



HEDIS® Hemoglobin A1c Control for Patients with Diabetes (HBD)

What is the HBD measure?

The measure assesses the percentage of members ages 18 through 75 with a diagnosis of diabetes (Type 1 and Type 2) whose hemoglobin A1c (HbA1c) was at the following levels during the measurement year:

- HbA1c control (<8.0%)
- HbA1c poor control (>9.0%) (This is an inverse measure; the goal is to be less than or equal to 9.0%)

HbA1c Control <8% = The most recent HbA1c test during the measurement year with a result of <8.0%. The member is not compliant if the result for the most recent HbA1c test is equal to or greater than 8.0%.

HbA1c Poor Control >9% = The most recent HbA1c test during the measurement year with a result of >9.0%. The member is not compliant if the result for the most recent HbA1c test is equal to or less than 9.0%.

Alliance is monitoring the measure for HbA1c poor control (>9.0%).

Why is the HBD measure important?

Diabetes is a complex group of diseases marked by high blood glucose (blood sugar) due to the body's inability to make or use insulin. Left unmanaged, diabetes can lead to serious complications, including heart disease, stroke, hypertension, blindness, kidney disease, diseases of the nervous system, amputations and premature death. Proper diabetes management is essential to control blood glucose, reduce risks for complications and prolong life. With support from health care providers, patients can manage their diabetes with self-care, taking medications as instructed, eating a healthy diet, being physically active and quitting smoking.

Continued

Strategies for Success

1. **Make sure all your members are linked to a primary care physician (PCP).** To help meet the measure, the PCP can:
 - Order labs prior to members' appointments.
 - Order a diabetes screening test every year.
 - See members with elevated A1c levels more frequently.
 - Follow-up with patients to discuss and educate on lab results.
 - Follow-up with diabetic patients to monitor for changes and schedule follow up testing.
 - Ensure documentation in the medical record includes the date when the HbA1c was performed, and the result.
2. Coordinate care with members' other providers.
3. Reach out to members who have not had their lab work completed and assist them with completing it as soon as possible.
4. Reach out to members who do not show up or cancel appointments and reschedule them as soon as possible.
5. Discuss with members the importance of screening for diabetes.
6. Follow-up with members to discuss and educate on effects of diabetes.
7. Educate the member on symptoms of new-onset diabetes.
8. Monitor care gap "alerts" in your care management platform.
9. If your agency does point-of-care HbA1c testing, document the date of the test with the result; (agencies must submit the CPT code for the test performed in addition to CPTII codes to report A1c result value).

References:

NCQA Comprehensive Diabetes Care: <https://www.ncqa.org/hedis/measures/comprehensive-diabetes-care/>.