

Now there are system-level best practices for diabetes prevention

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One in three adults in the U.S. has prediabetes which is linked to cardiovascular health risks. There are many articles and tools available that outline what individual physicians can do to address prediabetes in their patients. But physicians do not practice in a vacuum. Most physicians practice in health care systems. That's where best practices for implementing systemwide diabetes prevention are needed.

An article, published in *Population Health Management*, lays out recommendations for health care organizations looking to implement systemwide diabetes prevention. It summarizes the work of the AMA's Diabetes Prevention Best Practices Workgroup (DPBP), which was formed to identify best practices around clinical and leadership support at the system level. The lead authors include AMA team members, Janet Williams, senior manager of policy and health systems strategy for AMA's Improving Health Outcomes, Kelly Sill, senior manager of health care organization engagement for the AMA's Improving Health Outcomes, Kate Kirley, MD, a family physician and director of chronic disease prevention at the AMA, and Neha Sachdev, MD, a family physician and director of health systems relationships at the AMA.

"AMA had been working with clinical practices, physicians and providers of the National Diabetes Prevention Program lifestyle change program and saw a need to share what we were learning from health systems" because this pragmatic advice is not published in the literature, said Williams. "The members of the workgroup represented health systems with rich experiences to share."

Real-world examples

The workgroup includes representatives from six health care organizations actively implementing diabetes prevention: Henry Ford Health System, Intermountain Healthcare, Loma Linda University

Health, University of South Carolina Trinity Health, and University of California, Los Angeles (UCLA).

The DPBP members each pursued unique strategies, but they all included a National Diabetes Prevention Program (National DPP) lifestyle-change program as a core evidence-based intervention. Together, they identified best practices activities for each of three strategy maturity phases: getting started, planning for growth and advancing innovation.

Where to begin

It's essential in the getting-started phase to obtain organizational support and secure workforce and funding resources, as well as to begin offering a National DPP lifestyle-change program.

Much can be done with existing resources, wrote the authors, who include staff from the DPBP member organizations and the AMA.

For example, Henry Ford Health System—an AMA Health System Program member—identified a group of faith-based nurses to deliver the National DPP. They were already embedded in the community, so training them as lifestyle coaches enabled Henry Ford to quickly begin offering the program in many locations.

Meanwhile, to "help gain initial buy-in across the organization, existing data such as local diabetes prevalence rates can be highlighted," the authors wrote. "Stakeholder engagement is critical because diverse groups (in and out of the organization) can synergistically help make the case for implementing and sustaining diabetes prevention services."

When it's time to expand

The planning-for-growth phase is all about increasing and systemizing clinical engagement, boosting awareness of the strategy and expanding the program.

One tactic is to engage clinical champions, which "increases needed buy-in from front-line clinical providers who may help identify, refer and encourage patients to participate in the National DPP lifestyle change program offering," the authors wrote.

At the same time, digital health tools can help grow referrals. As a case in point, Loma Linda University Health saw an uptrend in referrals when it made an electronic referral order available and providers were educated on the National DPP as a resource for their patients.

Making it stick

In the advancing-innovation phase, it's important to share achievements, ensure the sustainability of the strategy and constantly make improvements.

"By this phase, diabetes prevention should be part of routine clinical processes of care, and organizations should be offering a variety of treatment options for prediabetes," the authors wrote.

Intermountain Healthcare, for example, developed a system-wide care process model that includes its National DPP lifestyle change program, an introductory educational session, medical nutrition therapy and pharmacotherapy.

Materials to share

For each of the three maturity phases, the authors laid out best practice recommendations in six categories essential to implementation and sustainability:

- | Organizational support.
- | Workforce and funding.
- | Promotion and dissemination.
- | Clinical integration and support.
- | Evaluation and outcomes.
- | Program (National DPP lifestyle-change program).

These recommendations are organized in three tables, which may be reproduced noncommercially for educational purposes.

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.