Improving A1c Testing for Medicaid Beneficiaries with Diabetes

Diabetes in North Carolina[1]

Approximately 1,014,358 people in North Carolina, or 12.4% of the adult population have diagnosed diabetes. According to the American Diabetes Association (ADA) recommendations on glycemic assessment, A1C reflects average glycemia over approximately 3 months for a strong predictive value for diabetes complication and is the primary tool for assessing glycemic control.[2] Thus, A1c testing should be performed routinely in all patients with diabetes at initial assessment and as part of continuing care as follows:

ADA Recommendations

- **6.1** Assess glycemic status (A1C or other glycemic measurement) *at least* two times a year in patients who are meeting treatment goals (and who have stable glycemic control). **E (expert opinion)**
- **6.2** Assess glycemic status at least quarterly, and as needed, in patients whose therapy has recently changed and/or who are not meeting glycemic goals. **E**

American Diabetes Association

Measure Definition

- NC Medicaid has chosen NCQA's HEDIS measure to assess Medicaid patients with Type I or II diabetes whose most recent A1c results indicate poor control > 9.0% mg/dL.
- The measure is a "reverse measure" meaning a lower performance rate is better. The focus is on improving overall A1c results to indicate improved diabetes management.

[1] The Burden of Diabetes in North Carolina, American Diabetes Association, published 10/2021 and accessed 12/3/21 via https://diabetes.org/sites/default/files/2021-11/ADV_2021_State_Fact_sheets_North%20Carolina_rev.pdf

[2] Glycemic Targets: Standards of Medical care in Diabetes-2021. Accessed 12/3/21 via https://care.diabetesjournals.org/content/44/Supplement_1/S73

Goal is to improve A1c control for Medicaid population ages 18-75 with diabetes

The measure selected to indicate diabetes control is Comprehensive Diabetes Control: Poor Control (HbA1c >9%). Due to data limitations for historical performance on HbA1c Poor Control (>9%), NC Medicaid is using A1c test completed as a proxy measure of diabetes A1c management for calendar years up to 2021. Each practice should work with Standard Plans to establish their own baseline rates for diabetes control and set their goal for improvement.

Clinical Guidelines

American Diabetes Association (ADA) Standards of Medical Care in Diabetes.

Benefits/policy

A1c test for Medicaid patients with diabetes is a covered benefit.

Interventions

Listed below are potential interventions that may help practices improve A1c control for patients with diabetes. Practices may perform this work on their own or partner with an NC AHEC practice support coach. The coach will work with practices to implement systems to enhance the way care is provided through "hands-on" assistance to practices in the areas of diabetes management and systems change while working with practice staff to improve office efficiencies, satisfaction, and clinical outcomes.

- Perform gap analysis of what organization offers regarding diabetes care
  - Review practice data- compare Medicaid claims data versus internal reports
  - What services does practice internally offer for DM patients?
  - What services are in the community for DM patients?
  - What types of policies/procedures/workflows in place?
  - Patient barriers? Social determinants of health (SDOH)
  - Practice barriers?

- DSMES program- internally or community referral https://diabetesmanagementnc.com/learn-about-dsmes

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- Telemedicine- Diabetic services, nutrition, DM self-management, endocrine services, MTM. Increasingly, evidence suggests that various telemedicine modalities may be effective at reducing A1C in patients with type 2 diabetes compared with usual care or in addition to usual care.
- Utilize care management from PHPs/CINs/practice
- Establish workflows to receive and assess timely care alerts for patients with diabetes
- Standing orders for patients with diabetes
- Workflow to follow-up with patients who were discharged from hospital or ED and have diabetes
- SDOH screening with resources to follow up
- Incentives for DSMES programs
- Diabetic panel management/outreach / Diabetes support groups
- Behavioral Health referral
- Medication Therapy Management (MTM)/ Diabetic inertia
- Test strips- access to them
- Food equity- explore community resources, grants, build relationships to address food insecurities
- NC Care 360
- Establish standardized workflow to be able to identify most convenient location for HbA1c testing if practice does not do POC testing
- Shared Medical Appointments
- Point of care testing-during any appointment
- Utilize CHW-identify patient barriers for getting their testing done and assist patient with getting in for medical appointments and testing
- Training community health workers to impact people with diabetes to follow-through on care management
- Financial incentives for patients – A1c test and improve

Relevant Coding

- CPT Code 83036- A1C - (Hemoglobin; glycosylated (A1c)) is the CPT code used for drawing blood
- ICD-10- Diabetes, use codes in the category range - E08, E09, E10, E11, E13
- For pregnancy diabetes, use codes in the 024* category