CareOregon

Diabetes HbA1c poor control

OHA technical specifications[1]

Who: Patients 18-75 years of age by the end of the measurement period, with diabetes, with a qualifying outpatient visit during the measurement period.

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 who have at least one visit in the measurement period (including telehealth visits) whose most recent HbA1c level is above 9.0%, or whose value is missing, or was not performed during the measurement period.

How: Best practices to improve Diabetes Poor Control include:

- Educate patients about healthy lifestyle choices
- Utilize extended care team members to support the health and well-being of those with diabetes. Clinical pharmacists, behavioral health clinicians, registered dieticians, care managers, and traditional health workers, all have a role to play from the medical, pharmaceutical, cultural, and social-emotional aspects of managing diabetes.
- Establish workflows where the Behavioral Health Clinician (BHC) sees patients who are newly diagnosed with diabetes and patients with an HbA1c over 9.0%. BHCs work with patients on behavior and lifestyle changes 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.
- Clinics ask patients 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.
- Retesting patients that resulted in HbA1c above 9.0%. Many clinics that re-test their patients have seen an improvement in test results after engaging in care.
- Implement standing orders that utilizes care team members to support patients at specific points in care (e.g., a new diagnosis, when HbA1c is over 9.0%, etc.) Please reach out to your Quality Improvement Analyst or Innovation Specialist if you need additional support or technical assistance.
- See note

Exclusions: Exclusions include:

- Patients in hospice, using hospice services, or receiving palliative care during any part of the measurement period.
- Patients 66 and older by the end of the measurement period who are living long term in a nursing home any time on or before the end of the measurement period.

- Patients 66 and older by the end of the measurement period with an indication of frailty for any part of the measurement period who ALSO meet any of the following advanced illness criteria during the measurement period or the year prior:
  - Advanced illness with two outpatient encounters
  - OR advanced illness with one inpatient encounter
  - OR taking dementia medications

Note on telehealth: CMS 2022 telehealth guidance states that this electronic clinical quality measure is telehealth eligible. Eligible Professionals and Eligible Clinicians performance could be impacted if the quality action being evaluated cannot be completed during the telehealth encounter. For details, visit *Telehealth Guidance for Electronic Clinical Quality Measures (eCQMs) for Eligible Clinician 2023 Quality Reporting (healthit.gov)*

Reporting: This measure aligns with CMS122v11. 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 2023; mid-year reports preferred in a rolling 12- month time frame.
- Data must be formatted in Excel.

Workflows & Reporting Logic diagram: Refer to diagram at end of document or visit the OCHIN website.

Frequently asked questions

Q: What if the member didn't have an HbA1c test completed in the measurement year?

A: A member is considered in poor control if they have a diagnosis of diabetes, a visit during the measurement period, and do not have an HbA1c test in the measurement period. 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 HbA1c before the end of the year if necessary because the last HbA1c in the measurement year is the value reported for both line of businesses. It is also important to ensure the HbA1c 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.

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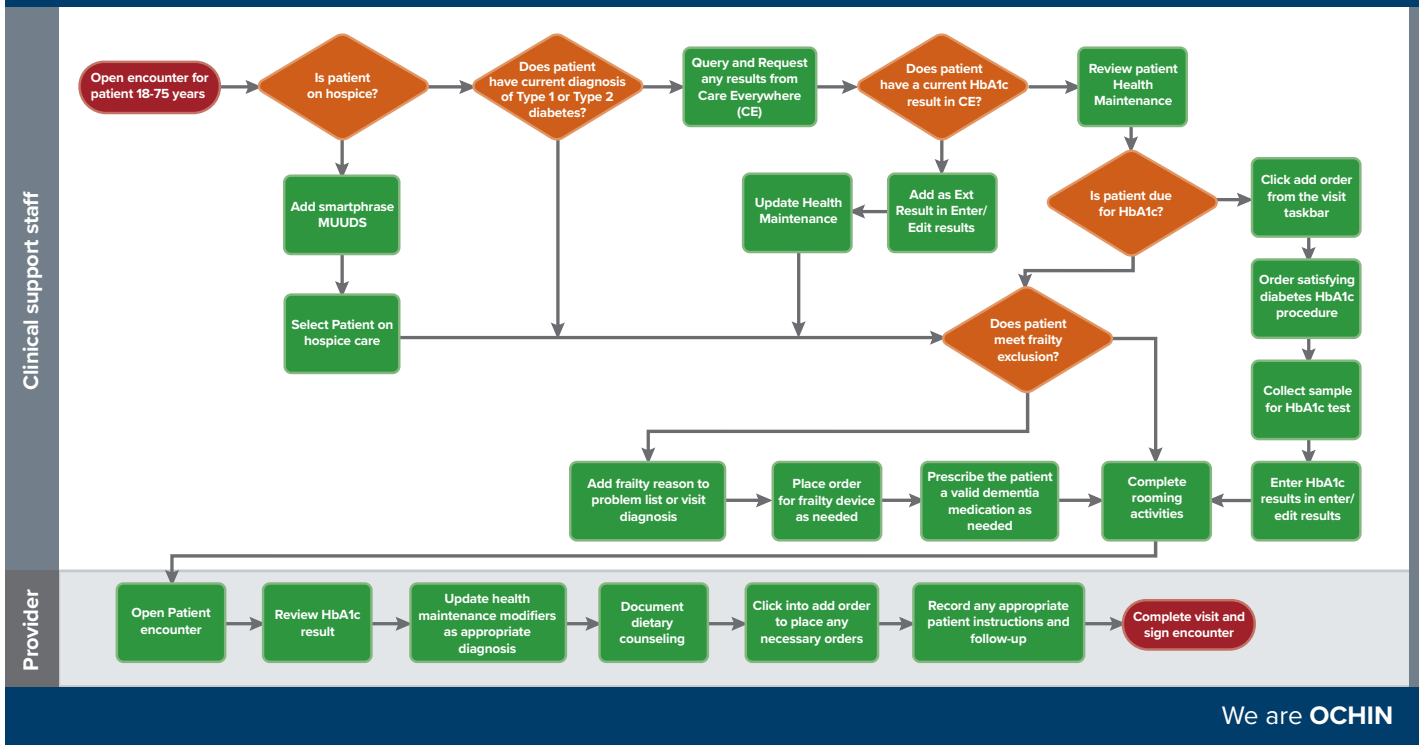
UDS/MIPS: Diabetes - Hemoglobin A1c (HbA1c) Poor Control (>9%) – OCHIN Epic

CMS122v9 *- Percentage of patients aged 18-75 years of age with diabetes who had hemoglobin A1c >9% during the measurement period.*



We are **OCHIN**

Performance Measure Set:
CCO Incentive Metric
Quality Measurement Type:
Outcome Medicaid Date Type: EHR-/eCQM
Medicaid State Benchmark:
24.8% (MY2021 Nat. Comm. 75th percentile)

[1]*https://www.oregon.gov/oha/HPA/ANALYTICS/CCOMetrics/Final-2023-Diabetes-Poor-Control-Specifications.pdf*