

## FY 2014 Best Practice Addendum: Required and Optional Key Measures and Suggested Ways to Measure

Last Updated: July 2014

The following table lists the 2011 Diabetes Best Practices, updated required and optional key measures and examples of ways to obtain the measures. Use this document as an updated reference for the 2011 Diabetes Best Practice and towards the [SDPI Community-Directed FY 2015 Application](#)<sup>1</sup>.

### FY 2014 - General changes made:

- Ensured “in the target population” was added for each measure, except for the measures in the Diabetes and Pregnancy Best Practice
- Time period of “in the last twelve months” was changed to “within grantee specified time period” for each measure.
- Ensured consistent use of “individuals” or “individuals with diabetes”. Exceptions include the following:
  - Diabetes/Pre-Diabetes Case Management
  - Youth and Type 2 Diabetes – kept “youth”
  - School Health – made all to “youth”
  - Diabetes and Pregnancy
  - Breastfeeding – kept “babies”
  - Diabetes Prevention – “all participants” is used instead

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<sup>1</sup> SDPI Application URL: <http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=programsSDPIcommunityDirectedApp>

## **Resources**

- ✓ **IHS Diabetes Care and Outcomes Audit including the SDPI Required Key Measures Report:** Contact [ddtpwebauditadmins@ihs.gov](mailto:ddtpwebauditadmins@ihs.gov) or refer to the [Audit website](#)<sup>3</sup> for assistance.
- ✓ **RPMS resources including CRS, Q-MAN and V-GEN:** refer to the [RPMS website](#)<sup>4</sup>.
- ✓ **Patient Education Codes:** Visit the [Health Education Program PEPC website](#)<sup>5</sup>.
- ✓ **HIPAA Guidelines**<sup>6</sup>: For all data collection methods, ensure that your program is following guidelines for protecting personal health information.

## **List of Commonly Used Abbreviations**

AADE - American Association of Diabetes Educators

ACIC – Assessment of Chronic Illness Care

BFHI - Baby Friendly Hospital Initiative

BMI - Body Mass Index

BP - Blood Pressure

CHS - Contract Health Service

CRS – Clinical Reporting System

CKD - Chronic Kidney Disease

CVD - Cardiovascular disease

DSME - Diabetes Self-Management Education

EHR - Electronic Health Record

GDM - Gestational Diabetes

HHS – Health and Human Services

HTN - Hypertension

JVN - Joslin Vision Network

MNT - Medical Nutrition Therapy

PA - Physical Activity

PEPC – Patient Education Protocols and Codes

Q-MAN - Query Manager

RAPA - Rapid Assessment of Physical Activity

RD - Registered Dietitian

RKM - Required Key Measure

RMPS - Resource and Patient Management System

SOC – Standards of Care and Clinical Practice Recommendations

V-GEN - Visit – General

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<sup>3</sup> Audit URL: <http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=resourcesAudit>

