

THE **M.A.P.** 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. Use ‘Point-of-Care’ and ‘Retrospective’ methods together or alone.

<i>Choose and check what works best for your practice</i>			
What	When	Who	How (draw from AMA tools)
<p><b>Step 1</b></p> <p><b>Measure</b></p> <p><b>Point-of-Care Method</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Assess risk for prediabetes during routine office visit</li> <li><input type="checkbox"/> Test and evaluate blood glucose level based on risk status</li> </ul> <p><b>Retrospective Method</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Query EHR to identify patients with BMI <math>\geq 25</math> and blood glucose level in the prediabetes (PDM) range</li> <li><input type="checkbox"/> Be sure to exclude patients with existing diabetes</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> At the front desk</li> <li><input type="checkbox"/> During vital signs</li> <li><input type="checkbox"/> Every 3 months</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Receptionist</li> <li><input type="checkbox"/> Medical Assistant</li> <li><input type="checkbox"/> Nurse</li> <li><input type="checkbox"/> Physician</li> <li><input type="checkbox"/> Other_____</li> <li><input type="checkbox"/> HIT staff</li> <li><input type="checkbox"/> Other_____</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Use CDC or ADA risk assessment questionnaire at check-in</li> <li><input type="checkbox"/> Use/adapt <i>Point-of-care algorithm</i></li> <li><input type="checkbox"/> Use/adapt <i>Retrospective algorithm</i></li> </ul>
<p><b>Step 2</b></p> <p><b>Act</b></p> <p><b>Point-of-Care Method</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Counsel patient re: PDM and treatment options during office visit</li> <li><input type="checkbox"/> Refer patient to diabetes prevention program</li> <li><input type="checkbox"/> Share patient contact info with program provider*</li> <li><input type="checkbox"/></li> </ul> <p><b>Retrospective Method</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Inform patient of PDM status via mail, email or phone call <ul style="list-style-type: none"> <li><input type="checkbox"/> Make aware of referral and info sharing with program provider</li> </ul> </li> <li><input type="checkbox"/> Refer patient to diabetes prevention program</li> <li><input type="checkbox"/> Share patient contact info with program provider*</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> During the visit</li> <li><input type="checkbox"/> Contact patient soon after EHR query reveals PDM</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Medical Assistant</li> <li><input type="checkbox"/> Nurse</li> <li><input type="checkbox"/> Physician</li> <li><input type="checkbox"/> Other_____</li> <li><input type="checkbox"/> HIT staff</li> <li><input type="checkbox"/> Medical Assistant (for phone calls)</li> <li><input type="checkbox"/> Other_____</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Use/adapt <i>Point-of-care algorithm</i></li> <li><input type="checkbox"/> Use/adapt <i>Referral form</i></li> <li><input type="checkbox"/> Use/adapt <i>Referral form</i> for making individual referrals</li> <li><input type="checkbox"/> Use/adapt Business Associate Agreement template if needed</li> </ul>
<p><b>Partner</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Explore motivating factors important to the patient <ul style="list-style-type: none"> <li><input type="checkbox"/> Solicit patient feedback about experience with the program <ul style="list-style-type: none"> <li><input type="checkbox"/> At follow-up visit, order/review blood tests to determine impact of program and reinforce continued program participation</li> </ul> </li> </ul> </li> <li><input type="checkbox"/> Communicate with your local diabetes prevention program <ul style="list-style-type: none"> <li><input type="checkbox"/> Solicit program feedback about the patient's experience</li> <li><input type="checkbox"/> Discuss feedback with patient and integrate into the care plan</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> During office visit</li> <li><input type="checkbox"/> Via phone call</li> <li><input type="checkbox"/> Via patient portal</li> <li><input type="checkbox"/> Establish contact before or soon after making 1<sup>st</sup> referral</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Medical Assistant</li> <li><input type="checkbox"/> Nurse</li> <li><input type="checkbox"/> Physician</li> <li><input type="checkbox"/> Other_____</li> <li><input type="checkbox"/> Office Manager</li> <li><input type="checkbox"/> Other_____</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Use/adapt Business Associate Agreement template if needed</li> </ul>

Following the M.A.P. for Preventing Type 2 Diabetes can help your practice achieve Patient Centered Medical Home recognition, as well as Meaningful Use of your electronic medical record. (\*Supports PCMH recognition via Standard 4: Self-Care Support, B. Provide Referrals to Community Resources (3 points), *NCQA Facilitating PCMH Recognition, 2011*)

To learn more about AMA's efforts and tools for physician practices, visit [www.ama-assn.org/go/prediabetes](http://www.ama-assn.org/go/prediabetes)

If you have any questions, contact Janet Williams, Senior Program Manager, American Medical Association, at [janet.williams@ama-assn.org](mailto:janet.williams@ama-assn.org).

\*To share patient contact information with the YMCA, you may need a Business Associate's Agreement (BAA). Contact Janet Williams to receive examples of a BAA for your consideration.