

M.A.P. (Measure, Act, Partner)

THE M.A.P. (Measure, Act, Partner) to prevent type 2 diabetes—physicians and care teams can use this document to determine roles and responsibilities for identifying adult patients with prediabetes and referring to community-based diabetes prevention programs. “Point-of-Care” and “Retrospective” methods may be used together or alone.

Choose and check what works best for your practice

Step 1: Measure	When	Who	How (draw from AMA-CDC tools)
<p>Point-of-care method</p> <ul style="list-style-type: none"> Assess risk for prediabetes during routine office visit Test and evaluate blood glucose level based on risk status 	<ul style="list-style-type: none"> At the front desk During vital signs 	<ul style="list-style-type: none"> Receptionist Medical assistant Nurse Physician Other_____ 	<ul style="list-style-type: none"> Provide “Are you at risk for prediabetes?” patient education handout in waiting area Use/adapt “Patient flow process” tool Use CDC or ADA risk assessment questionnaire at check-in Display 8 x 11” patient-facing poster promoting prediabetes awareness to your patients Use/adapt “Point-of-care algorithm”
<p>Retrospective method</p> <ul style="list-style-type: none"> Query EHR to identify patients with BMI $\geq 24^*$ and blood glucose level in the prediabetes range 	<ul style="list-style-type: none"> Every 6–12 months 	<ul style="list-style-type: none"> Health IT staff Other_____ 	<ul style="list-style-type: none"> Use/adapt “Retrospective algorithm”
<p>Step 2: Act</p> <p>Point-of-care method</p> <ul style="list-style-type: none"> Counsel patient re: prediabetes and treatment options during office visit Refer patient to diabetes prevention program Share patient contact info with program provider** <p>Retrospective method</p> <ul style="list-style-type: none"> Inform patient of prediabetes status via mail, email or phone call Make patient aware of referral and info sharing with program provider Refer patient to diabetes prevention program Share patient contact info with program provider** 	<ul style="list-style-type: none"> During the visit 	<ul style="list-style-type: none"> Medical assistant Nurse Physician Other_____ 	<ul style="list-style-type: none"> Advise patient using “So you have prediabetes ... now what?” handout Use/adapt “Health care practitioner referral form” Refer to “Commonly used CPT and ICD codes”
<p>Step 3: Partner</p> <p>With diabetes prevention programs</p> <ul style="list-style-type: none"> Engage and communicate with your local diabetes prevention program Establish process to receive feedback from program about your patients’ participation <p>With patients</p> <ul style="list-style-type: none"> Explore motivating factors important to the patient At follow-up visit, order/review blood tests to determine impact of program and reinforce continued program participation Discuss program feedback with patient and integrate into care plan 	<ul style="list-style-type: none"> Establish contact before making 1st referral 	<ul style="list-style-type: none"> Office manager Other_____ 	<ul style="list-style-type: none"> Use/adapt “Business Associate Agreement” template on AMA’s website if needed Refer to “Commonly used CPT and ICD codes”

*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.

**To share patient contact information with a diabetes prevention program, you may need a Business Associate Agreement (BAA).