



Accelerated Learning Webinar
Comprehensive Diabetes Care
HbA1c Good Control $\leq 9.0\%$

PARTNERSHIP




HEALTHPLAN
of CALIFORNIA
A Public Agency



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May 25, 2021

Webinar Instructions

To avoid echoes and feedback, we request that you use the telephone audio instead of your computer audio for listening and speaking during the webinar.

Figure 1

You can switch your audio connection by clicking on the three dot ellipsis icon found at the bottom of your screen.

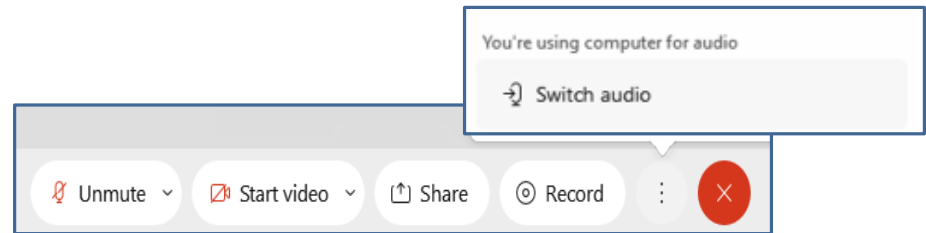
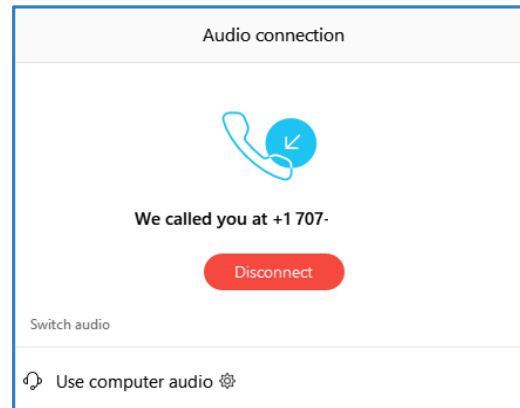


Figure 2

Enter telephone number

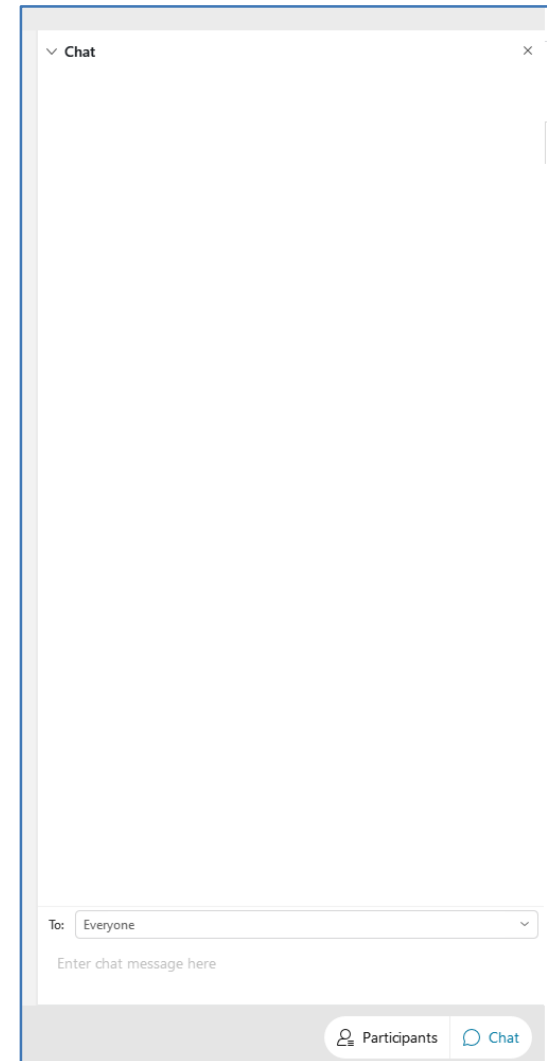


Webinar Instructions

- All attendees have been muted to eliminate any possible noise/interference/distraction.
- Please take a moment and open your chat box by clicking the chat icon found at the bottom right-hand corner of your screen and as shown in **Figure 1**.
- If you have any questions, please type your questions into the chat box, and they will be answered throughout the presentation.
- Be sure to select **“Everyone”** when sending a message.



