



2024 DM-2

Diabetes: Hemoglobin A1c Poor Control >9%

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Diabetes, Type I and Type II



Diabetes is the seventh leading cause of death in the United States.



37.3 million people in the US are affected by diabetes, and approximately 8.5 million people are currently undiagnosed.



In the last 20 years, the number of adults diagnosed with diabetes has more than doubled.



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.

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Measure Description

The percentage of patients ages 18-75 with diabetes (type 1 and type 2) whose most recent hemoglobin A1c result in 2024 >9% (poor control).

Note: Inverse measure → Lower rates of poor control indicate better care.



18-75 years of age who have a diagnosis of Type I or Type II diabetes



Most recent A1c was > 9% (poor control) in 2024

Measure Steward: CMS Web Interface

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Required Exclusions

- **Hospice or palliative care services** anytime during the current performance period
- Patients who **passed away** anytime during the current performance period
- Patients who **did not have a diagnosis of diabetes**, in any setting during the current performance period



- Medicare patients 66 years of age and older as of the end of the current performance period who meet either of the following: enrolled in an **Institutional SNP (I-SNP)** or residing in **long-term care** as identified by the LTI flag in the CMS Monthly File any time during the current performance period
- Patients 66 years of age and older as of the current performance period with **two frailty indications on different dates of service** in the current performance period and an **advanced illness diagnosis** or dispensed dementia medication during the current performance period or preceding 12 months

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DM-2 Documentation



Documentation should include a note during the patient's encounter or lab report with either noting the date of the A1c test **and** the result of the A1c test.



A patient reported A1c is NOT acceptable.



If A1c values are in the vital section of your progress note, please be sure to include the date of the blood draw along with the result.



Remember, the last A1c of the measurement year is the abstracted A1c and will determine gap compliance.

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Best Practices



Ensure that an A1c lab test is performed at least annually for all diabetic patients.

Retest every 3 months if the result is not $\leq 9\%$.

Order labs prior to patient's appointment to encourage compliance

Consider partnering with vendors and health plans who offer home lab monitoring kits.

Review results with patients. Include education on lifestyle choices such as diet and exercise.

Assess medication adherence, including any barriers to compliance.

Refer patients to disease management programs, diabetic education or endocrinology

Consider insulin therapy, if appropriate, for A1c levels >9%

Obtain remote access to lab portals

Always use CPT II codes to capture results and lessen the need for medical record reviews

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Other Quality Measures Tied to DM-2

CAHPS: Care Coordination

Care Coordination (CC):

Did you personal doctor:

- Have your medical records or other information about your care?
- Follow up to give you test results as soon as you needed them?
- Talk with you about all the prescription medications you were taking?
- Manage your care among different providers and services?
- Seem informed and up-to-date about the care you received from specialists?

CAHPS: Access to Care

Getting Needed Care (GNC):

- How easy was it to get care, tests or treatment you needed?
- How easy was it to get appointments with specialists?
-

Getting Appointments and Care Quickly (GCQ):

- How often were you able to get care as soon as you needed?
- How often were you able to get appointments for routine care at a doctor's office as soon as you needed?
- How often were you able to see the person you came to see within 15 minutes of your appointment time?





QUESTIONS?

Please reach out to **EMAIL:** carepartnersquality@privahealth.com