



# American Medical Group Foundation Chronic Care Roundtable

## National Diabetes Measures

| Measure Name  | Description  | NQF Endorsed | Measure Steward   |
|---|--|--------------|---|
| Diabetes mellitus care: percentage of adult patients who have type 1 or type 2 diabetes with optimally managed modifiable risk factors.   | The number of diabetes patients who meet all of the following targets for optimally managed modifiable risk factors: blood pressure less than 140/90 mmHg; low-density lipoprotein cholesterol (LDL-C) less than 100 mg/dl; hemoglobin A1c (HbA1c) less than 8; daily aspirin use for diabetes patients with a co-morbidity of ischemic vascular disease unless contraindicated; documented tobacco-free status. | Yes          | Minnesota Community Measurement - Health Care Quality Collaboration |
| * Comprehensive diabetes care: percentage of members 18 to 64 years of age with diabetes (type 1 and type 2) whose most recent hemoglobin A1c (HbA1c) level is less than 7.0% (controlled).   | This measure is used to assess the percentage of members 18 to 64 years of age with diabetes (type 1 and type 2) whose most recent hemoglobin A1c (HbA1c) level is less than 7.0% (controlled).  | No           | NCQA  |
| * Comprehensive diabetes care: percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) who had a LDL-C screening performed.   | This measure is used to assess the percentage of members 18 to 75 years with diabetes (type 1 and type 2) who had low-density lipoprotein cholesterol (LDL-C) test performed during the measurement year.  | Yes          | NCQA  |
| * Comprehensive diabetes care: percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) who had an eye exam (retinal) performed.   | This measure is used to assess the percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) who had an eye screening for diabetic retinal disease.  | Yes          | NCQA  |
| * Comprehensive diabetes care: percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) who had hemoglobin A1c (HbA1c) testing.  | This measure is used to assess the percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) who had a hemoglobin A1c (HbA1c) test performed during the measurement year.  | Yes          | NCQA  |
| * Comprehensive diabetes care: percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) who received medical attention for nephropathy.                                  | This measure is used to assess the percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) who had a nephropathy screening test or evidence of nephropathy.  | Yes          | NCQA  |
| * Comprehensive diabetes care: percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) whose most recent blood pressure reading is less than 140/80 mm Hg (controlled). | This measure is used to assess the percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) whose most recent blood pressure reading is less than 140/80 mm Hg during the measurement year.   | No           | NCQA  |
| * Comprehensive diabetes care: percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) whose most recent blood pressure reading is less than 140/90 mm Hg (controlled). | This measure is used to assess the percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) whose most recent blood pressure reading is less than 140/90 mm Hg during the measurement year.   | Yes          | NCQA  |

\* This measure is a component of the Comprehensive Diabetes Care composite measure—one of 10 different rates—looking at how well an organization cares for the common and serious chronic disease of diabetes.



## National Diabetes Measures (continued)

| Measure Name   | Description   | NQF Endorsed | Measure Steward |
|--|---|--------------|-----------------|
| * Comprehensive diabetes care: percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) whose most recent hemoglobin A1c (HbA1c) level is greater than 9.0% (poorly controlled).  |   | Yes          | NCQA            |
| * Comprehensive diabetes care: percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) whose most recent hemoglobin A1c (HbA1c) level is less than 8.0% (controlled).  | This measure is used to assess the percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) whose most recent hemoglobin A1c (HbA1c) level is less than 8.0% (controlled).   | Yes          | NCQA            |
| * Comprehensive diabetes care: percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) whose most recent LDL-C level is less than 100 mg/dL.   | This measure is used to assess the percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) whose most recent low-density lipoprotein cholesterol (LDL-C) level is less than 100 mg/dL.                                  | Yes          | NCQA            |
| Diabetes monitoring for people with diabetes and schizophrenia: percentage of members 18 to 64 years of age with schizophrenia and diabetes who had both an LDL-C test and an HbA1c test during the measurement year.  | This measure is used to assess the percentage of members 18 to 64 years of age with schizophrenia and diabetes who had both a low-density lipoprotein cholesterol (LDL-C) test and a hemoglobin A1c (HbA1c) test during the measurement year. | Yes          | NCQA            |
| Diabetes screening for people with schizophrenia or bipolar disorder who are using antipsychotic medications: percentage of members 18 to 64 years of age with schizophrenia or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year. | This measure is used to assess the percentage of members 18 to 64 years of age with schizophrenia or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.           | Yes          | NCQA            |
| Diabetes screening for people with schizophrenia or bipolar disorder who are using antipsychotic medications: percentage of members 18 to 64 years of age with schizophrenia or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year. | This measure is used to assess the percentage of members 18 to 64 years of age with schizophrenia or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.           | Yes          | NCQA            |