Figure 1



Conflict of Interest and CME Credit

- All presenters have signed a conflict of interest form and have declared that there is no conflict of interest and nothing to disclose for this presentation.
- *The AAFP has reviewed Accelerated Learning Education Program, and deemed it acceptable for AAFP credit. Term of approval is from 04/13/2021 to 04/13/2022. Physicians should claim only the credit commensurate with the extent of their participation in the activity. Credit approval includes the following session(s): 1.00 In-Person, Live (could include online) AAFP Prescribed Credit(s) - Diabetes Management HbA1C Good Control
- **Provider approved by the California Board of Registered Nursing, Provider #CEP16728 for 1.00 hours.



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1

Overview of Comprehensive Diabetes

- Understand Clinical Diagnosis of Diabetes
- Review Comprehensive Diabetes Care
- Review the Treatment Options for Managing Diabetes

2

PHC Quality Incentive Program

- Review 2021 Threshold and Targets
- Understand Compliant vs. Non-compliant Documentation
- Review Exclusions

3

Best and Promising Practices

- Review Promising Practices to Increase High Blood Pressure Rates
- Best Practice Sharing from High Performing Organization

Overview of Diabetes

- Understand Clinical Diagnosis of Diabetes
- Review Comprehensive Diabetes Care
- Review the Treatment Options for Managing Diabetes

- Egypt 1500 BC
 - Night time urination and weight loss
- First Century AD - Greece
 - Term Diabetes = “Great Sieve” due to high volume urination and weight loss
- 400 - 500 AD India
 - “Sweet urine attracts ants” and identified two distinct types
- 18th Century Great Britain
 - Mellitus = Honey added to the name to distinguish from Diabetes Insipidus (a different cause of polydipsia)
- 19th - 20th Century
 - Disease tied to pancreatic dysfunction
 - Identification insulin development of animal then human insulin
 - Oral medications developed in 1950s

Diabetes - What is the Problem?

Compromised ability to metabolize carbohydrates and control blood sugar leading to sustained hyperglycemia

- Type 2 Diabetes progressive loss of sensitivity to insulin and decreased production of insulin
- Type 1 Diabetes acquired decreased production of insulin

