



Engaging Physicians & Care Teams to Prevent Diabetes

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Your MISSION is Our MISSION

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- Physicians who participate in today's webinar are eligible to earn up to 1.0 *AMA PRA Category 1 Credit*™
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MEDICAL SOCIETY**
Every physician matters, each patient counts.

**Engaging Physicians and Care Teams to Prevent Diabetes Webinar
May 2, 2017**

Summary of Disclosure Information

The Department of Continuing Education and Certification (DCEC) of the Massachusetts Medical Society has determined that none of the individuals in a position to control the content of this CME activity, and/or their spouse/partner have any relevant financial relationships with commercial interests to disclose.



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Objectives

- Describe the clinical practice burden and trends in prediabetes and type 2 diabetes
- Understand the evidence that supports systematically screening patients for prediabetes, and referring to a community based program, like the National Diabetes Prevention Program, to prevent type 2 diabetes
- Identify the tools available to identify patients with prediabetes and establish a referral process

Epidemiology & Clinical Burden of Prediabetes

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Health burden of diabetes

Compared to people without diabetes, those with diabetes are:



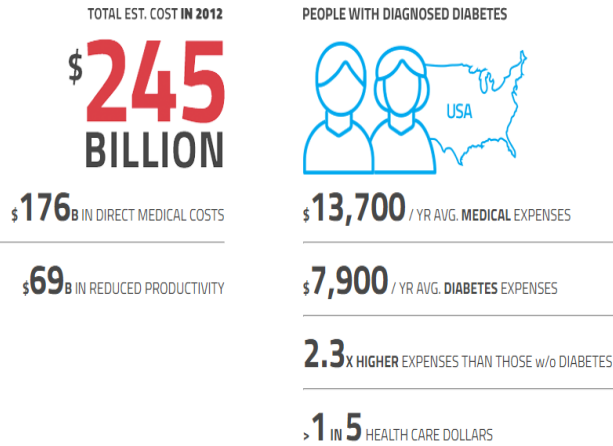
¹ Gilligan CD, Himmelfarb EA. Centers for Disease Control and Prevention (CDC). Prevalence of hypertension and controlled hypertension - United States, 2007-2010. *JAMA* 303(23):2444-8.

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.

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Cost of diabetes

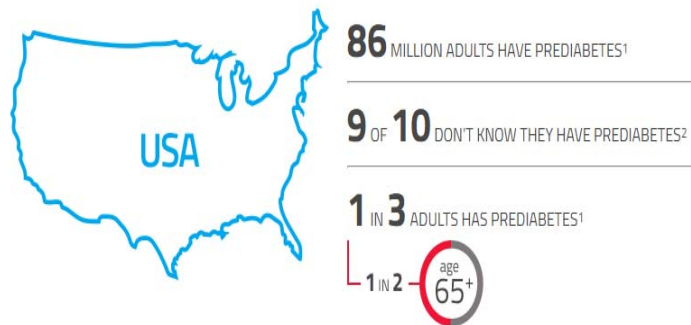


American Diabetes Association. Economic costs of diabetes in the U.S. in 2012. *Diabetes Care*. 2013;36(4):1033-1046.



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Current burden of prediabetes



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 Morbidity and Mortality Weekly Report*. 2013;Mar 22;62(11):209–12.



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Prediabetes definition

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

There are 3 standard test options to identify prediabetes.

	A1C (percent)	Fasting Plasma Glucose (mg/dL)	Oral Glucose Tolerance (mg/dL)
Diabetes	6.5+	126+	200+
Prediabetes	5.7 - 6.4	100 - 125	140 - 199
Normal	< 5.7	< 100	< 140

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



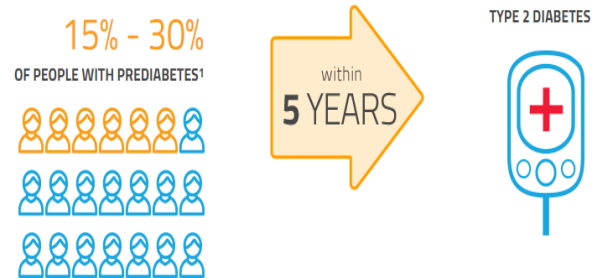
Audience response question

How do you currently treat your patients with prediabetes? (check the one that is most applicable/frequent practice)

1. Refer them for nutrition or obesity counseling.
2. Provide brief counseling and advice.
3. Provide brief counseling and advice, and prescribe metformin.
4. Refer them to a diabetes prevention program.
5. Continue to monitor weight and BMI.

