

GLOSSARY

Active Patient – A patient who has been treated or is receiving ongoing treatment.

DSME Recognition Report – Enables the DQCMS user to gather data related to the National Standards for Diabetes Self-Management Education for the purposes of pursuing or maintaining DSME Recognition. Page 2 of the report can be based on # of patients or # of encounters. A patient list is now available to reconcile the numbers calculated on page 2.

Compact and Repair – The compression of the data file and application.

DCMS – A software tool (programmed in FoxPro) that provides participating clinicians with a tool to monitor care for individual patients and to track care for the overall practice. DCMS was developed as a pilot project in Montana in 1997 by the Mountain-Pacific Quality Health Foundation and the Montana Dept. of Public Health & Human Services and originally funded by CDC and HCFA. It served as the precursor to DQCMS.

Inactive Patient – A patient who is deceased or no longer a patient receiving treatment or services from the clinic.

IPP (Individual Patient Profile) – A one-page report providing patient-specific indicators of care and diabetes management in a flow sheet format.

PPP (Population Practice Profile) – Generates a patient list of services or lab tests according to the user specifications.

Population Lists – Three separate reports are available. The “Patients” report provides a listing of all patients stored in DQCMS. This list can be further stratified by physician/provider. The “Physicians” report provides a listing of all current physicians and/or providers stored in DQCMS. The “No Height Info” report provides a listing of all active patients without a height measurement.

Quarterly Summary Report – An aggregated summary of the clinic’s performance for the previous 3 months. This report can be stratified according to age, gender, race, city, diabetes type, co-morbid diagnoses, physician, and payor.

Education Report - This report allows educators to link provided patient education to specific clinical indicators and provide patient lists for education that was provided within the time range and links that education to clinical indicators.

SAMPLE REPORTS

Individual Patient Profile

Most Recent Office Visit:		Diabetes Quality Care Monitoring System v2.1 BETA		Date Generated: 03/12/09	
CLINIC TEST					
Patient:		DOB:		Additional Diagnoses	
Medical Record #:		Age: Years		Other: _____	
Diabetes Type:		Height: inches		<input type="checkbox"/> HTN <input type="checkbox"/> CAD <input type="checkbox"/> Renal <input type="checkbox"/> Neuropathy	
Clinical Exam				Office Visit Date:	
Previous Dates and Results				Clinical Update	
Weight (lb)	(BMI)	()	()	(lb)	(kg)
Blood Pressure (mmHg)		/	/	/	/
Foot Exam	Visual			Type: Visual Mono	
	Monofilament			Active Prob.: Yes No	
				Risk Level: High Low Unknown	
				Recommend: Therapeutic Referral	
Dilated Eye Exam				Retinopathy: None Mild	
				Severe Unknown	
Dental Referral					
Laboratory Data				Laboratory Update	
Previous Dates and Results				Laboratory Update	
A1C					%
Lipid Panel	HDL				
	LDL				
	Triglyceride				
Kidney Tests	Creatinine				
	e-GFR				
	Proteinuria ; Microalbumin				
Current Medications		Diabetes Medications		Immunization Status	
<input type="checkbox"/> ACE-I or ARB <input type="checkbox"/> ASA/Anti-Coag <input type="checkbox"/> Lipid Lowering		<input type="checkbox"/> Alpha-Glucosidase <input type="checkbox"/> Glitinides <input type="checkbox"/> TZD <input type="checkbox"/> Sulfonylureas <input type="checkbox"/> Biguanides <input type="checkbox"/> Insulin <input type="checkbox"/> Incretin		Influenza <input type="checkbox"/> Declined Pneumo <input type="checkbox"/> Declined	
				Smoking/Tobacco Status	
				Smoker/Tobacco User Intervention	
				Influenza <input type="checkbox"/> Received <input type="checkbox"/> Declined Pneumo <input type="checkbox"/> Received <input type="checkbox"/> Declined	
				Smoking/Tobacco Update	
				Smoker/Tobacco User Intervention	
				Yes No Yes No	
Education				Education Update	
Previous Dates				Education Update	
Nutrition					
Personal Goal					
Physical Activity					
SBGM					
Medication Counseling					
Foot Care Education					
Insulin Counseling					
Other					
Potential Action Steps					
Other Comments					

Quarterly Summary

Date Generated: 03/12/09	Quarterly Summary				DQCMSV2.1 BETA
CLINIC TEST					
Number of patients with office visits in the last year: 5	Total active patient population: 10				
	OV Past Year		All Patients		
A1C	%	#	%	#	
Patients who have had an A1C test in the last year	60.0	(3/5)	30.0	(3/10)	
Of patients with A1C in the last year, the percent whose most recent result is less than 7.0%	0.0	(0/3)	0.0	(0/3)	
Median level of most recent A1C results in the last year	7.9		7.9		
Mean level of most recent A1C results in the last year	7.9		7.9		
Patients who have had 2 or more A1C results separated by more than 3 months in the past 12 months	0.0	(0/5)	0.0	(0/10)	
Lipid Profile					
Patients \geq 18 who have had an LDL in the last year	40.0	(2/5)	22.2	(2/9)	
Of patients with LDL in the last year, the percent whose most recent LDL < 100 mg/dl	50.0	(1/2)	50.0	(1/2)	
Of all patients with most recent LDL result \geq 100 mg/dl, percent having lipid lowering medication prescribed	100.0	(2/2)	100.0	(4/4)	
Kidney					
Patients who have had creatinine in the last year.	40.0	(2/5)	20.0	(2/10)	
Patients who have had e-GFR in the last year.	40.0	(2/5)	20.0	(2/10)	
Patients who have had albuminuria tested in the last year.	40.0	(2/5)	20.0	(2/10)	
Of patients with "+" albuminuria ever, percent having ACE-I/ARB prescribed	66.7	(2/3)	66.7	(2/3)	
Blood Pressure					
Patients with diagnosed HTN	40.0	(2/5)	20.0	(2/10)	
Patients with Dx=HTN, the percent having ACE-I/ARB prescribed	100.0	(2/2)	100.0	(2/2)	
Of patients with Dx=HTN, the percent whose average of the three most recent systolic < 130 and diastolic < 80	50.0	(1/2)	50.0	(1/2)	
Of patients without Dx=HTN, percent whose average of the three most recent systolic < 130 and diastolic < 80	66.7	(2/3)	60.0	(3/5)	
Foot Exam					
Patients who have had any foot exam in the last year	60.0	(3/5)	30.0	(3/10)	
Patients who have had a monofilament foot exam in the last year	0.0	(0/5)	0.0	(0/10)	
Of patients categorized as high risk ever, the percent who have had a monofilament foot exam in the last year	0.0	(0/1)	0.0	(0/3)	
Dilated Eye Exam					
Patients with a dilated eye exam in the last year	40.0	(2/5)	20.0	(2/10)	
Prevention Services					
Patients who have ever had a pneumococcal vaccine	40.0	(2/5)	30.0	(3/10)	
Patients who have had a Influenza vaccine from 09/01/08 to 03/31/09	0.0	(0/5)	0.0	(0/10)	
Patients \geq 30 who have ASA/Anti-coagulation therapy prescribed	80.0	(4/5)	66.7	(6/9)	
Tobacco Use					
Patients currently smoking/ using tobacco	66.7	(2/3)	60.0	(3/5)	
Of patients currently smoking/ using tobacco, the percent receiving cessation intervention in the last year	100.0	(2/2)	100.0	(3/3)	
Education					
Patients who have received any diabetes education in the last year	100.0	(5/5)	70.0	(7/10)	

Population Practice Profile – page 1

DQCMSv2.1 BETA

Population Practice Profile CLINIC TEST

Criteria Selected:
None selected

Total number of active patients for the criteria	No. of Patients	
10		
Office Visits	%	(#)
Patients with office visits from 03/12/08 to 03/12/09	50.0	(5 / 10)
A1c		
Patients who have had an A1C from 03/12/08 to 03/12/09	30.0	(3 / 10)
Of patients with A1C from 03/12/08 to 03/12/09, the percent whose most recent is less than 7 %	0.0	(0 / 3)
Patients who have had 2 or more A1c results separated by more than 3 months in the past 12 months	0.0	(0 / 10)
Lipid Profile		
Patients >= 18 who have had an LDL from 03/12/08 to 03/12/09	22.2	(2 / 9)
Of patients with LDL from 03/12/08 to 03/12/09, the percent whose most recent LDL is < 100 mg/dl	50.0	(1 / 2)
Of patients with most recent LDL >= 100 mg/dl, the percent having lipid lowering medication prescribed	100.0	(4 / 4)
Of patients with HDL from 03/12/08 to 03/12/09, the percent whose most recent HDL is > 45 mg/dl	100.0	(2 / 2)
Of patients with triglyceride from 03/12/08 to 03/12/09, the percent whose most recent triglyceride is < 150 mg/dl	50.0	(1 / 2)
Kidney		
Patients who have had a creatinine test from 03/12/08 to 03/12/09	20.0	(2 / 10)
Patients who have had an e-GFR test from 03/12/08 to 03/12/09	20.0	(2 / 10)
Patients who have had an albuminuria test from 03/12/08 to 03/12/09	20.0	(2 / 10)
Of patients with "+" albuminuria ever, the percent having ACE-I / ARB prescribed	66.7	(2 / 3)
Blood Pressure		
Patients with diagnosed HTN	20.0	(2 / 10)
Patients with Dx=HTN, the percent having ACE-I / ARB prescribed	100.0	(2 / 2)
Patients with Dx=HTN with microalbumin test from 03/12/08 to 03/12/09	0.0	(0 / 1)
Patients with Dx=HTN who have ever had positive urine protein or microalbumin, the percent having ACE-I / ARB prescribed	100.0	(1 / 1)
Of patients with Dx=HTN, the percent whose average of the three most recent systolic < 130 and diastolic < 80	50.0	(1 / 2)
Of patients with Dx=HTN whose average of the three most recent systolic >= 130 or diastolic >= 80, percent who have ACE-I / ARB prescribed	100.0	(1 / 1)
Of patients without Dx=HTN, the percent whose average of the three most recent systolic < 130 and diastolic < 80	60.0	(3 / 5)

