

Screen Test Refer: Procedure for Increasing National DPP Referrals

Protocol	
Title: Screen Test Refer: Procedure for Increasing National DPP Referrals	Page:
Scope: Referrals to the National DPP	
Original Date: 09/28/2021	Effective Date: 09/28/2021
Policy and Procedure #:	

PURPOSE: To establish a process for increasing the referrals to the National Diabetes Prevention Program (National DPP) within the state of Delaware.

DEFINITIONS:

National Diabetes Prevention Program (National DPP): Trained lifestyle coaches introduce topics in a supportive, small group environment and encourage participants as they explore how healthy eating, physical activity, and behavior changes can benefit their health.

- The 12-month group-based program consists of 16 one-hour, weekly sessions, followed by monthly sessions led by a trained lifestyle coach who facilitates a small group of people with similar goals.
- Discuss topics such as healthy eating, increasing physical activity, reducing stress, problem solving, and more.
- Stay motivated to maintain progress towards program goals with monthly maintenance sessions.
- Providers of the National DPP include the following:
 - YMCA of Delaware (Medicare, DE Medicaid, State Employees, Aetna, Blue Cross Blue Shield)
 - Christiana Care (Medicare, employees)
 - University of Delaware (currently in process of final recognition)
- If patient has no insurance coverage there are grants and reduced cost options based on patient's ability to pay. (Available through the YMCA)
 - Eligibility requirements:
 - Over 18 years of age
 - BMI greater than 25; greater than 23 if Asian American
 - Not diagnosed with Type I or Type II diabetes or End Stage Renal Disease
 - Currently not pregnant

And have one of the following:

- Have at least one 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
 - Be previously diagnosed with gestational diabetes
 - Received a high-risk result (score of 5 or higher) on the [Prediabetes Risk Test](#)

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PROCEDURES:

1. **Overview**

Quality Insights is partnering with the National Association of Chronic Disease Director's and Delaware Division of Public Health as part of a statewide initiative to increase referrals to the National Diabetes Prevention Program (National DPP). The goal is to increase referrals to National DPP by 10 percent (47 persons) by June 29, 2022.

The following Screen Test Refer Procedure has been developed to help guide healthcare systems and community based organizations as they work to increase referrals to the National DPP.

2. **Educate Staff**

- Quality Insights has a Diabetes Academic Detailing Program. They can provide the training, or do a train the trainer to support site education (no cost)
- Inform providers via association newsletters and peer reviewed publications
- Online [EDISCO e-Learn National Association of Chronic Disease Directors \(NACDD\) National Diabetes Coverage Toolkit](#)
- Educate all staff such including but not limited to; providers, clinical support staff, front office, care management, discharge planners, social work/ behavioral health, etc.
- If the preference is to develop your own content, below are resources to assist in educating the care team:
 - Prediabetes prevalence in Delaware
 - 261,000 people in Delaware, 37.7 percent of the adult population, have prediabetes
 - Population-based studies suggest that 24,960 Delawareans may have undiagnosed diabetes (Mendola)
 - Approximately 23.84 percent of all Delaware adults have diabetes, or are at an elevated risk for development of the disease (DPH, 2018)
 - From 2000 to 2017, Delaware's adult diabetes prevalence rose 82 percent, increasing from 6.2 percent to 11.3 percent (CDC, 2019)
 - Provide staff with an overview of the [National DPP](#)
 - [Recorded interview](#) with the YMCA providing an overview of the National DPP program
 - Highlight the importance of the National DPP and its impact on patients/participants
 - In the Diabetes Prevention Program, diabetes incidence was reduced by 58 percent over three years. Follow-up in the Diabetes Prevention Program Outcomes Study has shown sustained reduction in the rate of conversion to type 2 diabetes of 34 percent at 10 years and 27 percent at 15 years. [National DPP Outcomes Study](#)
 - [CDC resources](#) for making the business case for referrals to the National DPP
 - [CDC Diabetes Prevention Impact Toolkit](#)
 - Provider resource on [how to discuss prediabetes with patients](#)
 - [Toolkit for Pharmacists](#)
 - [Insurance coverage](#) for the National DPP

