

7-15-2020

Diabetes Prevention: Your Role as a Healthcare Professional (July 15, 2020)

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<https://jdc.jefferson.edu/preventdiabetesphl/1>

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PHILADELPHIA

DIABETES PREVENTION

COLLABORATIVE

Welcome

- Webinar is being recorded and shared
- Please keep yourself on mute
- Enter questions in chat box

Welcome and Introductions

American Medical Association

Neha Sachdev, MD, Director of Health Systems Relationships

Health Promotion Council of Southeastern Pennsylvania

Gina Trignani, MS, RD, LDN, Director, Training and Capacity Building

Susanne Trexler, CHES, Program Manager, Training and Capacity Building

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Alexis Skoufalos, EdD, Associate Dean, College of Population Health

Mitch Kaminski, MD, MBA, Program Director, Population Health, College of Population Health

Neva White, DNP, CRNP, CDE, Senior Health Educator, Center for Urban Health

Agenda

- 8:00 am Philadelphia Diabetes Prevention Collaborative
AMA Overview and Background on Philadelphia Focus
Prediabetes Screening, Testing, and Referring
Testimonial from a local Master Lifestyle Coach
DPP Landscape in Southeastern PA
Questions & Answers
- 9:00 am Closing

Objectives

1. State the prevalence of prediabetes in SEPA to understand the public health urgency.
2. State the risk for type 2 diabetes.
3. Describe the guidelines for screening and testing of patients for prediabetes.
4. Discuss the history of the development of the National DPP and the evidence behind the program.
5. Identify and make appropriate referrals to National DPP lifestyle change programs.

Philadelphia Diabetes Prevention Collaborative

Alexis Skoufalos, EdD

Philadelphia Diabetes Prevention Collaborative

- The DPP Philadelphia Concept City project was officially initiated in July 2019
- Multi-stakeholder collaborative to prevent diabetes by identifying and referring those with prediabetes to a CDC-recognized Diabetes Prevention Program

Academics • College of Population Health • Strategic Initiatives • Philadelphia Diabetes Prevention Collaborative

Philadelphia Diabetes Prevention Collaborative

Approximately 1 In 3 adults In the United States has prediabetes.
90% of them don't even know they have this reversible disease.

It's Time to Take a Stand
2000 In 2020

PHILADELPHIA
DIABETES PREVENTION
COLLABORATIVE

Philadelphia Diabetes Prevention Collaborative

The National Diabetes Prevention Program (National DPP) was created to address the increasing burden of type 2 diabetes. The Program focuses on behavior changes related to healthy eating and physical activity. Research has shown that its

Learn More: Prediabetes →
Find a Local Program →

www.Jefferson.edu/PreventDiabetesPHL

Philadelphia Diabetes Prevention Collaborative

Our goal: **2000 in 2020** 
Half from physician referral

National Partners



Local Stakeholder Collaborators



**Greater Philadelphia
Business Coalition
On Health**
"Building Bridges to Better Healthcare"



**HEALTH
PROMOTION
COUNCIL**
a PHMC affiliate



HealthShare Exchange
OF SOUTHEASTERN PENNSYLVANIA, INC.



City of
Philadelphia



**TEMPLE
HEALTH**

aetna®



Health Partners Plans



Keystone First



PMSI
COMPREHENSIVE HEALTHCARE
For Life



**OAK
STREET
HEALTH**



The
HEALTH FEDERATION
of Philadelphia



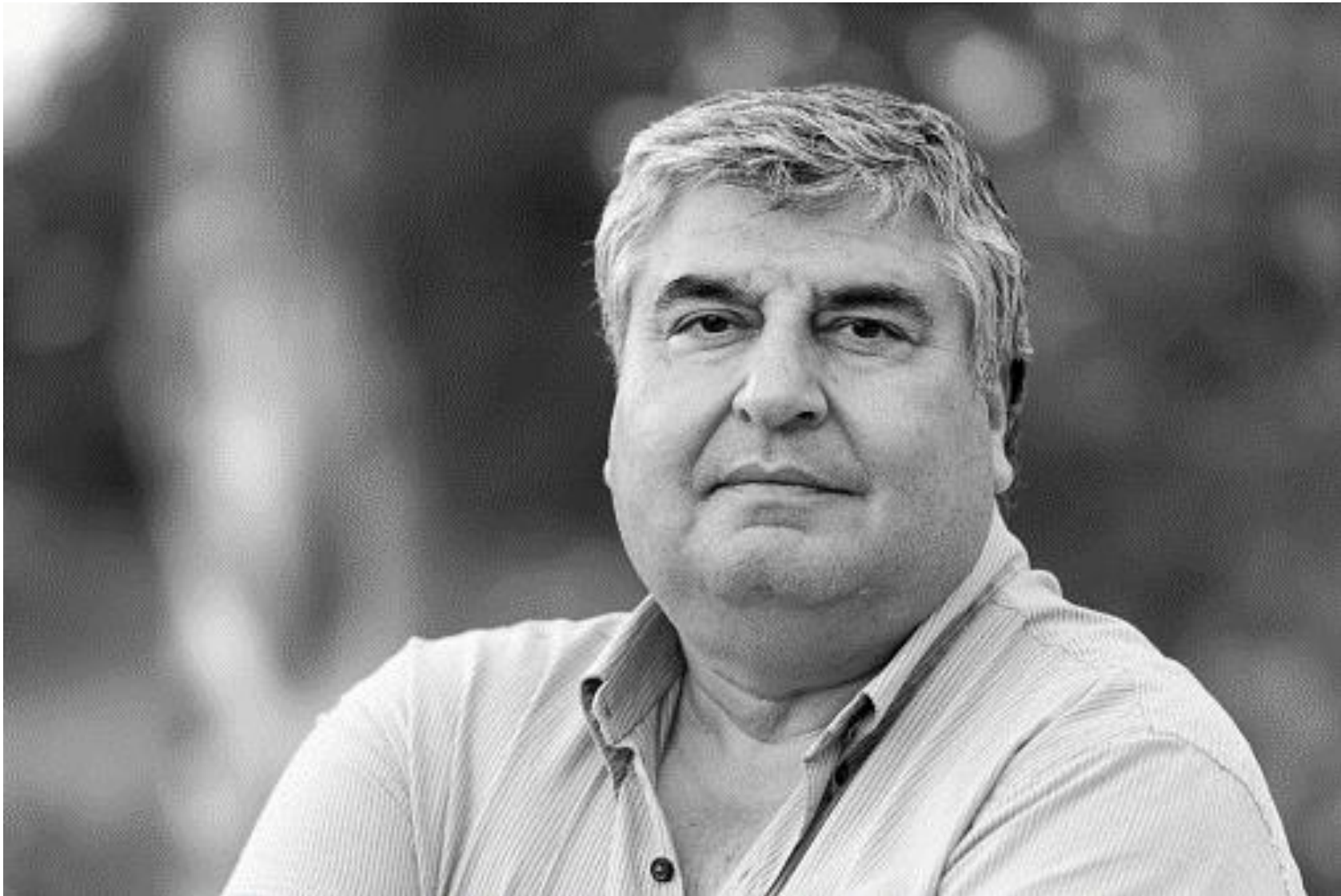
THE HEALTH CARE IMPROVEMENT FOUNDATION
Building Partnerships For Better Health Care

Geographic Target





Prioritizing Diabetes Prevention



Type 2 diabetes affects millions of Americans — and thousands of Philadelphians

Nationally....