<sup>4</sup> RPMS URL: <http://www.ihs.gov/RPMS/>

<sup>5</sup> PEPC URL: <http://www.ihs.gov/HealthEd/index.cfm?module=pepc>

<sup>6</sup> Health Information Privacy URL: <http://www.hhs.gov/ocr/privacy/>

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2011 Best Practice and Summary of Changes Made to the Measure	FY 2014 Key Measures (RKM's are noted with an *)	Suggested Ways to Measure the FY 2014 Measures
<p><b>Systems of Care</b></p> <ol style="list-style-type: none"> <li>FY 2014: A1C changed from 7.0 to 8.0 to encourage individualized goals and to align with GPRA targets and national guidelines. See the <a href="#">Glycemic Control Standards of Care</a><sup>6</sup> SOC for more information.</li> <li>FY 2014: RKM added to assess percent of individuals with diabetes that may need more intensive case management support.</li> <li>FY 2014: BP changed from 130/80 to &lt;140/&lt;90 to align with GPR A targets and national guidelines. See the <a href="#">Blood Pressure Management</a><sup>7</sup> SOC for more information.</li> <li>FY 2014: Wording modified to be consistent for all RKM's. See global changes on the page 1.</li> <li>FY 2014: Added RKM to assess comprehensive care.</li> </ol>	<ol style="list-style-type: none"> <li>*Percent of individuals with diabetes in the target population with A1C &lt; 8.0 within grantee specified time period.</li> <li>*Percent of individuals with diabetes in the target population with A1C ≥9.0 within grantee specified time period.</li> <li>*Percent of individuals with diabetes in the target population with mean blood pressure at &lt;140/&lt;90 within grantee specified time period.  mean BP = mean of most recent 2 or 3 documented BP readings</li> <li>*Percent of individuals with diabetes in the target population with LDL &lt;100 within grantee specified time period.</li> <li>*Percent of individuals with diabetes in the target population at goal for the combined Audit outcomes measure records meeting ALL of the following criteria within grantee specified time period: <ul style="list-style-type: none"> <li>✓ A1C &lt; 8.0,</li> <li>✓ LDL &lt; 100,</li> <li>✓ Mean BP &lt;140/&lt;90</li> </ul> </li> </ol>	<ol style="list-style-type: none"> <li>IHS Diabetes Care and Outcomes Audit Report or SDPI Required Key Measures Report with end date that captures time period appropriate for your grant timeline. OR Local tracking, e.g. Excel spreadsheet.</li> <li>See RKM #1</li> <li>See RKM #1</li> <li>See RKM #1</li> <li>See RKM #1</li> </ol>

<sup>6</sup> Glycemic Control Standards of Care URL: <http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=SOCGlycemic>

<sup>7</sup> Blood Pressure Management Standards of Care URL: <http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=SOCGlycemic>

2011 Best Practice and Summary of Changes Made to the Measure	FY 2014 Key Measures (RKM <sub>s</sub> are noted with an *)	Suggested Ways to Measure the FY 2014 Measures
<p>6. FY 2014: Measure is optional.</p> <p>7. FY 2014: Measure is optional.</p>	<p>6. Percent of individuals with diabetes in the target population at goal using the most recent value within grantee specified time period for all of three site-selected <i>Diabetes Care and Outcomes Audit</i> measures.</p> <p>7. Total Score on the Assessment of Chronic Illness Care 3.5 Tool, assessed at six month intervals, within grantee specified time period.</p>	<p>6. IHS Diabetes Care and Outcomes Audit Report</p> <p>7. <a href="#">ACIC score</a><sup>8</sup>- hand tally and maintain records.</p>
<p><b>Physical Activity for Diabetes Prevention and Care</b></p> <p>1. FY 2014: Wording modified to be consistent for all RKM<sub>s</sub>. See general changes on the page 1.</p> <p>2. See RKM #1</p> <p>3. See RKM #1. Setting group goals are also acceptable</p>	<p>1. <b>*Percent of individuals in the target population who have had their level of physical activity assessed and documented within grantee specified time period.</b></p> <p>2. <b>*Percent of individuals in the target population who showed improvement in their fitness levels in the relevant time period within grantee specified time period.</b></p> <p>3. <b>* Percent of individuals in the target population who met one or more of their physical activity behavioral goals within grantee specified time period.</b></p>	<p>1. RPMS Q-MAN (for target population) and search for physical activity health factors (INACTIVE, SOME ACTIVITY, ACTIVE, VERY ACTIVE). See RPMS Health Factor and Exam Code Manual for definitions. OR Local tracking, e.g. Excel spreadsheet. OR Local tracking with a standard tool such as the <a href="#">Rapid Assessment for Physical Activity (RAPA)</a><sup>9</sup> to assess Physical Activity (PA).</p> <p>2. Local tracking e.g. Excel spreadsheet or paper and pencil of people who had PA assessed <b>AND</b> PA documented.</p> <p>3. Local tracking (RAPA, Access database, Excel spreadsheet, paper and pencil) of people who met one or more of their PA behavioral goals.</p>

<sup>8</sup> ACIC Tool URL: [http://www.improvingchroniccare.org/index.php?p=Survey\\_Instruments&s=165](http://www.improvingchroniccare.org/index.php?p=Survey_Instruments&s=165)

