

The Centers for Medicare & Medicaid Services seeks stakeholder comments on the following electronic clinical quality measure under development:

Title: Diabetes: Hemoglobin A1c Indicating Overtreatment in the Elderly

Description: This measure assesses the percentage of patients 65 and older with type 2 diabetes taking an antihyperglycemic other than metformin monotherapy with complex clinical status or risks for hypoglycemia and who had hemoglobin A1c reading < 7.0 percent during the measurement period.

We seek comments from the public about the **measure specification** and the **specific questions outlined below**.

This document provides information about the measure rationale, intent, and history.

Measure rationale

Older adults are disproportionately affected by diabetes and are more likely than younger populations to experience complications from treatment (Centers for Disease Control and Prevention 2014; Lipska and Montori 2013). There is a lack of high quality evidence proving that intensive glucose therapy is beneficial for older adults with type 2 diabetes, and growing evidence suggests that it might actually cause more harm (Lipska et al. 2015; Lipska and Montori 2013; Casagrande et al. 2013). Harms can include patient safety events, such as falls and hypoglycemia; side effects from antihyperglycemics; and polypharmacy (Lipska et al. 2016; Kim et al. 2012; Peron et al. 2015). All of these are potentially avoidable if providers assess whether targeting stringent A1c goals will benefit their older patients (Lipska et al. 2016; Inzucchi et al. 2015).

Measure intent

The intent of this measure is to target potential diabetes overtreatment in older adults, for whom the benefits of using medication to achieve aggressive A1c targets might not outweigh the risks, to prevent patient safety events and reduce treatment that does not have a clear benefit to the patient.

Measure history

This measure is based on a Choosing Wisely® recommendation from the American Geriatrics Society to “avoid using medications other than metformin to achieve hemoglobin A1c <7.5% in most older adults” because “moderate control is generally better” (American Geriatrics Society 2015). Feedback from a panel of clinical experts and a multi stakeholder technical expert panel informed the measure. The measure has been tested in a large database containing electronic health record data from more than 30 million patients to determine its reliability and the variability in performance across clinicians.

Next steps for measure development

In addition to seeking feedback through public comment, we plan to conduct semistructured interviews with clinicians. We will also test the feasibility of the measure to determine if the data

necessary to calculate the measure is collected in structured fields of the electronic health record and as part of clinical workflow. This testing information will be reviewed with the clinical experts to finalize the measure specification.

Questions

We are seeking feedback on all components of the proposed measure (for example, age and A1c threshold) as well as the following specific questions:

1. We are focusing on a denominator of patients with complex clinical status because these patients are at greater risk for overtreatment. However, an increased burden is associated with specifying a denominator of complex patients. The measure could be simplified by removing the complex clinical status component and instead including all adults ages 65 and older with type 2 diabetes and an encounter taking an antihyperglycemic other than metformin monotherapy in the denominator.
 - a. We seek comments on the importance of keeping complex clinical status in the denominator (despite the added complexity and burden) versus the importance of reducing burden and therefore, removing complex clinical status from the denominator. Are there recommendations for simplifying the complex clinical status denominator?
 - b. Is there any other feedback on the conditions we are including in the complex clinical status in the denominator?
2. The draft measure includes patients taking antihyperglycemics other than metformin monotherapy. Patients taking metformin monotherapy are excluded because the treatment carries low risk of hypoglycemia for older adults and as a first-line treatment, is unlikely to represent aggressive treatment.
 - a. We seek feedback about whether patients taking other drugs should be excluded.

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