



Diabetes Mellitus Registry Report

**As Required by
Texas Health and Safety Code
Section 95.056**



TEXAS
Health and Human
Services

Texas Department of
State Health Services

March 2020

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Introduction

[Texas Health and Safety Code, Chapter 95](#), requires the Department of State Health Services to submit a report regarding the diabetes mellitus registry that includes an evaluation of the effectiveness of the registry and the number of public health districts voluntarily participating in the registry.

The report 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.

Public health district participation and costs for establishing and administering programs are solely the responsibility of public health districts that compile results to track the following:

- prevalence of diabetes mellitus among people tested in the district;
- average A1c of patients with diabetes mellitus in each demographic group;
- incidence of diabetes mellitus in the district; and
- health care costs associated with diabetes mellitus and glycosylated blood sugar testing.

Background and Status

[House Bill 2132, 80th Legislature, Regular Session, 2007](#), established the diabetes mellitus registry as a pilot program and directed the Department of State Health Services (DSHS), in coordination with participating public health districts, to create and maintain an electronic diabetes mellitus registry to track the glycosylated hemoglobin level of each person who has a laboratory test to determine that level performed at a clinical laboratory in the participating district.

In 2007, to satisfy the requirements of statute, Bexar County was designated as the pilot site, and DSHS coordinated with San Antonio Metropolitan Health District (SAMHD) to establish the registry. Once developed, the electronic diabetes mellitus registry tracked the blood glucose (sugar) levels of patients using the A1c test.¹

SAMHD funded two full-time positions and contracted with a clinical software company, Vermont Clinical Decisions Support, 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.

[Senate Bill 510, 82nd Legislature, Regular Session, 2011](#), amended Chapter 95 to make public health district participation in the diabetes mellitus registry voluntary and designate public health districts as solely responsible for the costs of establishing and administering the registry program in their district. Since that time, there has been minimal participation in and a lack of funding for the registry.

SAMHD collected an additional 34,649 A1c test results through one laboratory for 18,501 unique individuals from January to December 2011. While SAMHD maintained its authority to collect data, no additional data was collected after 2011. In 2013-14, SAMHD explored the possibility of contracting with a local health

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

information exchange provider, Healthcare Access San Antonio (HASA), to establish a data platform for an ongoing registry. Costs to support an ongoing registry using HASA were determined, but a funding source was never secured.

SAMHD, the only voluntary public health district to participate in the registry program, has not secured a funding source since 2012, has been unable to secure a contract with HASA, and collects only self-reported A1c data from participants in programs administered by SAMHD. Therefore, SAMHD is unable to support the voluntary diabetes mellitus registry.

Conclusion

San Antonio Metropolitan Health District was the only public health district that voluntarily participated in submitting aggregate patient A1c results to the registry. Without continued public health district participation, the diabetes mellitus registry is inactive due to a lack of participation. With no participating health districts, the Department of State Health Services is unable to perform an evaluation of registry effectiveness.

List of Acronyms

Acronym	Full Name
DSHS	Department of State Health Services
HASA	Healthcare Access San Antonio
SAMHD	San Antonio Metropolitan Health District