Help your patients manage their diabetes with additional resources.

3b. Refer Patients

Does your patient have type 2 diabetes mellitus?

If yes, refer the patient to a local Diabetes Self-Management Program (DSMP) to learn more about lifestyle changes (e.g., healthy eating, appropriate use of medication and exercise) and coping strategies to better manage their diabetes. For referral instructions, see the Refer Your Patients to an Evidence-Based Intervention: Type 2 Diabetes Prevention and Self-Management Services fact sheet.

Create a team-based workflow for patients interested in a DSMP.

- Who will refer patients to a DSMP class (front desk, medical assistant, nurse or provider)?
- Who will follow up with the patient to confirm enrollment in a DSMP class?
- Who will discuss the impact of the DSMP class with the patient and integrate it into her or his care plan?

Help your patients manage their diabetes with additional resources.

- The Centers for Disease Control and Prevention's (CDC) National Diabetes Prevention Program (NDPP) is an evidence-based lifestyle modification program for adults aged 18 and older with prediabetes. The program consists of 16 weekly class sessions. Each class is one hour per week. The program is followed by monthly maintenance sessions for the combined duration of one year. Classes are facilitated by CDC-certified lifestyle coaches who follow the CDC-approved curriculum, which includes lessons on physical activity, coping mechanisms, healthy eating and stress management.

Eligibility Criteria

- ≥18 years old
- Body Mass Index (BMI) ≥24 or ≥22 if Asian and
- No prior diagnosis with type 1 or type 2 diabetes and
- Evidence of impaired glucose metabolism
  - Recent blood test in prediabetes range (A1C 5.7%-6.4%; fasting plasma glucose 100-125 mg/dL; OGTT 140-199 mg/dL)
  - History of gestational diabetes

Refer Your Patients to an Evidence-Based Intervention: Type 2 Diabetes Prevention and Self-Management Services

The Diabetes Self-Management Program (DSMP) was developed by Stanford University's Patient Education Research Center to help patients manage their type 2 diabetes. The DSMP teaches medication self-management and self-managed lifestyle change and coping strategies. It also provides guidance on increasing physical activity levels. The six-week workshop is held in small groups at 21/2 hours per week. Workshops are facilitated by two trained leaders, at least one of whom is a peer leader with diabetes.

The Quality and Technical Assistance Center of New York (QTAC)

QTAC is based in New York State and operates an online registration and data management portal called Compass. Compass lists classes online and enables providers to make electronic referrals. Visit compass.qtacny.org/physicians for more information.

Benefits

- Identifies classes offered citywide by numerous organizations
- Directly registers patients for programs
- Gives automated feedback on status of referrals via fax
- Classes are free

Registration

To sign up to use the QTAC referral services, email EBI_Referrals@health.nyc.gov and include your practice name, contact person, phone number and address.

Resources:

Every office visit is an opportunity to help your patients prevent or delay diabetes.

1. Assess Diabetes Risk

- Is your patient aged 45 years or older?
- Does your patient have one or more additional risk factors?
  - Hypertension (≥140/90 mmHg or on therapy for hypertension)
  - HDL cholesterol level <35 mg/dL and/or a triglyceride level ≥250 mg/dL
  - Hemoglobin A1C (HbA1c) 5.7-6.4 percent, impaired glucose tolerance or impaired fasting glucose on previous testing
  - History of cardiovascular disease
  - History of diabetes
  - History of gestational diabetes mellitus
  - History of polycystic ovary syndrome
  - History of delivering a baby weighing greater than 9 lbs
  - Polycystic ovarian syndrome
  - Physical inactivity
  - Resistant obesity (e.g., severe obesity, acanthosis nigricans)

2. Determine Diagnosis

- A. Order one of the following tests:
  - Hemoglobin A1C (A1C)
  - Fasting plasma glucose (FPG)
  - Oral glucose tolerance test (OGTT)

- B. Document patients’ lab results in their medical record.
  - *Confirm patient’s diagnosis with retesting if needed.

3a. Counsel and Refer Patients

- Normal Range
  - Counsel patients on the importance of a healthy diet and physical activity.
  - Refer patients to a local CDC-recognized National Diabetes Prevention Program (NDPP). For referral instructions, see the Refer Your Patients to an Evidence-Based Intervention: Type 2 Diabetes Prevention and Self Management Services fact sheet.
  - Consider annual retesting of patients in this range.

- Prediabetes Range
  - Counsel patients on the importance of a healthy diet and physical activity.
  - Refer to Diabetes Self-Management Program (DSMP).
  - Initiate therapy as indicated.