Type 1 Diabetes

- 5 - 10% of the people who have diabetes
- Requires treatment with insulin

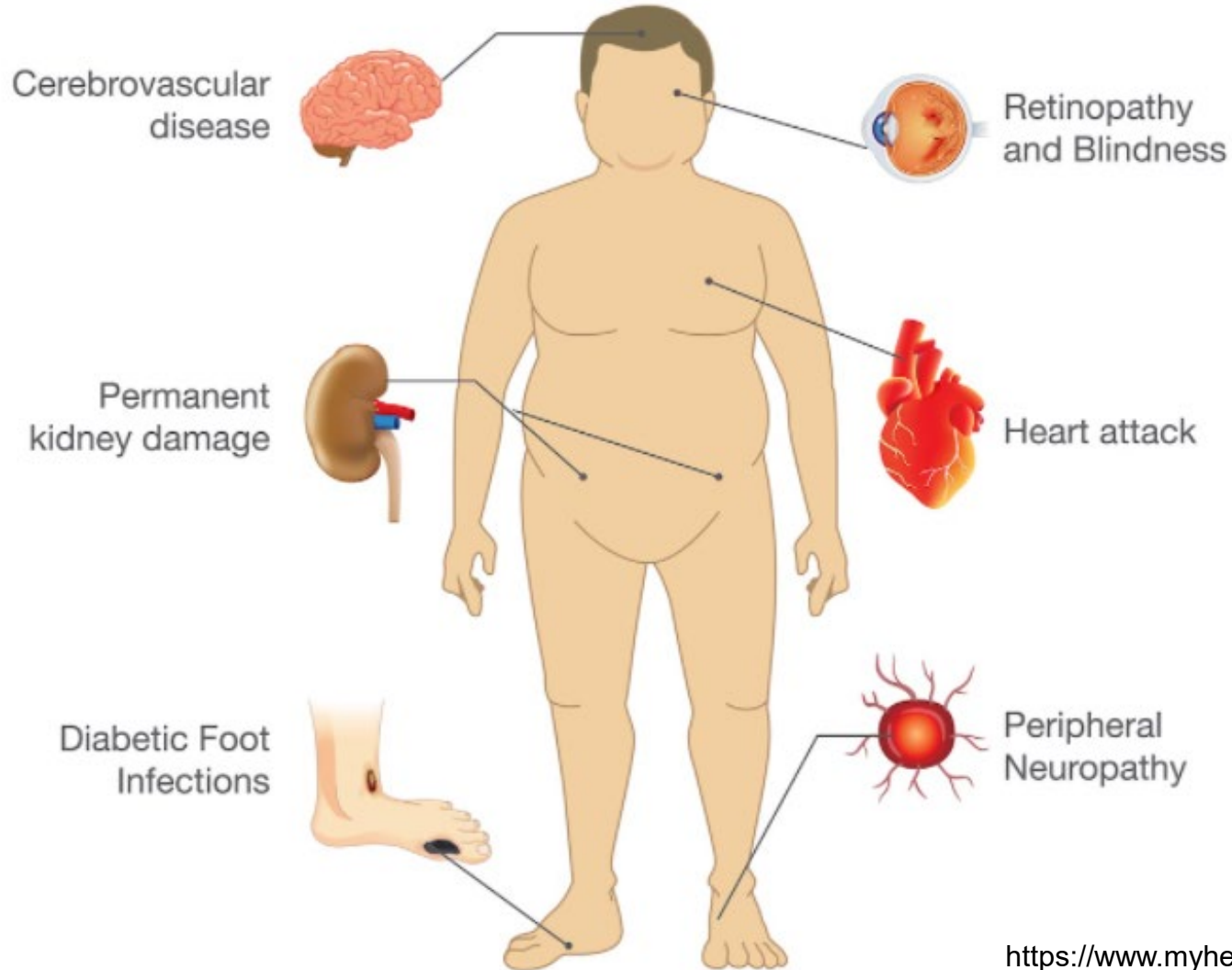
Type 2 Diabetes

- 90 - 95% of people with diabetes
- Can be prevented or delayed

Gestational Diabetes

- 2 - 10% of pregnancies in U.S.
- Usually goes away after the birth

What's the Problem with Being Too Sweet?



<https://www.myhealthexplained.com>

Symptoms of Diabetes




- Polydipsia - excessive thirst



- Polyuria - frequent urination



- Nocturia - night time urination



- Weight loss - body unable to metabolize and store carbohydrates



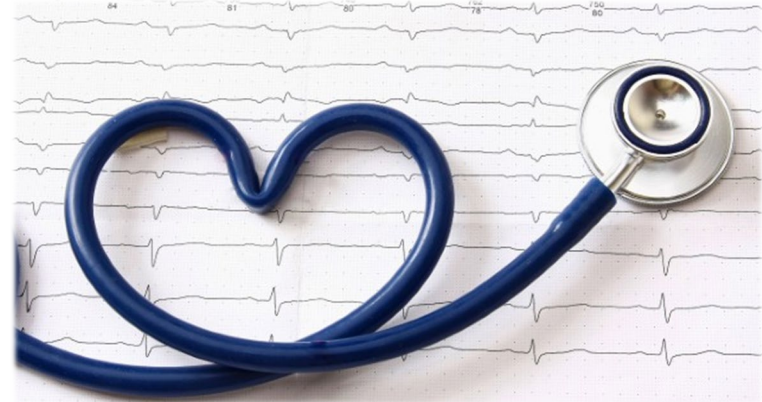
- Blurred vision - due to swelling of the eye

What HbA1c Measure

- Percentage of glycated hemoglobin
- Reflects average levels of blood glucose over the previous two to three months

How the HbA1c Used

- Diagnosis of diabetes
- Monitor the efficacy of treatment
- Monitor chronic glycemic control to minimize complications



What do HbA1c numbers mean?

