



Diabetes Care Link Physician Assessment Guide

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Introduction

Bridges to Excellence (BTE) is excited to offer this opportunity for physicians to pilot its automated performance assessment system. The BTE performance assessment organization (PAO) system allows for rapid and independent medical record-based physician performance evaluations by connecting local and national medical record data sources to a network of performance assessment organizations. BTE's goals are to: reduce the reporting burden for physicians; leverage existing reporting/data aggregation initiatives; reduce data collection and reporting costs; facilitate the connection between quality improvement and incentives; and speed up cycle times between reporting, improvement and reporting. Physicians who meet BTE performance thresholds may be eligible for BTE rewards through participating health plans, employers and coalitions.

BTE is partnering with two PAOs to implement its automated performance assessment system: Masspro and Minnesota Community Measurement (MNCM).

Masspro is one of the leading performance improvement organizations in the United States, dedicated to advancing healthcare quality. Founded by the Massachusetts Medical Society, which publishes the New England Journal of Medicine, Masspro transforms healthcare through developing and disseminating innovative solutions across all sectors of the healthcare delivery system. For over 20 years, Masspro has been an independent, objective voice for improving patient care in Massachusetts, and continues to serve as a facilitator, leader, and key participant in performance improvement, quality measurement and utilization review.

MN Community Measurement (MNCM) was formed in 2002 by several local health plans as a collaborative to collect performance data. By aggregating health plan claims data and collecting clinical information from physician offices, MNCM publicly reports physicians' performance results in Minnesota. MNCM's goals include improving care and supporting the quality initiatives of providers, reducing reporting-related expenses for medical groups, health plans, and regulators through more efficient and effective regulation, and communicating findings in a fair, usable and reliable way to medical groups, regulators, purchasers and consumers.

Overview

Bridges to Excellence is a not-for-profit organization developed by employers, physicians, health care services, researchers, and other industry experts with a mission to create significant leaps in the quality of care by recognizing and rewarding health care providers who demonstrate that they have implemented comprehensive solutions in the management of patients and deliver safe, timely, effective, efficient, equitable and patient-centered care.

The Diabetes Care Link Program (DCL) is a BTE Physician Recognition Program intended to identify physicians who provide high-value diabetes care. The program is designed with an understanding that patients may seek the care of various types of practitioners—primary care (PCPs) and endocrinologists (Endos)—for treatment and management of their diabetes. Accordingly, the measures reflect that physicians should do the following.

- Provide high-quality care from the outset of patient contact
- Understand and consider previous treatment history to help avoid inappropriate treatment

The program comprises a set of measures and standards, based on available clinical evidence, that promote a model of care that includes the following criteria.

- Comprehensive patient assessment and reassessment
- Patient education
- Shared decision making

BTE's DCL requirements assess process measures and outcomes representing standards of care for patients with diabetes. BTE believes that the DCL program has the potential to significantly improve the quality of care experienced by many patients with diabetes and to reduce the financial and human burden of unnecessary hospitalizations and complications.

To earn DCL recognition, physicians and physician practices voluntarily submit medical record data documenting their delivery of care to patients with diabetes. BTE has partnered with two objective third party independent Performance Assessment Organizations (PAOs) to evaluate physician data based on standard measures to publicly recognize those that meet the BTE DCL performance thresholds. Those physicians not meeting the BTE DCL performance thresholds remain anonymous to BTE and its health plan licensees. BTE has three performance thresholds.

Physician Benefits of Recognition

- Physicians can demonstrate to the public and to their professional peers that they meet the standards of care assessed by the program by issuing a press release, as well as having their recognition achievements posted on BTE’s consumer portal, HealthGrades (www.healthgrades.com), and communicated to both health plans and employers.
- Physicians may use the BTE Recognition to demonstrate that they meet the standards of care assessed by the program when contracting with health organizations and purchasers of health services.
- Physicians can identify areas of their practice that vary from the performance criteria and take steps to improve quality of care.
- Where applicable, physicians can establish eligibility for pay-for-performance bonuses or differential reimbursement from payers and health plans.
- Physicians who achieve DCL recognition by submitting data through a CCHIT-certified¹ electronic health record will also receive BTE Level II Physician Office Link (POL) recognition.

Background on the Measurement Criteria

Eligible physicians and physician groups voluntarily apply for BTE Recognition by submitting information on how they treat and manage their patients with regard to the following.

