



Prediabetes Practice Module

October 2021

Implementation of Quality Improvement Initiatives to Improve Diabetes and Hypertension



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Scan to access the online practice module and video recording.

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Purpose of Module

Quality Insights provides on-site and virtual technical assistance to practices who are dedicated to decreasing rates of prediabetes across their patient population. As an active participant in the [Delaware Division of Public Health's \(DE DPH\) Quality Improvement in Hypertension and Uncontrolled Diabetes](#) project, this practice module provides a high-level overview of evidence-based information related to prediabetes and referral to Centers for Disease Control and Prevention (CDC) National Diabetes Prevention Programs (National DPP).

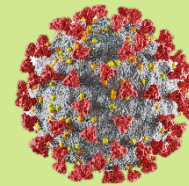
Note: *Guidelines referenced in this module are provided in brief, summary format. Full recommendations should be reviewed in the original publication(s) and utilized with physician/clinician judgment, treatment, and based on individual patient's unique needs and circumstances.*

The Emerging Connection: COVID-19, Prediabetes, and Diabetes

According to the [National Association of Chronic Disease Directors](#) (2021), COVID-19 underscores the need for continued chronic disease prevention and management, as those with chronic conditions, including diabetes, are especially vulnerable to severe illness from the virus. **Some evidence indicates the relationship between diabetes and COVID-19 could be bi-directional, with COVID-19 being connected to the onset, or new diagnosis, of prediabetes and diabetes.** This is an area of emerging research and is not yet definitive. Curbing the onset of type 2 diabetes and promoting weight loss will have a positive effect on reducing the severity of complications from the virus.

COVID-19 & Type 2 Diabetes

Learn more about the connection between type 2 diabetes and COVID-19 in an August 2021 white paper from NACDD and Kem C. Gardner Policy Institute, [The Connection between COVID-19 and Type 2 Diabetes: Underscoring the Need for Chronic Disease Prevention and Management](#).

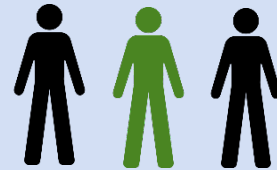


While the direct impacts of COVID-19 on those with diabetes are concerning, **numerous indirect impacts could worsen the condition of individuals living with diabetes and prediabetes as well.** These impacts arise from decreased access to care, delays in seeking care, stay-at-home directives, and economic downturns, among other factors.

Prevalence: United States and Delaware

The CDC's [National Diabetes Statistics Report, 2020](#), provides the estimated number of people in the United States with prediabetes (defined as having a fasting plasma glucose values of 100 to 125 mg/dl or A1c values of 5.7 percent to 6.4 percent) in 2018 among adults aged 18 years or older:

Characteristic	Prediabetes, 2018 Estimates Number in millions
Total	88.0
Age in Years	
18-44	28.7
45-64	35.1
≥65	24.2
Sex	
Women	47.1
Men	40.9
Race/ethnicity	
White, non-Hispanic	54.8
Hispanic	14.6
Black, non-Hispanic	11.4
Asian, non-Hispanic	5.0



**1 in 3 American adults
has prediabetes.**

**Close to 90 percent of people
with prediabetes do not know
they have it.**

Source: doihaveprediabetes.org

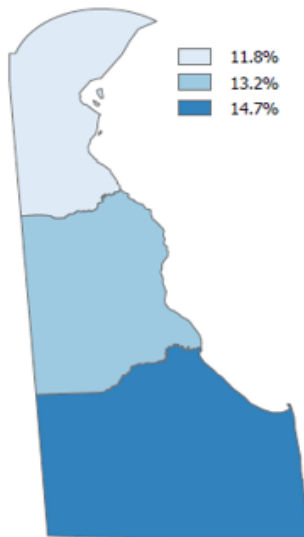
According to the [Impact of Diabetes in Delaware, 2021](#) report:

- In 2017, 13 percent reported they had been diagnosed with prediabetes
- In 2019, 34 percent were obese and additional 35 percent were overweight, placing them at greater risk for diabetes



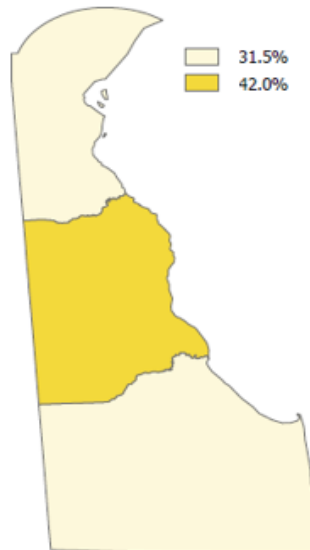
From 2003-2019, the percentage of Delaware adults with diagnosed diabetes rose from 8 percent to 13 percent.

Delaware Adult Diabetes Prevalence by County, 2019



Source: Delaware Health and Human Services

Delaware Adult Obesity Prevalence by County, 2019



Source: Delaware Health and Human Services

Source: [National Association of Chronic Disease Directors](#) (2021)

Prediabetes and diabetes cost Delaware **\$1.1 billion** each year. This figure reflects \$818 million in direct medical expenses and \$293 million in indirect costs. On average, medical expenditures for a person with diabetes are **2.3 times higher** than for a person without diabetes. **Prevention, early diagnosis, and effective self-management of diabetes can prevent and reduce the costly outcomes associated with the disease.**

Social Determinants of Health and Prediabetes

The [Standards of Medical Care in Diabetes – 2021](#) was published by the American Diabetes Association (ADA) in January 2021.






