

# Retrospective prediabetes identification

## MEASURE

Query EMR or patient database every 6–12 months using the following criteria:

A. Inclusion criteria:

- Age  $\geq 18$  years **and**
- Most recent BMI  $\geq 24^*$  ( $\geq 22$  if Asian) **and**
- A positive lab test result within previous 12 months:
  - HbA1C 5.7–6.4% (LOINC code 4548-4) **or**
  - FPG 100–125 mg/dL (LOINC code 1558-6) **or**
  - OGTT 140–199 mg/dL (LOINC code 62856-0) **or**
- History of gestational diabetes (ICD-9: V12.21)

B. Exclusion criteria:

- Current diagnosis of diabetes (ICD-9: 250.xx) **or**
- Current Insulin use

Generate a list of patient names with relevant information

## ACT

Use the patient list to:

- A. Contact patients to inform of risk status, explain prediabetes, and share info on diabetes prevention programs, **and/or**
- B. Send patient info to diabetes prevention program provider
- Program coordinator will contact patient directly, **and**
- C. Flag medical record for patient's next office visit

## PARTNER

Discuss program participation at next visit

\* Some diabetes prevention program providers require a BMI of  $\geq 25$ . Please check with your diabetes prevention program provider for eligibility requirements.

## Method 2:

---

### Retrospective identification and referral

#### Step 1 – Query EMR or patient database

##### Measure

Query your EMR or patient database every 6–12 months using the following criteria:

##### A. Inclusion criteria:

- Age  $\geq 18$  years **and**
- BMI  $\geq 24^*$  ( $\geq 22$  if Asian) **and**
- A positive test result for prediabetes within the preceding 12 months:
  - HbA1C 5.7–6.4% **or**
  - Fasting plasma glucose 100–125 mg/dL **or**
  - Oral glucose tolerance test 140–199 mg/dL **or**
- Clinically diagnosed gestational diabetes during a previous pregnancy

##### B. Exclusion criteria:

- Current diagnosis of diabetes **or**
- Current Insulin use

Generate a list of patient names and other information required to make referrals:

- Gender and birth date
- Mailing address
- Email address
- Phone number

##### Act

#### Step 2 – Referral to diabetes prevention program

- Contact patients via phone, email, [letter](#) or postcard to explain their prediabetes status and let them know about the diabetes prevention program.
- Send relevant patient information to your local (or online) diabetes prevention program coordinator and have him/her contact the patient directly (may require [Business Associate Agreement](#)).
- Flag patients' medical records for their next office visit.

Physicians and other health care providers should also use their independent judgment when referring to a diabetes prevention program.

##### Partner

During the next office visit, discuss diabetes prevention program participation:

- If the patient is participating, discuss program experience and encourage continued participation
- If the patient has declined to participate, stress the importance of lifestyle change and continue to encourage participation (use the handout "[So you have prediabetes ... now what?](#)")

\* Some diabetes prevention program providers require a BMI of  $\geq 25$ . Please check with your diabetes prevention program provider for eligibility requirements.