<sup>9</sup>RAPA Tool URL: <http://depts.washington.edu/hprc/rapa>

2011 Best Practice and Summary of Changes Made to the Measure	FY 2014 Key Measures (RKM's are noted with an *)	Suggested Ways to Measure the FY 2014 Measures
4. FY 2014: Measure is optional.	4. Number of policies implemented by the organization's leadership for the promotion and expansion of opportunities for physical activity.	4. Local tracking, e.g. Excel spreadsheet.
<p><b>Diabetes Self-Management Education (DSME) and Support</b></p> <p>1. FY 2014: Wording modified to be consistent for all RKM's. See general changes on the page 1.</p> <p>2. See RKM #1</p> <p>3. FY 2013: Measure is optional.</p> <p>4. FY 2013: Measure is optional.</p>	<p><b>Educational</b></p> <p>1. *Percent of individuals in the target population with documented diabetes self-management education (DSME) services within grantee specified time period.</p> <p><b>Behavioral</b></p> <p>2. *Percent of individuals in the target population with documented diabetes self-management education (DSME) who achieved one or more patient identified behavioral goals within grantee specified time period.</p> <p><b>Clinical</b></p> <p>3. Percent of individuals in the target population with documented diabetes self-management education (DSME) who achieved one or more patient identified clinical goals within grantee specified time period.</p> <p><b>Self-Management Support</b></p> <p>4. Percent of individuals in the target population with documented diabetes self-management education (DSME) who were referred to clinical or community resources for self-management support (SMS) within grantee specified time period.</p>	<p>4. Local tracking, e.g. Excel spreadsheet.</p> <p>1. RPMS template for target population using updated diabetes education taxonomies. OR IHS Diabetes Care and Outcomes Audit Report or SDPI Required Key Measures Report with end date that captures time period appropriate for your grant timeline. OR Local tracking, e.g. Excel spreadsheet.</p> <p>2. Use RPMS and enter "Goals set" and "Goals met" under Patient Education. OR Local tracking, e.g. Excel spreadsheet.</p>

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<p><b>Foot Care</b></p> <ol style="list-style-type: none"> <li>1. FY 2014: Wording modified to be consistent for all RKMs. See general changes on the page 1.</li> <li>2. See RKM #1</li> <li>3. FY 2012: Measure is optional.</li> </ol>	<ol style="list-style-type: none"> <li>1. *Percent of individuals with diabetes in the target population with documented foot exams within grantee specified time period.</li> <li>2. *Percent of individuals with diabetes in the target population with documented foot care education within grantee specified time period.</li> <li>3. Percent of individuals with diabetes in the target population with foot ulcers who received treatment within grantee specified time period.</li> </ol>	<ol style="list-style-type: none"> <li>1. IHS Diabetes Care and Outcomes Audit Report or SDPI Required Key Measures Report with end date that captures time period appropriate for your grant timeline. OR RPMS EHR Q-MAN Search (DIABETIC FOOT EXAM, COMPLETE or EX code 28) OR V-GEN or iCare OR Local tracking, e.g. Excel spreadsheet</li> </ol> <p>If <b>not</b> using RPMS EHR, you will need to do a chart review.</p>

2011 Best Practice and Summary of Changes Made to the Measure	FY 2014 Key Measures (RKM's are noted with an *)	Suggested Ways to Measure the FY 2014 Measures
<p><b>Adult Weight and Cardiometabolic Risk Management and Diabetes Guidelines</b></p> <p>1. FY 2014: Wording modified to be consistent for all RKM's. See general changes on the page 1.</p> <p>2. See RKM #1</p> <p>3. See RKM #1</p> <p>4. See RKM #1</p>	<p>1. *Percent of individuals with diabetes in the target population with a documented assessment for overweight or obesity within grantee specified time period.</p> <p>2. *Percent of individuals with diabetes in the target population with documented nutrition and physical activity education by a Registered Dietitian or other provider within grantee specified time period.</p> <p>3. *Percent of individuals with diabetes in the target population who achieve both their nutrition goal(s) and physical activity goal(s) within grantee specified time period.</p> <p>4. *Percent of individuals with diabetes in the target population who achieve their weight loss goal within grantee specified time period.</p>	<p>1. IHS Diabetes Care and Outcomes Audit Report or SDPI Required Key Measures Report with end date that captures time period appropriate for your grant timeline. OR Local tracking, e.g. Excel spreadsheet.</p> <p>2. SDPI Required Key Measures Report with end date that captures time period appropriate for your grant timeline - Diabetes-Related Education (Nutrition and/or Exercise education by any provider). OR Local tracking, e.g. Excel spreadsheet.</p> <p>3. RPMS and local tracking of people with diabetes who achieved nutrition AND PA goal. Use provider codes and education codes. <ul style="list-style-type: none"> <li>• For all providers (including RDs): DM-EX, DM-N, OBS-N OBS-EX, CAD-N, and CAD-EX.</li> <li>• For use by RDs only: DM-MNT OBS-MNT, and CAD-MNT.</li> </ul> OR Local tracking, e.g. Excel spreadsheet.</p> <p>4. Local tracking, e.g, Excel spreadsheet.</p>

