

Retrospective prediabetes identification

MEASURE

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

A. Inclusion criteria:

- Age ≥ 18 years **and**
- Most recent BMI $\geq 24^*$ (≥ 22 if Asian) **and**
- A positive lab test result within previous 12 months:
 - o HbA1C 5.7–6.4% (LOINC code 4548-4) **or**
 - o FPG 100–125 mg/dL (LOINC code 1558-6) **or**
 - o OGTT 140–199 mg/dL (LOINC code 62856-0) **or**
- History of gestational diabetes (ICD-9: V12.21)

B. Exclusion criteria:

- Current diagnosis of diabetes (ICD-9: 250.xx) **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 info to diabetes prevention program provider
- Program coordinator will contact patient directly, **and**
- C. Flag medical record for patient's next office visit

PARTNER

Discuss program participation at next visit

* 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.

Method 2:

Retrospective identification and referral

Step 1 – Query EMR or patient database

Measure

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

A. Inclusion criteria:

- Age ≥ 18 years **and**
- BMI $\geq 24^*$ (≥ 22 if Asian) **and**
- A positive test result for prediabetes within the preceding 12 months:
 - o HbA1C 5.7–6.4% **or**
 - o Fasting plasma glucose 100–125 mg/dL **or**
 - o Oral glucose tolerance test 140–199 mg/dL **or**
- Clinically diagnosed gestational diabetes during a previous pregnancy

B. Exclusion criteria:

- Current diagnosis of diabetes **or**
- Current Insulin use

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 local (or online) diabetes prevention program coordinator and have him/her contact the patient directly (may require [Business Associate Agreement](#)).

C. Flag patients' 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?](#)")

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