



Diabetes Care Begins With Diabetes Prevention

Noah Negin, M.D., FAAFP

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12-1pm

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Today's Presenter



Noah Nesin, M.D., FAAFP, has been a family doctor in Maine since 1986, first in a private, solo practice and then in federally qualified health centers. He has served as Chief of Staff of Penobscot Valley Hospital, Medical Director of Health Access Network in Lincoln, Maine, and Chief Quality Officer at Penobscot Community Health Care (PCHC). He now serves as Vice President of Medical Affairs at PCHC. Throughout his career Dr. Nesin has led efforts in evidence-based prescribing practices and in practice transformation to improve efficiency and to use health care resources judiciously.



Diabetes care begins with diabetes prevention

Noah Nesin, MD, FAAFP
Vice President of Medical Affairs
Penobscot Community Health Care

Your MISSION is *Our* MISSION



Maine Medical
Association

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



Epidemiology & Clinical Burden of Prediabetes

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
- 2016 Retinopathy

Frank



- 2003 Prediabetes age 55
- 2006 Type 2 Diabetes
- 2016 Retinopathy
- 2020 CKD

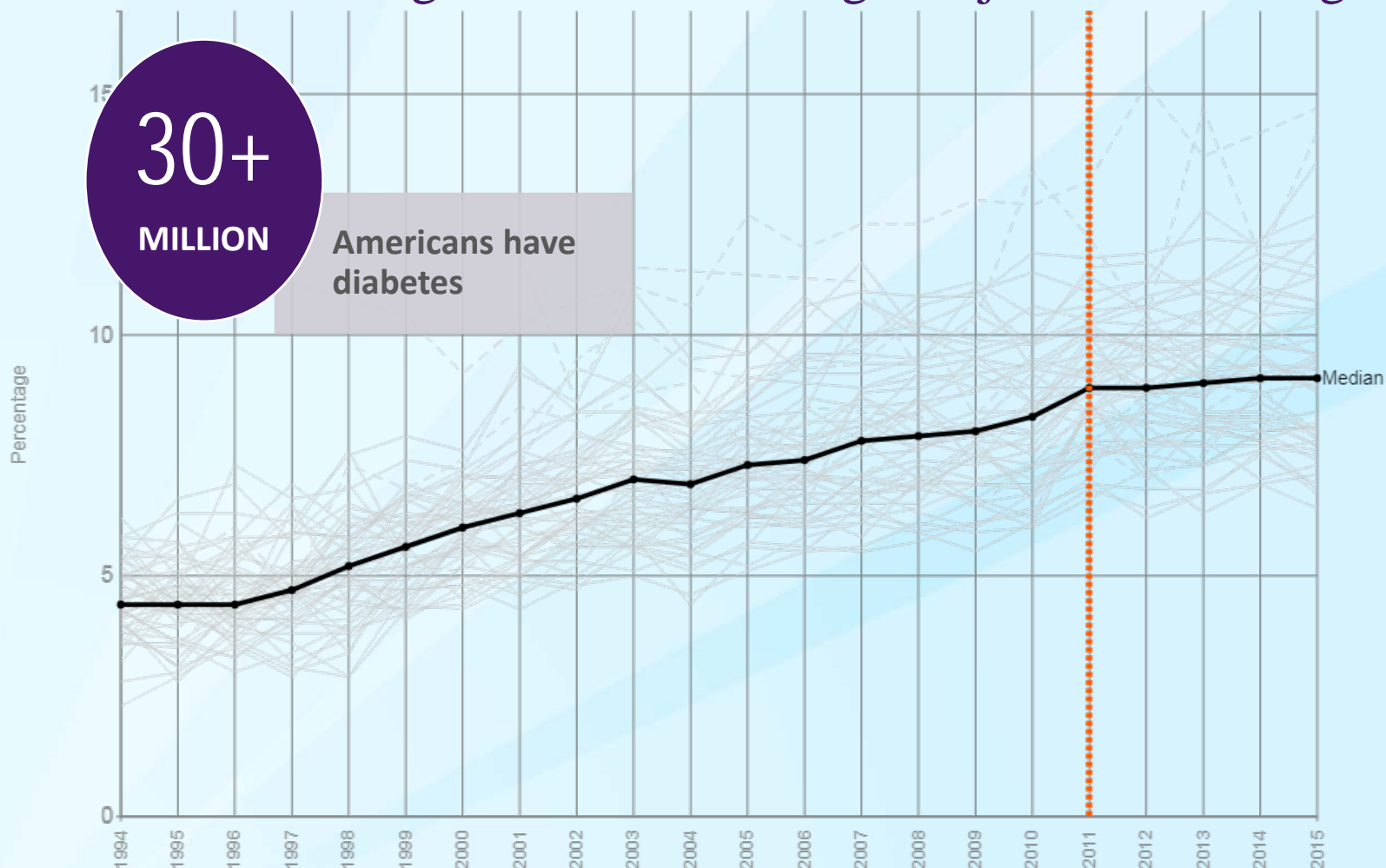
Referral Nephrology
Prior authorizations
Ongoing refills
Ongoing labs
Medical complications
Anemia
Osteoporosis
Edema

Frank



- 2003 Prediabetes age 55
- 2006 Type 2 Diabetes
- 2016 Retinopathy
- 2020 CKD
- 2023 MI and Death

Adults with Diagnosed Diabetes, Age-Adjusted Percentage



Source: 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.

National Center for Chronic Disease Prevention and Health Promotion
Division of Diabetes Translation



Health burden of diabetes

Compared to people without diabetes, those with diabetes are:



1. Gillespie CD, Hurlitz KA: Centers for Disease Control and Prevention (CDC). Prevalence of hypertension and controlled hypertension - United States, 2007-2010. *MMWR 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

\$176_B IN DIRECT MEDICAL COSTS

\$69_B IN REDUCED PRODUCTIVITY

PEOPLE WITH DIAGNOSED DIABETES



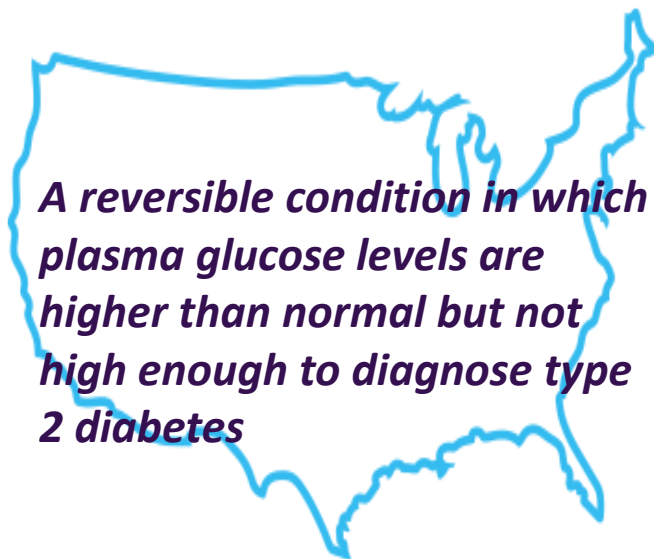
\$13,700 / YR AVG. **MEDICAL** EXPENSES

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

2.3x HIGHER EXPENSES THAN THOSE w/o DIABETES

> 1 IN 5 HEALTH CARE DOLLARS

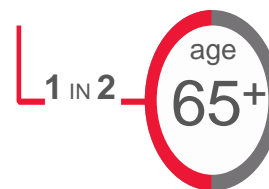
Current burden of prediabetes



84 MILLION ADULTS HAVE PREDIABETES¹

9 OF 10 DON'T KNOW THEY HAVE PREDIABETES²

1 IN 3 ADULTS HAS PREDIABETES¹

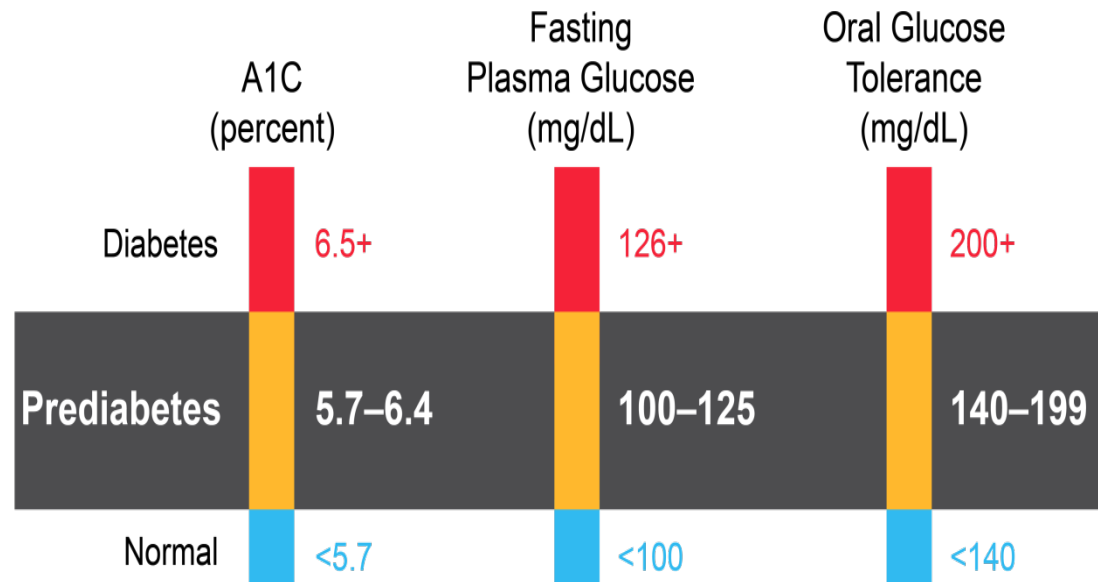


1. Centers for Disease Control and Prevention. National Diabetes Statistics Report: *Estimates of Diabetes and Its Burden in the United States*, 2014. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2014.

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

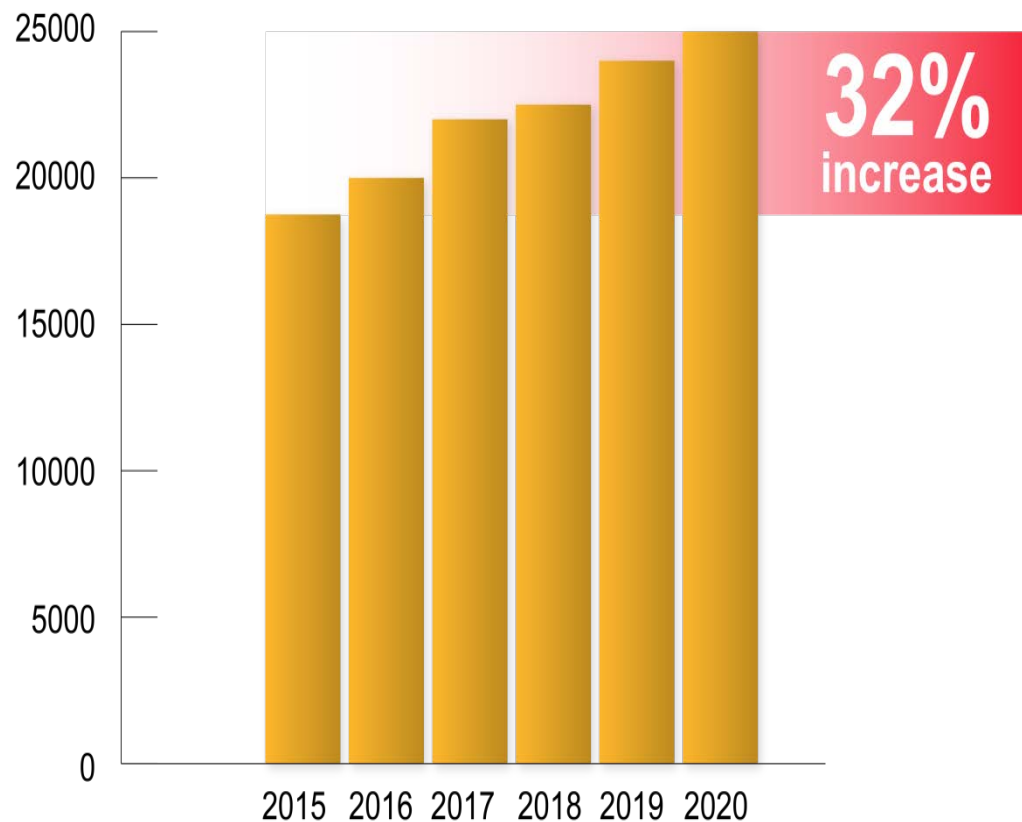
Without intervention, depending on where an individual is on the prediabetes spectrum:



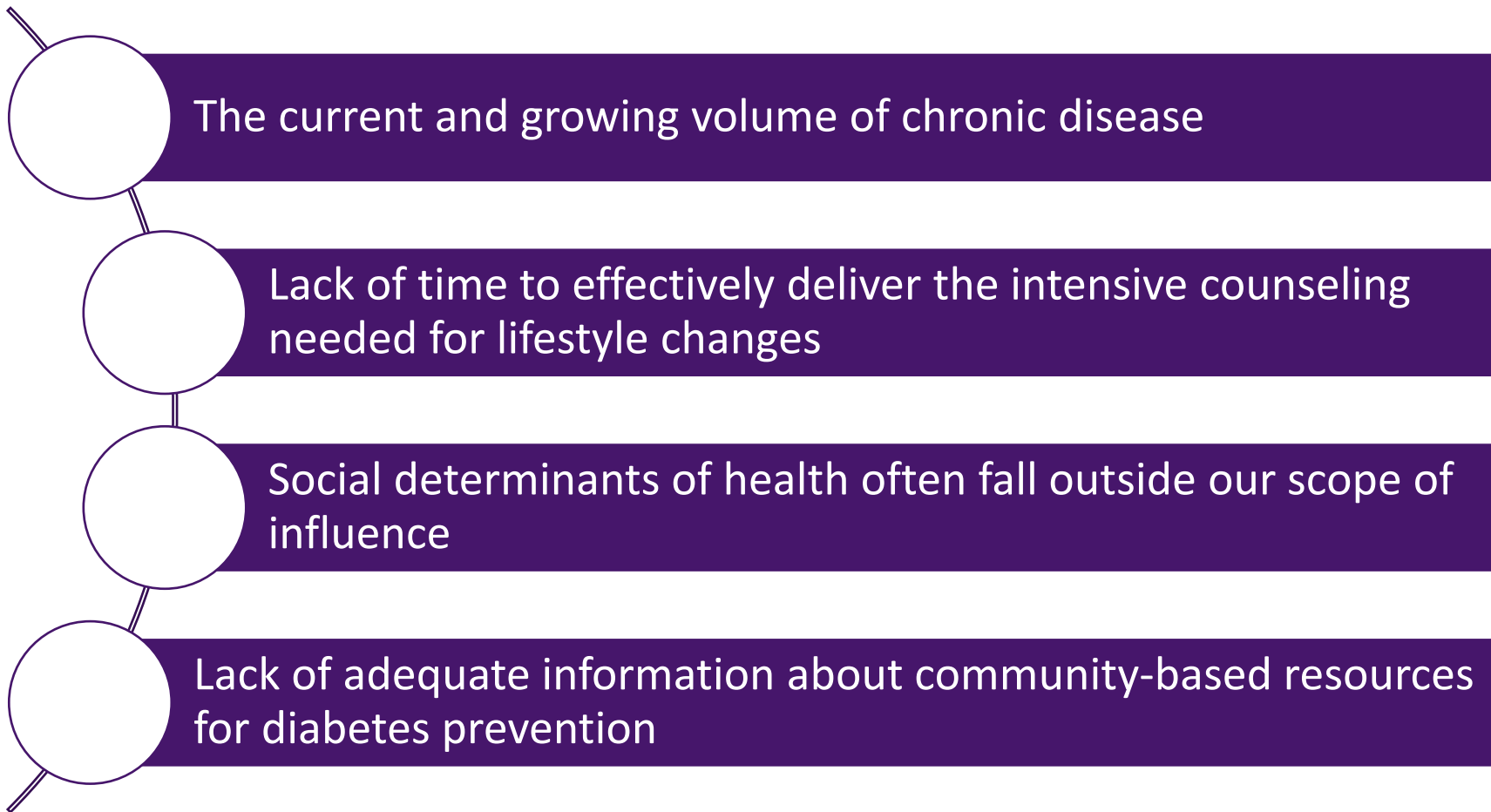
The population with prediabetes is heterogeneous and those at the higher end of the prediabetes spectrum have a higher risk of developing type 2 diabetes.

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



A blurred background image showing a pair of hands holding a tablet computer. The image is overlaid with a semi-transparent purple filter. The text "Evidence Base for Diabetes Prevention" is centered in the middle of the image in a white serif font.

Evidence Base 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:



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?

Program goal



MINIMUM BODY WEIGHT LOSS **5% IN 6 MONTHS**

+6 MONTHS OF MAINTENANCE

- Emphasis on prevention, and empowerment
- Lifestyle coach motivates and supports individuals

In-person program

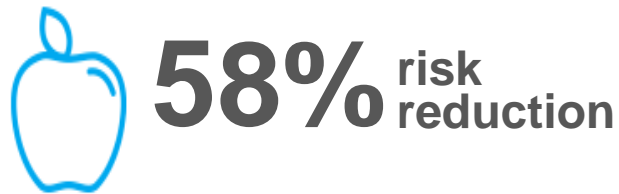
- Peer-to-peer camaraderie
- Group support
- Progress reports
- CDC-recognized

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.