13.0% of all US adults aged 18 years or older had diabetes

Locally....

In annual surveys, an estimated 11.4% of adults in Philadelphia had diabetes

Centers for Disease Control and Prevention. *National Diabetes Statistics Report, 2020*. Atlanta, GA: Centers for Disease Control and Prevention, US Department of Health and Human Services; 2020.

Philadelphia Department of Public Health. Diabetes Prevalence and Impact on Philadelphia. *CHART* 2019;3(5):1-6.

Diagnosed diabetes is associated with a significant cost burden

Estimated economic cost of diabetes - 2017

**\$327
BILLION**

\$237B in direct medical costs
\$90B in reduced productivity

Estimated individual cost of diabetes



\$9,600/yr. avg. medical expenses attributed to diabetes
2.3X higher expenses than those w/o diabetes

American Diabetes Association. Economic Costs of Diabetes in the US in 2017. *Diabetes Care*. 2018; 41(5): 917-928. <https://doi.org/10.2337/dci18-0007>

Diabetes and COVID-19

- Current evidence suggests that diabetes is a risk factor for more severe COVID-19
- Uncertainty remains
- Effects of COVID-19 include changes to health care and daily lives

Centers for Disease Control and Prevention. Coronavirus Disease 2019 (COVID-19): People of Any Age with Underlying Medical Conditions. <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>. Accessed 7/14/20.

Hartmann-Boyce J, Morris E, Goyder C, et al. Diabetes and COVID-19: risks, management, and learnings from other natural disasters. *Diabetes Care*. June 16, 2020. <https://doi.org/10.2337/dc20-1192>.

AMA mission: Improve the health of the nation

1

Representing
physicians with a
unified voice

2

Driving
the future
of medicine

**Physicians'
powerful ally in
patient care**

3

Removing
obstacles
that interfere with
patient care

4

Leading
the charge to
confront public
health crises

Improving Health Outcomes

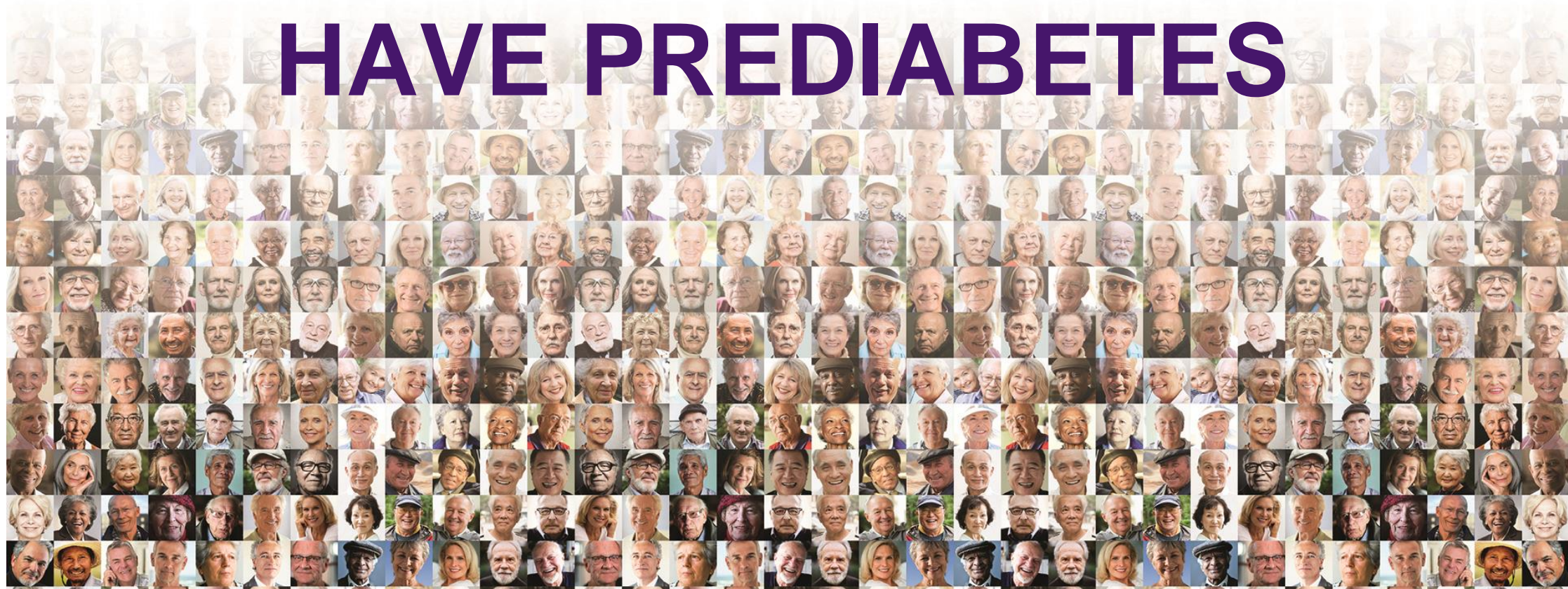
No new preventable cases of type 2 diabetes

