

Diabetes: Poor Control (HbA1c >9%)

STRATEGIC MEASURE PROFILE

Why This Measure Matters

Diabetes is a leading cause of disability and death in rural Northern California, affecting approximately 9.3% of adults. Diabetes prevalence in rural areas is higher than in urban communities, and many patients also live with other chronic conditions that make care more complex.

Rural patients may face cost barriers to medications, limited access to healthy food and physical activity, transportation challenges, and difficulty obtaining specialty services. Diabetes also disproportionately affects Native American and Hispanic communities, while migrant and seasonal farmworkers may experience additional barriers to continuous care.

Improving glycemic control reduces preventable complications and avoidable healthcare costs. For every one-percentage-point reduction in HbA1c, the risk of eye, kidney, and nerve disease decreases substantially, and the risk of heart attack also declines.

Measure Alignment

MEASUREMENT SYSTEMS	CLINICAL PORTFOLIO	ALIGNMENT LEVEL
✓ HEDIS ✓ QIP ✓ UDS ✓ PHMI	Chronic Disease Management	HIGH

Diabetes: Poor Control is a high-leverage chronic disease measure aligned across federal reporting, managed care, incentive, and population health priorities. Because it is an inverse measure, improvement means reducing the percentage of patients with HbA1c above 9% or without a documented test.

Understanding the Improvement Strategy

HEDIS & QIP	UDS
POPULATION HEALTH PERSPECTIVE	CARE DELIVERY PERSPECTIVE
Key question: Which assigned patients have poor control, an overdue HbA1c test, or no documented result?	Key question: At every eligible encounter, are we addressing testing, treatment, complications, and self-management needs?
COMMON STRATEGIES - Diabetes registries and care gap reports - Outreach for overdue HbA1c testing - Risk-stratify patients with poor control - Monitor disparities by population and site	COMMON STRATEGIES - Pre-visit planning and point-of-care testing - Evidence-based medication management - Retinal, foot, and kidney-care workflows - Team-based education and self-management support

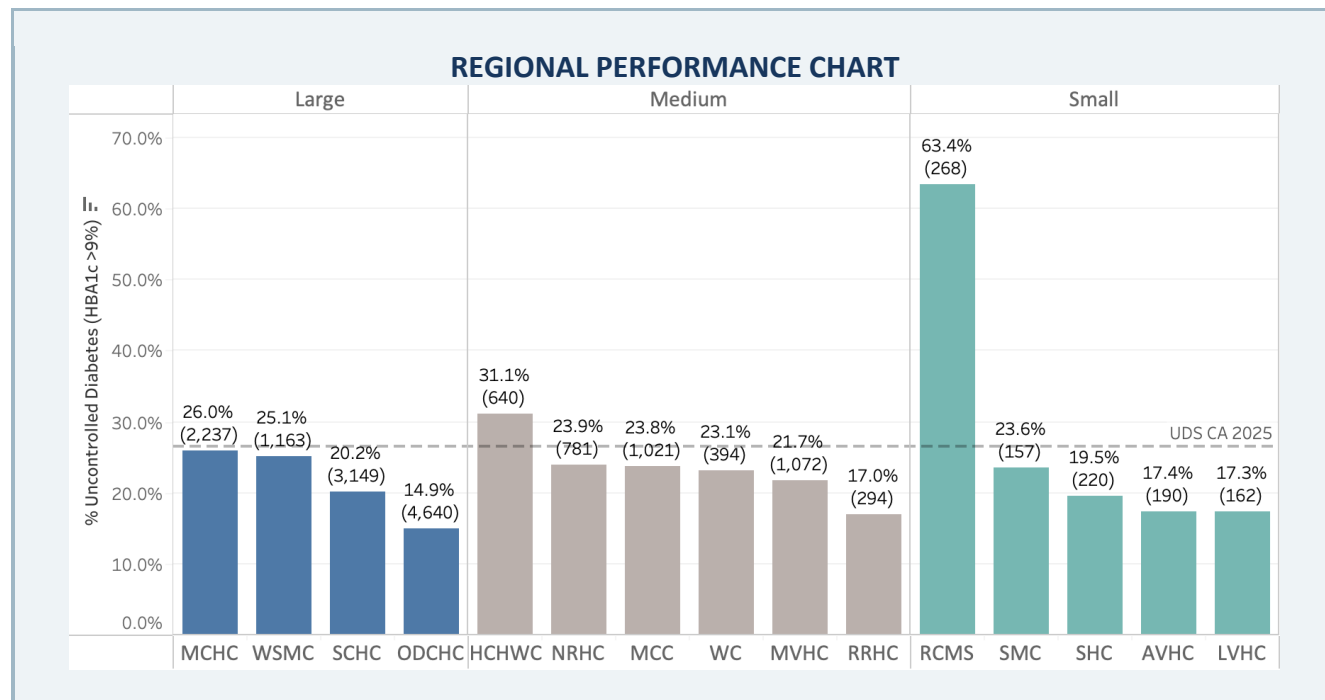
Strategic takeaway: Strong performance requires proactive identification of patients with overdue testing or poor control and reliable team-based care that supports medication management, follow-up, and self-management.

Rural Northern California Performance

Regional Insights

- Rural health centers serve many low-income and uninsured patients who are heavily affected by diabetes and other chronic conditions; medication cost can interfere with adherence.
- Significant racial and ethnic disparities persist, with diabetes rates substantially higher among Native American and Hispanic adults than among White adults.
- This is an inverse measure: **lower** percentages indicate **better** performance.

2025 REGIONAL PERFORMANCE



Performance Reflection

- How does our performance compare with regional peers?
- How many patients are included because no HbA1c test was documented?
- Which populations or clinic sites experience the greatest disparities in poor control?
- Should Diabetes: Poor Control be considered a quality improvement priority this year?

Quality Measure Definition (UDS)

Percentage of patients age 18–75 with diabetes whose most recent HbA1c was greater than 9.0%, or who had no HbA1c test documented during the measurement period. This is an inverse measure: lower performance rates are better.

National and State Quality Benchmarks

BENCHMARK	REFERENCE VALUE / INTERPRETATION
QIP partial-points threshold	75th percentile nationally for Medicaid health plans, as reported by NCQA HEDIS in the year prior to the QIP measurement year.
California and U.S. UDS	CA UDS 2025: 26.5% US UDS 2025: 26.3%

Use this profile to connect measure alignment, regional performance, and improvement strategy during annual quality planning.