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



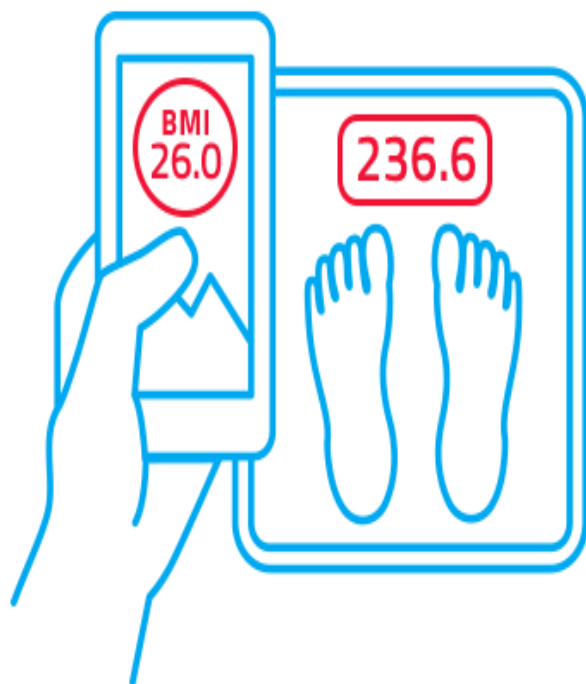
4 FEWER PATIENTS USING ANTI-LIPID MEDICATION²

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):888-894.

USPSTF abnormal glucose screening recommendation

USPSTF standards suggest testing patients every 3 years.



AGE & BMI

Grade B recommendation

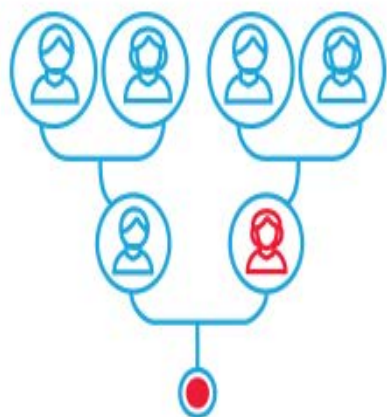
- 40-70 age AND
- BMI ≥ 25

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

Siu AL. US 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 and ethnic minorities

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

Siu AL. US Preventive Services Task Force. Screening for Abnormal Blood Glucose and Type 2 Diabetes Mellitus: US 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. US Preventive Services Task Force. Screening for Abnormal Blood Glucose and Type 2 Diabetes Mellitus: US 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

- Beneficiary eligibility
 - BMI ≥ 25 (≥ 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



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

A photograph of a female doctor in a white lab coat with a stethoscope, smiling and talking to an older male patient. They are sitting at a desk in a clinical setting. The doctor is holding a pen and a tablet. The patient is wearing a plaid shirt. The image has a purple tint.

How do we put this into practice?

Prevent Diabetes **STAT**

Screen / **T**est / **A**ct **T**oday™

84 MILLION
AMERICAN ADULTS
HAVE PREDIABETES

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

PATIENTS AND PARTNERS

HEALTH CARE PROFESSIONALS

EMPLOYERS AND INSURERS

www.preventdiabetesstat.org

PREDIABETES

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.

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



Home Take the Risk Test Reverse Prediabetes FAQ English

DOWNLOAD MATERIALS TO SPREAD THE WORD

Printable Posters

86 MILLION AMERICANS MAYBE EVEN YOU HAVE PREDIABETES. PERSON-ABOUT-TO-FACT-CHECK-THIS-FACT.

86 MILLONES DE ESTADOUNIDENSES INCLUSO USTED. HAGA A LOS QUE LE PASA QUE PIENSA QUE NO SE REFIEREN A MI.

Join a National Diabetes Prevention Program

Find a 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

The National Diabetes Prevention Program can help!

The National Diabetes Prevention Program (National DPP) uses a program that is proven to prevent or delay type 2 diabetes, and will help you lower your risk by improving your food choices and increasing physical activity.

How does it work? As part of a group in your community or online, you will work with a trained lifestyle coach 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.

