

# Disclosure

I have no relevant financial relationships with commercial interests to disclose.

# Objectives

- Describe the trends in type 2 diabetes and implications for clinical practice
- Review the evidence that supports referring patients with prediabetes to a lifestyle change program
- Discuss key steps that physicians and care teams can take to prevent diabetes

# Frank



- 2003 Prediabetes age 55

# Frank



- 2003 Prediabetes age 55
- 2006 Type 2 Diabetes

Glucometer  
Lancets  
Test Strips  
Diabetes Education  
Metformin  
Statin  
Aspirin?  
ACE-I?  
Referral Ophthalmology  
Referral Podiatry  
Office Visit q 3 months  
Labs and Urine

# Frank



- 2003 Prediabetes age 55
- 2006 Type 2 Diabetes
- 2010 Retinopathy

# Frank



- 2003 Prediabetes age 55
- 2006 Type 2 Diabetes
- 2010 Retinopathy
- 2012 CKD

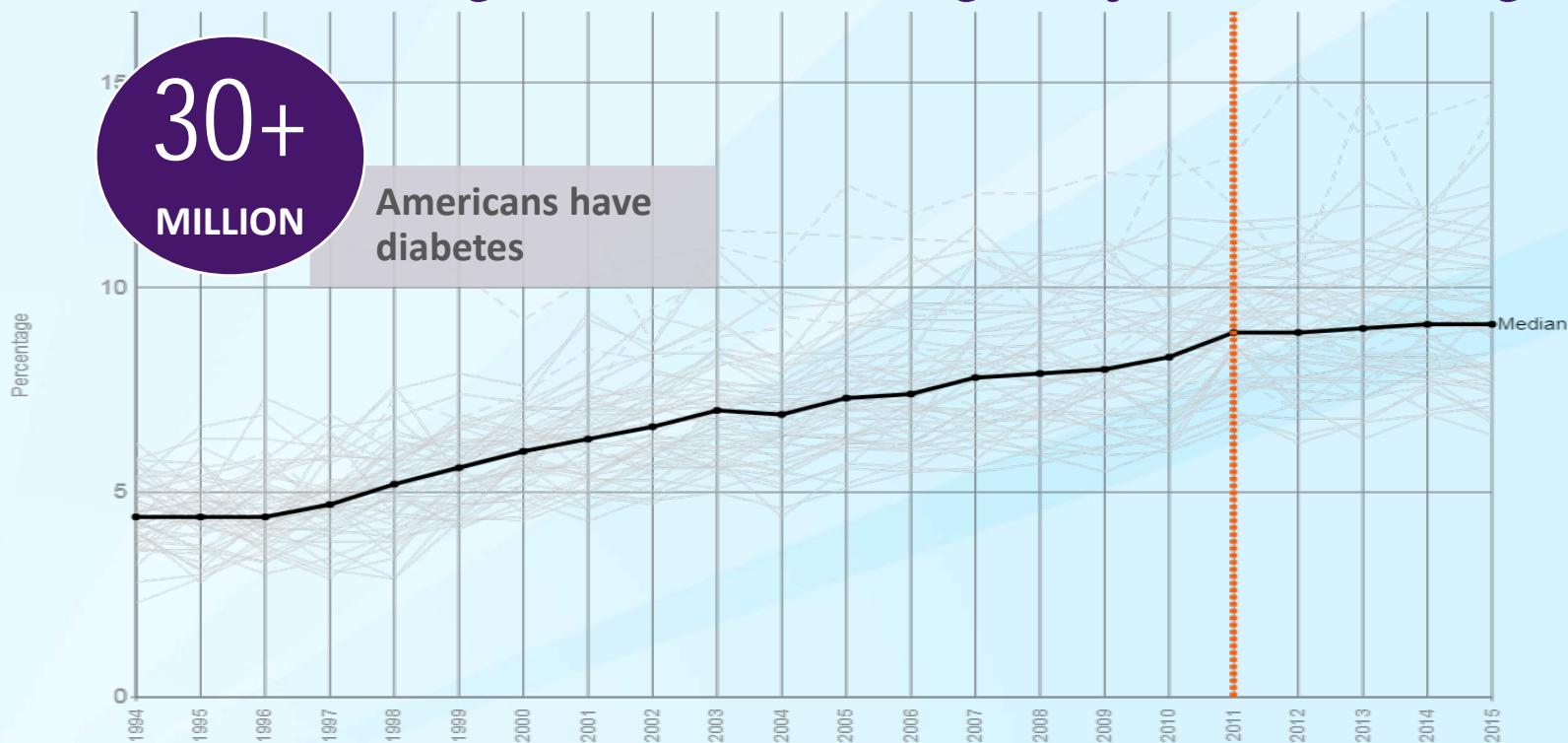
Referral Nephrology  
Prior authorizations  
Ongoing refills  
Ongoing labs  
Medical complications  
Anemia  
Osteoporosis  
Edema

# Frank



- 2003 Prediabetes age 55
- 2006 Type 2 Diabetes
- 2010 Retinopathy
- 2012 CKD
- 2016 MI and Death

# Adults with Diagnosed Diabetes, Age-Adjusted Percentage

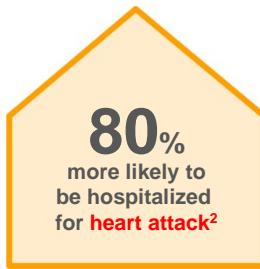


Source: [www.cdc.gov/diabetes/data](http://www.cdc.gov/diabetes/data)

Disclaimer: This is a user-generated report. The findings and conclusions are those of the user and do not necessarily represent the views of the CDC.

