ACP does not support NQF 0575: “Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%).” The current evidence shows that although lower blood glucose levels improves patient outcomes, the harms of hypoglycemia are also important and should be considered. In addition, independent patient variables (such as diet, ability to pay for medications, medication compliance, and patient preference) make it difficult for physicians to have complete control over HbA1c levels. Additionally, for this measure, the denominator exclusions are imprecise and could promote over treatment, particularly for those at high risk of hypoglycemia (patients with dementia and chronic kidney disease, among others). Denominator exclusions should specifically include: 1) patients with dementia, 2) patients with chronic kidney disease and 3) patients with limited life expectancy where the interventions have the potential to cause more harms than benefit.

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