- Diabetes Range
  - Counsel patients on their diagnosis and the importance of a healthy diet and physical activity.
  - Initiate therapy as indicated.
  - Refer to Diabetes Self-Management Program (DSMP).
  - Document the referral in the patient’s medical record.

NDPP Eligibility Considerations†

In addition to a positive screening test, participants must be 18 years or older and have a BMI ≥24 kg/m² (≥23 kg/m² in Asian Americans) and no previous history of diabetes mellitus type 1 or 2.

- Document the referral in the patient’s medical record.
- Consider retesting annually to check for diabetes onset.

NDPP Eligibility Considerations †

† Eligibility as per CDC NDPP program eligibility guidelines: visit cdc.gov and search NDPP program eligibility.

Note: The BMI criteria for NDPP enrollment is set lower than ADA diabetes screening criteria.

Every office visit is an opportunity to help your patients prevent or delay diabetes.
Every office visit is an opportunity to help your patients prevent or delay diabetes.

1. Assess Diabetes Risk

- Is your patient aged 45 years or older?
  - Yes
  - No

- Is your patient aged 18 years or older and overweight or obese (BMI ≥25 kg/m² or ≥23 kg/m² in Asian Americans)?
  - Yes
  - No

- Does your patient have one or more additional risk factors?
  - Physical inactivity
  - First-degree relative with diabetes
  - History of delivering a baby weighing greater than 9 lbs
  - Polycystic ovary syndrome
  - Hypertension (≥140/90 mmHg or on therapy for hypertension)
  - HDL cholesterol level <35 mg/dL and/or a triglyceride level >250 mg/dL
  - Hemoglobin A1C 5.7-6.4 percent, impaired glucose tolerance or impaired fasting glucose on previous testing
  - History of cardiovascular disease
  - Other clinical conditions associated with insulin resistance (e.g., severe obesity, acanthosis nigricans)

- In addition to a positive screening test, participants must be 18 years or older and have a BMI ≥24 kg/m² (≥22 kg/m² in Asian Americans) and no previous history of diabetes mellitus type 1 or 2.

- Refer to the Prescriptions for Healthy Eating and Active Living, the Guide to Healthy Eating & Active Living in NYC and the Diabetes Prevention and Management Coaching Guide for ways to address this issue and help your patients make positive changes to improve their health.

2. Determine Diagnosis

A. Order one of the following tests:
- Hemoglobin A1C (A1C)
- Fasting plasma glucose (FPG)
- Oral glucose tolerance test (OGTT)

B. Document patients’ lab results in their medical record.

- Confirm patient’s diagnosis with retesting

C. Order one of the following tests:
- Oral glucose tolerance test (OGTT)
- Fasting plasma glucose (FPG)
- Hemoglobin A1C (A1C)

3a. Counsel and Refer Patients

- Counsel patients on the importance of a healthy diet and physical activity.
- Refer patients to a local CDC-recognized National Diabetes Prevention Program (NDPP). For referral instructions, visit the Refer Your Patients to an Evidence-Based Intervention: Type 2 Diabetes Prevention and Self Management Services fact sheet.
- Consider annual retesting of patients in this range.

NMDP Eligibility Considerations:
- In addition to a positive screening test, participants must be 18 years or older and have a BMI ≥24 kg/m² (≥22 kg/m² in Asian Americans) and no previous history of diabetes mellitus type 1 or 2.
- Document the referral in the patient’s medical record.
- Consider relisting annually to check for diabetes onset.

- Counsel patients on their diagnosis and the importance of a healthy diet and physical activity.
- Initiate therapy as indicated.
- Refer to Diabetes Self Management Program (DSMP). (See back panel for additional information.)

- Who will discuss lab results with the patient?
- Who will provide supportive counseling?
- Who will identify patients with NMDP eligibility for a possible referral? When will this happen?
- Who will facilitate the NMDP referral?
- Who will document and follow up with the patient to confirm enrollment and progress in NMDP classes?
1. Assess Diabetes Risk

Is your patient aged 45 years or older?

Yes

In your patient aged 18 years or older and overweight or obese (BMI ≥25 kg/m² or ≥23 kg/m² in Asian Americans)?

