

Diabetes Quality Measures

According to the Centers for Disease Control and Prevention, diabetes affects 40.1 million or 12% of adults in the United States and is associated with complications such as kidney failure, lower-limb amputations, adult blindness and major cardiovascular disease.¹ To promote diabetes control and prevent serious complications, the American Diabetes Association recommends the following:²

1. Assess hemoglobin A1c (A1c) at least twice a year for patients who are meeting treatment goals and have stable glycemic control and quarterly for those not meeting treatment goals or with treatment changes.
2. Measure blood pressure (BP) at every routine clinical visit or at least every six months.
3. Monitor urinary albumin and estimated glomerular filtration rate (eGFR) annually.
4. Perform a dilated comprehensive eye exam every one to two years to screen for retinopathy and at least annually if retinopathy is present.
5. Screen for diabetic peripheral neuropathy annually.
6. Complete a comprehensive foot evaluation annually to identify risk factors for ulcers and amputations.
7. Initiate statin therapy and promote adherence to prevent atherosclerotic cardiovascular disease.

The National Committee for Quality Assurance (NCQA) has four important Healthcare Effectiveness Data and Information Set (HEDIS) quality measures that examine A1c and BP control, as well as monitoring eye and kidney health in members with Type 1 and Type 2 diabetes during the measurement year:³

	Glycemic Status Assessment for Patients With Diabetes (GSD)	Blood Pressure Control for Patients With Diabetes (BPD)	Eye Exam for Patients With Diabetes (EED)	Kidney Health Evaluation for Patients With Diabetes (KED)
Description	Percentage of members whose A1c or glucose management indicator (GMI) was <8.0% or >9.0%	Percentage of members whose BP was adequately controlled (less than 140/90 mmHg)	Percentage of members who had a retinal eye exam	Percentage of members who received a kidney health evaluation, defined as an eGFR and a urine albumin-creatinine ratio (uACR)
Ages	18–75 years of age			18–85 years of age
Inclusion Criteria	- Two or more documented diagnoses of diabetes on different dates of service during the measurement year or the year prior[^] OR - At least one documented diagnosis of diabetes and at least one dispensed insulin or hypoglycemic/antihyperglycemic medication during the measurement year or the year prior[^]			
Exclusion Criteria	For GSD, BPD, EED and KED: - Hospice or palliative care 66 years and older in I-SNP, with LTI flag, or with frailty and advanced illness		For EED only: - Bilateral absence of eyes - Bilateral eye enucleation	For KED only: - End-stage renal disease or dialysis 81 years and older with frailty

[^]Laboratory claims are excluded; I-SNP = institutional special needs plans; LTI = long-term institution

How can I help improve performance?

- Ensure required labs are ordered (A1c, eGFR, uACR) and follow up with patients to discuss results
- Coordinate care with appropriate specialists as needed (e.g., endocrinologist, nephrologist, podiatrist, optometrist/ophthalmologist)

References

1. Centers for Disease Control and Prevention. National Diabetes Statistics Report. <https://usdss.cdc.gov/diabetes/report.html>. Accessed September 17, 2026.
2. American Diabetes Association. Standards of Medical Care in Diabetes—2026; 49 (Supplement 1): S216-S276.
3. National Committee for Quality Assurance. HEDIS MY 2026. Volume 2. Technical Specifications for Health Plans.