



Prescription for Prevention

Healthcare provider referrals for the National DPP



**Emory Centers
for Training and
Technical Assistance**



Facilitator



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IMPLEMENTATION GUIDE FOR

Engaging Health Care Providers (HCPs) in Referrals

to the National Diabetes Prevention Program (National DPP) Lifestyle Change Program



NATIONAL
**DIABETES
PREVENTION**
PROGRAM

Key Resource

Why referrals

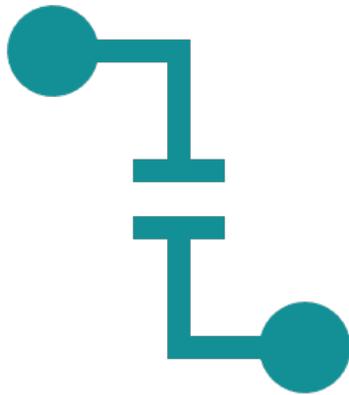
- Health Care providers are seen as credible sources of information
- A referral from a health care provider can be an important predictor of enrollment in the National DPP
- Building relationships and processes with health care providers can strengthen program enrollment and retention
- For some third party payors, linking participant to a provider may be a part of reimbursement process
- Program sustainability
- Program credibility

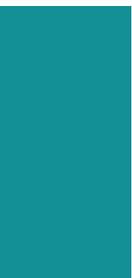


Referral disconnect

Despite evidence that referrals can enhance enrollment and retention, the number of health care provider referrals to the program nationally have remained low

- A National survey of 2, 341 individuals who were eligible for the National DPP lifestyle change program based on self report data found that only 4.2% reported ever being referred to the program.
- 25% of individuals who had never been referred were interested in the program





What are some challenges to establishing health care provider referrals for your lifestyle change program?



Challenges to establishing referrals

- **Limited time**
 - Multiple issues to discuss w/patients
- **Lack of awareness:**
 - Program options
 - Importance of action with prediabetes
- **Partnership development**
 - CBO's & healthcare providers or systems
- **Process challenges**
 - EMR
 - Key stakeholders
 - HIPAA



Strategies for Establishing Referrals



Outreach to Health Care Providers

Provider Influencers

Association Education
Association newsletters
Peer-review publications

Health System or Clinic Approach

Provider protocols and workflows
CDC recognized organization contracts
Co-locate with CDC Recognized organization

Providers

Provider education
Provider engagement in patient referrals
Update providers on patient participation



Provider Outreach

- Research local HCP & determine priority list
 - Consider provider history of involvement in similar efforts
 - Start with providers you know
 - Suggestions from a trusted source
 - Consider if Physician vs. other HCP are best first contact
- Reach out to set up brief meeting

“Research has shown that reaching out to other HCP office staff can help overcome barriers to engaging HCPs in patient referrals.”

-Engaging HCPs in Referrals to the National DPP, CDC

The Reach Out

- Determine best outreach method (phone, email, face to face etc.)
- Utilize CDC outreach resources
- Engage gatekeepers
- Defer to their ideal timing
- Be genuine and persistent

The image shows two pages of a document from the National Diabetes Prevention Program. The left page is titled "Talking Points for Initial Outreach to Health Care Providers (HCPs) and HCP Associations" and contains introductory text and a section "ABOUT THE PROGRAM" with several bullet points. The right page contains a section "FACTS ABOUT PREDIABETES" with a list of statistics and risk factors, and a section "THE ROLE OF HCPS" with bullet points. Both pages have a CDC logo and a footer with "PAGE | 1" and "PAGE | 2" respectively.

NATIONAL DIABETES PREVENTION PROGRAM

Talking Points for Initial Outreach to Health Care Providers (HCPs) and HCP Associations

The talking points that follow provide the key messages that will help HCPs understand the National Diabetes Prevention Program (National DPP) lifestyle change program and encourage them to refer their patients to the program. They are not meant to be used verbatim or read like a script. Adapt them to your style of speaking so that they are easier to recall and share. These talking points cover a variety of areas and topics related to the program, and you will not need to use them all in every conversation. Choose the most relevant messages as you tailor your conversations with HCPs. Customize the red text in brackets with your own program information.