Among updates in areas such as evolving technology and [prevention or delay of type 2 diabetes](#), the Standards included additional information on social determinants of health (SDOH) in diabetes to reflect evidence presented in the AHA's [Social Determinants of Health in Diabetes: A Scientific Review](#).

Impacts on Health

According to the [American Diabetes Association](#), life-course exposure based on the length of time one spends living in resource-deprived environments, defined by poverty, lack of quality education, or lack of health care, significantly impacts disparities in diabetes risk, diagnosis, and outcomes.



Key highlights related to SDOH and prediabetes risk considerations include:

Income 	Living in neighborhood census tracts with lower educational attainment, lower annual income, and larger percentage of households receiving Supplemental Nutrition Assistance Program benefits has been associated with higher risk of progression to type 2 diabetes among adults with prediabetes.
Occupation 	Unemployment was associated with increased odds of both prediabetes and type 2 diabetes. Exposure to shift work is associated with higher risk of diabetes than working normal daytime schedules.
Environment 	Populations more exposed to air pollution are also disproportionately at risk for developing diabetes.
Food Insecurity 	Food environment factors of food unavailability, inaccessibility, and insecurity each demonstrate associations with worse diabetes risk and outcomes.
Social Context 	The Black Women's Health Study found that, when compared with women in the lowest quartile of exposure, those in the highest quartile of exposure to everyday racism had a 31 percent increased risk of diabetes, and women with the highest exposure to lifetime racism had a 16 percent increased risk; both associations were mediated by BMI.


Many health care systems and clinics are utilizing electronic health records (EHRs) and [health information exchanges \(HIEs\)](#) to capture SDOH data and commercially available SDOH algorithms to identify patients at social risk and trigger service referrals. Learn more about action steps you can take to leverage your EHR and address SDOH by accessing Quality Insights' 2021 [Social Determinants of Health practice module and workflow modification guide](#).

Screening and Diagnosis Criteria

Prediabetes puts patients at increased risk of developing type 2 diabetes, cardiovascular disease, and stroke. These risks in combination with the prevalence of COVID-19 make it even more important for the health care community to do what is possible to help prevent and/or reverse this condition.

The American Diabetes Association outlines the following criteria for testing for diabetes or prediabetes in asymptomatic adults in the [Standards of Medical Care in Diabetes - 2021](#):

1	<p>Testing should be considered in adults with overweight or obesity (BMI ≥ 25 kg/m² or ≥ 23 kg/m² in Asian Americans) who have one or more of the following risk factors:</p> <ul style="list-style-type: none"> ○ First-degree relative with diabetes ○ High-risk race/ethnicity (e.g., African American, Latino, Native American, Asian American, Pacific Islander) ○ History of cardiovascular disease (CVD) ○ Hypertension ($\geq 140/90$ mmHg or on therapy for hypertension) ○ HDL cholesterol level <35 mg/dL and/or a triglyceride level >250 mg/dL ○ Women with polycystic ovary syndrome ○ Physical inactivity ○ Other clinical conditions associated with insulin resistance (e.g. severe obesity, acanthosis nigricans)
2	Patients with prediabetes (A1C ≥ 5.7 percent, impaired fasting glucose, or impaired glucose tolerance) should be tested yearly.
3	Women who were diagnosed with gestational diabetes should have lifelong testing at least every 3 years.
4	For all other patients, testing should begin at age 45 years.
5	If results are normal, testing should be repeated at a minimum of 3-year intervals, with consideration of more frequent testing depending on initial results and risk status.
6	HIV



Prediabetes Risk Test

NATIONAL DIABETES PREVENTION PROGRAM

1. How old are you?
 Age group: 18-24, 25-34, 35-44, 45-54, 55-64, 65-74, 75+
 All people older than 35 years

2. Are you a woman or a man?
 Sex (gender): Male, Female

3. If you are a woman, have you ever been pregnant with gestational diabetes?
 Yes/No

4. Do you have a family history of diabetes (father, mother, or brother with diabetes)?
 Yes/No

5. Have you ever been told you had prediabetes or diabetes?
 Yes/No

6. Are you physically active?
 Yes/No

7. What is your weight category?
 How many pounds: 100, 125, 150, 175, 200, 225, 250, 275, 300, 325, 350, 375, 400, 425, 450, 475, 500, 525, 550, 575, 600, 625, 650, 675, 700, 725, 750, 775, 800, 825, 850, 875, 900, 925, 950, 975, 1000
 How many inches: 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100

Total score: 0-100

If you scored 10 or higher:
 You are at increased risk for developing prediabetes and are at high risk for Type 2 Diabetes. Discuss with your doctor about how to prevent Type 2 Diabetes. You may want to consider testing for prediabetes or Type 2 Diabetes. Your doctor may recommend testing for prediabetes or Type 2 Diabetes. Type 2 Diabetes is more common in African Americans, Hispanics/Latinos, American Indians, Alaska Natives, Native Hawaiians, and Pacific Islanders. People who are overweight or obese, have a family history of Type 2 Diabetes, or have a history of gestational diabetes are at higher risk for Type 2 Diabetes. Your doctor may recommend testing for prediabetes or Type 2 Diabetes. You can reduce your risk for Type 2 Diabetes. Prediabetes is reversible. Lose weight and exercise. Your doctor may recommend testing for prediabetes or Type 2 Diabetes. Type 2 Diabetes is more common in African Americans, Hispanics/Latinos, American Indians, Alaska Natives, Native Hawaiians, and Pacific Islanders. People who are overweight or obese, have a family history of Type 2 Diabetes, or have a history of gestational diabetes are at higher risk for Type 2 Diabetes. Your doctor may recommend testing for prediabetes or Type 2 Diabetes. You can reduce your risk for Type 2 Diabetes. Prediabetes is reversible. Lose weight and exercise. Your doctor may recommend testing for prediabetes or Type 2 Diabetes.