1

2

Everyone with hypertension has their blood pressure at goal

88 MILLION AMERICAN ADULTS HAVE PREDIABETES

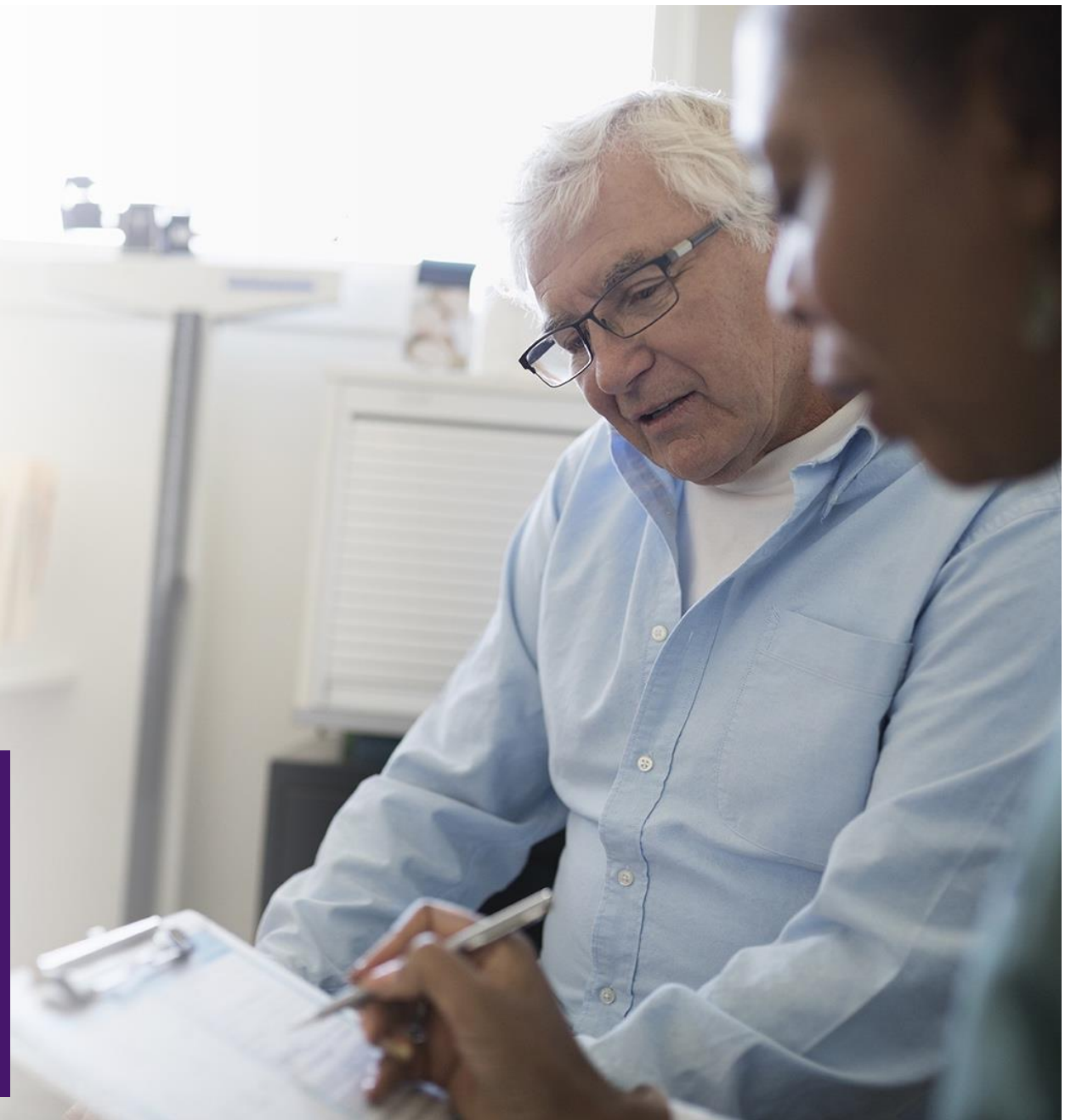


Centers for Disease Control and Prevention. *National Diabetes Statistics Report, 2020*. Atlanta, GA: Centers for Disease Control and Prevention, US Department of Health and Human Services; 2020.

Physicians, care teams and health care organizations play an essential role in diabetes prevention



We believe **everyone** with prediabetes should be aware of the condition and be able to take action to reduce their risk of developing diabetes.



Prediabetes Screening, Testing, and Referring

Mitch A. Kaminski, MD, MBA

U.S. Preventive Services Task Force (USPSTF) abnormal glucose recommendation



Grade B recommendation

- Screen all adults ages 40-70 AND who have a BMI \geq 25
- Screen with a fasting glucose, hemoglobin A1C or oral glucose tolerance test

USPSTF standards suggest testing patients every 3 years

Final Recommendation Statement: Abnormal Blood Glucose and Type 2 Diabetes Mellitus: Screening. U.S. Preventive Services Task Force. April 2018.
<https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/screening-for-abnormal-blood-glucose-and-type-2-diabetes>. Accessed February 14, 2020.

USPSTF abnormal glucose recommendation

Consider testing adults of a lower age or BMI if risk factors are present



Family history

Family history of type 2 diabetes includes first-degree relatives (a person's parent, sibling or child)



Medical history

Gestational diabetes
Polycystic ovary syndrome



Racial & ethnic minorities

African Americans
American Indians
Alaskan Natives
Asian Americans
Hispanics or Latinos
Native Hawaiians or Pacific Islanders

Final Recommendation Statement: Abnormal Blood Glucose and Type 2 Diabetes Mellitus: Screening. U.S. Preventive Services Task Force. April 2018. <https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/screening-for-abnormal-blood-glucose-and-type-2-diabetes>. Accessed February 14, 2020.

USPSTF abnormal glucose recommendation

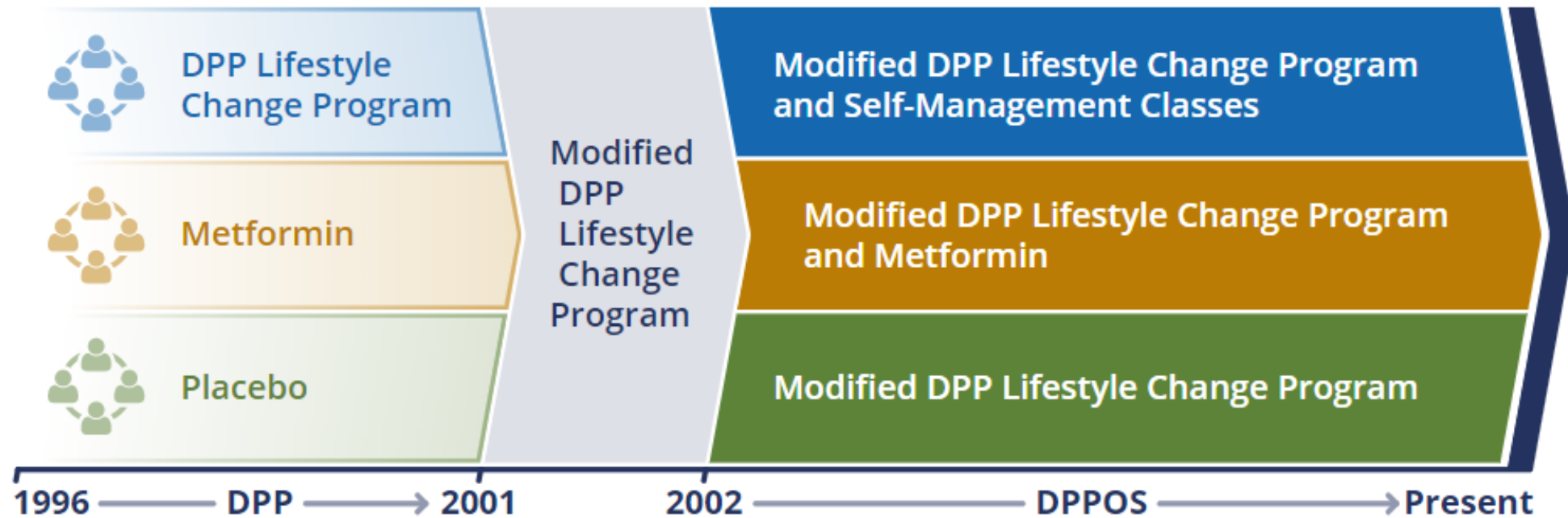


Offer or refer patients with abnormal glucose to intensive behavioral counseling interventions to help promote a healthy diet and physical activity

Final Recommendation Statement: Abnormal Blood Glucose and Type 2 Diabetes Mellitus: Screening. U.S. Preventive Services Task Force. April 2018. <https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/screening-for-abnormal-blood-glucose-and-type-2-diabetes>. Accessed February 14, 2020.

Historical starting point: DPP study

DPP & DPPOS Timeline



2010: National DPP created
2018: CMS covers participation

The DPP Program

- ✓ **Year-long hour-length classes**
 - months 1-6: at least 16 classes offered
 - months 7-12: at least 6 classes offered
 - make-up classes offered
- ✓ **In-person, virtual, distance learning, or combination**
- ✓ **Weight, activity minutes tracked**

The structure, group support and learning are the “secret formula” in the DPP program...

