



Utilize Screen, Test, and Refer to Promote the National Diabetes Prevention Program

April 21, 2023

Host: Joe Pinto, Jr.

- Practice Transformation Specialist with Quality Insights since 2011.
- Previously worked as a HIT Workflow and Implementation Coordinator for the PA REACH project.
- Has a combined 30 years of experience in various aspects of the health care field, having previously worked as a Provider Relations Representative delivering the Medicaid managed care programs in both Pennsylvania and Illinois, as well as Operations Manager and Billing Supervisor for two DME suppliers in the Northeastern Pennsylvania area.



Housekeeping Notes

- All attendee lines are muted.
- Please submit your questions to our panelists via the Chat feature.
- Questions will be addressed through the Chat or at the end of the session, as time permits. Any questions not answered today will be followed up with responses in an email.
- A copy of the slide deck will be emailed to you after the session.



Disclosures

- In order to obtain contact hours you must:
 - Watch the webinar (live or recorded)
 - Complete evaluation & post-knowledge checks (80%)

- Continuing Education

- In support of improving patient care, this activity has been planned and implemented by Quality Insights and CAMC Institute for Academic Medicine. CAMC Institute for Academic Medicine is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.



Learning Outcomes

- After this course, the learner will:
 - Describe the prevalence of prediabetes and diabetes.
 - Identify National Diabetes Prevention Program (National DPP) benefits.
 - Explain the Prediabetes Screen/Test/Refer process.
 - Develop workflow modifications to implement a referral process for patients at-risk for diabetes.
 - Identify in-person and virtual National DPP program options.



Quality Insights Overview



- Non-profit company focused on measuring and improving health and care for those we serve
- Dedicated to leading innovative health care transformation through evidence-based, equity-focused, data-driven initiatives
- Change agent, trusted partner and integrator of information, ideas and practices among local organizations collaborating to improve care

Prediabetes

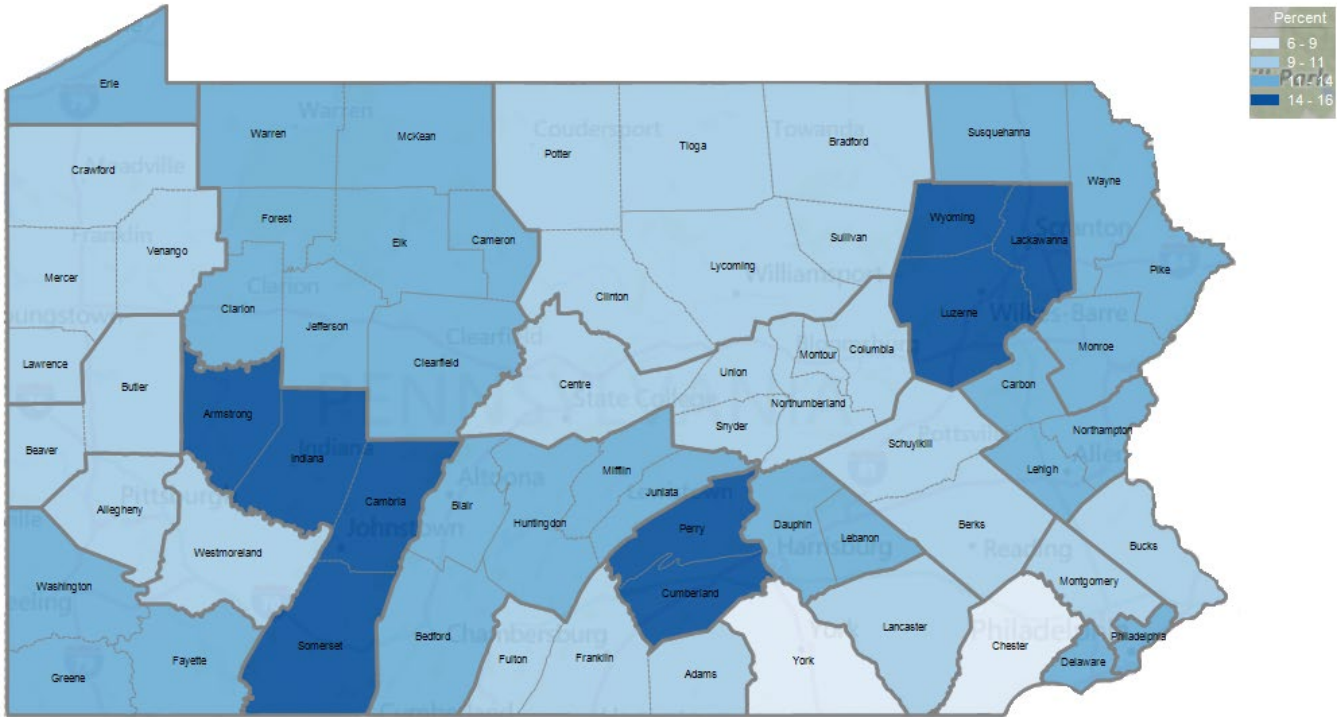
- What is prediabetes?
 - Blood sugar levels are higher than normal, but not high enough to be diagnosed as type 2 diabetes
- Is prediabetes common?
 - Approximately 96 million American adults have prediabetes – more than 1 in 3
- Why is prediabetes a problem?
 - Prediabetes creates an increased risk of developing type 2 diabetes, heart disease, and stroke

