

Diabetes: HbA1c Poor Control

Measure description: Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period (lower scores on this measure are better).

Purpose: Diabetes is a leading cause of death and disability in the United States. Poor glycemic control (as evidenced by HbA1c > 9.0%) increases the likelihood of complications, including poor circulation and nerve damage.

Measure Specifications

Data Source: Electronic Health Record

2017 Benchmark: 22.6% (lower is better)

Denominator: Patients age 18 – 75 who received an office visit in 2018 and who had a diagnosis of Type 1 or Type 2 diabetes in 2018 or any time prior to 2018.

Exclusion: Patients who were in hospice care in 2018

Numerator: Patients whose most recent HbA1c level is >9.0% or who have no HbA1c test result in 2018.

OHA Resources: <http://www.oregon.gov/oha/HPA/ANALYTICS/Pages/CCO-Baseline-Data.aspx>

Strategies for Improvement

- Order A1c test for Diabetics every 3 months for poorly controlled, and every 6 months for optimally controlled patients.
- Order A1c test at least once a year as no A1c test is counted as poor control.
- Refer patients to diabetes education classes, clinic care management, or WOAHP case management as appropriate.
- Ensure A1c test results are entered into the EHR as structured data and not solely a scanned attachment.
- Use the gap lists provided by WOAHP for targeted patient outreach and care management