HbA1C Screening and Control in Patients with Diabetes Mellitus in Ambulatory Resident Clinic

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Background: Hemoglobin A1C is the primary clinical tool used to assess glycemic control, and, according to the ADA, should be routinely performed in diabetic patients. Recommendations include biannual testing of Hb-A1C for patients with stable glycemic control who are meeting treatment goals, and at least every 3 months for patients who are not, or who have recently had changes in treatment plans. Monitoring Hb-A1C in diabetic patients within this timeline ensures that providers can effectively tailor treatment plans according to reliable metrics.

Methods: We performed a retrospective chart review of 99 patients randomly selected from a pool of 1600 patients with Diabetes Mellitus as defined by HbA1C above 6.5 with appointments in the University Hospital Ambulatory Care Center from January 1st 2021 to June 30th 2021. We collected data on whether their diabetes was controlled (A1C≤9) or uncontrolled (A1C>9), and whether repeat Hb-A1Cs were ordered by physicians as per guidelines.

Results: Of the 99 patients, 57 (~57.6%) patients were found to have had at least one documented uncontrolled A1c value of 9 or higher. Only 37 out of 57 uncontrolled diabetic (64.9%) patients had a 3-6 month repeat Hb-A1c ordered by the physician. Additionally, out of the 37 patients who did have a repeat Hb-A1c ordered for 3-6 months, 12 patients (32.4%) completed their bloodwork whereas 25 patients (67.6%) did not.

Conclusion: The study showed that the majority of the patients (57.6%) had a Hb-A1c of 9 or higher at one point in their care. In 35.1% of these instances, physicians did not order repeat bloodwork as per diabetes management guidelines. Patient compliance to the lab work ordered by their physician was only 32.4%. Future research should focus on studying contributing factors leading to physicians not ordering repeat testing, as well as patient non-adherence in completing their prescribed bloodwork.