## Brief Summary

### TITLE

**Comprehensive diabetes care: percentage of members 18 through 75 years of age with diabetes mellitus (type 1 and type 2) whose most recent low-density lipoprotein cholesterol (LDL-C) level is less than 100 mg/dL.**

### SOURCE(S)

National Committee for Quality Assurance (NCQA). HEDIS® 2009: Healthcare Effectiveness Data & Information Set. Vol. 2, Technical Specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2008 Jul. various p.

## Measure Domain

### PRIMARY MEASURE DOMAIN

Outcome

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the Measure Validity page.

### SECONDARY MEASURE DOMAIN

Does not apply to this measure

## Brief Abstract

### DESCRIPTION

This measure is used to assess the percentage of members 18 through 75 years of age with diabetes mellitus (Type 1 and Type 2) whose most recent low-density lipoprotein cholesterol (LDL-C) level is less than 100 mg/dL.

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

**Note from the National Quality Measures Clearinghouse (NQMC)**: For this measure there is both Administrative and Hybrid Specifications. This NQMC measure summary is based on the Administrative Specification. Refer to the original measure documentation for details pertaining to the Hybrid Specification.

### RATIONALE

Diabetes is a group of diseases characterized by high blood glucose levels caused by the body's inability to correctly produce or use the hormone insulin. It is one of the leading causes of death and disability in the U.S. More than 20 million Americans live with diabetes today. One-third of people with diabetes are not diagnosed. Much of the burden of illness and cost of diabetes treatment is attributed to potentially preventable long-term complications including heart disease, blindness, kidney disease and stroke. Timely screening and treatment can significantly reduce the disease burden.

### PRIMARY CLINICAL COMPONENT

Diabetes mellitus; low-density lipoprotein cholesterol (LDL-C)

### DENOMINATOR DESCRIPTION

Members with diabetes (Type 1 and Type 2) 18 through 75 years of age as of December 31 of the measurement year (see the "Description of Case Finding" and the "Denominator Inclusions/Exclusions" field in the Complete Summary)

### NUMERATOR DESCRIPTION

Use automated laboratory data to identify the *most recent* low-density lipoprotein cholesterol (LDL-C) test during the measurement year. The member is numerator compliant if the most recent automated LDL-C level is less than 100 mg/dL. See the related "Numerator Inclusions/Exclusions" field in the Complete Summary.

### DATA SOURCE

Administrative data
Laboratory data
Pharmacy data

## Identifying Information

### ORIGINAL TITLE

Comprehensive diabetes care (CDC) [LDL-C controlled (less than 100 mg/dL)].

### MEASURE COLLECTION

HEDIS® 2009: Healthcare Effectiveness Data and Information Set

### MEASURE SET NAME

Effectiveness of Care

### COMPOSITE MEASURE NAME

Comprehensive Diabetes Care

### DEVELOPER

National Committee for Quality Assurance

### FUNDING SOURCE(S)

Unspecified

### COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE

National Committee for Quality Assurance's (NCQA's) Measurement Advisory Panels (MAPs) are composed of clinical and research experts with an understanding of quality performance measurement in the particular clinical content areas.

### FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

In order to fulfill National Committee for Quality Assurance's (NCQA's) mission and vision of improving health care quality through measurement, transparency and accountability, all participants in NCQA's expert panels are required to disclose potential conflicts of interest prior to their participation. The goal of this Conflict Policy is to ensure that decisions which impact development of NCQA's products and services are made as objectively as possible, without improper bias or influence.

### INCLUDED IN

Ambulatory Care Quality Alliance

### ADAPTATION

Measure was not adapted from another source.

### RELEASE DATE

1999 Jan

### REVISION DATE

2008 Jul

### MEASURE STATUS

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

### SOURCE(S)

National Committee for Quality Assurance (NCQA). HEDIS® 2009: Healthcare Effectiveness Data & Information Set. Vol. 2, Technical Specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2008 Jul. various p.

### MEASURE AVAILABILITY

The individual measure, "Comprehensive Diabetes Care (CDC) [LDL-C Screening]," is published in "HEDIS® 2009. Healthcare Effectiveness Data & Information Set. Vol. 2, Technical Specifications."

For more information, contact the National Committee for Quality Assurance (NCQA) at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Telephone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org.

### COMPANION DOCUMENTS

The following is available:

- National Committee for Quality Assurance (NCQA). The state of health care quality 2008: industry trends and analysis. Washington (DC): National Committee for Quality Assurance (NCQA); 2008. 131 p.

For more information, contact the National Committee for Quality Assurance (NCQA) at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Telephone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org.

### NQMC STATUS

This NQMC summary was completed by ECRI on July 18, 2003. The information was verified by the measure developer on August 29, 2003. This NQMC summary was updated by ECRI on June 16, 2006. The updated information was not verified by the measure developer. This NQMC summary was updated by ECRI Institute on February 19, 2008. The information was verified by the measure developer on April 24, 2008. This NQMC summary was updated again by ECRI Institute on March 12, 2009. The information was verified by the measure developer on May 29, 2009.

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