\* This measure is a component of the Comprehensive Diabetes Care composite measure—one of 10 different rates—looking at how well an organization cares for the common and serious chronic disease of diabetes.



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**National Diabetes Measures (continued)**

| Measure Name   | Description  | NQF Endorsed | Measure Steward                            |
|--|--|--------------|--|
| Diabetes: the relative resource use by members with diabetes during the measurement year.  | This measure is used to assess the relative resource use by members with diabetes by reporting total standard cost and service frequency for all services for which the organization has paid or expects to pay during the measurement year.   | Yes          | NCQA                                       |
| ** Comprehensive adult diabetes care: percentage of patients 18 to 75 years of age with type 1 or type 2 diabetes who had a foot exam (visual inspection with either a sensory exam or a pulse exam) during the measurement year.  | This measure is used to assess the percentage of patients 18 to 75 years of age with type 1 or type 2 diabetes who had a foot exam (visual inspection with either a sensory exam or a pulse exam) during the measurement year.   | No           | NCQA                                       |
| Stable coronary artery disease: percentage of patients with diabetes with a documented HbA1c of less than 7.0% or meeting the patient's individualized HbA1c goal.   | Number of stable coronary artery disease patients who had a documented glycated hemoglobin (HbA1c) of less than 7% or who met their individualized goal  | No           | Institute for Clinical Systems Improvement |
| Hypertension diagnosis and treatment: percentage of type 2 diabetes patients with a blood pressure reading of greater than 140/85 mmHg who have a plan of care.  | This measure is used to assess the percentage of type 2 diabetes patients with a blood pressure reading of greater than 140/85 mmHg who have a plan of care.   | No           | Institute for Clinical Systems Improvement |
| Hypertension diagnosis and treatment: percentage of type 2 diabetes patients with a blood pressure reading of less than 140/85 mmHg.   | This measure is used to assess the percentage of type 2 diabetes patients age 18 years and older with a blood pressure reading of less than 140/85 mmHg.   | No           | Institute for Clinical Systems Improvement |
| Preoperative evaluation: percentage of patients age two years and older undergoing elective non-high-risk surgery who have appropriate management of comorbidities prior to surgery.   | This measure is used to assess the percentage of patients age two years and older undergoing elective non-high-risk surgery who have appropriate management of comorbidities prior to surgery, including: antithrombotic therapy; recent coronary stent/antiplatelet therapy; beta-blocker therapy; sleep apnea; nicotine cessation  | No           | Institute for Clinical Systems Improvement |
| Diagnosis and management of type 2 diabetes mellitus in adults: percentage of patients with type 2 diabetes mellitus age 18 to 75 years old with A1c less than 8%, or LDL less than 100 mg/dL or on a statin, or with blood pressure measurement in the last 12 months and most recent blood pressure measurement less than 140/90 mmHg. | This measure is used to assess the percentage of patients age 18 to 75 years with type 2 diabetes mellitus who achieve any or all of the following diabetes controls:<br>a. Percentage of patients with glycated hemoglobin (A1c) less than 8%<br>b. Percentage of patients with low-density lipoprotein (LDL) less than 100 mg/dL or on a statin<br>c. Percentage of patients with blood pressure (BP) measurement in the last 12 months and most recent BP measurement less than 140/90 mmHg | No           | Institute for Clinical Systems Improvement |

\*\* This measure is a component of the Comprehensive Adult Diabetes Care composite measure—one of 7 different rates—looking at how well an organization cares for the common and serious chronic disease of diabetes.