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<p><b>Cardiovascular Health and Diabetes</b></p> <ol style="list-style-type: none"> <li>FY 2014: Wording modified to be consistent for all RKMs. See general changes on the page 1.</li> <li>See RKM #1</li> <li>FY 2013: Measure is optional.</li> <li>FY 2014: BP changed “at target” to &lt;140/&lt;90 to align with GPR A targets and national guidelines. See the <a href="#">Blood Pressure Management</a><sup>10</sup> SOC for more information.</li> <li>See RKM #1</li> </ol>	<ol style="list-style-type: none"> <li>*Percent of individuals with diabetes in the target population with documented smoking status within grantee specified time period.</li> <li>*Percent of individuals with diabetes in the target population who smoke who received tobacco cessation intervention(s) within grantee specified time period.</li> <li>Percent of individuals with diabetes in the target population who smoke who quit smoking within grantee specified time period.</li> <li>*Percent of individuals with diabetes in the target population with mean blood pressure at &lt;140/&lt;90 within grantee specified time period. mean BP = mean of most recent 2 or 3 documented BP readings</li> <li>*Percent of individuals with diabetes in the target population with documented cardiovascular disease (CVD) or hypertension education within grantee specified time period.</li> </ol>	<ol style="list-style-type: none"> <li>IHS Diabetes Care and Outcomes Audit Report or SDPI Required Key Measures Report with end date that captures time period appropriate for your grant timeline. OR Local tracking, e.g. Excel spreadsheet.</li> <li>IHS Diabetes Care and Outcomes Audit Report or SDPI Required Key Measures Report with end date that captures time period appropriate for your grant timeline. OR RPMS Q-MAN to search for Active individuals with diabetes who use tobacco (search appropriate Health Factors). Use this list for tracking cessation interventions. OR Local tracking of people with diabetes who smoke AND received tobacco cessation program.</li> <li>IHS Diabetes Care and Outcomes Audit Report or SDPI Required Key Measures Report with end date that captures time period appropriate for your grant timeline. OR Local tracking, e.g. Excel spreadsheet.</li> <li>RPMS PEPC such as DM-C, DM-DP, HTN-DP, CAD-DP and use Q-MAN or PGEN to run a report for these specific education codes. OR Local tracking, e.g. Excel spreadsheet.</li> </ol>

<sup>10</sup> Blood Pressure Management Standards of Care URL: <http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=SOCGlycemic>

