

## Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care (NQF 0089)

<b>EMeasure Name</b>	Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	<b>EMeasure Id</b>	Pending
<b>Version Number</b>	1	<b>Set Id</b>	Pending
<b>Available Date</b>	No information	<b>Measurement Period</b>	January 1, 20xx through December 31, 20xx
<b>Measure Steward</b>	American Medical Association – Physician Consortium for Performance Improvement		
<b>Endorsed by</b>	National Quality Forum		
<b>Description</b>	Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed with documented communication to the physician who manages the on-going care of the patient with diabetes mellitus regarding the findings of the macular or fundus exam at least once within 12 months.		
<b>Measure scoring</b>	Proportion		
<b>Measure type</b>	Process		
<b>Rationale</b>	The physician that manages the on-going care of the patient with diabetes should be aware of the patient’s dilated eye examination and severity of retinopathy to manage the on-going diabetes care. Such communication is important in assisting the physician to better manage the diabetes. Several studies have shown that better management of diabetes is directly related to lower rates of development of diabetic eye disease (Diabetes Control and Complications Trial – DCCT, UK Prospective Diabetes Study – UKPDS).		
<b>Clinical Recommendation Statement</b>	While it is clearly the responsibility of the ophthalmologist to manage eye disease, it is also the ophthalmologist’s responsibility to ensure that patients with diabetes are referred for appropriate management of their systemic condition. It is the realm of the patient’s family physician, internist or endocrinologist to manage the systemic diabetes. The ophthalmologist should communicate with the attending physician (Level A: III Recommendation) (AAO, 2003).		
<b>References</b>			
<b>Definitions</b>			

### Table of Contents

- [Population criteria](#)
- [Data criteria](#) (QDS Data Elements)
- [Summary calculation](#)

*Please refer to the spreadsheet for this measure for detail regarding data criteria and code lists.*

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## Population criteria

- **Initial Patient Population =**
  - AND: "Patient characteristic: birth date" (age) >= 18 years;
  - AND: "Diagnosis active: diabetic retinopathy";
  - AND: >=2 count(s) of:
    - OR: "Encounter: encounter office & outpatient consult";
    - OR: "Encounter: encounter ophthalmological services";
    - OR: "Encounter: encounter nursing facility";
    - OR: "Encounter: encounter domiciliary";
- **Denominator =**
  - AND: All patients in the initial patient population";
  - AND: "Procedure performed: macular or fundus exam";
- **Numerator =**
  - OR:
    - AND: "Communication: provider to provider macular exam findings";
    - AND: "Communication: provider to provider level of severity of retinopathy findings";
  - OR: "Communication: provider to provider: severity of retinopathy and macular edema findings";
- **Exclusions =**
  - OR: "Procedure not done: medical reason";
  - OR: "Procedure not done: patient reason";

## Data criteria (QDS Data Elements)

- **Initial Patient Population =**
  - "Patient characteristic: birth date" using "birth date code list" before the beginning of the "measurement period";
  - "Diagnosis active: diabetic retinopathy" using "diabetic retinopathy code list grouping" before or simultaneously to "encounter: encounter office & outpatient" OR "encounter: encounter ophthalmological services" OR "encounter: encounter nursing facility" OR "encounter: encounter domiciliary";
  - "Encounter: encounter office & outpatient consult" using "encounter office & outpatient consult code list" during the "measurement period";
  - "Encounter: encounter ophthalmological services" using "encounter ophthalmological services code list" during the "measurement period";
  - "Encounter: encounter nursing facility" using "encounter nursing facility code list" during the "measurement period";
  - "Encounter: encounter domiciliary" using "encounter domiciliary code list" during the "measurement period";
- **Denominator =**

- All patients in the initial patient population;
- “Procedure performed: macular or fundus exam” using “macular or fundus exam code list” during “encounter: encounter office & outpatient” or “encounter: encounter ophthalmological services” or “encounter: encounter nursing facility” or “encounter: encounter domiciliary”;
- **Numerator =**
  - “Communication provider to provider: macular exam findings” using “macular exam findings code list” after or simultaneously to “encounter: encounter office & outpatient” OR “encounter: encounter ophthalmological services” OR “encounter: encounter nursing facility” OR “encounter: encounter domiciliary”;
  - “Communication provider to provider: level of severity of retinopathy findings” using “level of severity of retinopathy findings code list” after or simultaneously to “encounter: encounter office & outpatient” OR “encounter: encounter ophthalmological services” OR “encounter: encounter nursing facility” OR “encounter: encounter domiciliary”;
  - “Communication provider to provider: severity of retinopathy and macular edema findings” using “severity of retinopathy and macular edema findings code list” after OR simultaneously to “encounter: encounter office & outpatient” OR “encounter: encounter ophthalmological services” OR “encounter: encounter nursing facility” OR “encounter: encounter domiciliary”;
- **Exclusions =**
  - “Communication not done: medical reason” using “medical reason code list” for “communication provider to provider : macular edema findings” AND “communication provider to provider : level of severity of retinopathy findings”;
  - “Communication not done: medical reason” using “medical reason code list” for “communication provider to provider : severity of retinopathy” AND “communication provider to provider : macular edema findings”;
  - “Communication not done: patient reason” using “patient reason code list” for “communication provider to provider : severity of retinopathy” AND “communication provider to provider : macular edema findings”;
  - “Communication not done: patient reason” using “patient reason code list” for “communication provider to provider : severity of retinopathy and macular edema findings”;

### **Summary Calculation**

Calculation is generic to all measures:

- Calculate the final denominator by adding all that meet denominator criteria.
- Subtract from the final denominator all that do not meet numerator criteria yet also meet exclusion criteria. Note some measures do not have exclusion criteria.
- The performance calculation is the number meeting numerator criteria divided by the final denominator.
- For measures with multiple patient populations, repeat this process for each patient population and report each result separately.

- For measures with multiple numerators, calculate each numerator separately within each population using the paired exclusion.

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<b>Measure set</b>	CLINICAL QUALITY MEASURE SET 2011-2012
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