Point-of-care prediabetes identification

MEASURE

If patient is age ≥18 and does not have diabetes, provide self-screening test
(CDC Prediabetes Screening Test or ADA Diabetes Risk Test)
If self-screening test reveals risk, proceed to next step

Review medical record to determine if BMI ≥24* (≥22 if Asian) or history of GDM**

YES

NO

If no: Patient does not currently meet program eligibility requirements

Determine if a HbA1C, FPG or OGTT was performed in the past 12 months

YES

NO

Order one of the tests below:

- Hemoglobin A1C (HbA1C)
- Fasting plasma glucose (FPG)
- Oral glucose tolerance test (OGTT)

RESULTS

Diagnostic test	Normal	Prediabetes	Diabetes
HbA1C(%)	< 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

ACT

Encourage patient to maintain a healthy lifestyle.

Continue with exam/ consult. Retest within three years of last negative test.

Refer to diabetes prevention program, provide brochure.

Consider retesting annually to check for diabetes onset.

Confirm diagnosis; retest if necessary.

Counsel patient re: diagnosis.

Initiate therapy.

PARTNER

Communicate with your local diabetes prevention program.

Contact patient and troubleshoot issues with enrollment or participation. At the next visit, ask patient about progress and encourage continued participation in the program.

Adapted from: New York State Department of Health. New York State Diabetes Prevention Program (NYS DDP) prediabetes identification and intervention algorithm. New York: NY Department of Health; 2012.

* Some diabetes prevention program providers require a BMI of ≥25. Please check with your diabetes prevention program provider for eligibility requirements.

** History of GDM = eligibility for diabetes prevention program

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

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

Referring patients to a diabetes prevention program

Method 1:

Point-of-care identification and referral

Download and display patient materials

Download and print the practice and patient resources included in this guide in advance of patient visits, so your office can have them available in the waiting room or during consult.

Measure

Step 1 – During check-in: If age ≥18 and patient does not have diabetes, give him/her the "CDC Prediabetes Screening Test" or American Diabetes Association "Diabetes Risk Test". After patient completes the test and returns it, insert completed test in the paper chart or note risk score in the electronic medical record (EMR). Screening test can also be mailed to patient along with other pre-visit materials.

Step 2 – During rooming/vitals: Calculate the patient's body mass index. Most EMRs can calculate BMI automatically. Review the patient's diabetes risk score and if elevated (≥5 on ADA test or ≥9 on CDC test), flag for possible referral.

Step 3 – During exam/consult: Follow the "Point-of-care prediabetes identification algorithm" to determine if patient has prediabetes.

If the blood test results **do not** indicate prediabetes:

Encourage the patient to maintain healthy lifestyle choices. Continue with exam/consult.

Act

A. If the patient screens positive for prediabetes and has BMI <24* (<22 if Asian):

- Introduce the topic of prediabetes by briefly explaining what it is and its relation to diabetes (use the handout " So you have prediabetes … now what?"). Review the patient's own risk factors.
- Emphasize the importance of prevention, including healthy eating, increased physical activity, and the elimination of risky drinking and tobacco use. (Visit the National Diabetes Education Program's GAME PLAN to Prevent Type 2 Diabetes for additional patient resources.)

B. If the patient screens positive for prediabetes and has BMI ≥24* (≥22 if Asian):

- Follow the steps in "A" above, discuss the value of participating in a diabetes prevention program, and determine the patient's willingness to let you refer him/her to a program.
- If the patient agrees, complete and send the referral form to a community-based or online diabetes prevention program, depending on patient preference.
- If patient declines, offer him/her a program handout and re-evaluate risk factors at next clinic visit.

Step 4 – Referral to diabetes prevention program: Most diabetes prevention programs are configured to receive referrals via conventional fax (over a phone line) or secure email. Complete the referral form and submit to a program as follows:

A. If using a paper referral form, send via fax (over a phone line) or scan and email

B. If the referral form is embedded in your EMR, either fax (over a phone line) or email using the EMR

- Some diabetes prevention programs can also receive an e-fax (over the Internet)

Physicians and other health care providers should also use their independent judgment when referring to a diabetes prevention program.

Partner

Step 5 – Follow-up with patient: Contact patient and troubleshoot issues with enrollment or participation. At the next visit, ask patient about progress and encourage continued participation in the program.

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