ABOUT THE PROGRAM

- **[Insert name of program]** is part of the National DPP lifestyle change program, an evidence-based program proven to help patients with prediabetes reduce the risk of developing type 2 diabetes with achievable and lasting lifestyle changes. The program can improve patients' overall health by helping them lose weight, eat better, and be more active.
- The program is based on the Diabetes Prevention Program research study (2002), led by the National Institutes of Health (NIH) and supported by the Centers for Disease Control and Prevention (CDC), which showed that lifestyle change was nearly twice as effective (58% vs. 31%) as taking prescription medicines in reducing the risk of type 2 diabetes among people with prediabetes.
- This research has shown that weight loss of 5-7% (10-12 lbs. for a person weighing 200 lbs.) achieved by making healthier food choices and increasing physical activity to at least 150 minutes per week reduced the risk of developing type 2 diabetes by 58% in people at high risk for the disease, and up to 71% among people aged 60 and older.
- When patients join a program, they'll get a full year of support. The program is led by a trained lifestyle coach and uses a CDC-approved curriculum. Patients will attend weekly one-hour core sessions for up to six months, followed by monthly sessions for the rest of the year to make new, healthy habits stick and keep them from slipping back into old habits.
- Participants' progress is carefully monitored, as each program is required to track and report enrollee participation, behavior, and health changes.
- With the changes that participants make to their diet and physical activity, they may be able to better manage other conditions and reduce or avoid taking certain medications.

CDC recommends that you refer patients to a National DPP lifestyle change program such as **[insert name of program]** if they have established risk factors for type 2 diabetes, a diagnosis of prediabetes, or a previous diagnosis of gestational diabetes.

- The program is offered **[insert information about location, meeting times, virtual program offerings, etc.]**.
- **[Insert name of program]** may be covered by insurance.

*Kessler DC, Barrett-Connor E, Fowler SE, et al. Reduction in the incidence of type 2 diabetes with lifestyle intervention or metformin. *N Engl J Med*. 2002;346(6):363-369.

NATIONAL DIABETES PREVENTION PROGRAM

- CDC established the Diabetes Prevention Recognition Program to ensure quality control and adherence to scientific standards for each organization delivering the National DPP lifestyle change program.
- You can learn more about the program by calling **[insert name and phone number]** or visiting www.cdc.gov/diabetes/prevention or **[insert local website]**.

FACTS ABOUT PREDIABETES

- An estimated 88 million U.S. adults have prediabetes, putting them at increased risk of type 2 diabetes, heart attack, and stroke. More than 8 in 10 adults with prediabetes don't know they have it.¹
- Diabetes remains a leading cause of blindness, kidney failure, and lower limb amputation, increasing these risks to 6-10 times that of people without diabetes. It also increases risks of macrovascular conditions such as heart attack and stroke by 60-80%.²
- A diagnosis of prediabetes is indicated by:
 - An A1C value between 5.7% and 6.4%;
 - A fasting blood glucose value between 100 and 125 mg/dL; or
 - An oral glucose tolerance test value between 140 and 199 mg/dL.³
- As an HCP, you see people who are at risk for developing type 2 diabetes every day. Risk factors include:
 - Being 45 years of age or older
 - Being overweight
 - Having a parent, brother, or sister with type 2 diabetes
 - Being physically active less than 3 times a week
 - Ever having gestational diabetes
- Race and ethnicity are also factors: African Americans, Hispanic/Latino Americans, American Indians, Alaska Natives and some Pacific Islanders, and Asian Americans are at higher risk.

THE ROLE OF HCPS

- Patients look to their doctor more than any other source for information on promoting health and preventing diseases, especially when they are faced with the potential for a serious chronic condition like type 2 diabetes.
- You likely see patients every day who have prediabetes or are otherwise at high risk for type 2 diabetes, and they don't know it. As a health care provider, you play a vital role in helping prevent or delay the onset of type 2 diabetes by screening them for prediabetes and referring them to a CDC-recognized organization offering the National DPP lifestyle change program such as **[insert name of program]**.
- Referring your patients with prediabetes to take part in the National DPP lifestyle change program, such as **[insert name of program]**, is simple, quick, and effective.