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<p><b>Eye Care</b></p> <ol style="list-style-type: none"> <li>FY 2014: Wording modified to be consistent for all RKMs. See general changes on the page 1.</li> <li>See RKM #1</li> </ol>	<ol style="list-style-type: none"> <li>*Percentage of individuals with diabetes in the target population with a documented qualifying eye exam within grantee specified time period.</li> <li>*Percentage of individuals with diabetes in the target population with abnormal retinal screening exam who received appropriate specialty follow up within grantee specified time period.</li> </ol>	<ol style="list-style-type: none"> <li>IHS Diabetes Care and Outcomes Audit Report or SDPI Required Key Measures Report with end date that captures time period appropriate for your grant timeline OR Local tracking, e.g. Excel spreadsheet.</li> <li>Local tracking of Contract Health Service (CHS) referrals of people with diabetes who were evaluated as needing retinal treatment AND received treatment. OR Contact eye care specialists, including Joslin Vision Network (JVN) sites, to determine who received treatment.</li> </ol>
<p><b>Nutrition for Diabetes Prevention and Care</b></p> <ol style="list-style-type: none"> <li>FY 2013: Re-worded to capture nutrition education from any provider.</li> <li>FY 2013: Re-worded to capture nutrition education and/or MNT by an RD.</li> </ol>	<ol style="list-style-type: none"> <li>*Percent of individuals in the target population with documented nutrition education within grantee specified time period.</li> <li>*Percent of individuals in the target population with documented nutrition education and/or MNT by an RD within grantee specified time period.</li> </ol>	<ol style="list-style-type: none"> <li>IHS Diabetes Care and Outcomes Audit Report or SDPI Required Key Measures Report with end date that captures time period appropriate for your grant timeline (Nutrition education by any provider). OR Local tracking, e.g. Excel spreadsheet</li> <li>IHS Diabetes Care and Outcomes Audit Report or SDPI Required Key Measures Report with end date that captures time period appropriate for your grant timeline (Nutrition education and/or MNT by RD). OR Local tracking, e.g. Excel spreadsheet.</li> </ol>

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<p>3. FY 2014: Wording modified to be consistent for all RKMs. See general changes on the page 1.</p> <p>4. See RKM #3</p>	<p>3. * Percent of individuals in the target population with documented MNT or individualized nutrition education who met one or more of their nutrition-related <u>behavioral</u> goals within grantee specified time period.</p> <p>4. *Percent of individuals in the target population with documented MNT or individualized nutrition education who met one or more of their nutrition-related <u>clinical</u> goals within grantee specified time period.</p>	<p>3. RPMS EHR – National Nutrition Template – Education Nutrition goals and use local tracking of people with documented MNT or nutrition education AND who meet at least 1 nutrition-related behavioral goal. Use the following PEPC:</p> <ul style="list-style-type: none"> <li>• For all providers (including RDs): DM-LA, PDM-LA for Lifestyle Adaptation; DM-N, PDM-N for Nutrition Education; DM-P, PDM-P for Prevention.</li> <li>• For use by RDs only: DM-MNT, PDM-MNT for diabetes and pre-diabetes.</li> </ul> <p>OR</p> <p>Local tracking, e.g. Excel spreadsheet.</p> <p>4. See RKM #3 above.</p>
<p><b>Diabetes/Pre-Diabetes Case Management</b></p> <p>1. FY 2103: omitted “(client subset)” FY 2104: Wording modified to be consistent for all RKMs. See general changes on the page 1.</p> <p>2. FY 2104: Wording modified to be consistent for all RKMs. See general changes on the page 1.</p>	<p>1. *Percent of high-risk individuals with diabetes in the target population with an assigned case manager within grantee specified time period.</p> <p>2. *Percent of patients in the target population with improvement (positive results) for at least one patient-identified self-management goal within grantee specified time period.</p>	<p>1. Local tracking, e.g. Excel spreadsheet. OR RPMS template or Register for case-managed patients. OR RPMS Q-MAN search for “Case Manager”.</p> <p>2. Local tracking, e.g. Excel spreadsheet. OR <a href="#">AADE 7</a><sup>11</sup> to track goal-setting.</p>

<sup>11</sup> AADE 7 Self-Care Behaviors URL: <http://www.diabeteseducator.org/ProfessionalResources/AADE7/>