Date Generated: 03/12/09

Population Practice Profile – page 2

DQCMSv2.1 BETA

Population Practice Profile CLINIC TEST

Criteria Selected:
None selected

Total number of active patients for the criteria	No. of Patients	
10		
Foot Exam	%	#
Patients who have had any foot exam from 03/12/08 to 03/12/09	30.0	(3 / 10)
Patients who have had a monofilament foot exam from 03/12/08 to 03/12/09	0.0	(0 / 10)
Of patients categorized as high risk ever, the percent who have had a monofilament foot exam from 03/12/08 to 03/12/09	0.0	(0 / 3)
Of patients categorized as high risk ever, those who have received referral to a foot care specialist	33.3	(1 / 3)
Of patients categorized as high risk ever, those who have received referral for therapeutic shoes	0.0	(0 / 3)
Patients who have had any foot exam from 03/12/08 to 03/12/09, the percent who have had an active foot problem	0.0	(0 / 3)
Of patients identified with an active foot problem within the last 3 months, the percent with follow-up office visit	0.0	(0 / 0)
Dilated Eye / Dental Exam		
Patients with a dilated eye exam from 03/12/08 to 03/12/09	20.0	(2 / 10)
Of patients who had any retinopathy ever, the percent with dilated eye exam from 03/12/08 to 03/12/09	66.7	(2 / 3)
Patients referred for a dilated eye exam from 03/12/08 to 03/12/09	0.0	(0 / 8)
Patients referred for a dental exam from 03/12/08 to 03/12/09	20.0	(2 / 10)
Prevention Services		
Patients who have ever had a pneumococcal vaccine	30.0	(3 / 10)
Patients who have had a influenza vaccine from 09/01/08 to 03/31/09	0.0	(0 / 10)
Patients \geq 30 who have ASA / Anti-coagulation therapy prescribed	66.7	(6 / 9)
Tobacco Use		
Patients currently smoking/ using tobacco	60.0	(3 / 5)
Of those patients currently smoking/ using tobacco, the percent receiving cessation intervention from 03/12/08 to 03/12/09	100.0	(3 / 3)
Of patients currently smoking/using tobacco, percent participating in/using	0.0	(0 / 3)

Date Generated: 03/12/09

Monthly Collaborative Report TEST CLINIC

Month	DM Patients	Average A1c for DM Patients	DM Patients w/one A1c (12 months)	Percent DM Patients w/one A1c (12 months)	DM Patients w/two A1c (12 months)	Percent DM Patients w/two A1c (12 months)	DM Patients w/A1c less 9.0	Percent DM Patients w/A1c less than 9.0	DM Patients w/Dental Exam (12 months)	Percent DM Patients w/Dental Exam (12 months)	DM Patients w/Eye Exam (12 months)	Percent DM Patients w/Eye Exam (12 months)	DM Patients w/Mono Exam (12 months)	Percent DM Patients w/Mono Exam (12 months)	DM Patients w/Pneumo Vac Ever	Percent DM Patients w/Pneumo Vac Ever
Jan-2007	4404	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	2	0.0	424	9.6

Abstract - page 1

CLINICAL DATA ENTRY FORM
Patient Information Entry:

Last Name*	<input type="text"/>						
First Name*	<input type="text"/>	MI <input type="text"/>	Gender <input type="text"/> → <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>M</td></tr><tr><td>F</td></tr></table>	M	F		
M							
F							
Address	<input type="text"/>						
City	<input type="text"/>	State <input type="text"/>	Zip <input type="text"/> → <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>Asian Indian</td></tr><tr><td>Chamorro</td></tr><tr><td>...</td></tr><tr><td>Vietnamese</td></tr></table>	Asian Indian	Chamorro	...	Vietnamese
Asian Indian							
Chamorro							
...							
Vietnamese							
Telephone #	<input type="text"/>	American Indian/Alaskan Native Asian/Pacific Islander Black Hispanic White Unknown Other	Asian Pacific Islander <input type="text"/> → <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>Active</td></tr><tr><td>Inactive</td></tr></table>	Active	Inactive		
Active							
Inactive							
Race	<input type="text"/>		Status <input type="text"/>				
Medical Record #*	<input type="text"/>	DSME Educ Site <input type="text"/> → <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>XYZ Site</td></tr><tr><td>...</td></tr></table>	XYZ Site	...			
XYZ Site							
...							
SSN #*	<input type="text"/>						
Primary Physician	<input type="text"/>						
Payor	<input type="text"/>	B/Cross-B/Shield Medicare Medicaid Medicare/Medicaid No Insurance Other Insurance Unknown Self					
Date of Birth	<input type="text"/>		Diabetes Type <input type="text"/> → <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>Type 1</td></tr><tr><td>Type 2</td></tr><tr><td>Unknown</td></tr><tr><td>GDM</td></tr></table>	Type 1	Type 2	Unknown	GDM
Type 1							
Type 2							
Unknown							
GDM							
Date of Death	<input type="text"/>	Coronary Artery Disease Renal Disease Hypertension Neuropathy ... Other					
Diagnosis	<input type="text"/>						

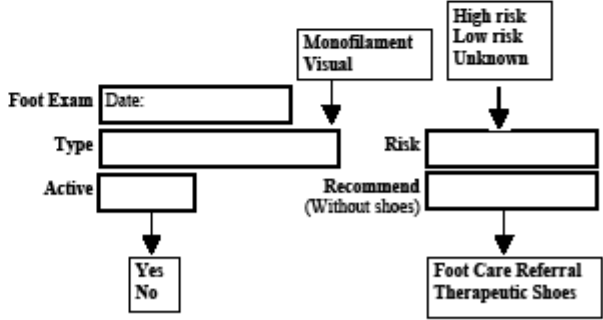
Most Recent Date Office Visit Date:

Clinic Exam

Weight Date: lbs kgs.

Height Date: ft. in.

Blood Pressure Date: \ mmHg



Abstract - page 2

Eye and Dental Exams

Dilated Eye exam Date:

Result → No Retinopathy
Mild Retinopathy
Severe Retinopathy
Unknown

Eye exam referral Date:

Dental exam referral Date:

Laboratory Data

A1C Date: %

LIPIDS

Lipid Panel Date:

HDL mg/dl

LDL mg/dl

Triglyceride mg/dl

KIDNEY

Creatinine Date: mg/dl

e-GFR Date: ml/min

Urine ACR Date: mg/g

Proteinuria Date: + / -

Microalbuminuria Date: + / -

Immunization Status

Influenza Date: Declined

Pneumo Date: Declined

Prevention Services

Tobacco Use Date: → Counseling
Cessation Group
Quit Line
Rx/NRT
Other

Diabetes Education Date:

Medications Date: → ACE-1 or ARB
ASA/Anti-Coag.
Lipid Lowering

Current: (Yes, No) Intervention: (Yes, No)

→ Alpha-glucosidase
TZD
Biguanides
Sulfonylureas
Glitnides
Insulin
Incretin

→ Nutrition
Personal Goal
Physical Activity
SBGM
Medication Counseling
Foot Care Education
Insulin Counseling
Other _____

DSME PPP (Population Practice Profile) – page 1

DQCMSv2.1 BETA

Population Practice Profile CLINIC TEST

Criteria Selected:
Age => More Than 15

Total number of active patients for the criteria	No. of Patients	
10		
Office Visits		
	%	(#)
Patients with office visits from 03/12/08 to 03/12/09	50.0	(5 / 10)
A1c		
Patients who have had an A1C from 03/12/08 to 03/12/09	30.0	(3 / 10)
Of patients with A1C from 03/12/08 to 03/12/09, the percent whose most recent is less than 7 %	0.0	(0 / 3)
Patients who have had 2 or more A1c results separated by more than 3 months in the past 12 months	0.0	(0 / 10)
Lipid Profile		
Patients >= 18 who have had an LDL from 03/12/08 to 03/12/09	22.2	(2 / 9)
Of patients with LDL from 03/12/08 to 03/12/09, the percent whose most recent LDL is < 100 mg/dl	50.0	(1 / 2)
Of patients with most recent LDL >= 100 mg/dl, the percent having lipid lowering medication prescribed	100.0	(4 / 4)
Of patients with HDL from 03/12/08 to 03/12/09, the percent whose most recent HDL is > 45 mg/dl	100.0	(2 / 2)
Of patients with triglyceride from 03/12/08 to 03/12/09, the percent whose most recent triglyceride is < 150 mg/dl	50.0	(1 / 2)
Kidney		
Patients who have had a creatinine test from 03/12/08 to 03/12/09	20.0	(2 / 10)
Patients who have had an e-GFR test from 03/12/08 to 03/12/09	20.0	(2 / 10)
Patients who have had an albuminuria test from 03/12/08 to 03/12/09	20.0	(2 / 10)
Of patients with "+" albuminuria ever, the percent having ACE-I / ARB prescribed	66.7	(2 / 3)
Blood Pressure		
Patients with diagnosed HTN	20.0	(2 / 10)
Patients with Dx=HTN, the percent having ACE-I / ARB prescribed	100.0	(2 / 2)
Patients with Dx=HTN with microalbumin test from 03/12/08 to 03/12/09	0.0	(0 / 1)
Patients with Dx=HTN who have ever had positive urine protein or microalbumin, the percent having ACE-I / ARB prescribed	100.0	(1 / 1)
Of patients with Dx=HTN, the percent whose average of the three most recent systolic < 130 and diastolic < 80	50.0	(1 / 2)
Of patients with Dx=HTN whose average of the three most recent systolic >= 130 or diastolic >= 80, percent who have ACE-I / ARB prescribed	100.0	(1 / 1)
Of patients without Dx=HTN, the percent whose average of the three most recent systolic < 130 and diastolic < 80	60.0	(3 / 5)

