

Doctors using EHRs twice as likely to make referrals to National DPP

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Some 88 million adults in the U.S. have prediabetes and about 85% of them don't even know it, so physicians should play a vital role in both diagnosing the condition and recommending interventions. One of those interventions, the structured National Diabetes Prevention Program (National DPP) lifestyle change program, has been proven effective at preventing or delaying progression to type 2 diabetes for people at risk. Yet precious few physicians refer patients to it. A study quantified the problem and gave insights into practical solutions.

The study, published in *American Journal of Health Promotion*, examined how clinicians' knowledge, attitudes and practices affect their referrals to the National Diabetes Prevention Program lifestyle change program (National DPP LCP). It found referrals were associated with knowledge of the program and its reported availability, as well as their use of an EHR to manage patients with prediabetes.

Low awareness and uptake

Using data compiled between June and August 2018 by the web-based survey DocStyles, the researchers looked at responses from more than 1,500 clinicians, including family practitioners, internists, nurse practitioners and pharmacists.

They found only 15.2% of clinicians reported that they had made referrals to the National DPP LCP, and this had little to no association with their demographics.

In addition, when provided a list of treatment or management options, respondents were able to select multiple responses and more than two-thirds, 67.5%, said they would be most likely to recommend educational materials to patients to prevent type 2 diabetes. A mere 14.2% said they would be most likely to recommend the National DPP LCP.

Half of all respondents were either somewhat or very familiar with the program, and among those, 27.8% reported that it was available in their community or health system. About one-quarter reported that it was not available, but almost half did not know or were not sure.

Of those clinicians who had integrated EHR capabilities, 43% said they used their EHR to identify and manage patients with prediabetes. Among those who had made referrals to the National DPP LCP, 58% used their EHR to do so.

Discover [three ways doctors can expand reach to help patients with prediabetes.](#)

Ways to boost referrals

“The results indicate that making referrals to the National DPP LCP was strongly and independently associated with providers’ knowledge of the program and its reported availability, their attitudes and their use of the EHR system to manage patients with prediabetes,” wrote the authors, among them Tamkeen Khan, PhD, a senior economist at the AMA.

“These findings are encouraging because they suggest that referrals might be increased by addressing changeable factors, such as knowledge, attitudes and practices,” they added.

The authors noted several strategies commonly used for increasing referrals to health-related programs, such as providing training on the referral process, the benefits of referring patients and how the program reinforces clinical guidelines. Others include encouraging positive referral behaviors through audit and feedback, as well as strengthening clinicians’ awareness of programs available locally.

Given that clinicians who used their EHRs to identify and manage patients with prediabetes were more likely to make referrals to the National DPP, practices might also “consider promoting the use of the EHR system to manage patients, ensuring referring providers are confident in their ability to use the EHR system, using opt-out vs opt-in referral pathways and promoting a seamless automated referral process to prevent disruption of current workflow,” the authors wrote.

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