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<p><b>Oral Health Care</b></p> <ol style="list-style-type: none"> <li>1. FY 2104: Wording modified to be consistent for all RKM's. See general changes on the page 1.</li> <li>2. See RKM #1.</li> </ol>	<ol style="list-style-type: none"> <li>1. *Percent of individuals with diabetes in the target population who had documented oral health patient education (done by any provider) within grantee specified time period.</li> <li>2. *Percent of individuals with diabetes in the target population who had a documented dental exam within grantee specified time period.</li> </ol>	<ol style="list-style-type: none"> <li>1. RPMS education code DM-PERIO. OR Local tracking, e.g. Excel spreadsheet.</li> <li>2. IHS Diabetes Care and Outcomes Audit Report or SDPI Required Key Measures Report with end date that captures time period appropriate for your grant timeline. OR Local tracking, e.g. Excel spreadsheet.</li> </ol>
<p><b>Community Diabetes Screening</b></p> <ol style="list-style-type: none"> <li>1. FY 2014: Wording modified to be consistent for all RKM's. See general changes on the page 1.</li> <li>2. See RKM #1</li> </ol>	<ol style="list-style-type: none"> <li>1. *Percent of individuals in the target population screened for diabetes within grantee specified time period.</li> <li>2. *Percent of individuals in the target population screened for diabetes who received diabetes prevention education at the time of screening within grantee specified time period.</li> </ol>	<ol style="list-style-type: none"> <li>1. Local tracking, e.g. Excel spreadsheet to track a targeted group at least one community screening event and following up and reporting on the target population.</li> <li>2. Local tracking, – e.g. Excel spreadsheet, of people who were screened AND received DM prevention education at time of screening for at least one community screening event.</li> </ol> <p><b>NOTE:</b> RPMS PEPC include DM instruction for at least 5 minutes done individually or in a group setting.</p>
<p><b>Youth &amp; Type 2 Diabetes Prevention and Treatment</b></p> <ol style="list-style-type: none"> <li>1. FY 2014: Wording modified to be consistent for all RKM's. See general changes on the page 1.</li> </ol>	<ol style="list-style-type: none"> <li>1. *Percent of youth in the target population screened for overweight and obesity within grantee specified time period.</li> </ol>	<ol style="list-style-type: none"> <li>1. Local tracking, e.g. Excel spreadsheet of youth registry. OR Use RPMS and run Q-MAN to create template of target population and run BMI report.</li> </ol>

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<p>2. See RKM #1</p> <p>3. See RKM #1</p>	<p>2. *Percent of youth in the target population with a screening BMI result greater than the 85<sup>th</sup> percentile tested for pre-diabetes/diabetes within grantee specified time period.</p> <p>3. *Percent of youth in the target population with an increase in both healthy eating and physical activity behaviors within grantee specified time period.</p>	<p>2. Use RPMS and generate a Body Mass Index report (BMI) on template to determine target population over 85<sup>th</sup> percentile and use list for tracking prediabetes/diabetes screening.</p> <p>3. Local tracking tool of percent of youth with improved healthy eating behaviors AND improved PA behaviors.</p>
<p><b>Diabetes Prevention</b></p> <p>1. FY 2104: Wording modified to be consistent for all RKMs. See general changes on the page 1.</p> <p>2. See RKM #1</p> <p>3. See RKM #1</p>	<p>1. *Percentage of all participants in the target population who achieve their weight loss goal within grantee specified time period.</p> <p>2. *Percentage of all participants in the target population who achieve their nutrition goal(s) within grantee specified time period.</p> <p>3. *Percentage of all participants in the target population who achieve their physical activity goal(s) within grantee specified time period.</p>	<p>1. Local tracking, e.g. Excel spreadsheet</p> <p>2. See RKM #1 above.</p> <p>3. See RKM #1 above</p>
<p><b>Screening for Chronic Kidney Disease</b></p> <p>1. FY 2013: Clarified screening test.</p> <p>FY 2104: Wording modified to be consistent for all RKMs. See general changes on the page 1.</p>	<p>1. *Percent of individuals with diabetes in the target population who were screened for CKD by using urine albumin to creatinine ratio (UACR) and creatinine/Glomerular Filtration Rate (GFR) within grantee specified time period.</p>	<p>1. IHS Diabetes Care and Outcomes Audit Report or SDPI Required Key Measures Report with end date that captures time period appropriate for your grant timeline. OR Local tracking, e.g. Excel spreadsheet.</p>

