Quality Measure Highlight
Comprehensive Diabetes Care (CDC)
HbA1c Good Control ≤ 9.0%

MEASURE DESCRIPTION

Denominator: The number of continuously enrolled Medi-Cal members 18 - 75 years of age (DOB between January 1, 1944 and December 31, 2002) with diabetes identified as of December 31, 2019.

There are two ways to identify members with diabetes: by pharmacy data and by claim or encounter data. PHC will use both methods to identify the eligible population, but a member only needs to be identified by one method to be included in the measure. PHC may count services that occur during the measurement year or the year prior, e.g., January 1, 2018 - December 31, 2019.

Claim / Encounter Data: Members who met any of the following criteria during the measurement year or the year prior to the measurement year (count services that occur over both years, January 1, 2018 - December 31, 2019).

At least two outpatient visits, observation visits, ED visits, or non-acute inpatient encounters, on different dates of service, with a diagnosis of diabetes. The visit type need not be the same for the two visits.

At least one acute inpatient encounter with a diagnosis of diabetes.

Pharmacy Data: Members who were dispensed insulin or hypoglycemics/antihyperglycemics on an ambulatory basis during the measurement year or the year prior to the measurement year.

Numerator: The number of diabetics in the eligible population with evidence of the most recent measurement (during the measurement year) at or below the threshold for HbA1c ≤ 9.0%.

Measure Type: Hybrid (Medical record/claims/encounter, lab data)

Intent / Importance: Many complications, such as amputation, blindness and kidney failure, can be prevented if detected and addressed in the early stages.

PCP QIP 2019	Practice Type	Total Points	Threshold	Percentile
Full Points	Family Adult Medicine	7.5 points 12.5 points	70.32%	90th
Half Points	Family Adult Medicine	3.75 points 6.25 points	66.91%	75th
Relative Improvement Threshold	Family Adult Medicine	3.75 points 6.25 points	61.80%	50th

For additional information regarding the specifications for this measure feel free to email us: QIP@partnershiphp.org

References: National Committee on Quality Assurance (NCQA) HEDIS® 2019 Vol 2 Technical Specifications for Health Plans; NCQA HEDIS 2018 Vol 1 Narrative. HEDIS® is a registered trademark of NCQA.

Notes for eReports and PQD:

All CDC measures will have the same denominator because they share the same eligible population.

Compliant Documentation:

HbA1c Good Control (≤ 9.0%)

The number of diabetics in the eligible population with evidence of the most recent measurement (during the measurement year) at or below the threshold for HbA1c ≤ 9.0%.

Codes to identify HbA1c good control: HbA1c Level Less Than or Equal to 9.0 Value Set.

Codes to identify HbA1c test: HbA1c Tests Value Set.

Non-Compliant Documentation:

HbA1c Control > 9%: If the most recent HbA1c level during the measurement year is > 9.0% or is missing, or if an HbA1c test was not performed during the measurement year.

Ranges and thresholds (e.g., 8-9%, >12%, 14+) do not meet criteria for these indicators. A distinct numeric result (7.8%, 7.0%) is required for numerator compliance.

Exclusions:

Identify members who did not have a diagnosis of diabetes, in any setting, during the measurement year or year prior to measurement year, ***and*** who had a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or year prior to measurement year.

Members in hospice are excluded from the eligible population.

Strategies to Consider That May Lead to an Increase in CDC-HbA1c Performance:

- Hard stops / prompts for HbA1c at registration
- On-site HbA1c testing
- Perform / order testing (if due) regardless of the reason for the office visit
- Designate a team member to outreach members due for testing (e.g., phone call, post card, letter signed by provider [personal touch], text)
- Phone call to member within one week if lab appointment missed - to reschedule
- Reinforce the importance of testing and self-management / accountability
- Reassess member's knowledge on testing, assess barriers to testing (e.g., cultural, financial, social support, health beliefs)
- Ensure member is informed of results and next step(s)
- Provide timely claims to help ensure accurate data collection

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