# Health burden of diabetes

Compared to people without diabetes, those with diabetes are:



1. Gillespie CD, Hurvitz KA; Centers for Disease Control and Prevention (CDC). Prevalence of hypertension and controlled hypertension - United States, 2007-2010. *MMR Suppl*. 2013;62(3):144-8.

2. Centers for Disease Control and Prevention. National Diabetes Statistics Report: *Estimates of Diabetes and Its Burden in the United States*. 2014. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2014.

# Cost of diabetes

TOTAL EST. COST IN 2012

\$ **245**  
**BILLION**

\$ **176B** IN DIRECT MEDICAL COSTS

\$ **69B** IN REDUCED PRODUCTIVITY

PEOPLE WITH DIAGNOSED DIABETES



\$ **13,700** / YR AVG. MEDICAL EXPENSES

\$ **7,900** / YR AVG. DIABETES EXPENSES

**2.3** X HIGHER EXPENSES THAN THOSE w/o DIABETES

> **1 IN 5** HEALTH CARE DOLLARS

American Diabetes Association. Economic costs of diabetes in the U.S. in 2012. *Diabetes Care*. 2013;36(4):1033-1046.

## Prediabetes definition

*A reversible condition in which plasma glucose levels are higher than normal but not high enough to diagnose type 2 diabetes*

# Current burden of prediabetes



**84** MILLION ADULTS HAVE PREDIABETES<sup>1</sup>

**9 OF 10** DON'T KNOW THEY HAVE PREDIABETES<sup>2</sup>

**1 IN 3** ADULTS HAS PREDIABETES<sup>1</sup>

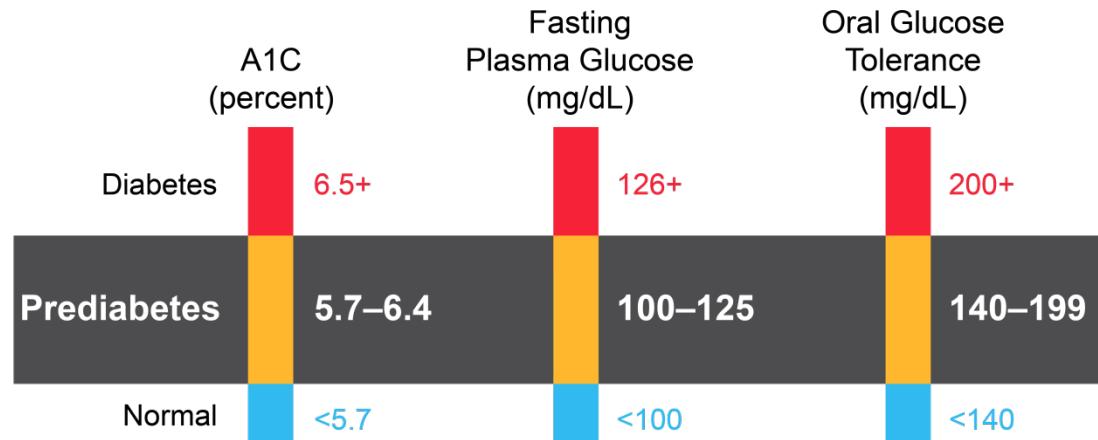


1. Centers for Disease Control and Prevention. National Diabetes Statistics Report: *Estimates of Diabetes and Its Burden in the United States*, 2014. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2014.

2. Centers for Disease Control and Prevention (CDC). Awareness of prediabetes—United States, 2005–2010. *MMWR Morb Mortal Wkly Rep*. 2013 Mar 22;62(11):209–12.

# Prediabetes diagnosis

**There are 3 standard test options to identify prediabetes.**



American Diabetes Association. Diabetes advocacy. Sec. 14. In *Standards of Medical Care in Diabetes — 2016*. *Diabetes Care*. 2016;39(Suppl. 1):S105—S106.

# Progression from prediabetes to type 2 diabetes

Without intervention, depending on where an individual is on the prediabetes spectrum:

15% - 30%  
OF PEOPLE WITH PREDIABETES<sup>1</sup>



within  
**5 YEARS**

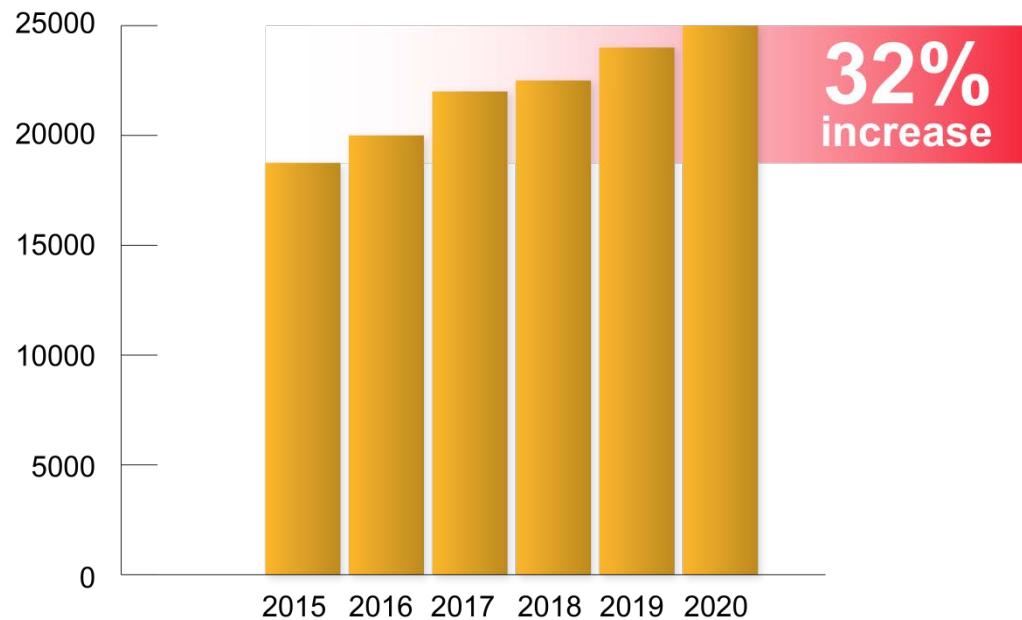
TYPE 2 DIABETES



The population with prediabetes is heterogeneous and those at the higher end of the prediabetes spectrum have a higher risk of developing type 2 diabetes.

## Future impact on clinical practice

Over the next 5 years, a typical large clinical practice could experience a **32% increase** in the number of patients with diabetes.



## Challenges faced by practicing physicians and care teams

- The current and growing volume of chronic disease
- Lack of time to effectively deliver the intensive counseling needed to result in lifestyle changes
- Social determinants of health often fall outside our scope of influence
- Lack of adequate information about community-based resources for diabetes prevention

# One solution: National Diabetes Prevention Program

**Prediabetes is a reversible condition.**

The National DPP can help patients lower their risk of developing type 2 diabetes and reduce the likelihood of:

ILLNESS



MEDICATION



EXPENSE



# What is the National DPP?



PHYSICAL ACTIVITY, 150  
MINUTES/WEEK



HEALTHY EATING



STRESS MANAGEMENT &  
BEHAVIOR MODIFICATION

Year-long in-person or online lifestyle change program

FIRST 6 MONTHS  
weekly curriculum



NEXT 6 MONTHS  
meet once/twice a month for  
maintenance

# What is the National DPP?



## In-person program

- Peer-to-peer camaraderie
- Group support
- Progress reports
- CDC-recognized

## Online program

- Patient flexibility
- Complete modules on own schedule
- Web/mobile enabled dashboards
- CDC-recognized

# Historical starting point: DPP randomized controlled trial

DPP Research Study: People with prediabetes who took part in a structured lifestyle change program reduced their risk of developing type 2 diabetes (at average follow-up of 3 years) compared to placebo. And the lifestyle change program was nearly twice as effective as metformin.



**58%** risk reduction

## DPP

Intensive Lifestyle Change Program  
(71% reduction for patients over age 60)



**31%** risk reduction

## METFORMIN

Glucose Lowering Drug  
(Currently, there is no FDA approval for metformin for the indication of diabetes prevention)

Knowler et al. *N Engl J Med* 2002;346:393-403.

# Benefits of the DPP

## DPP clinical impact:

(over 3 years, after program completion per 100 high-risk adults)



**15** FEWER NEW CASES OF DIABETES<sup>1</sup>



**8** FEWER PATIENTS USING ANTI-HYPERTENSIVE MEDICATION<sup>2</sup>



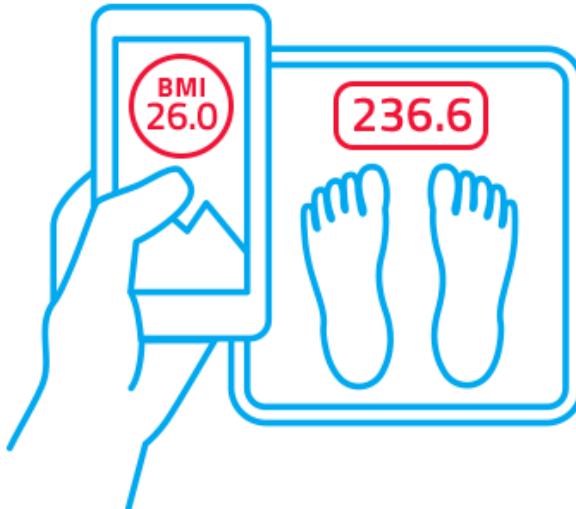
**4** FEWER PATIENTS USING ANTI-LIPID MEDICATION<sup>2</sup>

1. Knowler et al. *N Engl J Med* 2002;346:393-403.

2. The DPP Research Group. Impact of lifestyle and metformin therapy on cardiovascular disease risk factors in the diabetes prevention program. *Diabetes Care* 2005;28(4):888-894.

# USPSTF abnormal glucose screening recommendation

**USPSTF standards suggest testing patients every 3 years.**



## AGE & BMI

### Grade B recommendation

- 40-70 age AND
- $\text{BMI} \geq 25$

\* The American Diabetes Association encourages screening for diabetes at a BMI of  $\geq 23$  for Asian Americans

Siu AL. U.S. Preventive Services Task Force. Screening for Abnormal Blood Glucose and Type 2 Diabetes Mellitus: U.S. Preventive Services Task Force Recommendation Statement. *Ann Intern Med.* 2015;163(11):861-8.

# USPSTF abnormal glucose screening recommendation

Consider testing adults of a lower age or BMI if risk factors present.



## Family history

Family history of type 2 diabetes includes first-degree relatives (a person's parent, sibling or child)



## Medical history

- Gestational diabetes
- Polycystic ovary syndrome



## Racial & ethnic minorities

- African Americans
- American Indians or Alaskan Natives
  - Asian Americans
  - Hispanics or Latinos
- Native Hawaiians or Pacific Islanders

Siu AL. U.S. Preventive Services Task Force. Screening for Abnormal Blood Glucose and Type 2 Diabetes Mellitus: U.S. Preventive Services Task Force Recommendation Statement. *Ann Intern Med.* 2015;163(11):861-8.

# USPSTF abnormal glucose screening recommendation



## Grade B recommendation

- Screen for abnormal blood glucose with a fasting glucose, hemoglobin A1C or oral glucose tolerance test.
- **Refer patients with abnormal glucose to intensive behavioral counseling interventions to promote a healthful diet and physical activity.**

Siu AL. U.S. Preventive Services Task Force. Screening for Abnormal Blood Glucose and Type 2 Diabetes Mellitus: U.S. Preventive Services Task Force Recommendation Statement. *Ann Intern Med.* 2015;163(11):861-8.

# CMS expansion of Medicare benefits to include DPP

Deploying the National DPP  
**savings of \$2,650**  
per participant for Medicare

Office of the Actuary, Centers for Medicare & Medicaid Services. "Certification of Medicare Diabetes Prevention Program". March 23, 2016.

# Medicare DPP details

- Coverage begins April 1, 2018
- Beneficiary eligibility
  - BMI  $\geq 25$  ( $\geq 23$  if Asian) AND
  - Lab value in prediabetes range (HbA1C 5.7-6.4%, fasting glucose 110-125mg/dL) AND
  - No previous diagnosis of type 1 or type 2 diabetes AND
  - No current diagnosis of end-stage renal disease
- Medicare DPP set of services
  - At least 16 core sessions during months 1-6
  - At least 6 core maintenance sessions during months 7-12
  - For those achieving 5% weight loss in year 1, up to 12 additional months of maintenance sessions

# DPP Benefits Practicing Physicians & Health Systems

*Why prioritize diabetes prevention?*

Allows physicians to offer our patients the intensive lifestyle change counseling they need, but that we don't have the time/capacity to give

Aligns to value based care trends

- Included as Improvement Activities under QPP (MIPS)
- Aligns with PCMH standards

Medicare reimbursement scheduled to begin 2018

Achieves the IHI Triple (Quadruple) Aim

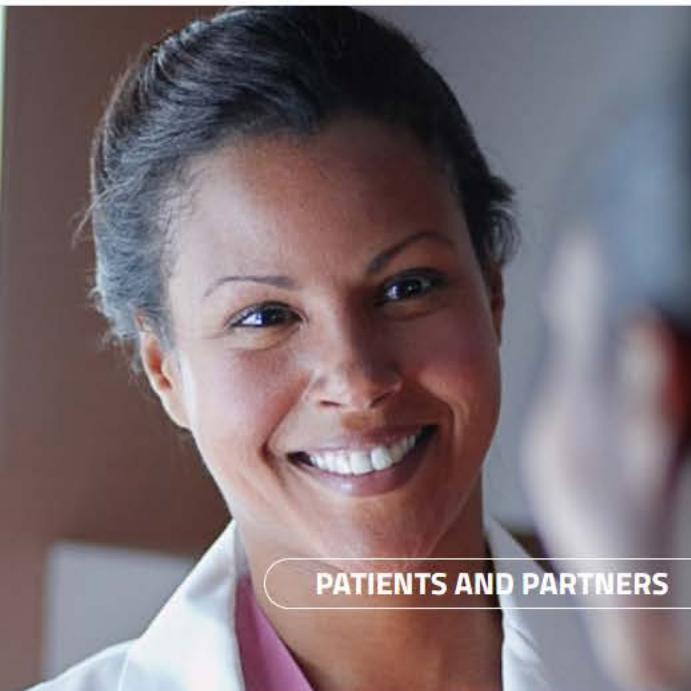
- Better care: Adheres to evidence-based guidelines for diabetes prevention
- Better outcomes: Lowers incidence of diabetes by 58 percent
- Lower cost: Medicare estimated savings at \$2,650 per beneficiary
- Improving Care Giver Experiences: Reduce prevalence of diabetes

# Prevent Diabetes **STAT**

Screen / Test / Act Today™

**84** MILLION  
AMERICAN ADULTS  
HAVE PREDIABETES

**9** OUT OF **10** PEOPLE WITH  
PREDIABETES DON'T  
KNOW THEY HAVE IT.<sup>1</sup>



PATIENTS AND PARTNERS

HEALTH CARE PROFESSIONALS

EMPLOYERS AND INSURERS

[www.preventdiabetesstat.org](http://www.preventdiabetesstat.org)

# PREDIABETES

# AMA diabetes prevention offerings

The AMA offers a comprehensive program to guide implementation of clinical practice change in order to prevent type 2 diabetes.

