

How to boost patient engagement in diabetes prevention

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Jennifer Lubell

Contributing News Writer

Intermountain Healthcare was making steady progress with its diabetes-prevention pathways. By the summer of 2021, 19% of the 40,000 patients in its prediabetes registry were participating in its diabetes prevention program (DPP).

But the Salt Lake City-based health system's chief operating officer, Robert W. Allen, thought a higher bar could be reached.

"Why aren't you at 50%?" he asked, according to Elizabeth Joy, MD, Intermountain's senior medical director of wellness and nutrition, who revealed the health system's strategies for improving diabetes health metrics and boosting participation in its diabetes pathways in an AMA Insight Network webinar.

The AMA Insight Network helps AMA Health System Program members gain early access to innovative ideas, get feedback from their peers, network, and learn about pilot opportunities. [Learn more.](#)

Getting to 50%

Driven to meet the ambitious 50% participation goal, Intermountain—which serves patients in Utah, Idaho, Nevada, Colorado, Montana, Wyoming and Kansas—zeroed in on a handful of clinics in Utah. They applied a rapid-cycle quality improvement strategy to get above 50% participation in those practices.

"We took a KABBBs approach, addressing Knowledge, Attitudes, Beliefs, Barriers and Behaviors with clinicians," said Dr. Joy. The goal was to inform clinicians about prediabetes to encourage them to screen and refer patients to a diabetes prevention program.

The strategy worked. Intermountain hopes to reach 20% registrywide participation by the end of 2022 and 30% in 2023.

“We absolutely have the capacity to get there,” said Dr. Joy.

The AMA’s Diabetes Prevention Guide supports physicians and health care organizations in defining and implementing evidence-based diabetes prevention strategies. Get started on a prevention strategy by reviewing this *Population Health Management* study, “Implementation of Diabetes Prevention in Health Care Organizations: Best Practice Recommendations” (PDF).

This comprehensive and customized approach helps clinical practices and health care organizations identify patients with prediabetes and manage their 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.

Meeting patients where they are

Patients with prediabetes are heterogeneous, with different comorbidities, preferences and needs, learning styles and varying access to resources.

Intermountain responded by developing multiple offerings.

There’s a prediabetes 101 class, a two-hour group session taught by its registered dietitians. Once offered as an in-person class, Intermountain shifted to virtual learning during COVID-19. Focusing on healthier lifestyle choices, the popular class has attracted thousands of people, said Dr. Joy. Patients can bring friends and family members at no extra charge.

Attendees were more likely to achieve a 5% weight loss and had a lower incidence of developing type 2 diabetes after one or two years.

Intermountain has also taken steps to address social determinants of health, holding communitywide screening events for prediabetes across Utah and providing scholarships to people living in communities that have been underserved so that they could participate in the DPP.

In 2016, Intermountain began partnering with AMA and Omada Health, a digital behavioral medicine company to reduce the incidence of type 2 diabetes.

As part of a demonstration project, Intermountain enrolled 1,000 patients with laboratory-confirmed prediabetes in Omada's DPP. Participants have been highly satisfied and engaged with the program and its health coaches, said Dr. Joy.

“Nearly half of our program-completers to date achieved a weight loss from baseline of 3% or more at week 52—which is remarkable,” she said.

Prevention is a money-saver

Intermountain's data shows that diabetes prevention saves money. When someone converts from prediabetes to type 2 diabetes in the first year alone, their annual health care costs increase by \$3,150.

"That's a lot of money," said Dr. Joy. For people on a high-deductible plan, that's money coming out of their pockets, reflecting office and urgent care visits, pharmacy and lab tests. Costs balloon as people acquire more diabetes-related comorbidities.