Agenda

Overview

Recognition Process

Benefits of Recognition

Resources
DRP Basics...

Launched in 1997.

Voluntary program; non-punitive.

Uses nationally recognized measures.

Over 7,000 clinicians recognized nationally.

3-year Recognition period.
DRP Measures

**Outcome Measures**

- HbA1c Control >9.0%*
- HbA1c Control <8.0%
- HbA1c Control <7.0%
- B/P Control ≥140/90 mm Hg*

**Process Measures**

- Eye Examination
- Nephropathy Assessment
- Foot Examination
- Smoking / Tobacco Use Cessation Assistance

* A measure of poor control.
What is the process?

Review program information www.ncqa.org/

Purchase the “2015 DRP Package”

Review materials & sign agreements

Identify the patient sample

Abstract medical record data

Enter data in Data Collection Tool (DCT)

Submit completed DCT and materials to NCQA

NCQA evaluates and scores data

NCQA awards recognition
Who May Apply?

Eligible clinicians are:

• an individual clinician (i.e., MD, DO, APRN or PA) or a clinician group.

To be eligible, clinicians must:

• have a current, non restricted license as a MD, DO, APRN or PA.

• provide continuing care to patients with diabetes, e.g., primary care clinicians, endocrinologists.

• have had face-to-face contact with and submit data on care delivered for a 12-month period to a sample of patients with diabetes.
Patient Identification

The DRP patient sample:

1. Is identified using the DRP patient identification methodology or a random sample methodology approved in advance by NCQA.

2. Is selected across the entire patient population.

3. Includes all eligible patients.
Patient Selection Methodology

Pick “Start Date”

The date applicants begin to select the patient sample.

Identify Eligible Patients

On each day moving backward from the start date, consecutively evaluate the eligibility of each patient seen for an office visit.

An eligible patient is one who meets 3 criteria:

- is 18 – 75 years of age.
- has had a diagnosis of diabetes for at least 12 months.
- has been under the care of the applicant clinician (or clinician group*) for at least 12 months.

* Does not apply to clinicians seeking individual recognition

Select Patient Sample

Select patients meeting the 3 eligibility criteria until the required sample size is met.

May not go back more than 12 months from the start date to select patients.
Sample Size – Individual Recognition

One clinician practicing in any setting who provides continuing care to patients with diabetes.

May be a solo clinician or one clinician applying separately from other clinicians at the practice site.

25 patients per identified clinician.

Public reporting on website by individual names.
Sample Size – Group Recognition

An entity of two or more clinicians who:
• practice at the same site.
• share responsibility for a common panel of patients.

Sample size capped at 200 patients:

<table>
<thead>
<tr>
<th>Eligible Clinicians at Site</th>
<th>Sample Size Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>50</td>
</tr>
<tr>
<td>3</td>
<td>75</td>
</tr>
<tr>
<td>4</td>
<td>100</td>
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<tr>
<td>5</td>
<td>125</td>
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<td>6</td>
<td>150</td>
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<tr>
<td>7</td>
<td>175</td>
</tr>
<tr>
<td>8</td>
<td>200</td>
</tr>
<tr>
<td>9 or more</td>
<td>200</td>
</tr>
</tbody>
</table>

Public reporting on website by group or site name only.
Sample Size – Alternate Sampling Option

**Alternate Sampling**

For sites with 9 or more eligible clinicians who are applying for individual recognition.

NCQA selects sample of clinicians.

Decision based on mean score of sampled clinicians.

Refer to DRP Requirements, Appendix 3 for details.

**Sample Size**

25 patients per identified clinician.

**Public Reporting**

Public reporting on website by individual names.
Example: Selecting the Patient Sample – Step One

Pick the Start Date

The *Start Date* is the date you begin to select the patient sample.

Example

You select April 1, 2017.
Example: Selecting the Patient Sample – Step Two

Identify Eligible Patients

On each day moving backward from the start date, consecutively evaluate the eligibility of each patient seen for an office visit.

Select patients who meet the 3 eligibility criteria.

