A guide to refer patients to the YMCA’s Diabetes Prevention Program
Preventing diabetes: Making a difference by linking the clinic with the community.

The facts
Approximately 26 million American have diabetes, but another 79 million Americans have prediabetes. That’s about one in three people—and in U.S. adults aged 65 years or older, the percentage is even higher, at roughly 50 percent.

The annual total costs of diagnosed diabetes rose from $202 billion to $245 billion (2012 dollars) between 2007 and 2012.

A collaborative way forward
To address the health effects and costs associated with diabetes, the American Medical Association is collaborating with the YMCA of the USA to create innovative clinical-community linkages that leverage evidence-based best practices in diabetes prevention.

The YMCA’s Diabetes Prevention Program is based on the Centers for Disease Control and Prevention’s (CDC) successfully piloted, evidence-based Diabetes Prevention Program. Initial findings show this type of program can reduce the number of new cases of type 2 diabetes by 71 percent in adults over age 60 and by 58 percent among adults overall.

With your help, your patients who have prediabetes can benefit from this proven, evidence-based program and prevent or delay the onset of diabetes.

How to use this implementation guide
Designed to facilitate the conversation between clinicians and patients about prediabetes, this guide offers recommendations for how to identify, screen and refer patients to the YMCA’s Diabetes Prevention Program. The guide includes:

• Information on prediabetes and on the YMCA’s Diabetes Prevention Program
• Steps for screening
• Codes for prediabetes and diabetes screening
• Links to additional resources
• Tools:
  • Sample patient flow process map
  • Patient risk assessment (American Diabetes Association)
  • Prediabetes identification and intervention algorithm
  • Referral form to the YMCA
  • Patient brochure on the YMCA’s Diabetes Prevention Program

Thank you for joining the AMA in this critical effort to stem the prediabetes epidemic, and to improve care and outcomes for your patients.
Why focus on prediabetes?

Prediabetes is a health condition characterized by higher than normal blood glucose levels, but levels not high enough to be diagnosed as diabetes.\(^1\) Prediabetes increases the risk of developing type 2 diabetes, heart disease and stroke.\(^1\) Estimates from 2010 show that 79 million people (20 years and older) in the United States have prediabetes.\(^1\) If your patients have prediabetes or are at risk for developing type 2 diabetes, you can refer them to the **YMCA’s Diabetes Prevention Program**, which can help them embrace a healthier lifestyle that is proven to prevent or delay the onset of type 2 diabetes.

We encourage you to counsel your patients that prediabetes is a potentially reversible condition, and one that you can help them manage effectively. This guide will help you start the conversation with your patients and assist you in:

- **Identifying** and **screening** patients with prediabetes
- **Referring** them to a participating YMCA Diabetes Prevention Program
- **Integrating** the YMCA’s Diabetes Prevention Program’s feedback into the patient’s clinical care plan

What is the YMCA’s Diabetes Prevention Program and who can participate?

Based on the CDC’s evidence-based Diabetes Prevention Program, the YMCA’s Diabetes Prevention Program focuses on delaying or preventing the progression of prediabetes to diabetes through lifestyle interventions that target improving diet, physical activity and achieving moderate weight loss. YMCA program participants receive support, guidance and encouragement from a trained lifestyle coach and fellow participants in a group setting as they explore how healthy eating, physical activity, moderate weight loss and other behavior changes benefit their health. Participants also receive guidance for developing a plan for improving and maintaining their overall well-being.

How it works\(^6\)

- The 12-month group-based program offered through your local YMCA consists of 16 core, weekly sessions, followed by monthly maintenance sessions led by a trained lifestyle coach who facilitates a small group of people with similar goals.
- Discussion topics include: healthy eating, increasing physical activity, reducing stress, problem solving and much more.
- Lifestyle coaches motivate participants to meet program goals with monthly maintenance sessions.

Who is eligible

Through a grant from the Center for Medicare & Medicaid Innovation, qualifying seniors in 17 communities may be eligible to participate in the YMCA’s Diabetes Prevention Program at no cost.* (Refer to the [ymca.net/diabetes-prevention](http://ymca.net/diabetes-prevention) for more information on these communities.) People who are eligible to participate in the YMCA’s Diabetes Prevention Program at no cost must have Medicare coverage and meet the following criteria:

- BMI of 25 or greater (22+ for Asian individuals) **AND**
- Blood values of:
  - Fasting plasma glucose: 100–125 mg/dL **OR**
  - HbA1C: 5.7–6.4 percent **OR**
  - Two-hour (75 gm glucola) plasma glucose: 140–199 mg/dL

* Adults under the age of 65 who have prediabetes can also participate in the YMCA’s Diabetes Prevention Program, but they may have to pay a fee.
Program participant goals
The CDC has established the following participant goals, which, if reached, can help reduce the risk of developing type 2 diabetes.
- Reduce body weight by 7 percent
- Gradually increase brisk, physical activity to 150 minutes per week

Referring patients to the YMCA's Diabetes Prevention Program

Download materials
We recommend visiting ama-assn.org/go/improvingoutcomes and clicking on the “Prediabetes” tab to download practice and patient resources included in this guide in advance of patient visits, so your office can have them available in the waiting room or during consult.

Patient flow process
View the sample “Patient flow process map” (see page 8) for a visual representation of how your practice can guide and refer your patients to take greater control of their health by participating in the YMCA’s Diabetes Prevention Program. Here are the steps in that process.

Front desk
As a part of patient check-in, give the patient a clipboard with the American Diabetes Association (ADA) “Are You at Risk for Type 2 Diabetes?” assessment form. After the patient completes the form and returns it to front desk, insert the form in patient record.

Pre-exam
Take the patient’s vital signs and calculate his or her Body Mass Index. Review the patient’s ADA risk assessment score from the completed form. If the score is “5” or higher, flag this information for the provider for use in the exam/consult.

Exam/consult
Follow the “Prediabetes identification and intervention algorithm” (see page 10) to determine if patient has prediabetes.

If the patient does not screen positive for prediabetes:
Commend and encourage the patient to maintain healthy lifestyle choices. Continue with exam/consult.

A. If the patient screens positive for prediabetes:
   1. Introduce the topic of prediabetes by briefly explaining what it is and its relation to diabetes. Review the patient’s own risk factors.
   2. Emphasize the importance of prevention, including healthy eating, increased physical activity, and the elimination of risky drinking and tobacco use.

B. If the patient screens positive for prediabetes and has a BMI ≥ 25 (≥ 22 for Asian individuals) and has Medicare:
   1. Inform the patient that he/she has coverage to participate in the YMCA's Diabetes Prevention Program at no cost.
   2. Discuss the value of participating in the program.
   3. Determine the patient’s willingness to let you register him/her.
      a. If the patient agrees, complete and send the referral form (see referral steps below) to your local YMCA's Diabetes Prevention Program.
      b. If patient declines, reevaluate risk factors at the next visit.
Referral to the YMCA’s Diabetes Prevention Program
After completing the referral form to the YMCA (see page 11), you can submit it to your local YMCA in one of three ways.
   A. Electronically send or fax directly from electronic medical record (EMR) if your practice is set up for this.
   B. Print from the EMR and then fax.
   C. Complete the paper form (included in this packet) and send via fax or email.

Feedback from the YMCA’s Diabetes Prevention Program to physicians
Twice during the program, the YMCA notifies the provider via email/fax of the patient’s progress. This information may include attendance, physical activity and weight, which the provider can add to the patient’s medical record.

In addition, during the program participants complete a self-evaluation that providers can request from the YMCA.

What evidence exists about the prevention of diabetes?

