

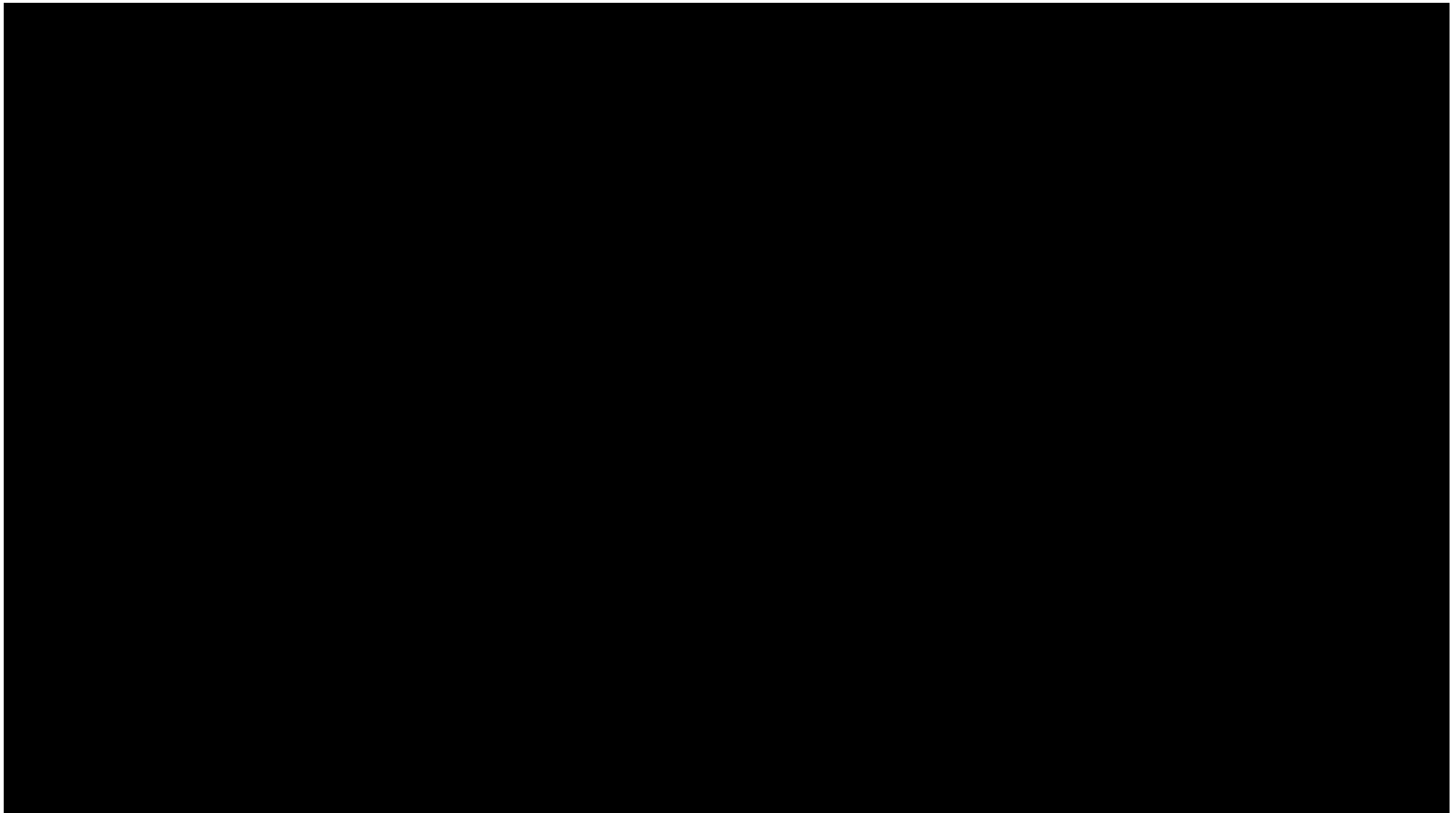
Prediabetes & National Diabetes Prevention Program

Connecting the health system and community to
increase diabetes prevention in South Dakota



Welcome!

- Do you have prediabetes? Complete the Diabetes Risk Test rack card (on your table) to find out.



Discussion

- Prediabetes
- National Diabetes Prevention Program
- Awareness
- Screening
- Referral
- Access
- Community/Clinical Linkages
- Local Data
- Panel Discussion



Objectives

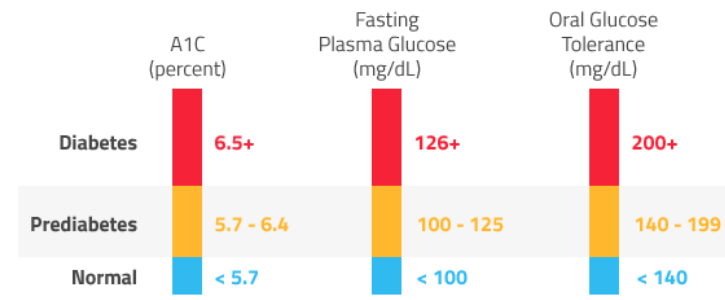
- Identify two or more resources that can be used to **increase community awareness** about prediabetes and the National Diabetes Prevention Program
- Identify two or more resources that can be used to **implement a screening and referral process** at the health system level
- Identify two or more **positive patient outcomes** associated with completion of the National Diabetes Prevention Program

Prediabetes

- **Blood sugar higher than normal**, not yet Type 2 diabetes
- 15-30% with prediabetes= Type 2 in five years, if no intervention
- Type 2 increases risk for heart attack, stroke, blindness, kidney failure, amputations, more

PREDIABETES TESTING¹

There are 3 standard test options to identify prediabetes.



Review results for prediabetes, not just diabetes, and talk with your patient. Repeat test to confirm is recommended.

Image source: CDC, May 2017

Prediabetes

Nationally

- 86 million adults have prediabetes
- 1 in 3 have prediabetes
- 1 in 2 have prediabetes (age 65+)
- 9 in 10 prediabetes don't know they have it

South Dakota

- 218,000 South Dakota adults have prediabetes (35.5%)

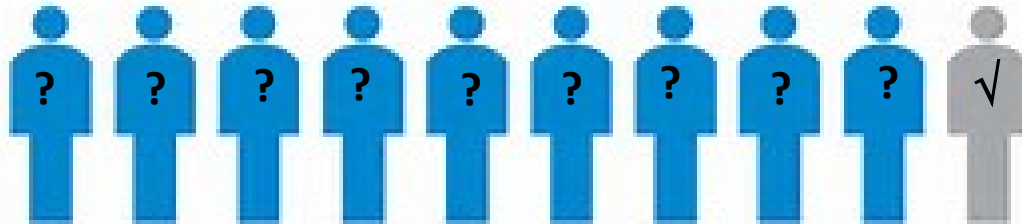


National Diabetes Prevention Program

- **Evidence-based** lifestyle change program
- Reduces diabetes risk **58-71%**
- Group facilitation, 1 weekly x 16 weeks, 1 monthly x 6 months
- “This lifestyle change program is not a fad diet or an exercise class. And it’s not a quick fix. It’s a year-long program focused on **long-term changes and lasting results**” - CDC, May 2017

Awareness

- **9 of 10 with prediabetes don't know it!**
- Lack of awareness=lack of participation in NDPP



Screening/Diagnosis

- Screening tools (online, printable, **rack card**)
- Diagnosis (A1C, FPG, OGTT)
- USPSTF recommend testing every 3 years, Grade B

**ARE YOU AT RISK FOR
TYPE 2 DIABETES?**

DIABETES RISK TEST¹

Write your score in the box.

1 ARE YOU A WOMAN WHO HAS HAD A BABY WEIGHING MORE THAN 9LBS. AT BIRTH?
Yes (1 POINT) No (0 POINTS)

2 DO YOU HAVE A SISTER OR BROTHER WITH DIABETES?
Yes (1 POINT) No (0 POINTS)

3 DO YOU HAVE A PARENT WITH DIABETES?
Yes (1 POINT) No (0 POINTS)

4 FIND YOUR HEIGHT ON CHART (SEE BACK) DO YOU WEIGH AS MUCH AS OR MORE THAN THE WEIGHT LISTED FOR YOUR HEIGHT?
Yes (5 POINTS) No (0 POINTS)