## National Diabetes Measures (continued)

| Measure Name  | Description   | NQF Endorsed | Measure Steward                            |
|---|---|--------------|--|
| Diagnosis and management of type 2 diabetes mellitus in adults: percentage of patients with type 2 diabetes mellitus with A1c test in the last year greater than 9%.  | This measure is used to assess the percentage of patients age 18 to 75 years with type 2 diabetes mellitus with glycosylated hemoglobin (A1c) test in the last year greater than 9%.  | No           | Institute for Clinical Systems Improvement |
| Diagnosis and management of type 2 diabetes mellitus in adults: percentage of patients with type 2 diabetes mellitus with blood pressure measurement in the last year and greater than 150/90 mmHg.   | This measure is used to assess the percentage of patients age 18 to 75 years old with type 2 diabetes mellitus with blood pressure measurement in the last year and greater than 150/90 mmHg.   | No           | Institute for Clinical Systems Improvement |
| Lipid management in adults: percentage of patients with established ASCVD, or 10-year CHD risk greater than or equal to 10%, or diabetes and on lipid-lowering therapy who remain on lipid-lowering pharmacotherapy 12 months after therapy was prescribed. | This measure is used to assess the percentage of adult patients with established atherosclerotic cardiovascular disease (ASCVD), or 10-year coronary heart disease (CHD) risk greater than or equal to 10%, or diabetes and on lipid-lowering therapy who remain on lipid-lowering pharmacotherapy 12 months after therapy was prescribed.          | No           | Institute for Clinical Systems Improvement |
| Adult depression in primary care: percentage of patients with type 2 diabetes with documentation of screening for major depression or persistent depressive disorder using PHQ-2.   | This measure is used to assess the percentage of patients 18 years and older with type 2 diabetes with documentation of screening for major depression or persistent depressive disorder using Patient Health Questionnaire-2 (PHQ-2).  | No           | Institute for Clinical Systems Improvement |
| Diabetes mellitus: hospital admission rate for long-term complications.   | All discharges of age 18 years and older with International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) principal diagnosis code for diabetes long-term complications (renal, eye, neurological, circulatory, or complications not otherwise specified) (see the related "Numerator Inclusions/Exclusions" field). | Yes          | Agency for Healthcare Research and Quality |
| Diabetes mellitus: hospital admission rate for short-term complications.  | All discharges of age 18 years and older with International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) principal diagnosis code for diabetes short-term complications (ketoacidosis, hyperosmolarity, coma)   | Yes          | Agency for Healthcare Research and Quality |
| Diabetes mellitus: hospital admission rate for uncontrolled diabetes.   | All discharges of age 18 years and older with International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) principal diagnosis code for uncontrolled diabetes, without mention of a short-term or long-term complication  | Yes          | Agency for Healthcare Research and Quality |
| Diabetes mellitus: lower-extremity amputation rate.   | All discharges of age 18 years and older with International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) procedure code for lower-extremity amputation and diagnosis code of diabetes in any field  | Yes          | Agency for Healthcare Research and Quality |



## National Diabetes Measures (continued)

| Measure Name   | Description   | NQF Endorsed | Measure Steward  |
|--|---|--------------|--|
| Diabetes short-term complications admission rate (area-level): rate per 100,000 population.  | All non-maternal discharges ages 6 through 17 years with International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) principal diagnosis code for short-term complications (ketoacidosis, hyperosmolarity, coma)   | No           | Agency for Healthcare Research and Quality                         |
| Eye care: percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed which included documentation of the level of severity of retinopathy AND the presence or absence of macular edema during one or more office visits within 12 months.                                    | This measure is used to assess the percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed which included documentation of the level of severity of retinopathy AND the presence or absence of macular edema during one or more office visits within 12 months.                                    | Yes          | American Academy of Ophthalmology - Medical Specialty Society      |
| Eye care: 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. | This measure is used to assess the 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. | Yes          | American Academy of Ophthalmology - Medical Specialty Society      |
| Diabetes mellitus: percentage of patients aged 18 years and older with a diagnosis of diabetes mellitus who had a lower extremity neurological exam performed at least once within 12 months.  | This measure is used to assess the percentage of patients aged 18 years and older with a diagnosis of diabetes mellitus who had a neurological exam of their lower extremities during one or more office visits performed within 12 months.   | Yes          | American Podiatric Medical Association - Medical Specialty Society |
| Diabetes mellitus: percentage of patients aged 18 years and older with a diagnosis of diabetes mellitus who were evaluated for proper footwear and sizing during one or more office visits within 12 months.   | This measure is used to assess the percentage of patients aged 18 years and older with a diagnosis of diabetes mellitus who were evaluated for proper footwear and sizing during one or more office visits within 12 months.  | Yes          | American Podiatric Medical Association - Medical Specialty Society |
| Diabetes mellitus: average HbA1c value for diabetic patients in the clinical information system.   | This measure is used to assess the average HbA1c value for diabetic patients in the clinical information system.  | No           | Health Resources and Services Administration                       |