Date Generated: 03/12/09

DSME PPP (Population Practice Profile) – page 2

DQCMSv2.1 BETA

Population Practice Profile CLINIC TEST

Criteria Selected:
Age => More Than 15

Total number of active patients for the criteria	No. of Patients	
Foot Exam	%	#
Patients who have had any foot exam from 03/12/08 to 03/12/09	30.0	(3 / 10)
Patients who have had a monofilament foot exam from 03/12/08 to 03/12/09	0.0	(0 / 10)
Of patients categorized as high risk ever, the percent who have had a monofilament foot exam from 03/12/08 to 03/12/09	0.0	(0 / 3)
Of patients categorized as high risk ever, those who have received referral to a foot care specialist	33.3	(1 / 3)
Of patients categorized as high risk ever, those who have received referral for therapeutic shoes	0.0	(0 / 3)
Patients who have had any foot exam from 03/12/08 to 03/12/09, the percent who have had an active foot problem	0.0	(0 / 3)
Of patients identified with an active foot problem within the last 3 months, the percent with follow-up office visit	0.0	(0 / 0)
Dilated Eye / Dental Exam		
Patients with a dilated eye exam from 03/12/08 to 03/12/09	20.0	(2 / 10)
Of patients who had any retinopathy ever, the percent with dilated eye exam from 03/12/08 to 03/12/09	66.7	(2 / 3)
Patients referred for a dilated eye exam from 03/12/08 to 03/12/09	0.0	(0 / 8)
Patients referred for a dental exam from 03/12/08 to 03/12/09	20.0	(2 / 10)
Prevention Services		
Patients who have ever had a pneumococcal vaccine	30.0	(3 / 10)
Patients who have had a Influenza vaccine from 09/01/08 to 03/31/09	0.0	(0 / 10)
Patients \geq 30 who have ASA / Anti-coagulation therapy prescribed	66.7	(6 / 9)
Tobacco Use		
Patients currently smoking/ using tobacco	60.0	(3 / 5)
Of those patients currently smoking/ using tobacco, the percent receiving cessation intervention from 03/12/08 to 03/12/09	100.0	(3 / 3)
Of patients currently smoking/using tobacco, percent participating in/using	0.0	(0 / 3)
DSME	%	(#)
Patients who have received Comprehensive/Initial	0.0	(0 / 10)
Patients who have received Post Program Instruction	0.0	(0 / 10)
Patients who have completed Comprehensive/Initial	0.0	(0 / 10)
Patients who have received any DSME education	0.0	(0 / 10)

Date Generated: 03/12/09

DSME IPP

Most Recent Office Visit:		Diabetes Quality Care Monitoring System v2.1 BETA		Date Generated: 03/12/09
CLINIC TEST				
Patient:	DOE, JANE	DOB:	01/01/54	Primary Physician: ROSS, DOUG
Medical Record #:	09963	Age:	55 Years	
Diabetes Type:	1	Height:	inches	
Most Recent Education Sessions				Education Update
Comprehensive	Date		09/19/08	
	Hours		2.25	
Post Program	Date	10/13/08	01/06/09	
	Hours	1	1	
Self Care Behavioral Goals				New Goals Set
Healthy Eating	Goal		<input checked="" type="checkbox"/> Eat more vegetables	
	Initiate		01/06/09	
	Follow-up			
	Review			
	Score			
Being Active	Goal			
	Initiate			
	Follow-up			
	Review			
	Score			
Monitoring	Goal		<input checked="" type="checkbox"/> up for 1 Pro CGm and report back	
	Initiate		01/06/09	
	Follow-up			
	Review			
	Score			
Taking Medication	Goal			
	Initiate			
	Follow-up			
	Review			
	Score			
Problem Solving	Goal			
	Initiate			
	Follow-up			
	Review			
	Score			
Healthy Coping	Goal			
	Initiate			
	Follow-up			
	Review			
	Score			
Reducing Risk	Goal			
	Initiate			
	Follow-up			
	Review			
	Score			

==> Indicates a primary goal.

Comment: 10/13/08 - The patient needs assistance.

DSME Goal Follow Up

Report generated: 03/12/09

DQCMSv2.1 BETA

DSME Goal Follow Up

CLINIC TEST

Patients whose most recent contact date is >= 30 days from 03/12/09

Med Rec #	Name	Address	Telephone	Most Recent Contact
PHYSICIAN: GREY, MEREDITH				
099633	BERRY, HALLE	BIG SKY, MT 59716	(406) 333-3333	04/01/08
Active Goals:				
	<u>Date Set</u>	<u>Category</u>	<u>Goal Description</u>	
	07/15/08	Monitoring	12 am to 12 pm basal test a report back	
	10/20/08	Reducing Risk	continue stress reducers and test 4 time/d report	
.....				
77552987	JONAS, NICK	100 POP STREET - LARAMIE, WY 82063	(307) 123-4566	03/01/08
Active Goals:				
.....				
0105698	KING, LARRY	19 TALK AVE - BOWBELLS, ND 58721	(701) 555-5959	06/19/08
Active Goals:				
	<u>Date Set</u>	<u>Category</u>	<u>Goal Description</u>	
	04/24/08	Reducing Risk	call for sx's hypoglycemia	
	10/10/08	Monitoring	increase bs testing 2 x day fbs, 2hr after meal	
.....				
459896	MORRE, MARY TYLER	267 7TH AVENUE - BISMARCK, ND 58503		07/03/08
Active Goals:				
	<u>Date Set</u>	<u>Category</u>	<u>Goal Description</u>	
	07/03/08	Reducing Risk	CALL INS ABOUT ORTHOTICS	
	07/03/08	Healthy Eating	COUNT CARBS 1.15 RATIO LABEL READING	
.....				
PHYSICIAN: HOWSER, DOOGIE				
178966	PRESLEY, ELVIS	3734 ELVIS PRESLEY BOULEV - BUFFALO, MT 82840	(307) 332-3322	01/08/08
Active Goals:				
.....				

DSME Lost To Follow Up

Report generated: 03/12/09

DQCMSv2.1 BETA

DSME Lost To Follow Up Patient List CLINIC TEST Patients with a Lost To Follow Up date

Med Rec #	Name	Address	Telephone	Lost To Follow Up Date
PHYSICIAN: REID, ELLIOT				
7788552	BURKE, DELTA	123 ROSE ROAD - LISBON, ND 58504	(111) 111-2222	12/01/08

DSME Open Goals

Report generated: 03/12/09

DQCMSv2.1 BETA

DSME Open Behavior Goals CLINIC TEST Patients with open goals >= 30 days from the date goal was set

Med Rec #	Name	Telephone	Behavior Goal Information for Open Goals		
			Date Set	Category	Goal
PHYSICIAN: GREY, MEREDITH					
099633	BERRY, HALLE	(406) 333-3333	07/15/08	Monitoring	12 am to 12 pm basal test a report back
			10/20/08	Reducing Risk	continue stress reducers and test 4 times/d report
6626659	KING, B.B.	(406) 662-6666	10/27/08	Healthy Coping	better testing and food choices
			11/17/08	Monitoring	test regularly and report back
0105698	KING, LARRY	(701) 555-5959	04/24/08	Reducing Risk	call for sx's hypoglycemia
			10/10/08	Monitoring	increase bs testing 2 x day fbs, 2hr after meal
04569089	KUEHNE, KELLI	(307) 555-8822	12/01/08	Monitoring	Repeat CGMS and report back
459896	MORRE, MARY TYLER		07/03/08	Reducing Risk	CALL INS ABOUT ORTHOTICS
			07/03/08	Healthy Eating	COUNT CARBS 1.15 RATIO LABEL READING
PHYSICIAN: REID, ELLIOT					
7788552	BURKE, DELTA	(111) 111-2222	10/27/08	Healthy Eating	eat more vegetables
PHYSICIAN: ROSS, DOUG					
09963	DOE, JANE		01/06/09	Healthy Eating	Eat more vegetables
			01/06/09	Monitoring	set up for 1 Pro CGm and report back

DSME Summary Report – page 1

Date Generated: 03/15/09

DQCMSv2.1 BETA

DSME Recognition Report CLINIC TEST

Criteria Selected:
None selected

Reporting Period 1/1/2007 to 3/1/2009

	Number of Patients	Total Number of Hours per Patient
Total number of patients who received DSME education during specified time frame.	10	
Total number of patients classified as having Comprehensive/Initial DSME during specified time frame.	4	1.94
Total number of patients classified as having Post Program Instruction DSME during specified time frame.	9	2.63
	Average Hours	
Of all patients categorized as having Comprehensive/Initial education, the average number of education hours.	1.95	
Of all patients categorized as having Post Program Instruction, the average number of education hours.	3.00	

