes that use collaborative, team-based care focused on evidence-based guidelines. Some examples of processes include diabetes care reminders and follow-up appointments.
- Partnering with patients to develop an individualized plan based on medical history, preferences, comorbidities, and individual prognosis and risk.
- Supporting positive lifestyle changes, including using available education for weight loss and nutrition, medication management, or medical visit follow-up.
- Evaluating social determinants of health (SDoH) and available community resources that support diabetes management (e.g., access to food, medications, transportation).
- Using payor or electronic medical record patient registries or reports, decision-support tools, or clinic huddles to identify patients missing screenings or services.⁵
- Measuring progress toward your goals and adjusting process when needed by:
 - Establishing a baseline screening rate and setting an ambitious goal
 - Discussing how your screening system is working during staff meetings
 - Making process adjustments as needed to ensure success

References:

- ¹ U.S. Department of Health and Human Services. *Healthy People 2030: Diabetes*. HealthyPeople.gov. Available at: https://health.gov/healthypeople/objectives-and-data/browse-objectives/diabetes</u>. Accessed May 20, 2020.
- ² Centers for Disease Control and Prevention. National Diabetes Statistics Report 2020. Available at: <u>https://www.cdc.gov/diabetes/pdfs/data/statistics/ national-diabetes-statistics-report.pdf</u>. Accessed May 21, 2020.
- ³ Centers for Disease Control and Prevention. The Facts, Stats, and Impacts of Diabetes. CDC.gov. Available at: https://www.cdc.gov/diabetes/library/spotlights/diabetes-facts-stats.html. Last reviewed January 24, 2022. Accessed December 28, 2022.
- ⁴ National Institute of Diabetes and Digestive and Kidney Diseases. Diabetes Statistics. NIDDK.NIH. gov. Available at: <u>https://www.niddk.nih.gov/health-information/health-statistics/diabetesstatistics#:-text=Diagnosed%3A%20An%20estimated%2026.9%20million,percent%20of%20the%20 U.S.%20population. Last reviewed December 2020. Accessed December 28, 2022.</u>
- ⁵ American Diabetes Association. Standards of medical care in diabetes—2019 abridged for primary care providers. *Clinical Diabetes*. 2019;37(1):11-34.