## National Diabetes Measures (continued)

| Measure Name   | Description   | NQF Endorsed | Measure Steward                              |
|--|---|--------------|--|
| Diabetes mellitus: percent of patients 12 to 70 years of age who are not already on angiotensin-converting enzyme inhibitor (ACEI) or angiotensin receptor blocker (ARB) and have had a microalbuminuria screening test in the last 12 months. | This measure is used to assess the percent of diabetic patients in the clinical information system 12 years and older but less than 70 years of age who are not already on angiotensin-converting enzyme (ACE) inhibitors or an angiotensin receptor blocker (ARB) and have had a microalbuminuria screening test in the last 12 months.  | No           | Health Resources and Services Administration |
| Diabetes mellitus: percent of patients 40 years and older who have a current prescription for aspirin or other antithrombotic agent.   | This measure is used to assess the percent of diabetes mellitus patients 40 years and older in the clinical information system who have a current prescription for aspirin or other antithrombotic agent.   | No           | Health Resources and Services Administration |
| Diabetes mellitus: percent of patients 40 years and older who have a current prescription for statins.   | This measure is used to assess the percent of diabetic patients in the clinical information system 40 years and older who have a current prescription for statins.  | No           | Health Resources and Services Administration |
| Diabetes mellitus: percent of patients 55 years and older who have a current prescription for angiotensin-converting enzyme (ACE) inhibitors or angiotensin receptor blocker (ARB) medication.   | This measure is used to assess the percent of diabetic patients in the clinical information system 55 years and older who have a current prescription for angiotensin-converting enzyme (ACE) inhibitors or angiotensin receptor blocker (ARB) medication.  | No           | Health Resources and Services Administration |
| Diabetes mellitus: percent of patients who are current smokers (documented in the last 12 months).   | This measure is used to assess the percent of diabetic patients in the clinical information system who are current smokers (documented in the last 12 months).  | No           | Health Resources and Services Administration |
| Diabetes mellitus: percent of patients who have had a comprehensive foot exam in the past 12 months.   | This measure is used to assess the percent of diabetic patients in the clinical information system who have had an annual comprehensive foot exam documented in the last 12 months.<br>An annual comprehensive foot exam has been part of American Diabetes Association (ADA) guidelines for some time (Lower Extremity Amputation Prevention [LEAP] exam is one type.) This examination should include assessment of protective sensation, foot structure and biomechanics, vascular status and skin integrity [ADA, Diabetes Care, 2003]. | No           | Health Resources and Services Administration |
| Diabetes mellitus: percent of patients who have had a dilated eye exam in last 12 months   | This measure is used to assess the percent of diabetic patients in the clinical information system who have had a dilated eye exam in the last 12 months.   | No           | Health Resources and Services Administration |
| Diabetes mellitus: percent of patients who have had one pneumococcal vaccination at any time.  | This measure is used to assess the percent of diabetic patients in the clinical information system who have had one pneumococcal vaccination at any time.   | No           | Health Resources and Services Administration |