¹Centers for Disease Control and Prevention. *National Diabetes Statistics Report, 2020*. Atlanta, GA: Centers for Disease Control and Prevention, U.S. Dept of Health and Human Services; 2020.

²American Diabetes Association. *Standards of Medical Care in Diabetes—2019*. *Diabetes Care*. 2019;42(Suppl 1):S10-S12. <https://doi.org/10.2337/dc19-s10>

³World Health Organization. *International Diabetes Federation. IDF Diabetes Atlas, 10th Edition*. Brussels, Belgium: International Diabetes Federation; 2018.

CDC PAGE | 1

CDC PAGE | 2



Understand What Your Referral Sources Need From You

- Bring/provide printed information
- Be upfront about what you want
- Be prepared to speak briefly
- Involve full care team if possible
- Be prepared to address common concerns
 - Alarming patients
 - Length of the program
 - Patient motivation
 - Treatment choices

“Out lifestyle change program is recognized by CDC. Referring your patients with prediabetes to the National DPP lifestyle change program is recommended and supported by both medical and public health guidelines.”

-Engaging HCP, CDC

Make it Easy to Refer to Your Program

- Develop a referral process with your partners
- Provide referral source with talking points and materials to reference your program
- Utilize CDC, AMA, Common Ground, and Coverage toolkit resources

Sample patient flow process

MEASURE

CHECK-IN

- If age ≥ 65 and patient does not have diabetes, provide CDC Prediabetes Screening Test or ADA Diabetes Risk Test
- Patient completes test and returns it
- Insert completed test in paper chart or note risk score in EMR

ROOMING/VITALS

- Calculate BMI (weight in kg divided by height in m^2) and review diabetes risk score
- If elevated risk score or history of gestational diabetes, flag for possible referral

ACT

EXAM/CONSULT

- Follow "point-of-care prediabetes identification algorithm"
- Determine if patient has prediabetes and BMI ≥ 25 (≥ 23 for Asians) or a history of gestational diabetes
- Advise re: diet/exercise and determine patients willingness to participate in a diabetes prevention program
- If patient agrees to participate, proceed with referral
- If patient declines, hand out program brochure†

PARTNER

REFERRAL

- Complete and submit referral form via fax or email

FOLLOW UP

- Contact patient and troubleshoot issues with enrollment or participation

† Use handouts included in this toolkit or request brochures from your local diabetes prevention program provider.

Message*

Source: Prev Chronic Dis © 2016 Centers for Disease Control and Prevention (CDC)



EHR

- Some health systems or providers may prefer to utilize EHR for referrals
- Setting up a referral process through an EHR will take time and likely more stakeholders
- EHR sophistication varies among health care providers and CDC-recognized organizations.
- The CDC Coverage Toolkit & the AMA Prevent Diabetes STAT toolkit offer guidance for EHR referral systems

“Most EHR vendors offer some functionality to create referrals for CDC-recognized organizations, but it almost always requires customization. Such customization can require significant resources or may take too long to implement.”

-The Coverage Toolkit



Provider Influencers

- Local HCP associations may be helpful partners in distributing program information
- Identify local chapters of organizations
- Reach out for opportunities to speak or distribute program information
- Coordinate with State Health Department

Type in the chat box organizations in your area or state that may communicate regularly with HCPs



Identify Provider Champions

- Who is a local advocate for type 2 diabetes prevention?
- Who are compelling presenters about health, diabetes and prediabetes
- Are there health care practices that are well known or influential?

Source: CDC Engaging HCP in Referrals

“Few things are more powerful than
word of mouth.”

-CDC HCP Engagement toolkit

Share a success story in utilizing a provider champion to support your program efforts?