5 ARE YOU YOUNGER THAN 65 AND GET LITTLE OR NO EXERCISE IN A TYPICAL DAY?
Yes (5 POINT) No (0 POINTS)

6 ARE YOU BETWEEN THE AGES OF 45 AND 64?
Yes (5 POINTS) No (0 POINTS)

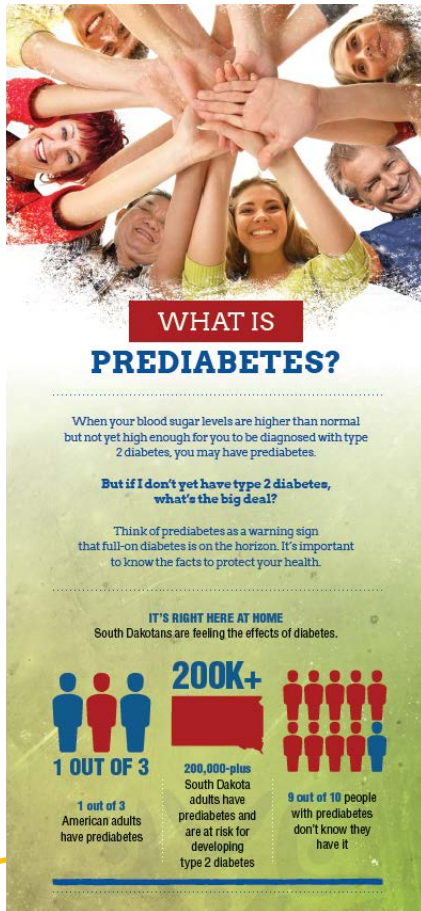
7 ARE YOU 65 YEARS OF AGE OR OLDER?
Yes (0 POINTS) No (0 POINTS)

TOTAL SCORE

Developed by the SDDC

Order FREE
from SD DOH

Patient Education



- “What is Prediabetes?” rack card
 - Defines prediabetes
 - Outlines risks/complications
 - South Dakota stats
 - Space for individual program label

Order
FREE
from SD
DOH

Developed by the SDDC

Referrals

Referral form to a diabetes prevention program

Send to: Fax: _____ Email: _____

PATIENT INFORMATION		
First name	Address	
Last name		
Health insurance	City	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	State	
Birth date (mm/dd/yy)	ZIP code	
Email	Phone	
By providing your information above, you authorize your health care practitioner to provide this information to a diabetes prevention program provider, who may in turn use this information to communicate with you regarding its diabetes prevention program.		
PRACTITIONER INFORMATION (COMPLETED BY HEALTH CARE PRACTITIONER)		
Physician/NP/PA	Address	
Practice contact	City	
Phone	State	
Fax	ZIP code	
SCREENING INFORMATION		
Body Mass Index (BMI)	Eligibility = ≥ 24 (≥ 22 if Asian)*	
Blood test (check one)	Eligible range	Test result (one only)
<input type="checkbox"/> Hemoglobin A1C	5.7–6.4%	_____
<input type="checkbox"/> Fasting Plasma Glucose	100–125 mg/dL	_____
<input type="checkbox"/> 2-hour plasma glucose (75 gm OGTT)	140–199 mg/dL	_____
Date of blood test (mm/dd/yy): _____		
For Medicare requirements, I will maintain this signed original document in the patient's medical record.		
Date	Practitioner signature	
OPTIONAL	By signing this form, I authorize my physician to disclose my diabetes screening results to the (insert program/organization name here) for the purpose of determining my eligibility for the diabetes prevention program and conducting other activities as permitted by law.	
	I understand that I am not obligated to participate in this diabetes screening program and that this authorization is voluntary.	
	I understand that I may revoke this authorization at any time by notifying my physician in writing. Any revocation will not have an effect on actions taken before my physician received my written revocation.	
Date	Patient signature	

- Self-refer
- Provider referral*
- E.H.R., phone, secure email, etc.

*In order to maintain program recognition, at least 50% of participants must qualify for the program based on diagnostic testing.

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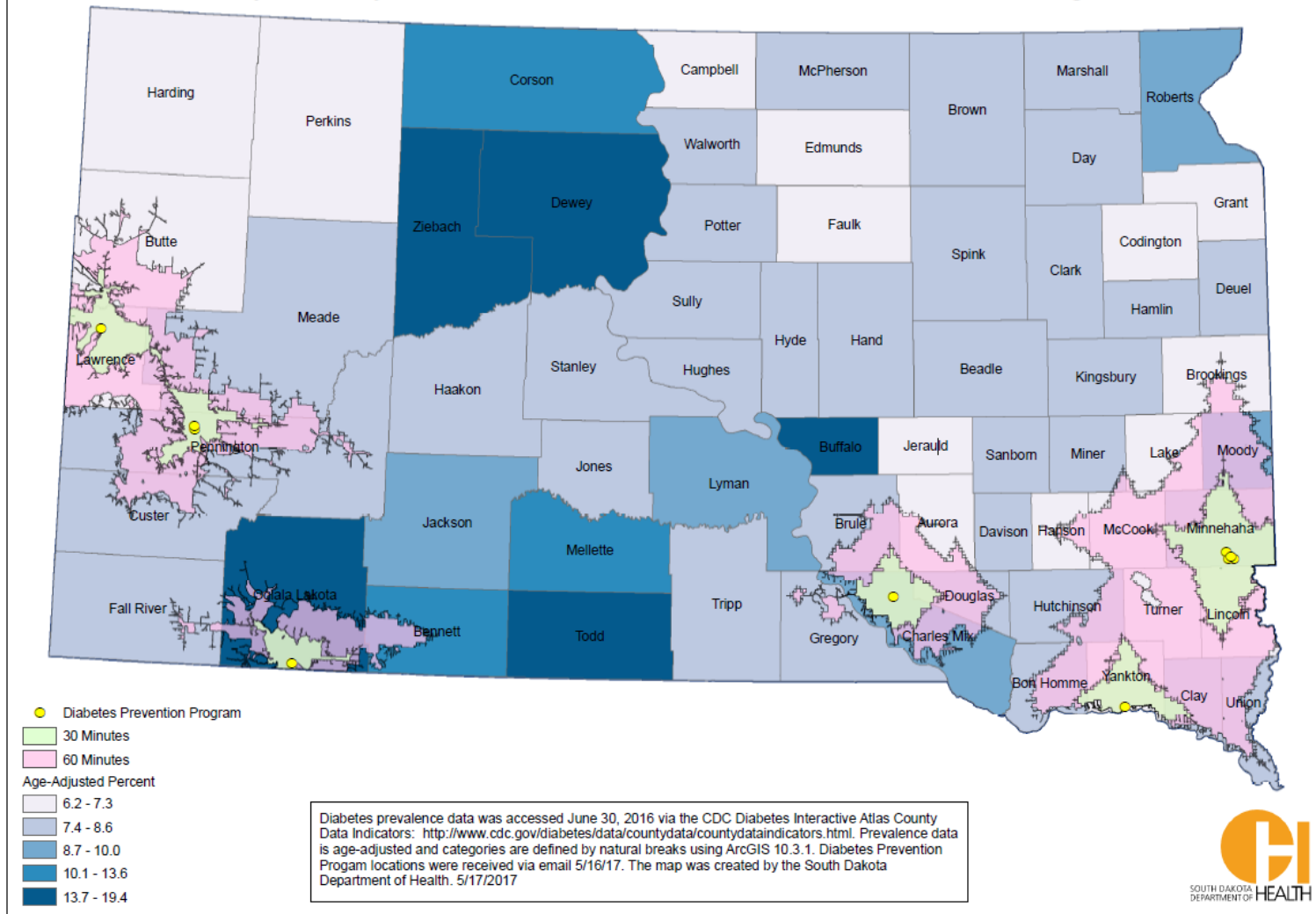
* These BMI levels reflect eligibility for the National DPP as noted in the CDC Diabetes Prevention Recognition Program Standards and Operating Procedures. The American Diabetes Association (ADA) encourages screening for diabetes at a BMI of ≥ 23 for Asian Americans and ≥ 25 for non-Asian Americans, and some programs may use the ADA screening criteria for program eligibility. Please check with your diabetes prevention program provider for their specific BMI eligibility requirements.

Form included in the Prevent Diabetes STAT toolkit: <https://assets.ama-assn.org/sub/prevent-diabetes-stat/downloads/sample-patient-referral-form-bmi-table.pdf>

Access

More programs are needed for statewide access, especially in areas with high diabetes prevalence.

Thirty and Sixty Minute Drive Times to National Diabetes Prevention Programs



Local Data

- **320 South Dakotans have participated in NDPP--as of April 2017**
- **2016:** 7 NDPP (2 reporting), 18 participants, 84% female, 16% male, average weight loss 6%, session 8
- **2015:** 5 NDPP, 62 participants, 71% female, 29% male, average weight loss 5% by week 16
- **2014:** 6 NDPP, 90 participants, 81% female, 19% male, average weight loss 7% by week 16

Community/Clinical Linkages

Community

- Assist in development, implementation, evaluation of **screening/referral process** (i.e.: coalition membership)
- Increase **public awareness/resources**
- Ongoing **communication** with Clinical



Clinical

- Implement **screening/referral process***
(*Funding available via SD DOH)
- Increase **healthcare professional awareness/resources**
- Ongoing **communication** with Community