	HbA1c	eAG
Normal	below 5.7%	114
Prediabetes	Between 5.7 and 6.4%	117 - 137
Diabetes	6.5% or higher	140

eAG: estimated average glucose

Note: $28.7 \times A1C - 46.7 = eAG$

Reducing Blood Sugar Levels

- Targeted HbA1c Control:
 - Target 7 - 8% in general (ACP recommendation 2018)
 - Limiting wide variation in daily blood sugars
 - Lowering high blood sugars while avoiding low blood sugars

Reducing Co-Morbidities

- Blood Pressure Control
- Tobacco Cessation
- Cholesterol Screening and Management
- Kidney Protection and Monitoring
- Foot Care
- Limiting Infection Risks
- Weight Management & Increasing Activity



Medications to Treat Diabetes Oral

Drug Class*	PHC Formulary		PHC Non-Formulary	
Biguanide	Metformin Metformin ER 500mg & 750mg		Metformin ER 1,000 mg	
Sulfonylurea	Glipizide, Glipizide ER Glimepiride	Glyburide Glyburide/metformin	Glipizide/metformin	
Meglitinide	Nateglinide	Repaglinide		
Thiazolidinedione	Pioglitazone		Pioglitazone/glimepiride	Pioglitazone/metformin Avandia
α-Glucosidase Inhibitor	Acarbose	Miglitol		
DPP- 4 Inhibitor	Alogliptin Alogliptin/metformin Alogliptin/pioglitazone		Onglyza, Januvia, Janumet/XR Kombiglyze/XR	Steglujan Trijardy, Jentaduetto/XR
SGLT-2 Inhibitor	Steglatro Segluromet		Jardiance, Glyxambi, Farxiga, Synjardy/XR Xigduo XR	Invokana, Invokamet/XR Qtern, Qternmet XR Trijardy XR

- Please refer to [PHC formulary](#) search tool website for up-to-date information
- <http://www.partnershipph.org/Providers/Pharmacy/Documents/Diabetes/2021%20DM%20Flowchart.pdf>

Medications to Treat Diabetes Oral/Injectable

Drug Class*	PHC Formulary	PHC Non-Formulary	
GLP-1 Agonist injectable	Trulicity Victoza	Byetta Bydureon Bcise	Ozempic Adlyxin
GLP-1 Agonist oral		Semaglutide (Rybelsus)	
GLP-1 Agonist/Insulin combination		Soliqua (Insulin Glargine/Lixisenatide) Xultophy (Insulin Degludec/Liraglutide)	
Amylin Analog	Symlin		

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Medications to Treat Diabetes: Insulin Products

Drug Class*	PHC Formulary		PHC Non-Formulary
Rapid-acting Bolus Insulin	Insulin lispro (Admelog) Insulin lispro (Humalog) Insulin Aspart (Novolog)		Insulin Glulisine (Apidra) Insulin Aspart (Fiasp)
Short-acting Bolus Insulin	Novolin R Humulin R U-100		
Intermediate Basal Insulin/Mixtures	Novolin N Humulin N Novolin 70/30 Humulin 70/30	Novolog 70/30 Humalog 50/50 Humalog 75/25 Humulin R U-500	
Long-acting Basal Insulin	Insulin Glargine U-100 (Basaglar, Semglee)		Insulin Glargine U-100 (Lantus) Insulin Detemir U-100 (Levemir) Insulin Degludec U-100, U-200 (Tresiba) Insulin Glargine U-300 (Toujeo)
Rapid-acting Inhaled Insulin			Afrezza

- Please refer to [PHC formulary](#) search tool website for up-to-date information
- <http://www.partnershipph.org/Providers/Pharmacy/Documents/Diabetes/2021%20DM%20Flowchart.pdf>



Partnership's Quality Incentive Program

FZ

- 2021 Threshold and Targets
- Compliant vs. Non-compliant Documentation
- Exclusions

Measure Description:

- The percentage of members 18 - 75 years of age who had a diagnosis of Type 1 or Type 2 diabetes with evidence of HbA1c levels at or below 9.0% during the measurement year.

Denominator:

- The number of continuously enrolled Med-Cal members 18 - 75 years of age with diabetes identified any time before the end of the measurement year (12/31/21).

Numerator:

- The number of diabetics in the eligible population with evidence of the most recent measurement (during the measurement year) at or below the threshold for HbA1c \leq 9.0%.

