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Diabetes Resources

Practical Information for New Mexico Health Care Professionals



A quarterly publication for clinicians caring for people with diabetes - Vol 15 No. 1, 2011

In each issue of **Diabetes Resources** we have provided specific information about management for diabetes, including important tests and resources to help reduce complications associated with the disease. Information is included about the ABCs of diabetes: **A1C testing 2-4 times per year, Blood pressure screening at every visit, and annual Cholesterol testing. Additional clinical information is also provided. A dilated eye exam, sensory foot exam and screening for kidney disease are each recommended annually. Attention to these risk factors reduces the chance for cardiac, renal, eye and vascular disease secondary to diabetes.**

In support of the **New Mexico Adult Diabetes Practice Guideline 2011**, please see the reverse side of **Diabetes Resources** for recommendations for care including resources and tools that can help in your efforts to provide education and support among your patients with diabetes.

Check www.nmtod.org for organizations that have graciously provided funding for **Diabetes Resources**.

New Mexico Health Care Takes On Diabetes, a New Mexico non-profit corporation, is a broad coalition of New Mexico's diabetes care professionals, New Mexico Health Plans, the New Mexico Department of Health, and the New Mexico Medical Review Association, with technical and administrative support from the American Diabetes Association.

Lower the A1C to Reduce the Risk

The Issue:

- ❖ The A1C remains the best way for clinicians to monitor the long-term blood glucose control of their patients with diabetes.
- ❖ For every point the A1C is lowered, (e.g., from 9.0% to 8.0%) the relative risk for microvascular complications is reduced by 35%, for diabetes-related death by 25%, and for heart attack by 14%.¹
- ❖ In New Mexico 25% of people with diabetes had not had an A1C test at all during 2003.^{2,3} The recommended frequency is two to four times per year.
- ❖ Many people with diabetes still don't understand A1C. According to a recent study, only a quarter of people who have diabetes know their A1C level.¹

Did you know?

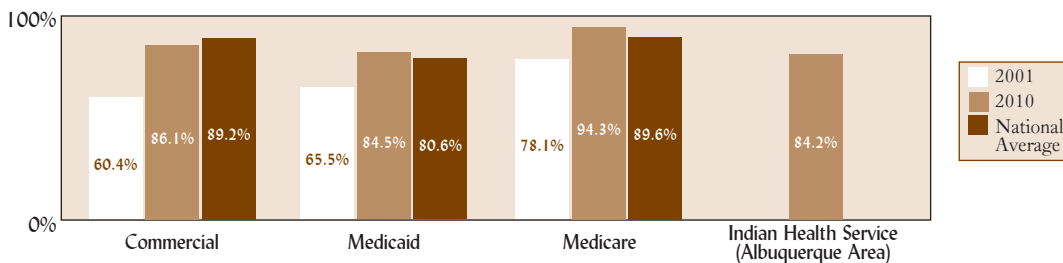
A1C (A-one-C) is now the preferred "short-hand" for referring to glycated hemoglobin (HbA1c). Using A1C avoids confusion with hematology tests (hemoglobin) and makes it easier for patients and clinicians to communicate.

The Current Clinical Recommendation:

The *New Mexico Adult Diabetes Practice Guideline 2011* recommends that all people with diabetes have an A1C test 2-4 times per year. The goal is an A1C <7%.

New Mexico's Numbers:

Percentage of People with Diabetes Who Received At Least One A1C Test in 2001 and 2010^{2,4,6}



Remember: A1C testing recommended 2 - 4 times a year

¹Diabetes Care 2004, 27:S15-35.

²Data reported using nationally validated HEDIS® methodology. Rates derived from meeting continuous enrollment requirements. HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).

³This number is calculated using HEDIS methodology and is the percentage of patients with diabetes who were not tested for A1C in the year 2003.

⁴HEDIS 2010 data for CY 2009 provided by BCBSNM, Molina Healthcare of New Mexico, Lovelace Health System, Presbyterian Health Plan and UnitedHealthCare.

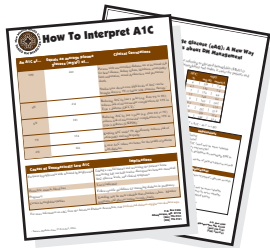
⁵Indian Health Service data were provided for the Albuquerque Area and based on Government Performance and Results Act (GPRA) indicators from 2010 fiscal year.

⁶National average data provided by Quality Compass for CY 2009 and Indian Health Services for FY 2010.

Resources for Clinicians

The following resources are FREE and can be downloaded from the New Mexico Health Care Takes On Diabetes website at www.nmtod.org. For further information contact Charm Lindblad, Executive Director, at 505.796.9121 or toll-free 1.866.796.9121.

How To Interpret A1C—A1C is the most important indicator of glucose control in diabetes. But it can be difficult to understand the clinical relevance of a given A1C value. You know the goal is an A1C <7.0%, but do you know why? Did you know an A1C level of 9.0% is approximately equal to an average glucose level of 212 mg/dl? Do you know how to interpret the A1C when patients have repeated episodes of hypoglycemia or when they are anemic? “How to Interpret A1C” will help answer those questions and will show you how A1C levels relate to average blood glucose levels and clinical correlations. An invaluable “memory jogger” for clinicians, it can be downloaded free from the New Mexico Health Care Takes On Diabetes website.



Estimated Average Glucose Tool Kit—To support health care providers, the American Diabetes Association has developed an eAG Tool Kit to help patients better understand how their A1C relates to their daily diabetes management. The eAG Tool Kit offers easy-to-use health care provider and patient resources and supplies tools and materials to understand eAG. The kit contains a patient tear pad with information explaining the importance of eAG, an A1C to eAG conversion wheel, two 11 x 17-inch posters for patient exam rooms and an eAG to A1C calculator. Health care professionals can request a free copy of the eAG toolkit at <http://professional.diabetes.org/GlucoseCalculator.aspx>.

A1C Analyzers for Office or Home Use—It is possible to perform A1C testing in the office to make immediate diabetes management adjustments. In-home A1C testing is also available, although its role in improving diabetes outcomes is unknown. The American Diabetes Association takes no position on in-home testing. If your patients use in-home testing, it may be valuable to encourage them to discuss the results with you.

- ❖ To review different manufactures of A1C analyzers for office or home use there is a website that compares A1C Analyzers. Go to: Hemoglobin A1C Analyzers - Diagnostics Product Matrix - Medcompare to review current products on the market for office use.
- ❖ Per the Medcompare website only Bayer Diagnostic offers a combination analyzer that gives both A1C and microalbumin/creatinine test results. www.medcompare.com/matrix/531/hemoglobin-a1c-analyzers.html

Point-of-care A1C testing should not be used for diagnosing diabetes due to insufficient accuracy. NMHCTOD does not endorse any particular manufacturer. Check with individual health plans for information on insurance coverage.

Source: Diabetes Care, Volume 33, Supplement 1, January 2010

Websites—The editorial committee has identified a select number of websites about A1C testing that we think you will find informative. To access these websites, please visit the New Mexico Health Care Takes On Diabetes website www.nmtod.org.*

**Please note that these websites do not necessarily represent the views of New Mexico Health Care Takes On Diabetes. They are listed for your reference and convenience. NMHCTOD does not evaluate websites for content accuracy or application to any clinical situation.*

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