Source: [CDC](#), 2022.



From [NDPP: Working Together to Prevent Type 2 Diabetes](#) [Infographic], by CDC, n.d.

Diabetes in Pennsylvania



Adult Diabetes Prevalence by County, 2019-2021

From: [EDDIE](#), Pennsylvania Department of Health, 2022.

11%

% of all PA adults who reported being diagnosed with diabetes 2019 to 2021¹

34.1%

% of adult PA residents with prediabetes²

303,000


Estimated # of Pennsylvanians living with undiagnosed diabetes²

1. [Pennsylvania BRFSS](#), 2022.
2. [ADA](#), 2021.

Prediabetes Prevalence Nationally

Table 1

| Characteristic | Prediabetes, 2019 Estimates Number in Millions |
|---------------------|---|
| Total | 96.0 |
| Age Group | |
| 18-44 | 32.2 |
| 45-64 | 37.4 |
| ≥65 | 26.4 |
| Sex | |
| Men | 52.3 |
| Women | 43.7 |
| Race/Ethnicity | |
| White, non-Hispanic | 62.4 |
| Black, non-Hispanic | 12.4 |
| Asian, non-Hispanic | 6.0 |
| Hispanic | 14.3 |



“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.

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

Cost of Diabetes

- 8th leading cause of death in Pennsylvania¹
- **\$327 billion** in U.S.²

1. [CDC](#), 2020

2. [CDC](#), 2022



Source: [American Diabetes Association](#), 2017.

Social Determinants of Health (SDOH)

Socioeconomic
Status



Neighborhood &
Physical Environment



Social
Context



Health
Care



Food
Environment



“In diabetes, understanding and mitigating the impact of SDOH are priorities due to disease prevalence, economic costs, and disproportionate population burden.”

Source: [Hill-Briggs et al.](#), 2021.



SCREEN

- “The USPSTF [U.S. Preventive Services Task Force] recommends screening for prediabetes and type 2 diabetes in adults aged 35 to 70 years who have overweight or obesity. Clinicians should offer or refer patients with prediabetes to effective preventive interventions.”

Source: [USPTF](#), 2021.



TEST: ADA Guidelines

- **All adults age 35+**
- Adults of any age who are OVERWEIGHT or OBESE and have one or more additional risk factors¹
- If normal results, repeat at least every three years¹
- People with prediabetes should be tested every one to two years¹
- If normal results, repeat at least every three years¹
- Women with a history of gestational diabetes – test at least every three years, lifelong²

1. [ADA](#), n.d.;
2. [NIDDK](#), 2016.

Who is at Risk?

Who's at Risk for Prediabetes or Type 2 Diabetes?

