Diabetes is one of the most prevalent chronic diseases in the U.S., affecting the quality of life for those with the condition. Physicians and researchers have been working to improve treatments and they have had some dramatic results, but they face many challenges to implementing evidence-based guidelines and providing their patients with the care needed.

The National Clinical Care Commission—made up of the heads of federal agencies and nonfederal employees with expertise in prevention, care and epidemiology of complex metabolic or autoimmune diseases—have issued a report on leveraging federal programs to prevent and control diabetes and its complications.

Submitted to Congress and the Health and Human Services secretary earlier this year, the report states plainly what must happen. First, stakeholders must view diabetes as much more than a medical issue. Second, and perhaps most important, the federal government must revamp its policies to support programs and clinical guidelines that have been shown to be effective at preventing and treating diabetes.

**Not just about health care**

The report emphasizes that policymakers need to address the social and environmental factors that make it challenging to manage diabetes. For this reason, the commission’s recommendations extend beyond health care and include the need to improve the nutrition assistance programs overseen by the U.S. Department of Agriculture, expand housing opportunities in health-promoting environments and improve neighborhood walkability and access to green spaces.

As the commission developed its report, the AMA presented testimony and commented on the draft report. This led to many of the commission’s recommendations being consistent with AMA policy and
advocacy. These include:

- Better coverage of screening tests for prediabetes.
- Adopting of AMA-developed quality measures for diabetes prevention (PDF).
- Covering in-person and virtual diabetes prevention services.
- Making the Medicare Diabetes Prevention Program a permanent covered benefit.
- Supporting use of metformin to prevent type 2 diabetes.
- Considering health equity in all federal diabetes policies.

**Government has to take the lead**

This report was produced by the Office of the Assistant Secretary for Health, Adm. Rachel L. Levine, MD. In a blog post, Dr. Levine’s deputy, Rear Adm. Paul Reed, MD, noted the need for a national paradigm shift.

“The scale of the problem and the pace with which diabetes is becoming more prevalent across the United States means that everyone, in all sectors of society, must take note and act with greater urgency,” Dr. Reed wrote. “Especially now, when our collective awareness of well-being is foremost on our minds, we should be doing the hard work of tackling issues such as diabetes as the complex, socially determined conditions that they represent.”

Little can change without making diabetes prevention and treatment a priority for all federal agencies, the report says. One of the keys is embracing research.

“We work with lots of health care organizations and physicians, so we see the barriers they come up against when they're trying to improve diabetes care and prevention,” said Kate Kirley, MD, director of chronic disease prevention at the AMA. “We live in an obesogenic environment. Many policies and regulations around diabetes are out of date and unresponsive to the needs of health care professionals and patients.”

Another key is supporting new technology—particularly telehealth, which can overcome huge geographic and economic barriers to care.

“The report acknowledges that when it comes to preventing diabetes, there’s not really a difference between care delivered in person and care delivered virtually,” Dr. Kirley said. “Telehealth should be covered by all federal programs.”

The **AMA 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.

Discover six tips to keep in mind when screening patients for prediabetes.