# IT-1.14: Diabetes Care: Nephropathy

| **Measure Title** | **IT-1.14 Comprehensive Diabetes Care: Medical Attention for Nephropathy** |
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| **Description** | The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) who received a nephropathy screening test or had evidence of nephropathy during the measurement year. |
| **NQF Number** | 62 |
| **Measure Steward** | National Committee for Quality Assurance (NCQA) |
| **Link to measure citation** | <https://www.qualityforum.org/QPS/0062>  http://www.qualitymeasures.ahrq.gov/content.aspx?id=47185 |
| **Measure type** | Non Stand-Alone (NSA) |
| **Performance and Achievement Type** | Pay for Performance (P4P) - QSMIC   |  |  |  |  | | --- | --- | --- | --- | |  | Baseline | DY4 | DY5 | | Achievement Level Calculations | Baseline below MPL | MPL | MPL + 10%\* (HPL-MPL) | | Baseline above MPL | Baseline + 10%\*(HPL - Baseline) | Baseline + 20%\*(HPL - Baseline) | |
| **Benchmark Description** | |  |  | | --- | --- | | NCQA Quality Compass | | | HPL (90th Percentile) | 86.93% | | | MPL (25th Percentile) or 10th if applicable | 73.48% | | |
| **DSRIP-specific modifications to Measure Steward’s specification** | The Measure Steward’s specification has been modified as follows:   * Replaced term "member" with "patient." * Supplemented denominator and numerator inclusion and exclusion criteria from National Committee for Quality Assurance steward measure citation. * Replaced enrollment requirement with requirement for at least one outpatient visit during prior 12 months. * Changed “claim/encounter” data to “administrative/clinical” data to make conducive to providers. * Removed references to tables, as such references are inapplicable to providers. |
| **Denominator Description** | Patients 18-75 years of age by the end of the measurement year who had a diagnosis of diabetes (type 1 or type 2) during the measurement year or the year prior to the measurement year. |
| **Denominator Inclusions** | There are two ways to identify patients with diabetes: by pharmacy data\*\* and by administrative/clinical data\*\*\*. The organization must use both to identify the eligible population, but a member only needs to be identified by one method to be included in the measure. Patients may be identified as having diabetes during the measurement year or the year prior to the measurement year.  \*Patients must have had at least one (1) outpatient encounter in the prior 12-month period.  \*\*Pharmacy Data: Patients who were dispensed insulin or oral hypoglycemics/antihyperglycemics during the measurement year or the year prior to the measurement year on an ambulatory basis.  \*\*\* Administrative/Clinical Data: Patients who had two face-to-face encounters, in an outpatient setting or nonacute inpatient setting, on different dates of service, with a diagnosis of diabetes, or one face-to-face encounter in an acute inpatient or emergency department (ED) setting during the measurement year or year prior to the measurement year. The organization may count services that occur over both years |
| **Denominator Exclusions** | Exclude patients with polycystic ovaries, gestational diabetes, and/or steroid induced diabetes WITHOUT a diagnosis of Type I or Type II diabetes AND a face-to-face encounter, in any setting, during the measurement year or the year prior to the measurement year. |
| **Denominator Size** | Providers must report a minimum of 30 cases per measure during a 12-month measurement period (15 cases for a 6-month measurement period)   * For a measurement period (either 6 or 12 months) where the denominator size is less than or equal to 75, providers must report on all cases. No sampling is allowed. * For a measurement period (either 6 or 12 months) where the denominator size is less than or equal to 380 but greater than 75, providers must report on all cases (preferred, particularly for providers using an electronic health record) or a random sample of not less than 76 cases. * For a measurement period (either 6 or 12-months) where the denominator size is greater than 380, providers must report on all cases (preferred, particularly for providers using an electronic health record) or a random sample of cases that is not less than 20% of all cases; however, providers may cap the total sample size at 300 cases. |
| **Numerator Description** | Patients who received a nephropathy screening test\* or had evidence of nephropathy\*\* during the measurement year. |
| **Numerator Inclusions** | \*Nephropathy Screening Test: A nephropathy screening test during the measurement year.  \*\*Evidence of Nephropathy: Any of the following meet criteria for evidence of nephropathy:     * A nephrologist visit during the measurement year, as identified by the organization's specialty provider codes (no restriction on the diagnosis or procedure code submitted). * A positive urine macroalbumin test in the measurement year, as documented by administrative/clinical data or automated laboratory data. * Evidence of angiotensin-converting enzyme (ACE) inhibitor/angiotensin receptor blocker (ARB) therapy during the measurement year. Patients who had a claim indicating therapy or received an ambulatory prescription or were dispensed an ambulatory prescription for ACE inhibitors or ARBs during the measurement year are compliant. |
| **Numerator Exclusions** | "Trace" urine macroalbumin test results are not considered numerator compliant. |
| **Setting** | Ambulatory |
| **Data Source** | Administrative/Clinical data |
| **Allowable Denominator Sub-sets** | All denominator subsets are permissible for this outcome |