

Reducing Lapses in Hemoglobin A1c Testing in Primary Care

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Abstract

Background: Effective primary care management of Type II Diabetes care begins with frequent measurement of hemoglobin A1c. A patient-centered quality improvement strategy is to generate an identification and tracking report of poorly controlled (hemoglobin A1c of 9% or greater) diabetes patients, follow with outreach to remind patients to have hemoglobin A1c testing and schedule follow up appointments and ease testing with standing hemoglobin A1c orders.

Design: A pretest-posttest design was conducted with the primary goal of evaluating the effectiveness and frequency of increasing HbA1c testing of Type II Diabetes patients with poorly controlled diabetes in a primary care setting to; (1) initiate a diabetes identification and tracking report and (2) implement standing hemoglobin A1c orders on all identified patients.

Methods: We identified poorly controlled diabetes patients at a primary care medicine practice who were due or overdue for HbA1c testing through the creation of an Epic Diabetes Report. A primary care nurse conducted biweekly outreach to remind patients to have HbA1c testing and schedule clinic appointments if due or overdue. Patient outreach occurred via MyChart message, letter and/or phone calls. In order to ease the process of HbA1c testing, standing HbA1c orders were implemented. We assessed patient responsiveness to outreach and used medical chart review to confirm if testing occurred as a result of outreach.

Results: Over 3 months, 36 patients were due or overdue for HbA1c testing. 100% of patients received outreach and 23 of 36 patients (63.9%) completed HbA1c testing. After first outreach, 12 patients had testing, while 7 patients had testing after the second outreach. 4 patients had testing after all three outreaches were completed. Of the 36 patients, 81% had active, standing HbA1c orders at the end of 12 weeks.

Conclusions: Results revealed the implementation of an identification and tracking system, patient outreach and implementing standing orders are effective in improving frequency of HbA1c testing. This approach is effective in reminding poorly controlled diabetes patients to have HbA1c tested and made easier with the use of standing orders.