Clinical measures²

1. Blood Pressure (BP) control
2. LDL control
3. HbA1c control
4. Documentation of Ophthalmologic exam
5. Documentation of Smoking status and cessation advice and treatment
6. Documentation of Nephropathy assessment
7. Documentation of Podiatry exam

Physicians who demonstrate high-quality performance based on these standards are awarded BTE DCL Recognition.

¹ The Certification Commission for Healthcare Information Technology or CCHIT is a recognized certification body for electronic health records and their networks, and an independent, voluntary, private-sector initiative, whose mission is to accelerate the adoption of health information technology by creating an efficient, credible and sustainable certification program. A list of CCHIT-certified products can be found at <http://cchit.org/>.

² *Clinical measures* evaluate performance based on care provided to a sample of individual patients and documented in the medical records of those patients. Clinical measures are scored based on a specified percentage of the sample meeting the requirement (numerator) for the measure (pass/fail).

Recognition Program Structure

Given the evidence in the literature advocating the creation of physician quality reward programs that promote continuous quality improvement amongst its participants, the BTE Diabetes Care Link program is designed to include 3 levels or tiers of recognition. Assessment for recognition in all 3 tiers is based upon data submitted on the same diabetes measures and standards (listed above).

- Level I:* Focuses on a physician-centric³ view of measurement, looking at individual metrics summed to produce a composite score, with the inclusion of “must pass” elements for intermediate outcome control measures (i.e., BP control, LDL control and HbA1c control). Thresholds have been set to focus on above average performance.
- Level II:* Focuses on a combination of physician and patient-centric⁴ measurements. Level II includes the measurement of individual metrics summed to produce a composite score, with the inclusion of “must pass” elements for all intermediate outcome control measures, both poor and superior. Also looks at the defect rate of care delivery across poor control measures on a per patient basis. Thresholds have been set to focus on very good performance.
- Level III:* Focuses on patient-centric view of measurement, looking at the defect rate of care delivery across superior control measures on a per patient basis. Physicians must demonstrate that they are using advanced processes and delivering all the right care on a per patient basis. Thresholds have been set to focus on exceptional performance.

What Recognition Requires

To seek BTE DCL Recognition, physician applicants must submit medical record data that demonstrates they meet BTE’s DCL performance criteria. Each measure or standard has an assigned point value; the total of all the measures and standards is the same across all levels of recognition (100 points). A physician achieves points for a measure if his or her performance

³ Physician centric refers to performance assessment involving evaluation of physician performance based upon discrete measures (i.e. BP <130/80), which is applied across the eligible patient panel. The results provide a picture of a physician’s performance on a given measures across his or her eligible patient panel. Since the process leads to physician-focused results it is said to be “physician-centric.”

⁴ Patient centric refers to performance assessment involving evaluation of physician performance based upon composite measures, created by combining 2 or more separate discrete measures into a single measure (i.e. combining BP <130/80 and LDL <100mg/dl into 1 single measure), which is applied on a per patient basis. The results provide a picture of an individual patient’s performance on a set of measures which make-up the composite measure. Since the process leads to patient-focused results it is said to be “patient-centric.”

meets or exceeds the set thresholds for the measure. A physician earns points for a standard by demonstrating how structure or process meets the standards.

Performance Assessment Organizations (PAOs) award recognition to physicians who achieve at least:

- Level I:* 75 of the 100 possible points
- Level II:* 75 of the 100 possible points
- Level III:* 75 of the 100 possible points

Must-Pass Requirements

To be eligible for recognition, physicians must submit data sufficient to score at least 75 out of a total of 100 points. In the case of clinical measures, this means a minimum of 25 patients for the denominator of each measure for individual physician applicants, and a minimum of 10 patients for the denominator of each measure for each individual physician in a physician group applicant, with a minimum group average of 25 patients per physician.

To achieve recognition in the different tiers, applicants **must pass** certain requirements. Applicants must qualify for each level of recognition before they can be assessed for a subsequent level (e.g., must pass Level I to be assessed for Level II).

LEVEL I:

1. HbA1c Control
2. Blood Pressure Control
3. LDL Control

LEVEL II:

1. HbA1c Control
2. HbA1c Superior Control
3. Blood Pressure Control
4. Blood Pressure Superior Control
5. LDL Control
6. LDL Superior Control
7. Poor control composite measure

LEVEL III:

1. HbA1c Control
2. HbA1c Superior Control
3. Blood Pressure Control

4. Blood Pressure Superior Control
5. LDL Control
6. LDL Superior Control
7. Poor control composite measure
8. Superior control composite measure

Tables 1, 2 and 3 show the program standards and the associated point values for scoring physicians' performance.

