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Prediabetes Practice Module

May 2023

Improving the Health of Americans through Prevention
and Management of Diabetes, Heart Disease, and Stroke



Funding provided by the Pennsylvania Department of Health through the Improving the Health of Americans Through Prevention and Management of Diabetes and Heart Disease and Stroke federal grant from the Centers for Disease Control and Prevention. Publication number PADOH-HD-042723

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Purpose of Module

Quality Insights provides on-site and virtual technical assistance to practices that are dedicated to decreasing rates of prediabetes across their patient population. For active participants in the Pennsylvania Department of Health (PA DOH) [Improving the Health of Americans Through Prevention and Management of Diabetes, Heart Disease, and Stroke program](#), this practice module provides a high-level overview of evidence-based information related to prediabetes and referral to the Centers for Disease Control and Prevention (CDC) National Diabetes Prevention Program (National DPP).



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

Prevalence: United States and Pennsylvania

Three stylized human figures are shown in a row. The first and third figures are black, and the middle figure is green. They are simple, solid-colored icons without facial features.

“1 in 3 American adults has prediabetes, and more than 84% of people with prediabetes don’t know they have it.”

Source: [Ad Council & CDC](#), n.d.

Prediabetes is a risk factor for the development of heart disease, stroke, and diabetes, chronic diseases which were reported as the first, fifth, and seventh leading causes of death in the United States and Pennsylvania in 2021, respectively ([CDC, 2022](#); [CDC, 2023](#); [Xu et al., 2022](#)).

The 2021 percentage of adult Pennsylvanians diagnosed with diabetes (11.1%), excluding prediabetes and gestational diabetes, exceeded the nationwide percentage (10.9%), according to CDC data as reported by [America’s Health Rankings](#). An additional 11% have been diagnosed with prediabetes, based on [2020 data](#) from the Behavioral Risk Factor Surveillance System (BRFSS); see Table 1 for a breakdown according to specific demographics.

Table 1: Diabetes and Prediabetes in Pennsylvania Adults, 2020

	Ever Told Have Diabetes* (%)	Ever Told by Doctor or Other Health Professional They Have Prediabetes or Borderline Diabetes* (%)
Demographics		
All adults	11	11
Gender		
Male	12	11
Female	10	12
Age		
18-29	1	5
30-44	5	9
45-64	14	14
65+	23	16
Education		
< High school	17	13
High school	14	11
Some college	11	11
College degree	8	11
Household Income		
< \$15,000	21	22
\$15,000 - \$24,999	20	15
\$25,000 - \$49,999	15	12
\$50,000 - \$74,999	11	11
\$75,000+	7	10
Race		
White, non-Hispanic	11	11
Black, non-Hispanic	19	17
Hispanic	10	6

*Excludes missing, don't know, and refused.

Adapted from [EDDIE](#), by Pennsylvania Department of Health, 2020.

According to the [CDC](#), based on National Health and Nutrition Examination Survey data from January 2017 to March 2020 and 2019 U.S. Census Bureau data, the estimated number of people in the United States with prediabetes (defined as having fasting plasma glucose values of 100 to 125 mg/dL or A1C values of 5.7% to 6.4%) among adults aged 18 years or older is as shown in Table 2. “Prediabetes will progress to overt type 2 diabetes (T2DM) in approximately 25% of subjects within 3–5 years, and as many as 70% of individuals with prediabetes will develop overt diabetes within their lifetime” ([Hostalek, 2019](#)).

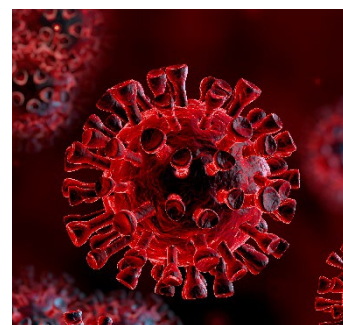
Table 2: Prevalence of Prediabetes Among Adults, United States, 2017–2020

Characteristic	Prediabetes, 2019 Estimates Number in Millions	Prediabetes, 2017-2020 Estimates Percentage
Total	96.0	38.0
Age Group		
18-44	32.2	27.8
45-64	37.4	44.8
≥65	26.4	48.8
Sex		
Men	52.3	41.9
Women	43.7	34.3
Race/Ethnicity		
White, non-Hispanic	62.4	38.7
Black, non-Hispanic	12.4	39.2
Asian, non-Hispanic	6.0	37.3
Hispanic	14.3	34.5

Adapted from [Prevalence of Prediabetes Among Adults](#), by CDC, 2022.

