

United Healthcare Community Plan



Diabetes Monitoring

For people with Diabetes and Schizophrenia HEDIS Measure SMD

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United Healthcare Community Plan



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Diabetes Monitoring

- HEDIS Measure SMD
- Focus of Performance Improvement Project since 2019
- Measures the percentage of adults 18-64 years of age with schizophrenia and diabetes who had both an LDL-C and an HbA1c test during the measurement year.
- Diabetes is one of the top ten leading causes of death in America.
- Persons living with schizophrenia are at a higher risk of having diabetes which can lead to worsening health and death.



Performance Improvement Plan Activities

PIP Activities

- Direct outreach by Care Management team to members enrolled in an HCBS waiver program and in need of annual diabetic testing to include education and SMD gap closure.
- Health Plan integrated Care Management team provided direct outreach to other members identified in the SMD measure to assist the member with obtaining annual diabetic testing.

- Performance Improvement Plan since 2019
- Biannual gap in care (GIC) lists distributed to primary care providers and Community Mental Health Centers (CMHCs) by the UHCCP Quality Analyst or another designee. Lists were sent twice each year.

PIP Results

Annual SMD Goals			
Measurement Year	Final Rate	Annual Goal	Goal Met?
2019 - baseline	61.71%	NA	NA
2020	58.06%	63.56%	No
2021	60.62%	59.80%	Yes
2022	64.87%	62.44%	Yes
2023*	71.27%	66.82%	Yes

*Rate not final

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- 2019 was baseline year with first remeasurement in 2020.
- Decrease in 2020 with COVID.
- Rates have improved and goals met since 2020.
- PIP ended in 2023, but activities will remain as standard practice.

Other Diabetic Initiatives

- Email reminder to behavioral health providers about best practices, including the need for metabolic screening and monitoring. SMD measure details were also included.
- Newsfeed articles to medical practitioners that included recommendations for diabetes monitoring tests for enrollees with a diagnosis of schizophrenia and diabetes. Articles also included a link to the Behavioral Health Toolkit for Medical Providers.

- Gap in Care notifications provided to practitioners via PCOR (Patient Care Opportunity Reports).
- Multiple postings on provider network website to raise awareness, provide resources and best practices, and share measure details.