Identify eligible patients until the required sample size is met.

May not go back more than 12 months from the start date to select patients.

Example

Moving consecutively backward from 4/1/17, you identify 25 eligible patients who had office visits on the following dates:

<table>
<thead>
<tr>
<th>Visit Date Identified as Eligible</th>
<th>Number of Patients identified</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/31/17</td>
<td>3</td>
</tr>
<tr>
<td>3/30/17</td>
<td>6</td>
</tr>
<tr>
<td>3/29/17</td>
<td>5</td>
</tr>
<tr>
<td>3/15/17</td>
<td>7</td>
</tr>
<tr>
<td>3/04/17</td>
<td>4</td>
</tr>
</tbody>
</table>
Abstract Medical Record Data

After selecting the patient sample, abstract data for patient care completed:

• for a 12-month period going back from the last visit date that occurred prior to the start date.

• from medical record documentation (electronic or paper), administrative data systems or registries.
Abstract Medical Record Data

Determine 12-Month Abstraction Period

When moving backward from the start date, the visit date that a patient is identified as eligible establishes that patient’s 12-month abstraction period.

After determining each patient’s 12-month abstraction period, abstract data for care completed for each patient in the sample.

Example

12-month abstraction periods for 25 patients identified:

<table>
<thead>
<tr>
<th>Visit Date Identified as Eligible</th>
<th>12-month Abstraction Period</th>
<th>Number of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/31/17</td>
<td>3/31/17 – 3/30/16</td>
<td>3</td>
</tr>
<tr>
<td>3/30/17</td>
<td>3/30/17 – 3/29/16</td>
<td>6</td>
</tr>
<tr>
<td>3/15/17</td>
<td>3/15/17 – 3/14/16</td>
<td>7</td>
</tr>
<tr>
<td>3/04/17</td>
<td>3/04/17 – 3/03/16</td>
<td>4</td>
</tr>
</tbody>
</table>
Abstract Medical Record Data

HbA1c Testing and Control

Patients with HbA1c > 9.0%*
Patients with HbA1c < 8.0%
Patients with HbA1c < 7.0%

* A measure of poor control

Data Elements

Record date and value of most recent HbA1c performed within the 12-month abstraction period.

Tips

To receive credit for the measure of poor control, no more than 15% of patients can have an HbA1c result >9.0%.

Patients are included in the numerator if the:
- HbA1c is >9%.
- HbA1c result is missing.
- the HbA1c was not done within the abstraction period.
Abstract Medical Record Data

**Blood Pressure (BP) Measurement**

Patients with BP \( \geq 140/90 \text{ mm Hg} \)

* A measure of poor control

**Data Elements**

Record date and value of most recent blood pressure measurement performed within the 12-month abstraction period.

**Tips**

To receive credit for the measure of poor control, no more than 35% of patients can have B/P measurements \( \geq 140/90 \).

Patients are included in the numerator if the:

- B/P is \( \geq 140/90 \) (systolic or diastolic)
- B/P result is missing.
- B/P was not done within the abstraction period.
Abstract Medical Record Data

Eye Examination

Patients have a recent screening for diabetic retinal disease.

Data Elements

Record date of most recent retinal or dilated eye exam performed within the 12-month abstraction period.

May use date within the past two years if patient showed no evidence of retinopathy in the 12 months prior to the abstraction period.

Tips

- Patient self-report is not acceptable.
- Use notes, reports, letters or photographs from eye care professionals.
- If exam performed by a non eye care professional, documentation must state dilated exam.
Abstract Medical Record Data

Smoking and Tobacco Use Cessation Assistance

Patients who smoke or use tobacco have cessation counseling or treatment.

Data Elements

Document smoking and tobacco use status.

For smokers/tobacco users, record date that documents cessation counseling or treatment within the 12-month abstraction period.

Tips

If there is documentation that the patient is a non-smoker/non-tobacco user, no further documentation is required.
Abstract Medical Record Data

**Foot Examination**

Patients with diabetes have a recent foot examination.