Progression from prediabetes to type 2 diabetes

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



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.

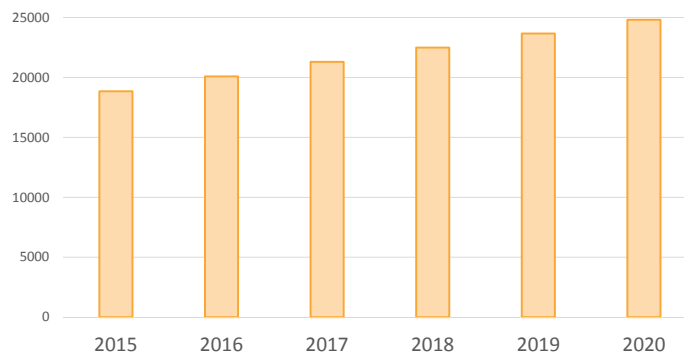
<http://www.cdc.gov/diabetes/pubs/statereport14/prediabetes-infographic.pdf>



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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



Based on a panel size of approximately 100,000 patients

Slide courtesy of Ronald T. Ackermann, MD, MPH, Northwestern University Feinberg School of Medicine



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Challenges faced by practicing physicians

- 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

Evidence Base for Diabetes Prevention

One solution: the Diabetes Prevention Program

Prediabetes is a reversible condition.

By referring patients to the National DPP, a lifestyle change program, you can help them lower their risk of developing type 2 diabetes as well as reduce the likelihood of:



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Audience response question*

How familiar are you with the diabetes prevention program?

1. Never heard of it
2. I've heard of it, but I don't know a lot of details
3. I'm very familiar with the diabetes prevention program

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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

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What is the National DPP?

Program Goal



MINIMUM BODY
WEIGHT LOSS **5% IN 6 MONTHS**
+ **6 MONTHS OF MAINTENANCE**

(10 lbs. for a person that weighs 200 lbs.)

In-person & online options

Both options are recognized by the CDC.

- Emphasis on prevention, empowerment, and helping people help themselves
- Same content, goals, and time commitment
- Lifestyle coach motivates and supports individuals
- Peer-to-peer camaraderie
- Group support
- Progress reports

Online programs

- Patient flexibility and simplified logistics
- Complete the curriculum on your own schedule, within each week
- Web and/or mobile enabled metrics and dashboards

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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.



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



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 DIABETES¹



8 FEWER PATIENTS USING ANTI-HYPERTENSIVE MEDICATION²



4 FEWER PATIENTS USING ANTI-LIPID MEDICATION²

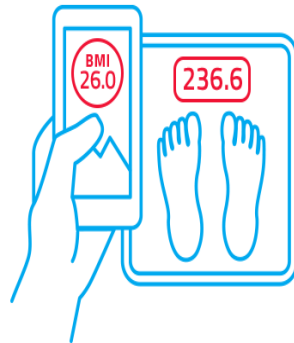
1. Knowler et al. *N Engl J Med* 2002;346:393-403.

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):503-504.



USPSTF abnormal glucose screening recommendation

USPSTF standards suggest testing patients every 3 years.



AGE & BMI

Grade B recommendation

- 40-70 age AND
- BMI ≥ 25

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

Sta AL. U.S. Preventive Services Task Force. Screening for Abnormal Blood Glucose and Type 2 Diabetes Mellitus: U.S. Preventive Services Task Force Recommendations 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

Sta AL. U.S. Preventive Services Task Force. Screening for Abnormal Blood Glucose and Type 2 Diabetes Mellitus: U.S. Preventive Services Task Force Recommendations 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

FOR IMMEDIATE RELEASE
March 23, 2016

Contact: HHS Press Office
202-690-6343
media@hhs.gov

Independent experts confirm that diabetes prevention model supported by the Affordable Care Act saves money and improves health

First ever preventive service model eligible for expansion under Medicare holds promise for employers, private insurers, and patients

"This program has been shown to reduce health care costs and help prevent diabetes, and is one that Medicare, employers and private insurers can use to help 86 million Americans live healthier."
- HHS Secretary Sylvia M. Burwell

Deploying the National DPP was associated with an average estimated **savings of \$2,650** per participant for Medicare

Office of the Actuary, Centers for Medicare and Medicaid Services. "Certification of Medicare Diabetes Prevention Program". March 23, 2016.
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DPP Benefits Practicing Physicians & Integrated Health Systems

- Provides time-pressed physicians with ready access to a program designed to prevent diabetes
- Aligns with PCMH Standards
 - Population Health Management and Preventive Services
 - Community Linkages and Self-management Support
- Achieves the Triple 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

Implementing Prevent Diabetes STAT

AMA-CDC National Collaboration to Prevent Diabetes



THE AMA AND CDC URGE YOU TO:



www.preventdiabetesstat.org



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The Physician's Role in Preventing Diabetes



1. Create awareness
2. Identify patients with prediabetes
3. Educate at-risk patients
4. Refer patients with prediabetes to an evidence-based diabetes prevention program
5. And, follow up on patient progress



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Step One – Create Awareness



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ANYONE IN YOUR FAMILY HAVE DIABETES?

86 MILLION AMERICAN ADULTS have prediabetes
You could be one of them.

DO YOU HAVE PREDIABETES?
Prediabetes Risk Test

DOWNLOAD MATERIALS TO SPREAD THE WORD

AMAR

www.doihaveprediabetes.org

Step Two – Identify Patients



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Point-of-care prediabetes identification

MEASURE
Examine all adult patients with diabetes and counsel on lifestyle changes to prevent complications and comorbidities.
Full implementation requires a change in practice.

IMPLEMENTATION
Review medical records to identify patients with diabetes and counsel on lifestyle changes to prevent complications and comorbidities.
Full implementation requires a change in practice.

ASSESS
Review medical records to identify patients with diabetes and counsel on lifestyle changes to prevent complications and comorbidities.
Full implementation requires a change in practice.

Test	Normal	Prediabetes	Diabetes
HbA1c (%)	<5.7	5.7-6.4	≥6.5
Fasting plasma glucose (mg/dL)	<100	100-125	≥126
2-hr glucose tolerance test (mg/dL)	<140	140-199	≥200

ACT
Refer patients with prediabetes to a diabetes prevention program, lifestyle intervention, or medical management. Consider counseling on lifestyle changes to prevent complications and comorbidities.

MONITOR
Monitor patients with prediabetes for progression to diabetes. Counsel patients on lifestyle changes to prevent complications and comorbidities. Consider counseling on lifestyle changes to prevent complications and comorbidities.

AMAR

Prevent Diabetes START

CDC

Retrospective prediabetes identification

MEASURE
Query EMR to identify patients with prediabetes and counsel on lifestyle changes to prevent complications and comorbidities.
Full implementation requires a change in practice.

IMPLEMENTATION
Review medical records to identify patients with prediabetes and counsel on lifestyle changes to prevent complications and comorbidities.
Full implementation requires a change in practice.

ASSESS
Review medical records to identify patients with prediabetes and counsel on lifestyle changes to prevent complications and comorbidities.
Full implementation requires a change in practice.

ACT
Refer patients with prediabetes to a diabetes prevention program, lifestyle intervention, or medical management. Consider counseling on lifestyle changes to prevent complications and comorbidities.

MONITOR
Monitor patients with prediabetes for progression to diabetes. Counsel patients on lifestyle changes to prevent complications and comorbidities. Consider counseling on lifestyle changes to prevent complications and comorbidities.

AMAR

Prevent Diabetes START

CDC



Step Three – Educate at Risk Patients



Sample "Talking points" for phone outreach

What is the CDC's Diabetes Prevention Program?

- It's a free, evidence-based program that helps you prevent or delay type 2 diabetes.
- Based on science, it's a proven way to prevent or delay type 2 diabetes. The program is based on research that shows that people who are at risk for type 2 diabetes can prevent or delay the disease by making changes to their lifestyle.
- The program is based on research that shows that people who are at risk for type 2 diabetes can prevent or delay the disease by making changes to their lifestyle.

Option 1

- We have an offer for you...the CDC's Diabetes Prevention Program...and we want you to join. The program is based on science, it's a proven way to prevent or delay type 2 diabetes. The program is based on research that shows that people who are at risk for type 2 diabetes can prevent or delay the disease by making changes to their lifestyle.
- The program is based on research that shows that people who are at risk for type 2 diabetes can prevent or delay the disease by making changes to their lifestyle.
- The program is based on research that shows that people who are at risk for type 2 diabetes can prevent or delay the disease by making changes to their lifestyle.

Option 2

- We have an offer for you...the CDC's Diabetes Prevention Program...and we want you to join. The program is based on science, it's a proven way to prevent or delay type 2 diabetes. The program is based on research that shows that people who are at risk for type 2 diabetes can prevent or delay the disease by making changes to their lifestyle.
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- The program is based on research that shows that people who are at risk for type 2 diabetes can prevent or delay the disease by making changes to their lifestyle.

AMERICAN MEDICAL ASSOCIATION
Prevent Diabetes STAT | Learn "How To Help"

So you have prediabetes ... now what?

Prediabetes means your blood glucose level is higher than normal, but not high enough to be diagnosed as diabetes. The condition can lead to type 2 diabetes, stroke and heart disease.

What can you do about it?

The good news is that there's a lot you can do to help you.

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

By making small changes and increasing physical activity, you can prevent or delay type 2 diabetes. The program is based on research that shows that people who are at risk for type 2 diabetes can prevent or delay the disease by making changes to their lifestyle.

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, get physical activity to lose the extra weight, and make other changes that can help you prevent or delay type 2 diabetes.

The program is free and you will receive a lot of support. You will be able to meet with your coach and other participants in person or online. You will also receive a lot of support from the CDC and the National Diabetes Prevention Program.

What participants are eligible...

The program is for people who are at risk for type 2 diabetes. This includes people who have prediabetes, are overweight, or have a family history of type 2 diabetes.

What participants are eligible...

The program is for people who are at risk for type 2 diabetes. This includes people who have prediabetes, are overweight, or have a family history of type 2 diabetes.

AMERICAN MEDICAL ASSOCIATION
Prevent Diabetes STAT | Learn "How To Help"

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Step Four – Refer



Health care practitioner referral form to a diabetes prevention program

Send to: Email:

First Name: Last Name:

Health Insurance:

Gender: Ethnicity:

Age: Height:

Weight:

Referral Reason:

Physician Signature:

Physician Title:

Physician Address:

Physician Phone:

Why participate in a diabetes prevention program?

What is prediabetes?

A condition in which blood glucose or hemoglobin A1C (HbA1C) levels are higher than normal but not high enough yet to be diagnosed as type 2 diabetes.

Why act now?

You are at higher risk of developing type 2 diabetes in the future. Compared to people without diabetes, those with diabetes are:

- 100% more likely to develop heart disease
- 80% more likely to be hospitalized for heart attack
- 50% more likely to be hospitalized for stroke
- 70% more likely to be hospitalized for heart failure or stroke

What is a lifestyle change program?

Increased physical activity (150 minutes/week)

Healthy eating

Stress management and behavior modifications

First 6 months: weekly coaching

Next 6 months: monthly coaching

Reduce chronic and getting diabetes by 58%

AMERICAN MEDICAL ASSOCIATION
Prevent Diabetes STAT | Learn "How To Help"

Referral Re - Lifestyle change program

Name:

DOB (MM/YYYY): Date of birth (MM/YYYY):

I understand that you participate in the Diabetes Prevention Program based on the following criteria:

☐ BMI ≥ 35 and a fasting plasma glucose (FPG) ≥ 100 mg/dL

☐ A1C $\geq 5.7\%$

☐ Fasting plasma glucose (FPG) ≥ 100 mg/dL

☐ Diabetes medications, including insulin

☐ History of gestational diabetes

Signature of medical professional:

Signature:

Can we contact you? ☐

I understand that you are in the Diabetes Prevention Program offered by:

AMERICAN MEDICAL ASSOCIATION
Prevent Diabetes STAT | Learn "How To Help"

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Step Five – Follow-up



Arrange follow-up in 3-6 months

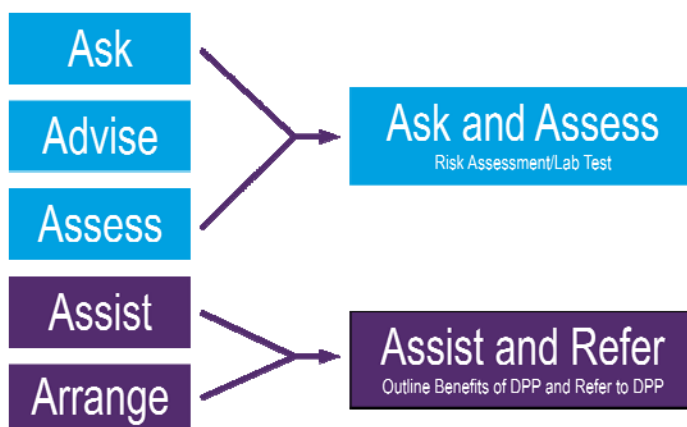
Request that the DPP provide reports on patient progress

Monitor your patient's fasting glucose or hemoglobin A1C every 6-12 months

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“Ask/Assess” and “Assist/Refer”



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Engaging Physicians and Care Teams

- Clinic Awareness
- Grand Rounds
- Online Modules
- PICME – Part IV MoC

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Prediabetes PI CME Stage A: Learning from current practice performance assessment

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. Should you have any questions regarding the content of this activity please contact Janet Williams at janet.williams@ama-assn.org or 312-464-5071. Should you have technical questions, please contact the AMA Unified Service Center at 1-800-421-8335.

<https://www.ama-assn.org/education/>



STEPSforward

PRACTICE SUPPORT RESOURCE LIBRARY 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 CDC

CME CREDITS: 1.0



Watch case study

PREDIABETES QUICK STAT OVERVIEW



Prediabetes is a condition in which blood glucose or hemoglobin A1C (HbA1C) levels are higher than normal but not high enough yet to be diagnosed as type 2 diabetes.

To help prevent type 2 diabetes, the American Medical Association and the Centers for Disease Control and Prevention are engaged in a multi-year partnership to help prevent type 2 diabetes.

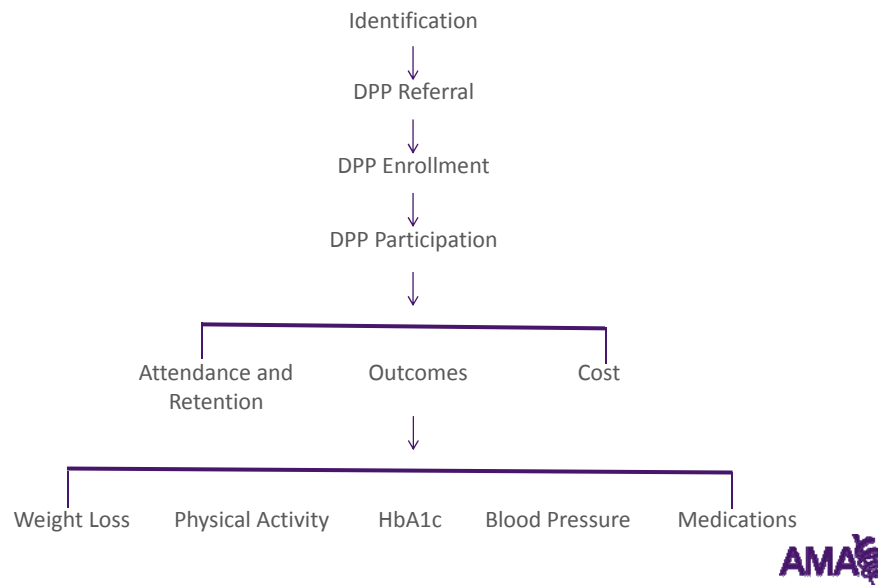
<https://www.stepsforward.org/>

Pointers for documentation and coding

- Document prediabetes diagnosis on patient problem list
 - Improve data tracking within health system
 - Catch attention of other clinicians and the patient
- Code prediabetes when billing for encounter
 - Improve claims data analysis
 - Understand utilization and cost
 - Employers and health plans can better target wellness and disease management interventions

ICD10 = R73.03

Evaluating DPP metrics overview



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

Your MISSION is *Our* MISSION

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Diabetes Prevention in Massachusetts



Diabetes Prevention and Control
www.mass.gov/dph/diabetes

Massachusetts
Department of
Public Health



MA Prediabetes Prevalence and Awareness

In Massachusetts, **1.8 million adults** or **35%** of the population **have prediabetes.**



Only 7%
are aware
of their
condition.

Know Your Risk for Type 2 Diabetes

Prediabetes
This is a condition where your blood sugar level is higher than normal, but not high enough to be diagnosed as Type 2 diabetes. It is a warning sign that you are at a higher risk for developing Type 2 diabetes.

Type 2 Diabetes
This is a condition where your blood sugar level is high enough to be diagnosed as Type 2 diabetes. It is a condition that can lead to serious complications if not managed properly.

Risk factors for Type 2 diabetes

- Age 45 and older
- Family history of diabetes
- Overweight or obese
- Physical inactivity
- High blood pressure
- High cholesterol
- History of gestational diabetes
- History of prediabetes

Talk to your doctor about your risk for prediabetes or type 2 diabetes.

There are many ways to reduce your risk of developing Type 2 diabetes. Talk to your doctor about your risk and what you can do to reduce it. They can help you create a plan that works for you.

Prediabetes? That's a thing!

Prediabetes means you have a higher chance of developing Type 2 Diabetes. Prediabetes is a condition where your blood sugar level is higher than normal, but not high enough to be diagnosed as Type 2 diabetes. It is a warning sign that you are at a higher risk for developing Type 2 diabetes.

Take the Risk Test
See the results for a risk test. If you are at a high risk, talk to your doctor about your risk and what you can do to reduce it.

