

## Diabetes Identification

### i4C Indicator CDM-DIAB-001: Diabetes Identification v 2.1

#### Category: CDM/Diabetes

#### Purpose:

This indicator is used to identify patients with Diabetes.

#### Source:

Not derived from any existing primary care measurement framework; introduced through OntarioMD collaboration with EMR vendors participating in the EMR Physician Dashboard Proof of Concept.

#### Base Population:

All patients with an Active demographic status recorded in the EMR who have a confirmed diabetes diagnosis or who may be considered for diabetes diagnosis based on other EMR data.

#### Indicator Segments:

Diabetes Coded: Count of patients confirmed with Diabetes diagnosis through entry of any of the following diagnosis codes within the current diagnosis/problem section of the cumulative patient profile:

Diagnosis Code(s)	Code System	Diagnosis Description
250 or starting with 250	ICD-9	Diabetes mellitus
E10 or starting with E10	ICD-10	Type 1 diabetes mellitus
E11 or starting with E11	ICD-10	Type 2 diabetes mellitus
46635009	SNOMED-CT	Diabetes mellitus type 1
44054006	SNOMED-CT	Type 2 diabetes mellitus
73211009	SNOMED-CT	Diabetes mellitus

Consider Diabetes: Documented as text but not coded: Count of patients without a coded Diabetes diagnosis AND who are not excluded for diagnosis consideration AND who may be considered for diagnosis based on any of the following text entered in the problem/diagnosis or past medical/surgical history section of the cumulative patient profile:

- 'diabet'
- 'DM'
- 't2d'

Consider Diabetes: Dx in 2+ bills: Count of patients without a coded Diabetes diagnosis AND who are not excluded for diagnosis consideration AND who may be considered for diagnosis based on two or more bills with an attached diagnosis of 250.

Consider Diabetes: HbA1c > 6.5%: Count of patients without a coded Diabetes diagnosis AND who are not excluded for diagnosis consideration AND who may be considered for diagnosis based on an HbA1c screening test result over 6.5% recorded in the last 2 years.

An HbA1C screening result is documented as a lab test result received from an external lab through OLIS or another lab interface in the EMR, or entered manually as a lab test result from an external report received.

Consider Diabetes: Medications present: Count of patients without a coded Diabetes diagnosis AND who are not excluded for diagnosis consideration AND who may be considered for diagnosis based on one or more current diabetes medication prescriptions documented.

A *diabetes medication* is any of the following medications (identified by brand or generic name) that have been entered as prescriptions from the EMR's drug database and identified as a current (not discontinued) medication:

- Acarbose
- Glibenclamide
- Gliclazide
- Glimepiride
- Insulin
- Metformin
- Sitagliptin
- Tolbutamide

Consider Diabetes: Total: Unique count of patients without a confirmed diabetes diagnosis AND who are not excluded for diagnosis consideration AND who may be considered for diagnosis based on diabetes documented with a text diagnosis or problem, Dx in 2+ bills, HbA1C result > 6.5%, or a diabetes medication currently prescribed.

Diabetes Exclusion: Other Conditions: Count of patients without a coded Diabetes diagnosis AND with other conditions documented as any of the following text entered in the problem/diagnosis or past medical/surgical history section of the cumulative patient profile:

- 'Gest'
- 'PCOS'
- 'Polycystic ovar'

OR through entry of any of the following diagnosis codes within the current diagnosis/problem section of the cumulative patient profile:

Diagnosis Code(s)	Diagnosis Description
249 or starting with 249	Secondary diabetes mellitus
256.4	Polycystic Ovaries
648.8	Gestational diabetes
775.1	Neonatal diabetes mellitus
790.29	Other abnormal glucose

Diabetes Exclusion: Pre-diabetes: Count of patients without a coded Diabetes diagnosis AND with pre-diabetes documented as any of the following text entered in the problem/diagnosis or past medical/surgical history section of the cumulative patient profile:

- 'Pre-diabet'
- 'Prediabet'
- 'Pre diab'
- 'Borderline diabet'
- 'Impaired Glucose'

- 'Impaired Fasting'
- 'IGT'
- 'IFG'

OR through entry of any of the following diagnosis codes within the current diagnosis/problem section of the cumulative patient profile:

Diagnosis Code(s)	Code System	Diagnosis Description
790.2	ICD-9	Abnormal glucose
R73.0*	ICD-10	Abnormal glucose
9414007	SNOMED-CT	Impaired glucose tolerance

Diabetes Exclusion: Cohort: Count of patients without a without a coded Diabetes diagnosis AND who are excluded for diagnosis consideration through EMR functionality that allows patients to be manually excluded for consideration.

The functionality for manual exclusion from diagnosis consideration is optional so this indicator segment might not appear across all EMR offerings.

**Suggested Indicator Use:**

Physician or practice use of this indicator is to review charts in the "Consider Diabetes:" segments and add a Diabetes diagnosis code to the patient chart where an appropriate diagnosis can be confirmed.