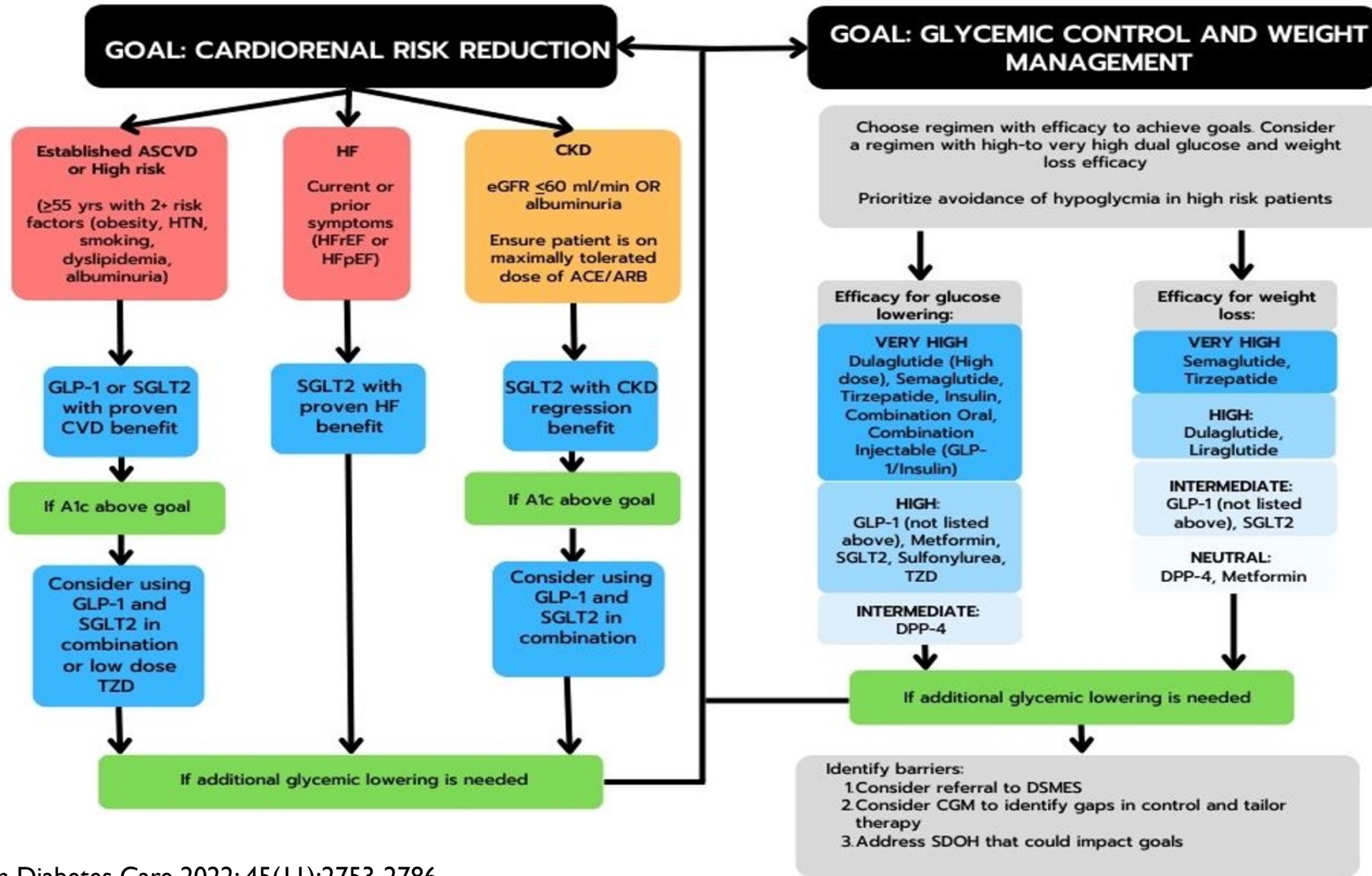


2023 Stars/ACO Quality Metrics

Measure	Program		Star Category & Weight		Thresholds 09/28/2022		
	Stars	ACO	Part C or D?	Weight	4 Star	5 Star	
Care for Older Adults - Medication Review	✓		C	1	82%	93%	
Care for Older Adults - Pain Assessment	✓		C	1	85%	94%	
Medication Adherence for Diabetes	✓		D	3	88%	92%	
Medication Adherence for Hypertension (RAS)	✓		D	3	89%	91%	
Medication Adherence for Cholesterol (Statins)	✓		D	3	88%	92%	
TRC: Medication Reconciliation Post-Discharge	✓		C	0.5	56%	76%	
TRC: Patient Engagement After Inpatient Discharge	✓		C	0.5	56%	76%	
Follow-Up After ED Visit for MCC	✓		C	1	68%	78%	
Plan All-Cause Readmissions	✓		C	1	11%	8%	
Osteoporosis Management in Women w/ Fracture	✓		C	1	55%	73%	
Statin Use in Persons with Diabetes	✓		D	1	86%	90%	
Diabetes Care - Kidney Disease Monitoring	✓		C	1	95%	97%	
Diabetes Care - Eye Exam	✓		C	1	71%	79%	
Diabetes Care - Blood Sugar Controlled	✓		✓	C	3	75%	83%
Breast Cancer Screening	✓		✓	C	1	70%	77%
Colorectal Cancer Screening	✓		✓	C	1	71%	79%
Controlling Blood Pressure	✓	✓	C	3	73%	80%	
Statin Therapy for Cardiovascular Disease	✓	✓	C	1	85%	89%	
Reducing the Risk of Falling		✓					
Depression Screening		✓					
Influenza Immunization		✓					
Tobacco Screening and Cessation Intervention		✓					

