

# 7 steps to get prediabetic patients the preventive help they need

OCT 4, 2018

**Sara Berg, MS**

Senior News Writer

---

About 84 million adults in the U.S. have prediabetes, while nine in 10 are unaware of their condition. For those patients who are identified as having prediabetes, too often there is a failure to help patients enroll in evidence-based diabetes prevention lifestyle change programs (LCPs) that are associated with a 58 percent drop in three-year type 2 diabetes incidence.

That shortfall is due to a combination of factors, including lack of awareness about LCPs that prevent type 2 diabetes, insufficient coverage and a shortage of LCP providers. But that is starting to change as the Centers for Disease Control and Prevention expands its Diabetes Prevention Recognition Program—a registry of organizations that deliver evidence-based type 2 diabetes prevention.

Also, Centers for Medicare & Medicaid Services-approved organizations can now bill services provided to eligible Medicare beneficiaries under a new AMA-supported initiative, the Medicare Diabetes Prevention Program (MDPP) expanded model.

Physicians, care teams and health systems can help their patients prevent type 2 diabetes by identifying patients at risk for developing type 2 diabetes and referring them to a CDC-recognized LCP.

Here are seven steps to follow in your practice, hospital or health system to develop prediabetes screening and LCP referral workflows, as outlined in a reviewco-written by Kate Kirley, MD, director of chronic disease prevention at the AMA, with experts from San Francisco-based Omada Health Inc. and Salt Lake City-based Intermountain Healthcare. The report was published in *Current Diabetes Reports*.

**Identify a clinical champion.** Physicians and practices should identify a clinical champion, a health professional who is supported by the team to lead improvements in diabetes care. A working group should also be formed to define a screening and referral plan. Engage organizational leadership

throughout the process when appropriate.

The AMA and the CDC's Prevent Diabetes STAT offers helpful resources, including:

- You can prevent type 2 diabetes.
- What is the evidence base for the prevention of diabetes through lifestyle change interventions?

**Create a clinical protocol for screening and referrals.** If a prediabetes screening protocol does not already exist, develop one that specifies frequency and the type of screening completed. This can also provide guidelines for referrals based on local services. The protocol should include a workflow plan for point-of-care and retrospective referrals. If electronic health record configuration is required, engage with your IT staff.

**Find local LCPs for referrals.** The working group should identify local LCPs where patients can receive this program. When looking at local programs, make sure to clarify insurance coverage versus self-pay options. LCPs can be hospital-sponsored, community-based or offered virtually.

When choosing a LCP, the first step should be to pick one that is participating in the CDC recognition process. Priority should be placed on programs covered by insurance. Having a choice for patients between in-person and online also allows for more personalized decision-making between patient and physician. The CDC allows users to search for LCPs by ZIP code.

**Establish a relationship with local LCPs.** Approach the referral process as a partnership in which your practice sends referrals, and then the lifestyle change program officials provide feedback on patient enrollment and progress in the class.

**Engage clinical staff through education and outreach.** Once a workflow has been selected, educate staff on the LCP. Define roles and responsibilities for how staff members will participate in screening and referrals. Staff training should also be routinely conducted to ensure physician buy-in. LCP reference information should also be provided. Training materials can be found at Prevent Diabetes STAT.

**Develop patient outreach materials.** Patient education and outreach is important too. These materials can include handouts and referral cards. Materials from Prevent Diabetes STAT include:

- Prediabetes awareness poster.
- Are you at risk for prediabetes?
- So you have prediabetes ... now what?
- Why participate in a diabetes prevention program?

**Choose a go-live date.** As with any quality-improvement initiative, a go-live date should be chosen. This should also include interim evaluation dates to assess the progress of the program. Physicians and practices typically monitor the progress of how many referrals yielded enrollments and the percentage of weight lost among their patients.

The AMA offers online CME to help expand your knowledge in diabetes and chronic disease treatment