

3 ways doctors can expand reach to help patients with prediabetes

MAR 25, 2021

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Physicians are doing their best to help all patients keep themselves safe from COVID-19 while waiting for the chance to get vaccinated, but some patients merit even closer attention from doctors. This is the case for patients with prediabetes—if left untreated, prediabetes can progress into type 2 diabetes, which increases a person’s risk of severe illness from COVID-19. As physicians answer questions about COVID-19, it is also important to screen for prediabetes and work with patients to determine an appropriate treatment option, including referral to a National Diabetes Prevention Program (National DPP) lifestyle-change program.

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 people with prediabetes and manage the risk of developing type 2 diabetes, including referring people at risk to a National DPP lifestyle-change program based on their individual needs.

Additionally, the AMA, the Thomas Jefferson University College of Population Health and a group of more than 20 local stakeholders are supporting a new initiative, the Philadelphia Diabetes Prevention Collaborative (PDPC). The effort aims to design multipronged public health efforts to prevent type 2 diabetes.

While the initial goal of PDPC was to enroll 2,000 participants in a National DPP lifestyle-change program, the pandemic caused a bump in the road to reach that initial goal. After shifting DPP program delivery to distance learning, PDPC’s efforts led to more than 300 participants enrolling in 2020. The work continues.

In a recent discussion, Mitchell Kaminski, MD, a family physician and program director at Philadelphia’s Jefferson College of Population Health which is part of Thomas Jefferson University, shared how doctors can improve their outreach to patients with prediabetes.

Sit in on a prevention class

At first, Dr. Kaminski was skeptical. After being a guest presenter, his whole view on lifestyle-change programs changed.

“Patients who come to the office to be seen generally are those who are not doing as well, and I think my view was skewed that not as many patients could change their lifestyle and improve their health,” said Dr. Kaminski. “But in the DPP group, I heard amazing stories of people—even during the pandemic, even during the social unrest—being able to build more activity and healthier eating into their lifestyles.”

“Being part of the group and seeing what the DPP program can do, I became a strong advocate for identifying and screening for prediabetes,” he said. “We have something to offer patients that can help them reverse the prediabetes in many cases and avoid progression to type 2 diabetes.

Dr. Kaminski came away convinced, joking that “I drank the sugar-free Kool-Aid program and became a supporter of the DPP,” he said.

Read about how to successfully offer diabetes prevention at a distance.

Include your entire team

“If you think that one out of every three patients you see may have prediabetes, how on earth are you going to find time to address it?” said Dr. Kaminski. That’s where teamwork comes into play.

Whether it is a diabetes educator, nutritionist, pharmacist or medical assistant, “they can be part of a team that could educate patients about prediabetes and how to avoid type 2 diabetes,” he said. “My role is only to explain that they have prediabetes and tell them that there is an amazing program where my patients are losing weight and avoiding progression to type 2 diabetes.”

Listen and create a plan

It is important for physicians “to listen to their patients because if they don’t listen, they don’t know what the patient is dealing with,” said Dr. Kaminski. “Knowing the whole patient and understanding

where they're at is important.”

For example, one patient reported that a physician diagnosed her with prediabetes and added that “she’s going to get diabetes unless she loses weight and that’s all—that’s not helpful,” Dr. Kaminski said. What is helpful is “for physicians to not only recognize and tell the patients that they have prediabetes, but to have some sort of a plan or a recommendation that they could offer to the patient.”