How can I lower my risk?

- Be physically active
- Follow a healthy diet
- Manage your weight
- Manage your blood pressure
- Manage your cholesterol
- Manage your blood sugar

The Diabetes Prevention Program

This program is designed to help you reduce your risk of developing Type 2 diabetes. It includes a combination of lifestyle changes and medication. Talk to your doctor about whether this program is right for you.

Heart Health for People with Diabetes

Heart Health for People with Diabetes
If you have diabetes, you're at an increased risk for heart attack or stroke.

Your ABC Check List
Talk to your doctor about your ABC numbers and what target numbers are right for you.

A1C
Target: Less than 7%
If your A1C is 7% or higher, you are at a higher risk for heart attack or stroke.

Blood pressure
Target: Less than 130/80 mmHg
If your blood pressure is 130/80 mmHg or higher, you are at a higher risk for heart attack or stroke.

Cholesterol
Target: Less than 200 mg/dL
If your cholesterol is 200 mg/dL or higher, you are at a higher risk for heart attack or stroke.

Moving More for Busy People

How do I make time for physical activity?

There are many ways to fit physical activity into your busy schedule. Here are some ideas:

- Take the stairs instead of the elevator.
- Walk or bike to work.
- Take short walks during your workday.
- Exercise with your family.
- Join a community center or gym.

Make it a habit
Start with a small goal and build on it. For example, start by walking for 10 minutes a day. Once you feel comfortable, increase the time to 20 minutes. The key is to make it a habit.

Find a buddy
Exercise with a friend. It's more fun and you can encourage each other.

Use technology
There are many apps and devices that can help you track your physical activity. Use them to stay motivated.

What does a healthy lunch or dinner look like?

Healthy Plate
A healthy plate includes a variety of foods from different food groups. Here's what a healthy plate looks like:

- Vegetables:** Fill half the plate with vegetables.
- Protein:** Add a small portion of protein, such as lean meat, fish, or tofu.
- Grains:** Add a small portion of whole grains, such as brown rice or whole wheat bread.
- Fruits:** Add a small portion of fruit.
- Dairy:** Add a small portion of dairy, such as milk or yogurt.

Prediabetes? That's a thing!

Prediabetes? That's a thing!
Yes, And 1 in 3 people have it.

Take the Risk Test
Count your points to see where you stand.

Risk Factor	Points
Age 45 and older	1
Family history of diabetes	1
Overweight or obese	1
Physical inactivity	1
High blood pressure	1
High cholesterol	1
History of gestational diabetes	1
History of prediabetes	1

Provider 1 Pager

Increasing Awareness of Prediabetes: Screening, Prevention & Treatment

PREDIABETES

Definition, Prevalence and Risk Factors

- Prediabetes is a condition in which an individual's blood glucose levels are higher than normal but not high enough to be classified as type 2 diabetes.
- Fasting blood glucose: 100-125 mg/dL
- Oral Glucose Tolerance Test: 140-199 mg/dL
- HbA1c: 5.7-6.4%
- The three primary risk factors for diabetes include:
 - Being overweight
 - Over the age of 45
 - Family history of diabetes

- Without making the lifestyle changes noted below, 11% of adults with prediabetes will develop type 2 diabetes within 3 years; 15-30% will go on to develop type 2 diabetes within 5 years:
 - Improvements in diet
 - Increased physical activity
 - Smoking cessation
 - Stress reduction

Screening and Diagnosis

- Medical providers can conduct clinical screenings that effectively detect prediabetes such as **fasting plasma glucose (FPG), Hemoglobin A1c (HbA1c), and/or oral glucose tolerance testing (OGTT)**, especially in people with BMI levels denoting overweight/obesity (BMI ≥ 25 mg/m² if Asian, BMI ≥ 23 mg/m²).
- Non-clinical screening tools, based on self-identified risk assessments, have been promoted and made available through the National Diabetes Prevention Program (<http://www.cdc.gov/diabetes/prevention/pdf/preventionrefcard.pdf>).
- The ICD-10 includes a more prevalent billable code (E73.09) that can be used to indicate a diagnosis of prediabetes (or other abnormal glucose). This new code is expected to make it easier for providers and health plans to identify patients with prediabetes and intervene to improve health status over time.

In the United States, 86 million adults or 37% of the population have prediabetes.

Only 11% are aware of their condition.

In Massachusetts, 1.8 million adults or 35% of the population have prediabetes.

Only 7% are aware of their condition.

