

Diabetes Care: HbA1c Poor Control

Performance Measure Set: <input checked="" type="checkbox"/> CCO Incentive <input checked="" type="checkbox"/> Medicare Star Rating
Quality Measurement Type: <input type="checkbox"/> Structure <input type="checkbox"/> Process <input checked="" type="checkbox"/> Outcome <input type="checkbox"/> Patient Experience
Medicaid Data Type: <input type="checkbox"/> Claims <input type="checkbox"/> Chart Documentation <input checked="" type="checkbox"/> eCQM <input type="checkbox"/> Survey <input type="checkbox"/> Other
Medicare Data Type: <input type="checkbox"/> Claims <input checked="" type="checkbox"/> Chart Documentation <input type="checkbox"/> eCQM <input type="checkbox"/> Survey <input type="checkbox"/> Other
Medicaid State Benchmark: 23.4% or lower (2018 CCO statewide average)
HEDIS Benchmarks National Percentile: 78% (75th), 87% (90th)

Who: All patients aged 18–75-years-old with a diagnosis of type 1 or type 2 diabetes during, or any time prior to, the calendar year. Medicaid members must receive a qualifying outpatient service during the measurement period; this is not a requirement for Medicare.

Why: People with diabetes are at increased risk of serious health complications including vision loss, heart disease, stroke, kidney failure, amputation of toes, feet or legs, and premature death. HbA1c testing helps clinicians identify potential need for further intervention to ensure that all patients with a diagnosis of diabetes receive appropriate and comprehensive care.

What: Percentage of patients with a diabetes diagnosis, whose most recent HbA1c level is above 9.0%. If a patient does not have a HbA1c documented during the measurement period, their HbA1c is considered in poor control.

Note that only patients with a Type 1 or Type 2 diabetes diagnosis are included. Members with a diagnosis of gestational diabetes, steroid-induced diabetes or pre-diabetes are excluded.

How: Best practices to improve Diabetes Poor Control include

- Educating patients about healthy lifestyle choices through motivational interviewing
- Employing diabetes educators, clinical pharmacists, or registered dietitians in the care management team
- Using an evidence-based diabetes care pathway for medication management and other care options. .

Exclusions:

- Patients in hospice or using hospice services during the calendar year
- Patients 66 and older who are living in long term institutional setting or I-SNP
- Patients 66 and older with advanced illness and frailty
- Patients 80 or older who use frailty devices, dementia medications, or have a diagnosis of advanced illness during the measurement period.

Medicaid Data Reporting: This measure aligns with **CMS122v8**. CareOregon must collect data from each clinic's EHR reporting for this measure. Data is then aggregated across all clinic's in the CCO region and submit to OHA. Please note the following reporting requirements:

- Patient-level detail for CareOregon members only is preferred
- Reporting must be for the full calendar year of 2020; mid-year reports preferred in a rolling 12-month timeframe
- Data can be formatted in QRDA Category 1 or Excel

Please email your Quality Improvement Analyst or Primary Care Innovation Specialist with any questions about data reporting.

Medicare reporting: Comprehensive diabetes care (CDC) measures use the HEDIS HbA1c poor control specifications, however, the reverse of poor A1c control is reported as blood sugar control.

Diabetes Care: HbA1c Poor Control FAQs

Q: Why are the targets for Medicaid and Medicare so different?

A: The Medicare Star measure is reporting patients with diabetes who have an A1c test during the measurement year and that their blood sugar is in control, therefore a higher number indicates more patients are in control. CareOregon dashboards, performance reporting, and targets for Medicare members reflect this rate of A1c control, the reverse score/target of poor control as reported for Medicaid. The HEDIS national percentile also reflects the benchmark for poor control.

Q: What if the member didn't have an A1c test completed in the measurement year?

A: A member is considered in *poor control* if they have a diagnosis of diabetes and do not have an A1c test in the measurement year. ***It is highly beneficial to complete HbA1c testing in the first and second quarter of the measurement year*** to allow time for intervention, regaining control of blood glucose levels, and retesting A1c before the end of the year if necessary because the last A1c in the measurement year is the value reported for both line of business. It is also **important to ensure the A1c results from specialists are recorded as structured data** (and therefore captured in the EHR reporting) and not simply attached to the patient's chart as a pdf.

Q: Is prior authorization required for GLP1 diabetes pharmaceuticals?

A: CareOregon covers exenatide (BYETTA/BYDUREON) and liraglutide (VICTOZA), however, a prior authorization is required for Medicaid patients.