

# Decreasing Lapses in HbA1c Testing in Primary Care

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## Introduction & Background

### Introduction

- HbA1c is the accepted measure to monitor diabetes.
- ADA recommends poorly controlled diabetes patients (HbA1c 9% or greater) have testing every three monthly.

### Background

- Poorly controlled diabetes complications cost the US \$98 Billion annually.
- Healthcare Effectiveness Data and Information Set for primary care practices state all poorly controlled Type II Diabetes must have at least one HbA1c annually.
- Primary care practices do not meet HbA1c testing frequency metrics for poorly controlled diabetes patients.

## Purpose & Aims

The purpose of this project is to reduce lapses in HbA1c testing in poorly controlled diabetic patients in a primary care practice.

**Aim1:** To increase the proportion of adult patients with HbA1c of 9% or greater with follow up testing by creation and implementation of reporting systems to track HbA1c due dates with documented outreach to patients who are due or overdue for testing.

**Aim2:** Examine the rates of placing standing HbA1c orders to ease completion of testing.

**Aim3:** Initiate point of care testing on 80% of diabetes patients without HbA1c testing at the time of clinic visit.

## Methods & Intervention

**Design:** One group, pretest-posttest design

**Sample:** 36 adult patients

**Setting:** Johns Hopkins Greenspring Division of Internal Medicine

**Inclusion Criteria:** adult patients age 18-75 with poorly controlled (9% or greater) Type II Diabetes

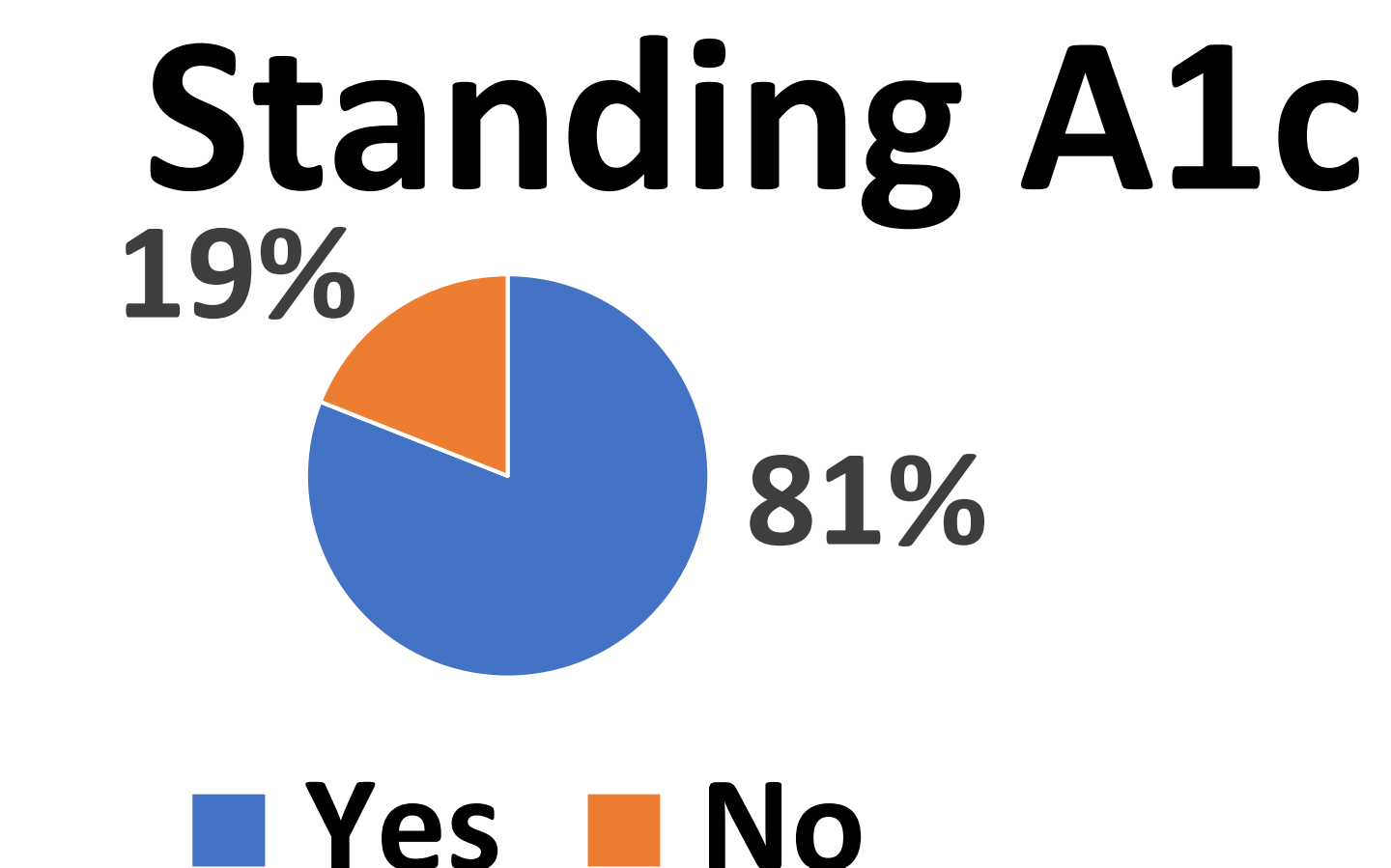
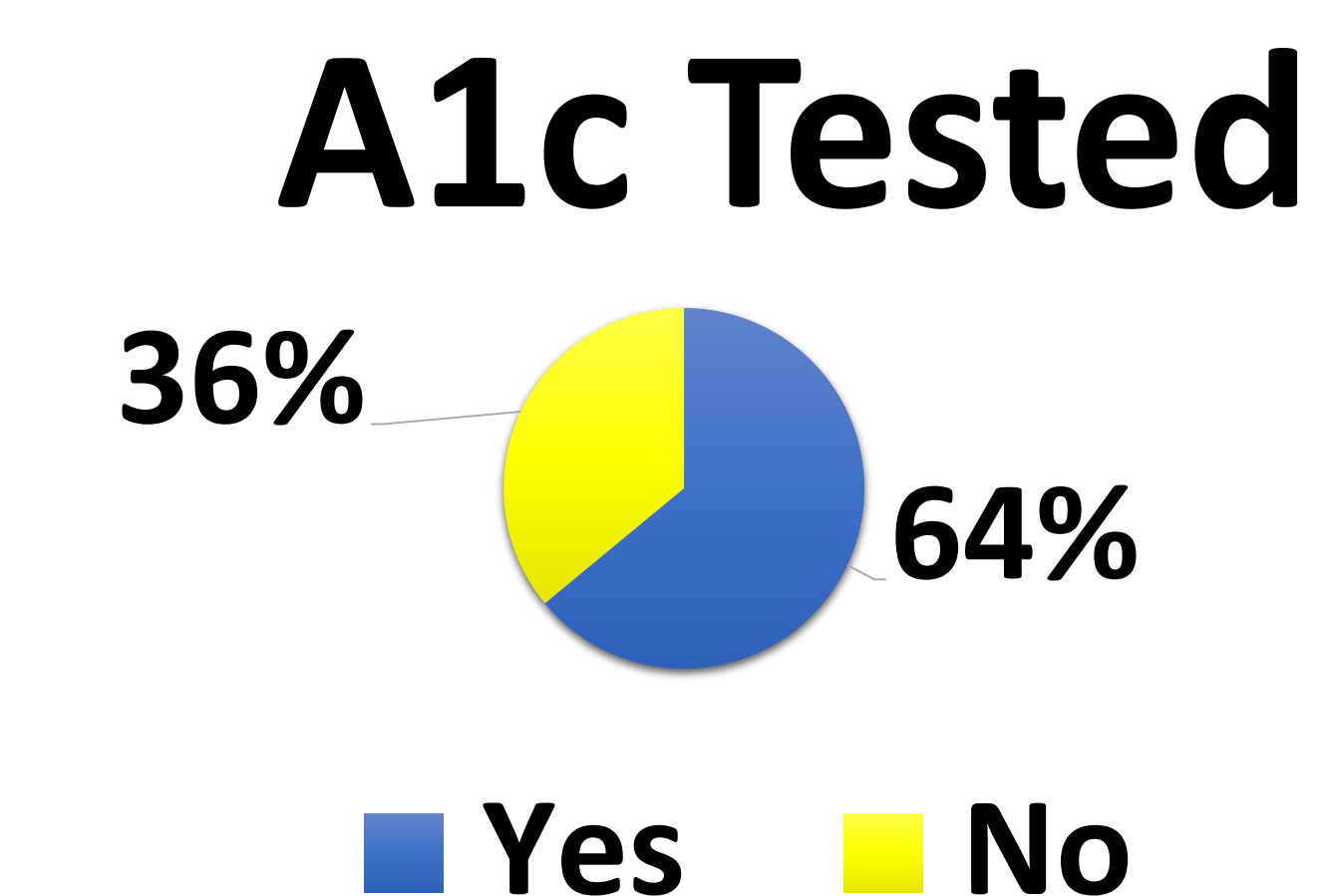
### Intervention