You could have prediabetes or type 2 diabetes and not know it – there often aren't symptoms. That's why it makes sense to know the risk factors:



35+ years old



Physically active less than 3 times/week



Family history of type 2 diabetes



High blood pressure



History of gestational diabetes*



Overweight



Having Polycystic Ovary Syndrome

**Diabetes during pregnancy. Giving birth to a baby weighing 9+ pounds is also a risk factor.*



You're also at risk if you are an African American, Hispanic or Latino, American Indian, or Alaska Native person. Some Pacific Islander and Asian American people are also at higher risk.

Adapted from [Diabetes Risk Factors](#), by CDC, 2022, [Prediabetes Risk Test](#), by ADA & CDC, n.d., and "[Standards of Care in Diabetes - 2023](#)," by ElSayed et al., 2023.

TO JOIN CDC'S NATIONAL DPP* LIFESTYLE CHANGE PROGRAM:

Meet ALL of these



18 YEARS
OR OLDER

AND



OVERWEIGHT

AND



NOT DIAGNOSED
WITH T1 OR T2
DIABETES

AND



NOT
CURRENTLY
PREGNANT

AND

Meet ONE of these



DIAGNOSED
WITH
PREDIABETES

OR



PREVIOUSLY
DIAGNOSED WITH
GESTATIONAL
DIABETES

OR



HIGH-RISK RESULT
ON PREDIABETES
RISK TEST

WWW.CDC.GOV/PREDIABETES/RISKTEST



CS322715A

* NATIONAL DIABETES PREVENTION PROGRAM

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

Test Results

- Testing in the Screen, Test, Refer model focuses on patients being tested for their blood glucose level. The options include testing:
 - HbA1c
 - Plasma glucose test 2 hours after 75 gm glucose load challenge
 - Fasting plasma glucose.
- Results Indicating Prediabetes Diagnosis
 - A1C 5.7%–6.4% or
 - Fasting plasma glucose 100–125 mg/dL (impaired fasting glucose) or
 - 2-hour post 75 g oral glucose challenge 140–199 mg/dL (impaired glucose tolerance)

| Blood Glucose Values Indicating Prediabetes or Type 2 Diabetes | | | |
|--|--------------------------------------|----------------------------------|--------------------------|
| Test | Prediabetes | Type 2 Diabetes | Normal |
| A1C | >=5.7 – <=6.4% | >= 6.5% | <5.7% |
| FPG | 100-125 mg/dL (5.6 – 6.9 mmol/L) | >= 126 mg/dL (>=7.0 mmol/L) | <100 mg/dL 5.6 mmol/L |
| 2-hr OGTT | 140-199 mg/dL (7.8 – 11.0 mmol/L) | >= 200 mg/dL (>= 11.1 mmol/L) | 7.8 mmol |

Source: [NIDDK](#), n.d.

Prediabetes Risk Test

NATIONAL DIABETES PREVENTION PROGRAM

1. How old are you? Write your score in the boxes below

Younger than 40 years (0 points)
 40-49 years (1 point)
 50-59 years (2 points)
 60 years or older (3 points)

2. Are you a man or a woman?
 Man (1 point) Woman (0 points)

3. If you are a woman, have you ever been diagnosed with gestational diabetes?
 Yes (1 point) No (0 points)

4. Do you have a mother, father, sister, or brother with diabetes?
 Yes (1 point) No (0 points)

5. Have you ever been diagnosed with high blood pressure?
 Yes (1 point) No (0 points)

6. Are you physically active?
 Yes (0 points) No (1 point)

7. What is your weight category?
 (See chart at right)

Total score:

| Height | Weight (lbs.) | | |
|--------|----------------|-----------------|-----------------|
| 4'10" | 119-142 | 143-190 | 191+ |
| 4'11" | 124-147 | 148-197 | 198+ |
| 5'0" | 128-152 | 153-203 | 204+ |
| 5'1" | 132-157 | 158-210 | 211+ |
| 5'2" | 136-163 | 164-217 | 218+ |
| 5'3" | 141-168 | 169-224 | 225+ |
| 5'4" | 145-173 | 174-231 | 232+ |
| 5'5" | 150-179 | 180-239 | 240+ |
| 5'6" | 155-185 | 186-246 | 247+ |
| 5'7" | 159-190 | 191-254 | 255+ |
| 5'8" | 164-196 | 197-261 | 262+ |
| 5'9" | 169-202 | 203-269 | 270+ |
| 5'10" | 174-208 | 209-277 | 278+ |
| 5'11" | 179-214 | 215-285 | 286+ |
| 6'0" | 184-220 | 221-293 | 294+ |
| 6'1" | 189-226 | 227-301 | 302+ |
| 6'2" | 194-232 | 233-310 | 311+ |
| 6'3" | 200-239 | 240-318 | 319+ |
| 6'4" | 205-245 | 246-327 | 328+ |
| | 1 Point | 2 Points | 3 Points |

Adapted from Bang et al., *Ann Intern Med* 133:775-783, 2000. Original algorithm was validated without gestational diabetes as part of the model.

Risk Test provided by the American Diabetes Association and the Centers for Disease Control and Prevention.

American Diabetes Association **CDC**

Find out how you can reverse prediabetes and prevent type 2 diabetes through a CDC-recognized lifestyle change program at <https://www.cdc.gov/diabetes/prevention/lifestyle-program>.

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

Take the Risk Test Reverse Prediabetes Success Stories

Could You Have Prediabetes?

TAKE THE TEST

Print a copy of the test to take later.
 About the Prediabetes Risk Test

CDC **American Diabetes Association**

Why should I care about prediabetes?

The sooner you know you have prediabetes, the sooner you can take action to reverse it and prevent type 2 diabetes.

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

The Prediabetes Conversation

| Areas to Emphasize | Points to Remember |
|--|---|
| Use the term “prediabetes.” | Avoid terms such as “borderline diabetes,” “sugar is a little high,” “touch of sugar,” etc. |
| Ask for questions, concerns, and feelings. | Patients may have different reactions and levels of understanding. |
| Emphasize the importance of taking action to prevent developing type 2 diabetes. | Talk in terms of an opportunity to address the condition. Don’t tell patients it’s just something “to keep an eye on” or monitor. |
| Discuss the strong chance to prevent or delay with modest weight loss, being more active, and taking medication as needed. | Be realistic about the challenges of lifestyle change, but communicate confidence and support patient self-efficacy. |
| Refer to the National Diabetes Prevention Program or other recognized lifestyle change program. | Give patients specific resources, behavioral strategies, support, and follow-up. |

Adapted from [DOs and DON'Ts for the Initial Conversation About Prediabetes](#), by NIDDK, n.d.

Why should you refer your patients?

- Research-based program
- Delivered by professionals
- Reduces their risk of developing type 2 diabetes



First Half of the Program



- Eat healthy
- Add physical activity
- Deal with stress
- Cope with challenges
- Get back on track

Second Half of the Program

- Enhance skills
- Review key ideas
 - Tracking food and physical activity
 - Setting goals
 - Staying motivated
 - Overcoming barriers
- Continue to receive support





Is there a cost?

- The cost **varies**
- Some employers and insurance carriers cover the cost
- **It may even be free!**

Prevention

- Healthy lifestyle choices can help prevent type 2 diabetes
 - 58% in under age 65
 - 71% in over 65

Source: [NIDDK](#), 2022.

- Healthy lifestyle:
 - Eat healthy foods
 - Get more physical activity
 - Lose excess pounds
 - Control blood pressure and cholesterol by taking medications as prescribed

Source: [ElSayed et al.](#), 2023.



Welcome: Debbie Zlomek, RN, CDCES, BC-ADM



- Education Coordinator for Pottstown Medical Specialists, Inc., (PMSI)
- Manages an accredited diabetes program and fully-recognized National DPP for PMSI
- Certified Diabetes Care and Education Specialist (15 years)
- Certified CDC Diabetes Prevention Coach (6 years)
- Board certified in Advanced Diabetes Management (8 years)

Build Your DPP Referrals

Attract more patients to your DPP.
Grow DPP as a revenue enhancer, not an expense.
Improve patient health, and your practice too.

Promotion: Necessary. Paid? Maybe Not.
Ads cost! Use what's free

- *Social media, websites, e-mails*
- *News media releases*
- *Flyers and brochures*
- *Posters in your waiting, exam rooms*
- *Envelope inserts*



Empower patients to ask providers for a DPP referral

Work to build referral sources



- Contact specialists as well as family care providers



- Avoid creating barriers.
Go where the participants are

Work to **build** referral sources

- Building it doesn't always mean they'll come
- Streamline referrals with EHR, portals, and websites
- Efficiency counts. Time is money for you, sources



- Remember, satisfied participants refer family and friends

Empower non-patients
to ask *their physicians*
for a DPP referral

Rely on your teams to bring in new business

Use your different teams



They can promote, remind, schedule, praise

Do you know who your team members are?

- Your internal team:

Providers, naturally

Medical assistants. ‘You may benefit from DPP, and have fun too’

Receptionists. ‘Do you know about our DPP classes?’

- Your external team:

Employers (especially if you send literature or visit them to discuss it)

Community organizations

Pharmacies, fitness centers, other affiliates

Consider what external teams can offer ...



Ability to clone yourself:
Recruit coaches from your sources

Ability to attract partners:
Serve as guest speakers, topic experts,
distribute flyers

Ability to reach community:
Be a guest speaker to promote DPP

You've Got Options! In-Person and Virtual DPP

- During pandemic, only virtual available
- Currently, both in-person and online offerings



What Virtual DPP Participants Prefer

- Evening hours. They tend to work during day
- **Your advantage?**
1-hour sessions, and no travel time



What In-Person DPP Participants Prefer

- Daytime choices. They tend to be retired or non-working
- Those lacking devices or prefer not to do virtual have an option
- **Your challenge?** Reduce barriers by having more places to meet



There's An Acute Need for DPP in Pennsylvania



1.4 million
Pennsylvanians
have diabetes



Diabetes cost in
PA totals \$12.9
billion annually



3.5 million PA
residents have
prediabetes!

Referrers Need to Know How DPP Benefits Them

Bottom-line value. They're reimbursed on outcomes. Stats show DPP improves outcomes.

Health value. Show them pre- and post-A1Cs, weights, BMIs that demonstrate success and progress.

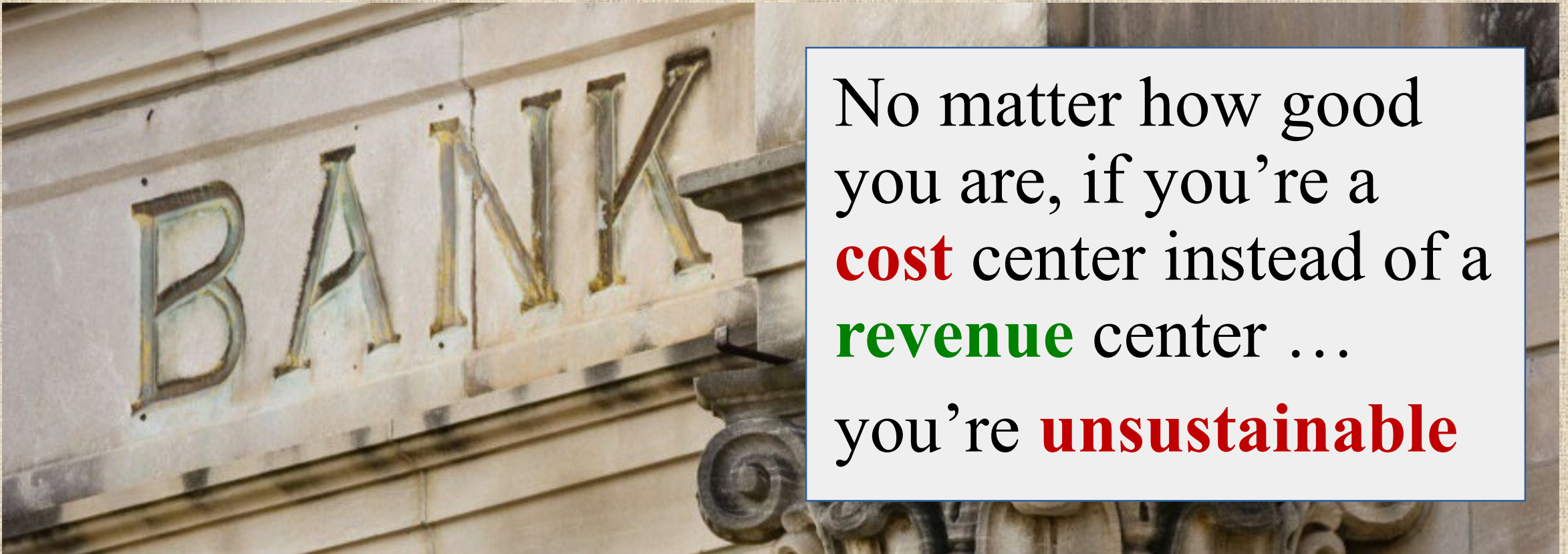
Value of you and your teams. Participants become engaged in their health, appreciate the support & resource

Drive service and revenue

- Helping participants also helps practices.
- Go to referrers and participants. Being convenient results in being busier
- Keep participants, providers, teams in the know
- Extend yourself by relying on teams
- Prove your value with consistent ROI
- Blow your own horn. Few else will



An inescapable truth: you must show a profit

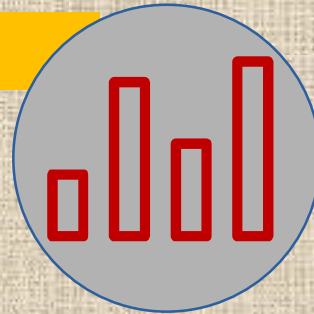




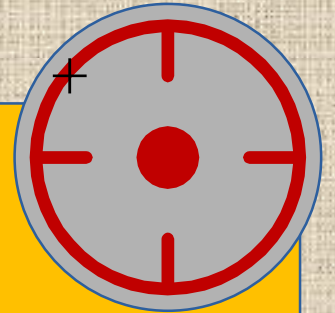
Running 12 cohorts as of April 1, 2023

Two more cohorts start next 2 months

26 cohorts completed since Sept. 2017



Targeting Recognition



- Medicare supplier
- CDC approved to March 2027
- Participated in 3 DPP studies, 1 still continuing



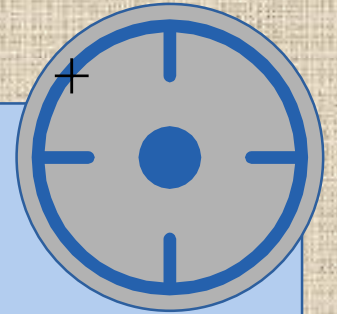
Currently four trained coaches:

1 full-time, 2 part-time, 1 backup

Already training our fifth coach



Targeting Results



- 302 participants enrolled to date
- 3,482 total lbs. lost
- Average participants per cohort is 8.9
- Median age 59.4 yrs

What patients say about PMSI's DPP program

“

I really appreciate your help and the rest of the group as it keeps me very accountable. I couldn't have done it without you and this group. A1C dropped to 5.7 from a starting A1c of 6.0

To **CHRIS YOCOM**
PMSI DPP Coach

”

What patients say about PMSI's DPP program

“

Bloodwork numbers are in! A1C – drum roll please – was 6.2 – is 5.7. I'm no longer dreading my appointment next week with my PCP. Thank you so much for all your guidance!

To **CHRIS YOCOM**
PMSI DPP Coach

”

What patients say about PMSI's DPP program

“

My patients who go through DPP program feel they learned a lot. They now read nutrition label on a regular basis and eat more vegetables. When they lose weight and their HGB A1C levels drop, they are so happy and grateful for the education and guidance they received.

From **SHREYA PATEL**
PMSI DPP Coach

”

What patients say about PMSI's DPP program

“

I feel like I've been handed a lifeline with this class.

To ABBY NESSEL
PMSI DPP Coach

”

Expand your program beyond four walls

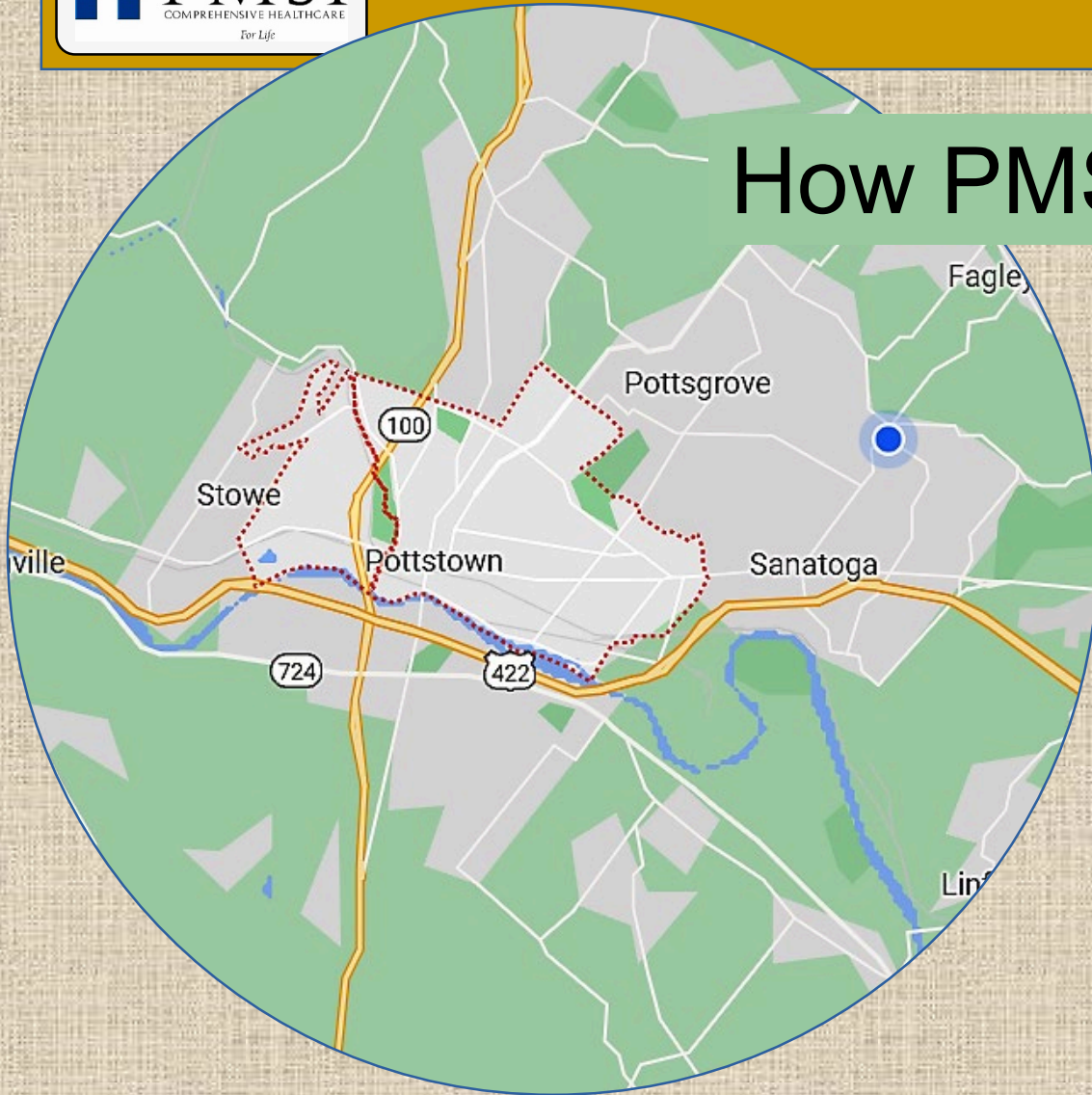
- Even if you build it, they don't always come



- Eliminate barriers by going to where participants are



How PMSI Expands Beyond Its Walls



- **At Anytime Fitness**
It's inside an enclosed shopping center on a bus stop
- **At Mishock Physical Therapy**
We're available at its offices in Berks and Montgomery counties
- **With TriCounty Active Adults**
A morning senior center program. Participants can also exercise and enjoy a healthy lunch



Thanks for your time!

