HELPING YOURSELF TO HEALTH

SMALL STEPS ARE THE START.

Retrospective Prediabetes Identification & Referral

METHOD 2:

MEASURE

Query Electronic Health Records or patient database every 6–12 months using the following criteria:

A. Inclusion criteria:
- Age ≥18 years **and**
- Most recent BMI ≥25 (≥22 if Asian) **and**
- A positive lab test result within previous 12 months:
  - HbA1C 5.7–6.4% (LOINC* code 4548-4) **or**
  - FPG 100–125 mg/dl (LOINC code 1558-6) **or**
  - OGTT 140–199 mg/dl (LOIN code 62856-0) **or**
- History of gestational diabetes (ICD-10: Z86.32)

B. Exclusion criteria:
- Current diagnosis of type 2 diabetes (ICD-10: E11) **or**
- Current Insulin use

Generate a list of patient names with relevant information

ACT

Use the patient list to:

A. Contact patients to inform of risk status, explain prediabetes, and share info on diabetes prevention programs, **and/or**

B. Send patient contact info to Diabetes Prevention Program's Regional Coordinator (found at myhealthyvt.org). The Regional Coordinator will contact patient directly, **and**

C. Flag medical record for patient's next office visit

PARTNER

Discuss program participation at next visit

* LOINC are Logical Observation Identifiers Names and Codes

HELPING YOURSELF TO HEALTH

SMALL STEPS ARE THE START.

Retrospective Prediabetes Identification & Referral (continued)

METHOD 2:

Retrospective identification and referral

Measure

Step 1 — Query EMR or patient database

Query your EMR or patient database every 6–12 months using the following criteria:

A. Inclusion criteria:

- Age ≥18 years **and**
- BMI ≥25 (≥22 if Asian) **and**
- A positive test result for prediabetes within the preceding 12 months:
  - » HbA1C 5.7–6.4% **or**
  - » Fasting plasma glucose 100–125 mg/dL **or**
  - » Oral glucose tolerance test 140–199 mg/dL **or**
- Clinically diagnosed gestational diabetes during a previous pregnancy

B. Exclusion criteria:

- Current diagnosis of diabetes

Generate a list of patient names and other information required to make referrals:

- » Gender and birth date
- » Email address
- » Mailing address
- » Phone number

Act

Step 2 — Referral to diabetes prevention program

A. Contact patients via phone, email, letter, or postcard to explain their prediabetes status and let them know about the diabetes prevention program.

B. Send relevant patient information to your Regional Coordinator who will contact the patient directly.

C. Flag patient's medical records for their next office visit.

Physicians and other health care providers should also use their independent judgment when referring to a diabetes prevention program.

Partner

During the next office visit, discuss diabetes prevention program participation:

- If the patient is participating, discuss program experience and encourage continued participation.
- If the patient has declined to participate, stress the importance of lifestyle change and continue to encourage participation (use the handout "So you have prediabetes. Now what?").