



Delivering Quality Care - Managing Diabetes

To support quality care, we are providing information to providers and members to encourage discussions on health topics. Watch for more on health care quality in News and Updates.

More than 34 million Americans – just over one in 10 – have diabetes, according to the [Centers for Disease Control and Prevention](#) (CDC) . Because symptoms can develop slowly, one in five don't know they have it. We encourage providers to talk with our members about [diabetes](#), including:

- [Type 1](#) and [Type 2](#) symptoms
- Regular eye exams to avoid [vision loss](#), or diabetic retinopathy
- Screenings for [kidney disease](#), or diabetic nephropathy

Why Diabetes Care Is Important

If left unmanaged, diabetes can lead to serious complications. These may include heart disease, stroke, hypertension, blindness, kidney disease, diseases of the nervous system, amputations and premature death. Providers play an important role in supporting our members through regular screenings, tests and office visits. See our [preventive care](#) and [clinical practice guidelines](#) on diabetes, and tools from the [CDC](#) .

Closing Care Gaps

As part of monitoring and helping improve quality of care, we track [Comprehensive Diabetes Care](#) . Comprehensive Diabetes Care is a Healthcare Effectiveness Data and Information Set (HEDIS[®]) measure from the National Committee for Quality Assurance (NCQA). It applies to members ages 18 to 75 with diabetes (type 1 or type 2) who had the following during the measurement year:

- Hemoglobin A1c (HbA1c) testing
- HbA1c poor control (>9.0%)
- HbA1c control (<8.0%)
- Retinal eye exam
- Medical attention for nephropathy
- Blood pressure control (<140/90 mm Hg)

In addition, we track [Kidney Health Evaluation for Patients with Diabetes \(KED\)](#) . This is a HEDIS measure developed by NCQA with input from the National Kidney Foundation. It applies to our members ages 18 to 85 with diabetes (type 1 or type 2) who received a kidney health evaluation. An evaluation is defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR) during the measurement year.

Tips to Consider

- Identify care gaps and schedule lab tests before office visits to review results and adjust treatment plans if needed.
- Complete urine protein testing for attention to nephropathy at an office visit. Testing includes basic urinalysis by dip stick or tablet reagent.
- Document medication adherence to angiotensin-converting enzyme (ACE) inhibitors and angiotensin II receptor blockers (ARB) when applicable.
- Repeat abnormal lab tests later in the year to document improvement.
- Monitor blood pressure status at each visit and adjust medications as needed for control.
- Encourage members with diabetes to have annual retinal eye exams by an eye care specialist.
- Communicate with members and other treating providers to ensure all tests are completed and results are documented in the medical record.

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