Medications for Type 2 Diabetes



GLP-1 Receptor Agonists

Product	Dosing	eGFR Dose Adjustment
Exenatide (Byetta®)	5 mcg BID given 1 hour before meal, may titrate to 10 mcg BID after 4 weeks (Max dose 20 mcg/day)	CrCl <30 ml/min: Do not use
Exenatide ER (Bydureon®)	2mg once weekly (no titration)	eGFR <45 ml/min: Do not use
Dulaglutide (Trulicity®)	0.75mg weekly x 4-8 weeks, may increase dose no more often than every 4 weeks (Max dose 4.5mg)	none
Liraglutide (Victoza®)	0.6 mg daily x 1 week then increase to 1.2 mg (minimally effective dose). May increase up to 1.8mg after 1 week	none
Semaglutide (Ozempic®)	0.25 mg x 4 weeks, then increase to 0.5 mg weekly (minimally effective dose). May increase to next pen strength no more often than every 4 weeks (Max dose 2 mg)	none
Semaglutide (Rybelsus®)	3 mg daily x 4 weeks, then increase to 7mg (minimally effective dose). May increase to 14mg daily after 30 days (Max dose 14mg daily)	none
Tirzepatide (Mounjaro®) <small>(GLP-1/GIP agonist, CV trials in progress)</small>	2.5 mg weekly x 4 weeks, then increase to 5mg weekly (minimally effective dose). May increase in 2.5mg/week increments every 4 weeks to max 15mg/week.	none

Adverse Effects:

- Nausea, vomiting, diarrhea
- black box warning against use in patients with family history of medullary thyroid cancer or multiple endocrine neoplasia-2

Pearls:

- Eating smaller meals with lower fat content (avoid greasy foods) increases GI tolerability
- Be sure to optimize dosing beyond starting doses after 4 weeks. Continue to increase dose every 4 weeks if BG remain above goals
- May require lower doses of insulin to avoid hypoglycemia
- Discontinue if pancreatitis is suspected
- Avoid use with DPP-4 (no added glucose benefit with increased cost)

***Bolded** products have proven CVD benefit

SGLT-2 Receptor Agonists

Product	Dosing	eGFR Dose Adjustment	Additional Benefits in Co-morbidities
Canagliflozin (Invokana®)	100mg daily 300mg daily	eGFR 45-60 ml/min: 100mg/d eGFR <45 ml/min + >300 mg/d urine albumin: 100mg/d eGFR <45 ml/min + <300 mg/d urine albumin: do not use	<ul style="list-style-type: none"> Heart Failure Progression of CKD Cardiovascular endpoints
Dapagliflozin (Farxiga®)	5mg daily 10mg daily	eGFR 25-45 ml/min: recommend against use for DM, however safe to continue for diabetic kidney disease or HF	<ul style="list-style-type: none"> Heart Failure Progression of CKD
Empagliflozin (Jardiance®)	10mg daily 25mg daily	Discontinue if eGFR <30 ml/min (safely used in HF in eGFR>20)	<ul style="list-style-type: none"> Heart Failure Progression of CKD Cardiovascular endpoints
Ertugliflozin (Steglatro®)	5mg daily 15mg daily	Discontinue if eGFR <60 ml/min	<ul style="list-style-type: none"> Heart Failure

Adverse Effects:

- Genital mycotic infections, urinary tract infections, hypotension, volume depletion

Pearls:

- Encourage appropriate hygiene and hydration to minimize adverse effects
- May need dose reduction in other diuretic therapies

DPP-4 Inhibitors

Product	Dosing	eGFR Dose Adjustment
Alogliptin (Nesina®)	25mg daily	CrCl ≥30-60: 12.5mg daily CrCl <30: 6.25mg daily
Linagliptin (Tradjenta®)	5mg daily	None
Saxagliptin (Onglyza®)	5mg daily	eGFR <45: 2.5mg daily
Sitagliptin (Januvia®)	100mg daily	eGFR ≥30-45: 50mg daily eGFR <30: 25mg daily

Adverse Effects:

- Nasopharyngitis, pancreatitis (rare)

Pearls:

- Starting at max dose is recommended (titration not necessary)
- Avoid use with GLP-1 agonist (no added glucose control at increased cost)
- Saxagliptin associated with increased hospitalizations for HF in patients with CV disease or CV risk factors
- Less A1c lowering and no added CV or renal benefit seen with other classes

Diabetes HCC Score

- Diabetes with chronic complication
 - Diabetic peripheral angiopathy (DPA) w or w/o gangrene
 - Diabetic Neuropathy
 - Diabetic Autonomic Neuropathy
 - Diabetic cardiomyopathy
 - Diabetic hyperlipidemia
 - Diabetic chronic kidney disease
 - Diabetic foot ulcers
 - Amputations

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