Costs

- It is estimated that in the U.S., \$44 billion is attributed to medical expenses for prediabetes.
- Prediabetes and lifestyle change interventions could potentially save the U.S. \$129 billion in medical costs and create \$392 billion in non-medical benefits by extending years of employment for affected individuals over a 10-year period. Such dramatic savings highlight the need to make the promotion of prediabetes awareness, screening, and lifestyle change a priority on the state and national levels.

DIABETES PREVENTION PROGRAM

- Developed by the CDC, the **Diabetes Prevention Program (DPP)** is an evidence-based intervention for preventing type 2 diabetes. DPP is a year-long program where people with prediabetes learn to make sustainable lifestyle changes. It has been shown to reduce the risk of developing type 2 diabetes by 58% (70% for adults over 60).
- DPP is delivered by trained and certified lifestyle coaches at local YMCA, health care facilities, and other community settings throughout the U.S. Organizations offering DPP are formally recognized by the CDC.
- In July of 2015, the national Community Preventive Services Task Force published a recommendation statement (<http://www.thecommunityguide.org/diabetes/prevention/prevention-statement-150715.pdf>) supporting the use of combined diet and physical activity promotion programs to deter progression to type 2 diabetes in individuals at increased risk.
- "Prevent Diabetes STAT" (<http://www.cdc.gov/media/releases/2015/s1111-diabetes-STAT.html>), a tool kit jointly produced by the CDC and AMA, connects health care providers and individuals with screening, testing, and referral information for DPP. This site also provides recommendations to employers, insurers, community-based organizations, health systems, and medical associations about how to prevent diabetes.
- A new CPT code (94037), available as of January 2016, can be used for the purpose of reporting provision of services in a diabetes prevention program.

Long-term outcomes studies of the DPP have shown a **34% reduction in the incidence of type 2 diabetes** over a 10-year period.

SCREEN:

Incorporate routine screening for prediabetes among your patients using the CDC risk test

TEST:

Order one of the three blood tests to confirm diagnosis of prediabetes among your patients

Use new ICD-10 code for diagnosis of prediabetes

ACT TODAY:

Become familiar with the DPP in your region and refer your eligible patients

Talk to your agent about whether the DPP is, or can be, a covered benefit for your patients

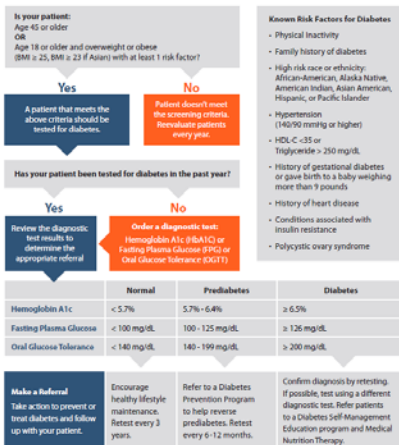


Prepared for the Massachusetts Department of Public Health
For more information: www.mass.gov/dph/preventdiabetes



Screening Algorithm

Screen, Test, Refer Prediabetes & Diabetes



Based on the American Diabetes Association Standards of Medical Care in Diabetes - 2016.

The Diabetes Prevention Program

The Diabetes Prevention Program (DPP) is a one-year, evidence-based program led by a trained lifestyle coach that helps patients reduce their risk of developing type 2 diabetes. The program is based on a randomized-control trial showing changes in lifestyle (losing 5-7% body weight and achieving 150 minutes of physical activity a week) reduced the risk of type 2 diabetes among participants by 58% (70% for those over the age of 60).

Patients can find out more about DPP and find a program location by visiting www.mass.gov/dph/preventdiabetes or www.healthylivingtime.org/programs.

Eligibility: Adults 18 and over who are overweight or obese (BMI ≥ 25 or ≥ 23 if Asian) and have prediabetes.
Cost: Varies depending on the site/location.



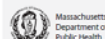
Diabetes Self-Management Education

Diabetes Self-Management Education (DSME) is an ongoing program that helps patients acquire the knowledge and skills necessary for diabetes self-care.

DSME is offered at various locations throughout MA. Patients can find more information about DSME and program locations at www.mass.gov/dph/diabetes.

New England QH-CIO offers the Stanford University Diabetes Self-Management Program, a 6-session workshop, for people with diabetes. They also help providers identify and refer patients to DSME classes. To learn more about classes, patients can call 781-267-9150 or find more information about the NE QH-CIO programs at www.healthcarenewengland.org.

Patients can also visit the Healthy Living Center of Excellence at www.healthylivingtime.org/programs or call (978) 946-1211 to find out more about DSME programs in MA.



