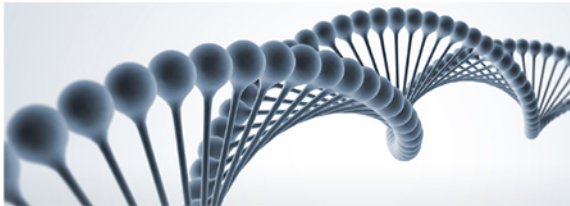


Prevent Diabetes STAT

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Objectives:

- Explain history of AMA focus on diabetes prevention
- Outline national collaboration, *Prevent Diabetes **STAT: Screen, Test, Act - Today***TM
- Highlight Michigan as an important starting point for this work



A photograph of a young Black female doctor in a white lab coat and stethoscope, smiling as she shows a tablet to an elderly white female patient. They are in a clinical setting with medical equipment like a vital signs monitor and a sink in the background. A semi-transparent white box is overlaid on the left side of the image, containing the text 'AMA focus on diabetes prevention'.

AMA focus on
diabetes prevention

Improving Health Outcomes (IHO) goals

Prevent
heart disease, stroke, and type 2 diabetes
and
Improve Outcomes
for
people with these conditions

Risk factors for heart disease, stroke, and type 2 diabetes include

- High blood pressure
- High blood glucose

Therefore, AMA initial focus is on helping
physicians, care teams and patients

- Control blood pressure
- Prevent diabetes

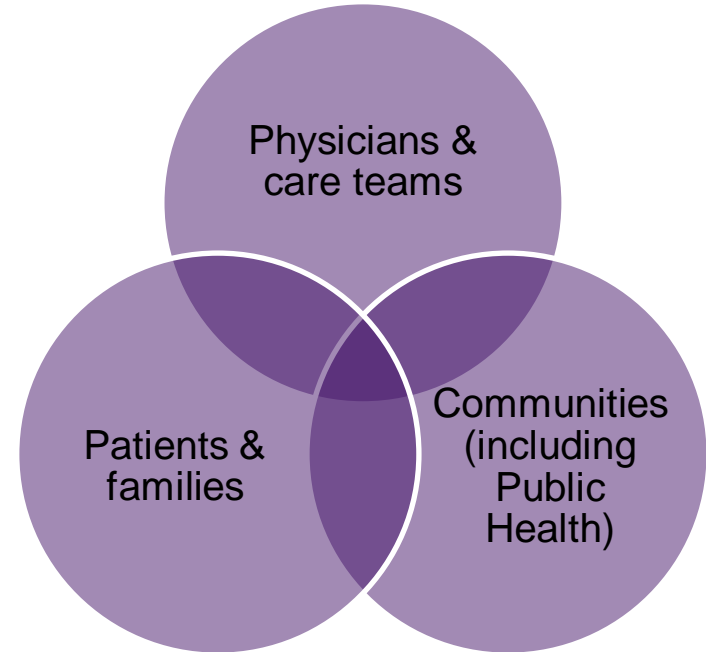


Why these clinical topics

- Heavy toll on patients, families, and society – with total costs of type 2 diabetes and cardiovascular disease >\$500 billion/year
- Every physician in every specialty in every type of practice sees patients with hypertension and prediabetes
- Strong evidence base for addressing these conditions but evidence is not applied consistently
- Major focus of national, government-led initiatives

IHO strategy

Partner with others to improve care delivery and strengthen clinical-community linkages



Initial work in diabetes prevention

- Collaboration with the YMCA of the USA
 - Focus on Medicare patients (CMMI Health Care Innovation Award)
 - Aimed at strengthening community-clinical linkages
 - Phase One: Pilot work in DE, FL, IN, and MN
 - Phase Two: Expansion into OH, TX, AZ, and NY
 - Retrospective and/or point-of-care screening for prediabetes in primary care offices
 - Referral to local, YMCA-based diabetes prevention programs at no cost
- Research and spread best practices and care models
- Call to action among specialty societies to establish a united front

