

Diabetes Quality Measures

According to the Centers for Disease Control and Prevention, diabetes affects 38.1 million or 14.7 percent of adults in the United States and is associated with complications, such as kidney failure, lower-limb amputations, adult blindness and major cardiovascular disease.¹ To promote diabetes control and prevent serious complications, the American Diabetes Association recommends the following:²

1. Assess hemoglobin A1C (A1C) at least twice a year for patients who are meeting treatment goals and have stable glycemic control and quarterly for those not meeting treatment goals or with treatment changes.
2. Measure blood pressure (BP) at every routine clinical visit.
3. Monitor urinary albumin and estimated glomerular filtration rate (eGFR) annually.
4. Perform a dilated comprehensive eye exam every one to two years to screen for retinopathy and at least annually if retinopathy is present.
5. Screen for diabetic peripheral neuropathy annually.
6. Complete a comprehensive foot evaluation annually.

The National Committee for Quality Assurance (NCQA) has four important Healthcare Effectiveness Data and Information Set (HEDIS) quality measures that examine A1C and BP control, as well as monitoring eye and kidney health in members with Type 1 and Type 2 diabetes during the measurement year:³

	Glycemic Status Assessment for Patients with Diabetes (GSD)	Blood Pressure Control for Patients with Diabetes (BPD)	Eye Exam for Patients with Diabetes (EED)	Kidney Health Evaluation for Patients with Diabetes (KED)
Description	Percentage of members whose A1C or glucose management indicator (GMI) was <8.0% or >9.0%	Percentage of members whose BP was adequately controlled (less than 140/90 mmHg)	Percentage of members who had a retinal eye exam	Percentage of members who had an eGFR and urine albumin-creatinine ratio (uACR) or urine albumin test and urine creatinine test less than five days apart
Ages	18–75 years of age			18–85 years of age
Inclusion Criteria	- Two or more documented diagnoses of diabetes on different dates of service during the measurement year or the year prior[^] OR - Dispensed insulin or hypoglycemics/antihyperglycemics during the measurement year or the year prior and have at least one documented diagnosis of diabetes[^]			
Exclusion Criteria	For GSD, BPD, EED and KED: - Hospice or palliative care 66 years and older in I-SNP, with LTI flag, or with frailty and advanced illness		For EED only: - Bilateral absence of eyes - Bilateral enucleation	For KED only: - End-stage renal disease or dialysis 81 years and older with frailty

[^]Laboratory claims are excluded for GSD, BPD and KED; I-SNP = institutional special needs plans; LTI = long-term institution

How can I help improve performance?

- Ensure required labs are ordered (A1C, eGFR, uACR) and follow up with patients to discuss results.
- Coordinate care with appropriate specialists as needed (e.g., endocrinologist, nephrologist, podiatrist, optometrist/ophthalmologist).

References

1. Centers for Disease Control and Prevention. National Diabetes Statistics Report website. www.cdc.gov/diabetes/php/data-research/index.html. Accessed 7/15/2025.
2. American Diabetes Association (ADA). Standards of Medical Care in Diabetes—2025. *Diabetes Care* 2025; 48 (Supplement 1): S207-S256.
3. National Committee for Quality Assurance. HEDIS MY 2025, Volume 2. Technical Specifications for Health Plans.