## National Diabetes Measures (continued)

| Measure Name   | Description   | NQF Endorsed | Measure Steward                              |
|--|---|--------------|--|
| Diabetes mellitus: percent of patients who obtained a dental exam in the last 12 months.   | This measure is used to assess the percent of diabetic patients in the clinical information system who obtained a dental exam in the last 12 months. Effective treatment of periodontal infection and reduction of periodontal inflammation is associated with a reduction in glucose blood levels. Early detection during regular dental examinations is very important. | No           | Health Resources and Services Administration |
| Diabetes mellitus: percent of patients who obtained an influenza vaccination in the last 12 months.  | This measure is used to assess the percent of diabetic patients in the clinical information system who obtained an influenza vaccination in the last 12 months.   | No           | Health Resources and Services Administration |
| Diabetes mellitus: percent of patients whose last documented exercise rate (within the last 12 months) was three times per week for at least 20 minutes. | This measure is used to assess the percent of diabetic patients in the clinical information system whose last documented exercise rate (within the last 12 months) was 3 times per week for at least 20 minutes.  | No           | Health Resources and Services Administration |
| Diabetes mellitus: percent of patients whose most recent fasting low-density lipoprotein (LDL) was less than 100 (in the last 12 months)                 | This measure is used to assess the percent of diabetic patients in the clinical information system whose most recent fasting low-density lipoprotein (LDL) was less than 100 (in the last 12 months).   | No           | Health Resources and Services Administration |
| Diabetes mellitus: percent of patients with 2 HbA1c's in the last year (at least 3 months apart).  | This measure is used to assess the percent of diabetic patients in the clinical information system who have had two HbA1c's (at least 91 days apart) in the last 12 months.   | No           | Health Resources and Services Administration |
| Diabetes mellitus: percent of patients with a body mass index (BMI) greater than 25 who have lost 10 pounds at any time in the last 12 months.           | This measure is used to assess the percent of diabetic patients in the clinical information system with a body mass index (BMI) greater than 25 who have lost 10 pounds at any time in the last 12 months.  | No           | Health Resources and Services Administration |
| Diabetes mellitus: percent of patients with a documented screening for depression in the past 12 months.   | This measure is used to assess the percent of diabetic patients in the clinical information system with a documented screening for depression in the past 12 months.  | No           | Health Resources and Services Administration |
| Diabetes mellitus: percent of patients with blood pressure reading less than 130/80 in the last 12 months.   | This measure is used to assess the percent of diabetic patients in the clinical information system with blood pressure reading less than 130/80 at last reading within the past 12 months.  | No           | Health Resources and Services Administration |
| Diabetes mellitus: percent of patients with documented self-management goals in the last 12 months.  | This measure is used to assess the percent of diabetic patients in the clinical information system with documented self-management goals in the last 12 months.   | No           | Health Resources and Services Administration |



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# Chronic Care Roundtable

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## **National Diabetes Measures (continued)**

The following national diabetes measures are from Healthy People 2020, which provides science-based, 10-year national objectives for improving the health of all Americans. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:

- Encourage collaborations across communities and sectors.
- Empower individuals toward making informed health decisions.
- Measure the impact of prevention activities.

There are more than 1,200 objectives in Healthy People 2020. Each Healthy People 2020 objective has a reliable data source, baseline measure, and target for specific improvements to be achieved by the year 2020.

Draft objectives were prepared by experts from multiple lead Federal Agencies. The proposed objectives were then made available for public comment and reviewed by the Federal Interagency Workgroup, which used a set of selection criteria to choose the final objectives.

Many objectives focus on interventions that are designed to reduce or eliminate illness, disability, and premature death among individuals and communities. Others focus on broader issues such as:

- Eliminating health disparities.
- Addressing social determinants of health.
- Improving access to quality health care.
- Strengthening public health services.
- Improving the availability and dissemination of health-related information.

More information can be found at [HealthyPeople.gov](http://HealthyPeople.gov).