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™

preventdiabetesstat.org and doihaveprediabetes.org

Step Two: Identify patients and document the diagnosis

PREDIABETES IDENTIFICATION & MANAGEMENT PROTOCOL

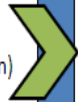
STEP 1 DETERMINE ELIGIBLE POPULATION FOR SCREENING

EXCLUSION CRITERIA

Age <18 yrs
People with diabetes
Pregnant women

INCLUSION CRITERIA

Age ≥ 18 yrs **and**
BMI ≥ 25 (≥23 if Asian)



DETERMINE

- History of gestational diabetes
- Existing diagnosis of prediabetes

Pt with h/o GDM, should continue down the pathway to receive a lab assessment. Pt with h/o of GDM (and elevated BMI) are eligible to participate in DPP regardless of lab results.

If no existing prediabetes, proceed with screening

DIAGNOSTIC TEST	NORMAL	PREDIABETES	DIABETES
Hemoglobin A1C (%)	< 5.7	5.7 – 6.4	≥ 6.5
Fasting plasma glucose (mg/dL)	< 100	100 - 125	≥ 126
Oral glucose tolerance test (mg/dL)	< 140	140 - 199	≥ 200

If prediabetes diagnosis confirmed, proceed to step 2

STEP 2 EDUCATE PATIENT & DETERMINE TREATMENT PREFERENCE

EDUCATE PATIENT REGARDING DIAGNOSIS, REVERSIBILITY/TREATABILITY
(150 Min Physical Activity; Healthy Eating; Stress Management & Behavior Modification)

FOUR KEY OPTIONS TO CONSIDER:

Diabetes Prevention Program

Determine eligibility
and make referral

Metformin

Determine if
clinically appropriate
and prescribe
*Not FDA-approved

Medical Nutrition Therapy

Make referral
according to
standard process

No Treatment

Monitor and re-offer
treatment if
appropriate


STEP 3

FOLLOW-UP REGULARLY

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.

Some insurance plans will cover the cost of the program. Check with your insurance provider to see if it is covered. Also, some places that provide the program will adjust the fee you pay based on your income.

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.

Why should you act now?

Without weight loss and moderate physical activity, many people with prediabetes will 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. **NOW is the time to take charge of your health and make a change.**

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.



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Step Four: Refer

Health care practitioner referral form to a diabetes prevention program

Send to: Fax:

Email:

PATIENT INFORMATION	
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 diabetes prevention program provider, who may in turn use this information to communicate with you regarding its diabetes prevention program.

PRACTITIONER INFORMATION (COMPLETED BY HEALTH CARE PRACTITIONER)	
Physician/NP/PA	Address
Practice contact	City
Phone	State
Fax	ZIP code

SCREENING INFORMATION		
Body Mass Index (BMI)		
Blood test (check one)	Eligible range	Test result (one)
<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.		

OPTIONAL	
Date	Practitioner signature
By signing this form, I authorize my physician to disclose my diabetes screening results to the program/organization name here for the purpose of determining my eligibility for the diabetes 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 that my participation 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 revocation.	
Date	Patient signature

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 unauthorized use or disclosure of this information is prohibited. If you are not the intended recipient, please notify the sender immediately by return or destruction of these documents.



Sample "Talking points" for phone outreach

- 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.

Option A

- 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.

Option B

- We have sent a referral to <<NAME OF PROGRAM PROVIDER>> and we urge you to call <<PHONE NUMBER>> to learn more about the program and enroll.
- We hope you will take advantage of this program, which can help prevent you from developing serious health problems.
- 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 advisers 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 diabetes prevention program provider, hereinafter referred to as "Business Associate", individually a "Party" and collectively, the "Parties".

WITNESSETH:

WHEREAS, Sections 261 through 264 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 Division A and 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 Associate may have access to Protected Health Information (as defined below) in fulfilling its responsibilities to Covered Entity; and

