

ICSI Basket of Care Measurement Responses

Organization Name:	Minnesota Hospital Association	Date:	Sept. 7, 2009
Name of person submitting:	Matt Anderson		
Basket Topic:	Diabetes		

Responses:

General Comments:

Because of the short timeframe for submitting responses, especially given the Labor Day holiday, the Minnesota Hospital Association will continue to submit responses we receive from our members after the Sept. 7 deadline.

The Minnesota Hospital Association (MHA) supports the recommendations to ensure alignment of the basket of care measures with those collected and reported by Minnesota Community Measurement. This alignment reduces the amount of different or conflicting information for providers and patients. In addition, MHA believes that reducing reporting and administrative burdens on providers, especially the burdens and costs associated with reporting different quality measures for the same condition to multiple organizations, increases the time and resources providers are able to devote to patient care.

1. Clinical Outcome Measures:

MNCM Diabetes Composite Measure

For all patients participating in the Diabetes Basket, the following five outcomes are captured and measured as a composite (all or none). The most recent value in the measurement year is assessed.

Should the MNMCM composite definition change in future years, the measure for this basket would change as well.

A1c < 8.0

BP < 130/80 both values must be less than

LDL < 100

Tobacco free

Currently not using any tobacco products

Daily aspirin use

Patients ages 41 and older are on daily aspirin unless there is a documented contraindication (i.e. Coumadin, history GI bleed, allergy, etc)

Notes:

It is not expected that all patients achieve all five outcomes, but it is the goal and rates of 30 – 40% are currently achievable.

This composite represents the minimum requirement and some patient's individual goals are less than stated outcome measures (i.e. A1c < 7.0 or LDL < 70, or BP < 120/70 etc)

If the composite goals are not appropriate (too high) for a patient, perhaps the patient is not appropriate for the basket designed for uncomplicated type 2 diabetes patient.

Comments: The notes included in the proposed measure are confusing and call into question whether the measures are those indicated or whether lower/higher thresholds will be used for some patients. MHA disagrees that "it is not expected that all patients achieve all five outcomes" since existing best evidence indicates that all five measures are best practices for successful management of this condition. Moreover, the statement that patients for whom the recommended measures are too high seems to shift the measure from one of the provider's performance to one of the patient's "suitability" to the basket. To the extent this implies that providers can eliminate a patient whose scores do not reflect favorably on the provider's quality score from the basket, the note's suggestion establishes a fundamental flaw or undermining of the quality measure. Providers should be evaluated based on the patients within the scope of the basket at the time the basket is purchased and should not be allowed to select-out patients from the basket if the results from treatment do not meet the expected care outcomes being measured.

2. Process Measures:

When clinical outcomes measures do not cover key components of the basket.

Dilated Eye Exam:

Percentage patients with diabetes aged 18- 65 years who received a dilated eye exam within the appropriate time frame:

- if known retinopathy; exam within the last year
- if previous negative exam; within the last two years

Comprehensive Foot Exam:

Percentage of adult patients with diabetes aged 18-65 years who received a foot exam every year.

Comprehensive Foot Exam :

- visual inspection
- sensory exam with monofilament or tuning fork
- pulse exam

Renal Assessment:

Percentage of adult diabetes patients aged 18-65 years with previous microalbumin \leq 300 that have at least one test for microalbumin during the measurement year.
(for patients exhibiting macroalbuminuria, a microalbumin would be an unnecessary

test)

Medical Nutritional Therapy:

The percentage of patients who have received Medical Nutrition Therapy within the past year.

Diabetes Self Management Training

The percentage of patients who have the following assessed and addressed on an annual basis

- Physical Activity (at least 150 minutes per wk)
- Medication Adherence
- Glucose Monitoring

Comments:

3. Education/Coaching/Counseling Measures: Documentation of education, coaching, counseling related to pertinent aspects of basket:

See process measures

Comments:

4. Functional Status Measures:

No measure recommended

Comments:

5. Patient Experience Measures - CG- CAHPS or H-CAHPS Survey

No measure recommended

Comments:

6. Economic Measures:

No measure recommended

Comments: