

# Prediabetes: A Hidden Risk for Your Patients

Prediabetes occurs when a person's blood glucose levels are higher than normal but not high enough to be diagnosed as type 2 diabetes. Any of the following positive lab test result within the previous 12 months indicates prediabetes:

- HbA1C 5.7–6.4% **or**
- FPG 100–125 mg/dL **or**
- OGTT 140–199 mg/dL

Prediabetes has no clear symptoms—9 out of 10 people with prediabetes don't even know they have it.

Patients with a history of gestational diabetes, a BMI  $\geq$  25 (23 for patients of Asian descent) or patients with a family history of diabetes are at increased risk.

## What Prediabetes Means for Patients

- Approximately one in three of your patients may have prediabetes. Without intervention, [prediabetes can progress to type 2 diabetes within five years](#). [About Prediabetes & Type 2 Diabetes (2019, April 4). Centers for Disease Control & Prevention]
- According to the [American Medical Association](#), \$8,000 is the average medical expense a person may face over the first three years after transitioning from prediabetes to a diagnosis of type 2 diabetes. [Prevent Diabetes STAT (2019). American Medical Association]
- **The good news: Prediabetes can usually be reversed. Initiatives like the National Diabetes Prevention Program lifestyle change program help significantly lower the risk of developing type 2 diabetes.**

## About the National Diabetes Prevention Program

The National Diabetes Prevention Program lifestyle change program (National DPP) is a year-long program developed by the Centers for Disease Control and Prevention (CDC) that helps participants lose weight, adopt healthy habits and reduce their risk for type 2 diabetes. Participants learn strategies to eat more healthfully, increase their physical activity and manage stress. Some National DPP lifestyle change program courses meet in person with a coach and small group while others take place entirely online.

## How the National DPP Can Help Your Patients and Practice

A person with type 2 diabetes is significantly more likely to develop hypertension or have a heart attack or stroke. [Research has showed](#) that **people who have participated in the National DPP and lose 5 percent of their body weight are significantly (58%) less likely to develop diabetes. The reduction in risk is even greater (71%) for those over 60 years old.** [Knowler, W., et al. (2002, Feb. 7) US National Library of Medicine National Institutes of Health]

[The United States Preventive Services Task Force recommends](#) screening at-risk adults for abnormal blood glucose and intensive lifestyle interventions for persons found to have abnormal blood glucose. [Abnormal Blood Glucose and Type 2 Diabetes Mellitus: Screening. (2015, Oct.) U.S. Preventive Services Task Force]

*As a provider, you can have a big impact. Screening, diagnosis, and referral by a provider plays an important role in the decision of patients to participate in a National DPP lifestyle change program. Comagine Health can help you get started with referring to or setting up a program of your own.*



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## Diagnostic Criteria and Who Should Be Screened

Screening and diagnosis for prediabetes are key to identifying patients at risk of prediabetes.

Screening criteria for abnormal glucose:

- Adults 18+ with a BMI of  $\geq 25$  ( $\geq 23$  for adults of Asian descent)
- Women who have had gestational diabetes
- Adults 18+ with a family history of diabetes
- Adults 18+ with high blood pressure

Diagnostic criteria for prediabetes:

- HbA1C 5.7–6.4% **or**
- FPG 100–125 mg/dL **or**
- OGTT 140–199 mg/dL
- ICD-10 Diagnostic Code: R73.03

Program eligibility under Medicare and Oregon Health Plan have specific requirements:

- Oregon Health Plan requires a patient to have a prediabetes diagnosis (R73.03) or a personal history of gestational diabetes (Z86.32).
- Medicare requires a blood-based diagnosis of HbA1C 5.7–6.4% or FPG 110–125 mg/dL.

## Incorporating Screening for Abnormal Blood Glucose into Existing Encounters

- All adult wellness visits (women's health, men's health)
- Medicare Annual Wellness Visit (AWV)
- Medicare Initial Preventive Physical Exam (IPPE)
- Hypertension care visits
- Six-week post-partum checkup and annual exam for women who had Gestational Diabetes

## Other Opportunities to Screen

- Include risk test in check-in procedure for all adult visit types; identify who on the care team can connect patient to local program resources while they are at the clinic
- Query EHR to identify patients with BMI  $\geq 25$  ( $\geq 23$  if Asian\*) and blood glucose level in the prediabetes range; hypertension patients; patients with a known family history of diabetes
- Assign staff person to call at-risk patients on behalf of provider to connect them with a program

## Who Is Covered for the National DPP Lifestyle Change Program?

Oregon Health Plan members, Medicare beneficiaries, state public employees (OEBB/PEBB members) and some privately insured patients are covered for the National DPP. Other organizations offer the program for a nominal cost or free of charge to eligible patients who do not have insurance coverage.

## Where to Refer

Patients may have access to benefit coverage or free programs in your area. **Information about the National DPP offerings in Oregon is available through the [CDC's Diabetes Prevention Recognition Program—Registry of Recognized Organizations](#).** Other information on National DPP offerings is available at [solera4me.com/comagine](http://solera4me.com/comagine) and [compass.qtacny.org](http://compass.qtacny.org).

## Contact Us

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