



Diabetes Physician Recognition Program (DPRP) Frequently Asked Questions*

What is the Diabetes Physician Recognition Program (DPRP)?

The National Committee for Quality Assurance (NCQA) Diabetes Physician Recognition Program (DPRP), co-sponsored by The American Diabetes Association (ADA), is a voluntary program for physicians or practices providing care to people with diabetes. Physicians achieve recognition by submitting data demonstrating that they are providing quality diabetes care.

The program assesses 10 key measures that were carefully defined and tested by NCQA for their relationship to improved care for people with diabetes and cover areas such as:

- HbA1c control
- Blood Pressure control
- LDL control
- Eye examinations
- Nephropathy Assessment
- Smoking status and cessation advice or treatment

Evaluating a sample of patients against these requirements provides physicians with valuable information about their patients and their practice.

Who may apply for Recognition?

An individual physician providing continuing care to at least 25 diabetes patients in a 12-month period may apply for recognition. In addition, two or more physicians may be eligible for group recognition if they share responsibility for a common panel of diabetes patients (*Sample size >25 patients*) and/or have developed comprehensive programs or services directly related to the management and treatment of diabetes across all physicians in the practice.

Why become DPRP Recognized?

The application process allows physicians to review their practice for diabetes care and identify areas of good performance as well as identifying opportunities for improvements. Recognized physicians are acknowledged for taking the steps needed to ensure high-quality care. In turn, recognized physicians earn increased respect from peers, patients and are distinguished as leaders in their communities of practice.

Additional Benefits of DPRP Recognition:

1. American Board of Internal Medicine (ABIM) has partnered with NCQA DPRP to allow their diplomats to leverage the data abstraction efforts in completing their Diabetes PIM. The same data can be used to help score their NCQA DPRP application. The ABIM Maintenance of Certification (MOC) provides a win-win to avoid redundant data abstraction. In order for ABIM to be scored for the DPRP program using this pathway the physician must
 - Give the ABIM permission to send their data across to NCQA for scoring
 - Increase the sample size of charts entered into the system from 10 to 25



2. American Board of Family Medicine (ABFM) accepts DPRP Recognition as credit towards the physician's maintenance of certification.

3. Physicians may opt to have NCQA submit their clinical quality data to Centers for Medicare & Medicaid Services (CMS) for use in the Physician Quality Reporting Initiative (PQRI).

Additional requirements apply.

- Depending on participating health plan, DPRP recognized physicians may become eligible to receive reimbursement enhancements for diabetes care

How will the physicians be recognized?

Recognized physicians or practices are publicized through the following:

- NCQA website (www.ncqa.org/dprp)
- ADA website (www.diabetes.org)
- Diabetes National Call Center (1-800-DIABETES)
- Health plan provider directories
- NYS Diabetes Campaign website
- Statewide summits sponsored by the NYS Diabetes Campaign

What is the required patient sample size?

An individual physician must submit sample data on 25 patients with diabetes who have been under their care for at least 12 months. For groups seeking recognition, sample data would be submitted on 25 patients multiplied by the number of physicians. For groups of eight or more physicians, the maximum sample size is 200.

How do you define eligible patients for the DPRP sample?

The NYS Diabetes Campaign is focusing on adult patients with diabetes. An eligible ADULT diabetes patient is one who meets ALL THREE of the following criteria:

1. Must be between 18-75 years of age.
2. Must have had a diagnosis of diabetes and/or notation of prescribed insulin or oral hypoglycemics/antihyperglycemics for at least 12 months.
3. Must have been under the care of the applicant physician or physician group for at least 12 months. This is defined by documentation of a face-to-face visit for diabetes care between the physician and the patient that PREDATES the most recent visit by at least 12 months.

How does a physician or group become DPRP Recognized?

Applicants must complete the application process, including:

1. Complete an application form with general information about the physician or physician group and execute the DPRP agreement and business associate addendum;
2. Abstract medical record or administrative system data for a sample of the physician's or group's patients with diabetes; and
3. Complete and submit the DPRP workbook.

What is the typical time commitment for completing the DPRP Recognition process?

On average, it will take anywhere from one day to one week to complete the paperwork and DPRP workbook for an individual physician, based on available time and staff resources. In



general, it will take approximately 30-60 minutes to complete the application form and execute the agreement; 60-90 minutes to identify an eligible sample of patients; 15-30 minutes to abstract data from the medical record for each patient in the sample; and another 5-10 minutes to enter data into the DPRP workbook for each patient. This does not include the time needed to pull records or generate the necessary report(s) on NCQA indicators for the selected sample. The time involved for multiple physician applicants will be higher, since identifying a sample and completing chart abstractions will increase accordingly.