Understanding the National DPP Lifestyle Change Program



Trained lifestyle coaches teach group classes



Programs deliver a CDC-approved curriculum



Emphasis on prevention and empowerment through a personal action plan



Quality assurance through the Centers for Disease Control and Prevention (CDC); programs are required to submit data on participant outcomes

***Key standard for CDC recognition: Average participant body weight loss of 5%.**

Who qualifies for the National DPP Lifestyle Change Program?

5.7%-6.4%

HbA1c

≥ 25

BMI

Prediabetes Risk Test

1. How old are you? Write your score in the boxes below

Younger than 40 years (0 points) _____
 40-49 years (1 point) _____
 50-59 years (2 points) _____
 60 years or older (3 points) _____

2. Are you a man or a woman?

Man (1 point) Woman (0 points) _____

3. If you are a woman, have you ever been diagnosed with gestational diabetes?

Yes (1 point) No (0 points) _____

4. Do you have a mother, father, sister, or brother with diabetes?

Yes (1 point) No (0 points) _____

5. Have you ever been diagnosed with high blood pressure?

Yes (1 point) No (0 points) _____

6. Are you physically active?

Yes (0 points) No (1 point) _____

7. What is your weight category?

(See chart at right) _____

Total score:

Height	Weight (lbs.)		
4'10"	119-142	143-190	191+
4'11"	124-147	148-197	198+
5'0"	128-152	153-203	204+
5'1"	132-157	158-210	211+
5'2"	136-163	164-217	218+
5'3"	141-168	169-224	225+
5'4"	145-173	174-231	232+
5'5"	150-179	180-239	240+
5'6"	155-185	186-246	247+
5'7"	159-190	191-254	255+
5'8"	164-196	197-261	262+
5'9"	169-202	203-269	270+
5'10"	174-208	209-277	278+
5'11"	179-214	215-285	286+
6'0"	184-220	221-293	294+
6'1"	189-226	227-301	302+
6'2"	194-232	233-310	311+
6'3"	200-239	240-318	319+
6'4"	205-245	246-327	328+
	1 Point	2 Points	3 Points

← You weigh less than the 1 Point column (0 points)

Adapted from Bang et al., *Ann Intern Med* 150:775-783, 2009. Original algorithm was validated without gestational diabetes as part of the model.

If you scored 5 or higher _____

You are at increased risk for having prediabetes and are at high risk for type 2 diabetes. However, only your doctor can tell for sure if you have type 2 diabetes or prediabetes, a condition in which blood sugar levels are higher than normal but not high enough yet to be diagnosed as type 2 diabetes. **Talk to your doctor to see if additional testing is needed.**

If you are African American, Hispanic/Latino American, American Indian/Alaska Native, Asian American, or Pacific Islander, you are at higher risk for prediabetes and type 2 diabetes. Also, if you are Asian American, you are at increased risk for type 2 diabetes at a lower weight (about 15 pounds lower than weights in the 1 Point column). Talk to your doctor to see if you should have your blood sugar tested.

You can reduce your risk for type 2 diabetes

Find out how you can reverse prediabetes and prevent or delay type 2 diabetes through a CDC-recognized lifestyle change program at <https://www.cdc.gov/diabetes/prevention/lifestyle-program>.

Risk Test provided by the American Diabetes Association and the Centers for Disease Control and Prevention.

Enrolling in the National DPP Lifestyle Change Program

Participants must meet **ALL** the following:

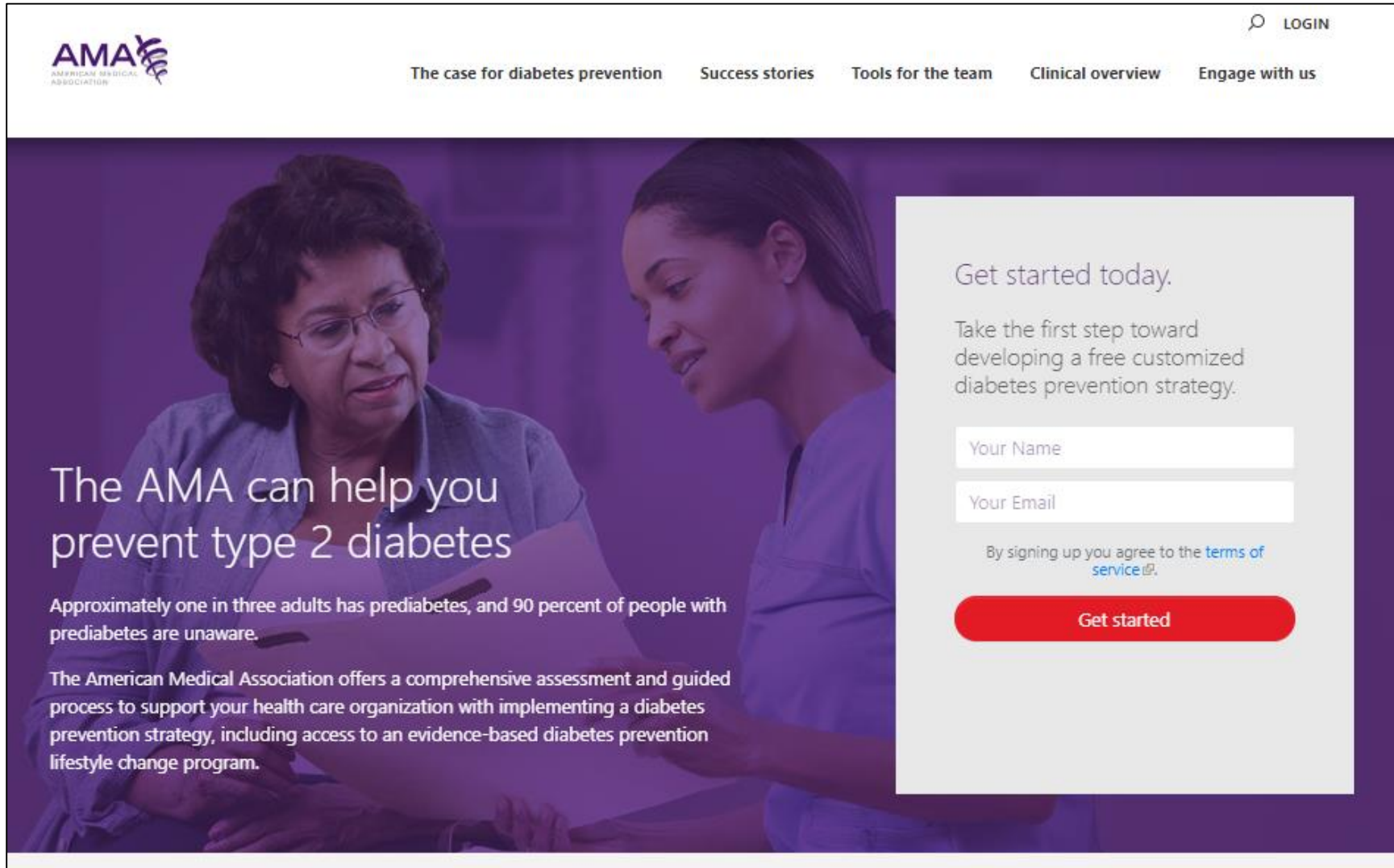
- ✓ Be 18 years or older
- ✓ Overweight or obese
- ✓ Not diagnosed with diabetes
- ✓ Not pregnant