- Run Diabetes Epic Report bi-weekly for 12 weeks
- Chart Review to confirm last HbA1c date.
- Outreach to patients via MyChart, letter and/or phone call bi-weekly for a total of 3 outreach attempts to have HbA1c tested.
- Pend standing HbA1c lab orders to providers
- Point of care was not able to be initiated.

Demographic Characteristics	(N = 36)
Age, mean (SD)	59.36 (13.6)
Sex/ ID, n (%)	
Male	17 (47.2)
Female	17 (47.2)
Transgender	2 (5.6)
Insurance, n (%)	
Commercial	19 (52.8)
Medicaid	4 (11.1)
Medicare	13 (36.1)
Race/Ethnicity, n (%)	
African American	18 (50)
Asian	1 (2.8)
Caucasian	14 (38.9)
Hispanic	2 (5.6)
Other	1 (2.8)
*SD = Standard Deviation	

## Results

- Of the 36 total patients, 64% had HbA1c tested as a result of outreach, while 36% never had HbA1c testing.
  - First outreach occurred on all 36 participants, resulting in 12 HbA1c tests. There were 24 second outreaches with 7 resulting HbA1c tests. There were 15 third outreaches with 4 resulting HbA1c tests.
- Of the 36 patients, 81% had standing HbA1c orders at the conclusion of implementation.
- Point of care not analyzed.



## Conclusion

- These findings support an increase in HbA1c testing as a result of initiation of an identification and tracking report with subsequent patient outreach on a bi-weekly basis.
- Patients reported ease of HbA1c testing with the use of standing orders.
- Point of care testing did not occur during implementation but research supports its use to increase testing frequency and patient satisfaction.

## Dissemination

- The results of this intervention were shared with the staff, clinical director and ambulatory practice manager during a monthly CUSP meeting.
- The written protocol for the project was left with the practice nurse who continues the project as a practice standard of care.