Table 1: DCL Level I Measures, Performance Criteria and Scoring

Level I focuses on a physician-centric view of measurement, looking at individual metrics summed to produce a composite score, with the inclusion of “must pass” elements for intermediate outcome control measures (i.e., BP control, LDL control and HbA1c control). Thresholds have been set to focus on above average performance.

Clinical Measures	Threshold	Criteria	Points	Required
<i>Poor control measures</i>				
HbA1c Control	> 9.0	≤20% of pts in sample	15	YES
Blood Pressure Control	≥ 140/90	≤ 35% of pts in sample	15	YES
LDL Control	≥ 130 mg/dl	≤ 37% of pts in sample	10	YES
<i>Superior control measures</i>				
HbA1c Superior Control	< 7.0	≥ 40 % of pts in sample	10	NO
Blood Pressure Superior Control	< 130/80	≥ 35% of pts in sample	10	NO
LDL Superior Control	< 100 mg/dl	≥ 36% of pts in sample	10	NO
<i>Process measures</i>				
Ophthalmologic Exam	N/A	≥ 50% of pts in sample	10	NO
Nephropathy Exam	N/A	≥ 70% of pts in sample	5	NO
Podiatry Exam	N/A	≥ 70% of pts in sample	5	NO
Smoking Status and Cessation Advice and Treatment	N/A	≥ 80% of pts in sample	10	NO
Total Points			100	
Points Needed to Achieve Recognition			75	

Table 2: DCL Level II Measures, Performance Criteria and Scoring

Level II focuses on a combination of physician and patient-centric measurements. Level II includes the measurement of individual metrics summed to produce a composite score, with the inclusion of “must pass” elements for all intermediate outcome control measures, both poor and superior. Also looks at the defect rate of care delivery across poor control measures on a per patient basis. Thresholds have been set to focus on very good performance.

Clinical Measures	Threshold	Criteria	Points	Required
<i>Poor control measures</i>				
HbA1c Control	> 9.0	≤20% of pts in sample	0	YES
Blood Pressure Control	≥ 140/90	≤ 35% of pts in sample	0	YES
LDL Control	≥ 130 mg/dl	≤ 37% of pts in sample	0	YES
<i>Poor control composite measure</i>				
HbA1c Control	> 9.0	≤20% of pts in sample meet threshold for any 1 of the 3 poor control measures	40	YES
Blood Pressure Control	≥ 140/90			
LDL Control	≥ 130 mg/dl			
<i>Superior control measures</i>				
HbA1c Superior Control	< 7.0	≥ 40 % of pts in sample	10	YES
Blood Pressure Superior Control	< 130/80	≥ 35% of pts in sample	10	YES
LDL Superior Control	< 100 mg/dl	≥ 36% of pts in sample	10	YES
<i>Process measures</i>				
Ophthalmologic Exam	N/A	≥ 50% of pts in sample	10	NO
Nephropathy Exam	N/A	≥ 70% of pts in sample	5	NO
Podiatry Exam	N/A	≥ 70% of pts in sample	5	NO
Smoking Status and Cessation Advice and Treatment	N/A	≥ 80% of pts in sample	10	NO
Total Points			100	
Points Needed to Achieve Recognition			75	

Table 3: DCL Level III Measures, Performance Criteria and Scoring

Level III focuses on patient-centric view of measurement, looking at the defect rate of care delivery across superior control measures on a per patient basis. Physicians must demonstrate that they are using advanced processes and delivering all the right care on a per patient basis. Thresholds have been set to focus on exceptional performance.