Age of patients receiving any education during specified time frame:		
	Number of Patients	Percent of Patients
Greater than or equal to 65 years	3	30.0
45-64 years of age	4	40.0
19-44 years of age	2	20.0
<19 years of age	1	10.0
Total number of patients	10	100.0

Age and Type of diabetes for patients receiving any education during the specified time frame:					
	Type 1	Type 2	GDM	Unknown	Not Specified
0-18 years of age	1	0	0	0	0
Greater than or equal to 19 years of age	4	1	0	3	1

Race/Ethnicity of patients receiving any education during the specified time frame:		
	Number of Patients	Percentage of Patients
American Indian/Alaskan Native	0	0.0
Asian/Pacific Islander	1	10.0
Black	2	20.0
Hispanic	0	0.0
White	6	60.0
Other	0	0.0
Unknown	1	10.0

DSME Summary Report – page 2 (by # of Patients)

Date Generated: 03/15/09

DQCMSv2.1 BETA

DSME Recognition Report CLINIC TEST

Criteria Selected:
None selected

Reporting Period 1/1/2007 to 3/1/2009

Information on Behavioral Goals -- Based on # of Patients*						
Goal Category	Patients during period		Of patients with a goal set during period		% of those reviewed with score 4-5	Avg score of all with goals reviewed
	With a goal set		With a goal reviewed			
	#	%	#	%		
Healthy Eating	3	30.0	0	0.0	0.0	0.0
Being Active	2	20.0	2	100.0	50.0	3.0
Monitoring	7	70.0	2	28.6	50.0	3.5
Taking Meds	0	0.0	0	0.0	0.0	0.0
Problem Solving	0	0.0	0	0.0	0.0	0.0
Healthy Coping	0	0.0	0	0.0	0.0	0.0
Reducing Risk	3	30.0	0	0.0	0.0	0.0
<i>Total</i>	8	80.0	3	37.5	33.3	3.3

* Information reflects data from the patient's most recent encounter during the reporting period.

DSME Patient List (by # of Patients)

Date Generated: 03/12/09

Behavioral Goals Patient List

DQCMSv2.1 BETA

CLINIC TEST

Reporting Period 1/1/2007 to 3/1/2009

Based on # of patients seen and data from the most recent encounter during the reporting period.

Criteria Selected:

None selected

HEALTHY EATING

<u>Med Rec #</u>	<u>Patient</u>	<u>Date Set</u>	<u>Goal Description</u>	<u>Review Date</u>	<u>Score</u>
7788552	BURKE, DELTA R	10/27/08	eat more vegetables		
09963	DOE, JANE	01/06/09	Eat more vegetables		
459896	MORRE, MARY TYLER	07/03/08	COUNT CARBS 1.15 RATIO LABEL READING		

BEING ACTIVE

<u>Med Rec #</u>	<u>Patient</u>	<u>Date Set</u>	<u>Goal Description</u>	<u>Review Date</u>	<u>Score</u>
459896	MORRE, MARY TYLER	04/08/08	WALKING OPN TREADMILL 4 X A WEEK	07/03/08	1
178966	PRESLEY, ELVIS A	01/08/08	Exercise on treadmill 15 min QOD	03/12/08	5

MONITORING

<u>Med Rec #</u>	<u>Patient</u>	<u>Date Set</u>	<u>Goal Description</u>	<u>Review Date</u>	<u>Score</u>
099633	BERRY, HALLE M	07/15/08	12 am to 12 pm basal test a reoprnt back		
7788552	BURKE, DELTA R	10/27/08	overnight bg test	10/29/08	3
09963	DOE, JANE	01/06/09	set up for 1 Pro CGm and report back		
6626659	KING, B.B.	11/17/08	test regularly and report back		
0105698	KING, LARRY	10/10/08	increase bs testing 2 x day fbs, 2hr after meal		
04569089	KUEHNE, KELLI	12/01/08	Repeat CGMS and report back		
178966	PRESLEY, ELVIS A	01/08/08	ck BS 2x QD	02/12/08	4

REDUCING RISK

<u>Med Rec #</u>	<u>Patient</u>	<u>Date Set</u>	<u>Goal Description</u>	<u>Review Date</u>	<u>Score</u>
099633	BERRY, HALLE M	10/20/08	continue stress reducers and test 4 time/d report		
0105698	KING, LARRY	04/24/08	call for sx's hypoglycemia		
459896	MORRE, MARY TYLER	07/03/08	CALL INS ABOUT ORTHOTICS		

DSME Summary Report – page 2 (by # of Encounters)

Date Generated: 03/12/09

DQCMSv2.1 BETA

DSME Recognition Report CLINIC TEST

Criteria Selected:
None selected

Reporting Period 1/1/2007 to 3/1/2009

Information on Behavioral Goals – Based on # of Encounters						
Goal Category	Encounters during period		Of encounters with a goal set during period		% of those reviewed with score 4-5	Avg score of all with goals reviewed
	With a goal set		With a goal reviewed			
	#	%	#	%		
Healthy Eating	3	18.8	0	0.0	0.0	0.0
Being Active	2	12.5	2	100.0	50.0	3.0
Monitoring	8	50.0	3	37.5	66.7	3.7
Taking Meds	0	0.0	0	0.0	0.0	0.0
Problem Solving	0	0.0	0	0.0	0.0	0.0
Healthy Coping	0	0.0	0	0.0	0.0	0.0
Reducing Risk	3	18.8	0	0.0	0.0	0.0
Total	16	100.0	5	31.3	60.0	3.4

DSME Patient List (by # of Encounters)

Date Generated: 03/12/09

Behavioral Goals Patient List

DQCMSv2.1 BETA

CLINIC TEST

Reporting Period 1/1/2007 to 3/1/2009

Based on # of encounters during the reporting period

Criteria Selected:

None selected

HEALTHY EATING

<u>Med Rec #</u>	<u>Patient</u>	<u>Date Set</u>	<u>Goal Description</u>	<u>Review Date</u>	<u>Score</u>
7788552	BURKE, DELTA R	10/27/08	eat more vegetables		
09963	DOE, JANE	01/06/09	Eat more vegetables		
459896	MORRE, MARY TYLER	07/03/08	COUNT CARBS 1.15 RATIO LABEL READING		

BEING ACTIVE

<u>Med Rec #</u>	<u>Patient</u>	<u>Date Set</u>	<u>Goal Description</u>	<u>Review Date</u>	<u>Score</u>
459896	MORRE, MARY TYLER	04/08/08	WALKING OPN TREADMILL 4 X A WEEK	07/03/08	1
178966	PRESLEY, ELVIS A	01/08/08	Exercise on treadmill 15 min QOD	03/12/08	5

MONITORING

<u>Med Rec #</u>	<u>Patient</u>	<u>Date Set</u>	<u>Goal Description</u>	<u>Review Date</u>	<u>Score</u>
099633	BERRY, HALLE M	07/15/08	12 am to 12 pm basal test a reopr t back		
7788552	BURKE, DELTA R	07/10/08	ck gb 4x/day ac&hs	10/17/08	4
7788552	BURKE, DELTA R	10/27/08	overnight bg test	10/29/08	3
09963	DOE, JANE	01/06/09	set up for 1 Pro CGm and report back		
6626659	KING, B.B.	11/17/08	test regularly and report back		
0105698	KING, LARRY	10/10/08	increase bs testing 2 x day fbs, 2hr after meal		
04569089	KUEHNE, KELLI	12/01/08	Repeat CGMS and report back		
178966	PRESLEY, ELVIS A	01/08/08	ck BS 2x QD	02/12/08	4

REDUCING RISK

<u>Med Rec #</u>	<u>Patient</u>	<u>Date Set</u>	<u>Goal Description</u>	<u>Review Date</u>	<u>Score</u>
099633	BERRY, HALLE M	10/20/08	continue stress reducers and test 4 time/d report		
0105698	KING, LARRY	04/24/08	call for sx's hypoglycemia		
459896	MORRE, MARY TYLER	07/03/08	CALL INS ABOUT ORTHOTICS		

Quarterly Summary – Computations and Definitions

A1C	
<p>1. Patients who have had an A1C test in the last year.</p> <p>N = Patients with A1C test in the last year D = All active patients</p>	# pts (%pts)
<p>2. Of patients with A1C in the last year, the percent whose most recent result is < 7.0%.</p> <p>N = A1C < 7.0% D = Patients who had A1C in the last year</p>	# pts (%pts)
<p>3. Median level of most recent A1C results in the last year.</p> <p>The midpoint of all the most recent A1C results in the last year</p>	# pts (%pts)
<p>4. Mean level of most recent A1C results in the last year.</p> <p>N = Sum of most recent A1C results in the last year D = All active patients in the last year</p>	# pts (%pts)
<p>5. Patients who have had 2 or more A1C results separated by more than 3 months in the past 12 months.</p> <p>N = Patients with ≥ 2 tests A1C separated by > 3 months in the last 12 months D = All active patients</p>	# pts (%pts)
Lipid Profile	
<p>1. Patients ≥ 18 who have had an LDL in the last year.</p> <p>N = LDL test in the last year D = All active patients ≥ 18 years old</p>	# pts (%pts)
<p>2. Of patients with LDL in the last year, the percent with most recent LDL < 100 mg/dl.</p> <p>N = LDL < 100 mg/dl D = All active patients ≥ 18 years with LDL test in the last year</p>	# pts (%pts)

<p>3. Of all patients with most recent LDL result ≥ 100 mg/dl, percent having lipid-lowering medication prescribed.</p> <p>N = Patients receiving lipid lowering medication D = All active patients ≥ 18 years with most recent LDL test ≥ 100 mg/dl</p>	# pts (%pts)
Kidney	
<p>1. Patients who have had a creatinine test in the last year.</p> <p>N = Patients who have had a creatinine test in the last year D = All active patients</p>	# pts (%pts)
<p>2. Patients who have had e-GFR test in the last year.</p> <p>N = Patients who have had a n e-GFR test in the last year D = All active patients</p>	# pts (%pts)
<p>3. Patients who have had albuminuria test in the last year.</p> <p>N = All patients who had an urine ACR or specific urine microalb or protein test in the last year D = All active patients</p>	# pts (%pts)
<p>4. Of patients with “+” albuminuria ever, percent having ACE-I/ARB prescribed.</p> <p>N = Patients currently receiving ACE-I/ARB D = Patients with “+”albuminunira (urine ACR > 29 or “+” specific urine microalb or protein) ever</p>	# pts (%pts)
Blood Pressure	
<p>1. Patients with a diagnosed hypertension.</p> <p>N = Patients with diagnosed hypertension D = All active patients</p>	# pts (%pts)
<p>2. Patients with diagnosis of hypertension, the percent having ACE-I/ARB prescribed.</p> <p>N = Patients on ACE-I/ARB D = Patients with diagnosed hypertension</p>	# pts (%pts)

<p>3. Of patients with a diagnosis of hypertension, the percent whose average of the three most recent systolic was < 130 and diastolic was < 80.</p> <p>N = average < 130 and < 80 D = Patients with a diagnosis of hypertension and have had 3 blood pressure readings (excludes those patients with less than 3 blood pressure readings)</p>	# pts (%pts)
<p>4. Of patients without diagnosis of hypertension, percent whose average of the three most recent systolic < 130 and diastolic < 80.</p> <p>N = Patients whose average of the three most recent BP < 130 and < 80 D = All active patients without diagnosis of hypertension with 3 blood pressure readings</p>	# pts (%pts)
Foot Exam	
<p>1. Patients who have had any foot exam in the last year.</p> <p>N = Patients with visual or monofilament foot exam in the last year D = All active patients</p>	# pts (%pts)
<p>2. Patients who have had a comprehensive foot exam in the last year.</p> <p>N = Comprehensive (monofilament) exam in the last year D = All active patients</p>	# pts (%pts)
<p>3. Of patients categorized as high risk ever, the percent who have had a comprehensive foot exam in the last year.</p> <p>N = Patients with comprehensive (monofilament) exam in the last year D = Patients categorized as high risk ever</p>	# pts (%pts)
Dilated Eye Exam	
<p>1. Patients with a dilated eye exam in the last year.</p> <p>N = Patients with a dilated eye exam in the last year D = All active patients</p>	# pts (%pts)
Prevention Services	
<p>1. Patients who have ever had a pneumococcal vaccine.</p> <p>N = Patients with pneumococcal vaccine ever D = All active patients</p>	# pts (%pts)

<p>2. Patients who have had an influenza vaccine from --/--/---- to --/--/---- (default dates will reflect the current influenza season {09/01/-- to 03/31/--}).</p> <p>N = Flu vaccine received during current influenza season D = All active patients</p>	<p># pts (%pts)</p>
<p>3. Patients \geq 30 who have ASA/Anti-coagulation therapy prescribed.</p> <p>N = Patients on ASA/Anti-coagulation therapy D = All active patients \geq 30 years old</p>	<p># pts (%pts)</p>
<p>Tobacco Use</p>	
<p>1. Patients currently smoking/using tobacco.</p> <p>N = Patients currently smoking/using tobacco D = All active patients whose tobacco status is known</p>	<p># pts (%pts)</p>
<p>2. Of those patients currently smoking/using tobacco, the percent receiving cessation intervention in the last year.</p> <p>N = Patients receiving cessation intervention in the last year D = All active patients currently smoking/using tobacco</p>	<p># pts (%pts)</p>
<p>Education</p>	
<p>1. Patients who received any diabetes education in the last year.</p> <p>N = Patients who have received any diabetes education in the last year D = All active patients</p>	<p># pts (%pts)</p>

Population Practice Profile – Computations and Definitions

(MR stands for medical record number.)	No. patients (%)
Office Visits	
<p>1. Patients with an office visit from --/--/---- to --/--/----.</p> <p>N = Patients with an office visit in the specified date range. D = All active patients</p> <p>Matching patient list: Patients with an office visit from --/--/---- to --/--/----. Opposite patient list: Patients with NO office visit from --/--/---- to --/--/----.</p> <p>(Both lists include name, address, MR, phone, and date of most recent visit.)</p>	# pts (%pts)
A1C	
<p>1. Patients who have had an A1C from --/--/---- to --/--/----.</p> <p>N = Patients with A1C in the specified date range. D = All active patients</p> <p>Matching patient list: Patients with A1C test from --/--/---- to --/--/----. Opposite patient list: Patients with NO A1C test from --/--/---- to --/--/----.</p> <p>(Both lists include name, address, MR, phone, and date and value of last A1C)</p>	# pts (%pts)
<p>2. Of patients with A1C from --/--/---- to --/--/----, the percent whose most recent result is < 7.0%*.</p> <p>N = A1C's < 7.0%* (or percentage indicated) D = Patients who have had A1C in the specified date range.</p> <p>Matching patient list: Patients with A1C from --/--/---- to --/--/---- whose most recent A1C is < 7.0%*. Opposite patient list: Patients with A1C from --/--/---- to --/--/---- whose most recent A1C is ≥ 7.0%*.</p> <p>(Both lists include name, address, MR, phone, and date and % value of last A1C.)</p> <p>*This value can be modified per user's specifications</p>	# pts (%pts)

<p>3. Patients who have had 2 or more A1C results separated by more than 3 months in the past 12 months.</p> <p>N = Patients with ≥ 2 tests separated by > 3 months in the last 12 months D = All active patients</p> <p>Matching patient list: Patients who have had 2 or more A1C results separated by more than 3 months in the past 12 months. Opposite patient list: Patients who have NOT had 2 or more A1C results separated by more than 3 months in the past 12 months.</p> <p>(Both lists include name, address, MR, phone, and date and value of last A1C test in past year.)</p>	<p># pts (%pts)</p>
<p>Lipid Profile</p>	
<p>1. Patients $\geq 18^1$ who have had an LDL from --/--/---- to --/--/----.</p> <p>N = LDL within the specified date range D = All active patients ≥ 18 years old</p> <p>Matching patient list: Patients ≥ 18 years who have had an LDL from --/--/---- to --/--/----. Opposite patient list: Patients ≥ 18 years who have NOT had an LDL from --/--/---- to --/--/----.</p> <p>(Both lists include name, address, MR, phone, and date and value of last LDL result.)</p> <p>¹The age specified in this query will be the basis for all other lipid queries.</p>	<p># pts (%pts)</p>
<p>2. Of patients with LDL from --/--/---- to --/--/----, the percent whose recent LDL < 100 mg/dl.</p> <p>N = LDL < 100 mg/dl D = All active patients ≥ 18 years with LDL test from --/--/---- to --/--/----.</p> <p>Matching patient list: Patients ≥ 18 years with LDL from --/--/---- to --/--/---- whose most recent LDL < 100 mg/dl. Opposite patient list: Patients ≥ 18 years with LDL from --/--/---- to --/--/---- whose most recent LDL ≥ 100 mg/dl.</p> <p>(Both lists include name, address, MR, phone, and date and value of last LDL result.)</p>	<p># pts (%pts)</p>

<p>3. Of all patients with most recent LDL result ≥ 100 mg/dl, the percent having lipid lowering medication prescribed.</p> <p>N = Patients receiving lipid-lowering medication D = All active patients ≥ 18 years with most recent LDL test ≥ 100 mg/dl</p> <p>Matching patient list: Patients ≥ 18 years with most recent LDL result ≥ 100 mg/dl having lipid lowering medication prescribed. Opposite patient list: Patients ≥ 18 years with most recent LDL ≥ 100 mg/dl NOT having lipid lowering medication prescribed</p> <p>(Both lists include name, address, MR, phone, and date and value of last LDL.)</p>	<p># pts (%pts)</p>
<p>4. Of patients with HDL from $--/--/----$ to $--/--/----$, the percent whose recent HDL > 45 mg/dl.</p> <p>N = HDL > 45 D = All active patients ≥ 18 years with HDL from $--/--/----$ to $--/--/----$.</p> <p>Matching patient list: Patients ≥ 18 with HDL from $--/--/----$ to $--/--/----$ whose most recent HDL > 45 mg/dl. Opposite patient list: Patients ≥ 18 with HDL from $--/--/----$ to $--/--/----$ whose most recent HDL ≤ 45 mg/dl.</p> <p>(Both lists include name, address, MR, phone, and date and value of last HDL.)</p>	<p># pts (%pts)</p>
<p>5. Of patients with triglyceride from $--/--/----$ to $--/--/----$, the percent whose recent triglyceride < 150 mg/dl.</p> <p>N = Patients with triglyceride < 150 mg/dl D = All active patients ≥ 18 yrs with most recent triglyceride test from $--/--/----$ to $--/--/----$.</p> <p>Matching patient list: Patients ≥ 18 with triglyceride from $--/--/----$ to $--/--/----$.whose most recent triglyceride < 150 mg/dl. Opposite patient list: Patients ≥ 18 with triglyceride from $--/--/----$ to $--/--/----$.whose most recent triglyceride ≥ 150 mg/dl.</p> <p>(Both lists include name, address, MR, phone, and date and value of last triglyceride.)</p>	<p># pts (%pts)</p>
<p>6. Patients with one or more elevated lipid values.</p> <p>Matching patient list: Includes an unduplicated patient list of the 3 previous indicators: those patients with LDL ≥ 100 mg/dl OR HDL ≤ 45 mg/dl OR triglyceride ≥ 150 mg/dl from $--/--/----$ to $--/--/----$.</p> <p>(List includes name, MR, address, and phone and values for each indicator; list is based on criteria previously specified in queries No. # 2, 4, & 5.)</p>	<p># pts (% pts)</p>

