



Quality Measure Highlight

Comprehensive Diabetes Care (CDC)

Eye Exam

MEASURE DESCRIPTION

Denominator: The number of continuously enrolled Medi-Cal members 18 - 75 years of age (DOB between January 1, 1944 and December 31, 2002) with diabetes identified as of December 31, 2019.

There are two ways to identify members with diabetes: by pharmacy data and by claim or encounter data. PHC will use both methods to identify the eligible population, but a member only needs to be identified by one method to be included in the measure. PHC may count services that occur during the measurement year or the year prior, e.g., January 1, 2018 - December 31, 2019.

Claim / Encounter Data: Members who met any of the following criteria during the measurement year or the year prior to the measurement year (count services that occur over both years, January 1, 2018 - December 31, 2019).

At least two outpatient visits, observation visits, ED visits, or non-acute inpatient encounters, on different dates of service, with a diagnosis of diabetes. The visit type need not be the same for the two visits.

At least one acute inpatient encounter with a diagnosis of diabetes.

Pharmacy Data: Members who were dispensed insulin or hypoglycemics/antihyperglycemics on an ambulatory basis during the measurement year or the year prior to the measurement year.

Numerator: The number of members from the denominator who had a screening and monitoring of retinal disease during the measurement year.

Measure Type: Hybrid (medical record/claims/encounter)

Intent / Importance: Diabetes (Type 1 and 2) can affect the eye by raising the risk of cataracts and glaucoma. Increased blood sugar can get too high in both types, damaging blood vessels in the eye leading to vision loss and blindness. Early detection of diabetic eye disease can help prevent permanent damage.

<u>PCP QIP 2019</u>	Practice Type	Total Points	Threshold	Percentile
Full Points	Family Adult Medicine	5 points 10 points	68.61%	90 th
Half Points	Family Adult Medicine	2.5 points 5 points	64.23%	75 th
Relative Improvement Threshold	Family Adult Medicine	2.5 points 5 points	57.88%	50 th

For additional information regarding the specifications for this measure feel free to email us: QIP@partnershiphp.org
 References: National Committee on Quality Assurance (NCQA) HEDIS® 2019 Vol 2 Technical Specifications for Health Plans;
 NCQA HEDIS 2018 Vol 1 Narrative. HEDIS® is a registered trademark of NCQA.

Notes for eReports and PQD:

- All CDC measures will have the same denominator because they share the same eligible population.

Compliant Documentation:

- Screening or monitoring for diabetic retinal disease as identified by administrative data or medical record review. This includes diabetics who had one of the following:
 - A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year
 - A *negative* retinal or dilated eye exam (negative for retinopathy) by an eye care professional (optometrist or ophthalmologist) in year prior to the measurement year
 - Bilateral eye enucleation (removal of eyes) anytime during the member's history through December 31 of the measurement year
- A note or letter prepared by an ophthalmologist, optometrist, PCP or other health care professional indicating that an ophthalmoscopic exam was completed by an eye care professional (optometrist or ophthalmologist), the date when the procedure was performed and the results
- A chart or photograph indicating the date when the fundus photography was performed and evidence that an eye care professional (optometrist or ophthalmologist) reviewed the results. Alternatively, results may be read by a qualified reading center that operates under the direction of a medical director who is a retinal specialist.
- Evidence that the member had bilateral eye enucleation or acquired absence of both eyes. Look as far back as possible in the member's history through December 31 of the measurement year.
- Documentation of a negative retinal or dilated exam by an eye care professional (optometrist or ophthalmologist) in the year prior to the measurement year, where results indicate retinopathy was not present (e.g., documentation of normal findings)
- Documentation does not have to state specifically "no diabetic retinopathy" to be considered negative for retinopathy. However, it must be clear that the patient had a dilated or retinal eye exam by an eye care professional (optometrist or ophthalmologist) and that retinopathy was not present.

Non-Compliant Documentation:

- Notation limited to a statement that indicates "diabetes without complications" does not meet criteria

Notes:

- Blindness is not an exclusion for a diabetic eye exam because it is difficult to distinguish between individuals who are legally blind but require a retinal exam and those who are completely blind and, therefore, do not require an exam.
- While an eye exam is not possible, services measured in the other CDC indicators are important for members with bilateral eye enucleation. For these reasons bilateral eye enucleation is considered a numerator hit (rather than an optional exclusion).
- Hypertensive retinopathy is not handled differently from diabetic retinopathy when reporting the eye exam indicator. For example, an eye exam documented as positive for hypertensive retinopathy is counted as positive for diabetic retinopathy, and an eye exam documented as negative for hypertensive retinopathy is counted as negative for diabetic retinopathy. The intent of the eye exam indicator is to ensure that members with evidence of any type of retinopathy have an eye exam annually, while members who remain free of retinopathy (e.g., the retinal exam was negative for retinopathy) are screened every other year.

Exclusions:

- Identify members who did not have a diagnosis of diabetes, in any setting, during the measurement year or year prior to measurement year, **and** who had a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or year prior to measurement year
- Members in hospice are excluded from the eligible population (**Mandatory Exclusion**)

Strategies to Consider That May Lead to an Increase in CDC - Eye Exam Performance:

- Schedule annual eye exam in real time (prior to member leaving the office)
- Send one week appointment reminder (e.g., post card / letter signed by the provider), text one day prior
- If appointment missed, phone call to member within one week to reschedule
- Ensure specialist exam findings and recommendations are communicated to the PCP
- Make hard stop questions a standard part of assessment documentation (e.g., last eye exam and results, BP and glucose control, med management, patient education, A1C testing)
- Offer retinal screening in PCP office
- Provide timely claims to help ensure accurate data collection