

**DAA Comments to NCQA Comment Opportunity  
Submitted via an Online Portal on November 3, 2022**

**The DAA commented in this area:**

**Area 3: New Measure Development. Are there any additional concepts that, if included in the DRP, would facilitate improvement for care of patients with diabetes?**

I am submitting comments on behalf of the Diabetes Advocacy Alliance (DAA), a coalition of 29 organizations, whose members advocate to improve prevention, screening and detection, and treatment and care for people living with prediabetes, diabetes, and diabetes and obesity. ([www.diabetesadvocacyalliance.com](http://www.diabetesadvocacyalliance.com))

**1. We recommend development of a measure that would, for patients with obesity and diabetes, assess whether treatment for their obesity had been discussed and initiated.**

Treatment options would include items in the full continuum of care for obesity: referral to intensive behavioral therapy; initiation of anti-obesity medication; or referral for surgical interventions or weight loss devices. Research has shown that half of patients with diabetes have obesity (MMWR 2004 Nov 19;53(45):1066-8). Experts at the 2022 American Diabetes Association Scientific Sessions meeting presented strong arguments for [treating obesity as the new primary target](#) for most adults with type 2 diabetes. (<https://bit.ly/3NrSgUV>)

**2. We recommend development of a measure that would assess whether patients with diagnosed diabetes had been referred for DSMT.** Referrals to DSMT are abysmally low. One study published in 2021 in the [American Journal of Managed Care](#) (June 2021, Volume 27, Issue 6) examined electronic health records and a statewide health information exchange database, to review encounters of adults patients with diabetes with primary care physicians (8,782 adult patients with diabetes with 356,631 encounters were included). Researchers found that while most patient encounters indicated at least one type of need for DSMT, in **less than 7% of those encounters** was there a documented need for DSMT that resulted in provider referral.

**3. We recommend development of a measure that would assess whether patients with diagnosed diabetes had been referred for MNT.** CMS says in its CY 2023 Medicare Physician Fee Schedule that “despite MNT being endorsed by the American Diabetes Association, American College of Cardiology and the National Kidney Foundation, less than 1 percent of the estimated 14 million eligible Medicare beneficiaries have accessed MNT.” (p423). Also, in 2013, the Academy Renal Dietetic Practice Group of the Academy of Nutrition and Dietetics surveyed its members regarding the provision of the Medicare Part B benefit to patients with non-dialysis-dependent CKD and found that only 43.9% of renal RDNs indicated receipt of physician referrals for their MNT services.

## The complete list of questions for comment is below.

### Area #1: DRP Product Design

- What roles of the care team should be identified with the DRP?
- Do you support annual measure submission and renewal for the DRP?
- Do you support requiring digital submission methods for the DRP?

### Area #2: DRP Measure Updates

- Do you support retirement of the HbA1c Control <7.0% measure from DRP?
- Do you support adding the glucose management indicator alongside HbA1c in the numerator of the *Glycemic Control* measure (formerly HbA1c Control <8.0%) in DRP?
- Do you support adding the glucose management indicator alongside HbA1c in the numerator of the *Glycemic Poor Control* measure (formerly HbA1c Control >9.0%) in DRP?
- For the *Glycemic Control* and *Glycemic Poor Control* measures, do you support assessing the most recent result when two values are found on the same day, with no preference to GMI or HbA1c?
- For the *Eye Exam* measure, NCQA acknowledges limitations on data exchange between a patient's managing provider and their eye care professional. Where do managing providers leverage data to obtain Eye Exam information?
- Do you support the initial population being defined as outlined above?

### Area #3: New Measure Development

“NCQA is interested in identifying gaps in the DRP to explore areas for development involving new measure concepts. Development and implementation of new measures will take place following the initial DRP 2023 launch. However, NCQA continues to identify and prioritize measure concepts during this time. Measure considerations for potential development already identified include additional CGM data points such as Time in Range and Time Below Range, behavioral health, cholesterol management/statin therapy, cultural sensitivity, dental examination, diabetes self-management, digital therapeutics, health disparities and person reported social determinants of health, hearing examination and weight management.”

- Are there any additional concepts that, if included in the DRP, would facilitate improvement for care of patients with diabetes?