HEREFORE, 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

(Name of Practice)
PAA BUSINESS ASSOCIATE AGREEMENT 4/12



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Step Five: Follow-up

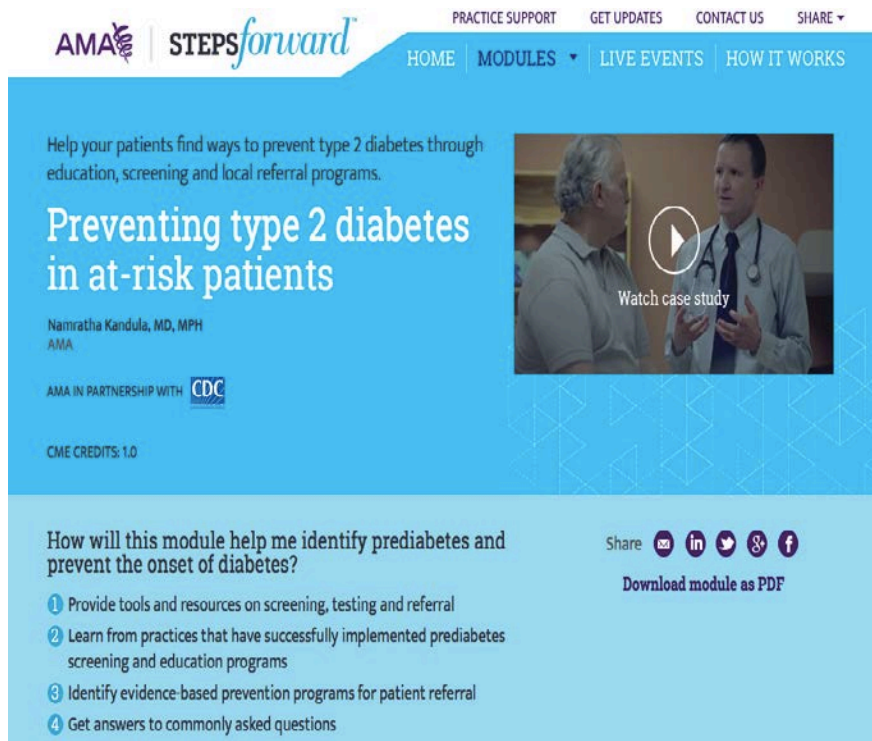
- Arrange follow-up in 3-6 months
- Request that the DPP provide reports on patient progress
- Monitor your patient's fasting glucose or hemoglobin A1C every 6-12 months



Best practices for enabling physicians and care teams to refer

- Be a champion! Physicians are powerful drivers in encouraging support for prevention.
- Raise awareness through the AMA's Ad Council campaign, grand rounds, webinars and CME
- Frame as a process or quality improvement initiative
- “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

STEPS Forward™ and PICME/MOC



AMA | **STEPS**forward


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

Watch case study

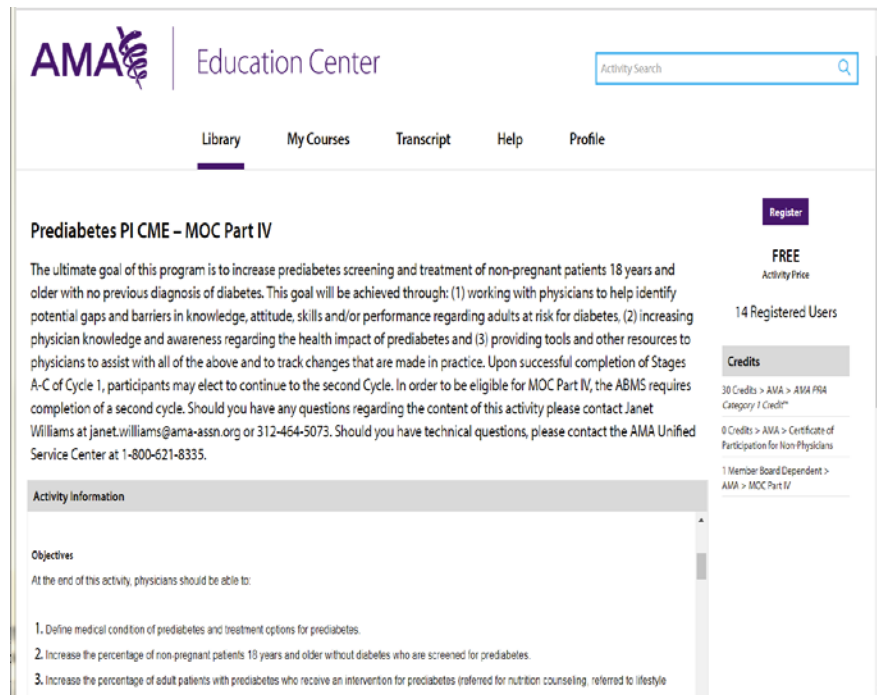
How will this module help me identify prediabetes and prevent the onset of diabetes?