## National Diabetes Measures (continued)

| Objective   | Specific Objective  | Baseline  | Target   | Target-Setting Method                   | Data Source  |
|---|---|---|--|---|--|
| (D-1) Reduce the annual number of new cases of diagnosed diabetes in the population     |   | 8.0 new cases of diabetes per 1,000 population aged 18 to 84 years occurred in the past 12 months, as reported in 2006–08 | 7.2 new cases per 1,000 population aged 18 to 84 years | 10 percent improvement                  | National Health Interview Survey (NHIS), CDC/NCHS  |
| (D-2) Reduce the death rate among persons with diabetes                                 | (D-2.1) Reduce the rate of all-cause mortality among persons with diabetes                  | Not available   | Not available  | Not available                           | National Death Index (NDI), CDC/NCHS; National Health Interview Survey (NHIS), CDC/NCHS                |
| (D-2) Reduce the death rate among persons with diabetes                                 | (D-2.2) Reduce the rate of cardiovascular disease deaths in persons with diagnosed diabetes | Not available   | Not available  | Not available                           | National Death Index (NDI), CDC/NCHS; National Health Interview Survey (NHIS), CDC/NCHS                |
| (D-3) Reduce the diabetes death rate  |   | 74.0 deaths per 100,000 population were related to diabetes in 2007   | 66.6 deaths per 100,000 population                     | 10 percent improvement                  | National Vital Statistics System-Mortality (NVSS-M), CDC/NCHS; Population Estimates, Census            |
| (D-4) Reduce the rate of lower extremity amputations in persons with diagnosed diabetes |   | 3.5 lower extremity amputations per 1,000 persons with diagnosed diabetes occurred in 2005–07                             | Not applicable   | Tracked for informational purposes only | National Hospital Discharge Survey (NHDS), CDC/NCHS; National Health Interview Survey (NHIS), CDC/NCHS |

Notes: All baseline metrics are age adjusted to the year 2000 standard population. Parenthesis next to each objective indicates the Healthy People 2020 objective code.



## National Diabetes Measures (continued)

| Objective   | Specific Objective   | Baseline   | Target       | Target-Setting Method  | Data Source   |
|---|--|--|--------------|------------------------|---|
| (D-5) Improve glycemic control among persons with diabetes  | (D-5.1) Reduce the proportion of persons with diabetes with an A1c value greater than 9 percent  | 17.9 percent of adults aged 18 years and older with diagnosed diabetes had an A1c value greater than 9 percent in 2005–08  | 16.1 percent | 10 percent improvement | National Health and Nutrition Examination Survey (NHANES), CDC/NCHS |
| (D-5) Improve glycemic control among persons with diabetes  | (D-5.2) Increase the proportion of the diabetic population with an A1c value less than 7 percent | 53.5 percent of adults aged 18 years and older with diagnosed diabetes had an A1c value less than 7 percent in 2005–08   | 58.9 percent | 10 percent improvement | National Health and Nutrition Examination Survey (NHANES), CDC/NCHS |
| (D-6) Improve lipid control among persons with diagnosed diabetes   |  | 53.1 percent of adults aged 18 years and older with doctor diagnosed diabetes had an LDL cholesterol value <100 mg/dl in 2005–08   | 58.4 percent | 10 percent improvement | National Health and Nutrition Examination Survey (NHANES), CDC/NCHS |
| (D-7) Increase the proportion of persons with diagnosed diabetes whose blood pressure is under control          |  | 51.8 percent of adults aged 18 years and older with diagnosed diabetes had their blood pressure under control in 2005–08   | 57.0 percent | 10 percent improvement | National Health and Nutrition Examination Survey (NHANES), CDC/NCHS |
| (D-8) Increase the proportion of persons with diagnosed diabetes who have at least an annual dental examination |  | 55.6 percent of the population aged 2 years and older with diagnosed diabetes had been to the dentist in the past year, as reported in 2008                                  | 61.2 percent | 10 percent improvement | National Health Interview Survey (NHIS), CDC/NCHS                   |
| (D-9) Increase the proportion of adults with diabetes who have at least an annual foot examination              |  | 68.0 percent of adults aged 18 years and older with diagnosed diabetes had at least one foot examination by a health professional in the past 12 months, as reported in 2008 | 74.8 percent | 10 percent improvement | Behavioral Risk Factor Surveillance System (BRFSS), CDC/PHSIPO      |

Notes: All baseline metrics are age adjusted to the year 2000 standard population. Parenthesis next to each objective indicates the Healthy People 2020 objective code.