And **ONE** of the following:

- ✓ Blood test within the past year:
- ✓ Previous diagnosis of gestational diabetes
- ✓ An elevated score on a prediabetes risk test/questionnaire

Standards and Operating Procedures. *Centers for Disease Control and Prevention Diabetes Prevention Recognition Program* www.cdc.gov/diabetes/prevention/recognition. March 1, 2018

AMAPreventDiabetes.org



The screenshot shows the homepage of AMAPreventDiabetes.org. At the top left is the AMA logo (American Medical Association). To the right of the logo is a search icon and the word "LOGIN". Below the logo is a navigation menu with five items: "The case for diabetes prevention", "Success stories", "Tools for the team", "Clinical overview", and "Engage with us". The main content area features a purple-tinted background image of two women, one older and one younger, looking at a document. On the left side of this image, the text reads: "The AMA can help you prevent type 2 diabetes". Below this, it states: "Approximately one in three adults has prediabetes, and 90 percent of people with prediabetes are unaware." and "The American Medical Association offers a comprehensive assessment and guided process to support your health care organization with implementing a diabetes prevention strategy, including access to an evidence-based diabetes prevention lifestyle change program." On the right side, there is a white sign-up box with the heading "Get started today." followed by the text "Take the first step toward developing a free customized diabetes prevention strategy." Below this are two input fields labeled "Your Name" and "Your Email". Under the fields is a link: "By signing up you agree to the [terms of service](#)." At the bottom of the box is a red button labeled "Get started".

JOIN IN THIS NATIONAL EFFORT

Everyone can play a part in preventing type 2 diabetes



RAISE
AWARENESS
of prediabetes



SHARE
INFORMATION
about the
National DPP



ENCOURAGE
PARTICIPATION
in a local lifestyle
change program



PROMOTE
the National DPP
as a covered
health benefit

Find out how to get involved
with the National Diabetes
Prevention Program

www.cdc.gov/diabetes/prevention

Lose Weight and Prevent Diabetes

Center for Urban Health
Diabetes Prevention Program Local Master Lifestyle Coach

Neva White DNP, CRNP, CDE

Virtual Lifestyle Coach Training

- The Diabetes Prevention Programs are led by certified Lifestyle Coaches, trained by CDC approved training entities
- Two Day – 8 hour training

Virtual Diabetes Prevention Program

Lose weight and Prevent Diabetes

Centers for Disease Control National Diabetes Prevention Program

Full Recognition Program

Prevent T2 curriculum



Prevent T2 Curriculum

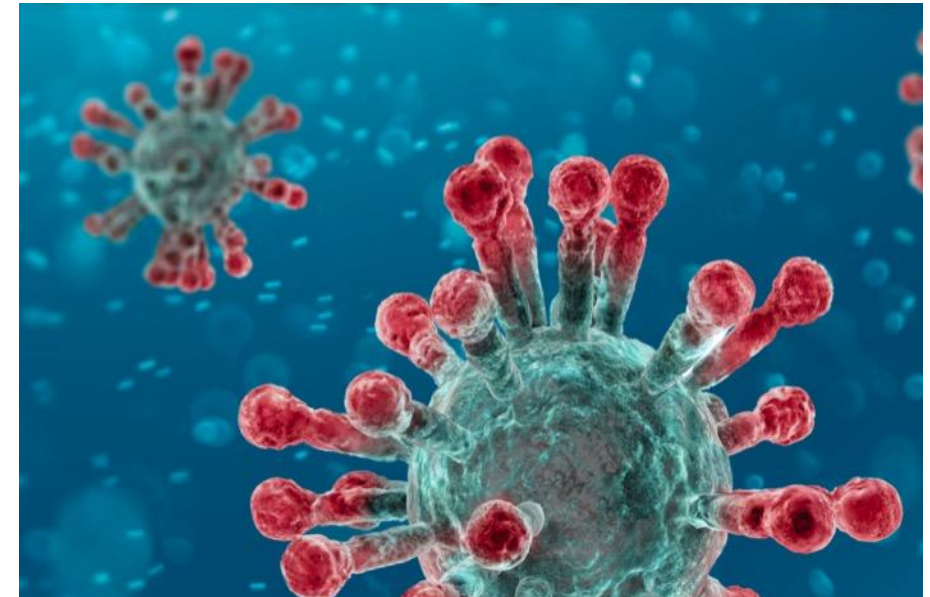
Module Topic	Theme
Get Active to Prevent T2 Track Your Activity Eat Well to Prevent T2	Skill
Get Support Take Charge of Your Thoughts	Emotions
Shop and Cook to Prevent T2 Eat Well Away from Home	Environment
Keep Your Heart Healthy	Health and Wellness



The lifestyle change program curriculum emphasizes self-monitoring, self-efficacy, and problem-solving; provides for coach feedback; includes participant materials to support program goals; and calls for participant weigh-ins to track progress.

Virtual Program Delivery in the Time of Covid-19

- Facilitated Program: the virtual program is consistent with the in-person CDC recognized curriculum
- Better retention rate and improved engagement
- Rich discussions
- No Travel
- No concerns about the weather
- Easier to secure Guest Speakers
- A way to stay connected to the outside world!



Distance Learning Using Zoom

Closing the Digital Divide

- Selecting a Platform
 - Zoom (Jefferson Approved)
- Training
 - (One on One Zoom Training for each participants new to zoom)
- Regular Email/ Phone Reminders

Distance Learning Using Zoom

2018-2019 Pilot Outcomes (Jefferson data)

Enrollment	A total of enrolled 25
DPP Retention	84% (n=21) of individuals enrolled, attended at least 5 core sessions (month 1-6; 16 sessions) 65% (n=15) completed at least 5 core sessions and 5 post core (month 7-12; 6-12 sessions)

Of the 15 individuals who completed the program:

Weight Loss	87% (n=13) lost at least 5% of their starting body weight
Physical Activity	87% (n= 13) achieved over 150 minutes per week of physical activity

Distance Learning Using Zoom

Closing the Digital Divide

- Current Program
- Started February 2020
- 32 enrolled
- 5 alumni enrolled
- Currently 97% participation
- 100% alumni still active



How to Refer to National Diabetes Prevention Programs in Southeastern Pennsylvania

Gina Trignani, MS, RD, LDN, Director
Susanne Trexler, CHES, Program Manager
Training and Capacity Building





About Health Promotion Council

HPC is a non-profit organization whose **mission is to promote health, prevent and manage chronic diseases**, especially among vulnerable populations through community-based outreach, education, and advocacy.

A subsidiary of Public Health Management Corporation (PHMC), a Public Health Institute in Pennsylvania.

HPC has been working to the build capacity of the National DPP delivery in Pennsylvania since 2014 in partnership with the Pennsylvania Department of Health.