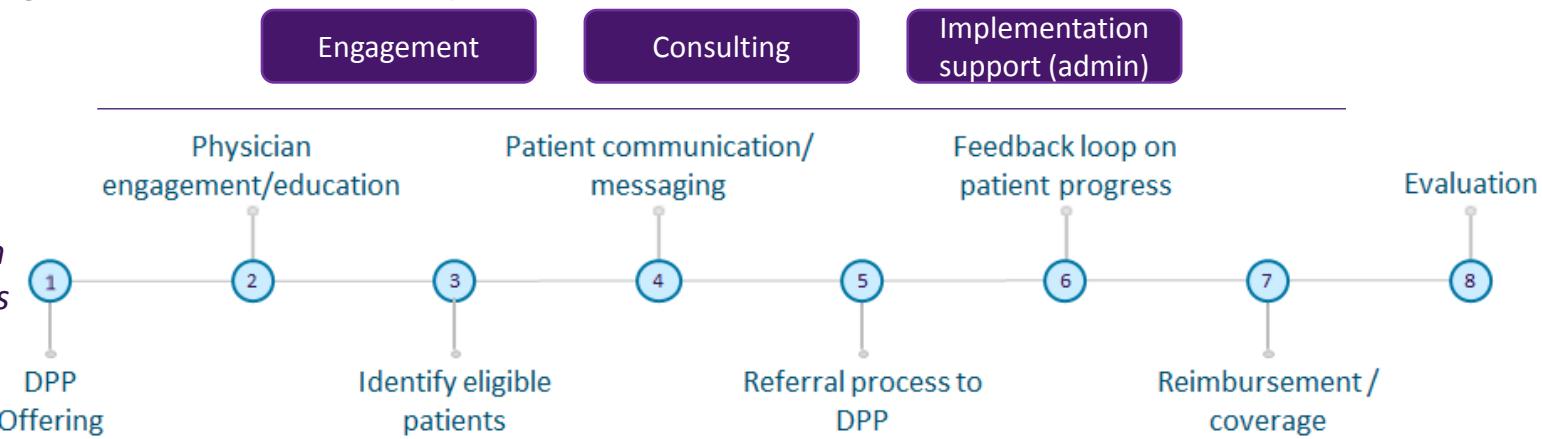
## Services

### Engagement

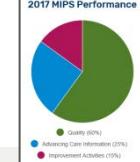
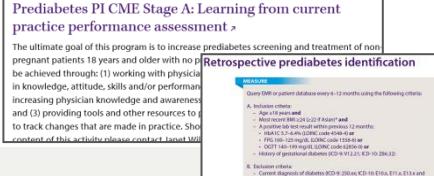
### Consulting

### Implementation support (admin)

## Walk through core decisions



## Tools and solutions (examples, not comprehensive)



# Examples of AMA DPP implementations

## Trinity Health

*Leveraging community benefit dollars and clinical practice goals for system-wide implementation*

- Require ministries to allocate community benefit dollars for DPP
- Establishes prediabetes screening and referral goal



[Loma Linda University Health](#)

*Implementing a diabetes prevention program within the health system*

**“[Dr.] Rea said she is grateful to the American Medical Association for providing invaluable support”**

Loma Linda University Health program aims to prevent prediabetes from becoming type 2 diabetes

By James Brander - July 6, 2017

Henry Ford Macomb Hospital, part of the Henry Ford Health System, is currently enrolling patients with prediabetes into evidence-based diabetes prevention programs. The hospital is using tools available in its Epic electronic medical record.

“We’re delighted to be working in partnership with the American Medical Association on this pilot project,” says Henry Ford Macomb Hospital CEO Barbara Rossman. “Our team has designed a user-friendly, efficient registry that has the potential to be a valuable tool for addressing the prevalence of prediabetes in Michigan and across the country.”

“Lifestyle change is the most effective method for preventing prediabetes from developing into type 2 diabetes mellitus,” says Dr. Barbara Rossman, CEO of Henry Ford Macomb Hospital.

“Finally”

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Timothy M. Smith  
Senior Staff Writer  
AMA Wire

Care teams have been stymied for years in their attempts to get upstream diabetes, in large part because of a lack of tools that work with patients’ EMRs. Salt Lake City-based Intermountain Healthcare is conducting a one-year pilot online diabetes prevention program (DPP), which enables patients to pur...

## Intermountain

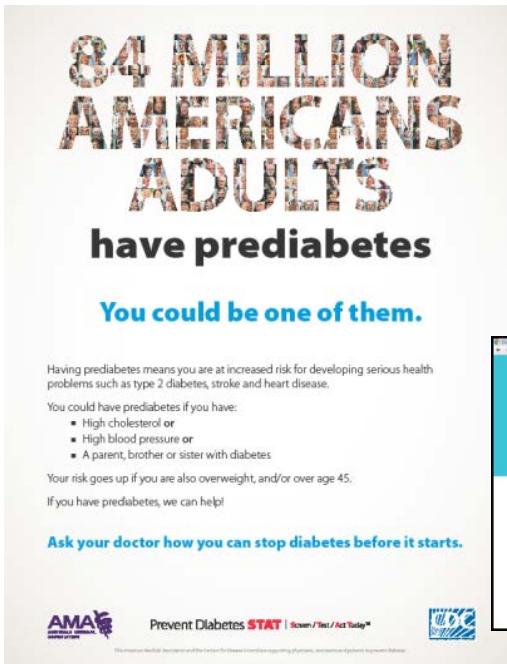
*Offering multiple DPP modalities and looking at roles of care team members*

- Moving upstream in the diabetes
- Role of care team members, including care managers
- Offer in-person and online, patient and physician choice
- Initial partnership to integrate virtual DPP (Omada) into health care system setting

# The care team's role in preventing diabetes

- ✓ Create awareness
- ✓ Identify patients with prediabetes and document the diagnosis
- ✓ Educate at-risk patients
- ✓ Refer patients with prediabetes to an evidence-based diabetes prevention program
- ✓ Follow up on patient progress

# Step One: Create awareness



**84 MILLION AMERICANS ADULTS have prediabetes**

You could be one of them.

Having prediabetes means you are at increased risk for developing serious health problems such as type 2 diabetes, stroke and heart disease.

You could have prediabetes if you have:

- High cholesterol or
- High blood pressure or
- A parent, brother or sister with diabetes

Your risk goes up if you are also overweight, and/or over age 45.

If you have prediabetes, we can help!