## National Diabetes Measures (continued)

| Objective | Specific Objective   | Baseline   | Target       | Target-Setting Method  | Data Source   |
|-----------|--|--|--------------|------------------------|---|
| (D-10)    | Increase the proportion of adults with diabetes who have an annual dilated eye examination                           | 53.4 percent of adults aged 18 years and older with diagnosed diabetes had a dilated eye examination in the past year, as reported in 2008   | 58.7 percent | 10 percent improvement | National Health Interview Survey (NHIS), CDC/NCHS                   |
| (D-11)    | Increase the proportion of adults with diabetes who have a glycosylated hemoglobin measurement at least twice a year | 64.6 percent of adults aged 18 years and older with diagnosed diabetes had a glycosylated hemoglobin measurement at least twice in the past 12 months, as reported in 2008                     | 71.1 percent | 10 percent improvement | Behavioral Risk Factor Surveillance System (BRFSS), CDC/PHSIPO      |
| (D-12)    | Increase the proportion of persons with diagnosed diabetes who obtain an annual urinary microalbumin measurement     | 33.6 percent of Medicare beneficiaries with diabetes obtained an annual urinary microalbumin measurement in 2007   | 37.0 percent | 10 percent improvement | United States Renal Data System (USRDS), NIH/NIDDK                  |
| (D-13)    | Increase the proportion of adults with diabetes who perform self-blood glucose-monitoring at least once daily        | 64.0 percent of adults aged 18 years and older with diagnosed diabetes performed self-blood glucose-monitoring at least once daily in 2008 (age adjusted to the year 2000 standard population) | 70.4 percent | 10 percent improvement | Behavioral Risk Factor Surveillance System (BRFSS), CDC/PHSIPO      |
| (D-14)    | Increase the proportion of persons with diagnosed diabetes who receive formal diabetes education                     | 56.8 percent of adults aged 18 years and older with diagnosed diabetes reported they ever received formal diabetes education in 2008   | 62.5 percent | 10 percent improvement | Behavioral Risk Factor Surveillance System (BRFSS), CDC/PHSIPO      |
| (D-15)    | Increase the proportion of persons with diabetes whose condition has been diagnosed                                  | 72.8 percent of adults aged 20 years and older with diabetes had been diagnosed, as reported in 2005–08  | 80.1 percent | 10 percent improvement | National Health and Nutrition Examination Survey (NHANES), CDC/NCHS |

Notes: All baseline metrics are age adjusted to the year 2000 standard population. Parenthesis next to each objective indicates the Healthy People 2020 objective code.



## National Diabetes Measures (continued)

| Objective  | Specific Objective   | Baseline  | Target       | Target-Setting Method  | Data Source   |
|--|--|---|--------------|------------------------|---|
| (D-16) Increase prevention behaviors in persons at high risk for diabetes with prediabetes | (D-16.1) Increase the proportion of persons at high risk for diabetes with prediabetes who report increasing their levels of physical activity         | 44.6 percent of adults aged 18 years and older who were at high risk for diabetes with prediabetes reported increasing their levels of physical activity in 2005–08         | 49.1 percent | 10 percent improvement | National Health and Nutrition Examination Survey (NHANES), CDC/NCHS |
| (D-16) Increase prevention behaviors in persons at high risk for diabetes with prediabetes | (D-16.2) Increase the proportion of persons at high risk for diabetes with prediabetes who report trying to lose weight                                | 50.0 percent of adults aged 18 years and older who were at high risk for diabetes with prediabetes reported controlling or trying to lose weight in 2005–08                 | 55.0 percent | 10 percent improvement | National Health and Nutrition Examination Survey (NHANES), CDC/NCHS |
| (D-16) Increase prevention behaviors in persons at high risk for diabetes with prediabetes | (D-16.3) Increase the proportion of persons at high risk for diabetes with prediabetes who report reducing the amount of fat or calories in their diet | 48.5 percent of adults aged 18 years and older who were at high risk for diabetes with prediabetes reported reducing the amount of fat or calories in their diet in 2005–08 | 53.4 percent | 10 percent improvement | National Health and Nutrition Examination Survey (NHANES), CDC/NCHS |

Notes: All baseline metrics are age adjusted to the year 2000 standard population. Parenthesis next to each objective indicates the Healthy People 2020 objective code.