Clinical Measures	Threshold	Criteria	Points	Required
<i>Poor control measures</i>				
HbA1c Control	> 9.0	≤20% of pts in sample	0	YES
Blood Pressure Control	≥ 140/90	≤ 35% of pts in sample	0	YES
LDL Control	≥ 130 mg/dl	≤ 37% of pts in sample	0	YES
<i>Poor control composite measure</i>				
HbA1c Control	> 9.0	≤20% of pts in sample meet thresholds for any 1 of the 3 poor control measures	40	YES
Blood Pressure Control	≥ 140/90			
LDL Control	≥ 130 mg/dl			
<i>Superior control measures</i>				
HbA1c Superior Control	< 7.0	≥ 40 % of pts in sample	0	YES
Blood Pressure Superior Control	< 130/80	≥ 35% of pts in sample	0	YES
LDL Superior Control	< 100 mg/dl	≥ 36% of pts in sample	0	YES
<i>Superior control composite measure</i>				
HbA1c Superior Control	< 7.0	≥ 30% of pts in sample meet thresholds for all 3 superior control measures on a per patient basis	30	YES
Blood Pressure Superior Control	< 130/80			
LDL Superior Control	< 100 mg/dl			
<i>Process measures</i>				
Ophthalmologic Exam	N/A	≥ 50% of pts in sample	10	NO
Nephropathy Exam	N/A	≥ 70% of pts in sample	5	NO
Podiatry Exam	N/A	≥ 70% of pts in sample	5	NO
Smoking Status and Cessation Advice and Treatment	N/A	≥ 80% of pts in sample	10	NO
Total Points			100	
Points Needed to Achieve Recognition			75	

For a physician data submission sample and scoring report, see Appendix.

Eligibility for Physician Participation

Physicians may apply for BTE DCL Recognition as individuals or part of a physician group. To be eligible, applicants must meet the following criteria.

- Applicants must be licensed as a medical doctor (MD) or doctor of osteopathy (DO).
- Applicants must provide continuing care for people with diabetes and be able to meet the minimum eligible patient requirements (25 patients per physician for individual applicants; group average of 25 patients per physician and 10 patients per individual physician for group applicants).
- Applicants must complete all application materials and agree to the terms of the program by executing a data use agreement and authorization with a data aggregator partner.
- Applicants must submit the required data documenting their delivery of care for all eligible patients in their full patient panel, when available, otherwise for a specified sample of eligible patients with diabetes.
- Applicants must use PAO-supplied or approved methods for submitting data electronically.

Individual physician applicant

An individual physician applicant represents one licensed physician practicing in any setting who provides continuing care for patients with diabetes⁵.

Physician group applicant

A physician group applicant represents any group with three or more licensed physicians who, by formal arrangement, share responsibility for a common panel of patients and practice at the same site, defined as a physical location or street address. For purposes of this assessment process groups of two physicians or less must apply as individual applicants.

⁵ **Eligible Diabetic patients** are 18-75 years of age, with a documented diagnosis of diabetes (as defined by criteria listed on p.55 labeled “Patient Eligibility Criteria”) for at least 12 months AND have been under the care of the applicant physician or physician group for at least 12 months. This is defined by documentation of two face-to-face visits for diabetes care between the physician and the patient: one within 12 months of the reporting period and one that predates the last day of the reporting period by at least 12 months. Steroid-Induced diabetes and gestational diabetes are excluded.

Applying for Recognition

Physician applicants opt to voluntarily submit their data to a PAO for performance assessment through the Diabetes Care Link program. Participating physicians must execute a data use agreement with the data aggregator partner through which they plan to submit data for BTE's automated performance assessment process. All data aggregator partners have data use agreements executed with their partnering PAO. All necessary steps will be taken by the data aggregator and PAO to protect the confidentiality of patient data, as required by The Health Insurance Portability and Accountability Act of 1996 (HIPAA). To assist with physician compliance with HIPAA, the data aggregator partner provides a Business Associate addendum referenced in the data use agreement, which states that both the data aggregator and the physician applicant will comply with HIPAA requirements.

Physicians considering applying for recognition should:

1. Determine eligibility. See "Eligibility for Physician Participation" on page 10 for more information.
2. Familiarize themselves with the BTE DCL measures and specifications. See "What Recognition Requires" on page 5.
3. Determine whether to apply as an individual physician or physician group.

Physicians submitting through a data aggregator partner are required to submit medical record data for all eligible patients across their full patient population on a quarterly calendar schedule. Physicians are required to continue submitting data for all eligible patients each quarter unless they cease using the data aggregator's electronic system.

Duration of Recognition

For DCL recognitions achieved on or before December 31, 2009, Recognition status remains in effect for 3 years from the date on which a PAO awards recognition. Beginning January 1, 2010, the DCL recognition duration will be shortened to 2 years from the date on which a PAO awards recognition.

Continuous data submission applicants are eligible for changes in recognition level. Physicians who achieve at least Level I DCL recognition will maintain their DCL program recognition for the duration of recognition outlined above. However, during this time it is possible for the recognition status to move between program levels (I, II and III) based on changes in clinical data from quarter to quarter.