**Ask your doctor how you can stop diabetes before it starts.**

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Prevent Diabetes STAT | Screen / Test / Act Today™

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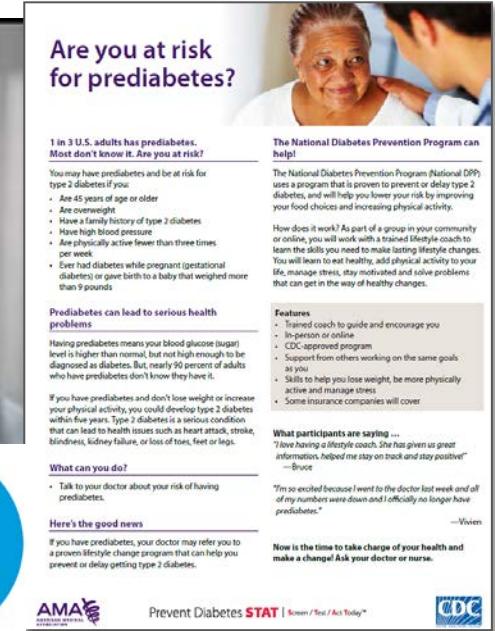
ANYONE IN YOUR FAMILY HAVE DIABETES?

DOWNLOAD MATERIALS TO SPREAD THE WORD

Printable Posters

Join a National Diabetes Prevention Program

Do I have prediabetes? [Take the Risk Test](#)



**Are you at risk for prediabetes?**

1 in 3 U.S. adults has prediabetes. Most don't know it. Are you at risk?

You may have prediabetes and be at risk for type 2 diabetes if you:

- Are 45 years of age or older
- Are overweight
- Have a family history of type 2 diabetes
- Have high blood pressure
- Are physically active fewer than three times per week
- Ever had diabetes while pregnant (gestational diabetes) or gave birth to a baby that weighed more than 9 pounds

Prediabetes can lead to serious health problems

Having prediabetes means your blood glucose (sugar) level is higher than normal, but not high enough to be diagnosed as diabetes. But, nearly 90 percent of adults who have prediabetes don't know they have it.

If you have prediabetes and don't lose weight or increase your physical activity, you could develop type 2 diabetes within five years. Type 2 diabetes is a serious condition that can lead to health issues such as heart attack, stroke, blindness, kidney failure, or loss of toes, feet or legs.

What can you do?

- Talk to your doctor about your risk of having prediabetes.

Here's the good news

If you have prediabetes, your doctor may refer you to a proven lifestyle change program that can help you prevent or delay getting type 2 diabetes.

**Features**

- Trained coach to guide and encourage you
- In-person or online
- CDC-approved program
- Support from others working on the same goals as you
- Skills to help you lose weight, be more physically active and manage stress
- Some insurance companies will cover

**What participants are saying ...**

"I love having a lifestyle coach. She has given us great information, helped me stay on track and stay positive" — Bruce

"I'm so excited because I went to the doctor last week and all of my numbers were down and I officially no longer have prediabetes." — Vivien

**Now is the time to take charge of your health and make a change! Ask your doctor or nurse.**

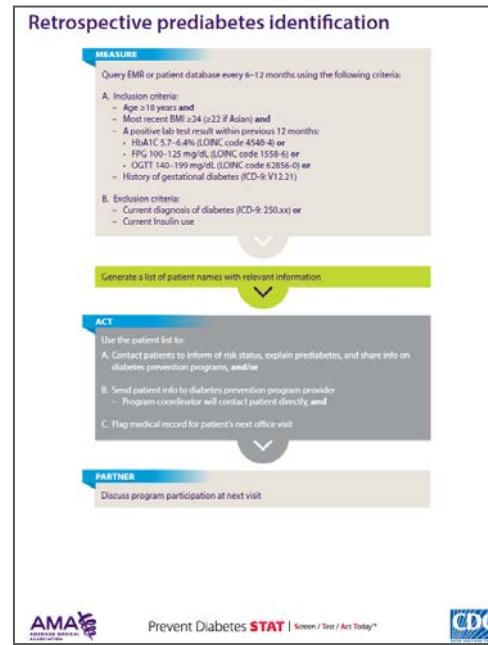
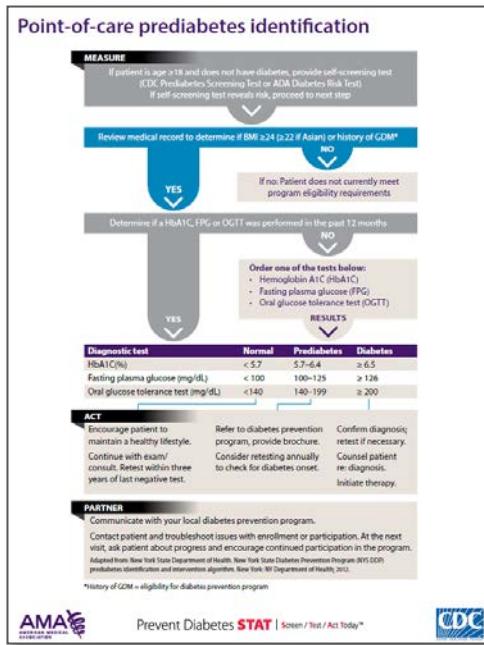
AMA

Prevent Diabetes STAT | Screen / Test / Act Today™

CDC

[preventdiabetestat.org](http://preventdiabetestat.org) and [doihaveprediabetes.org](http://doihaveprediabetes.org)

# Step Two: Identify patients and document the diagnosis



Document diagnosis: ICD 10 code is R73.03

# Step Three: Educate at-risk patients

- Blood sugar is higher than normal but not at the level of diabetes. This condition is prediabetes.
- Prediabetes is a serious condition: It raises your risk of heart attack and stroke and poses a very high risk of eventually progressing to full-blown diabetes.
- Prediabetes is treatable and reversible
- The goal is 5-7% weight loss



## So you have prediabetes ... now what?

Prediabetes means your blood glucose (sugar) level is higher than normal, but not high enough to be diagnosed as diabetes. This condition raises your risk of type 2 diabetes, stroke and heart disease.