COVID-19, Prediabetes, and Diabetes: There’s a Connection

According to the [National Association of Chronic Disease Directors](#) (2021), COVID-19 spotlighted 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 continuing research.



A [study](#) (2022) published in *Frontiers in Endocrinology* found that those with prediabetes and COVID-19 had longer hospital stays and greater lung injury, but also required admission to the intensive care unit more frequently than those without diabetes. Researchers surmised that the increased risk of severe COVID-19 was associated with higher serum levels of interleukin 6. While those with prediabetes had

more severe acute phases of infection with COVID-19, they did not have significant residual symptoms or alterations in their laboratory results, when compared to those without diabetes.



According to a [systematic review and meta-analysis](#) (2022) published in *Metabolism: Clinical and Experimental*, those with COVID-19 had a 64% greater risk of diabetes. Further, researchers found that there was a higher risk of developing type 2 diabetes than type 1, and men were at greater risk than women.

While the direct impacts of COVID-19 are concerning, numerous indirect impacts could worsen the condition of individuals living with diabetes and prediabetes. These impacts arise from decreased access to care, delays in seeking care, understaffed healthcare facilities, and economic downturns, among other factors. A number of the issues that existed before the pandemic were further heightened by it, and persist. The risk of chronic disease in combination with the risk of more severe acute COVID-19 makes it even more important for the healthcare community to do what is possible to increase awareness of prediabetes, improve screening rates, and encourage lifestyle modification to reverse the condition or prevent the resulting type 2 diabetes.

Social Determinants of Health and Prediabetes

The “[Standards of Care in Diabetes – 2023](#)” (Standards of Care), published by the American Diabetes Association (ADA) in January, emphasizes the following: “social determinants of health (SDOH) — often out of direct control of the individual and potentially representing lifelong risk — contribute to healthcare and psychosocial outcomes and must be addressed to improve all health outcomes.”






Expanding telehealth offerings, providing web-based portals that incorporate medication adjustment, and referral to community resources are suggestions the “Standards of Care” offers to facilitate improved care of those negatively impacted by SDOH. The [ADA](#) encourages additional “research that seeks to understand better how these social determinants influence behaviors and how the relationships between these variables might be modified for the prevention and management of diabetes.”

Referring to [Social Determinants of Health and Diabetes: A Scientific Review](#), key highlights related to prediabetes risk considerations include:

Impacts on Health

“ 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. ”

Source: [Hill-Briggs et al.](#), 2020.

<p>Income</p> 	<p>Among adults with prediabetes, there is a higher risk of progression to type 2 diabetes associated with living in neighborhood census tracts with lower educational attainment, lower annual income, and a larger percentage of households receiving Supplemental Nutrition Assistance Program benefits.</p>
<p>Occupation</p> 	<p>There is an increased risk of diabetes in those exposed to shift work, versus working normal daytime schedules, and in adults with low socioeconomic status (SES) working 55 hours or more per week, versus those with low SES working 35-40 hours per week.</p>
<p>Environment</p> 	<p>Populations more frequently exposed to air pollution and environmental chemicals are disproportionately at risk for developing diabetes. Homelessness is associated with increased odds of having an elevated HbA_{1c}, and placement is associated with a lower risk of a new diabetes diagnosis. Regarding neighborhoods, increased walkability and access to greenspace are associated with a lower incidence of type 2 diabetes.</p>
<p>Food Environment</p> 	<p>Food unavailability, inaccessibility, and insecurity demonstrate associations with an increased risk of diabetes. Those who live in areas with resources that support healthy diets and physical activity tend to have a lower incidence of type 2 diabetes and achieve glycemic control more quickly.</p>
<p>Social Context</p> 	<p>Increased social support is associated with better glycemic control. There is also a lower incidence of type 2 diabetes in the presence of high neighborhood social cohesion. When examining associations of discrimination experiences with diabetes, the Black Women’s Health Study found that those with the highest exposure to everyday racism, in comparison to those with the lowest, had a 31% increased risk of diabetes, and those with the highest exposure to lifetime racism had a 16% increased risk; both associations were mediated by body mass index (BMI).</p>

Many healthcare systems and clinics are utilizing electronic health records (EHRs) and [health information exchanges \(HIEs\)](#) to capture SDOH data or employing commercially available SDOH algorithms to identify patients at social risk and trigger service referrals. Learn more about the action steps you can take to leverage your EHR and address SDOH by accessing Quality Insights’ [Social Determinants of Health Practice Module and Workflow Modification Guide](#).

Screening and Diagnosis Criteria

As a [Healthy People 2030 Champion](#), Quality Insights is committed to working toward achieving Healthy People 2030’s vision, a society where all people can achieve their full potential for health and well-being across the lifespan. [Healthy People 2030](#) has three objectives relevant to this module, one that speaks to

undiagnosed diabetes, another that addresses a new diagnosis of diabetes, and a third that encourages completion of type 2 diabetes prevention programs.

Objective D-02 targets [reducing the proportion of adults who unknowingly have prediabetes](#) to 33.2%, with 2013-2016 data reflecting 38% of adults had undiagnosed prediabetes. [Reducing the number of diabetes cases diagnosed yearly](#) is the goal of objective D-01. This particular objective is also one of 23 [Leading Health Indicators](#) (LHIs), a subset of high-priority objectives that impact major causes of death and disease in the United States. Data from 2019-2021 reflects 5.5 new cases of diabetes per 1,000 adults, and the target is 4.8 per 1,000.



Also directly relevant to prediabetes is a third objective, D-D01, that is currently in developmental status. There are evidence-based interventions to address the objective, to [increase the proportion of eligible people completing CDC-recognized type 2 diabetes prevention programs](#); however, baseline data is not yet available. Other related objectives include: [reduce the proportion of adults with high blood pressure](#), [reduce coronary heart disease deaths](#), [improve cardiovascular health in adults](#), [reduce stroke deaths](#), and [reduce consumption of added sugars by people aged 2 years and over](#), also a LHI.

The [U.S. Preventive Services Task Force](#), in August 2021, recommended screening for prediabetes and type 2 diabetes in adults aged 35 to 70 years who have overweight or obesity. More recently, the American Diabetes Association outlined the following criteria for testing for prediabetes and/or type 2 diabetes in asymptomatic adults in the [“Standards of Care in Diabetes - 2023”](#) (p. S24):

1	Testing should be considered in adults with overweight or obesity (BMI ≥ 25 kg/m ² or ≥ 23 kg/m ² in Asian American individuals) who have one or more of the following risk factors: <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 CVD [cardiovascular disease]○ Hypertension ($\geq 130/80$ mmHg or on therapy for hypertension)○ HDL cholesterol level < 35 mg/dL (0.90 mmol/L) and/or a triglyceride level > 250 mg/dL (2.82 mmol/L)○ Individuals with polycystic ovary syndrome○ Physical inactivity○ Other clinical conditions associated with insulin resistance (e.g., severe obesity, acanthosis nigricans)
2	People with prediabetes (A1C ≥ 5.7 % [39 mmol/mol], IGT [impaired glucose tolerance], or IFG [impaired fasting glucose] should be tested yearly.

3	People who were diagnosed with gestational diabetes mellitus (GDM) should have lifelong testing at least every 3 years.
4	For all other people, testing should begin at age 35 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	People with HIV

Adapted from “[Standards of Care in Diabetes – 2023](#),” by ElSayed et al., 2023.

Blood testing is the most accurate way to determine if a patient has prediabetes. Any of the following results will confirm a diagnosis of prediabetes (pp. S21, S25):

Test	Prediabetes	Diabetes
A1C	5.7 – 6.4% (39-47 mmol/mol)	≥6.5% (48 mmol/mol)*
FPG (Fasting Plasma Glucose)	100-125 mg/dL (5.6-6.9 mmol/L)	≥126 mg/dL (7.0 mmol/L)*
OGTT (Oral Glucose Tolerance Test)	140-199 mg/dL (7.8-11.0 mmol/L)	≥200 mg/dL (11.1 mmol/L)*
RPG (Random Plasma Glucose)		≥200 mg/dL (11.1 mmol/L)**

*In the absence of unequivocal hyperglycemia, diagnosis requires **two** abnormal test results from the same sample or in two separate test samples.