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- Medicaid
- Medicare
- Some commercial insurance and employers
- Identify a provider/staff champion.
 - Create a job description for a champion of the work within the organization
 - Utilize the staff champion to engage staff and encourage buy in
 - Have the staff champion present on the topic at a staff meeting or provider meeting

3. **Educate Patients**

- Patient education
 - [What is Prediabetes \(English\)- Spanish](#)
 - [So you have pre-diabetes now what? English Spanish](#)
- CDC [videos for patients](#)
- YMCA Diabetes Prevention Program [video](#)
 - Utilize the organizations website and/or patient portal to send patients information about the program and prediabetes
- Utilize advertising, community events, small media, bulletin boards, and other resources to educate patients
- Promote via the patient portal, organizational website, or newsletter

4. **Define Eligibility**

- Determine patients [eligibility for the program](#)
 - Eligibility Requirements:
 - Over 18 years of age
 - BMI greater than 25; greater than 23 if Asian American
 - Not diagnosed with Type I or Type II diabetes or End Stage Renal Disease
 - Currently not pregnant
 - And have one of the following:*
 - Have at least one blood test result in the prediabetes range within the past year (includes **any** of these tests and results):
 - Hemoglobin A1C: 5.7–6.4%
 - Fasting plasma glucose: 100–125 mg/dL
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 - Received a high-risk result (score of 5 or higher) on the [Prediabetes Risk Test](#)

5. **Screen Patients**

Non Clinical Practices:

- Encourage and promote utilization of the Centers for Disease Control (CDC) Prediabetes Risk Test
 - [Prediabetes Risk Test - English](#)

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- [Prediabetes Risk Test -Spanish](#)
- The risk assessment is a great alternative for non-clinical organizations to help patients determine eligibility - also serves as an alternative when lab values or BMI data is not available
- Please note Medicare coverage of the program requires a blood glucose test
- Identify populations within the practice/organization's community that are of greatest need for National DPP
 - Utilize BRFSS data, claims data or organizational data depending on your patient/member population
 - Focus on CDC priority populations: Medicare beneficiaries, men, African Americans, Asian Americans, Hispanics, American Indians, Alaska Natives, Pacific Islanders, and noninstitutionalized people with visual impairments or physical disabilities
 - Determine an outreach plan for educating and informing these patients
 - Define population barriers (language, access, cost, etc.)
 - Assess resources to address the issues (materials/classes available in other languages, virtual classes, scholarships, community partners, community health workers)
 - Implement an outreach plan
 - [CDC guidance](#) for expanding programming to underserved populations
 - [NACDD resources](#) on scaling the National DPP in underserved communities
 - Partner with Federally Qualified Health Centers, Managed Care Organizations and Community Based Organizations to identify and outreach to underserved populations

Clinical Practices:

- Promote use of ICD-10 codes for pre-diabetes
 - [Codes for screening for prediabetes](#)
 - Use of these codes makes it easier to run reports and identify patients that fall in the prediabetes category
- Identify populations within the practice/organization's community that are of greatest need for National DPP
 - Utilize BRFSS data, claims data or organizational data depending on your patient/member population
 - Focus on CDC priority populations: Medicare beneficiaries, men, African Americans, Asian Americans, Hispanics, American Indians, Alaska Natives, Pacific Islanders, and noninstitutionalized people with visual impairments or physical disabilities
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6. Test Patients (Clinical Practices)

- [ADA guidelines for screening](#)- outlines recommendations for screening
 - Testing should start at age 45
 - If normal, testing should be performed in three year intervals
- [Prediabetes identification procedure](#) - AMA recommended testing procedure for blood glucose testing
 - Exclude patients that don't meet eligibility criteria
 - Determine if lab test was performed within the past year
 - Proceed with relevant testing option; A1C, Fasting Plasma Glucose, Plasma Glucose test two hours after 75gm glucose load
 - Utilize [CDC guidance](#) to follow up on results

