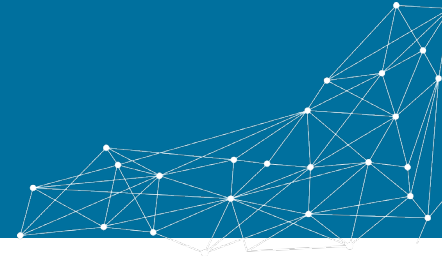


# 2021 Quality Measure Highlight

## Comprehensive Diabetes Care

HbA1c Good Control  $\leq 9.0\%$



### MEASURE DESCRIPTION

The percentage of members 18-75 years of age who had a diagnosis of diabetes with evidence of HbA1c levels at or below the threshold.

**Denominator:** The number of continuously enrolled Medi-Cal members 18 - 75 years of age (DOB between January 1, 1946 and December 31, 2003) with diabetes identified as of December 31, 2021.

**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  $\leq 9.0\%$ .

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, 2020 - December 31, 2021.

**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. HbA1c monitoring can assist members with diabetes maintain control over their blood sugar and minimize the risk of complications.

### Notes for eReports and PQD:

- All CDC measures will have the same denominator because they share the same eligible population. This is the only CDC measure included in the core measure set for PCP QIP 2021 but CDC-Eye Exam performance will remain visible as a monitoring only measure.

#### Coding

HbA1c CPT: 83036  
 Include A1c value: CPC Cat.  
 II codes 3044F, 3045F,  
 3046F

**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, 2020 - December 31, 2021).

At least two outpatient visits, observation visits, telephone visits, e-visits or virtual check-ins, 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.

<u>PCP QIP 2021</u>	Practice Type	Total Points	Threshold	Percentile
<b>Full Points</b>	Family Medicine	7 points	55.96%	75 <sup>th</sup>
	Internal Medicine	12.5 points		
<b>Partial Points</b>	Family Medicine	5 points	50.97%	50 <sup>th</sup>
	Internal Medicine	9 points		

### Relative Improvement

- A site's performance on a measure must meet the 50th percentile target in order to be eligible for RI points on the measure **AND**
- Have an RI score of 10% or higher, ending up thereby achieving performance equal to or exceeding between the 50th percentile and not exceeding the 75th percentile, to earn full points.

### 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 code list. **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 or receiving palliative care during the measurement year 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 a lab appointment is 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.