**Only diagnostic in a patient with classic symptoms of hyperglycemia or hyperglycemic crisis.

Adapted from “[Standards of Care in Diabetes – 2023](#),” by ElSayed et al., 2023.



Screen for prediabetes today to help prevent diabetes tomorrow.

Offer the Prediabetes Risk Test to assist patients with determining their risk for prediabetes. 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.

Gestational Diabetes Mellitus

Women who have had gestational diabetes mellitus (GDM) are at increased risk of developing type 2 diabetes ([ElSayed et al., 2023](#)). A study published in *Diabetologia* (2020) found that 5.7% of women with GDM developed type 1 diabetes, within seven years, and 50.4% of women with GDM developed type 2 diabetes during the 23.1 years of follow-up. The risk of type 1 diabetes is low after 10 years, but continued follow-up is needed due to the linear increase in the incidence of type 2 diabetes ([Auvinen et al., 2020](#)).

As stated in the *National Vital Statistics Reports* (2022), “Among women giving birth in 2020, the overall rate of GDM was 7.8 per 100 births, an increase of 30% from 2016.” For 2020, GDM rates rose with the increasing age of the mother, increasing plurality, and increasing maternal BMI. Non-Hispanic Black women had the lowest rates of GDM in 2020, while non-Hispanic Asian women had the highest ([Gregory & Ely, 2022](#)).

In Pennsylvania, the rate of GDM rose from 5.5 per 100 births in 2016 to 7.6 per 100 births in 2020 ([Gregory & Ely, 2022](#)). As the prevalence of GDM increases, more emphasis needs to be placed on prediabetes and diabetes awareness, prevention, and screening among this population. According to the “[Standards of Care](#),” individuals with GDM should be screened for prediabetes or diabetes at four to 12 weeks postpartum, using the 75-gram OGTT. Subsequently, they should have lifelong screening for prediabetes and diabetes every one to three years.

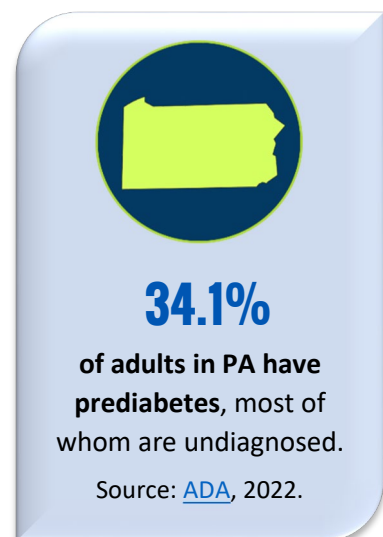
Quality Insights has created the following resources:

- [Gestational Diabetes National DPP Patient Flyer](#)
- [Gestational Diabetes Rack Card](#)

Prediabetes-Related ICD-10 Codes

The American Medical Association (AMA) provides a [list of commonly used CPT and ICD codes that are useful for prediabetes screening, answers to common CPT questions](#) related to National DPP, and [various tools for the health care team](#) to facilitate screening, patient education, prediabetes management, billing and reimbursement, and referrals to CDC-recognized lifestyle change programs.

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. 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. For more information on CPT codes for nonclinical National DPP lifestyle change program services, see the [coding and billing information](#) provided by the National Association of Chronic Disease Directors.

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 the burden on the patient and the healthcare system. Patients who successfully make the lifestyle changes necessary for type 2 diabetes prevention can experience improvements in overall health by way of improved management of a broad spectrum of health conditions (e.g., heart disease, metabolic syndrome, hypertension, lipids, depression).

The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) offers several resources to aid healthcare teams in navigating conversations with patients regarding 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 an improved diet. The CDC-led [National DPP](#) is a [cost-effective](#), one-year program with [proven success](#) at helping people make the lifestyle changes needed to prevent or delay type 2 diabetes. [Evidence](#) shows that program participants can reduce their risk of developing type 2 diabetes by 58%, or 71% for those 60 years of age and older.