Debbie Zlomek, RN,
CDCES, BC-ADM
Diabetes Educator

Pottstown Medical
Specialists Inc.,
Pottstown PA



Call to Action

- Screen/Test/Refer
- Take the [Prediabetes Risk Test](#)
- Talk to your healthcare provider
- Call PMSI about their National DPP programs
- Visit the [Find a Program](#) page on the CDC's National DPP website

Prediabetes Risk Test

1. How old are you? Write your score in the boxes below

Younger than 40 years (0 points)

40–49 years (1 point)

50–59 years (2 points)

60 years or older (3 points)

2. Are you a man or a woman?

Man (1 point) Woman (0 points)

3. If you are a woman, have you ever been diagnosed with gestational diabetes?

Yes (1 point) No (0 points)

4. Do you have a mother, father, sister, or brother with diabetes?

Yes (1 point) No (0 points)

5. Have you ever been diagnosed with high blood pressure?

Yes (1 point) No (0 points)


6. Are you physically active?

Yes (0 points) No (1 point)

7. What is your weight category?

(See chart at right)

Total score:



| Height | Weight (lbs.) | | |
|--------|----------------|-----------------|-----------------|
| 4'10" | 119-142 | 143-190 | 191+ |
| 4'11" | 124-147 | 148-197 | 198+ |
| 5'0" | 128-152 | 153-203 | 204+ |
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| 6'3" | 200-239 | 240-318 | 319+ |
| 6'4" | 205-245 | 246-327 | 328+ |
| | 1 Point | 2 Points | 3 Points |

You weigh less than the 1 Point column (0 points)

Adapted from Berg et al., Ann Intern Med 151:775-783, 2009. Original algorithm was validated without gestational diabetes as part of the model.

If you scored 5 or higher



You are at increased risk for having prediabetes and are at high risk for type 2 diabetes. However, only your doctor can tell for sure if you have type 2 diabetes or prediabetes, a condition in which blood sugar levels are higher than normal but not high enough yet to be diagnosed as type 2 diabetes. **Talk to your doctor to see if additional testing is needed.**

If you are African American, Hispanic/Latino American, American Indian/Alaska Native, Asian American, or Pacific Islander, you are at higher risk for prediabetes and type 2 diabetes. Also, if you are Asian American, you are at increased risk for type 2 diabetes at a lower weight (about 15 pounds lower than weights in the 1 Point column). Talk to your doctor to see if you should have your blood sugar tested.

You can reduce your risk for type 2 diabetes

Find out how you can reverse prediabetes and prevent or delay type 2 diabetes through a **CDC-recognized lifestyle change program** at <https://www.cdc.gov/diabetes/prevention/lifestyle-program>.

Risk Test provided by the American Diabetes Association and the Centers for Disease Control and Prevention.

Questions



Contact Information



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Quality Insights on the Web

- For more information on Quality Insights, visit our website at: www.qualityinsights.org/stateservices/projects/pa-1815.
- Connect with Quality Insights on social media via Twitter and LinkedIn.



[@QualityInsights](https://twitter.com/QualityInsights)



www.linkedin.com/company/1259377

Evaluation & Post-Knowledge Check

- Utilizing Screen, Test, and Refer to Promote the National Diabetes Prevention Program to Individuals at Risk for Diabetes
 - Evaluation & Post-Knowledge Check:
<http://bit.ly/41bjpft>



QR Code:

Activate the camera on your smart phone and scan this QR code to link to the **evaluation**.

THANK YOU!



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