

One-third of U.S. adult patients have prediabetes. Know what to do.

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You've almost certainly seen these numbers, but they're worth looking at again ... because they're shocking: Fully 34 million adults in the U.S. have diabetes—with type 2 making up over 90% of cases—and as many as 88 million more have prediabetes, where blood glucose levels are elevated but not high enough to be diagnosed as type 2.

Part of what makes those numbers so dismaying is that the medical community has, for years, had evidence of the effectiveness of the National Diabetes Prevention Program (National DPP) in preventing or delaying onset of type 2 diabetes among people who have prediabetes or are otherwise at high risk. Yet patients too often aren't getting referred to these evidence-based lifestyle-change programs.

But why?

Researchers sought to help answer this question by examining factors that facilitate primary care providers' and pharmacists' referring patients with prediabetes into Centers for Disease Control and Prevention (CDC)-recognized DPPs and engaging in bi-directional referrals with the organizations offering them.

Their research resulted in a study, "Facilitators to referrals to CDC's National Diabetes Prevention Program in primary care practices and pharmacies: DocStyles 2016–2017," that was published in *Preventive Medicine*.

Researchers from the CDC and the AMA analyzed survey responses of nearly 2,000 primary care providers to determine whether having clinical-community linkages with these organizations, as well as using an EHR to identify and manage patients with prediabetes and being located within 10 miles of an in-person lifestyle-change program, made them more likely to make referrals and then get information back about patient participation and outcomes.

The study was co-written by AMA experts Kate Kirley, MD, Tamkeen Khan, PhD, and Gregory Wozniak, PhD.

Connections are paramount

Data was collected from the DocStyles cross-sectional web-based surveys from 2016 and 2017 and limited to primary care providers who had heard of the National DPP.

The results might not be surprising: Having established clinical-community linkages—formal relationships with community-based organizations "that involve defined roles and procedures associated with the management of health conditions or risk factors within a defined patient population"—was the strongest facilitator.

It was "associated with nearly five times higher odds of referral and more than eight times higher odds of bi-directional referral," the authors wrote.

Bi-directional referral is defined in the study as "a system that facilitates referral information going from the health care provider or pharmacy to the community-based program/service and the return of information on patient participation and outcome data from the community-based program/service to the referring health care provider or pharmacy."

Read about how COVID-19 boosted enrollment in a diabetes prevention program.

This time, the EHR is your friend

In addition, the study shows that those "who used EHRs to manage patients with prediabetes had nearly three times the odds of referring patients with prediabetes to CDC-recognized organizations offering the National DPP ... and nearly twice the odds of engaging in bi-directional referral with these organizations," the authors wrote.

Learn about three ways doctors can expand reach to help patients with prediabetes.

Location matters too

Finally, the study shows that proximity to an in-person lifestyle change program—in this case, within 10 miles—"was another facilitator of provider-level referrals, although not bidirectional referral," the

authors wrote, which is "consistent with the literature related to the uptake of health care services relative to their availability or travel distance."

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.