



## California Chronic Care Learning Communities Initiative Collaborative (CCLC)

**UPDATED MEASURES** (Adapted from the Health Disparities Collaborative: [www.healthdisparities.net](http://www.healthdisparities.net))

<b>REQUIRED MEASURES</b>				
<b>Measure</b>	<b>Definition</b>	<b>Data Gathering Plan</b>	<b>Goal</b>	<b>Notes/Comments</b>
1. Average HbA1c	Average HbA1c value for diabetic patients in the registry	On the last workday of each month, search the registry for all patients with a diagnosis of DM who have had an HbA1c in the past 12 months. Add all of these patients' most recent HbA1c values together and divide by the number of such persons.	≤7.0	If many patients in the registry do not have at least one HbA1c, then this measure may not give a useful estimate of population average. Thus, we require teams to report the number of patients for whom an HbA1c within the past 12 months has been documented. The goal ≤ 7 for average HbA1c derives from current ADA guidelines for individual patients, Reference 8.
2. % of Patients with HbA1c ≤ 7	The number of patients in the registry whose most current HbA1c ≤ 7 divided by number of all patients who have an HbA1c in last 12 months. Multiply by 100 to get percentage.	On the last workday of each month, count the patients in the registry whose most current HbA1c value is ≤ 7. At the same time count the number of patients who have an HbA1c value in the last 12 months.	≥60%	There are not good benchmark data for this goal. Teams in past collaboratives typically see baseline percentages between 20-40%. Subsequently many collaborative leadership teams see 60% as a good stretch goal
3. % of Patients with 2 HbA1c's in last year (at least 3 months apart)	The number of diabetic patients in the registry who have had two HbA1c's (at least 91 days apart) in the last 12 months, divided by the total number of diabetic patients in the registry. Multiply by 100 to get percentage.	On the last workday of each month, search the registry for all patients with a diagnosis of DM who have had two HbA1c's within the last 12 months (at least 91 days apart). At the same time, count the number of patients in the registry.	>90%	Reference 8
6. Patients with LDL < 100	The number of diabetic patients in the registry who have had a fasting LDL less than 100 in the last 12 months, divided by the number of patients with a fasting LDL in the past 12 months. Multiply by 100 to get percentage.	On the last workday of each month, search the registry for all patients with a diagnosis of DM with a fasting LDL < 100 in the last 12 months. At the same time, count the number of patients with a diagnosis of DM who have had a fasting LDL in the last 12 months.	>70%	Cut-off of 100 aligns with ADA guidelines since 2000 Reference 7,8 and National Cholesterol Education Program (NCEP) Adult Treatment Panel III guidelines from 2001 Reference 9.



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5. Patients with BP <130/80	The number of diabetic patients in the registry with blood pressure reading less than 130/80 at last reading within the past 12 months, divided by the diabetic patients in the registry with a documented blood pressure in the last 12 months. Multiply by 100 to get percentage.	On the last workday of each month, search the registry for all patients with a diagnosis of DM with a BP < 130/80 as last reading in the past 12 months. At the same time count the total number of patients with a diagnosis of DM who have a documented blood pressure in the registry in the last 12 months.	>40%	The 130/80 cut-off changed from earlier years. UKPDS References 3 & 4 and HOT Trial Reference 5 justify (lower the better) and ADA clinical guidelines were changed several years ago to reflect this. See also current guidelines References 6,7,8  Teams should strive to document blood pressure for at least 90% of their registry patients.
4. Documentation of self-management goal setting	The number of diabetic patients in the registry with documented self-management goals in the last 12 months divided by the total number of diabetic patients in the registry. Multiply by 100 to get percentage.	On the last workday of each month, search the registry for all patients with a diagnosis of DM who have documented self-management goals set with a clinician in the past 12 months. At the same count the number of patients in the registry.	>70%	References 11-16
<b>Choose one of the following:</b>				
7a. Cardiac Risk Reduction Option 1: ACE inhibitors or ARB medication	The number of diabetic patients in the registry 55 years and older who have a current prescription for ACE inhibitors or ARB medication divided by the number of diabetic patients older than 55 years in the registry. Multiply by 100 to get percentage.	On the last workday of each month, search the registry for all patients older than 55 with a diagnosis of DM who have a current prescription for ACE inhibitors or ARB medication. At the same time count the number of patients with a diagnosis of DM 55 years and older in the registry.	>75%	We believe usual practice ought to be a test of an ACE and if ACE is not tolerated, then try an ARB. In some cases, ARB will be first choice but because of cost of medication, ACEs ought to be a common starting point.  ACEI/ARB option is based primarily on the HOPE trial Reference 1
7b. Cardiac Risk Reduction Option 2: Statins	The number of diabetic patients in the registry 40 years and older who have a current prescription for statins divided by the number of diabetic patients older than 40 years in the registry. Multiply by 100 to get percentage.	On the last workday of each month, search the registry for all patients 40 years and older with a diagnosis of DM who have a current prescription for statins. At the same time count the number of patients with a diagnosis of DM 40 years and older in the registry.	>60%	The statin recommendation is based on the Heart Protection Study Reference 2.