Screen for Prediabetes Today. Help Prevent Diabetes Tomorrow.

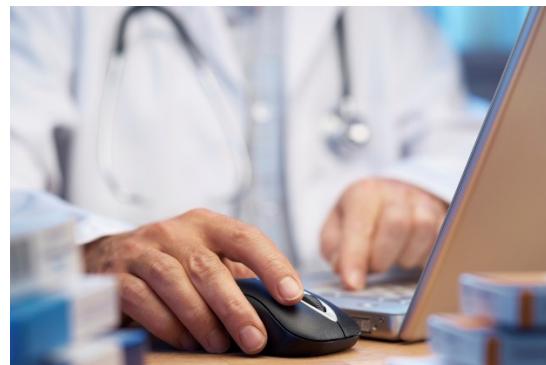
Find out if your patients are at risk for prediabetes by utilizing the **Prediabetes Risk Test**. Available in [English](#), [Spanish](#), and [online](#), this one-minute screening tool can be completed at a medical appointment or digitally via patient portal, text, or email.

Blood-based testing is the most accurate way to determine if a patient has prediabetes. **Any of the following results will confirm a diagnosis of prediabetes:**

Test	Prediabetes	Diabetes
A1C	5.7 – 6.4%	6.5% or >*
FPG (Fasting Plasma Glucose)	100-125 mg/dl (5.6-6.9 mmol/L)	126 mg/dl (7.0 mmol/L) or >*
OGTT (Oral Glucose Tolerance Test)	140-199 mg/dl (7.8-11.0 mmol/L)	200 mg/dl (11.1 mmol/L) or >**
RPG (Random Plasma Glucose)		200 mg/dl (11.1 mmol/L) or >**
*In the absence of unequivocal hyperglycemia, diagnosis requires TWO abnormal test results		
**Only diagnostic in persons with classic symptoms of hyperglycemia or hyperglycemic crisis		
Hemoglobinopathies and sickle cell may skew A1C results		

Prediabetes Related ICD-10 Codes

The American Medical Association (AMA), the Centers for Medicare and Medicare Services (CMS), and the CDC have a [list of commonly used CPT and ICD codes that can be useful for prediabetes screening](#). The AMA also provides answers to common CPT questions and documents that can help health care providers determine their appropriate role in helping refer patients to CDC-recognized organizations.





ICD-10 diagnosis codes used to qualify National DPP lifestyle change program participants can vary, depending on the specificity and scope of the eligibility criteria (see page 9). **R73.03 is an ICD-10 code specific to prediabetes.** It is anticipated that this code for prediabetes will accommodate broader eligibility criteria. **In addition to R73.03, ICD-10 codes for abnormal blood glucose without diabetes can be used (e.g., R73.09, other abnormal glucose).**

An important consideration to keep in mind when using ICD-10 codes is that an actual diagnosis of a disease can only be made by a licensed medical provider. If the person providing the National DPP lifestyle change program for a CDC-recognized organization is not a licensed medical provider, they should not use an ICD-10 code specifically related to a diagnosis.

Learn more about coding and billing considerations for prediabetes and the National DPP by reviewing the [National Diabetes Prevention Program Coverage Toolkit](#) or downloading the [American Medical Association's \(AMA\) Codes: When screening for prediabetes and diabetes](#).

It's Time to Talk: Navigating Prediabetes Conversations with Patients

Limited resources, competing priorities, or time demands may be a barrier to a thorough discussion of type 2 diabetes prevention. It is important to consider that preventing type 2 diabetes will reduce burden on the patient. Patients who make the necessary lifestyle changes for type 2 diabetes prevention can also have improvements in overall health as well as the management of a broad spectrum of health conditions (heart disease, metabolic syndrome, hypertension, lipids, depression, etc.).

The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) offers several resources to aid health care teams in navigating conversations with patients about prediabetes, including:

- [How to Talk to Patients about Their Prediabetes Diagnosis](#)
- [DOs and DON'Ts for the Initial Conversation about Prediabetes](#)
- [Use the Teach-Back Method](#)
- [Support Your Patients with Behavior Change Strategies](#)



Evidence-Based Intervention: The National DPP

The progression from prediabetes to diabetes can be prevented or delayed with modest weight loss, engagement in at least 150 minutes of physical activity per week, and improved diet. The CDC-led [National DPP](#) is a one-year program [proven](#) to help people make the lifestyle changes needed to prevent or delay type 2 diabetes.

In the first 6 months:

Your patients will meet weekly for one hour to learn how to:

- Eat healthy without giving up all the foods they love
- Add physical activity into their busy schedules
- Deal with stress
- Cope with challenges that can derail their hard work—like how to choose healthy food when eating out
- Get back on track if they stray from their plan (because everyone slips now and then)

In the second 6 months:

Participants will meet monthly for one hour to build on the skills they've learned and maintain their positive changes. They will review key concepts such as setting goals, tracking food and physical activity, staying motivated, and overcoming barriers. The second six months is essential to help your patients stick with new habits.

