

Domain 1 Patient Engagement Data Request

Suffolk Care Collaborative 3ci Diabetes Project

Request: Please return the attached SCC excel template via BOX by January 12, 2018

For BOX questions or access related inquiries, please contact Janine Muccio, Janine.Muccio@stonybrookmedicine.edu

Patient Group: Medicaid Patient Data (Medicaid may be Primary, Secondary or Tertiary Insurance)

Time Period: January 1, 2017 – December 31, 2017

Project 3ci: Diabetes Wellness & Self-Management Program

Patient Engagement Definition: As per the definition of actively engaged, patient engagement refers to the number of participating patients with **at least one hemoglobin A1c test within the four most recent quarters**. Duplicate counts of patients are not allowed within 1 DSRIP measurement year. Counts are not additive across DSRIP years.

The target population should include individuals:

Age Range: 18 years old and older

- 1) Who have diabetes based on a principal or secondary ICD-9 diagnosis code of 250.00-250.93 or ICD-10 diagnosis code of E08.___ or E09.___ E10.___ or E11.___ or E13.___ (inclusive of all 4th, 5th, 6th, 7th digits)
OR
- 2) A1C \geq 6.5
OR
- 3) Are "at-risk" for diabetes based on Table 2.2 of the ADA's Diabetes Care website indicating the criteria for testing for diabetes or pre-diabetes in asymptomatic adults). It should be noted that to be considered a patient "at-risk" the individual would have to demonstrate sufficient risk factors or clear cut symptoms prior to official diagnosis as outlined in Table 2.2. (http://care.diabetesjournals.org/content/suppl/2015/12/21/39.Supplement_1.DC2/2016-Standards-of-Care.pdf)

1. Testing should be considered in all adults who are overweight (BMI \geq 25 kg/m² or \geq 23 kg/m² in Asian Americans and have additional risk factors:

- Physical inactivity
- First-degree relative with diabetes
- High-risk race/ethnicity (e.g., African American, Latino, Native American, Asian American, Pacific Islander)
- Women who delivered a baby weighing >9 lb or were diagnosed with GDM
- Hypertension (\geq 140/90 mmHg or on therapy for hypertension)
- HDL cholesterol level <35 mg/dL (0.90 mmol/L) and/or a triglyceride level >250 mg/dL (2.82 mmol/L)
- Women with polycystic ovary syndrome
- A1C \geq 5.7% (39 mmol/mol), IGT, or IFG on previous testing
- Other clinical conditions associated with insulin resistance (e.g., severe obesity, acanthosis nigricans)
- History of CVD

2. For all patients, testing should begin at age 45 years.

3. If results are normal, testing should be repeated at a minimum of 3-year intervals, with consideration of more frequent testing depending on initial results (e.g., those with prediabetes should be tested yearly) and risk status.

Please note the patient engagement metrics and definitions are subject to change by NYS DOH.

Please see excel template for formatting specifications.

Requested Data Elements:

1. CIN #
2. Patient Last Name
3. Patient First Name
4. DOB
5. Patient Resident Zip Code
6. Location/Site Name
7. Service Site Zip Code
8. Provider Name
9. Provider NPI Number
10. Arrival Date
11. Discharge Date
12. Visit Date (**Practice Only**)
13. Primary Payor Name
14. Primary Payor Patient ID Number
15. Secondary Payor Name
16. Secondary Payor Patient ID Number
17. Tertiary Payor Name
18. Tertiary Payor Patient ID Number
19. Diabetes ICD9 Diagnosis Code (if applicable)
20. Diabetes ICD10 Diagnosis Code (if applicable)
21. **Date of most recent Hemoglobin A1c Test**
22. Hemoglobin A1c test result ≥ 6.5 (Y/N)
23. Criteria as defined in Table 2.2 (Y/N)

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