maryland
health services
cost review commission

To: Hospital Chief Financial Officers
CC: Case Mix Liaisons, Hospital Quality Contacts
From: HSCRC Quality Team
Date: June 20, 2023
Re: Inpatient Diabetes Screening Policy for Calendar Year 2023

This memo provides hospitals and other stakeholders with operational details regarding the HSCRC's Inpatient Diabetes Screening Policy.

In CY 2021, the Centers for Medicare and Medicaid Innovation requested HSCRC staff to develop one or more measures that would incentivize hospitals to make improvements in population health.

The HSCRC convened a workgroup to evaluate potential policies. After the conclusion of the workgroup and additional conversations with stakeholders, HSCRC staff developed a policy focused on encouraging expansion of diabetes screening among those receiving care at Maryland hospitals.

Type 2 diabetes is a leading public health concern in Maryland, as well as the focus of the State's diabetes outcome credit. Over 44% of Maryland residents – about 2.1 million residents – are either prediabetic or have diabetes.[1] Approximately a third of those who have Type 2 diabetes are unaware that they have it.[2] Early diagnosis can reduce expensive and disabling complications.

The goal of the diabetes policy is to increase the proportion of adult Marylanders who are screened for Type 2 diabetes under the American Diabetes Association screening guidelines, which indicate that testing should begin at age 35.[3]

This policy was instituted on a monitoring-only basis for CY2023. HSCRC staff will evaluate data sources, measure specifications, and hospital performance at the end of CY2023 prior to making recommendations for further development of the policy, including a potential transition to payment status for CY2024.

The policy measures the proportion of eligible inpatient stays during which the patient received a hemoglobin A1c test, and is defined as follows:

Denominator: Inpatient claims records with a discharge date occurring during the measurement period. Claims for patients who died during the inpatient stay, patients who were transferred, those who left against medical advice, and those under 35 years old are excluded.

Numerator: Patients in the denominator with an A1c lab result in the CRISP hospital lab feed. Lab records are matched on CRISP EID, admission date, discharge data, and hospital ID. Those records with test units in milligrams per deciliter reflect estimated

[1] Behavioral Risk Factor Surveillance System, 2021
[2] National Health and Nutrition Examination Survey, 2021
[3] American Diabetes Association Professional Practice Committee (2022) '2. Classification and Diagnosis of Diabetes: Standards of Medical Care in Diabetes-2022', *Diabetes care*, 45(Suppl 1), pp. S17–S38.

average glucose (EAG) rather than A1c), and are converted to A1c using the following formula[4]: A1c = (EAGmg/dl + 46.7)/28.7

Records with a lab value of less than 3 or over 21 are excluded, as are those with a lab service date outside of the inpatient stay period.

HSCRC obtains A1c test information from lab data feeds reported to CRISP by hospitals. Details on the inpatient stay, such as vital status and whether the patient left against medical advice, are obtained from HSCRC inpatient casemix data.

The intent of this policy is to encourage testing in accordance with the time intervals recommended by the ADA (e.g., every three years for those whose most recent test was normal). However, we are not currently able to remove patients from the denominator if they were recently tested and thus do not require additional screening. We are working to obtain data that would allow us to do this and will update the measure specification when these data become available. In the meantime, hospitals should provide screening in accordance with the ADA guidelines. Because the measure is focused on improvement, and it is unlikely that 100% of eligible patients will be screened, hospitals will still be able to perform well even when recently screened individuals appear in the denominator, but are excluded from inpatient screening and hence do not appear in the numerator.

Appendix A contains data on hospital performance during the baseline period (CY2022). Beginning with the next update cycle, a monthly update showing hospital performance for the most recent 12-month period will appear on the CRISP portal. Staff are working with CRISP to develop patient-level reports to accompany the summary level data.

The HSCRC is seeking feedback on the monitoring policy, including data sources, measure specification, and other matters, from stakeholders. Feedback may be sent to the Quality Team inbox: hscrc.quality@maryland.gov.

[4] Nathan, David M., et al. "Translating the A1C assay into estimated average glucose values." *Diabetes care* 31.8 (2008): 1473-1478.