• In a randomized clinical trial of 3,234 individuals at high risk for diabetes, the Diabetes Prevention Program (DPP) lifestyle intervention (improving food choices and increasing physical activity) reduced participants’ risk of developing type 2 diabetes by 58 percent over nearly three years, compared to a placebo.³

• Participation in the DPP lifestyle intervention is estimated to delay the development of type 2 diabetes by 11 years and reduce the absolute lifetime incidence of developing diabetes by 20 percent.⁷

• In adults 60 years and older, intervention programs like the YMCA’s Diabetes Prevention Program can reduce the number of cases of type 2 diabetes by 71 percent.⁴

• The Deploy Study, a pilot, cluster-randomized trial compared intervention delivery between group-based DPP lifestyle intervention and individual counseling by the YMCA. The study showed that individuals in the group-based intervention lost 6 percent body weight compared to 2 percent in controls. Group participants also had a -22mg/dL change in total cholesterol compared to +6 mg/dL in controls. Participants maintained weight loss and cholesterol changes for more than 12 months.⁸

All these studies show similar findings, when adjusting for gender and race, and demonstrate that the Diabetes Prevention Program model is generalizable to diverse populations.
For more information

AMA “Improving Health Outcomes” initiatives
ama-assn.org/go/improvingoutcomes
Learn more about the AMA’s commitment to preventing heart disease and type 2 diabetes.

YMCA’s Diabetes Prevention Program
ymca.net/diabetes-prevention
Go here to find program details, locations, testimonials and more.

Centers for Disease Control and Prevention’s National Diabetes Prevention Program
cdc.gov/diabetes/prevention
Visit this site for detailed information about the CDC’s National Diabetes Prevention Program.

American Diabetes Association’s Diabetes Pro
professional.diabetes.org
Go here for clinical practice recommendations and other resources for professionals on diabetes care.
References


Disclaimer

YMCA of the USA selected 17 communities nationwide to offer the YMCA’s Diabetes Prevention Program at no cost to qualifying Medicare beneficiaries. This project is made possible by funding opportunity number 1C1CMS330965 from the Department of Health and Human Services, Centers for Medicare & Medicaid Services.

The contents of this material are solely the responsibility of the authors and have not been approved by the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services.
If age 65 and over, BMI ≥ 25* and has Medicare, patient is covered to participate in the YMCA’s DPP.

*BMI ≥ 22 for Asian individuals.

Sample “Patient flow process map”

FRONT DESK
- If patient is age ≥ 65 and has Medicare, give patient a clipboard with ADA “Are You at Risk for Type 2 Diabetes?” assessment form.
- Patient completes form and returns it to front desk.
- Insert form in patient record.

PRE-EXAM
- Take vital signs and calculate BMI.
- Review ADA risk assessment score.
- If score is 5 or higher, flag for provider.

EXAM/CONSULT
- Follow Prediabetes Identification and Intervention Algorithm
- Determine if patient has prediabetes
- If patient has prediabetes, determine eligibility for and interest in no-cost participation in the YMCA’s Diabetes Prevention Program (YMCA’s DPP)
- If patient agrees—proceed with referral to the YMCA’s DPP
- If patient refuses—give patient the YMCA’s DPP patient brochure, and re-evaluate risk factors at next visit.

REFERRAL TO THE YMCA’S DPP
Complete and submit Referral form via EMR or fax

PRACTICE FOLLOWS-UP
WITH PATIENT
Contact patient and troubleshoot issues with enrollment or participation
Patient Risk Assessment

**Are You at Risk for Type 2 Diabetes?**

- **Diabetes Risk Test**
  1. **How old are you?**
     - Less 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 status?**
     - (see chart at right)

**Write your score in the box.**

**Height**

| Height | 4' 10" | 4' 11" | 5' 0" | 5' 1" | 5' 2" | 5' 3" | 5' 4" | 5' 5" | 5' 6" | 5' 7" | 5' 8" | 5' 9" | 5' 10" | 5' 11" | 6' 0" | 6' 1" | 6' 2" | 6' 3" | 6' 4" |
|--------|--------|--------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------|-------|-------|-------|-------|-------|
| (0 points) | (1 point) | (2 points) | (3 points) | (4 points) | (5 points) | (6 points) | (7 points) | (8 points) | (9 points) | (10 points) | (11 points) | (12 points) | (13 points) | (14 points) | (15 points) | (16 points) | (17 points) | (18 points) | (19 points) |

**Add up your score.**

If you scored 5 or higher:
You are at increased risk for having type 2 diabetes. However, only your doctor can tell for sure if you do have type 2 diabetes or prediabetes (a condition that precedes type 2 diabetes in which blood glucose levels are higher than normal). Talk to your doctor to see if additional testing is needed.

