



Reporting Requirements:

- Sites interested in using E-DQCMS can chose to report clinical diabetes outcomes, DSMES outcomes, or both.
- By importing historical individual patient data previously entered into Access DQCMS, sites can continue to track their existing patients in E-DQCMS. Or, sites can start “fresh” to report data on new patients.
- If sites wish to have their data included in the quarterly summary reports, please follow the schedule for data submissions to the Montana Diabetes Program:

Qtr.	Data From	Data Entry Due
1	Jan.—Mar.	April 15 th
2	Apr.—Jun.	July 15 th
3	Jul.— Sep.	October 15 th
4	Oct.—Dec.	January 15 th

System Access:

- **E-DQCMS is FREE** to use for healthcare sites in Montana.
- To request access to E-DQCMS contact:

Montana Diabetes Program
406-444-6677

What is E-DQCMS:

Launched in May 2019 the E (electronic)-DQCMS is a web-based application that allows healthcare professionals across the state to record diabetes quality care measures and diabetes self-management education and support (DSMES) information for their patient population. E-DQCMS replaces the Microsoft Access DQCMS database.

What does E-DQCMS offer:

- Individual patient data collection.
- Easy access to your data with user id and password from anywhere with internet connection.
- Health Insurance Portability and Accountability Act (HIPAA) secure data storage.
- Free patient text messaging.
- Expedited system enhancements and technical support.
- On demand data download and summary reports.
- Site specific reports for:
 - ⇒ ADA-recognition and AADE-accreditation for diabetes education programs
 - ⇒ Quarterly summary report
 - ⇒ Population practice profile
 - ⇒ Individual patient profile
 - ⇒ Patient diabetes goal follow up
 - ⇒ Lost to follow up letter.

How does the Montana Diabetes Program use collected data:

- Conducts aggregate summary reports to compare specific diabetes outcomes to Healthy People 2020 objectives.
- Reports to the Centers of Disease Control and Prevention aggregate outcomes for specific performance measures for example, the number of people with diabetes with an A1C test >9.0%.
- Assesses trends on diabetes burden and care gaps in Montana.
- Identifies areas for quality improvement projects.
- Engages healthcare partners around the state in conversations focused on care initiatives for diabetes care.

RESOURCES

Training on E-DQCMS (Youtube videos):

<https://www.youtube.com/playlist?list=PLM06XWNyTYEiAFn2rphSj0DBvozyDV0BP>