"National Institute of Diabetes and Digestive and Kidney Diseases. http://www.niddk.nih.gov/health/diabetes/research-and-statistics/diabetes-prevention-program-dpp/OverviewDPP_108.pdf



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DP010

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Massachusetts Health Promotion
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Home > Diabetes

Diabetes

Sort By: View:

Moving More for Busy People
Fact Sheet
For general audience

Getting Started with Healthy Eating
Fact Sheet
For general audience

Diabetes Prevention Fact Sheet
For adults at risk for type 2 diabetes

Know Your Risk Fact Sheet
For adults at risk for type 2 diabetes

Heart Health for People with Diabetes
Fact Sheet
For adults with diabetes

Diabetes Prevention 11x17
Poster - English
For clinical sites with adult patients

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Order or
Download
Materials
for
Free!

How to locate and refer to DPPs in MA?

1. Visit www.mass.gov/dph/preventdiabetes to find program info and contact directly

Diabetes Prevention

You can prevent type 2 diabetes!

About 1 in every 3 adult Americans has prediabetes. For those over 65, 1 in every 2 has prediabetes. In Massachusetts, there may be as many as 1.5 million adults who have prediabetes.

Prediabetes happens when blood sugar (glucose) levels are higher than normal, but not high enough to be diabetes. People with prediabetes are much more likely to develop diabetes than people with normal blood sugar levels. A simple blood test can determine your blood sugar levels.

If you have prediabetes, you probably don't know it.

1 in 3 MA adults have prediabetes, but only 7% know they have it. Find out if you are at risk for diabetes by [taking the online quiz!](#)

If you think you might be at risk for prediabetes or diabetes, ask your doctor for a blood test to measure glucose. Whether those results lead to the first step to prevention is yours.

Friendly URL:
www.mass.gov/dph/preventdiabetes

DIABETES PREVENTION PROGRAM
[Learn More!](#)

FIND A DPP NEAR YOU
[Join Now!](#)

For Providers
[Details](#)

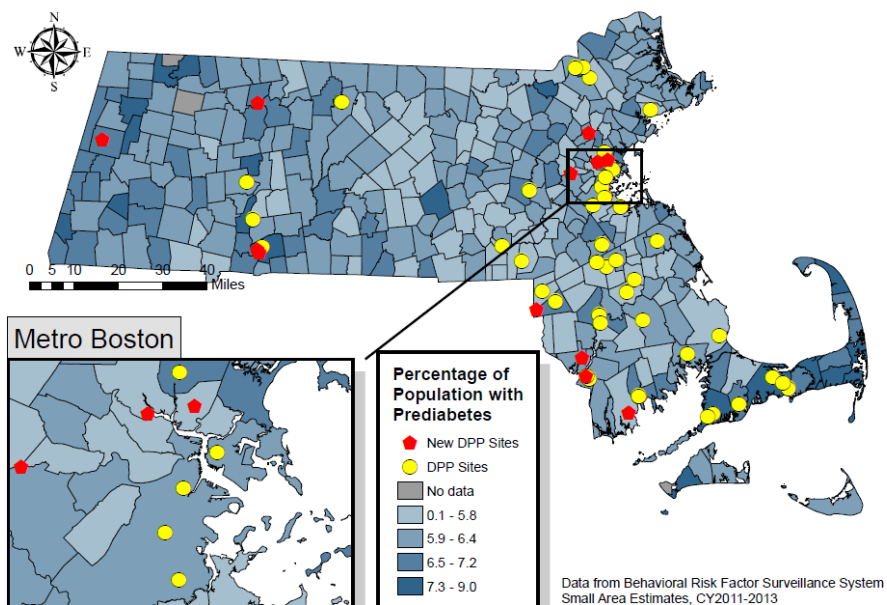
Related Links
[Diabetes Prevention and Control](#)

How to locate and refer to DPPs in MA?

2. Visit www.healthyliving4me.org or call 1-978-946-1211 to get connected with a nearby program



Prediabetes Prevalence and Diabetes Prevention Program (DPP) Sites in MA



Technical Assistance Available from DPH

Max Alderman
Diabetes Program Coordinator
MA Department of Public Health
Max.Alderman@State.ma.us



Questions?



Kate Kirley, MD, MS
AMA



Janet Williams, MA
AMA



Max Alderman, MPH
MA DPH

Evaluation and Certificates

- Registered attendees will receive an email from MMS within 5-7 business days with a link to the online evaluation
- After submitting the evaluation, attendees will be directed to the MMS CME Certificate Portal where physicians will receive CME credit; others will receive a certificate of attendance