**In the first
6 months:**

“Your patients will meet weekly for 1 hour to learn to:

- Eat healthy without giving up all the foods they love
- Add physical activity to 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” ([CDC](#), 2022).

In the second 6 months:

“They 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 6 months is essential to help your patients stick with new habits” ([CDC](#), 2022).

CDC-recognized lifestyle change programs provide approximately 24 hours of diabetes prevention instruction. Classes are accessible virtually or in person. While provider referrals are not required, patients are more likely to enroll in a National DPP when they receive a recommendation from a trusted clinician.

Referring Patients to Available Online or In-Person National DPP

Program Eligibility

Table 3: National Diabetes Prevention Program Eligibility, CDC, 2022

<p>To participate in a CDC-recognized lifestyle change program, patients will need to meet ALL FOUR of these requirements:</p>
<ol style="list-style-type: none"> 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.
<p>Patients will also need to meet ONE of these requirements (unless they are enrolling in the Medicare Diabetes Prevention Program, which has different criteria):</p>
<ol style="list-style-type: none"> 1. Had a blood test result in the prediabetes range within the past year (includes any of these tests and results): <ul style="list-style-type: none"> • Hemoglobin A1C: 5.7-6.4% • 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.

Adapted from [Program Eligibility](#), by CDC, 2022.



CDC-recognized National DPPs are available statewide.
Find nearby locations by reviewing these online resources:

- [CDC National DPP Locator Tool](#)
- [YMCA National DPP website](#)

Medicare Beneficiary Eligibility

The [Medicare Diabetes Prevention Program](#) (MDPP) allows Medicare beneficiaries to access evidence-based diabetes prevention services that aim to facilitate weight reduction, lower healthcare expenditures, and improve health outcomes.

The MDPP program became a one-year program beginning in 2022 ([Hoerger et al., 2022](#)).



Table 4: National DPP Eligibility Requirements for Medicare Beneficiaries, CDC, 2022

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.

Adapted from [Medicare Can Help You Prevent Type 2 Diabetes](#), by CDC, 2022.

Eligible patients may enroll in MDPP today and start making healthy changes. The in-person program is free for those with Medicare Part B ([CDC, 2022](#)). Check to see if there's a program near you on this [list of providers](#), or search by [zip code](#).

Virtual Success: National DPP and Older Adults

An observational study (2017) 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% of their

body weight at 12 months in addition to improving glucose control and decreasing total cholesterol. 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.



More recent [research](#) (2022) from the Preventing Diabetes Through Digital Coaching for Translation and Scalability Trial (PREDICTS) examined the effectiveness of a digital diabetes prevention program (d-DPP). A subgroup of participants were 65 years of age and older. Interestingly, for this subgroup, there was a [greater reduction in HbA1C and body weight](#) through d-DPP than through small-group education. The evidence showed that d-DPPs are as effective as in-person MDPP offerings

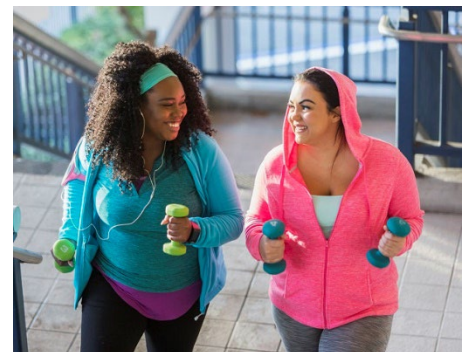
and, as the researchers suggested, that d-DPPs should be considered a viable option to fill the demand for more MDPP providers.

Of note, according to the [Evaluation of the Medicare Diabetes Prevention Program: Second Evaluation Report](#), 39% of all Medicare beneficiaries live over 25 miles from the nearest MDPP location. The report also suggests that there have been too few enrollees in the MDPP, since its inception in 2018, and too little time has elapsed after participation to effectively assess the impact on the incidence of diabetes and healthcare expenditures. However, there is sufficient data to show that MDPP beneficiaries lose weight.

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

[Black Women's Health Imperative](#) (BWHI) offers a CDC-approved, culturally tailored adaptation of the National DPP. *Change Your Lifestyle. Change Your Life.* (CYL²) is a yearlong, virtual, evidence-based, lifestyle change program designed for Black women. Participants receive 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 of age or older and have a BMI of 25 or more. They must also 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, download the BWHI app on the [App Store](#) or [Google Play](#).



