Type 2 diabetes has reached epidemic status in the U.S., but you might not know it by how the medical profession has responded. A recent study shows that even though the U.S. Preventive Services Task Force (USPSTF) has issued straightforward recommendations to screen for prediabetes, fewer than two-thirds of patients get screened at their primary care visits, and vanishingly few get a diagnosis or treatment.

For the study, “Diabetes Prevention in a U.S. Health Care System: A Portrait of Missed Opportunities,” published in *American Journal of Preventive Medicine*, researchers examined the records of more than 21,000 patients eligible for prediabetes screening at a large Florida health system. They found that 62.8% were screened according to USPSTF recommendations. Of these, one-quarter fully met the requirements for a prediabetes diagnosis, yet only about 5% of those received one. And no one—not one patient—who received a diagnosis got appropriate treatment.

**Coverage doesn’t explain it**

“Am I surprised? Unfortunately, no,” said the study’s lead author, Arch G. Mainous III, PhD, professor in the Department of Health Services Research, Management and Policy at the University of Florida. “When we look at these population-level epidemiologic studies, we find that 80%–90% of people with prediabetes are undiagnosed. So we already know that people aren't being screened.”

But Mainous and his co-authors didn't look at the population level. They looked at a group that was already in a health system.
“Readers might think that these patients don’t have access to care, but these were all active patients,” Mainous said.

Learn about the system-level best practices for diabetes prevention.

**Physicians have a choice to make**

“If you don’t give a patient a diagnosis, they’re not going to change their behavior,” Mainous said. “Without any treatment, I don’t know how we could expect anything to change.”

It all points to a disconnect between the philosophy of the profession and the structure of the health care system. On the one hand, the mission of medicine is to keep people healthy, to prevent suffering. But in the current payment system, prevention just isn’t the top priority.

“We’ve got guidelines for prevention, but we don’t incentivize them,” Mainous said.

The U.S. health care system for the most part only encourages quality care once people are diagnosed with type 2 diabetes.

“That plays a huge role,” Mainous added. “If you look at some other guidelines—the ones that are being incentivized—you will probably see much higher compliance with them.”

That failure to encourage prevention adds up fast, with type 2 diabetes costs the U.S. more than $300 billion a year.

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.

Discover the three measures that can help doctors boost diabetes prevention.