Terms of Recognition

When communicating with patients, third-party payers, managed care organizations (MCO) and others, physicians or groups who receive BTE DCL Recognition may represent themselves as BTE-recognized and meeting NQF/AQA quality measure requirements; however, physicians or groups may not characterize themselves as “NQF/AQA-Approved” or “NQF/AQA-Endorsed.” The use of this mischaracterization or other similarly inappropriate statements will be grounds for revocation of status.

Revoking Recognition

PAOs may revoke a Recognition decision if any of the following occurs:

- The physician or group submits false data or does not collect data according to the procedures outlined in this manual, as determined by discussion with the physician or group or audit of application data and materials.
- The physician or group misrepresents the credentials of any of its physicians.
- The physician or group misrepresents its Recognition status.
- The physician or any of the group's physicians experience a suspension or revocation of medical licensure.
- The physician or group has been placed in receivership or rehabilitation and is being liquidated.
- State, federal or other duly authorized regulatory or judicial action restricts or limits the physician or group's operations.
- BTE identifies a significant threat to patient safety or care.

Data Use Terms

Data use terms are outlined in the data use agreement that the applicant signs with the selected data aggregator partner.

Appendix: Sample Results Report

Diabetes Care Link Program

Sample Data Set Calculation

Clinical Measures	BTE						
	HgBA1c	BP	LDL	Ophtho Exam	Nephro Assess	Foot Exam	Smoking Status Cessation & Tx
Patient 1	8.6	125/75	122	NO	YES	YES	NO
Patient 2	6.4	128/70	124	YES	YES	NO	NO
Patient 3	8.3	135/85	95	YES	YES	YES	YES
Patient 4	6.5	135/80	88	NO	NO	YES	NO
Patient 5	7.7	155/100	118	YES	YES	YES	YES
Patient 6	6.3	120/75	146	NO	NO	YES	YES
Patient 7	6.6	125/70	120	NO	NO	YES	YES
Patient 8	9.5	165/95	174	NO	YES	YES	YES
Patient 9	6.4	130/75	127	YES	YES	YES	YES
Patient 10	6.8	132/85	82	NO	YES	YES	YES
Patient 11	8.4	132/80	115	NO	YES	NO	NO
Patient 12	6.9	124/85	92	YES	NO	YES	YES
Patient 13	7.3	120/70	98	NO	YES	YES	NO
Patient 14	6.5	165/90	155	NO	NO	YES	NO
Patient 15	8.8	135/85	128	NO	YES	NO	NO
Patient 16	10.3	168/100	168	NO	YES	YES	YES
Patient 17	7.4	130/70	124	YES	YES	YES	YES
Patient 18	8.3	124/78	94	NO	YES	YES	NO
Patient 19	7.5	135/85	116	YES	YES	YES	YES
Patient 20	6.2	120/65	98	NO	YES	YES	YES
Patient 21	6.1	110/75	110	NO	NO	YES	YES
Patient 22	6.3	115/70	90	NO	YES	YES	YES
Patient 23	8.1	125/75	114	YES	YES	YES	NO
Patient 24	8.3	138/85	120	YES	YES	YES	YES
Patient 25	7.4	120/80	84	NO	NO	YES	NO

Level 1 Certification

Clinical Measures

Poor control measures

HgBA1c Control

Blood Pressure Control

LDL Control

Superior control measures

HgBA1c Superior Control

Blood Pressure Superior Control

LDL Superior Control

Process measures

Ophthalmologic exam

Nephropathy Assessment

Podiatry Exam

Smoking Status and Cessation Advice & Tx

TOTAL POINTS

POINTS NEEDED TO ACHIEVE RECOGNITION

<u>Threshold</u>	<u>Criteria</u>	<u>Sample Meeting Criteria</u>	<u>Available Points</u>	<u>Points Earned</u>	<u>Required</u>
> 9.0	≤ 20% of pts in sample	2/25 = 8%	15	15	YES
≥ 140/90	≤ 35% of pts in sample	4/25 = 16%	15	15	YES
≥ 130 mg/dl	≤ 37% of pts in sample	4/25 = 16%	10	10	YES
< 7.0	≥ 40% of pts in sample	11/25 = 44%	10	10	NO
< 130/80	≥ 35% of pts in sample	10/25 = 40%	10	10	NO
< 100 mg/dl	≥ 36% of pts in sample	9/25 = 36%	10	10	NO
N/A	≥ 50% of pts in sample	9/25 = 36%	10	0	NO
N/A	≥ 70% of pts in sample	18/25 = 72%	5	5	NO
N/A	≥ 70% of pts in sample	22/25 = 88%	5	5	NO
N/A	≥ 80% of pts in sample	15/25 = 60%	10	0	NO
			100	80	
			75	75	