Over the course of one year, CDC-recognized lifestyle change programs offer about 24 hours of instruction to lower your patients' risk of type 2 diabetes by more than half. There are also online programs available for patients who have difficult schedules or mobility and transportation issues.

Referring Patients to Available Online or In-Person National DPP

Program Eligibility



To [participate in a CDC-recognized lifestyle change program](#), patients will need to meet **ALL** of the below requirements:

1. Be 18 years or older
2. Have a body mass index (BMI) of 25 or higher (23 or higher if Asian American)
3. Not be previously diagnosed with type 1 or type 2 diabetes
4. Not be pregnant

Patients will also need to meet **one** of the below requirements (unless they are enrolling in the [Medicare Diabetes Prevention Program](#), which has different criteria):

1. Had a blood test result in the prediabetes range within the past year (includes **any** of these tests and results):
 - Hemoglobin A1C: 5.7–6.4 percent
 - Fasting plasma glucose: 100–125 mg/dL
 - Two-hour plasma glucose (after a 75 g glucose load): 140–199 mg/dL
2. Be previously diagnosed with gestational diabetes.
3. Received a high-risk result (score of 5 or higher) on the [Prediabetes Risk Test](#).

Refer your at-risk patients to an [available program \(online or in person\)](#) that works for them. Patients can also join without a referral.

Locate an Online or In-Person National DPP Today

Does Your Patient Have Prediabetes?

Delaware National DPPs can be found by:

- Visiting the [CDC National DPP Locator Tool](#)
- Viewing county listings of in-person and virtual cohorts on the [DE YMCA's Diabetes Prevention website](#)
- Contacting your local Quality Insights Practice Transformation Specialist



Quality Insights Can Help: Connect Your Patients to National DPP and DSMES

At NO COST to your practice, your patients with prediabetes and diabetes can receive a National Diabetes Prevention Program (National DPP) or Diabetes Self-Management Education and Support (DSMES) referral letter, portal message, or text encouraging them to enroll in an eligible program.

After initial contact is made, patients will receive a follow-up phone call to determine their level of interest in the program. Patient questions are addressed and communicated barriers are documented and shared with the referring practice. Prior to initiation of the campaign, participating practices receive an overview of the benefits of the National DPP or DSMES.

For more information, contact your local Practice Transformation Specialist or [Ashley Biscardi](#) at 1.800.642.8686, ext. 137.

National DPP as an Insurance Covered Benefit

Many health insurance companies now include the National DPP as a covered benefit. Participation in the National DPP is available at no cost for:

- State employees covered by [Highmark Delaware or Aetna](#) (virtual National DPP available via [Solera](#))
- Delaware Medicaid members
- [Amerihealth Caritas](#) members
- [Highmark Health](#) members
- Medicare consumers (see below)

In 2019, **13 percent** of all Delaware adults reported they had been diagnosed with diabetes, including 14,672 Medicaid clients and 12,369 Group Health Insurance Plan members.

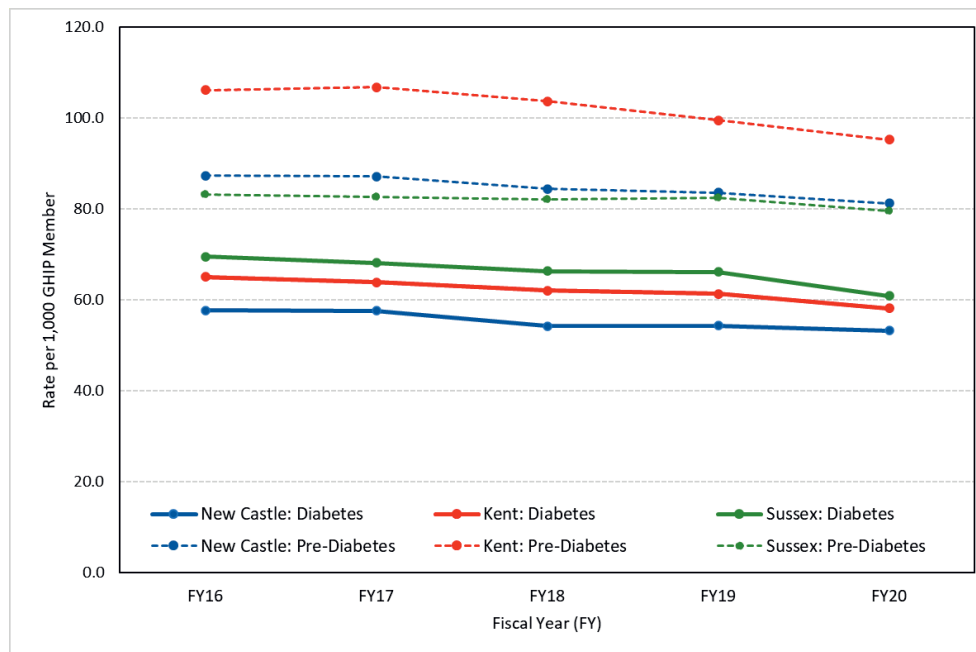


[The Impact of Diabetes in Delaware, 2021](#)

Note: Members must meet all eligibility criteria to participate.

Prediabetes is a growing workforce issue with serious health and cost consequences. Learn more about the link between today's workforce and prediabetes by watching this 2021 webinar from the Greater Philadelphia Business Coalition of Health (GPBCH), DE DPH, and NACDD, [Prediabetes is Affecting Your Workforce: Offering the National Diabetes Prevention Program Can Improve Health and Reduce Costs](#).