- 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

Share     

Download module as PDF

stepsforward.org



AMA | Education Center

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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 or 312-464-5073. Should you have technical questions, please contact the AMA Unified Service Center at 1-800-621-8335.

Register

FREE
Activity Price

14 Registered Users

Credits

30 Credits > AMA > AMA PBA Category 1 Credit™

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

1 Member Board Dependent > AMA > MOC Part IV

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).

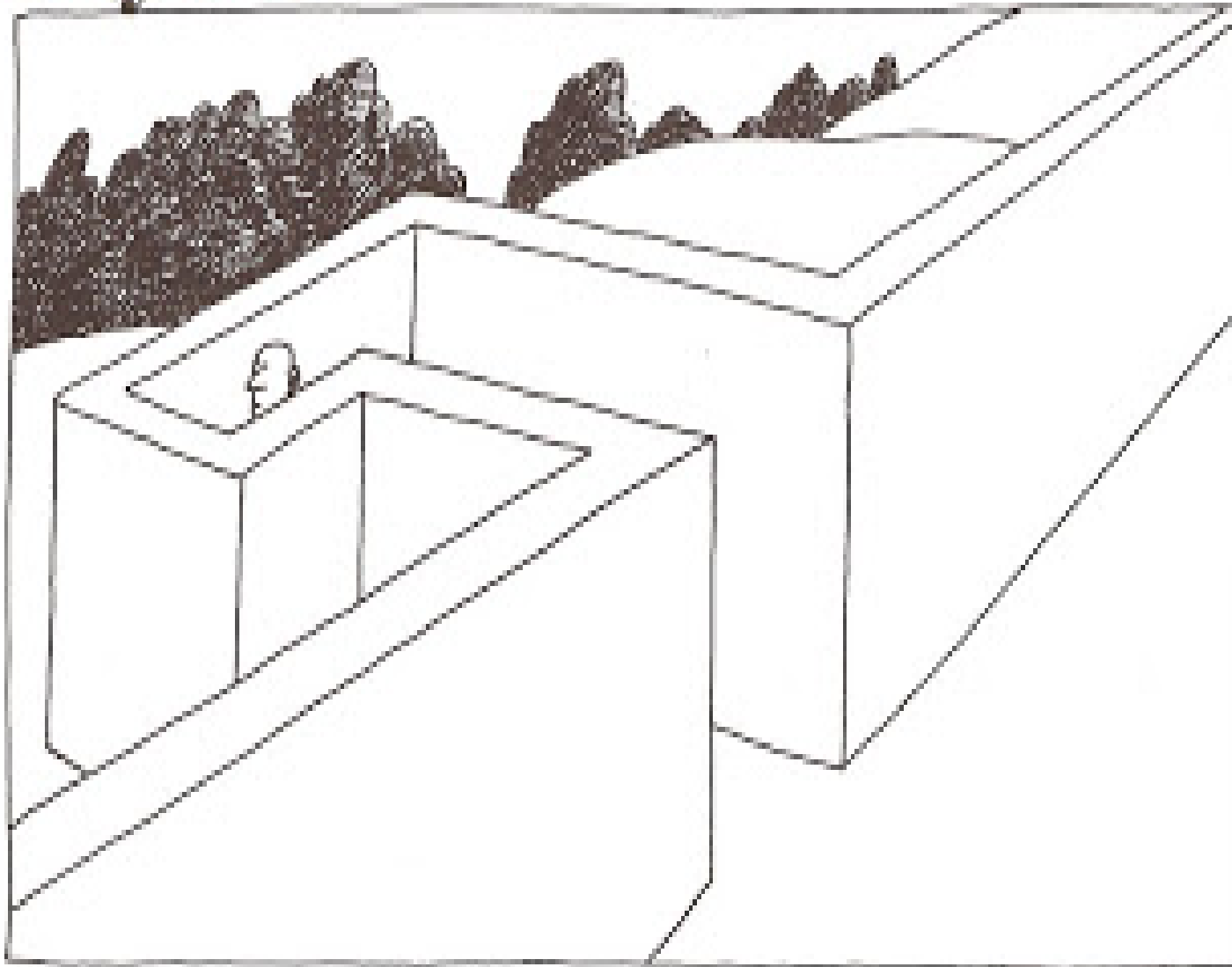
ama-assn.org/education

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
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- Free guidance from the AMA: Janet Williams – janet.williams@ama-assn.org



Simple Maze



Questions?

