**Measure Title**
GLYCOSYLATED HEMOGLOBIN (HBA1C) TEST FOR DIABETICS

**Disease State**
Diabetes

**Indicator Classification**
Prevention

**Strength of Recommendation**
A

**Physician Specialties**
Endocrinology, Family Practice, Gerontology, Internal Medicine

**Clinical Rationale**
- Diabetes is a chronic, serious disease that affects approximately 14.7 million Americans. This disease is the leading cause of new cases of blindness among adults aged 20-74, the leading cause of end-stage renal disease, and a major contributing cause of lower extremity amputations.[1]

**Reason for Indicated Intervention or Treatment**
- Screening for hemoglobin A1C levels and improved glycemic control for patients with diabetes is associated with a reduced risk of developing microvascular diabetic complications (eye, kidney, and nerve disease).[2-4]

**Evidence supporting Intervention or Treatment**
- Detection of elevated hemoglobin A1C affords the opportunity to provide patients with effective treatments to improve their glycemic control and decrease the risk of or delay the onset of diabetic vascular related complications. Prospective randomized clinical trials such as the Diabetes Control and Complications Trial and the United Kingdom Prospective Diabetes Study have demonstrated that improved glycemic control is associated with decreased rates of retinopathy, nephropathy, and neuropathy.[5-9]

**Clinical Recommendation**
- The American Diabetes Association, the American Association of Clinical Endocrinologists/American College of Endocrinology (AACE/ACE), the American Board of Family Practice, the Centers for Disease Control and Prevention, and the Veterans Affairs Administration all recommend that glycosylated hemoglobin (Hgb A1C) be monitored. These organizations differ on the frequency with which this level should be checked and what the goal level should be.[4, 10-14]

**Source**
Adapted from the Health Plan Employer Data and Information Set (HEDIS®) 2006 Technical Specification

**Denominator**
Continuously enrolled members ages 18 - 75 years by the end of the measurement year who were identified as having diabetes during the measurement year or year prior.

**Denominator Exclusion**
Members with a diagnosis of polycystic ovaries at any time in the member’s history who did not receive a diagnosis of diabetes during the measurement year or year prior, or members diagnosed with gestational diabetes or steroid-induced
diabetes during the measurement year.

**Numerator**
Members who received one glycosylated hemoglobin (Hb A1C) test during the measurement year.

**Interpretation of Score**
High score implies better performance.

**Physician Attribution**
Score all physicians (in the selected specialties) who saw the member during the measurement year

**External Files Required for Analysis**
Denominator file name: diabetes_den_medlist_2006.xls
Source: NCQA website
Updated Annually

**References**


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1 Indicator Classification (Adapted from Health Plan Employer Data Information Set (HEDIS®) technical specifications)

| Diagnosis | Measures applicable to patients receiving diagnostic workups for a symptom or condition that delineate appropriate laboratory or radiological testing to be performed (e.g. evaluation of thyroid nodule; pregnancy test in patients with vaginal bleeding or abdominal pain) |
| Effectiveness of Care | Prevention | Measures applicable to asymptomatic individuals that are designed to prevent the onset of the targeted condition (e.g. immunizations). |
| Screening | Measures applicable to asymptomatic patients who have risk factors or pre-clinical disease, but in whom the condition has not become clinically apparent (e.g. pap smears; screening for elevated blood pressure). |
| Disease Management | Measures applicable to individuals diagnosed with a condition that are part of the treatment or management of the condition (e.g. cholesterol reduction in patients with diabetes; radiation therapy following breast conserving surgery; appropriate follow-up after acute event). |
| Medication Monitoring | Measures applicable to patients taking medications with narrow therapeutic windows and/or potential preventable significant side effects or adverse reactions (e.g. thyroid stimulating hormone (TSH) testing after levothyroxine dose change; hepatic enzyme monitoring for patients using antimycotic pharmacotherapy) |
| Medication Adherence | Measures applicable to patients taking medications for chronic conditions that are designed to assess patient adherence to medication (e.g. adherence to lipid lowering medication). |
| Utilization | Measures applicable to patients receiving treatment for a symptom or condition that advocate appropriate utilization of laboratory and pharmaceutical resources (e.g. conservative use of imaging for low back pain; inappropriate use of antibiotics for viral upper respiratory infection). |
Strength of Recommendation Based on a Body of Evidence

![Flowchart Diagram](image)

**FIGURE 2.** Algorithm for determining the strength of a recommendation based on a body of evidence (applies to clinical recommendations regarding diagnosis, treatment, prevention, or screening). While this algorithm provides a general guideline, authors and editors may adjust the strength of recommendation based on the benefits, harms, and costs of the intervention being recommended. (USPSTF = U.S. Preventive Services Task Force)