Kidney	
<p>1. Patients who have had a creatinine test from --/--/---- to --/--/----.</p> <p>N = All patients who have had a creatinine test from --/--/---- to --/--/----. D = All active patients.</p> <p>Matching patient list: Patients with creatinine test from --/--/---- to --/--/----. Opposite patient list: Patients with NO creatinine test from --/--/---- to --/--/----.</p> <p>(Both lists include name, address, MR, phone, and date and result of last creatinine test.)</p>	# pts (%pts)
<p>2. Patients who have had an e-GFR test from --/--/---- to --/--/----.</p> <p>N = All patients who have had an e-GFR test from --/--/---- to --/--/----. D = All active patients</p> <p>Matching patient list: Patients with e-GFR test from --/--/---- to --/--/----. Opposite patient list: Patients with NO e-GFR test from --/--/---- to --/--/----.</p> <p>(Both lists include name, address, MR, phone, and date and result of last e-GFR test.)</p>	# pts (%pts)
<p>3. Patients who have had an albuminuria test from --/--/---- to --/--/----.</p> <p>N = All patients who had an albuminuria (urine ACR or specific urine microalb or protein) test from --/--/---- to --/--/----. D = All active patients.</p> <p>Matching patient list: Patients with an albuminuria (urine ACR or specific urine microalb or protein) test from --/--/---- to --/--/----.</p> <p>Opposite patient list: Patients with NO albuminuria (urine ACR or specific urine microalb or protein) test from --/--/---- to --/--/----.</p> <p>(Both lists include name, address, MR, phone, and date and result of last albuminuria test)</p>	# pts (%pts)
<p>4. Of patients with “+”albuminuria ever, the percent having ACE-I/ARB prescribed.</p> <p>N = Patients currently receiving ACE-I/ARB D = Patients with “+” albuminuria (urine ACR > 29 or “+” specific microalb or protein) ever.</p> <p>Matching patient list: Patients with “+”result in albuminuria (urine ACR > 29 or “+” specific microalb or protein) ever who have had ACE-I/ARB prescribed. Opposite patient list: Patients with “+”albuminuria (urine ACR > 29 or “+” specific microalb or protein) ever who have NOT had ACE-I/ARB prescribed.</p> <p>(Both lists include name, address, MR, and phone.)</p>	# pts (%pts)

Blood Pressure	
<p>1. Patients with diagnosed hypertension.</p> <p>N = Patients with diagnosed hypertension D = All active patients</p> <p>Matching patient list: Patients with diagnosed hypertension.</p> <p>(List includes name, address, MR, and phone.)</p>	# pts (%pts)
<p>2. Patients with diagnosis of hypertension, the percent having ACE-I/ARB prescribed.</p> <p>N = Patients on ACE-I/ARB D = Patients with diagnosed hypertension</p> <p>Matching patient list: Patients with diagnosis of hypertension having ACE-I/ARB prescribed. Opposite patient list: Patients with diagnosis of hypertension NOT having ACE-I/ARB prescribed.</p> <p>(Both lists include name, address, MR, and phone.)</p>	# pts (%pts)
<p>3. Patients with diagnosis of hypertension with a microalbumin test from --/--/---- to --/--/----.</p> <p>N = Patients with no microalbumin test from --/--/---- to --/--/----. D = Patients with hypertension.</p> <p>Matching patient list: Patients with diagnosis of hypertension with microalbumin test from --/--/---- to --/--/----. Opposite patient list: Patients with diagnosis of hypertension with NO microalbumin test from --/--/---- to --/--/----.</p> <p>(Both lists include name, address, MR, and phone.)</p>	# pts (%pts)
<p>4. Patients with diagnosis of hypertension who have ever had “+” urine protein or microalbumin, the percent having ACE-I/ARB prescribed.</p> <p>N = Patients prescribed ACE-I/ARB D = Patients with diagnosis of hypertension and “+” urine protein or microalbumin results ever</p> <p>Matching patient list: Patients with diagnosis of hypertension who have ever had “+” urine protein or microalbumin and have ACE-I/ARB prescribed. Opposite patient list: Patients with diagnosis of hypertension who have ever had “+” urine protein or microalbumin and have NOT had ACE-I/ARB prescribed.</p> <p>(Both lists include name, address, MR, and phone.)</p>	# pts (%pts)

<p>5. Of patients with diagnosis of hypertension, the percent whose average of the three most recent systolic < 130 and diastolic < 80.</p> <p>N = < 130 or < 80 D = Patients with diagnosis of hypertension and had 3 blood pressure readings (exclude those patients with fewer than 3 blood pressure readings)</p> <p>Matching patient list: Patients with diagnosis of hypertension whose average of the three most recent systolic < 130 or diastolic < 80. Opposite patient list: Patients with diagnosis of hypertension whose average of the three most recent systolic \geq 130 or diastolic \geq 80.</p> <p>(Both lists include name, address, MR, phone, and date and result of last 3 BPs.)</p>	<p># pts (%pts)</p>
<p>6. Of patients with diagnosis of hypertension whose average of the three most recent systolic \geq 130 or diastolic \geq 80, percent who have had ACE-I/ARB prescribed.</p> <p>N=Patients prescribed ACE-I/ARB D=Patients with diagnosis of hypertension whose average of the three most recent systolic \geq 130 or diastolic \geq 80</p> <p>Matching patient list: Patients with diagnosis of hypertension whose average of the three most recent systolic \geq 130 or \geq 80 and have had ACE-I/ARB prescribed. Opposite patient list: Patients with diagnosis of hypertension whose average of the three most recent systolic > 130 or > 80 and have NOT had ACE-I/ARB prescribed.</p> <p>(Both lists include name, address, MR, phone, and date and result of last 3 blood pressure readings.)</p>	<p># pts (%pts)</p>
<p>7. Of patients without diagnosis of hypertension, the percent whose average of the three most recent systolic < 130 and diastolic < 80.</p> <p>N = Patients whose average of the three most recent BP < 130 and < 80 D = All active patients without diagnosis of hypertension with 3 blood pressure readings</p> <p>Matching patient list: Patients without diagnosis of hypertension whose average of the 3 most recent systolic < 130 or diastolic < 80. Opposite patient list: Patients without diagnosis of hypertension whose average of the 3 most recent systolic \geq 130 or diastolic \geq 80.</p> <p>(Both lists include name, address, MR, phone, and date and result of last 3 blood pressure readings.)</p>	<p># pts (%pts)</p>

Foot Exam	
<p>1. Patients who have had any foot exam from --/--/---- to --/--/----.</p> <p>N = Patients with visual or monofilament foot exam from --/--/---- to --/--/----. D = All active patients</p> <p>Matching patient list: Patients who have had any foot exam from --/--/---- to --/--/----.</p> <p>Opposite patient list: Patients who have NOT had any foot exam from --/--/---- to --/--/----.</p> <p>(Both lists include name, address, MR, phone, and date and type of last foot exam.)</p>	# pts (%pts)
<p>2. Patients who have had a comprehensive (or visual) foot exam from --/--/---- to --/--/----.</p> <p>N = Comprehensive (or visual) exam from --/--/---- to --/--/----. D = All active patients</p> <p>Matching patient list: Patients who have had a comprehensive foot exam from --/--/---- to --/--/----.</p> <p>Opposite patient list: Patients who have NOT had a comprehensive (or visual) foot exam from --/--/---- to --/--/----.</p> <p>(Both lists include name, address, MR, phone, and date and type of last foot exam.)</p>	# pts (%pts)
<p>3. Of patients categorized as high risk ever, the percent who have had a comprehensive (or visual) foot exam from --/--/---- to --/--/----.</p> <p>N = Patients with comprehensive (or visual) exam from --/--/---- to --/--/----. D = Patients categorized as high risk ever</p> <p>Matching patient list: Patients categorized as high risk ever with a comprehensive (or visual) foot exam from --/--/---- to --/--/----.</p> <p>Opposite patient list: Patients categorized as high risk ever WITHOUT a comprehensive (or visual) foot exam from --/--/---- to --/--/----.</p> <p>(Both lists include name, address, MR, phone, and date and type of last foot exam.)</p>	# pts (%pts)
<p>4. Of patients categorized as high risk ever, those who have received referral to a foot care specialist.</p> <p>N = Patients referred to foot specialist D = High risk categorization (ever)</p> <p>Matching patient list: Patients categorized as high risk ever who have received referral to a foot care specialist.</p> <p>Opposite patient list: Patients categorized as high risk ever who have NOT received referral to a foot care specialist.</p> <p>(Both lists include name, address, MR, phone, and date and type of last foot exam.)</p>	# pts (%pts)