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<p>2. FY 2014: BP changed from &lt; 130/80 to &lt;140/&lt;90 to align with GPR A targets and national guidelines. See the <a href="#">Blood Pressure Management</a><sup>12</sup> SOC for more information.</p> <p>3. FY 2104: Wording modified to be consistent for all RKMs. See general changes on the page 1.</p>	<p>2. *Percent of individuals with diabetes in the target population with mean blood pressure at &lt;140/&lt;90 (or have comorbidities that dictate a higher target) within grantee specified time period.</p> <p>mean BP = mean of most recent 2 or 3 documented BP readings.</p> <p>3. *Percent of individuals with diabetes and hypertension in the target population who are treated with an angiotensin converting enzyme (ACE) inhibitor or angiotensin II receptor blocker (ARB) (or have a documented allergy/intolerance) within grantee specified time period.</p>	<p>2. IHS Diabetes Care and Outcomes Audit Report or SDPI Required Key Measures Report with end date that captures time period appropriate for your grant timeline. OR Local tracking, e.g. Excel spreadsheet.</p> <p>3. IHS Diabetes Care and Outcomes Audit Report or SDPI Required Key Measures Report with end date that captures time period appropriate for your grant timeline and include people with diabetes AND hypertension AND are treated with ACE or ARB. OR Local tracking, e.g. Excel spreadsheet.</p>
<p><b>School Health: Promoting Healthy Eating and Physical Activity and Managing Diabetes in the School Setting</b></p> <p>1. FY 2104: Wording modified to be consistent for all RKMs. See general changes on the page 1.</p> <p>2. See RKM #1.</p>	<p>1. *Percent of youth in the target population with a BMI calculated within grantee specified time period.</p> <p>2. *Percent of youth in the target population with a BMI greater than the 85<sup>th</sup> percentile who are referred to their health care team within grantee specified time period.</p>	<p>1. Use RPMS to create template of student target population. Use Q-MAN to run a Body Mass Index (BMI) report. OR Local tracking, e.g. Excel spreadsheet.</p> <p>2. Use RPMS to generate a Body Mass Index (BMI) report on template to list target population over 85<sup>th</sup> percentile. Use list to track referrals. OR Local tracking, e.g. Excel spreadsheet.</p>

<sup>12</sup> Blood Pressure Management Standards of Care URL: <http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=SOCGlycemic>

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3. See RKM #1.	3. *The school's score on the <a href="#">School Health Index</a> <sup>13</sup> within grantee specified time period.	3. Local tracking, e.g. Excel spreadsheet.  Consider while tracking: ✓ Plan to collect baseline data at the beginning of the school year, regardless of your grant period
<p><b>Depression Care</b></p> <p>1. FY 2104: Wording modified to be consistent for all RKMs. See general changes on the page 1.</p> <p>2. See RKM #1.</p>	<p>1. *Percentage of individuals with diabetes in the target population, who were <b>screened</b> for depression within grantee specified time period.</p> <p>2. *Percentage of individuals with diabetes in the target population with documented depression that received <b>treatment</b> for depression within grantee specified time period.</p>	<p>1. IHS Diabetes Care and Outcomes Audit Report or SDPI Required Key Measures Report with end date that captures time period appropriate for your grant timeline OR Local tracking, e.g. Excel spreadsheet.</p> <p>2. Use RPMS and run medication list. OR Use RPMS and do Q-MAN for DM Register Active patients with Depression surveillance category to create a list for tracking treatment. OR Local tracking, e.g. Excel spreadsheet.</p>
<p><b>Diabetes and Pregnancy</b></p> <p>1. FY 2104: Wording modified to be consistent for all RKMs. See general changes on the page 1.</p> <p>2. See RKM #1</p>	<p>1. *Percent of women diagnosed with diabetes in pregnancy whose care and clinical outcomes are actively tracked within grantee specified time period.</p> <p>2. *Percent of reproductive age women with diabetes who have documented preconception care and counseling within grantee specified time period.</p>	<p>1. Local tracking of target population. OR Set up registry in RPMS of target population and use iCARE for tracking.</p> <p>2. RPMS education codes DMC-PCC, PDM-PCC. OR Local tracking, e.g. Excel spreadsheet.</p>

