



Diabetes Mellitus Registry Report

**As Required By
Health and Safety Code Section 95.056**



**Department of State Health Services
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Introduction

[Texas Health and Safety Code, Chapter 95, Subchapter B](#) requires the Department of State Health Services (DSHS) to coordinate with participating public health districts to create and maintain an electronic diabetes mellitus registry to track glycosylated hemoglobin levels in patients tested in their districts using the A1c test¹.

A report including an evaluation of the registry's effectiveness and the number of participating public health districts must be submitted no later than December 1 of each even-numbered year to the Governor, Lieutenant Governor, Speaker of the House of Representatives, and appropriate standing committees of the Legislature.

Background

H.B. 2132, 80th Legislature, Regular Session, 2007 established the diabetes registry as a pilot program. The statutes governing the registry were revised by H.B. 1363, 81st Legislature, Regular Session, 2009. S.B. 510, 82nd Legislature, Regular Session, 2011, permanently extended the operation of the registry and codified it in the above-mentioned Texas Health and Safety Code as the "Diabetes Mellitus Registry."

Participation is voluntary, and costs for establishing and administering programs are solely the responsibility of public health districts who shall compile results to track the following:

- Prevalence of diabetes mellitus among people tested in the district
- Level of diabetic control for the patients with diabetes mellitus in each demographic group
- Trends of new diagnoses of diabetes mellitus in the district
- Health care costs associated with diabetes mellitus and glycosylated hemoglobin testing

Health and Safety Code 95.052 specifies that the registry participation is limited to public health districts that serve a county with a population over 1.5 million and which more than 75 percent of the population lives in one municipality.

Diabetes mellitus, commonly referred to simply as diabetes, is a metabolic disease that causes high blood sugar. There are two main types of diabetes:

- Type 1, in which the body does not produce insulin, necessitating insulin injections. Left untreated, it can cause diabetic coma and death. About five percent of people with diabetes have type 1.
- Type 2, a metabolic disorder resulting from the body's inability to make enough, or to properly use insulin. It usually begins in middle age, but can occur at any age, even among children.

Both types of diabetes can lead to complications including heart disease, stroke, kidney failure, amputations, and blindness. Prevention and treatment involve maintaining a healthy diet, getting

¹ The A1c test measures average blood glucose (or blood sugar) levels over the past three months and is used to help people with diabetes manage their blood sugar. The test is also referred to as the hemoglobin A1c, HbA1c, or glycohemoglobin test, and can be used as a diagnostic test for diabetes and pre-diabetes.

regular exercise, and keeping blood pressure under control. Insulin is required for people with type 1 diabetes. Medications are initially prescribed for people with type 2 diabetes, and insulin may also be prescribed as the disease progresses.

Registry Implementation: 2007-09

In 2007, the San Antonio Metropolitan Health District (SAMHD) sought state legislation to make diabetes mellitus a reportable disease. In response, the Texas Diabetes Council (TDC) recommended a pilot project to serve as a potential model for future statewide application. The recommendation resulted in the passage of H.B. 2132, authorizing the collection and study of A1c test results for the creation of a diabetes mellitus registry.

Bexar County was designated as the location for the fulfillment of the statutory directive, and DSHS coordinated with SAMHD to establish the pilot.

SAMHD funded two full-time positions and contracted with a clinical software company, Vermont Clinical Decisions Support (VCDS), to assist in gathering, storing, and analyzing data collected from four San Antonio area labs: University Health System, Quest Diagnostics, Lab Corporation of America, and Clinical Pathology Labs.

By September 30, 2009, the registry contained more than 652,000 A1c test results for 236,170 unique individuals. The data offered insight into geographic areas with poor A1c control. However, because diabetes diagnostic information was not required to be submitted to the registry, A1c data were of limited value for a diabetes registry because the number of individuals with a diabetes diagnosis was not known.

Registry Implementation: 2010-12

The 81st Legislature passed H.B. 1363, extending the pilot program for two more years (through September 1, 2011), and adding two new provisions:

- A requirement that physicians ordering A1c tests submit diabetes diagnostic information with test results
- A provision allowing patients to opt out of the registry

In 2010 and 2011, limited funding impacted operations, but by mid-2012 progress had resumed with the creation of a new chief epidemiologist position responsible for overseeing the registry. Data collected during this period was limited, with only one of the four laboratories reporting data. The opt-out provision may have impacted data sharing as well. From January to December 2011, 34,649 A1c test results were reported for 18,501 unique individuals.

Registry Implementation: 2013-14

SAMHD maintained its authority to collect data, and explored the possibility of contracting with a local health information exchange provider, Healthcare Access San Antonio (HASA), to

establish a data platform for an ongoing registry. HASA provides health information exchange services for Bexar and surrounding counties, and their data platform allows patients to opt in or opt out of data collection. Costs to support an ongoing registry using HASA were determined, but a funding source was not secured.

Registry Implementation: 2015-16

As of August 2016, SAMHD has not secured a funding source to support a contract with HASA for an ongoing registry.