Tips & Considerations for Referrals

Bi-Directional Communication with Referrers

- Build a bi-directional referral system with your HCP partners & systems
 - Work with referring providers to identify frequency and content of shared information
- Bi directional communication can be low tech or high tech
- Consider privacy policies and explore agreements and consents as needed

[Organization's Name] [Street Address] [phone number] replace with
[Street Address 2] [fax number] LOGO
[City, ST ZIP Code] [email address]
[website URL]

[Date]

[Recipient Name]
[Street Address]
[City, ST ZIP Code]

Dear [Recipient Name]:

Thank you for referring [Patient's Name] who has participated in [Organization's Name]'s National Diabetes Prevention Program (National DPP). Program participants work with trained Lifestyle Coaches in order to learn the skills needed to make lasting lifestyle changes. As a reminder, the primary goals for participants in the program are: (1) to achieve and maintain a weight loss of 5-7% of their initial body weight, and (2) to achieve and maintain at least 150 minutes of moderate physical activity per week. Participant progress reports are provided after the 16th group session and at program completion at 1 year. Below is a brief outline reflecting the patient's progress and health assessment to date.

- Program Status (circle): Complete OR In-progress
- Number of Sessions attended: _____ out of _____ total sessions offered
- Starting Weight (lbs): _____ Current Weight: _____
- Body Mass Index (BMI) : _____
- Physical Activity (average minutes per week): _____

Once again, thank you for referring your patient to the National DPP. Please do not hesitate to contact us if we can be of further assistance. We will continue to keep you updated on participant progress.

Yours sincerely,

[Your Name]
[phone number]
[email address]
[website URL]

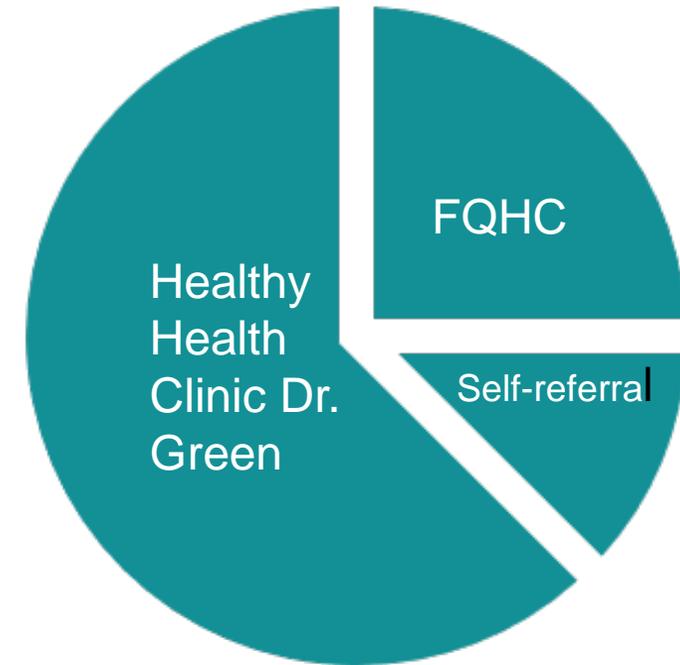
Sample provider feedback letter found on DTTAC Common Ground

If you are providing bi-directional feedback to referring providers or organizations-please share your process and content of that bi directional feedback.



Tracking Referrals

- What's working with your referral relationships– or not?
- Identify where challenges may exist and problem solve
- Identify gaps in referral strategy around target populations

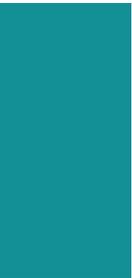


Sustaining Referrals

- Maintaining a positive referral relationship over time will help to ensure program sustainability
- Cultivate and tend to your HCP relationships as you would any important connection!

The business of business is relationships; the business of life is human connection.