<sup>13</sup> School Health Index URL: <http://www.cdc.gov/HealthyYouth/SHI/>

2011 Best Practice and Summary of Changes Made to the Measure	FY 2014 Key Measures (RKMs are noted with an *)	Suggested Ways to Measure the FY 2014 Measures
<p>3. See RKM #1</p>	<p>3. *Percent of women with diabetes in pregnancy who have documented care and education specific to diabetes and pregnancy within grantee specified time period.</p>	<p>3. RPMS PEPC GDM-N, GDM-MNT (MNT for RD use only), GDM-EX, GDM-LA. OR Local tracking, e.g. Excel spreadsheet.</p>
<p><b>Community Advocacy for Diabetes Prevention and Control</b></p> <p>1. FY 2013: RKM changed from a question to a statement capturing a number instead of a Yes/No response. FY 2014: re-formatted and wording modified to be consistent for all RKMs. See general changes on the page 1</p> <p>2. FY 2104: Wording modified to be consistent for all RKMs. See general changes on the page 1.</p>	<p>1. *Number of members in your Community Diabetes Advocacy Group that include the following within grantee specified time period:</p> <ul style="list-style-type: none"> <li>✓ who have diabetes</li> <li>✓ family members of a person with diabetes</li> <li>✓ representatives from community entities and/or health care facilities outside of your diabetes program.</li> </ul> <p>2. *Number of health-related policies that are impacted or implemented as a result of action by the Community Diabetes Advocacy Group within grantee specified time period.</p>	<p>1. Local tracking, e.g. Excel spreadsheet.</p> <p>2. See RKM #1 above.</p>

2011 Best Practice and Summary of Changes Made to the Measure	FY 2014 Key Measures (RKMs are noted with an *)	Suggested Ways to Measure the FY 2014 Measures
<p><b>Breastfeeding Support</b></p> <ol style="list-style-type: none"> <li>FY 2015: Updated link and changed “Baby Friendly Steps” to “Baby Friendly Hospital Initiative” for better clarity.</li> <li>FY 2014: Bulleted out ages as a separate measure is required for each. Wording modified to be consistent for all RKMs. See general changes on the page 1.</li> <li>FY 2014: Bulleted out ages as a separate measure is required for each. Wording modified to be consistent for all RKMs. See general changes on the page 1.</li> </ol>	<ol style="list-style-type: none"> <li>*The number of <a href="#">Baby Friendly Hospital Initiative</a><sup>14</sup> steps implemented in hospital/clinic within grantee specified time period.</li> <li>*Percent of babies in the target population with documented breastfeeding choice at <ul style="list-style-type: none"> <li>✓ birth,</li> <li>✓ two months,</li> <li>✓ four months,</li> <li>✓ six months,</li> <li>✓ one year</li> </ul> within grantee specified time period.</li> <li>*Percent of babies in the target population exclusively breastfed at birth, and mostly or exclusively breastfed at <ul style="list-style-type: none"> <li>✓ two months,</li> <li>✓ six months,</li> <li>✓ nine months,</li> <li>✓ one year</li> </ul> within grantee specified time period.</li> </ol>	<ol style="list-style-type: none"> <li>Local tracking, e.g. Excel spreadsheet.</li> <li>RPMS to generate reports. OR Local tracking such as delivery Roster/Log or Perinatal Excel Roster.</li> <li>Local tracking, e.g. Excel spreadsheet.</li> </ol>
<p><b>Pharmaceutical Care</b></p> <ol style="list-style-type: none"> <li>FY 2104: Wording modified to be consistent for all RKMs. See general changes on the page 1.</li> <li>See RKM #1.</li> </ol>	<ol style="list-style-type: none"> <li>*Percent of individuals with diabetes in the target population with documented review of the medication profile by a pharmacist within grantee specified time period.</li> <li>*Percent of individuals with diabetes in the target population with documented medication education by a pharmacist within grantee specified time period.</li> </ol>	<ol style="list-style-type: none"> <li>Use RPMS codes for review of medication profile by pharmacist.</li> <li>Use RPMS PEPC for pharmacists only use M-any or any-M education codes.</li> </ol>

<sup>14</sup> Baby Friendly Hospital Initiative URL: <http://www.ihs.gov/babyfriendly/>