Type 2 diabetes is more common in African Americans, Hispanics/Latinos, American Indians, and Asian Americans and Pacific Islanders.

For more information, visit us at www.diabetes.org or call 1-800-DIABETES

Visit us on Facebook
Facebook.com/AmericanDiabetesAssociation

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**Lower Your Risk**

The good news is that you can manage your risk for type 2 diabetes. Small steps make a big difference and can help you live a longer, healthier life.

If you are at high risk, your first step is to see your doctor to see if additional testing is needed.

Visit diabetes.org or call 1-800-DIABETES for information, tips on getting started, and ideas for simple, small steps you can take to help lower your risk.

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Prediabetes identification and intervention algorithm

Adapted from the New York State Department of Health*

**RESULTS**

<table>
<thead>
<tr>
<th>DIAGNOSTIC TEST</th>
<th>NORMAL</th>
<th>PREDIABETES</th>
<th>DIABETES</th>
</tr>
</thead>
<tbody>
<tr>
<td>HbA1C (%)</td>
<td>&lt; 5.7</td>
<td>5.7 – 6.4</td>
<td>≥ 6.5</td>
</tr>
<tr>
<td>Fasting Plasma Glucose (mg/dL)</td>
<td>&lt; 100</td>
<td>100-125</td>
<td>≥ 126</td>
</tr>
<tr>
<td>Oral Glucose Tolerance Test (mg/dL)</td>
<td>&lt;140</td>
<td>140-199</td>
<td>≥ 200</td>
</tr>
</tbody>
</table>

**Commend patient and encourage them to maintain a healthy lifestyle.**

Continue with exam/consult. Retest within 3 years of last negative test.

**Refer to YMCA’s Diabetes Prevention Program and provide the program’s patient brochure. (Provide patient brochure)**

Annually, retest for diabetes onset.

**Confirm diagnosis and retest if necessary. Counsel the patient on diagnosis and initiate therapy.**

**Reference**


# Health care practitioner referral form to the YMCA's Diabetes Prevention Program

**PATIENT INFORMATION**

<table>
<thead>
<tr>
<th>First name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last name</td>
<td></td>
</tr>
<tr>
<td>Medicare or Medicare Advantage #</td>
<td>City</td>
</tr>
<tr>
<td>Gender</td>
<td>State</td>
</tr>
<tr>
<td>Birth date</td>
<td>ZIP code</td>
</tr>
<tr>
<td>Email address</td>
<td>Phone</td>
</tr>
</tbody>
</table>

By providing your information above, you authorize your health care practitioner to provide this information to the YMCA, who may in turn use this information to communicate with you regarding the Diabetes Prevention Program.

**PRACTITIONER INFORMATION (COMPLETED BY HEALTH CARE PRACTITIONER)**

<table>
<thead>
<tr>
<th>Physician</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practice contact</td>
<td>City</td>
</tr>
<tr>
<td>Phone</td>
<td>State</td>
</tr>
<tr>
<td>Fax</td>
<td>ZIP code</td>
</tr>
</tbody>
</table>

**SCREENING INFORMATION**

<table>
<thead>
<tr>
<th>Exam or lab test date:</th>
<th>BLOOD TEST USED FOR SCREENING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Height</td>
<td>Test used (check one)</td>
</tr>
<tr>
<td></td>
<td>□ Hemoglobin A1C</td>
</tr>
<tr>
<td>Weight</td>
<td>□ FPG</td>
</tr>
<tr>
<td>BMI (see back for chart)</td>
<td>□ 2h PG in OGTT</td>
</tr>
</tbody>
</table>

For Medicare requirements, I will maintain this signed original document in the patient’s medical record.

By signing this form, I authorize my physician to disclose my diabetes screening results to the YMCA for the purpose of determining my eligibility for the Diabetes Prevention Program and conducting other activities as permitted by law.

I understand that I am not obligated to participate in this diabetes screening program and that this authorization is voluntary.

I understand that I may revoke this authorization at any time by notifying my physician in writing. Any revocation will not have an effect on actions taken before my physician received my written revocation.

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The contents of this form are solely the responsibility of the authors and have not been approved by the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services.