Diabetes and Prediabetes Prevalence Rates by County per 1,000 Active Employees and Early Retirees in the Group Health Insurance Plan (GHIP), State of Delaware, Fiscal Years 2016-2020.



Note: Includes Active Employee and Early Retiree GHIP Members; Medicare retirees excluded due to incomplete medical and prescription costs and utilization captured through available claims.

Source: Delaware Department of Human Resources, Delaware Statewide Benefits Office, 2020, map from [The Impact of Diabetes in Delaware, 2021](#)

Medicare Beneficiary Eligibility

The [Medicare Diabetes Prevention Program \(MDPP\)](#) expanded model allows Medicare beneficiaries to access evidence-based diabetes prevention services with the goal of a lower rate of progression to type 2 diabetes, improved health and reduced spending. Medicare beneficiaries will need to meet these eligibility requirements to participate:

- Enrollment in Medicare Part B through original Medicare (fee-for-service) or a Medicare Advantage (MA) plan
- Body mass index (BMI) of 25 or higher (23 or higher if you self-identify as Asian)
- Results from any one of these three blood tests within a year of starting the program:
 - Fasting plasma glucose test result of 110–125 mg/dL
 - Oral glucose tolerance test result of 140–199 mg/dL
 - HbA1C test result of 5.7%–6.4%
- No history of type 1 or type 2 diabetes (gestational diabetes is acceptable)
- No current end-stage kidney disease

Eligible patients may enroll in MDPP today and start making healthy changes. Check to see if there's a program near you on this [list of providers](#) or search by [zip code](#).

CMS Final Rule 2022: Promoting Growth in Medicare Diabetes Prevention Program

Under the expanded model, local suppliers provide structured, coach-led sessions in community and health care settings using a Centers for Disease Control and Prevention-approved curriculum to provide training in dietary change, increased physical activity, and weight loss strategies. CMS is waiving the Medicare enrollment fee for all organizations that apply to enroll as an MDPP supplier on or after January 1, 2022. CMS has been waiving this fee during the COVID-19 PHE for new MDPP suppliers and has witnessed increased supplier enrollment. Next, CMS is shortening the MDPP services period to one year instead of two years. This change will make delivery of MDPP services more sustainable, reduce the administrative burden and costs to suppliers, and improve patient access by making it easier for local suppliers to participate and reach their communities. Finally, CMS is restructuring payments so MDPP suppliers receive larger payments for participants who reach milestones for attendance.

Virtual Success: National DPP and Older Adults

An observational study published in the [*Journal for Aging and Health*](#) found that individuals in the Medicare population who were willing to attempt to use an online version of the National DPP lifestyle change program were able to meaningfully engage with the program. Participants lost 7.5 percent of their body weight at 12 months. While this study is not generalizable to the entire population of older adults, it provides evidence that online delivery of the National DPP can be successful for older populations.

YMCA of Delaware National DPP



For patients at risk for type 2 diabetes, the [YMCA of Delaware's Diabetes Prevention Program](#) provides a supportive environment where you will work with others in a small group setting to learn how to adopt healthy habits to reduce your chances of developing type 2 diabetes.

Now Available: The YMCA of Delaware has recently launched its first Spanish-language National DPP virtual cohort. Spanish-language program materials and future cohort information is available by emailing healthyliving@ymcade.org or calling (302) 572-9622.

Unite Us: Connecting Patients and Providers to Community Resources

The **Unite Us** platform is a program that connects providers to community-based resources including the YMCA National DPP, food banks, housing, and more through an online portal. This portal allows for a two-way transfer of information which offers providers a better way to track the patients they have referred to services, and it also allows them to receive feedback from those programs about patient progress.

For providers who already have a [Unite Us](#) login, Quality Insights encourages you to utilize it to make referrals to the National DPP and other appropriate resources. For those unaware of this program or don't currently have access, please reach out to your Quality Insights Practice Transformation Specialist to learn more.

Black Women's Health Imperative: Change Your Life. Change Your Lifestyle.

Black Women's Health Imperative (BWHI) offers a culturally tailored, virtual lifestyle change program just for Black women. Change Your Lifestyle. Change Your Life. (CYL2), is a yearlong, evidence-based lifestyle change program that gives patients the tools and support they need to help prevent type 2 diabetes and other chronic conditions such as heart disease, high blood pressure, and high cholesterol.

Interested participants should be 18 years and older and have a BMI of 25 or more and must be diagnosed with prediabetes by a healthcare provider, have a history of gestational diabetes, or score at least 5 on the Prediabetes Risk Test. For more information and to register, [visit the BWHI website](#).



Pharmacy-Based National DPP

Pharmacies in your local community may offer National DPP services. Providers can locate these programs by [visiting the CDC website](#) or [utilizing the search tool on the Delaware Pharmacists Society website](#). Encourage your patients to connect with their local pharmacist to discuss enrollment in these evidence-based, lifestyle change programs by sharing the following flyers developed by the U.S. Department of Health and Human Services:

- [Could You Have Prediabetes](#) (English)
- [Could You Have Prediabetes](#) (Spanish)

Learn [how pharmacists can participate](#) and access the "Rx for the National Diabetes Prevention Program: Action Guide for Community Pharmacists," which is designed to help community pharmacists and members of the pharmacy workforce reach people at high risk of developing type 2 diabetes who could benefit from the National DPP lifestyle change program.

