These 3 measures will help doctors boost diabetes prevention

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With health declining faster and higher costs of type 2 diabetes beginning at least five years before diagnosis, prevention is key. But physician practices and health systems across the country lack a standardized way to measure quality care for prediabetes. To help, the AMA convened a cross-specialty, multidisciplinary technical expert panel to identify and define quality measures for prediabetes.

These measures aim to support the prevention of type 2 diabetes in the U.S., focusing on increased screening and testing for prediabetes, referral for intervention, and follow-up testing. The recommendations of this technical expert panel resulted in the first diabetes-prevention measurement set in the country for use at the individual physician and group practice level.

“Only about one in seven people who have prediabetes are aware or have been told by their physician that they have prediabetes,” said Ronald Ackermann, MD, MPH, co-chair of the AMA’s Prediabetes Quality Measures Technical Expert Panel. “The problem is we have effective interventions for prevention, but it requires that we detect prediabetes.”

“We’re missing opportunities every day to prevent type 2 diabetes,” Dr. Ackermann added.

The measures are intended to be “implemented feasibly by a practice or a health system to track and then improve its ability to screen for prediabetes and to offer proven-effective resources that can prevent type 2 diabetes,” he said. Here are the three new prediabetes quality measures physicians should consider using to help gauge their diabetes-prevention efforts.

**Screening for abnormal blood glucose**

This measure focuses on making sure that people who should be screened for prediabetes and type 2 diabetes receive a lab test, according to the United States Preventive Services Task Force.
“It turns out that particularly among people who have risk factors for diabetes … they’re getting blood tests often for other reasons,” said Dr. Ackermann. “Somewhere between 50% and 75% or more of those individuals had a glucose test, but very few of them will actually have evidence that they received a diagnosis of prediabetes or that they had access to a service that was an intervention to prevent diabetes.

“In most cases, we can be confident that a test wasn’t conducted to detect prediabetes specifically, even though it can be used that way,” he added. “It means that a lot of people already get these tests, and there’s an opportunity to use current testing by health systems to identify more people quickly and make them aware.”

“It’s feasible for the health systems to develop strategies to identify prediabetes because the necessary tests are already common, and about six in seven high risk people are already seeing a health care provider at least once each year,” said Dr. Ackermann.

**Intervention for prediabetes**

“The second measure is if you do screen positive, if you have a blood test that shows you have prediabetes, are we offering interventions?” said Dr. Ackermann. “It’s really about setting goals for modest weight loss—usually 10 to 20 pounds—by increasing physical activity and making healthful dietary changes.”

“From the standpoint of using the measures, you would need a strategy for how you will offer the interventions,” he said. “There are a range of options, but that’s still a difficult area for health systems if there’s not a lot of nearby community providers offering a proven-effective behavioral intervention program.”

There are now more than 1,800 organizations in the Centers for Disease Control and Prevention’s Diabetes Prevention Recognition Program, including many virtual options. This provides patients and physicians with many prediabetes interventions to choose from.

**Retesting of patients with prediabetes**

“If you have prediabetes, we are retesting you so that it’s not a one and done—it’s a longitudinal consideration,” said Dr. Ackermann. “By monitoring, it allows you to be accountable and to have systems in place that you can actually reach the end goal of preventing type 2 diabetes by keeping everyone with prediabetes on a prevention plan.”
“We wanted to have measures across that whole continuum so that a health system could actually implement a whole approach to prediabetes,” he said, adding that “you can choose one measure and not all three, but the idea is they actually will work very nicely together to create a systemic approach to diabetes prevention.”

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 DPP lifestyle-change program based on their individual needs.