# IT-1.10: Diabetes Care: HbA1c Poor Control (>9.0%)

| **Measure Title** | **IT-1.10 Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)** |
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| **Description** | The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) whose most recent HbA1c level during the measurement year was greater than 9.0% (poor control) or was missing a result, or if an HbA1c test was not done during the measurement year. |
| **NQF Number** | 59 |
| **Measure Steward** | National Committee for Quality Assurance (NCQA) |
| **Link to measure citation** | <https://www.qualityforum.org/QPS/0059>  |
| **Measure type** | Stand-alone (SA) |
| **Performance and Achievement Type** | Pay for Performance (P4P) - QSMIC

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|  | Baseline | DY4 | DY5 |
| Achievement Level Calculations | Baseline below MPL | MPL | MPL - 10%\* (HPL-MPL) |
| Baseline above MPL | Baseline - 10%\*(HPL - Baseline) | Baseline - 20%\*(HPL - Baseline) |

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| **Benchmark Description** |

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| NCQA Quality Compass |
| HPL (90th Percentile) | 28.95% |
| MPL (25th Percentile) or 10th if applicable | 50.70% |

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| **DSRIP-specific modifications to Measure Steward’s specification** | The Measure Steward’s specification has been modified as follows:* Replaced term "member" with "patient"
* Supplemented denominator and numerator inclusion and exclusion criteria from National Committee for Quality Assurance steward measure specifications
* Changed December 31 date to make agnostic to the calendar year.
* Replaced enrollment requirement with requirement for at least one outpatient visit in prior 12 months.
* Changed “claim/encounter” data to “administrative/clinical” data to make appropriate for providers
* Removed references to tables not included in the document.
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| **Denominator Description**  | Patients 18-75 years of age by the end of the measurement year who had a diagnosis of diabetes (type 1 or type 2) during the measurement year or the year prior to the measurement year. |
| **Denominator Inclusions** | Patients\* 18 to 75 years of age as of month 12 of the measurement year with diabetes (type 1 and type 2)There are two ways to identify patients with diabetes: by pharmacy data\*\* and by administrative/clinical data\*\*\*. The organization must use both to identify the eligible population, but a patient only needs to be identified by one method to be included in the measure. Patients may be identified as having diabetes during the measurement year or the year prior to the measurement year.\* Patients must have had at least one (1) outpatient encounter in the prior 12-month period.\*\*Pharmacy Data: Patients who were dispensed insulin or oral hypoglycemics/antihyperglycemics during the measurement year or the year prior to the measurement year on an ambulatory basis. \*\*\* Administrative/Clinical Data: Patients who had two face-to-face encounters, in an outpatient setting or nonacute inpatient setting, on different dates of service, with a diagnosis of diabetes, or one face-to-face encounter in an acute inpatient or emergency department (ED) setting during the measurement year or year prior to the measurement year. The organization may count services that occur over both years.  |
| **Denominator Exclusions** | Exclude patients with polycystic ovaries, gestational diabetes, and/or steroid induced diabetes WITHOUT a diagnosis of Type I or Type II diabetes AND a face-to-face encounter, in any setting, during the measurement year or the year prior to the measurement year.  |
| **Denominator Size** | Providers must report a minimum of 30 cases per measure during a 12-month measurement period (15 cases for a 6-month measurement period)* For a measurement period (either 6 or 12 months) where the denominator size is less than or equal to 75, providers must report on all cases. No sampling is allowed.
* For a measurement period (either 6 or 12 months) where the denominator size is less than or equal to 380 but greater than 75, providers must report on all cases (preferred, particularly for providers using an electronic health record) or a random sample of not less than 76 cases.
* For a measurement period (either 6 or 12-months) where the denominator size is greater than 380, providers must report on all cases (preferred, particularly for providers using an electronic health record) or a random sample of cases that is not less than 20% of all cases; however, providers may cap the total sample size at 300 cases.
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| **Numerator Description**  | Patients whose most recent HbA1c level is greater than 9.0% or is missing a result, or if an HbA1c test was not done during the measurement year. |
| **Numerator Inclusions** | Use codes to identify the most recent hemoglobin A1c (HbA1c) test during the measurement year. The patient is numerator compliant if the most recent automated HbA1c level is greater than 9.0% or is missing a result, or if an HbA1c test was not done during the measurement year.For this indicator, a lower rate indicates better performance (i.e., low rates of poor control indicate better care). |
| **Numerator Exclusions** | The patient is not numerator compliant if the result for the most recent HbA1c test during the measurement year is less than or equal to 9.0%. |
| **Setting** | Ambulatory |
| **Data Source** | Administrative/Clinical data sources |
| **Allowable Denominator Sub-sets** | All denominator subsets are permissible for this outcome  |