



THE CITY OF NEW YORK

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Michael R. Bloomberg

Mayor

Thomas R. Frieden, M.D., M.P.H.

Commissioner

nyc.gov/health

January 15, 2006

Dear NYC Health Care Professional,

Diabetes is epidemic in New York City (NYC). Diabetes prevalence has more than doubled over the past 10 years and now affects 9% of adults (530,000 people); an additional 235,000 adults have diabetes but do not yet know it. Diabetes and diabetes-associated cardiovascular disease are leading causes of death in NYC. This epidemic requires an effective public health response similar in urgency to that traditionally associated with communicable diseases.

Good control of blood sugar, blood pressure, and cholesterol, as well as quitting smoking, greatly improve clinical outcomes. Patients with type 2 diabetes and an A1C less than 7.0% had a 25% reduction in retinopathy, nephropathy, and neuropathy.¹ Patients with lower A1C levels have significantly fewer microvascular and cardiovascular complications and a lower risk of diabetes-related death.²

Two-thirds of people with diabetes die from cardiovascular events. In addition to improving microvascular outcomes, good glycemic control in persons with type 1 diabetes has recently been shown to reduce myocardial infarction, stroke, and death from cardiovascular disease by 57%.³ Good glycemic control in persons with type 2 diabetes will most likely reduce cardiovascular events as well.³ Nationally, only 7% of persons with diabetes reach recommended clinical goals of A1C <7.0%, blood pressure <130/80, and LDL cholesterol <100 mg/dL.⁴

On December 14, 2005, the New York City Board of Health mandated electronic reporting of hemoglobin A1C by clinical laboratories. This requirement becomes effective January 15, 2006. Laboratories are currently required to report blood lead levels and many communicable disease results. Unlike communicable diseases or cancer, there is **no** requirement for physician reporting of A1C or diabetes. This new electronic reporting requirement will establish public health surveillance of the epidemic. It will also provide a basis for designing interventions to help providers and patients improve outcomes for persons with diabetes.

Based on smaller interventions,⁵ a pilot program is being planned for the South Bronx, which has the highest prevalence of diagnosed diabetes in NYC (18% of adults, twice the citywide average). The pilot will target approximately 270 providers and their patients with diabetes, about 25% of whom are estimated to have A1C values >9.0%. The intervention will include feedback to clinicians to improve clinical management. Patients will receive feedback, whenever possible through their clinicians, to improve education and self-management.

Information in the registry will also be used to better understand the epidemiology of diabetes in NYC. Analyses should clarify issues such as disparities among different populations with diabetes and the emerging epidemic of type 2 diabetes in children. This surveillance can help direct resources to areas and groups with greatest need.

The Board of Health also authorized a second important change to the Health Code. The Health Code now requires laboratories to include patient date of birth and address in data sent for all reportable results. This change involves you as the primary source of this information. Please review your test ordering procedures to assure that patient date of birth and full street address (including city, state, and zip code) are included in all orders for reportable laboratory tests. This will eliminate calls from laboratories seeking this information from you.

Thank you for your work to protect and promote the health of all New Yorkers.

Sincerely,



Thomas R. Frieden, M.D., M.P.H.
Commissioner

References

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