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<b>ADDITIONAL RECOMMENDED MEASURES: Your team must choose at least one of these to track and report on.</b> <i>(You will find that they can be used to enhance care and increase the ability to achieve the required measures above.)</i>				
<b>Measure</b>	<b>Definition</b>	<b>Data Gathering Plan</b>	<b>Goal</b>	<b>Notes/Comments</b>
8. Aspirin or other antithrombotic Agent Use	The number of patients 30 years and older in the registry who are currently taking aspirin or other antithrombotic agent divided by the total number of diabetic patients 30 years and older in the registry. Multiply by 100 to get percentage.	On the last workday of each month, search the registry for all patients 30 years and older with a diagnosis of DM who are currently taking aspirin or other antithrombotic agent. At the same time count the total number of patients 30 years and older with a diagnosis of DM in the registry.	>80%	Reference 8
9. Patients who are current smokers	The number of patients in the registry who are current smokers (documented in the last 12 months), divided by the total number of diabetic patients in the registry with smoking status documented in the last 12 months. Multiply by 100 to get percentage.	On the last workday of each month, search the registry for all patients with a diagnosis of DM who are current smokers. At the same time count the total number of patients with a diagnosis of DM in the registry who have smoking status documented in the past 12 months.	<12%	Reference 8
10. Dilated eye exam in past year	The number of patients in the registry who have had a dilated eye exam in the last 12 months, divided by the total number of diabetic patients in the registry. Multiply by 100 to get percentage.	On the last workday of each month, search the registry for all patients with a diagnosis of DM who have had a dilated eye exam in the last 12 months. At the same time count the total number of patients with a diagnosis of DM in the registry.	> 70%	Reference 8
11. Comprehensive foot exam in the past year	The number of patients in the registry who have had an annual comprehensive foot exam documented in the last 12 months, divided by the total number of diabetic patients in the registry. Multiply by 100 to get percentage.	On the last workday of each month, search the registry for all patients with a diagnosis of DM who have had a documented annual foot exam in the last 12 months. At the same time count the total number of patients with a diagnosis of DM in the registry.	>90%	An annual comprehensive foot exam has been part of ADA guidelines for some time (LEAP exam is one type.) ADA guideline. Reference 8



