

Clinical Barometer: Key Findings

Measurement is critical to improving the quality of health care and ultimately enables better detection, treatment and outcomes. Novo Nordisk's Clinical Barometer assesses the current state of diabetes measurement in the U.S. and identifies opportunities for building upon and improving what is already being done.

The research, conducted by Jefferson School of Population Health, examines the current state of quality assessment activity that targets diabetes and develops strategies to enhance the use of measurements to improve care.

Clinical Barometer research was done in two phases: an environmental scan, which identified current diabetes quality measures and in-depth qualitative interviews with thought leaders and key stakeholders.

Key Findings

Certain elements of diabetes clinical care are extensively measured

- Research identified nearly 150 distinct measures from various organizations including the Agency for Healthcare Research and Quality's (AHRQ) National Quality Measures Clearinghouse, the National Committee for Quality Assurance (NCQA), American Medical Association (AMA), and the Centers for Medicare and Medicaid Services (CMS).
- Many of these measures reflect multiple ways of assessing a given clinical indicator and differ only in the precise specification of a numerator or denominator, the target goal to be achieved, or the time horizon for collecting data. The largest number of measures assessed HbA1c, lipid and blood pressure levels, and rates of eye exams.
- Many measures relate to processes and appear to have resulted in noticeable improvements in rates of performing these processes.
- Some indicators of outcomes, such as HbA1c, have been measured and appear to have improved, but overall, outcomes for patients with diabetes remain in need of improvement.

Clinical diabetes data are collected and analyzed by multiple organizations working independently, with limited coordination and sharing of findings

- There is a lack of comprehensive data sources to support consistent data collection and analysis.
- Shortfalls in data makes it difficult for researchers and policymakers to assess progress in diabetes care and outcomes.

Significant gaps in diabetes measurement exist

- Primary prevention is not well addressed by current measures.
- Long term outcomes such as amputations, blindness, end-stage renal disease and mortality due to diabetes are not a focal point of most measure sets.
- Coordination of care and transitions across care settings is not generally assessed for diabetes care.
- There is a lack of measurement of the un-insured and under-insured diabetes populations.
- There are virtually no population-based or epidemiologic measures in the current diabetes measurement environment.
- Patient perspectives such as satisfaction with care, quality of life, and engagement in and understanding of care are not usually measured for diabetes patients.
- Measures of access to care, structures of care and use of services are also rare.

Strong national leadership is needed to advance a vision for optimal diabetes care supported by appropriate clinical measurement

- People with diabetes need better outcomes and better measures can support this goal.
- A coherent measurement strategy is needed that facilitates the collection, sharing, utilization and alignment of data.
- While no two diabetes patients are the same and no single approach can be applied to everyone, there is a need for a simple, straightforward, common set of measures as well as improved alignment between guidelines and measures.
- Timely input to EHR development is needed to drive the use of better and more appropriate measures that enhance patient care. Important considerations include configuring EHRs to contain information regarding control and maintenance of diabetes management; focus on real-time information at the point of service; provide a registry function; and, incorporate data that are difficult to record such as patient satisfaction.
- Development of a coherent measurement strategy is needed to reduce the burden of measurement while also addressing key gaps in current quality assessment initiatives.
- Financing incentives are needed to advance and accomplish these goals.