**Data Elements**

Record date of most recent diabetic foot examination within the 12-month abstraction period.

**Tips**

A foot exam must include a visual inspection, sensory exam with monofilament AND pulse exam.

May use notes, reports, letters or assessments from podiatrists, or other clinicians at practice site.
**Abstract Medical Record Data**

**Nephropathy Assessment**

Patients with diabetes have a recent nephropathy assessment.

**Data Elements**

Record date of most recent nephropathy assessment within the 12-month abstraction period.

**Tips**

Documentation must include ONE of the following:

- Microalbuminuria test.
- Positive urinalysis for protein.
- Medical attention for nephropathy.
- Evidence of ACE/ARB therapy.
### Scoring of Measures

#### Scored Measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>Threshold (%)</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>HbA1c Control &gt; 9.0%*</td>
<td>≤15%</td>
<td>15.0</td>
</tr>
<tr>
<td>HbA1c Control &lt; 8.0%</td>
<td>65%</td>
<td>10.0</td>
</tr>
<tr>
<td>HbA1c Control &lt; 7.0%</td>
<td>40%</td>
<td>7.0</td>
</tr>
<tr>
<td>Blood Pressure Control ≥ 140/90 mm Hg*</td>
<td>≤35%</td>
<td>30.0</td>
</tr>
<tr>
<td>Eye Examination</td>
<td>60%</td>
<td>12.0</td>
</tr>
<tr>
<td>Smoking and Tobacco Use and Cessation and Treatment Assistance</td>
<td>85%</td>
<td>12.0</td>
</tr>
<tr>
<td>Nephropathy Assessment</td>
<td>85%</td>
<td>7.0</td>
</tr>
<tr>
<td>Foot Examination</td>
<td>80%</td>
<td>7.0</td>
</tr>
</tbody>
</table>

**Total Points = 100.0**

**Points to Achieve Recognition = 70.0**

* A measure of poor control.
5 Easy Steps to Recognition

Complete these steps to submit information for evaluation and NCQA Recognition. If you have questions about this process, contact NCQA Customer Support.

1. Click here to go to Resources. (Download and review detailed instruction materials, FAQs and training opportunities.)

2. Click here to go to Account Manager. (Set up or edit your account information, complete your legal agreements, add users to your account.)

3. Click here to go to Practice Sites. (Enter information about your site and your applicants, setup Data Collection Tools [DCTs] with patient abstraction data; complete a readiness assessment.)

4. Click here to go to Submit Data.

5. Receive your Recognition decision.
Data for Submission

- Application fee
- Business Associates Agreement
- Diabetes Recognition Review Agreement
- Completed Data Collection Tool
What Happens Next

Decision Timeframe

Within 30 days of receiving all information needed to complete the application, NCQA reviews and makes recognition decisions.

Audits

5 percent of applications are selected for audit.

Announcement of Recognition

Clinicians or groups achieving Recognition receive:
- letter of recognition.
- posting to the Recognition Directory.
- certificate of Recognition.
- media kit/marketing and advertising guidelines.
Benefits of Recognition

- Distinction in Provider Directories.
- Eligibility for P4P Rewards.
- Credit toward Maintenance of Certification.
Resources – www.ncqa.org

**Before I’m Considering**
- Health Plans Using Recognition
- DRP Pricing & Fee Schedule
- Changes to Diabetes Recognition Program (DRP)
- Program Training
- Purchase Materials

**During I’m in Process**
- DRP Pricing & Fee Schedule
- Application Fee Check Cover Sheet
- Use of DRP & HSRP in PCMH
- Program Training
- Changes to DRP

**After I’m Recognized**
- Seals & Graphics
- Advertising Guidelines
- MOC Credit
Contact Information

Mailing Address:
NCQA
Diabetes Recognition Program
1100 13th Street, NW, Suite 1000
Washington, DC 20005

Customer Support:

• my.ncqa
• 1-888-275-7585

DRP Staff via PCS:

http://ncqa.force.com/pcs/login
Thank you