Current stage of diabetes prevention work

- Focus on a select group of states
- Emphasize five key areas:
 - Increase awareness of prediabetes as a treatable condition
 - Increase health plan coverage for diabetes prevention programs
 - Increase the availability of diabetes prevention programs
 - Increase clinical screening and referrals
 - Increase participation in diabetes prevention programs that are part of the CDC's National Diabetes Prevention Program
- Coordinate efforts with CDC and NACDD



Now is the time to focus on diabetes prevention

- Growing societal burden of diabetes and prediabetes
- Mounting evidence of benefits of intensive behavioral counseling
- Greater clarity in screening and counseling recommendations from the U.S. Preventive Services Task Force
- CDC leadership in scaling evidence-based diabetes prevention programs nationally (the National Diabetes Prevention Program)
- Favorable provisions in the Affordable Care Act

<http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementDraft/screening-for-abnormal-glucose-and-type-2-diabetes-mellitus>

<http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/healthy-diet-and-physical-activity-counseling-adults-with-high-risk-of-cvd>

<http://www.cdc.gov/diabetes/prevention/about.htm>

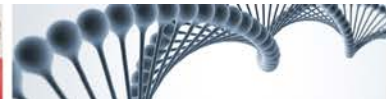
<http://www.gpo.gov/fdsys/pkg/FR-2010-07-19/pdf/2010-17242.pdf>



Scaling our efforts nationally

Key challenges: *(that this national collaborative is tackling)*

- Awareness: >90% with prediabetes are unaware of condition
- Affordability: limited coverage by health insurers (public/private)
- Availability: not enough programs available across the U.S.
- Physician buy-in: increasing prediabetes screening and referrals to evidence-based programs





National campaign

Prevent Diabetes STAT – Launched March 12, 2015

AMA and CDC have joined forces to...

- *Prevent Diabetes **STAT: Screen, Test, Act - Today***TM
 - Multi-year initiative
 - Expands ongoing efforts
 - Shared aim: Reach more Americans who have prediabetes.
- Message: Prediabetes is a serious but treatable condition.



www.preventdiabetesstat.org

Prevent Diabetes **STAT**



Prevent Diabetes **STAT**
Screen / Test / Act Today™

86 MILLION AMERICAN ADULTS HAVE PREDIABETES

9 OUT OF **10** PEOPLE WITH PREDIABETES DON'T KNOW THEY HAVE IT.*

PARTNERS, PATIENTS AND PUBLIC

FOR HEALTH CARE PROFESSIONALS

WHAT YOU SHOULD KNOW ABOUT PREDIABETES

Prediabetes means a person's blood glucose (sugar) level is higher than normal, but not high enough yet to be diagnosed as diabetes. If you have prediabetes, you are at increased risk for developing serious health problems such as type 2 diabetes, stroke and heart disease. The sooner people find out they have prediabetes and take action, the better their chances of preventing type 2 diabetes.

WHY YOU SHOULD ACT – TODAY

The Centers for Disease Control and Prevention (CDC) and the American Medical Association (AMA) are sounding an alarm about prediabetes because a national effort—by everyone from physicians to employers to patients to



Diabetes Prevention in Michigan

Why Michigan?