Members who met any of the following criteria during the measurement year or the year prior (count services that occur over both years [January 1, 2020, - December 31, 2021])

- At least two outpatient visits, observations visits, telephone visits, e-visits or virtual check-ins, ED visits, or non-acute inpatient encounters, on different dates of service with a diagnosis of diabetes.
- The visit types does not need to be the same for the two visits.
- At least one acute inpatient encounter with a diagnosis of diabetes.

PCP QIP 2021	Practice Type	Total Points	Threshold	Percentile
Full Points	Family Medicine Internal Medicine	7 points 12.5 points	67.15%	75 th
Partial Points	Family Medicine Internal Medicine	5 points 9 points	61.48%	50 th

Relative Improvement

- A site's performance on a measure must meet the 50th percentile target in order to be eligible for RI points on the measure **AND**
- Have an RI score of 10% or higher, ending up thereby achieving performance equal to or exceeding between the 50th percentile and not exceeding the 75th percentile, to earn full points.

- The number of diabetics in the eligible population with evidence of the most recent measurement = $HbA1c \leq 9.0\%$.
- If the most recent HbA1c level during the measurement year is $> 9.0\%$ or is missing, or if an HbA1c test was not performed during the measurement year.
- A distinct numeric result (7.8%, 7.0%) is required for numerator compliance.
- Ranges and thresholds do not meet criteria for these indicators.
 - For example - 8 – 9%, $>12\%$, 14+



- Identify members who did not have a diagnosis of diabetes, in any setting, during the measurement year or year prior to measurement year, and who had a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or year prior to measurement year.
- Members in hospice or receiving palliative care during the measurement year.

- All QIP diabetes care measures will have the same denominator because they share the same eligible population.
- 2021 PCP QIP
 - HbA1c is the only diabetes measure included in the core measure set.
 - Diabetes Eye Exam performance remains visible as a monitoring measure.



Best and Promising Practices

- Promising Practices to Increase High Blood Pressure Rates
- Best Practice Sharing from High Performing Organization



HbA1c Measurement Workflows

- On-site HbA1c testing
- Prompts for HbA1c at huddle
- Perform/order testing (if due) regardless of the reason for the office visit

Practice Workflows

- Cross departmental coordination of care
 - Incorporate care team members using standing orders for nursing, pharmacists, and registered dieticians
- Ensure patients are informed of results and next step(s)
- Submit claims and encounter data within 90 days of service
- Refer/enroll with Chronic Case Management



Best and Promising Practices

Outreach

- Designate a team member to contact patients due for testing (phone call, post card, letter signed by provider, text).
- Call patients within a week to reschedule missed in-house blood draws.

Education

- Assess and address patients knowledge gaps and barriers related to self management (cultural, financial, social support, health beliefs).
- Reinforce medication use and physical activity.
- Refer to nutrition education, in-house or via telehealth.

Questions



Voices from the Field



Voices from the Field



FAIRCHILD
MEDICAL CENTER

Lisa Bennett
Nursing Supervisor

Resources

- Upcoming Trainings and Events
- PHC Formulary
- A Quick Guide to Starting QI Projects
- Summary of 2021 QIP
- Contacts and Links



Accelerated Learning Education Program

These learning sessions will cover Partnership HealthPlan of California's Primary Care Provider Quality Incentive Program measures. Registration is now open for the AL, ABC's and all

- April 13 - Well-Child Visits and Immunizations (0 - 2 years) (**Recorded**)
- April 27 - Early Cancer Detection (Cervical, Breast, and Colorectal Screening) (**Recorded**)
- May 11 - Controlling High Blood Pressure (**Recorded**)
- May 25 - Diabetes Management HbA1C Good Control
- July 14 - Improving Asthma Care and the Asthma Medication Ratio
- July 27 - Child and Adolescent Well-Care Visits (3 - 17 years)

****All sessions are from noon to 1 p.m. except today's session***

The Role of Leadership in Quality Improvement Efforts

- September 23 - Petaluma Health Center - Interview with Top Performing Leaders
- October 5 - Community Medical Center - Interview with Top Performing Leaders



ABCS of Quality Improvement

This training consists of five sessions and the following topics will be covered:

- June 02 - The Model for Improvement and Creating an Aim Statement
- June 09 - Using Data for Quality
- June 16 - Understanding the Role of Measurement in Quality Improvement
- June 23 - Tips for Developing Change Ideas for Improvement
- June 30 - Testing and Implementing Changes via the Plan-Do-Study-Act Cycle

**All sessions are from noon to 1 p.m.*

http://www.partnershiphp.org/Providers/Quality/Pages/Quality_Events.aspx

On-Demand Course

<http://www.partnershiphp.org/Providers/Quality/Pages/PIATopicWebinarsToolkits.aspx>



PHC Formulary

PHC Formulary 6-2021

Biguanides	metformin 500mg, 850 mg, 1,000mg/ metformin ER 500mg, 750mg		
Sulfonylureas	glimepiride glipizide, glipizide ER glyburide, glyburide/metformin		
Thiazolidinediones	Pioglitazone		
α-Glucosidase Inhibitors	acarbose miglitol		
Meglitinides	repaglinide nateglinide		
DPP-4 Inhibitors	alogliptin, alogliptin/metformin, alogliptin/pioglitazone		
SGLT-2 Inhibitors	Steglatro (ertugliflozin), Segluromet (ertugliflozin/metformin)		
GLP-1 Agonists	Victoza Trulicity		
Rapid-acting Bolus Insulins- injectable	Admelog insulin lispro (generic Humalog) insulin aspart (generic Novolog)		
Short-acting Bolus Insulins	Novolin R Humulin R U-100, U-500		
Intermediate Basal Insulins/Mixtures	Novolin N Humulin N	Novolin 70/30 Novolog Mix 70/30	Humulin 70/30 Humalog 50/50, Humalog 75/25
Long-acting Basal Insulins	Basaglar		
Amylin Analog	Symlin Payable when prescribed by a board-certified endocrinologist. TAR required for all other prescribers.		

- Please refer to [PHC formulary](#) search tool website for up-to-date information
- <http://www.partnershiphp.org/Providers/Pharmacy/Documents/Diabetes/2021%20DM%20Flowchart.pdf>

A Quick Guide to Starting Your Quality Improvement Projects

<http://www.partnershiphp.org/Providers/Quality/Pages/PIAcademyLandingPage.aspx>





Summary of 2021 QIP

CLINICAL DOMAIN

PRACTICE TYPE			MEASURE	MEASURE CATEGORY	AGE RANGE	TARGETS		FULL / PARTIAL POINTS		
FAMILY	INTERNAL	PEDS				FULL	PARTIAL	FAMILY	INTERNAL	PEDS
✓	✓	✓	Asthma Medication Ratio	CHRONIC DISEASE MGMT.	5 - 64 YRS	68.52%	63.58%	7 / 5	12.5 / 9	12 / 9
✓	✓		Comprehensive Diabetic Care - HbA1c Control		18 - 75 YRS	67.15%	61.48%	7 / 5	12.5 / 9	--
✓	✓		Controlling High Blood Pressure		18 - 85 YRS	66.91%	61.04%	7 / 5	12.5 / 9	--
✓		✓	Immunization for Adolescents - Combination 2	PREVENTATIVE SCREENING	13 YRS	40.39%	34.43%	7 / 5	--	12 / 9
✓	✓		Breast Cancer Screening		50 - 74 YRS	63.98%	58.67%	7 / 5	12.5 / 9	--
✓	✓		Cervical Cancer Screening		21 - 64 YRS	66.49%	60.65%	7 / 5	12.5 / 9	--
✓		✓	Childhood Immunization Status - Combination 10		2 YRS	42.02%	34.79%	7 / 5	--	12 / 9
✓	✓		Colorectal Cancer Screening		51 - 75 YRS	41.84%	32.24%	6 / 5	12.5 / 9	--
		✓	Counseling for Nutrition for Children/Adolescents		3 - 17 YRS	70.92%		--	--	12 / --
		✓	Counseling for Physical Activity for Children /Adolescents		3 - 17 YRS	64.96%		--	--	12 / --
✓		✓	Child and Adolescent Well Care Visit		3 - 17 YRS	47.54%		10 / --	--	15 / --
✓		✓	Well Child Visits in the First 15 Months of Life		15 MONTHS	69.83%	65.83%	10 / 8	--	12.5 / 9