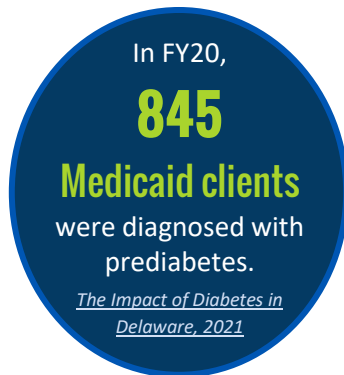
Let Quality Insights do the work for you!

If you need assistance locating a National DPP or MDPP in your area, please contact your local Quality Insights Practice Transformation Specialist or email [Ashley Biscardi](#).



Successes & Opportunities in Delaware: Increasing National DPP Participation for Medicaid Clients

The National DPP is a covered benefit under Delaware Medicaid. At-risk Medicaid participants have historically underutilized the National DPP benefit, missing opportunities for disease prevention.

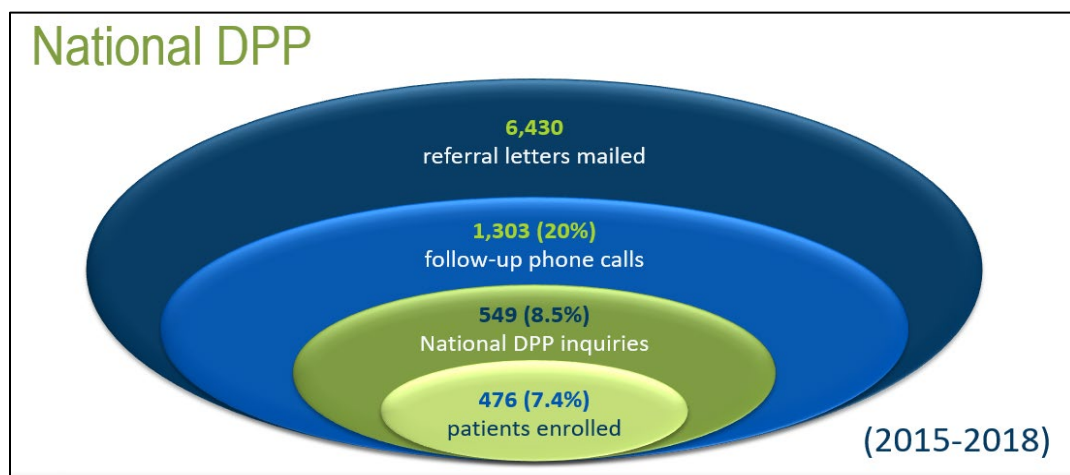


Quality Insights, in partnership with DE DPH and NACDD, recently completed an initiative to increase the number of individuals covered by Medicaid engaged in the National DPP. Targeted outreach was conducted by way of:

1. Letter campaigns to at-risk patients from Delaware's two Medicaid Managed Care Organizations
2. Phone calls from Community Health Workers (CHWs) and other Quality Insights staff, including a bilingual staff member
3. Wilmington-based Federally Qualified Health Center, Henrietta Johnson Medical Center, sent over 450 patient portal messages to encourage participation in National DPP

Even though lifestyle modification interventions are shown to be effective at reducing the risk of type 2 diabetes, program enrollment rates are low. Clinician's lack of knowledge and information about the National DPP has proven to be a barrier to program referral. Accessibility factors such as location, cost and timing of classes, and lack of interest are documented as barriers to enrollment reported by both patients and clinicians in [research studies](#). These findings are echoed in the patient outreach activities conducted by Quality Insights.

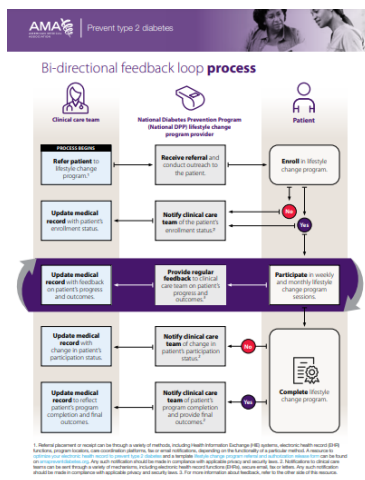
Of the 6,430 people with prediabetes who were referred to the National DPP through the engagement efforts of Quality Insights, just 7.4 percent enrolled in a class (see image below).



Quality Insights continues to support engagement in the National DPP within Delaware by working directly with partners to increase program awareness and facilitate referrals. During spring 2021, Quality Insights piloted a referral program with AmeriHealth that yielded over 1,400 completed outreach calls to eligible participants resulting in 80 program referrals.

Learn more about Quality Insights other recent efforts to increase National DPP referral in Delaware by [visiting the NACDD website](#).

Referral Process Improvement: Developing and Implementing a Bi-Directional Feedback Loop



A bi-directional feedback loop refers to the process by which information flows from the clinical care team to the National DPP lifestyle change program provider (referral) and from the National DPP lifestyle change program provider to the clinical team (feedback on the patient's progress).

Bi-directional feedback begins after a patient has been diagnosed with prediabetes and a clinical decision has been made to refer the patient to a National DPP lifestyle change program. Bi-directional feedback ends when the clinical team is notified by the National DPP lifestyle change program that the patient left the program early or completed the program in its entirety.

The [AMA Diabetes Prevention Toolkit](#) includes a detailed bi-directional feedback loop process and FAQ document. [Download this resource](#) to learn more about developing and implementing this process at your practice.