<p>5. Of patients categorized as high risk ever, those who have received referral for therapeutic shoes.</p> <p>N = Patients referred for therapeutic shoes D = High risk categorization (ever)</p> <p>Matching patient list: Patients categorized as high risk ever who have received referral for therapeutic shoes. Opposite patient list: Patients categorized as high risk ever who have NOT received referral for therapeutic shoes.</p> <p>(Both lists include name, address, MR, phone, and date and type of last foot exam.)</p>	<p># pts (%pts)</p>
<p>6. Patients who have had any foot exam from --/--/---- to --/--/----, the percent who have had an active foot problem.</p> <p>N = Active foot problem D = Any foot exam from --/--/---- to --/--/----.</p> <p>Matching patient list: Patients with foot exam from --/--/---- to --/--/---- with active foot problem.</p> <p>(List includes name, address, MR, phone, and date and type of last foot exam.)</p>	<p># pts (%pts)</p>
<p>7. Of patients identified with an active foot problem within the last 3 months, the percent with follow-up office visit.</p> <p>N = No office visit since active foot problem identified D = All patients with an active foot problem within last 3 months</p> <p>Matching patient list: Patients identified with an active foot problem within the last 3 months who have had a follow-up office visit. Opposite patient list: Patients identified with an active foot problem within the last 3 months who have NOT had a follow-up office visit.</p> <p>(Both lists include name, address, MR, phone, and date and type of last foot exam, and date of last office visit.)</p>	<p># pts (%pts)</p>
<p>Dilated Eye / Dental Exam</p>	
<p>1. Patients with a dilated eye exam from --/--/---- to --/--/----.</p> <p>N = Patients with a dilated eye exam from --/--/---- to --/--/----. D = All active patients</p> <p>Matching patient list: Patients who have had a dilated eye exam from --/--/---- to --/--/----. Opposite patient list: Patients who have NOT had a dilated eye exam from --/--/---- to --/--/----.</p> <p>(Both lists include name, address, MR, phone, date of last eye exam, and result of last eye exam.)</p>	<p># pts (%pts)</p>

<p>2. Of patients who had any retinopathy ever, the percent with a dilated eye exam from --/--/---- to --/--/----.</p> <p>N = Patients with dilated eye exam from --/--/---- to --/--/----. D = Any retinopathy (mild or severe) ever</p> <p>Matching patient list: Patients who had any retinopathy ever who have had a dilated eye exam from --/--/---- to --/--/----.</p> <p>Opposite patient list: Patients with retinopathy ever who have NOT had a dilated eye exam from --/--/---- to --/--/----.</p> <p>(Both lists include name, address, MR, phone, and date and result of last eye exam.)</p>	<p># pts (%pts)</p>
<p>3. Patients referred for a dilated eye exam from --/--/---- to --/--/----.</p> <p>N = Referral for a dilated eye exam D = All active patients (exclude those patients with a dilated eye exam from --/--/---- to --/--/----).</p> <p>Matching patient list: Patients referred for a dilated eye exam from --/--/---- to --/--/----.</p> <p>Opposite patient list: Patients who have NOT been referred for a dilated eye exam from --/--/---- to --/--/----.</p> <p>(Both lists include name, address, MR, phone, and date of last dilated eye exam.)</p>	<p># pts (%pts)</p>
<p>4. Percent of patients referred for a dental exam from --/--/---- to --/--/----.</p> <p>N = Referral for a dental exam D = All active patients (exclude those patients with dental exam from --/--/---- to --/--/----).</p> <p>Matching patient list: Patients referred for a dental exam from --/--/---- to --/--/----.</p> <p>Opposite patient list: Patients who have NOT been referred for a dental exam from --/--/---- to --/--/----.</p> <p>(Both lists include name, address, MR, phone, and date of last dental referral.)</p>	<p># pts (%pts)</p>
<p>Prevention Services</p>	
<p>1. Patients who have ever had a pneumococcal vaccine.</p> <p>N = Patients with pneumococcal vaccine ever D = All active patients</p> <p>Matching patient list: Patients who have had a pneumococcal vaccine.</p> <p>Opposite patient list: Patients who have NOT had a pneumococcal vaccine (including those who previously refused).</p> <p>(Both lists include name, address, MR, phone, refusal notation, and dates of most recent pneumococcal and influenza vaccines.)</p>	<p># pts (%pts)</p>

<p>2. Patients who have had an influenza vaccine from --/--/---- to --/--/---- (default dates will reflect the current influenza season {09/01/-- to 03/31/--})</p> <p>N = Flu vaccine received during current influenza season D = All active patients</p> <p>Matching patient list: Patients who have received influenza vaccine. Opposite patient list: Patients who have NOT received influenza vaccine (including those who previously refused).</p> <p>(Both lists include name, address, MR, phone, refusal notation, and dates of most recent pneumococcal and influenza vaccines.)</p>	<p># pts (%pts)</p>
<p>3. Patients ≥ 30 who have ASA/Anti-coagulation therapy prescribed.</p> <p>N = Patients on ASA/Anti-coagulation therapy D = All active patients ≥ 30 years old</p> <p>Matching patient list: Patients ≥ 30 who have ASA/Anti-coagulation therapy prescribed. Opposite patient list: Patients ≥ 30 who have NOT had ASA/Anti-coagulation therapy prescribed.</p> <p>(Both lists include name, address, MR, and phone.)</p>	<p># pts (%pts)</p>
<p>Tobacco Use</p>	
<p>1. Patients currently smoking/using tobacco.</p> <p>N = Patients currently smoking/using tobacco D = All active patients whose tobacco status is known</p> <p>Matching patient list: Patients currently smoking/using tobacco.</p> <p>(List includes name, address, MR, and phone.)</p>	<p># pts (%pts)</p>
<p>2. Of patients currently smoking/using tobacco, the percent receiving cessation intervention from --/--/---- to --/--/----.</p> <p>N = Patients receiving cessation intervention from --/--/---- to --/--/----. D = All active patients currently smoking/using tobacco</p> <p>Matching patient list: Patients currently smoking/using tobacco with cessation intervention Opposite patient list: Patients currently smoking/using tobacco WITHOUT cessation intervention from --/--/---- to --/--/----.</p> <p>(Both lists include name, address, MR, and phone.)</p>	<p># pts (%pts)</p>

<p>3. Patients whose tobacco status is unknown.</p> <p>N = Patients whose tobacco status has not been documented in DQCMS D = All active patients</p> <p>Matching patient list: Patients whose tobacco status is unknown.</p> <p>(List includes name, address, MR, and phone.)</p>	<p># pts (%pts)</p>
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Education Report – Computations and Definitions

(MR stands for medical record number.)	No. patients (%)
<p>Percent of patients who have received self blood glucose monitoring (SBGM) education since --/--/----.</p> <p>Patient list: Patients who have received SBGM education. (List includes name, address, phone, MR, date and value of most recent A1C.)</p> <p>N = Patients with 1 or more SBGM education session(s) since --/--/---- (default 1 year) D = All active patients</p>	# pts (%pts)
<p>Percent of patients who have received SBGM education since --/--/---- whose A1C < 7.0%*.</p> <p>Patient list: Patients who have had SBGM education but A1C >7.0%*. (Lists include name, address, phone, MR, date and value of most recent A1C, and date of SBGM education.)</p> <p>N = Patients whose last A1C <7.0%* D = All active patients</p> <p>*This value can be modified per user's specifications</p>	# pts (%pts)
<p>Percent of patients who have received "other" diabetes education since --/--/----.</p> <p>Patient lists: 1) Those who have received "other" education, 2) Those who have not received "other" education (List includes name, address, phone, MR, date of "other" education, and date and value of most recent A1C.)</p> <p>N = Patients with "other" diabetes education since --/--/---- (default 1 year) D = All active patients</p>	# pts (%pts)
<p>Percent of patients who have received "other" diabetes education since --/--/---- whose A1C < 7.0%*.</p> <p>Patient list: Patients who have not received "other" diabetes education with an A1C > 7.0%*. (List includes name, address, phone, MR, date of "other" diabetes education, and date and value of most recent A1C)</p> <p>N = Patients whose last A1C < 7.0%* D = All active patients with "other" diabetes education since --/--/----</p> <p>*This value can be modified per user's specifications</p>	# pts (%pts)

