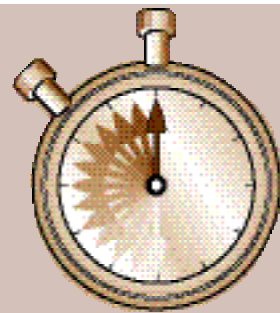




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DIABETES — A 60-Second Guide



A quarterly publication of useful resources for clinicians caring for diabetes - Vol 1 No. 2, Spring 2002

Lower the A1C to Reduce the Risk

The Issue:

- ❖ Lowering A1C levels reduces the risk of morbidity and mortality in diabetes. Just a one-point reduction in A1C (e.g. from 9.0% to 8.0%) may reduce the risk of diabetes-related death by 25% and microvascular disease as much as 35%.¹
- ❖ In New Mexico, more than a third of persons with diabetes had not had an A1C test in the year 2000.² The recommended frequency is two to four times per year.
- ❖ In New Mexico, two-thirds of persons with diabetes had no evidence that their diabetes was adequately controlled in the year 2000.³ Patients with poor glucose control are at greatly increased risk for heart disease, blindness, kidney failure, limb amputation, neuropathy, sexual dysfunction, and premature death.

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.

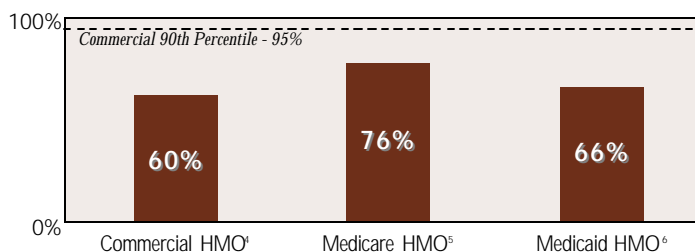
The Current Clinical Recommendation:

The New Mexico Health Care Takes On Diabetes 2002 Guideline recommends that all persons with diabetes have an A1C test 2-4 times per year. The goal is an A1C < 7%.

New Mexico's Numbers:

Percentage of Persons with Diabetes Who Received At Least One A1C Test in 2000

(A1C testing recommended 2 - 4 times a year)



In this issue of Diabetes—**A 60-Second Guide** we provide information and resources to help you address the "ABCs of Diabetes." What are the "ABCs?" Simply an easy way to remember the key factors in controlling the morbidity caused by diabetes:

- **A1C level**
(Goal: A1C < 7%)
 - **Blood pressure**
(Goal: BP < 130/80)
 - **Cholesterol level**
(Goal: LDL < 100 mg/dl)
- Developed by the National Diabetes Education Program, the "ABCs" are used throughout the country to help physicians and patients focus on those factors that can reduce the risk of vascular, cardiac, eye, and kidney disease due to diabetes.

Please see the reverse side for resources and tools that can help you incorporate the ABCs into your practice.

Funding for Diabetes—A 60-Second Guide generously provided by the American Association of Health Plans.

New Mexico Health Care Takes On Diabetes 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 Association of Health Plans and the American Diabetes Association.

¹Diabetes Care 2002; 25: s28-32.

²Refers to persons enrolled in one of the health plans participating in NMHCTOD, using data reported based on nationally validated HEDIS® methodology. HEDIS and Quality Compass® are registered trademarks of the National Committee for Quality Assurance.

³This number is calculated using HEDIS methodology and is the sum of (a) persons who have not been tested for A1C ever in the year 2000 and (b) persons whose last A1C test in 2000 was greater than 9.5%.

⁴Sample taken from a combined population of 12,120 Commercial enrollees who met 12 months of continuous enrollment criteria and the HEDIS definition of diabetes for the measurement year 2000. Commercial enrollees were insured during 2000 by Blue Cross and Blue Shield of New Mexico/HMO New Mexico, Cimarron Health Plan, Lovelace Health Systems, and Presbyterian Health Plan.

⁵Sample taken from a combined population of 2,844 Medicare enrollees who met 12 months of continuous enrollment criteria and the HEDIS definition of diabetes for the measurement year 2000. Medicare enrollees were insured during 2000 by Lovelace Health Systems and Presbyterian Health Plan.

⁶Sample taken from a combined population of 2,728 Medicaid enrollees who met 12 months of continuous enrollment criteria and the HEDIS definition of diabetes for the measurement year 2000. Medicaid enrollees were insured in 2000 by Cimarron Health Plan, Lovelace Health System, and Presbyterian Health Plan.

Resources for Clinicians

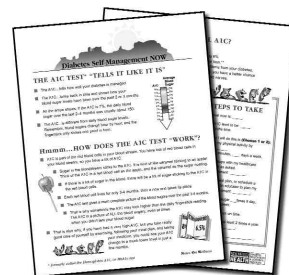
The following resources are FREE and can be downloaded from the New Mexico Health Care Takes On Diabetes website at www.takingondiabetes.org/communitypartnership, or contact Charm Lindblad, Project Manager, at **505.796.9121** or toll-free **1.866.796.9121**.

A1C Analyzers Now Available for Office or Home Use—Have you ever wanted to know a patient's A1C value while he or she was still in your office? Now it is possible to perform A1C testing in your office or in the patient's home. Here are two examples:

- Bayer Diagnostics manufactures the DCA 2000 + Analyzer for office use providing rapid results for both A1C and microalbumin/creatinine assays, taking six and seven minutes respectively. The cost is approximately \$2,700 for the analyzer and each individual test costs approximately \$7 to \$10. For information, go to www.bayerdiag.com or call **1.800.445.5901**.
- Metrika, Inc., makes a single use analyzer for office or home use. A1C Now provides results in eight minutes. The cost is approximately \$13 per kit. For information go to www.A1CNow.com or call **1.877.212.4968**

NMHCTOD is not endorsing any particular manufacturer, and only you can determine if these options would make sense for your practice.

A1C Tool for Patients—The New Mexico Department of Health Diabetes Prevention and Control Program has produced an excellent patient education brochure that explains A1C in simple terms. Written at a fifth grade reading level, it incorporates graphics to enhance patient understanding. A section called “Steps to Take” assists the patient and provider in documenting diabetes self-management goals related to improving the patient's A1C. A color version can be laminated or put in a plastic sleeve for repeated use in one-on-one training with patients. A black-and-white version can be easily photocopied and given to patients to take home. Spanish translations are also available. There are no copyright restrictions. This form can be found on the New Mexico Health Care Takes On Diabetes website.



How to Interpret the A1C Test—The A1C test 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 9.5% equates to an average glucose level of 225 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 the A1C Test” 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 for free from the New Mexico Health Care Takes On Diabetes website.



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

**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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