**IMPORTANT WARNING:** The documents accompanying this transmission contain confidential health information protected from unauthorized use or disclosure except as permitted by law. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party unless permitted to do so by law or regulation. If you are not the intended recipient and have received this information in error, please notify the sender immediately for the return or destruction of these documents. Rev. 12/20/13
BMI stands for “BODY MASS INDEX” which is an estimate of total body fat based on height and weight. It is used to screen for weight categories that may lead to health problems.

**THE GOAL** for most people is to have a BMI in the green area. It is usually best for your BMI to stay the same over time or to gradually move toward the green area.

**BMI Chart**

| WEIGHT | 100 | 110 | 120 | 130 | 140 | 150 | 160 | 170 | 180 | 190 | 200 | 210 | 220 | 230 | 240 | 250 | 260 | 270 | 280 | 290 | 300 | 310 | 320 | 330 | 340 | 350 | 360 | 370 | 380 | 390 | 400 |
|--------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 4'9"   | 15  | 16  | 17  | 18  | 19  | 20  | 21  | 22  | 23  | 24  | 25  | 26  | 27  | 28  | 29  | 30  | 31  | 32  | 33  | 34  | 35  | 36  | 37  | 38  | 39  | 40  | 41  | 42  | 43  | 44  | 45  | 46  | 47  | 48  |
| 5'0"   | 16  | 17  | 18  | 19  | 20  | 21  | 22  | 23  | 24  | 25  | 26  | 27  | 28  | 29  | 30  | 31  | 32  | 33  | 34  | 35  | 36  | 37  | 38  | 39  | 40  | 41  | 42  | 43  | 44  | 45  | 46  | 47  | 48  | 49  |
| 5'1"   | 17  | 18  | 19  | 20  | 21  | 22  | 23  | 24  | 25  | 26  | 27  | 28  | 29  | 30  | 31  | 32  | 33  | 34  | 35  | 36  | 37  | 38  | 39  | 40  | 41  | 42  | 43  | 44  | 45  | 46  | 47  | 48  | 49  | 50  |
| 5'2"   | 18  | 19  | 20  | 21  | 22  | 23  | 24  | 25  | 26  | 27  | 28  | 29  | 30  | 31  | 32  | 33  | 34  | 35  | 36  | 37  | 38  | 39  | 40  | 41  | 42  | 43  | 44  | 45  | 46  | 47  | 48  | 49  | 50  | 51  |
| 5'3"   | 19  | 20  | 21  | 22  | 23  | 24  | 25  | 26  | 27  | 28  | 29  | 30  | 31  | 32  | 33  | 34  | 35  | 36  | 37  | 38  | 39  | 40  | 41  | 42  | 43  | 44  | 45  | 46  | 47  | 48  | 49  | 50  | 51  | 52  |

**BMI stands for "BODY MASS INDEX" which is an estimate of total body fat based on height and weight. It is used to screen for weight categories that may lead to health problems.**

**THE GOAL** for most people is to have a BMI in the green area. It is usually best for your BMI to stay the same over time or to gradually move toward the green area.
## Codes: When screening for prediabetes and diabetes

<table>
<thead>
<tr>
<th>ICD-9 for diabetes screening</th>
<th>CPT for diabetes screening tests</th>
</tr>
</thead>
<tbody>
<tr>
<td>V77.1</td>
<td>Diabetes Screening</td>
</tr>
<tr>
<td>790.2</td>
<td>Abnormal Glucose</td>
</tr>
<tr>
<td>790.21</td>
<td>Impaired Fasting Glucose</td>
</tr>
<tr>
<td>790.22</td>
<td>Impaired Glucose Tolerance</td>
</tr>
<tr>
<td>790.29</td>
<td>Other Abnormal Glucose</td>
</tr>
<tr>
<td>278.00</td>
<td>Obesity</td>
</tr>
<tr>
<td>278.02</td>
<td>Overweight</td>
</tr>
</tbody>
</table>

These codes may be useful to report services/tests performed to screen for prediabetes and diabetes.

**References**


‡Ackermann RT. *Coding Guide for Diabetes and Prediabetes Testing.* 2013. (Published here with permission from Ronald T. Ackermann MD, MPH)