



Complete Summary

TITLE

Diabetes mellitus: percent of patients with diabetes mellitus with blood pressure less than 140/90.

SOURCE(S)

Office of Quality and Performance (10Q). FY2002 VHA performance measurement system. Technical Manual. Washington (DC): Veterans Health Administration (VHA); 2002 Mar 8. 137 p.

Brief Abstract

DESCRIPTION

This measure assesses the percentage of patients with diabetes mellitus with blood pressure less than 140/90.

This measure is a component of a composite measure; it can also be used on its own.

RATIONALE

Diabetes mellitus is one of the most prevalent and costly chronic diseases in our population. Most of the morbidity and mortality of diabetes is due to the complications associated with the disease. Studies show that many, if not all, of the complications of diabetes can be slowed or even prevented by better management on the part of the health care team and the patient.

PRIMARY CLINICAL COMPONENT

Diabetes mellitus; hypertension; blood pressure recording

DENOMINATOR DESCRIPTION

The number of diabetic patients who are seen at least once by a physician (MD or DO), physician assistant (PA), or nurse practitioner (NP) at a specified clinic during a 12-month period

NUMERATOR DESCRIPTION

The number of patients from the denominator with a blood pressure less than 140/90

Evidence Supporting the Measure

PRIMARY MEASURE DOMAIN

Outcome

SECONDARY MEASURE DOMAIN

Not applicable

EVIDENCE SUPPORTING THE MEASURE

A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Wide variation in quality for the performance measured

EVIDENCE SUPPORTING NEED FOR THE MEASURE

Office of Quality and Performance (10Q). FY2002 VHA performance measurement system. Technical Manual. Washington (DC): Veterans Health Administration (VHA); 2002 Mar 8. 137 p.

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

External oversight/Veterans Health Administration
Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Ambulatory Care

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses
Physician Assistants
Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Unspecified

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Diabetes mellitus is a serious disease that affects over 16 million Americans, and over 150,000 people die each year because of it.

EVIDENCE FOR INCIDENCE/PREVALENCE

American Diabetes Association. The diabetes quality improvement project (DQIP) background. [internet]. Alexandria (VA): American Diabetes Association; [cited 2002 Sep 12]. [4 p].

ASSOCIATION WITH VULNERABLE POPULATIONS

Individuals of African, Asian, and American Indian descent are particularly vulnerable.

EVIDENCE FOR ASSOCIATION WITH VULNERABLE POPULATIONS

American Diabetes Association. The diabetes quality improvement project (DQIP) background. [internet]. Alexandria (VA): American Diabetes Association; [cited 2002 Sep 12]. [4 p].

BURDEN OF ILLNESS

Over 150,000 people die each year because of Diabetes Mellitus. Most of the morbidity and mortality of diabetes is due to the complications associated with the disease: blindness, kidney failure, nerve damage, and cardiovascular disease.

Diabetic retinopathy is the leading cause of new blindness in people under 65; diabetic nephropathy is the leading cause of end stage renal disease (kidney failure) in the United states; neuropathy results in the second leading cause of lower extremity amputation with over 50,000 Americans annually losing a limb because of diabetes; diabetic macrovascular disease leads to accelerated coronary heart disease and peripheral vascular disease, both of which result in premature death.

EVIDENCE FOR BURDEN OF ILLNESS

American Diabetes Association. The diabetes quality improvement project (DQIP) background. [internet]. Alexandria (VA): American Diabetes Association; [cited 2002 Sep 12]. [4 p].

UTILIZATION

Unspecified

COSTS

The annual cost of diabetes has been reported to be nearly 100 billion dollars and thus it ranks as one of the deadliest and most costly diseases known to mankind.

EVIDENCE FOR COSTS

American Diabetes Association. The diabetes quality improvement project (DQIP) background. [internet]. Alexandria (VA): American Diabetes Association; [cited 2002 Sep 12]. [4 p].

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Living with Illness

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

All eligible patients not already reviewed during the 12-month period who visited 1 of a specified list of outpatient clinics

DENOMINATOR (INDEX) EVENT

Clinical Condition
Encounter

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

All diabetic patients with either a primary or secondary diagnosis of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) code 250 seen within the past 12 months in one of the following 8 clinics:

- Primary Care
- General Medicine
- Cardiology
- Endocrinology/Metabolism
- Diabetes
- Hypertension
- Pulmonary/Chest
- Women's Clinic

All diabetic patients seen in one of the above clinics and seen by a:

- Physician (MD or DO),
- Physician Assistant (PA), or
- Nurse Practitioner (NP)

If no blood pressure was recorded during the past year, the result is assumed to be out of control. Patient is included in the denominator.

Exclusions

All patients whose current year qualifying visit was at a tertiary facility for a specialty consult only (no other primary care or general medicine visit at the tertiary center)

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

If blood pressure is taken more than once during the most recent visit to one of the 8 clinics (see "Denominator Inclusions/Exclusions" field, above), the lowest one is used. Lowest is determined by mean arterial pressure: (systolic + systolic + diastolic) divided by 3.

Exclusions

Unspecified

DENOMINATOR TIME WINDOW

Time window precedes index event

NUMERATOR TIME WINDOW

Encounter or point in time

DATA SOURCE

Administrative and medical records data

LEVEL OF DETERMINATION OF QUALITY

Individual Case

OUTCOME TYPE

Clinical Outcome

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison
Prescriptive standard

PRESCRIPTIVE STANDARD

Fiscal year (FY) 2002 diabetes mellitus hypertension less than 140/90 indicator component target:

- Fully successful: 59%
- Exceptional: 62%

EVIDENCE FOR PRESCRIPTIVE STANDARD

Office of Quality and Performance (10Q). FY2002 VHA performance measurement system. Technical Manual. Washington (DC): Veterans Health Administration (VHA); 2002 Mar 8. 137 p.

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

CPG-DM: hypertension (blood pressure less than 140/90).

MEASURE COLLECTION

[Fiscal Year \(FY\) 2002: Veterans Health Administration \(VHA\) Performance Measurement System](#)

MEASURE SET NAME

[Clinical Practice Guidelines \(FY 2002\)](#)

COMPOSITE MEASURE NAME

[Diabetes Mellitus](#)

DEVELOPER

Veterans Health Administration

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2001 Nov

REVISION DATE

2002 Mar

MEASURE STATUS

Please note: This measure has been updated. The National Quality Measures Clearinghouse is working to update this summary.

SOURCE(S)

Office of Quality and Performance (10Q). FY2002 VHA performance measurement system. Technical Manual. Washington (DC): Veterans Health Administration (VHA); 2002 Mar 8. 137 p.

MEASURE AVAILABILITY

The individual measure, "CPG-DM: Hypertension (Blood Pressure less than 140/90)," is published in "FY 2002 VHA Performance Measurement System: Technical Manual." This document is available from the [Veterans Health Administration Web site](#).

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NQMC STATUS

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