Panel Discussion

Sectors

- 1) Introduce yourself, then describe the **role** your sector plays in prediabetes/NDPP
- 2) Describe one **tool/method** you use to **increase public/provider awareness** about prediabetes/NDPP
- 3) Describe one **tool/method** you use to **screen and refer** people for prediabetes
- 4) Share one **positive patient outcome** you feel is associated with completion of the NDPP
- 5) Name one way the community sector and clinical sector **have come/can come together** around prediabetes and diabetes prevention

Participant

- 1) Introduce yourself, then describe the **participant's role** in prediabetes/NDPP
- 2) How did you **become aware/who informed you** that you were at risk for developing type 2 diabetes?
- 3) What **tool/method** did your provider use to **screen** for prediabetes and **refer** you to the NDPP? (How did your provider determine your type 2 diabetes risk?)
- 4) Share one **positive outcome** you've experienced from your participation in the NDPP
- 5) Name one way you feel the community sector and clinical sector **have come/can come together to serve patients** at risk for developing type 2 diabetes

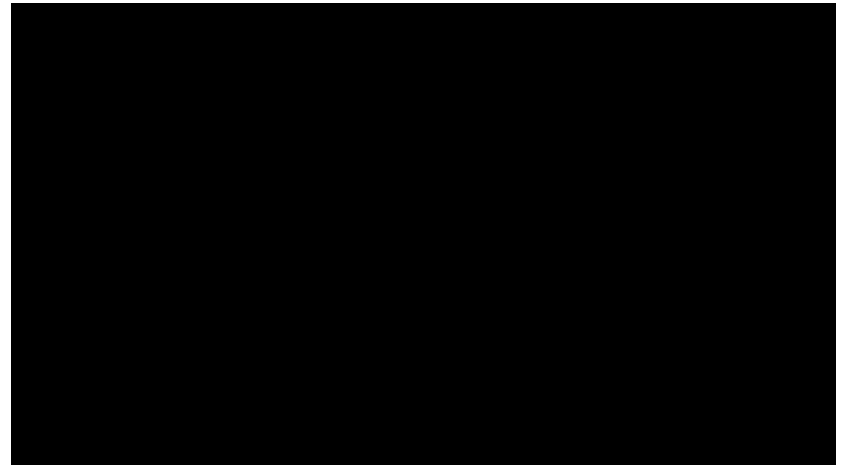
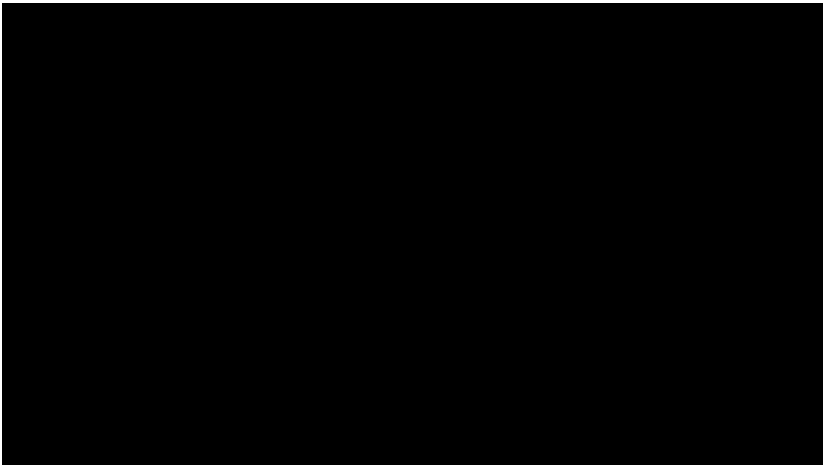
Thank You!

South Dakota Department of Health

- 605-688-6011
- melissa.coull@state.sd.us
- <http://doh.sd.gov/>

South Dakota Diabetes Coalition

- 605-271-0611 or 1-855-648-9951
- <http://www.sddiabetescoalition.org/>



Resources

- **American Medical Association *Steps Forward*:**
<https://www.stepsforward.org/>
- **CDC National Diabetes Prevention Program:**
<https://www.cdc.gov/diabetes/prevention/index.html>
- **Do I Have Prediabetes:**
<https://www.doihaveprediabetes.org/>
- **Prevent Diabetes STAT:**
<https://preventdiabetesstat.org/>
- **South Dakota Department of Health:**
<http://doh.sd.gov/diseases/chronic/diabetes/>
- **South Dakota Diabetes Coalition:**
<http://www.sddiabetescoalition.org/>