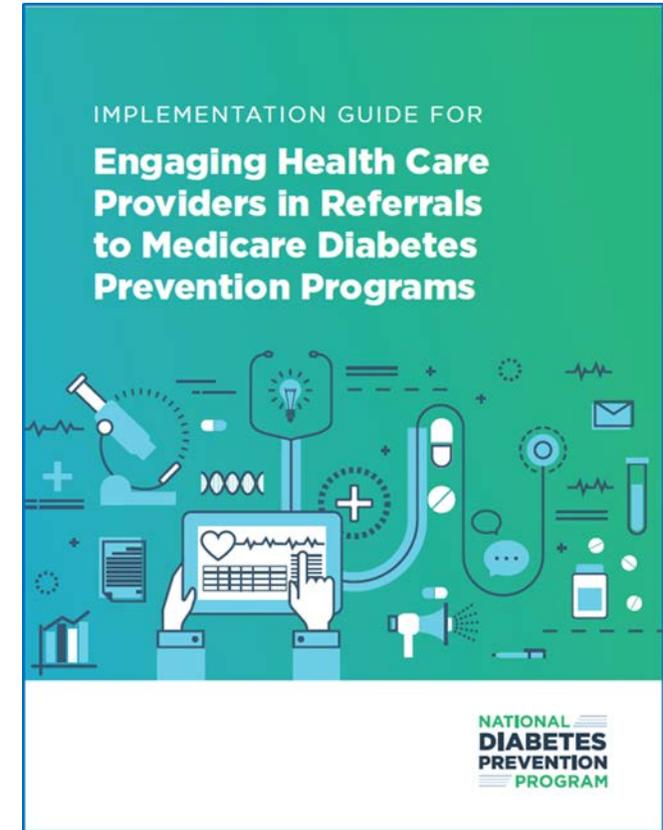
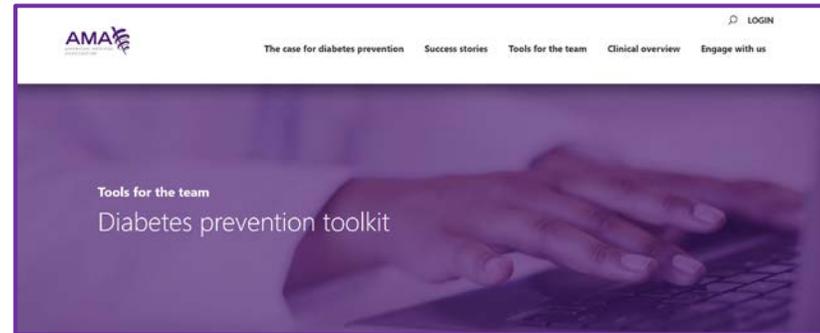
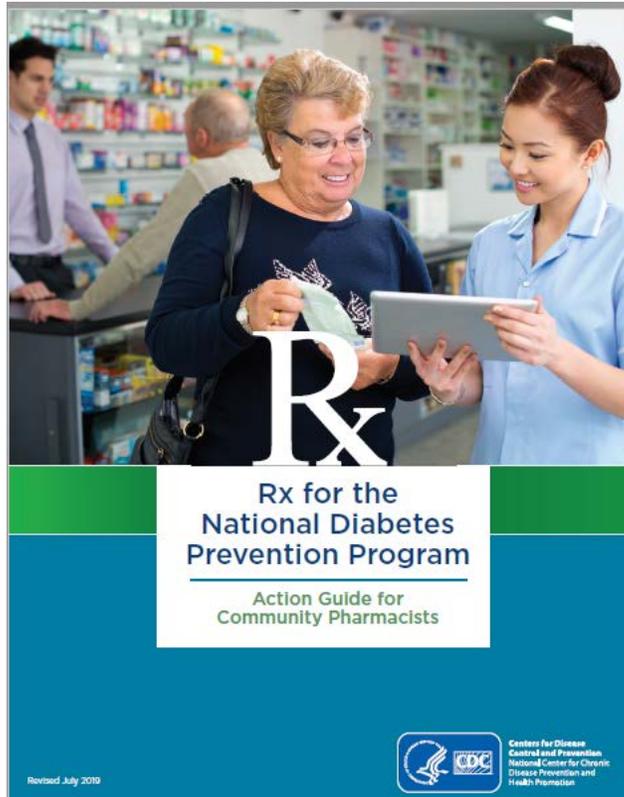
- ROBIN SHARMA



Key Resources



CDC & AMA Resources



Summary

- Health care provider referrals are helpful for participant recruitment to the national dpp
- HCP are seen as trusted authority figures for many
- A HCP referral may influence participant retention in a positive direction
- There are many strategies to increasing health care provider referrals-individuals, systems and HCP organizations
- The CDC and the AMA provide many resources to assist in building referrals systems with HCP