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<p>12. Microalbuminuria screening in past year (NO LONGER AN OPTIONAL MEASURE FOR THE CCLC)</p>	<p>The CCLC Collaborative is no longer using this measure. There is an inherent problem with this measure because once a person has macroalbumin (proteinuria) OR has microalbumin twice, there is no further indication for ongoing testing as that person is already “positive.” In addition, the way ACE/ARB is being measured in the Health Disparities Collaborative for 2005 has changed. There is no longer a microalbuminuria measure anymore because of recent evidence from the HOPE trial that basically anyone over the age of 55 with diabetes should be on an ACE or ARB, no matter what their microalbumin is.</p>			
<p>13. Influenza vaccination</p>	<p>The number of patients in the registry who obtained an Influenza vaccination in last 12 months, divided by the total number of diabetic patients in the registry. Multiply by 100 to get percentage.</p>	<p>On the last workday of each month, search the registry for all patients with a diagnosis of DM who obtained an Influenza vaccination in last 12 months. At the same time count the total number of patients with a diagnosis of DM in the registry.</p>	<p>&gt;90%</p>	<p>Reference 8.</p>
<p>14. Pneumococcal vaccine</p>	<p>The number of patients in the registry who have had one pneumococcal vaccination at any time, divided by the total number of diabetic patients in the registry. Multiply by 100 to get percentage.</p>	<p>On the last workday of each month, search the registry for all patients with a diagnosis of DM who have had one pneumococcal vaccination at any time in the past. At the same time count the total number of patients with a diagnosis of DM in the registry.</p>	<p>&gt;90%</p>	<p>Reference 8.</p>
<p>15. Depression Screening (12 months)</p>	<p>The # of patients with a documented screening for depression in the past 12 months <i>divided by</i> the # of patients in the registry. Multiply by 100 to get percent.</p>	<p>On the last day workday of each month from the registry: count the # of patients with a documented screening for depression in the past 12 months; count the total # of patients in the registry.</p>	<p>&gt;50%</p>	<p>Depression is probably the most common mental disorder in primary care practice. Because depressed patients in primary care settings commonly present with somatic symptoms rather than complaints of depressed mood, clinicians must be proficient in the assessment and management of depression. The skillful differential diagnosis of depressive symptoms is essential because major depression commonly presents as an associated problem in patients with other physical illnesses. References 17-19</p>



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BONUS MEASURE				
16. LDL Testing – This measure is automatically graphed for all teams. No additional data entry is necessary.	Percent of patients with LDL Test: The number of diabetic patients in the registry who have had a fasting LDL in the last 12 months, divided by the number of diabetic patients in registry. Multiply by 100 to get percentage.	On the last workday of each month, search the registry for all patients with a diagnosis of DM with a fasting LDL in the last 12 months. At the same time, count the number of patients with a diagnosis of DM.	>70%	Cut-off of 100 aligns with ADA guidelines since 2000 Reference 7,8 and National Cholesterol Education Program (NCEP) Adult Treatment Panel III guidelines from 2001 Reference 9.

### Commonly Asked Questions:

**QUESTION 1:** For those measures relating to use of statins and aspirin, how does one define "currently" for that medication? Does it mean the patient filled a prescription for the drug in the last 3 or 6 months? (This is hard to track as the individual might have filled the prescription at an outside pharmacy). Or, does "current" mean that the doctor prescribed that medicine in the last 3, 6 or 12 months? (This does not necessarily indicate that the patient is currently USING the medication).

**ANSWER 1:** The HRSA Bureau's definition for statins and aspirin basically relies on a prescription being given and that is all. The concerns about filling v. and taking medication remains using this definition. However, currently this is the best measure we currently have without in-house prescription data. The key for teams is to follow-up with patients that have been prescribed these drugs to see if they are taking them. (Therein lies some potential for some PDSAs). The individual who asked this question has decided to address this issue by acting as though all data collection was from chart review and will follow something along the lines of "if RX given to cover this period it will be counted as a numerator hit. We know 50% of Rx are never filled and then compliance goes downhill after that, so it's reasonable to measure whether doctors are doing the right thing."

**QUESTION 2:** How do patients with allergies to certain medications affect the denominator? Do we subtract these individuals from the denominator?

**ANSWER 2:** It was suggested that these patients not be subtracted from the denominator as long as one realizes that the goal cannot ever be at 100% as a result of the inclusion of these patients.

**QUESTION 3:** How does the data entry point of at least 12 years of age but less than 70 years old ( $12 \leq \text{yrs} < 70$ ) not on an ACE/ARB track with the data spec at least 55 years old ( $\geq 55 \text{ yrs}$ ) and on ACE/ARB?" (This question refers to the relationship between required measure 7a and optional measure 12.

**ANSWER 3:** There are 2 measures that involve ACE/ARB. The denominators for these two measures are different. For measure 7a, ACE/ARB has a denominator of all DM patients at least 55 yrs old. For measure 12, referring to microalbuminuria screening, the denominator is patients at least 12 years old but less than 70 years old who are not already on ACE/ARB.



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