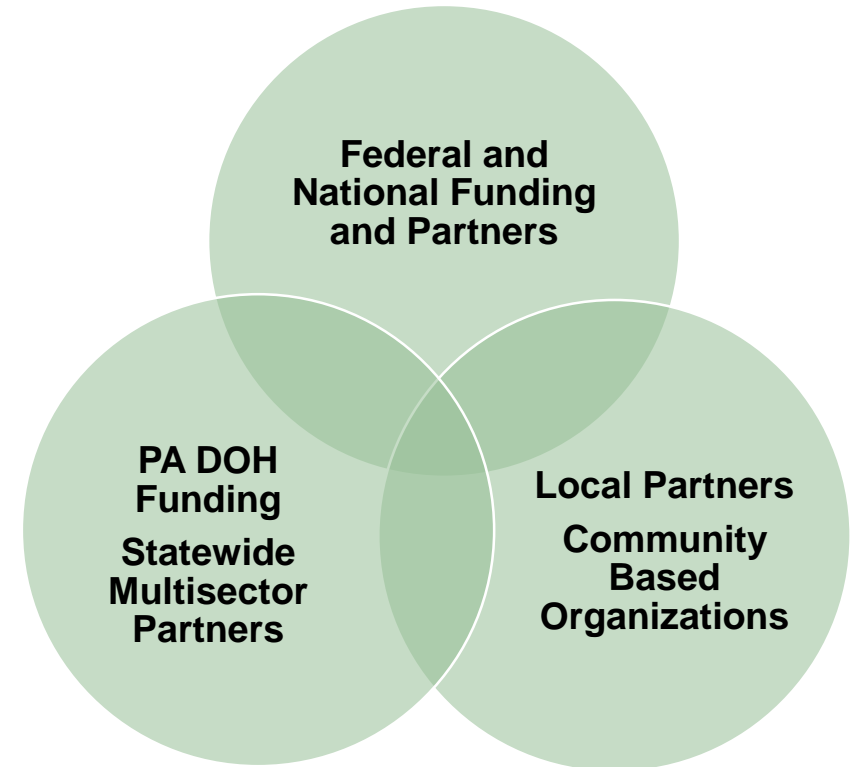
Our work focuses on the four pillars for National DPP sustainability

Availability

Awareness

Referrals

Coverage



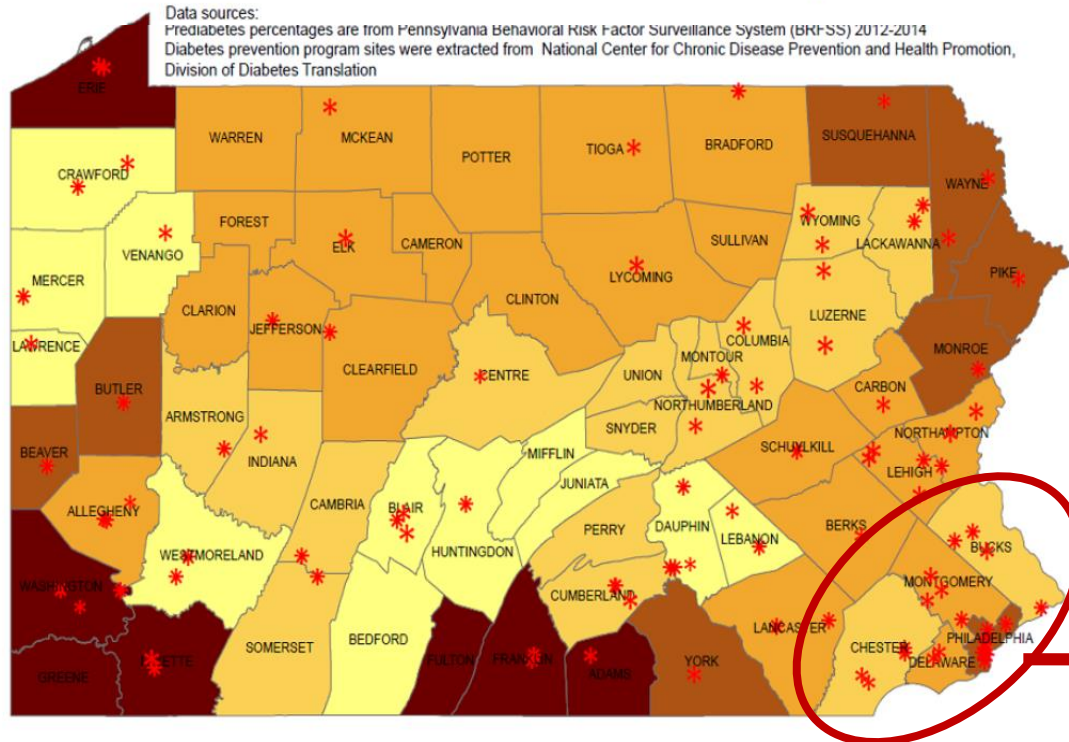
Where is DPP being delivered?

- Anywhere a group of eligible participants can convene – typically 10-20 participants
- Currently, due to COVID19, all programs are virtual
- Delivery sites and partners are continually evolving
- Programs are initiated when sufficient registration is achieved



National DPP in Southeastern Pennsylvania – Recognized Program Providers

County Estimates of the Percentage of Adults with Prediabetes in Pennsylvania with Diabetes Prevention Program Sites



Philadelphia Diabetes Prevention Collaborative Focuses on 5 Counties of SEPA Region

- Bucks
- Chester
- Delaware
- Montgomery
- Philadelphia

National DPP Recognized Providers in SEPA to date



<http://www.health.state.pa.us/diabetesmap/dpp-map.aspx>



Standard Referral Process

A primary goal is to make the referral and enrollment process as simple and seamless as possible for the healthcare provider, patient, and DPP provider/supplier.

Healthcare Provider (HCP)

- Screen, Test, Refer
- Counsel patient on reason for referral –
very important
- Provider or patient identifies a program location



DPP Provider / Supplier

- Receives referral from HCP by mail, fax, secure email or EHR or secure FTP
- Contacts patient to enroll
- Tracks weight and attendance
- Ideally, notifies HCP of enrollment



Patient completes one-year program

- Ideally, DPP provider communicates completion to HCP provider
- Patient shares experience with HCP

Assumption for Referrals to DPP Lifestyle Change Programs

1. If you have existing successful referral pathways – continue to use them.
2. Best practices for referrals to lifestyle change programs are evolving.
3. One size does not fit all – a variety of programs are needed to serve diverse populations.
4. Social determinants play a significant role in successful enrollment and retention in, and completion of DPP.
5. COVID-19 has created a significant shift in program delivery.