Level 2 Certification

Clinical Measures

Poor control measures

HgBA1c Control

Blood Pressure Control

LDL Control

Poor control composite measure

HgBA1c Control

Blood Pressure Control

LDL Control

Superior control measures

HgBA1c Superior Control

Blood Pressure Superior Control

LDL Superior Control

Process measures

Ophthalmologic Exam

Nephropathy Assessment

Podiatry Exam

Smoking Status and Cessation Advice & Tx

TOTAL POINTS

POINTS NEEDED TO ACHIEVE RECOGNITION

Threshold	Criteria	Sample Meeting Criteria	Available Points	Points Earned	Required
> 9.0	≤ 20% of pts in sample	2/25 = 8%	0	0	YES
≥ 140/90	≤ 35% of pts in sample	4/25 = 16%	0	0	YES
≥ 130 mg/dl	≤ 37% of pts in sample	4/25 = 16%	0	0	YES
> 9.0	≤ 20% of pts in sample meet thresholds for any 1 of the 3 poor control measures on a per patient basis	5/25 = 20%	40	40	YES
≥ 140/90					
≥ 130 mg/dl					
< 7.0	≥ 40% of pts in sample	11/25 = 44%	10	10	YES
< 130/80	≥ 35% of pts in sample	10/25 = 40%	10	10	YES
< 100 mg/dl	≥ 36% of pts in sample	9/25 = 36%	10	10	YES
N/A	≥ 50% of pts in sample	9/25 = 36%	10	0	NO
N/A	≥ 70% of pts in sample	18/25 = 72%	5	5	NO
N/A	≥ 70% of pts in sample	22/25 = 88%	5	5	NO
N/A	≥ 80% of pts in sample	15/25 = 60%	10	0	NO
			100	80	
			75	75	

Level 3 Certification

Clinical Measures	Threshold	Criteria	Sample Meeting Criteria	Available Points	Points Earned	Required
<i>Poor control measures</i>						
HgBA1c Control	> 9.0	≤ 20% of pts in sample	2/25 = 8%	0	0	YES
Blood Pressure Control	≥ 140/90	≤ 35% of pts in sample	4/25 = 16%	0	0	YES
LDL Control	≥ 130 mg/dl	≤ 37% of pts in sample	4/25 = 16%	0	0	YES
<i>Poor control composite measure</i>						
HgBA1c Control	> 9.0	≤ 20% of pts in sample meet thresholds for any 1 of the 3 poor control measures on a per patient basis	5/25 = 20%	40	40	YES
Blood Pressure Control	≥ 140/90					
LDL Control	≥ 130 mg/dl					
<i>Superior control measures</i>						
HgBA1c Superior Control	< 7.0	≥ 40% of pts in sample	11/25 = 44%	0	0	YES
Blood Pressure Superior Control	< 130/80	≥ 35% of pts in sample	10/25 = 40%	0	0	YES
LDL Superior Control	< 100 mg/dl	≥ 36% of pts in sample	9/25 = 36%	0	0	YES

Superior control composite measure

HgBA1c Superior Control

Blood Pressure Superior Control

LDL Superior Control

Process measures

Ophthalmologic Exam

Nephropathy Assessment

Podiatry Exam

Smoking Status & Cessation Advice & Treatment

TOTAL POINTS

POINTS NEEDED TO ACHIEVE RECOGNITION

	< 7.0	≥ 30% of pts in sample meet thresholds for all 3 superior control measures on a per patient basis	2/25 = 4%	30	0 YES
	< 130/80				
	< 100 mg/dl				
	N/A	≥ 50% of pts in sample	9/25 = 36%	10	0 NO
	N/A	≥ 70% of pts in sample	18/25 = 72%	5	5 NO
	N/A	≥ 70% of pts in sample	22/25 = 88%	5	5 NO
	N/A	≥ 80% of pts in sample	15/25 = 60%	10	0 NO
				100	50
				75	75

COLOR KEY

Yellow = Those values which are numerator compliant for the poor control discrete measures OR Patient numerator compliant for poor control composite measure

Sky Blue = Those values which are numerator compliant for the superior control discrete measures OR Patient numerator compliant for superior control composite measure

Light Orange = Those values which are numerator compliant for each of the process measures