



Comprehensive Diabetes Screening

History

Diabetes is the seventh leading cause of death in the U.S. and the number one cause of kidney disease and failure, lower limb amputation and blindness.¹ It is estimated that about 37.3 million people currently suffer from diabetes and 1 in 5 are unaware they have it.¹ There are three main types of diabetes – type 1, type 2 and gestational. Each is developed over time from risk factors of obesity, family history, and/or pregnancy. Within the last 20 years the rate of diabetes has doubled.¹ In efforts to decrease the growing rate of diagnosed diabetes, many programs and treatments have been developed.

Population

All patients who are 18 years of age and older are recommended to get a diabetes screening using any of the following tests:²

- Random Plasma Glucose (RPG)
- Fasting Plasma Glucose (FPG)
 - A1C Test
- Oral Glucose Tolerance Test (OGTT) / Glucose Screening
- Blood Pressure Test

Early detection is your patient's best protection. Here are a few best practices you may want to follow to encourage your patients to get screened for diabetes.

Continues on reverse



1. Develop a Diabetes Screening Process

Create a standardized course of action. Design an evidence-based guideline tailored to each patient's health conditions and/or family history to encourage examinations/screenings. These steps may drive the initiative to ensure all appropriate patients have been contacted, informed and encouraged to schedule their appointments.

- During office/telehealth visits, inform patient about diabetic symptoms, risks and effects
 - Symptoms: Increased thirst and urination, blurred vision, fatigue, numbness and slow healing sores
 - Risk factors: Obesity, smoking, high blood pressure, pregnancy and family history
 - Effect factors: Kidney disease, heart disease, dental disease, eye and foot problems and nerve damage
- Document kit – Update the patient with current research pertaining to their diabetes status
- Treatment plan – Provide additional resources to patients with prediabetes such as insulin and/or medications that may assist in better health

2. Use Effective Communication – Keeping Patients Informed and Engaged

- Share steps you are taking to help patients access care safely and comfortably.
- If necessary, share referrals with the patient to assist in appointment scheduling.
- If patients happen to cancel appointments, reach out to them as soon as possible to assist with rescheduling.

3. Update and document the patient's progress

Include type and date of diabetes screening tests, history of visits, and efforts towards prevention, if applicable.

4. Educate patients about the importance of early detection and prevention

Remind patients about the need for diabetes screenings. Diabetes can start at any point in a patient's life, but knowing certain health conditions, family history and early screening may help prevent it or detect the disease in the early stage because not all symptoms are noticeable.

- Patients can prevent or delay diabetes by participating utilizing the following:³
- Diabetes self-management education and support services (DSMES)
- Centers for Disease Control and Prevention (CDC) webinars, eLearning, and toolkits
- Active healthy lifestyle including, management of blood sugar, healthy eating habits and exercise

5. Decision Support Recommendations

Review all the screening options and care with patients to determine which preventive treatment is best for them.

Patients who are informed of diabetes and the associated risk and effects of the disease by their provider are more likely to complete the screening.⁴

- Measure accurately to obtain actionable data in detecting risks for the condition and confirm diagnosis.
- Act rapidly in engaging a shared decision about the proper approach in care with the patient.
- Drive support partnership in providing additional resources of lifestyle changing programs, self-management, and ongoing follow-ups with prediabetic/diabetic patients.

1. Centers for Disease Control and Prevention: <https://www.cdc.gov/diabetes/basics/diabetes.html>

2. National Institute of Diabetes and Digestive and Kidney Diseases: <https://www.niddk.nih.gov/health-information/diabetes/overview/what-is-diabetes>

3. American Diabetes Association: The Path to Understanding Diabetes: <https://diabetes.org/diabetes>

4. American Medical Association: Tools for Physicians: <https://amapreventdiabetes.org/clinical-overview>

The above material is for informational purposes only and is not a substitute for the independent medical judgment of a physician or other health care provider. Physicians and other health care providers are encouraged to use their own medical judgment based upon all available information and the condition of the patient in determining the appropriate course of treatment. The fact that a service or treatment is described in this material is not a guarantee that the service or treatment is a covered benefit and members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider.