



2020 Quality Measure Highlight Comprehensive Diabetes Care (CDC) HbA1c Good Control $\leq 9.0\%$

MEASURE DESCRIPTION

The number of continuously enrolled Medi-Cal members 18 - 75 years of age (DOB between January 1, 1945 and December 31, 2003) with diabetes identified as of December 31, 2020. (**Denominator**)

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, 2019 - December 31, 2020.

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 $\leq 9.0\%$. (**Numerator**)

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.

Claims / Encounter Data: Members who met any of the following criteria during the measurement year or the year prior (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.

PCP QIP 2020	Practice Type	Total Points	Threshold	Percentile
Full Points	Family Medicine	12.5 points	50.97%	50 th
	Internal Medicine	20 points		

Please Note

- Only full points are available, no points will be earned through relative improvement.
- For more information, please refer to the [PCP QIP Specifications](#), or contact the QIP Team at QIP@partnershiphp.org.

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.

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.

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

Non-Compliant Documentation - HbA1c Control (> 9.0%)

- 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.

Best and Promising Practices

- 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, text).
- Call member within a week to reschedule if lab appointment missed.
- Reinforce the importance of testing and self-management.
- Reassess member's knowledge on testing, assess barriers to testing (e.g., cultural, financial, social support, health beliefs).
- Ensure members are informed of results and next step(s).
- Submit claims and encounter data within 90 days of service.

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