No

Yes

See 2. Determine Diagnosis

History of delivering a baby weighing greater than 9 lbs

Yes

No

See 2. Determine Diagnosis

History of gestational diabetes mellitus (GDM)

Yes

No

See 2. Determine Diagnosis

•   Other clinical conditions associated with insulin resistance (e.g., severe obesity, acanthosis nigricans)

Yes

No

See 2. Determine Diagnosis

•   History of cardiovascular disease

Yes

No

See 2. Determine Diagnosis

•   Hemoglobin A1C 5.7-6.4 percent, impaired glucose tolerance or impaired fasting glucose on previous testing

Yes

No

See 2. Determine Diagnosis

•   History of delivering a baby weighing greater than 9 lbs

Yes

No

See 2. Determine Diagnosis

•   Hypertension (≥140/90 mmHg or on therapy for hypertension)

Yes

No

See 2. Determine Diagnosis

•   HDL cholesterol level <35 mg/dL and/or a triglyceride level ≥250 mg/dL

Yes

No

See 2. Determine Diagnosis

•   History of gestational diabetes mellitus diagnosis (GDM)

Yes

No

See 2. Determine Diagnosis

•   History of delivering a baby weighing greater than 9 lbs

Yes

No

See 2. Determine Diagnosis

•   Polycystic ovary syndrome

Yes

No

See 2. Determine Diagnosis

2. Determine Diagnosis

A. Order one of the following tests:
   •   Hemoglobin A1C (A1C)
   •   Fasting plasma glucose (FPG)
   •   Oral glucose tolerance test (OGTT)

B. Document patients’ lab results in their medical record.

C. Refer to the Prescriptions for Healthy Eating and Active Living, the Guide to Healthy Eating & Active Living in NYC, and the Diabetes Prevention and Management Coaching Guide for ways to discuss this issue with your patients and make positive changes to improve their health.

Normal Range

Diagnostic Test | Normal | Prediabetes | Diabetes*<br>---|---|---|---<br>A1C (%) | <5.7 | 5.7-6.4 | ≥6.5<br>FPG (mg/dL) | <100 | 100-125 | ≥126<br>OGTT (mg/dL) | <140 | 140-199 | ≥200

*Confirm patient’s diagnosis with retesting

D. Document patients’ lab results in their medical record.

E. Counsel the patient on healthy eating and increasing physical activity.

F. Refer to the Prescriptions for Healthy Eating and Active Living, the Guide to Healthy Eating & Active Living in NYC, and the Diabetes Prevention and Management Coaching Guide for ways to discuss this issue with your patients and make positive changes to improve their health.

3a. Counsel and Refer Patients

Normal Range

•   Counsel patients on the importance of a healthy diet and physical activity.

Prediabetes Range

•   Refer patients to a local CDC-recognized National Diabetes Prevention Program (NDPP). For referral instructions, see the Refer Your Patients to an Evidence-Based Intervention: Type 2 Diabetes Prevention and Self-Management Services fact sheet.

Diabetes Range

•   Consider annual retesting of patients in this range.

NDPP Eligibility Considerations

•   Counsel patients on the importance of a healthy diet and physical activity.

NDPP Eligibility Considerations†

•   Refer patients to a local CDC-recognized National Diabetes Prevention Program (NDPP). For referral instructions, see the Refer Your Patients to an Evidence-Based Intervention: Type 2 Diabetes Prevention and Self-Management Services fact sheet.

NDPP Eligibility Exception for Women with History of GDM

If a patient is 18 years or older and has a BMI ≥24 kg/m² (≥22 kg/m² in Asian Americans) and no history of diabetes mellitus type 1 or 2:

Yes

No

Get a complete diabetes screening evaluation.†

Who will assess the patient’s medical chart and/or vital signs for diabetes screening eligibility (front desk team, medical assistant, nurse or other provider)?

Who will counsel and discuss the importance of screening?

Who will acknowledge an abnormal test result and address it with the patient?

Who will document and follow up with the patient to confirm enrollment and progress in NDPP classes?

Who will facilitate the NDPP referral?

Who will document and follow up with the patient to confirm enrollment and progress in NDPP classes?

Who will discuss lab results with the patient?

Who will provide supportive counseling?

Who will participate in progress check?

Who will identify patients with NDPP eligibility for a possible referral? When will this happen?

NDPP Eligibility Considerations†

In addition to a positive screening test, participants must be 18 years or older and have a BMI ≥24 kg/m² (≥22 kg/m² in Asian Americans) and no previous history of diabetes mellitus type 1 or 2.

•   Document the referral in the patient’s medical record.

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### 3b. Refer Patients

**Does your patient have type 2 diabetes mellitus?**

If yes, refer the patient to a local Diabetes Self-Management Program (DSMP) to learn more about lifestyle changes (e.g., healthy eating, appropriate use of medication and exercise) and coping strategies to better manage their diabetes. For referral instructions, see the *Refer Your Patients to an Evidence-Based Intervention: Type 2 Diabetes Prevention and Self-Management Services* fact sheet.

Create a team-based workflow for patients interested in a DSMP.

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### Resources:

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**National Diabetes Prevention Program**

How to Refer Your Patients

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