Goal - streamline the steps required to make referrals to and enroll in DPP

Making the Referral

DPP Network Referral Hub Pilot in Select Philadelphia Zip Codes

Pilot zip codes: (North Phila) 19140, 19120, 19124, 19134; (South Phila); 19145, 19148

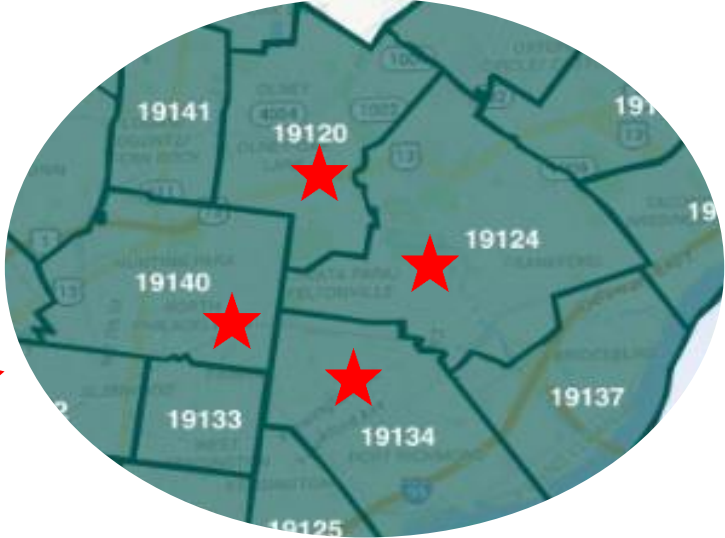
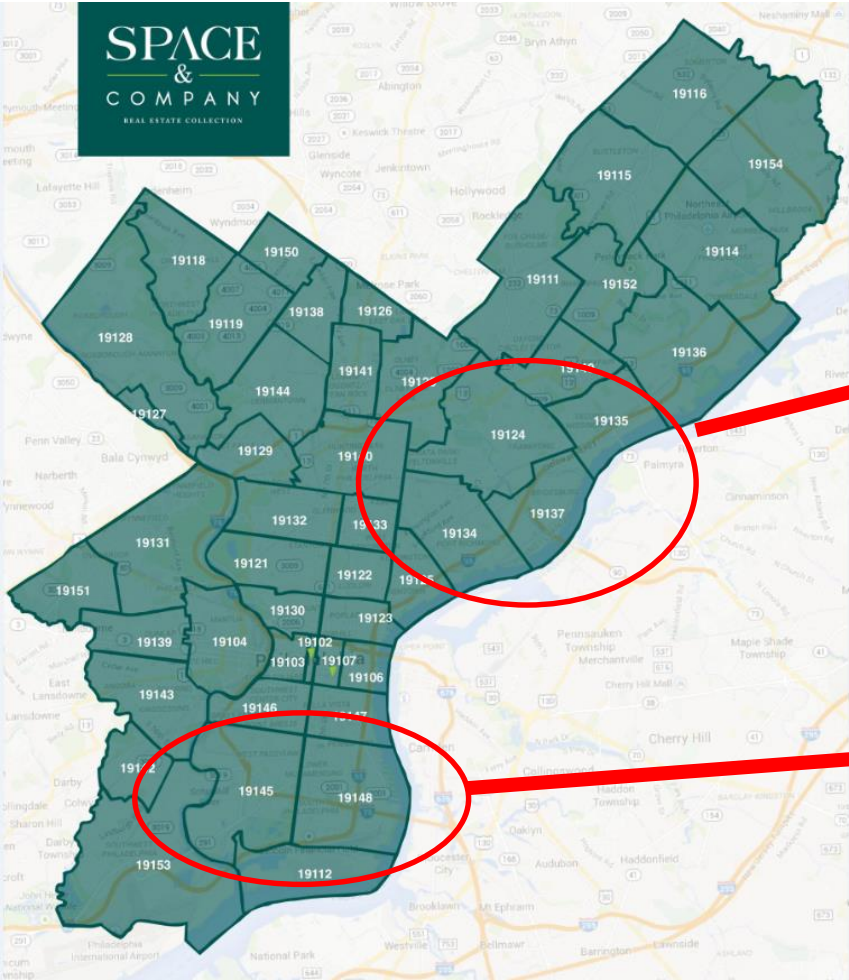
Purpose of Referral Hub Pilot

- Test the efficacy of a single point of referral
- Streamlines the administrative burden of making multiple outreach attempts.
- Centralizes readiness assessment of participants and program matching.
- Centralizes communication of referral disposition to PCP.
- Facilitates identification and possible resolution of barriers to attendance due to social determinants.

Function of DPP Referral Hub

- PCP sends referral through HealthShare Exchange - Direct Secure Messaging platform
- HPC receives referral
- HPC trained team conducts patient interview
- Registers patient into program based upon patient needs and preferences
- HPC sends list of participants to each DPP Provider via secure communication channel.
- HPC sends HCP referral status report

Making the Referral – Health Promotion Council DPP Referral Hub Pilot in Select Philadelphia Zip Codes

