

To overcome prediabetes referral barriers, turn to the community

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Lifestyle-change programs offer evidence-based approaches to treating prediabetes. But what do you do when referral barriers stand in the way of your patients making these critical, lasting lifestyle changes? One research brief suggests looking to community-based education programs for help overcoming those referral barriers.

The AMA's Diabetes Prevention Guide supports physicians and health care organizations in defining and implementing evidence-based diabetes prevention strategies. This comprehensive and customized approach helps clinical practices and health care organizations identify patients with prediabetes and manage the risk of developing type 2 diabetes, including referring patients at risk to a National Diabetes Prevention Program lifestyle change program based on their individual needs.

Published in the journal *Health Promotion Practice*, "Connecting Primary Care to Community-Based Education: Michigan Physicians' Familiarity With Extension Programs," was co-written by AMA Senior Economist Tamkeen Khan, PhD, and AMA Director of Chronic Disease Prevention Kate Kirley, MD, along with researchers at Michigan State University (MSU). The article examines clinical-community linkages to enhance health care delivery.

The AMA and MSU Extension co-developed a survey to assess primary care physicians' familiarity with community-based education programs. Respondents who were familiar with community-based education programs felt they had a positive impact on their patients, with 91.5% believing the programs help patients increase awareness of the importance of health condition-related testing.

"Key to improving the nation's health are strategies that prevent and manage chronic diseases by linking clinical care teams and community programs, yet each face different sets of challenges," says the article.

Positive benefits for patients

Chronic conditions are the most common, costly and preventable health problems. Yet 60% of Americans have a chronic health condition and fewer than half of those patients receive education in outpatient settings to improve outcomes, according to the article.

Almost all the physicians (91%) acknowledged that community-based programs help patients gain access to health literacy or health promotion tools. And 90.6% agreed that these programs are good for helping patients create positive attitudes about self-management.

In these proportions, the physicians surveyed also said these community programs help patients:

- | Gain knowledge: 89.9%.
- | Make informed decisions: 88.1%.
- | Learn skills to manage symptoms: 88%.
- | Build a supportive network: 85.9%.

Overcome referral barriers

While the community-based programs are beneficial, 52.9% reported limited knowledge and evidence. And 43% reported inadequate availability and 42.1% expressed patient-level barriers to participation. Of the physicians surveyed, 35.3% also reported inadequate resources and time to make referrals as a barrier.

When asked what would facilitate overcoming barriers to the programs, 78.4% of physicians stated increased availability—in person and online. For those who felt there was limited knowledge and evidence about the lifestyle programs, 55.6% stated that having continuing medical education programs about these community-based groups would be a potential solution.

Physicians also recommended meeting with the community program staff members to better understand what patients will experience. Regarding inadequate resources and time to make referrals to lifestyle change programs, 75.4% of physicians suggested increased staff resources such as a program coordinator or community navigators.

Understanding the potential barriers to referring patients to a lifestyle change program can help practices and health systems implement scalable solutions. This can help improve familiarity with these programs and, ultimately, increase referrals to lifestyle change programs.