Diabetes Care: HbA1c Poor Control

Performance Measure Set: ☒CCO Incentive ☒Medicare Star Rating

Quality Measurement Type: ☐Structure ☐Process ☒Outcome ☐Patient Experience

Medicaid Data Type: ☐Claims ☐Chart Documentation ☒ eCQM ☐Survey ☐Other

Medicare Data Type: ☐Claims ☒Chart Documentation ☐eCQM ☐Survey ☐Other

Medicaid State Benchmark: 23.4% or lower (2018 CCO statewide average)

HEDIS Benchmarks National Percentile: 86.25% (75th), 88.81% (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%.
Note: If a diabetic patient has a visit but does not have a HbA1c result documented in the measurement period, their diabetes is considered in poor control and they will enter the numerator.

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
- Collaborative appointment with integrated behavioral health and follow-up engagement and support: Establish standard workflow that BHC sees patients who are newly diagnosed with diabetes, and patients with A1C over 9. BHCs work with patients on behavior change to help better manage lifestyle requirements that support diabetes control. BHCs can assess and support risk factors (e.g. binge eating, substance use, mood disorders) that can contribute to poor control.
- BHC asks patient and/or scrubs their schedule to assure those who need labs are connected for scheduling or same-day appointment. Those who have

been working on improving DM management and/or are close to 9% can be identified as good candidates for being retested.

Exclusions:

- Patients in hospice or using hospice services during the calendar year
- Patients 66 and older who are living long term in an institution for more than 90 consecutive days during the measurement period
- Patients 66 and older with advanced illness and frailty

Medicaid Data Reporting: This measure aligns with **CMS122v9.** CareOregon must collect data from each clinic's EHR for this measure. Data is then aggregated across all clinics in the CCO region and submitted 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 2021; mid-year reports preferred in a rolling 12- month time frame
- Data must be formatted in 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.