Tools for Your Team: Provider & Clinical Staff Resources

Becoming a CDC-Recognized National DPP

National DPPs can help improve the health and well-being of your community. [Visit the CDC website](#) for step-by-step information on building your recognized National DPP and ensuring that it receives maximum reimbursement.

Additional resources are available to help you project the health and economic effects of the National DPP lifestyle change program on your population at risk for diabetes, including:

- [CDC National DPP Customer Service Center](#): Provides organizations easy access to information and resources about prediabetes and the National DPP. Organizations can access training materials, toolkits, and videos; ask questions; and receive technical assistance related to all aspects of the program.
- [National DPP Coverage Toolkit](#): Locate information about the mechanics of covering the National Diabetes Prevention Program (National DPP) lifestyle change program, including overview of coverage for Medicaid, Medicare and commercial payers.
- [CDC Diabetes Prevention Impact Toolkit](#): Cost effectiveness – and potential cost savings – are factors to think about when considering the impact of offering the National DPP lifestyle change program. CDC has developed cost calculator tools to help employers, insurers, and other stakeholders estimate potential return on investment (ROI) and other cost and health outcome measures associated with offering the National DPP lifestyle change program to employees, beneficiaries, or members



Quality Insights is available to support you in your journey to becoming an accredited National DPP. Learn more by contacting [Ashley Biscardi](#) at 1-800-642-8686, Ext. 137.

Quality Insights EDISCO™ Online Continuing Education Courses

Quality Insights and the Delaware Division of Public Health partnered to provide a series of interactive and engaging e-learning courses to the practices, health systems, and federally qualified health systems in Delaware. Currently, nine courses are being offered to our participating practices **at NO COST through June 30, 2022**. Some of these e-learns offer **nursing continuing education credits**.

Download the [course flyer](#) and watch this brief video below for more information. Courses designed to assist you in the diagnosis and treatment of prediabetes include:

- **Diabetes: Awareness to Action:** The purpose of this course is to increase awareness of available DSMES and National Diabetes Prevention Program (National DPP) services and increase referrals to these programs in Delaware. [Download the course flyer here](#).
- **National DPP Coverage Toolkit Overview:** The National Diabetes Prevention Program (National DPP) Coverage Toolkit was developed in 2017 as part of ongoing national efforts to establish Medicaid coverage for the National DPP lifestyle change program. This course provides an overview of the National DPP Coverage Toolkit resources that support increased awareness and

referrals into the National DPP lifestyle change program. [Download the course flyer](#) or [click here to access the course](#).

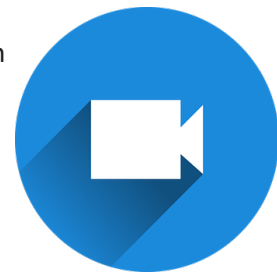
AMA Diabetes Prevention Toolkit

The [AMA Diabetes Prevention Toolkit](#) is designed to assist with implementation of a diabetes prevention strategy, and to educate and engage health care professionals and patients on a variety of diabetes prevention topics. A few toolkit resources include:

- [Optimize your electronic health record to prevent type 2 diabetes](#)
- [Prediabetes identification and management protocols](#)
- Promoting prediabetes awareness to your patients ([English](#) and [Spanish](#))
- Sample Patient Letters (internal and external): to conduct follow-up and referral of patients who have been identified as having prediabetes.

Increasing Awareness: New CDC Video Series Spotlights the National DPP

A newly released (2021) National DPP video series is designed to increase awareness about the National DPP. The videos, which feature a Lifestyle Coach and people who have successfully completed the program, highlight the benefits of participation, and directly address perceived barriers, such as the one-year timeframe. In addition to the National DPP overview video, the complementary videos focus on specific topics supported by the program's curriculum including improved nutrition, increased physical activity, and managing stress.



You can help increase awareness of the National DPP and support enrollment by sharing the videos on your available communications channels. Additional ideas include:

- Host the videos on your website. Each video can be embedded on your website at no cost to you. To embed the video, visit the video's page and copy the embed code. You can then paste the embed code into the HTML of the page on which you'd like the video to appear.
- Include an announcement about the videos in your own partner and member newsletters and e-communications.
- Share social media posts on your available social media channels.
- Play the videos in waiting rooms, reception, and exhibit areas (as appropriate and available).

[Check out the new National DPP Video Series here.](#)

Prediabetes Prevention Resources for Patients



Delaware Diabetes Resource Guide

The [Diabetes Resource Guide](#) is developed by the Delaware Diabetes Coalition with a focus on helping patients live a healthier life by assuring they receive care according to evidence-based standards. Useful information includes Delaware-based National DPP locations, diabetes support groups, and more. Patient may download this guide at no cost in [English](#) and [Spanish](#).

Looking for additional materials to supplement your workflow and the education you already provide to your patients with prediabetes?

Quality Insights has compiled a list of up-to-date resources from the ADA, NIDDK, Association of Diabetes Care and Education Specialists (ADCES) and the American Heart Association (AHA) that can be utilized to support prediabetes education in your practice.