Summary of 2021 QIP

PRACTICE TYPE			NON-CLINICAL				FULL / PARTIAL POINTS		
FAMILY	INTERNAL	PEDS	ACCESS AND OPERATIONS				FAMILY	INTERNAL	PEDS
✓	✓	✓	Ambulatory Care Sensitive Admissions	FULL POINT TARGET 6.88 (60th Percentile)	PARTIAL POINT TARGET 8.56 (70th Percentile)	5 / 4	5 / 4	5 / 4	
✓	✓	✓	Risk Adjusted Readmission Rate	FULL POINT TARGET SCORE <1.0	PARTIAL POINT TARGET ≥1.0 - 1.2	5 / 4	5 / 4	5 / 4	
			APPROPRIATE USE OF RESOURCES						
✓	✓	✓	Avoidable ED Visits	FULL POINT TARGET 9.18 60th Percentile	PARTIAL POINT TARGET 11.44 70th Percentile	5 / 4	5 / 4	5 / 4	
			PATIENT EXPERIENCE						
✓	✓	✓	Patient Experience	CAHPS	ACCESS	COMMUNICATIONS	10 / 8	10 / 8	10 / 8
					FULL POINTS 50TH Percentile (45.00%)	FULL POINTS 50TH Percentile (70.30%)			
				PARTIAL POINTS 25TH Percentile (41.00%)	PARTIAL POINTS 25TH Percentile (67.00%)	10 / 5	10 / 5	10 / 5	
				SURVEY OPTION	PARTIAL POINTS				
PARTS 1 AND 2	PARTS 1 OR 2								



Summary of 2021 QIP

UNIT -OF-SERVICE				
✓	✓	✓	Advance Care Planning Attestations	Minimum 1/1000th (0.01%) of the sites assigned monthly membership 18 years and older for: <ul style="list-style-type: none"> • \$100 per Attestation, maximum payment \$10,000. • \$100 per Advance Directive/POLST, maximum payment \$10,000
			Extended Office Hours	Quarterly 10% of capitation for PCP sites must be open for extended office hours the entire quarter an additional 8 hours per week or more beyond the normal business hours (reference measure specification).
			PCMH Certification	\$1,000 yearly for achieving or maintaining PCMH accreditation.;
			Peer-led Self-Management Support Groups (both new and existing)	\$1,000 per group (Maximum of 10 groups per parent organization).
			Alcohol Misuse Screening and Counseling	\$5 per screening for screening a minimum of 5% of eligible adult members.
			Health Information Exchange	One time \$3000 incentive for signing on with a local or regional health information exchange; Annual \$1500 incentive for showing continued participation with a local or regional health information exchange. The incentive is available once per parent organization.
			Initial Health Assessment	\$2,000 per parent organization for submitting all required parts of improvement plan regardless of visit volume.



PHC Resources

JD

QI/Performance Team: ImprovementAcademy@partnershiphp.org

Quality Improvement Program: QIP@partnershiphp.org

2021 PCP QIP Webpage:

<http://www.partnershiphp.org/Providers/Quality/Pages/PCP-QIP-2021.aspx>

QI Monthly Newsletters:

<http://www.partnershiphp.org/Providers/Quality/Pages/PCPQIPLandingPage.aspx>

Measure Highlights:

<http://www.partnershiphp.org/Providers/Quality/Pages/Quality-Measure-Highlights.aspx>

eReports: <https://qip.partnershiphp.org/>

Diabetic Retinopathy Screening

<http://www.partnershiphp.org/Providers/Quality/Pages/DiabeticRetinopathy.aspx>

Northwest Regional Telehealth Resource Center, *Quick Start Guide to Telehealth During the Current Public Health Emergency March 2020*

<https://nrtrc.org>

California Telehealth Resource Center

<http://www.caltrc.org/knowledge-center/best-practices/sample-forms>

California Primary Care Association

www.CPCA.org

Center for Care Innovations

<https://www.careinnovations.org/wp-content/uploads/Sample-Remote-Visit-Workflow.pdf>



Contact Us

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Evaluation

Please complete your evaluation.
Your feedback is important to us!