For example, preparation of an application for one physician applicant with a sample of 25 patients would be approximately 10 hours (application: 1 hour; sampling: 1 hour; medical record abstraction: 6 hours; data entry into DPRP workbook: 2 hours)

The projected time for completing the DPRP process may vary based on:

1. The number of physician applicants
2. The decision to apply using a practice sample (one workbook for all physicians) or individual physician samples (separate workbooks for each physician)
3. The type of data available (medical records, patient registries, EMR, other data sources)
4. The availability and expertise of staff involved with abstracting data from medical records or reporting systems (clinical background, technical expertise)

Who in the practice should complete the DPRP process?

The physician or practice may assign staff to complete some or all of the components of the DPRP process or a physician may complete the paperwork and DPRP workbook themselves. The person completing the process must be familiar with the NCQA DPRP requirements for sampling, patient eligibility and clinical indicator documentation requirements. Ideally, the practice should assign someone familiar with chart abstraction, quality improvement and/or diabetes care.

How does a physician know if they achieve DPRP Recognition?

A score of 75 or better must be achieved for recognition. The score is automatically calculated and available to view on the “Summary” tab of the DPRP excel workbook. The physician or practice will know if they achieve recognition when all data for the eligible sample is entered. The physician will submit the workbook to the Clinical Hub when completed, regardless of the score. Only those workbooks with passing scores will be forwarded to NCQA.

How long will it take to process an application?

The Clinical Hub will submit applications with a passing score. Once received, NCQA will review and make a decision on an application typically within 30 days. NCQA conducts random application audits to ensure the validity of submitted data.

How long is the DPRP Recognition time period?

DPRP Recognition is valid for 3 years. A new application is required at the end of the three-year period.



Is there a cost associated with DPRP Recognition?

As joint sponsors of the NCQA DPRP, the Community Health Care Association of NYS (CHCANYS) and NYS Diabetes Campaign will support the discounted rate for DPRP submission as follows:

# of Physicians Applying	Sponsor Discounted Fee
1	\$360
2	\$720
3	\$1,080
4	\$1,440
5	\$1,800
6	\$2,160
7	\$2,520
8-200 (Practice)	\$2,700

The Community Health Care Association of NYS (CHCANYS), as a NYS Diabetes Campaign partner, will cover the cost of the DPRP for successful applications scoring ≥ 75 on NCQA workbook for an individual physician or practice level application submitted within April 2009 and March 2010. In addition, technical assistance will be provided as outlined below:

How do I get involved?

For more information or to begin the application process, contact:

Kathy Alexis, MPH, CHES
 Quality Initiatives Coordinator
 Community Health Care Association of NYS (CHCANYS)
 (212) 710-3817
kalexis@chcanys.org

Technical Assistance Available

- Schedule conference call/meeting with participating practices to review key steps to DPRP Recognition:
 1. Confirm practice vs. individual physician application/workbook submission
 2. Review DPRP standards and guidelines – email materials, including sign agreement and review expectations for core measures
 3. Review process for completing baseline sample with opportunity for improvement and resubmission before end of grant period (Apr 2009-March 2010)
 4. Select physicians for DPRP recognition process
 5. Review process for baseline sample for DPRP measures for selected physicians/practice as outlined by NCQA.
 - a. Initiate improvement strategies based on sample assessment
 6. Develop a timeline and plan for data abstraction and entry of data into DPRP Workbook - pick a “start date” and identify eligible patients for sample



7. Complete data abstraction and submit completed materials to Kathy Alexis, MPH, CHES at the Community Health Care Association of NYS (CHCANYS)
 - a. Applications scoring ≥ 75 on workbook, application submitted to NCQA for recognition
 - b. Applications scoring < 75 , initiate strategies to improve clinical core measures
- Use Improvement Plan template to identify strategies for improvement and request ongoing TA track progress toward project milestones
- Provide support to practices in the form of provider education, ACP Diabetes Care Guide, linking with peer-mentors, feedback on performance improvement strategies
- Review performance results with practice sites and proceed with submission to NCQA and/or develop improvement plan for any practices/physicians who haven't successfully completed DPRP Recognition
- Work with practices to implement improvement efforts for performance gaps
 - Monthly teleconferences
 - 1:1 technical assistance efforts on practice-specific implementation
 - Optional: Site Visit

For more detailed information regarding the Campaign, please visit: **campaign website currently under construction, please contact person above**

* This document was prepared in January 2009 by *NYS Diabetes Campaign: Reversing the Epidemic*, to help educate physicians and allied health professionals in New York State about NCQA/ADA DPRP.