Latino Connection and National DPP

According to [Latino Connection](#), “Pennsylvania ranks #13 in the nation in total Hispanic population with over one million residents of Latino/Hispanic origin.” [Latino Connection](#) is a National DPP provider and has expanded upon the CDC’s program to include lifestyle coaching and community health workers, weekly telephonic coaching sessions, weekly incentives for each class attended, and inclusion of not only those with prediabetes but also children and family of participants. They report excellent recruitment and retention rates owing to the methods mentioned.

Patient-facing resources:

- [Recruitment Flyer](#)
- [¡Vive Tu Mejor Vida Ahora! Booklet](#)
- [Live Your Best Life Now! Booklet](#)

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 Pennsylvania Pharmacists Association 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:

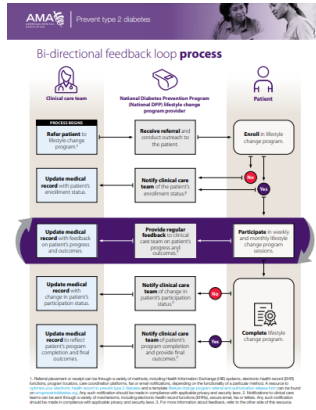
- [Could You Have Prediabetes](#) (English)
- [Could You Have Prediabetes](#) (Spanish)



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.

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

AMA Diabetes Prevention Toolkit

The [AMA Diabetes Prevention Toolkit](#) provides resources for patients and members of the care team to aid in the education, promotion, outreach, and implementation associated with diabetes prevention strategies. A few toolkit resources include:

- [Optimize Your EHR 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: CDC Video Series Spotlights the National DPP

A National DPP video series from the CDC (2021) is designed to increase awareness about the National DPP. There are several videos to choose from, and they highlight the benefits of National DPP participation while also addressing barriers. Featured in the videos are former program participants and a Lifestyle Coach, ready to share their experiences to encourage others on their journey to better health. Complementary videos serve to reinforce program content.

The [CDC](#) (2021) provides the following guidance, “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 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 National DPP Video Series.](#)

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. Also available are resources to help protect the health and economic effects the National DPP lifestyle change program can have on those in your community who are at risk for diabetes, including:

- [CDC Diabetes Prevention Impact Toolkit](#): Cost-effectiveness and potential cost savings are factors to consider when contemplating the value and impact of the National DPP lifestyle change program. CDC has developed cost calculator tools to help employers, insurers, and other stakeholders estimate the 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.
- [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 evidence-based National DPP lifestyle change program, including an overview of coverage for Medicaid, Medicare, and commercial payers. [Curricular resources](#) and the [Discovery Session Facilitator’s Guide](#) are provided to assist with program development, recruitment, and enrollment.



Prediabetes Prevention Resources for Patients

Searching for additional materials to supplement your workflow and the education you already provide to your patients with prediabetes? Look no further. Quality Insights has compiled a list of up-to-date resources from the ADA, CDC, AMA, 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.

Patient Education Resources in Multiple Languages

- [The ADA Patient Education Library](#) provides 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 a service of the National Library of Medicine (NLM) and an online health information resource for patients and members of their support system. Information is offered in both English and Spanish. [Review the prediabetes resources](#). Using the [Health Information in Multiple Languages](#) web page, one may browse the resources that are made available in a variety of other languages.
- [Public Libraries: Health Information in Multiple Languages](#) is a NLM web page containing links to health information education websites that provide information in various languages.

Additional Patient Resources

- [Prediabetes Risk Test](#)
- [Prediabetes: Could It Be You?](#)
- [What is Prediabetes?](#) (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](#)
- [Options for Healthier Cooking](#) (also available in [Spanish](#))
- [Shopping at the Corner Store or La Teindita](#) (also available in [Spanish](#))



Quality Insights 50th Anniversary Grant Program

To celebrate our 50th anniversary, we are giving away \$100,000 in community health grants. Quality Insights recognizes the importance of giving back to the communities we serve. For details about the program, [visit the Quality Insights website](#).

Need assistance? 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](#).

