ALERT: This is an inverse measure. The lower the numerator, the better.

**Diabetes:** Hemoglobin A1c (HbA1c) Poor Control (>9%): Quality ID 001/CBE 0059

**Purpose:** To Define roles and responsibilities for ensuring Hemoglobin A1c readings are consistently measured and documented.

**Directions:** This is an interactive document. Please fill in the drop-down boxes with your identified staff chosen to complete the responsibility chart.

The <Select Staff Member> will check to confirm that all patients between the ages of 18-75 years with a diabetes diagnosis and a visit during the current measurement period have an A1c documented in the medical record and that the A1c is in control (less than 9%). If the A1c is 9% or higher, the <Select Staff Member> will notify the provider. If there are standing orders to order labs, the <Select Staff Member> will order A1c testing and follow up for results. The <Select Staff Member> will review medications and Social Determinants of Health (SDOH) with the patient.

If the <Select Staff Member> identifies any issues with medications or SDOH, they will document and notify the provider.

The <Select Staff Member> will refer the patient to needed resources such as Chronic Care Management, a diabetic counselor, or a dietician and schedule a follow-up appointment to review implemented improvement recommendations. The A1c will be documented in a discrete field located in the EMR, as shown below. If you are unsure of where to capture this information in your EMR please reach out to your EMR vendor for the workflow on how to capture this measure.



Attach a screenshot of the discrete field in the EMR, where A1c readings are documented.

**Standing Orders:**

Click or tap here to enter text.

**Referral to Chronic Care Management (CCM):** The <Select Staff Member> will discuss CCM with the patient if they have two or more chronic conditions. If the patient would like to participate, the <Select Staff Member> will provide a consent form for the patient to complete and update in the EMR. For further resources on CCM, please reference the [HQIN Chronic Care Management Toolkit](https://hqin.org/resource/chronic-care-management-toolkit/).

If the patient’s diabetes is under control, the <Select Staff Member> will schedule a follow-up appointment with <Select Staff Member> to review any medication changes or updates. The follow-up appointment will be scheduled before the patient leaves the office.

**Please note:** Patient encounters for this measure conducted via telehealth (e.g., encounters coded with GQ, GT, 95, or POS 02 modifiers) are allowable.

* If an A1c is not documented or is missing during the measurement period, the patient’s A1c is assumed “not controlled” and meets the numerator requirements.

The following are denominator exclusions for this measure and should be documented in the chart to claim an exclusion.

*\*Denominator exclusions* ***MUST*** *be reported for quality reporting regardless of whether the quality action was performed or not.*

**Denominator Exclusions:**

* Hospice services provided to the patient anytime during the measurement period (G9687) **OR**
* Palliative care services provided to the patient anytime during the measurement period (G9988) **OR**
* Age 66 or older in special needs plans (SNP) or residing in long-term care with POS code 32, 33, 34, 54, or 56 for more than 90 consecutive days during the measurement period (G2081) **OR**
* Age 66 and older with at least one claim/encounter for frailty during the measurement period **AND** a dispensed medication for dementia during the measurement period or the year prior to the measurement period (G2090) **OR**
* Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period **AND** either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED, or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period (G2091)

**Table of Dementia Exclusion Medications:**

|  |  |
| --- | --- |
| **Description** | **Prescriptions** |
| Cholinesterase Inhibitors | Donepezil; Galantamine; Rivastigmine |
| Miscellaneous central nervous system agents | Memantine |

**References:**

[2024 MIPS CQM Measure Specifications: Diabetes: Quality ID 001](https://hqin.org/wp-content/uploads/2023/08/2024_Measure_001_MIPSCQM.pdf)

[Claims Measure: Diabetes (ID #1)](https://hqin.org/wp-content/uploads/2023/08/2024_Measure_001_MedicarePartBClaims.pdf)

[Quick Start Guide: Screening for Social Determinants of Health | HQIN](https://nam02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhqin.org%2Fresource%2Fquick-start-guide-screening-for-social-determinants-of-health%2F&data=05%7C01%7Cnmiles%40hqi.solutions%7C66d53577a69b42326ade08db9cc83cb9%7Cd2798d0f9fe24eacbdf166c9890342c9%7C0%7C0%7C638276156064009197%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=WcLOC1Q%2FGqCmrMsA6ND0N7YQXlF3lE47zTh66PRBBUg%3D&reserved=0)