**What can you do about it?**

The good news is that there's a program that can help you.

The National Diabetes Prevention Program, led by the Centers for Disease Control and Prevention (CDC), uses a method proven to prevent or delay type 2 diabetes.

By improving food choices and increasing physical activity, your goal will be to lose 5 to 7 percent of your body weight—that is 10 to 14 pounds for a person weighing 200 pounds.

These lifestyle changes can cut your risk of developing type 2 diabetes by more than half.

**How does the program work?**

As part of a group, you will work with a trained diabetes prevention coach and other participants to learn the skills you need to make lasting lifestyle changes. You will learn to eat healthy, add physical activity to your life, manage stress, stay motivated and solve problems that can get in the way of healthy changes.

The program lasts one year, with 16 sessions taking place about once a week and six to eight more sessions meeting once a month. By going through the program with others who have prediabetes you can celebrate each other's successes and work together to overcome challenges.

**Features of the program:**

- A trained coach to guide and encourage you
- A CDC-approved program
- Group support
- Skills to help you lose weight, be more physically active and manage stress

**What participants are saying ...**

*"I love having a lifestyle coach. She has given us great information, helped me stay on track and stay positive!"* —Bruce

*"I'm so excited because I went to the doctor last week and all of my numbers were down and I officially no longer have prediabetes."* —Vivien

**Sign up today for a program near you!**

To find a program in our area that is part of the National Diabetes Prevention Program, visit [cdc.gov/diabetes/prevention](http://cdc.gov/diabetes/prevention).

# Step Four: Refer

Health care practitioner referral form to a diabetes prevention program		
Send to: Fax:	Email:	
<b>PATIENT INFORMATION</b>		
First name	Address	
Last name		
Health insurance	City	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	State	
Birth date (mm/dd/yy)	ZIP code	
Email	Phone	
By providing your information above, you authorize your health care practitioner to provide this information to a prevention program provider, who may in turn use this information to communicate with you regarding its prevention program.		
<b>PRACTITIONER INFORMATION (COMPLETED BY HEALTH CARE PRACTITIONER)</b>		
Physician/NP/PA	Address	
Practice contact	City	
Phone	State	
Fax	ZIP code	
<b>SCREENING INFORMATION</b>		
Body Mass Index (BMI)		
Blood test (check one)	Eligible range	Test result (one of the following)
<input type="checkbox"/> Hemoglobin A1C	5.7-6.4%	
<input type="checkbox"/> Fasting Plasma Glucose	100-125 mg/dL	
<input type="checkbox"/> 2-hour plasma glucose (75 gm OGTT)	140-199 mg/dL	
Date of blood test (mm/dd/yy):		
For Medicare requirements, I will maintain this signed original document in the patient's medical record.		
Date	Practitioner signature	
By signing this form, I authorize my physician to disclose my diabetes screening results to the prevention program/organization name here for the purpose of determining my eligibility for the prevention program and conducting other activities as permitted by law.		
I understand that I am not obligated to participate in this diabetes screening program and authorization is voluntary.		
I understand that I may revoke this authorization at any time by notifying my physician in writing. Any revocation will not have an effect on actions taken before my physician received my written notice.		
Date Patient signature		
OPTIONAL		
IMPORTANT WARNING: The documents accompanying this transmission contain confidential health information protected from unauthorized disclosure except as permitted by law. This information is intended only for the use of the individual or entity named above. The author of this information is prohibited from disclosing this information to any other party unless permitted to do so by law or regulation. If you recipient and have received this information in error, please notify the sender immediately for the return or destruction of these documents.		

**Sample "Talking points" for phone outreach**

**Options A**

- Hello -<PATIENT NAME>.
- I am calling from <PRACTICE NAME HERE>.
- I'm calling to tell you about a program we'd like you to consider, to help you prevent some serious health problems.
- Based on our review of your medical chart, you have a condition known as prediabetes. This means your blood sugar is higher than normal, which makes you more likely to develop serious health problems including type 2 diabetes, stroke and heart disease.
- We have some good news, too.
- You may be eligible for a diabetes prevention program run by our partners, <NAME OF PROGRAM PROVIDER>.
- Their program is based on research proven to reduce your risk of developing diabetes and other health problems.

**Options B**

- We have sent a referral to <NAME OF PROGRAM PROVIDER> and someone will call you to discuss the program, answer any questions you may have and, if you are interested, enroll you in the program.
- Please feel free to give <NAME OF PROGRAM PROVIDER> a call at <PHONE NUMBER>.
- Do you have any questions for me?
- Thank you for your time and be well.

**The following agreement is being provided by the AMA as an example of business associate agreements. It is not recommended for use by a specific practice. We recommend that you confer with your legal advisors to determine what is needed by your practice and to confirm that any agreement is up to date with the law. This business associate agreement may be adapted for your use.**

**BUSINESS ASSOCIATE AGREEMENT**

This Agreement is made effective the \_\_\_\_\_ of \_\_\_\_\_, 201\_\_\_\_, by and between [Name of practice, dba as Name] hereinafter referred to as "Covered Entity", and [Name of diabetes prevention program provider, hereinafter referred to as "Business Associate", individually, a "Party" and collectively, the "Parties".]