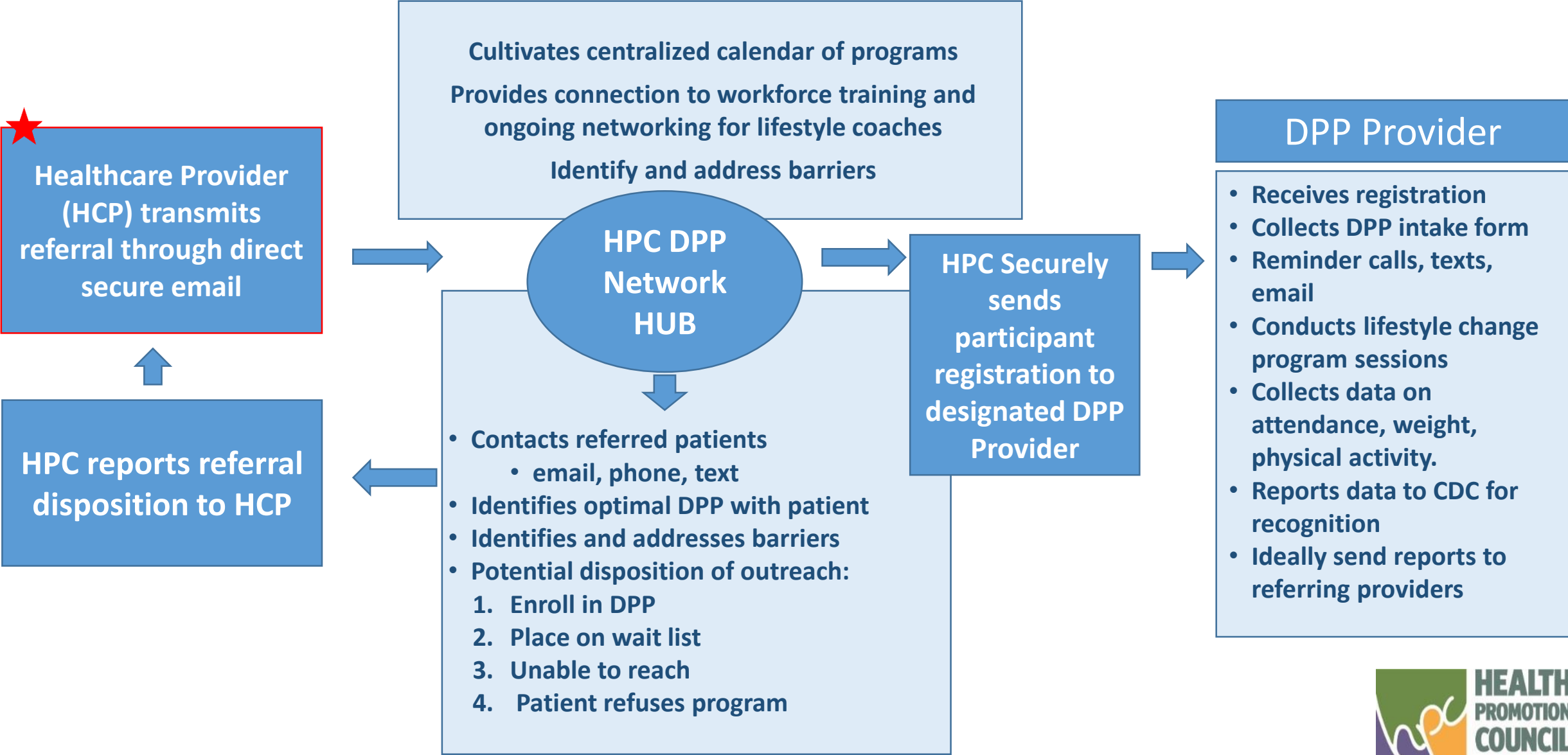


**Pilot zip codes:
(North Phila)
19140, 19120,
19124, 19134**



**Pilot zip codes:
(South Phila)
19145, 19148**

Philadelphia DPP Network Referral Hub Pilot



How to Find and Refer to a DPP Lifestyle Change Program in Bucks, Chester, Delaware, Montgomery and Philadelphia Counties

- DPP Network Referral Hub – Pilot zip codes only
- Direct to DPP provider referral – See Upcoming Class on HPC website

Also available are:

- PA DOH DPP website
- CDC-recognized DPP registry



The screenshot shows the website for the Health Promotion Council (HPC), a PHMC affiliate. The page is titled "Healthcare Providers - Making the Referral to DPP". It features a navigation menu with links for "About", "What We Do", "Health Topics", "Who We Serve", and "How to Help". Below the navigation, there are buttons for "VIEW", "EDIT", "REVISIONS", and "NODEQUEUE". The main content area includes a banner with the text "Healthcare Providers are critical to preventing type 2 diabetes" and a flowchart showing the process: "Screen" → "Test" → "Counsel" → "Refer". Below the banner is a section titled "HOW TO REFER YOUR PATIENTS" with four steps: Step 1 - Screen patients for type 2 diabetes risk factors and test to determine clinical diagnosis. Here are the guidelines from the CDC; Step 2 - Talk with your patient. It is important that their healthcare provider tells them their risk or diagnosis. Tell them that you are referring them to a DPP and it is important for them to attend; Step 3 - Complete a referral form - here is a sample of the information a DPP provider needs for enrollment; Step 4 - Send the referral to a DPP provider or the DPP Network Referral Hub - see below for further guidance depending upon region of SEPA. A sidebar on the right contains a "Contact Us" button and the text "Do you have questions? Please let us know how we can help." and "If you need to reach us immediately, please call (215) 731-6117." The footer of the page lists the DPP Network Referral Hub Pilot in Philadelphia County zip codes: North Philadelphia: 19140, 19120, 19124, 19134 | South Philadelphia: 19145, 19148.

DPP Lifestyle Change Programs in Bucks, Chester, Delaware, Montgomery and Philadelphia Counties

- DPP providers will not start a program until they have a full roster of patients are registered for the series – ideally 15-20.
- Until the volume of referrals have a sustained increase – DPP providers are challenged with setting start dates.
- HPC is compiling DPP provider/supplier contact information to allow direct referral from HCP until referral hub can be expanded.



[About](#)

[What We Do](#)

[Health Topics](#)

[Who We Serve](#)

Upcoming DPP Classes

DPP Classes Starting in August and September 2020

This list is updated on a rolling basis

Philadelphia County:

Viora Health—Virtual DPP

Cohorts starting in August 2020 and September 2020

Contact: Susanne Trexler | programinfo@hpc.org

Episcopal Community Services— Virtual DPP

Cohort starting August 2020

Contact: Susanne Trexler | programinfo@hpc.org

Jefferson Center for Urban Health— Virtual DPP (Spanish)

Cohort starting September 2020

Contact: Susanne Trexler | programinfo@hpc.org

Montgomery County:

Pottstown Medical Specialists— Virtual DPP

Cohort starting August or September 2020 | TBD

Contact: Debbie Zlomek | dzlomek@pmsiforlife.com

Montgomery Office of Senior Services— Virtual DPP

Cohort starting August or September 2020 | TBD

Contact: Dawn Batman | DBatman@montcopa.org

West Chester University— Virtual DPP

Cohort starting August or September 2020 | TBD

Contact: Patricia Davidson | PDavidson@wcupa.edu

*If your organization should be included in this list, please contact us at programinfo@hpc.org

Making the Referral – Key considerations

- ✓ This is a sample referral from AMA – create a unique referral for your organization that includes your legal requirements
- ✓ Keep referral diagnostic criteria and data consistent
- ✓ If possible integrate referral into EHR workflow
- ✓ Ensure that HIPAA, legal, patient consents are in place
- ✓ Ensure the referral is transmitted securely to HPC and/or the DPP program provider/supplier
- ✓ Establish patient consent for sharing data for referral

National Diabetes Prevention Program (National DPP) lifestyle change program referral template

This resource can be used as a guide for creating a form to refer patients from clinical settings to a National DPP lifestyle change program provider. The elements noted comprise key information to include in a referral and a sample template is also displayed below.

- Patient information: Name, contact information (address, phone, email), birth date/age, gender, health insurance, employer, preferred method of contact, preferred time to contact.
- Health care provider information: Physician/provider name, practice name, practice contact name, practice information (address, phone, fax, etc.)
- Other information: Date of referral, authorization information (language that meets your organization's specific legal requirements for privacy and security, etc.), eligibility for program information (patient body mass index, medical history and blood test results), signatures of physician/ordering provider and patient OR patient representative.

This resource is provided for informational purposes only and does not constitute legal advice. Please consult with a qualified legal advisor to create a resource for use within your organization.

Send to (program name): _____ Fax/Email: _____

Patient information	
Name	Address
Gender	City
Birth date (mm/dd/yy)	State
Employer	ZIP code
Preferred method of contact	Phone
Preferred time to contact	Health insurance

Health care provider information	
Physician/NP/PA name	Address
Practice name	City
Phone	State
Fax	ZIP code

Date: _____ Health care provider signature: _____

Authorization for release of health information (insert your organization's specific legal language here.)

Criteria	Reference range	Result
<input type="checkbox"/> Body Mass Index (BMI)	Eligibility = ≥ 25 (≥ 23 if Asian)	_____
<input type="checkbox"/> Blood test		
• Hemoglobin A1C	5.7-6.4%	_____
• Fasting plasma glucose	100-125 mg/dL	_____
• 2-hour oral glucose tolerance test	140-199 mg/dL	_____
Date of blood test (mm/dd/yy):		_____
<input type="checkbox"/> History of Gestational Diabetes		

Date: _____ Patient or representative signature: _____
(Basis of representative's authority to sign on behalf of patient: _____)

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Only Together Can We Prevent Type 2 Diabetes



It brings together:



to achieve a greater impact on reducing type 2 diabetes

Thank you



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Questions?

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Referring patients or local programs:

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