

2-methods to refer PRE-DIABETIC patients to the CDC-recognized diabetes prevention program

METHOD 1: Retrospective Prediabetes identification.

Step 1—Measure: Query the EMR every 6-12 months using the following:

Exclusion criteria:

⇒ Current diagnosis of diabetes (ICD-9:250.xx)

Inclusion criteria:

- ⇒ Most recent BMI ≥ 24 (≥ 22 if Asian) **and**
- ⇒ A positive lab test result within previous 12 months:
- HbA1C 5:7—6.4 % (LOINC code 4548-4) **or**
 - FPG 100-125 mg/dl (LOINC code 62856-0) **or**
 - History of gestational diabetes (ICD-9:V12.21)

Step 2—Act: Generate a list of patient names. Use the list to do one of two things:

1. Contact patients to explain prediabetes and share information on diabetes prevention program, **or**
2. Contact *Trinity Health Coaching* (program provider) at 915-861-6758 to determine if your clinic qualifies for free postage and mailing literature to send to qualifying patients.

Step 3—Partner: Discuss program participation at next patient visit.

METHOD 2: Point-of-care Prediabetes identification.

Step 1 - During check-in: If patient does not have diabetes, give him/her the “CDC Prediabetes Screening Test”. After patient completes the test, insert completed test in the paper chart or note risk score in the EMR.

Step 2 - During rooming/vitals: Calculate the patient’s body mass index. Most EMRs will calculate BMI automatically. Review the patient’s diabetes risk score and if elevated ≥ 9 flag for possible referral.

Step 3 - During exam/consult: Follow the “Point-of-care prediabetes identification algorithm” (see page 3) to determine if patient qualifies for the CDC program.

If the patient shows qualified on the algorithm, discuss the value of participating in the prevention program, and refer him/her to the program.

Step 4 - Referral to diabetes prevention program: After the patient has signed the referral form and given you permission, then FAX the signed referral form to *Trinity Health Coaching* and give patient the provided full-color, double-sided referral form.

Step 5 - At next visit: Ask patient about progress and encourage continued participation in the program.

Method 1 - Retrospective prediabetes identification

1

MEASURE

Query EMR or patient database every 6–12 months using the following criteria:

A. Inclusion criteria:

- Age ≥ 18 years **and**
- Most recent BMI $\geq 24^*$ (≥ 22 if Asian) **and**
- A positive lab test result within previous 12 months:
 - o HbA1C 5.7–6.4% (LOINC code 4548-4) **or**
 - o FPG 100–125 mg/dL (LOINC code 1558-6) **or**
 - o OGTT 140–199 mg/dL (LOINC code 62856-0) **or**
- History of gestational diabetes (ICD-9: V12.21)

B. Exclusion criteria:

- Current diagnosis of diabetes (ICD-9: 250.xx) **or**
- Current Insulin use



Generate a list of patient names with relevant information



2

ACT

Use the patient list to:

A. Contact patients to inform of risk status, explain prediabetes, and share info on diabetes prevention programs, **and/or**

B. Send patient info to diabetes prevention program

Call or Text 915-449-9012 to determine if your clinic qualifies for free postage and mailing literature.

C. Flag medical record for patient's next office visit



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PARTNER

Discuss program participation at next visit

*These BMI levels reflect eligibility for the National DPP as noted in the [CDC Diabetes Prevention Recognition Program Standards and Operating Procedures](#).



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



The American Medical Association and the Centers for Disease Control are supporting physicians, care teams and patients to prevent diabetes.

Method 2: Point-of-care prediabetes identification

MEASURE

Is patient at least 18 years old AND never been diagnosed with type 1 or type 2 diabetes?

YES

NO

Patient does not meet program eligibility requirements

Review EMR to determine if BMI is ≥ 24 . (≥ 22 if Asian) *

NO

YES

* These BMI levels reflect eligibility for the National DPP according to CDC.

How old is the patient?

18-39

≥ 40

Provide self-screening test while patient is waiting to see practitioner.

Score ≥ 9

Order a glucose test **

- Hemoglobin A 1 C (HbA 1 C)
- Fasting plasma glucose (FPG)

0-8 points

** In the absence of any blood tests, a BMI of 24 or higher automatically qualifies patient for the program if their self-test risk screening score was 9 or higher.

Has patient had Gestational Diabetes?

YES

NO

Refer to diabetes prevention program with provided materials

Patient does not meet program eligibility requirements

ACT

	HbA1C	Fasting Glucose	
Normal	< 5.4	< 94	Encourage patient to continue healthy lifestyle. Retest every 1 - 3 years.
High Normal	5.4 - 5.6	94 - 99	Refer to diabetes prevention program using provided referral materials
Pre-diabetes	5.7 - 6.4	100 - 125	Counsel patient on diagnosis and refer to program with provided materials.
Diabetes	≥ 6.5	≥ 126	Confirm diagnosis by retesting if necessary and initiate diabetic therapy.