**WITNESSETH:**

WHEREAS, Sections 201 through 204 of the federal Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, known as "The Administrative Simplification provisions," direct the Department of Health and Human Services to develop standards to protect the security, confidentiality and integrity of health information; and

WHEREAS, pursuant to the Administrative Simplification provisions, the Secretary of Health and Human Services issued regulations modifying 45 CFR Parts 160 and 164 (the "HIPAA Security and Privacy Rule"); and

WHEREAS, the American Recovery and Reinvestment Act of 2009 (Pub. L. 111-5, pursuant to Title XIII of the American Recovery and Reinvestment Act of 2009, Title IV of Division B, called the "Health Information Technology for Economic and Clinical Health" ("HITECH") Act, provides modifications to the HIPAA Security and Privacy Rule (hereinafter, all references to the "HIPAA Security and Privacy Rule" are deemed to include all amendments to such rule contained in the HITECH Act and any accompanying regulations, and any other subsequently adopted amendments or regulations); and

WHEREAS, the Parties wish to enter into or have entered into an arrangement whereby Business Associate will provide certain services to Covered Entity, and, pursuant to such arrangement, Business Associate may be considered a "business associate" of Covered Entity as defined in the HIPAA Security and Privacy Rule; and

WHEREAS, Business Associates may have access to Protected Health Information (as defined below) in fulfilling its responsibilities to Covered Entity, and

WHEREFORE, in consideration of the Parties' continuing obligations under the existing agreements, compliance with the HIPAA Security and Privacy Rule, and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, and intending to be legally bound, the Parties agree to the provisions of this Agreement

Use of Practice  
[Name of Practice]  
[Name of Business Associate] Agreement 4/12

**Prevent Diabetes STAT | Screen / Test / Act Today\***

**CDC**

**Your MISSION is Our MISSION**

**AMA**

## Step Five: Follow-up

- Arrange follow-up in 3-6 months
- Request that the DPP provide reports on patient progress
- Monitor your patient's fasting glucose or hemoglobin A1C every 6-12 months



# Best practices for enabling physicians and care teams to refer

- Identify champions through local medical societies and health systems
- Raising awareness amongst physicians, care teams and patients through Ad Council campaign, grand rounds, webinars and CME
- Frame as a process or quality improvement initiative
- With physician support, “automate” screening and referrals
  - Retrospective query to identify those at risk
  - Criteria to identify those most at risk/likely to act/likely to be successful
  - Referral through EMR
- Build feedback loops so that physicians can discuss progress with their patients
- Provide on the ground support in the practices

# STEPS Forward™ and PICME/MOC

**AMA** | **STEPSforward**

PRACTICE SUPPORT | GET UPDATES | CONTACT US | SHARE ▾

HOME | MODULES | LIVE EVENTS | HOW IT WORKS

Help your patients find ways to prevent type 2 diabetes through education, screening and local referral programs.

## Preventing type 2 diabetes in at-risk patients

Namratha Kandula, MD, MPH  
AMA

AMA IN PARTNERSHIP WITH 

CME CREDITS: 1.0

How will this module help me identify prediabetes and prevent the onset of diabetes?

- ① Provide tools and resources on screening, testing and referral
- ② Learn from practices that have successfully implemented prediabetes screening and education programs
- ③ Identify evidence-based prevention programs for patient referral
- ④ Get answers to commonly asked questions

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Watch case study 

Download module as PDF

[stepsforward.org](http://stepsforward.org)

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**Prediabetes PI CME – MOC Part IV**

The ultimate goal of this program is to increase prediabetes screening and treatment of non-pregnant patients 18 years and older with no previous diagnosis of diabetes. This goal will be achieved through: (1) working with physicians to help identify potential gaps and barriers in knowledge, attitude, skills and/or performance regarding adults at risk for diabetes, (2) increasing physician knowledge and awareness regarding the health impact of prediabetes and (3) providing tools and other resources to physicians to assist with all of the above and to track changes that are made in practice. Upon successful completion of Stages A-C of Cycle 1, participants may elect to continue to the second Cycle. In order to be eligible for MOC Part IV, the ABMS requires completion of a second cycle. Should you have any questions regarding the content of this activity please contact Janet Williams at [janet.williams@ama-assn.org](mailto:janet.williams@ama-assn.org) or 312-464-5073. Should you have technical questions, please contact the AMA Unified Service Center at 1-800-621-8335.

**Activity Information**

**Objectives**

At the end of this activity, physicians should be able to:

1. Define medical condition of prediabetes and treatment options for prediabetes.
2. Increase the percentage of non-pregnant patients 18 years and older without diabetes who are screened for prediabetes.
3. Increase the percentage of adult patients with prediabetes who receive an intervention for prediabetes (referred for nutrition counseling, referred to lifestyle

**Credit**

30 Credits > AMA > AMA PRA Category 1 Credit®

0 Credits > AMA - Certificate of Participation for Non-Physicians

1 Member Board Dependent > AMA > MOC Part IV

[ama-assn.org/education](http://ama-assn.org/education)

# Now is the time to focus on diabetes prevention

- Growing societal burden of diabetes and prediabetes
- An evidence-based diabetes prevention intervention exists
- Alignment with new payment systems and regulations
- Opportunity to strengthen clinical and community linkages to improve health outcomes
- Free guidance from the AMA

## Continue the discussion

Join your peers and the AMA in the online discussion, “Diabetes care begins with diabetes prevention.”

The discussion is hosted in the AMA’s Reinventing Medical Practice online community November 15 – 22.



<https://reinvent-medical-practice.communities.ama-assn.org/discussions/538>

# *Your* MISSION is *Our* MISSION

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