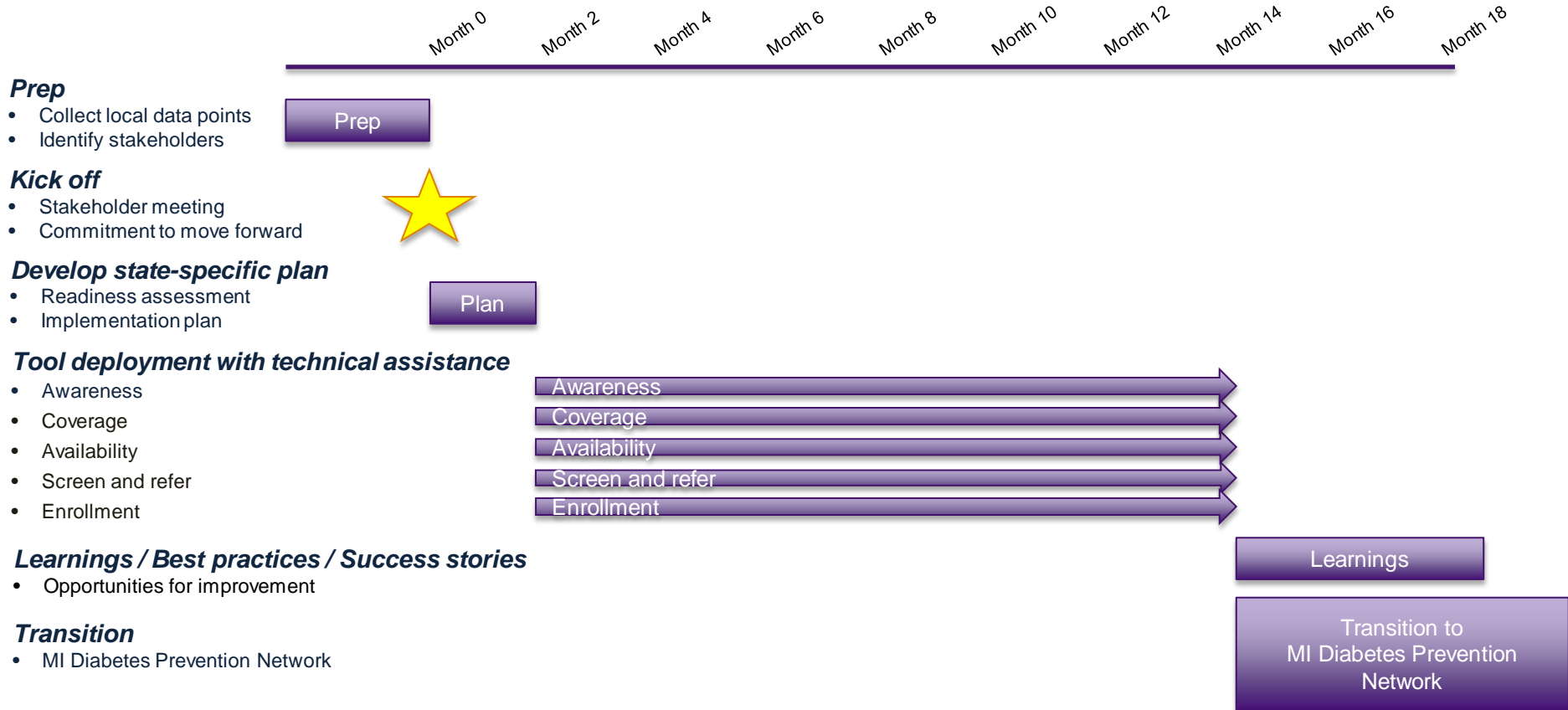
#	Criteria	Michigan
1.	Level of CDC investment	High
2.	Demographic Diversity	High
3.	Prevalence of chronic disease/need	High
4.	State Health Department involvement	High
5.	Analysis of state readiness	High



Good things happening in Michigan

- Awareness: Active partnerships and promotion thanks to the Michigan Diabetes Prevention Network
- Coverage: Employers and payers making it happen
- Availability: 26 CDC-recognized programs; engaged DPP providers including YMCAs and National Kidney Foundation of MI sites
- Screening, testing and referral: Physicians and health systems interested in AMA tools
- Enrollment: 1,049 participants since 2012

Michigan Diabetes Prevention State Engagement Plan



Your organization can play a role...

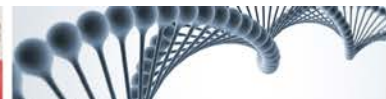
- Screening and referral of at-risk patients:

- Connection to the physician community
- Opportunities to screen and refer
 - Clinical setting
 - Worksite wellness



- Coverage of the program:

- Covered lives
- Employee health benefits



Thank you

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