

POCKET GUIDE

# Diabetes Care

American Diabetes  
Association  
Treatment Goals  
and HEDIS® Measures



## American Diabetes Association Treatment Goals<sup>1</sup>

|   | Recommended Goal   | Measurement Frequency   |
|---|--|---|
| A1C                                       | <7% <sup>a</sup>   | At goal: at least twice annually<br>Not at goal: quarterly  |
| Fasting plasma glucose (FPG)              | 70–130 mg/dL   | Varies depending on the particular needs and goals of the patient   |
| Postprandial plasma glucose (PPG)         | <180 mg/dL   | Varies depending on the particular needs and goals of the patient   |
| Lipids<br>LDL-C<br>HDL-C<br>Triglycerides | <100 mg/dL<br>>40 mg/dL (men)<br>>50 mg/dL (women)<br><150 mg/dL | At goal: repeat every 2 years<br>Not at goal: at least annually, more frequently if needed to reach goals |
| Blood pressure                            | <130/80 mmHg   | Every office visit  |
| Urinary albumin                           | <30 µg/mg  | Annually  |

HDL-C=high-density lipoprotein cholesterol; LDL-C=low-density lipoprotein cholesterol.

<sup>a</sup>Less stringent A1C goals should be considered for individuals with a history of severe hypoglycemia, limited life expectancy, advanced microvascular or macrovascular complications, extensive comorbid conditions, or longstanding diabetes for whom the general goal is difficult to attain despite diabetes self-management education, appropriate glucose monitoring, and effective doses of multiple glucose-lowering agents including insulin.

## HEDIS<sup>®b</sup> Measures

Note: Many HEDIS measures align directly with ADA treatment goals. Areas of alignment are highlighted in blue.

|  | Diabetes Care Measure  | Measurement Frequency  |
|--|--|--|
| A1C  | Controlled: <7% <sup>2,c</sup><br>Controlled: <8% <sup>2</sup><br>Poorly controlled: >9% | At least once in measurement year  |
| LDL-C  | Controlled: <100 mg/dL   | At least once in measurement year  |
| Blood pressure                                     | Controlled: <130/80 mmHg<br>Controlled: <140/90 mmHg                                     | At least once in measurement year  |
| Examinations and screenings<br>Retinal examination | Retinal or dilated eye examination performed   | Performed in measurement year <i>or</i> negative examination in year prior to measurement year |
| Nephropathy  | Medical attention for nephropathy  | Nephropathy screening test <i>or</i> evidence of nephropathy in measurement year               |

<sup>b</sup>Healthcare Effectiveness Data and Information Set. HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).

<sup>c</sup>Additional exclusion criteria are required for this indicator. This indicator is only reported for the commercial and Medicaid product lines.

## ADA Comprehensive Diabetes Evaluation Recommendations<sup>1</sup>

### Medical History

- Age and characteristics of onset of diabetes (eg, DKA, asymptomatic laboratory finding)
- Eating patterns, physical activity habits, nutritional status, and weight history; growth and development in children and adolescents
- Diabetes education history
- Review of previous treatment regimens and response to therapy (A1C records)
- Current treatment of diabetes, including medications, meal plan, physical activity patterns, and results of glucose monitoring and patient's use of data
- DKA frequency, severity, and cause
- Hypoglycemic episodes
  - Hypoglycemia awareness
  - Any severe hypoglycemia: frequency and cause
- History of diabetes-related complications
  - Microvascular: retinopathy, nephropathy, neuropathy (sensory, including history of foot lesions; autonomic, including sexual dysfunction and gastroparesis)
  - Macrovascular: CHD, cerebrovascular disease, PAD
  - Other: psychosocial problems, dental disease

CHD=coronary heart disease; DKA=diabetic ketoacidosis; PAD=peripheral arterial disease.

## ADA Comprehensive Diabetes Evaluation Recommendations<sup>1</sup>

### Physical Examination

- Height, weight, BMI
- Blood pressure determination, including orthostatic measurements when indicated
- Funduscopic examination
- Thyroid palpation
- Skin examination (for acanthosis nigricans and insulin injection sites)
- Comprehensive foot examination
  - Inspection
  - Palpation of dorsalis pedis and posterior tibial pulses
  - Presence/absence of patellar and Achilles reflexes
  - Determination of proprioception, vibration, and monofilament sensation

BMI=body mass index.



**References:** **1.** American Diabetes Association. Standards of medical care in diabetes—2010. *Diabetes Care*. 2010;33:S11–S61. **2.** NCQA. *HEDIS® 2010 Technical Specifications*. Vol 2. Washington, DC: NCQA; 2009.



Copyright © 2010 Merck Sharp & Dohme Corp., a subsidiary of **Merck & Co., Inc.**  
All rights reserved. Printed in USA Minimum 10% Recycled Paper ♻️

21051278(7)-07/10-SGR