



QUALITY TRANSFORMATION INITIATIVE

Comprehensive Diabetes Care Improving HbA1c Control January 2022

Covered California is recommending diabetes management improving HbA1c control as one of four core quality measures for the Quality Transformation Initiative, which seeks to dramatically improve care by establishing significant and increasing financial consequences for Covered California's health plans with poor quality performance beginning in 2023. Importantly, this measure was chosen in consultation with Medi-Cal and CalPERS with the intent of aligning our quality accountability efforts.

Diabetes is a chronic health condition marked by high levels of blood sugar due to the body's inability to make or use insulin. There are two types of diabetes:

- Type 1: thought to be caused by an autoimmune reaction that stops the body from making insulin. Type 1 diabetes is often diagnosed in children (peak age 13 – 14) and comprises approximately 5 to 10 percent of diabetes diagnoses in the nation.
- Type 2: often preceded by prediabetes, type 2 develops over years and is caused by the body's inability to use insulin well, which results in an inability to keep blood sugar at normal levels. High blood sugar damages blood vessels, contributing to heart attacks, strokes, blindness, nerve damage, and kidney failure. A variety of risk factors can lead to prediabetes and type 2 diabetes, including increasing age, weight, family history, low physical activity, history of gestational diabetes, or being African American, Latino, Asian American, American Indian, or Alaska Native.

Diabetes has become one of our nation's most serious public health challenges. Between 1999 and 2018, the prevalence of diabetes for all ages increased significantly in the United States, from 7.7 percent to 10.5 percent. Over 34 million Americans of all ages are thought to have diabetes, and it is the 7th leading cause of death in the country. Approximately 20 percent of adults with diabetes (about 7.3 million) are not aware that they have it. An additional 88 million adults have prediabetes, with the vast majority, about 80 percent, unaware of their diagnosis.

In California, diabetes prevalence among adults rose from 6.1 percent to 10.2 percent between 1999 and 2018. Over 3 million adults (approximately 10 percent) have been diagnosed with diabetes and an additional 11.2 million (just over 37 percent) have prediabetes or undiagnosed diabetes. Combined, nearly half of all California adults are diabetic or prediabetic.

Disparities in diabetes prevalence and care are significant. The percent of adults diagnosed with diabetes is higher among American Indian/Alaska Natives, Latino, and African Americans. Additionally, African Americans and Latino have a lower rate of receipt of the HbA1c test commonly used for diagnosing and monitoring diabetes, as well as lower rates of other recommended diabetes care such as lipid testing and annual retinal examinations. Inadequate insurance coverage and lower socioeconomic status are among the strongest predictors of poor quality of diabetes care.

Diabetes and related complications not only impact patient quality of life, but also drive health care costs in a significant way:

- In 2016, diabetes resulted in approximately 16 million emergency department visits leading to 7.8 million hospitalizations across the United States.
- In 2017, total direct and indirect costs from diabetes was \$327 billion nationally, and \$39.5 billion in California alone.

- People with diabetes had medical expenses that were more than two times higher than those who did not.

According to Covered California claims data, 5 percent of enrollees are receiving care for diabetes, but they account for 15% of total annual health care expenditures, more than any other condition.

Covered California Health Plan Performance. In 2019, using the measure for the percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had HbA1c levels under control (<8.0%), only one out of 14 health plan products performed below the 25th percentile of national performance. Nine performed at or above the 50th percentile nationally, with three plans at or above the 90th percentile. Overall, 14% of enrollees received below average care. Performance below the 50th percentile means that fewer than 58% of adults met a HbA1c management target of less than 8.0%.

In summary, poor diabetes management contributes to serious complications, including heart disease, stroke, hypertension, blindness, kidney disease, nerve damage, amputation, and premature death. Lowering A1c levels reduces the risk of these complications. As such, measurement of HbA1c across health plans through the Quality Transformation Initiative will serve as a key driver for improved diabetes related outcomes for Californians.

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