HEDIS® Tip Sheet

Glycemic Status Assessment for Patients with Diabetes (GSD)

This GSD measure replaces the former Hemoglobin A1C Control for Patients with Diabetes (HBD) measure.

Point32Health's HEDIS Tip Sheets offer insights into specific HEDIS measures. These practices and tips can optimize HEDIS scores and identify opportunities to improve patient care.

The GSD measure assesses the percentage of patients 18-75 years of age with diabetes (types 1 and 2) whose most recent glycemic status (hemoglobin A1C [HbA1c] or glucose management indicator [GMI]) was at the following levels during the measurement year:

- **Glycemic Status <8.0%**
- **Glycemic Status >9.0%***

**A lower rate indicates better performance*

Provider Best Practices

- **Complete** the patient HbA1c two to four times each year.
- **Ensure** HbA1c and other labs are ordered prior to patient appointments.
- **Remind** patients to bring glucose readings or glucose monitors to their appointments.
- **Educate** members on the HbA1c target and CGM goals.
- **Review** diabetic services needed for patients at each office visit.
- **Document** HbA1c or GMI result date and distinct numeric result in the patient's medical record.
- **Outreach** to patients with HbA1c >7.9 to recheck level before the end of the year.
- **Set up** a tracking mechanism to identify gaps in care and utilize EHR flags to assist in tracking patients in need of follow-up visits.
- **Contact** patients who cancel or do not show up for appointments to assist with rescheduling.

Glucose Management Indicator (GMI)
approximates the laboratory HbA1c level expected based on average glucose measured using continuous glucose monitoring (CGM) values. Average glucose is derived from at least 12 days of CGM data. The GMI may be similar to, higher than, or lower than the laboratory HbA1c.

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Required Documentation

At a minimum, the patient's medical record should include a note indicating the date when the HbA1c test was performed and the result.

- The most recent HbA1c test during the measurement year should be used.
- Ranges and thresholds do not meet criteria. A numeric value must be documented.
- Patient-reported HbA1c or GMI from a CGM are acceptable as long as the date and result are noted in the medical record.
  - GMI values must include documentation of the CGM data date range used to derive the value. The terminal date in the range should be used to assign assessment date.
- If multiple glycemic status assessments were recorded for a single date, document the lowest result.

Did you know?

- The **goal** for most adults with diabetes is an HbA1c that is less than 7%.
- The higher the HbA1c level, the greater the **risk** of developing diabetes complications.
- There are **clinical scenarios** where the GMI and laboratory HbA1c will not be the same. For example, during short periods of hyperglycemia (illness, steroid administration, diabetic ketoacidosis), the GMI will be higher than a laboratory HbA1c taken at the same time.

Additional Resources

Refer to the American Diabetes Association's Standards of Care or the Centers for Disease Control and Prevention for additional clinical guidance and diabetes resources for healthcare providers.