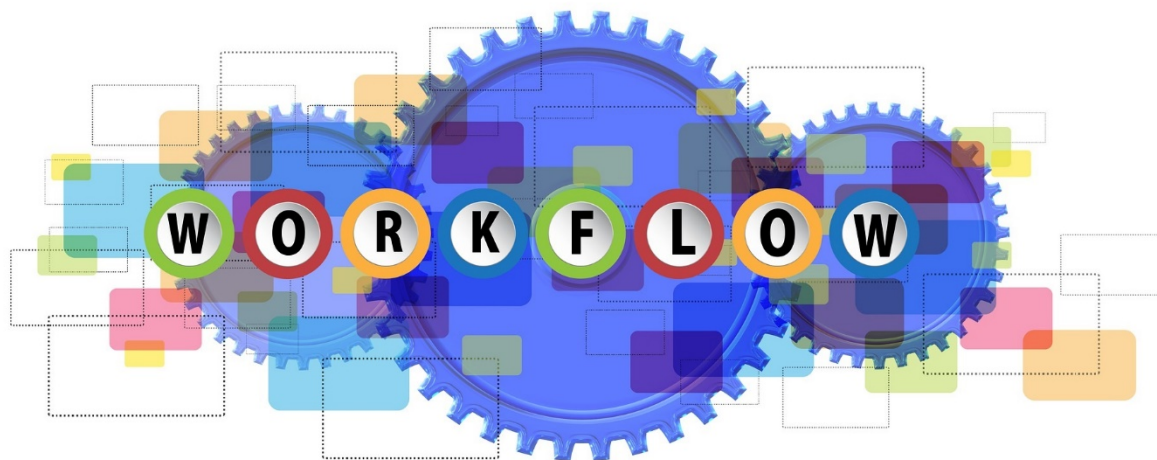
- [Prediabetes Risk Test](#)
- [Are You at Risk for Type 2 Diabetes?](#) (also available in [Spanish](#))
- [So You Have Prediabetes...Now What?](#) (also available in [Spanish](#))
- [Prediabetes What Is It and What Can I Do?](#)
- [Your Game Plan to Prevent Type 2 Diabetes](#)
- [Long-Haul Truck Drivers: Put the Brakes on Diabetes](#)

Looking for something specific? Contact your Quality Insights representative or visit the [Quality Insights Resource Library](#) for additional education options.

Patient Education Resources in Multiple Languages

- [American Diabetes Association Prediabetes Patient Resources](#): Prediabetes and diabetes education resources available for free download (after registration) in Arabic, Chinese, English, French, Haitian Creole, Korean, Portuguese, Russian, Spanish, Tagalog, and Vietnamese.
- [MedlinePlus®](#) is an online health information resource for patients and their families and friends. It is a service of the National Library of Medicine (NLM), the world's largest medical library, and a part of the National Institutes of Health (NIH). [Locate prediabetes resources here.](#)
- [National Library of Medicine Providing Multilingual and Multicultural Health Information](#) is a document containing several links to health information education websites.





Prediabetes Workflow Modifications to Improve Care for Your Patients

Providers and practices who are actively engaged in the [Delaware Division of Public Health's \(DE DPH\) Quality Improvement in Hypertension and Uncontrolled Diabetes](#) program have the benefit of scheduling a no-cost Workflow Assessment (WFA) with a local Quality Insights Practice Transformation Specialists (PTS). WFAs are completed **annually** and designed to initiate a future state of processes that will move the needle on clinical quality improvement activities.

The following list includes solutions aimed at achieving better patient outcomes in cooperation with the WFA. **We encourage you to partner with your Quality Insights PTS to discuss scheduling a WFA and implementing at least ONE of the recommendations listed below.** If you are not currently working with a PTS and would like assistance, please email [Ashley Biscardi](#) or call **1.800.642.8686, Ext. 137.**

Electronic Health Record (EHR) Actions

	Activate clinical decision support (CDS) reminders for prediabetes (i.e. diagnosis parameters, use of Prediabetes Risk Test, referral to National DPP). Run an EHR report to identify all patients with prediabetes (see practice module for diagnosis parameters). Engage in bidirectional referrals to National DPP utilizing the Unite DE platform.
	Add a diagnosis of prediabetes (R73.03) to the medical record.
	Run a report of current, tracked prediabetes quality measures (i.e. NQF 0059) and identify areas for improvement.

Protocol & Workflow Actions

	Create a protocol to routinely screen patients for prediabetes utilizing the Prediabetes Risk Test. Include a consistent process for reviewing the outcome and referring patients to the National DPP. Partner with Quality Insights to conduct a letter/text message/patient portal (including follow-up calls) campaign.
	Review/create current office protocol for prediabetes. Assess for the following components and, if needed, update to include: <ul style="list-style-type: none"> • Current guidelines • Medication (and adherence) processes • Team-based care • Appointment processes (including follow-up) • Use of Prediabetes Risk Test

Practice & Clinical Solutions

Using the [Prediabetes Practice Module](#) as a guide:

	Utilize the assistance of Quality Insights to become an accredited National DPP.
	Provide training to clinical staff on: <ul style="list-style-type: none"> • The appropriate use of the Prediabetes Risk Test; and • How to facilitate conversations about prediabetes
	Partner with Quality Insights to participate in a worksite wellness training focused on the benefits of participating in National DPP and/or DSMES.

Patient Education Actions

	Provide promotional materials from local National DPP sites to encourage patients with prediabetes to participate in area programs.
	Review the Delaware Diabetes Coalition Resource Guide for Persons Living with Diabetes.
	For patients who are struggling to afford medical services, medications, and/or supplies related to prediabetes or diabetes, refer to the Delaware Emergency Medical Diabetes Fund by calling 302-744-1020 . Download this flyer for more information and eligibility criteria.
	Refer Delaware state employees living with prediabetes to Solera (National DPP).