

Quality Measures

Quality measures should be:

- Something that can improve health for your patients
- Easy to quantify and easy to measure
- Something that you have the ability to impact
- Tied to standards (such as insurance company, government, local, or organization measures) when possible

Possible Diabetes Quality Measures

- Percentage of adults with diabetes whose blood pressure is controlled (<140/90) (HEDIS Measure, NQF 0061)
- Percentage of adults with diabetes who had retina exam (current or previous year) (HEDIS Measure, [NQF 0055](#), [MIPS 117](#))
- Percentage of adults with diabetes who have had poor control (HgbA1C > 9.0%) (HEDIS Measure, [NQF 0059](#), [MIPS 001](#))
- Percentage of adults with diabetes who have had control (HgbA1C < 8.0%) (HEDIS Measure, NQF 0575)
- Percentage of adults with diabetes who have had good control (HgbA1C < 7.0%)
- Percentage of adults with diabetes who have had nephropathy screening (HEDIS Measure, [NQF 0062](#), [MIPS 119](#))
- Percentage of adults with diabetes who have had diabetic foot exam in the past 12 months ([NQF 0417](#), MIPS 126)
- Percentage of adults with diabetes who have participated in diabetes self-management education and support (DSMES)
- Percentage of adults with diabetes and atherosclerotic cardiovascular disease who are on a GLP-1 RA or SLGT2i with proven CVD benefit
- Percentage of adults with diabetes and heart failure who are on a SLGT2i with proven heart failure benefit
- Percentage of adults with diabetes and chronic kidney disease who are on a SLGT2i

It is an option, for many of these measures, to work on health equity issues by looking for differences in the measure between groups of different race/ethnicities, socioeconomic status, or insurance status.

Interventions

Good interventions will:

- Use the entire team effectively - Not just more work for the physician and other clinical staff
- Often engage patients in improving their health
- Generally involve incremental change - Make small changes, then make more changes later if the initial changes work well
- Only change one or two processes at a time
- Include educating staff on the disease or treatment being addressed

Possible Diabetes Interventions

- Establish standing orders for testing and referrals for patients with diabetes ♦
- Set up a query, registry, or dashboard in your record system to monitor the quality of care for your patients with diabetes ♦
- Task office staff with reaching out to patients who have not had needed care for diabetes
- Educate providers about new prescribing guidelines and use point of care clinical decision support tools ♦
- Work with a pharmacist in your practice or community to review medication treatment plan for patients with diabetes
- Train nursing staff to do diabetic foot exams
- Partner with diabetes self-management education and support (DSMES) programs in your community and work to increase referrals *♦
- Implement group visits for diabetes ♦
- Have a patient education intervention (letter, portal message, social media, handouts, and/or signs) addressing diabetes *
- Partner with community organizations (like church organization, service organizations, or social clubs) to improve diet, activity, or healthcare access for individuals with diabetes *♦
- Partner with insurers or governmental organizations to get services needed by patients with diabetes *♦

** Ideas for physicians without continuity of patients ♦ Ideas for physicians in administrative roles*