<p>Percent of patients who have received nutrition education since --/--/----.</p> <p>Patient list: Patients who have not received nutrition education since --/--/----. (List includes name, address, phone, MR, date and value of most recent A1C, BMI if height and weight data are available, or most recent weight.)</p> <p>N = Patients who have received nutrition education since --/--/---- (default 1 year) D = All active patients</p>	<p># pts (%pts)</p>
<p>Percent of patients who have received nutrition education since --/--/---- whose A1C < 7.0%*.</p> <p>Patient list: Patients with nutrition education with A1C > 7.0%* (List includes name, address, phone, MR, date and value of most recent A1C, and date of nutrition education.)</p> <p>N = Patients whose last A1C < 7.0%* D = All active patients with nutrition education since --/--/---- (default 1 year)</p> <p>*This value can be modified per user's specifications</p>	<p># pts (%pts)</p>
<p>Percent of patients who have received nutrition education since --/--/---- whose BMI < 30.</p> <p>Patient lists: 1) Patients who have BMI > 30 and have not had nutrition education 2) Patients with BMI > 30 who have received nutrition education (Both lists include name, address, phone, MR, BMI (date and value), date of nutrition education, and date and value of most recent A1C)</p> <p>N = Patients with BMI < 30* D = All active patients with height and weight (to calculate BMI) and who have received nutrition education since --/--/----.</p> <p>*This value can be modified per user's specifications</p>	<p># pts (%pts)</p>
<p>Percent of patients who have received physical activity education since --/--/----</p> <p>Patient list: Patients who have not received physical activity education (List includes name, address, phone, MR, date and value of most recent A1C, and date and value of BMI; if BMI not calculated, date and value of most recent weight.)</p> <p>N = Patients who have received physical activity education since --/--/---- (default 1 year) D = All active patients</p>	<p># pts (%pts)</p>

<p>Percent of patients who have received physical activity education since --/--/---- whose BMI < 30*.</p> <p>Patient list: Patients with BMI > 30* who have not received physical activity education (List includes name, address, phone, MR, date and value of most recent A1C, and date and value of BMI.)</p> <p>N = Patients with BMI < 30* D = All active patients with height and weight (to calculate BMI) and who have received physical activity education since --/--/----.</p> <p>*This value can be modified per user's specifications</p>	# pts (%pts)
<p>Of patients who have received physical activity education since --/--/----, those with A1C < 7.0*.</p> <p>Patient list: Patients who have not had physical activity education since --/--/---- and have A1C > 7.0%* (List includes name, address, phone, MR, date(s) and value(s) of A1C test since date of physical activity education, and date(s) and value(s) of weight since physical activity education.)</p> <p>N = Patients whose last A1C < 7.0* D = All active patients with physical activity education since --/--/---- (default 1 year)</p> <p>*This value can be modified per user's specifications</p>	# pts (%pts)
<p>Percent of patients who have set a personal goal since --/--/----.</p> <p>Patient list: Patients who have not set a personal goal since --/--/---- (List includes name, address, phone, MR, address, most recent A1C, most recent weight, and date of SBGM)</p> <p>N = Patients who have set personal goal since --/--/---- D = All active patients</p>	# pts (%pts)
<p>Percent of patients who have received foot care education since --/--/----.</p> <p>Patient list: Persons who have not received foot care education since --/--/---- (List includes name, address, MR, phone, and date and result of last protein test.)</p> <p>N = Patients who have received foot care education since --/--/---- D = All active patients</p>	# pts (%pts)

DSME Summary Behavioral Goals – Computations and Definitions Based on # of Patients

(Defaults to ACTIVE patients without GDM)	
1. Each Goal Category (With a Goal Set)	
<p>Patients who have set primary goals, in the specified goal category, during the period from --/--/---- to --/--/----.</p> <p>N = Patients who have set at least one primary goal in the specified goal category during the indicated dates. D = All active patients who received DSME education during the indicated dates.</p>	<p># of patients</p> <p>% of patients</p>
2. Each Goal Category (With a Goal Set and Reviewed)	
<p>Of patients who have set primary goals, in the specified goal category, during the period from --/--/---- to --/--/----, the percent who have had at least one of those goals reviewed.</p> <p>N = Patients who have reviewed at least one primary goal, in the specified goal category, that was set during the indicated dates. D = Number of patients who have set at least one primary goal, in the specified goal category, during the indicated dates (see item 1 of this category).</p>	<p># of patients</p> <p>% of patients</p>
3. Each Goal Category (Percent Reviewed with Score 4-5)	
<p>Of patients who have set primary goals, in the specified goal category, during the period from --/--/---- to --/--/---- and have had at least one of these goals reviewed, the percent whose most recent review received a score of 4 or 5.</p> <p>N = Patients whose most recent primary goal review, in the specified goal category, received a score of 4 or 5. D = Patients who have set at least one primary goal, in the specified goal category, during the indicated dates and have had at least one of these goals reviewed. (see item 2 of this category).</p>	<p>% of patients</p>
4. Each Goal Category (Average Score of ALL with Goals Reviewed)	
<p>Of the patients who have set at least one primary goal, in the specified goal category, during the period from --/--/---- to --/--/---- and have at least one of these goals reviewed, the average score of the most recent review.</p>	<p>Average Score</p>

1. TOTAL (With a Goal Set)		
Patients who have set primary goals during the period from --/--/---- to --/--/---- .		# of patients
N = Patients who have set at least one primary goal during the indicated dates. D = All active patients who received DSME education during the indicated dates.		% of patients
2. TOTAL (With a Goal Set and Reviewed)		
Of patients who have set primary goals during the period from --/--/---- to --/--/---- , the percent who have had at least one of those goals reviewed.		# of patients
N = Patients who have reviewed at least one primary goal that was set during the indicated dates. D = Number of patients who have set at least one primary goal during the indicated dates (see item 1 of this category).		% of patients
3. TOTAL (Percent Reviewed with Score 4-5)		
Of patients who have set primary goals during the period from --/--/---- to --/--/---- and have had at least one of these goals reviewed, the percent whose most recent review received a score of 4 or 5.		
N = Patients whose most recent primary goal review received a score of 4 or 5. D = Patients who have set at least one primary goal during the indicated dates and have had at least one of these goals reviewed. (see item 2 of this category).		% of patients
4. TOTAL (Average Score of ALL with Goals Reviewed)		
Of the patients who have set at least one primary goal during the period from --/--/---- to --/--/---- and have at least one of these goals reviewed, the average score of the most recent review.		Average Score

DSME Summary Behavioral Goals – Computations and Definitions Based on # of Encounters

(Defaults to ACTIVE patients without GDM)	
1. Each Goal Category (With a Goal Set)	
Encounters where a primary goal was set , in the specified goal category, during the period from --/--/---- to --/--/---- .	# of patients
N = Encounters where at least one primary goal was set--in the specified goal category-- during the indicated dates.	% of patients
D = All encounters where at least one primary goal was set during the indicated dates	
2. Each Goal Category (With a Goal Set and Reviewed)	
Of encounters where a primary goal was set --in the specified goal category--during the period from --/--/---- to --/--/---- , the percent of that have at least one of those goals reviewed.	# of patients
N = Encounters which reviewed a primary goal--in the specified goal category--that was set during the indicated dates.	% of patients
D = Number of encounters where at least one primary goal was set--in the specified goal category--during the indicated dates (see item 1 of this category).	
3. Each Goal Category (Percent Reviewed with Score 4-5)	
Of encounters where a primary goal was set--in the specified goal category--during the period from --/--/---- to --/--/---- and at least one of these goals is reviewed, the percent whose most recent review received a score of 4 or 5.	% of patients
N = Encounters where the most recent primary goal review--in the specified goal category--received a score of 4 or 5.	
D = Number of encounters where a primary goal was set--in the specified goal category--during the indicated dates and at least one of these goals was reviewed. (see item 2 of this category).	
4. Each Goal Category (Average Score of ALL with Goals Reviewed)	
Of the encounters where at least one primary goal was set--in the specified goal category--during the period from --/--/---- to --/--/---- and at least one of these goals was reviewed, the average score of the most recent review.	Average Score

1. TOTAL (With a Goal Set)	
Encounters where a primary goal was set during the period from --/--/---- to --/--/---- .	# of patients
N = All encounters where at least one primary goal was set during the indicated dates.	% of patients
D = All encounters where at least one primary goal was set during the indicated dates.	
2. TOTAL (With a Goal Set and Reviewed)	
Of encounters where a primary goal was set during the period from --/--/---- to --/--/---- , the percent that have had at least one of those goals reviewed.	# of patients
N = Encounters which reviewed at least one primary goal that was set during the indicated dates.	% of patients
D = Number of encounters where a primary goal was set during the indicated dates (see item 1 of this category).	
3. TOTAL (Percent Reviewed with Score 4-5)	
Of encounters where a primary goal was set during the period from --/--/---- to --/--/---- and at least one of these goals has been reviewed, the percent whose most recent review received a score of 4 or 5.	
N = Encounters where the most recent primary goal review received a score of 4 or 5.	% of patients
D = Encounters where at least one primary goal was set during the indicated dates and at least one of these goals has been reviewed. (see item 2 of this category).	
4. TOTAL (Average Score of ALL with Goals Reviewed)	
Of the encounters where at least one primary goal was set during the period from --/--/---- to --/--/---- and at least one of these goals has been reviewed, the average score of the most recent review.	Average Score

Potential Action Steps (results out of DSME recommendations range):

- Height – No measurement recorded
- A1C – Most recent is > 3 months and the result is > 8.0% OR most recent is > 6 months and the result is > 7.0%
- Lipid Panel – Most recent is > 1 year or have not had one
- Pneumococcal – Have not had one or declined one
- Flu Vaccine – Have not had one during the current influenza season or declined one during the current influenza season
- Eye Exam – Most recent exam is over 1 year or have not had one
- Dental – Most recent exam referred or is over one year
- LDL – Last LDL > 100 mg/dl
- "+" Proteinuria – Either the urine protein or microalbumin test result is "+" and the patient is NOT on ACE-I/ARB
- Creatinine – Most recent test is over 1 year or have not had one.
- E-GFR – Most recent test is over 1 year or have not had one.
- Albuminuria Evaluation – Most recent test for urine ACR or specific urine microalb or protein is over 1 year or have not had one.