

# Key Driver Diagram

## Global Aim

Reduce complications associated with uncontrolled type 2 diabetes while addressing health equity

## SMART Aim

By September 2025 (Wave 1) and January 2027 (Wave 2), reduce the relative percentage of adult patients with type 2 diabetes whose hemoglobin A1C (HbA1C) was uncontrolled ( $\geq 9\%$ ):

- Overall by 10%
- In the Medicaid population by 20%
- In the Hispanic and Non-Hispanic Black populations by 20%

## Population

Adult (18+older) Medicaid patients diagnosed with type 2 diabetes at participating practices

## Key Drivers

- A** Appropriate and Timely Treatment
- B** Access to High Quality Coordinated Care
- C** Screened and Well Managed Behavioral Health
- D** Patient Engagement, Healthy Lifestyle and Self-Efficacy
- E** Effective Supportive Relationships
- F** Equitable Environment for Care

## Clinical Drivers

## Interventions

Optimize medication regimen across conditions  
(A, B, E, F)

Consistent access to medication/supplies/equipment/technology  
(A, B, D, F)

Diabetes self-management education and support  
(A, B, C, D, E, F)

Coordinated comprehensive individualized medical treatment plan  
(B, C, D, E, F)

Standardized office processes for the healthcare delivery system  
(B, D, E, F)

Screening and integration of behavioral health services within primary care  
(C, E, F)

Screening for social drivers of health and linkage to community resources and/or CHWs  
(C, E, F)

Engaging patients in quality improvement  
(D, E, F)



This resource is part of the AHEAD Initiative Diabetes QI Clinical Toolkit. For access to this toolkit and additional resources, please visit [NEOQIHub.org](http://NEOQIHub.org).