Results	A1C Test	Fasting Plasma Glucose	Plasma Glucose Test 2 Hours After 75gm Glucose Load	Follow Up
Normal	<5.7%	<100 mg/dl	<140 mg/dl	Have patients continue healthy behaviors
Prediabetes	5.7% to 6.4%	100 to 125 mg/dl	140 to 199 mg/dl	Refer patients to a National DPP
Results	A1C Test	Fasting Plasma Glucose	Plasma Glucose Test 2 Hours After 75gm Glucose Load	Follow Up
Diabetes	>6.5%	>126 mg/dl	>200 mg/dl	Work with primary care provider to confirm diagnosis. Refer to Diabetes Self-Management Education and Support

7. Refer Patients to the National DPP

- Providers to engage patients in the “[Prediabetes Conversation](#)”
- As more organizations begin offering National DPP, utilize this website for updates in organization and locations: [Find a National DPP program](#)
- Encourage practices to create a referral feedback loop to track and monitor patients progress

Health System (EHR) Referral Pathway

- Implement the following evidence-based interventions to increase referrals:
 - Utilize steps above to run a report and identify eligible patients

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- Refer eligible patients to your local National DPP
 - [Patient referral form example](#)
 - Order script pads to give to patients with the National DPP contact information
- Activate prediabetes [clinical decision](#) alerts in your electronic health record (EHR)
- Create National DPP referral order in your EHR
- Implement standing orders allowing non-physicians to place referral orders to the National DPP if patient criteria are met.
- Retrospective referral campaign: Send patients that are eligible for the National DPP a referral letter, secure email, text, or patient portal message, encouraging them to enroll in the program - follow up with phone calls to patients to determine likelihood of enrollment and address any patient barriers to participation
 - Quality Insights can assist with the creation and implementation of a referral letter campaign
- Implement bi-directional referrals to the National DPP
 - Utilize a referral platform like [Unite US](#) to refer to National DPP and receive feedback reports on patient participation, goals, etc.
 - [Bi-directional referral process example](#)
 - The National DPP provider will also provide feedback reports on patient participation and goals
- Partner with your local pharmacist for referrals to National DPP
 - [How pharmacists can participate](#)

Referral Pathway for Pharmacists

- Provide promotional materials to patients when they come to pick up medications
- Display [small media](#) on counters
- Encourage patients to take the Prediabetes Risk Test
 - [Prediabetes Risk Test - English](#)
 - [Prediabetes Risk Test -Spanish](#)
- For those who obtain an score of five (5) or higher encourage them to:
 - Reach out to their primary care provider and share their results
- Refer patients to a National DPP program

Community Based Organizations (non-clinical) Referral Pathway

- Utilize small media to [promote the National DPP](#)
- Utilize pre-diabetes risk assessment to help patients determine if they might be eligible
 - [Prediabetes Risk Test - English](#)
 - [Prediabetes Risk Test -Spanish](#)
- For those who obtain an score of five (5) or higher encourage them to:
 - Reach out to their primary care provider and share their results
 - Refer them to a National DPP program
 - [Patient referral form example](#)

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- Utilize a public platform like [Unite US](#) to refer to National DPP and receive feedback reports on patient participation, goals, etc.
 - [Bi-directional referral process example](#)

8. **Become a National DPP**

- Review [CDC guidelines and curriculum](#)
- Watch the [National DPP](#) new organization webinar
 - [CDC guidelines](#)
 - [CDC curriculum](#)
- [Train staff](#)
- Join the NACDD National DPP Provider workgroup in Delaware to learn more about becoming a National DPP provider
 - Email Lisa Gruss at Lgruss@qualityinsights.org