7 Tips to Get Patients to Actually Enroll in a DPP—and Stick With It

The National Diabetes Prevention Program (DPP) is a proven, effective program that can help your patients take charge of their health and prevent type 2 diabetes. And it all starts with a patient referral to the program. You can make the referral, but it's even more important that your patients enroll and participate in the full program.

A lot is at stake if those with prediabetes don't take steps to improve their health. More than one out of three U.S. adults—or nearly 84 million Americans—have prediabetes, according to the Centers for Disease Control and Prevention (CDC). And 90 percent of those adults don't know they have it. Prediabetes puts your patients at risk for developing chronic disease, including type 2 diabetes, heart disease and stroke so early detection is critical.

Here are seven tips to help get your patients who have been diagnosed with prediabetes to enroll in a DPP and follow through with it to prevent type 2 diabetes and other chronic disease, increase healthy habits and improve their overall health.

Tip #1: Get to know your local DPP.
In order to best serve your patients, become familiar with DPPs in your area. This will help you understand what options are available to your patients and how they can best take advantage of them.

To find the nearest DPP in your community:

- Visit the CDC's National DPP registry to locate CDC-recognized in-person or online programs by region.
- Go to the YMCA's locator DPP page. The YMCA bases its program on the CDC model.

Tip #2: Partner with your local DPP.
Before you make your first referral, it's important to reach out to DPPs in your area and work with them on recommended approaches to referrals. By connecting with your DPP, you establish a relationship, which helps to make the referral process easier and more effective.

Tip #3: Be proactive in identifying patients at risk.
Instead of waiting for patients to arrive in your office to identify who's at risk for prediabetes, consider using your electronic health records (EHRs) as an opportunity to proactively seek out at-risk patients.

By adding an identification and referral process into your EHRs, you can generate a registry of patients who are at-risk for prediabetes and use the patient list to:

- Contact patients about their risk status, educate them about prediabetes and give them information on DPPs near them

OR

- Send patient information to your local DPP so the program coordinator can connect with the patient directly, and flag the patient's medical record so this can be discussed during their next office.

Tip #4: Create a referral process.
Having a process in place for your practice to refer patients to a DPP can make the process a lot easier for your practice, helps get the patient engaged and prepares DPP providers to work with patients as well. A sample referral form as part of the Prevent Diabetes STAT toolkit serves as a useful guide on how to refer your patients.

Tip #5: Support your patients.
Once you determine that your patient has prediabetes, talk with them about their diagnosis and what's at stake if they don't improve their health. Using motivational interviewing can be helpful to get patients to understand the value of getting healthy and participating in the program.

You can also send them home with the "So you have prediabetes … now what?" sheet to help reinforce the conversation, which includes information on how to connect with a DPP.

Tip #6: Develop a feedback process.
Once your patients are enrolled, work with the DPP to put a feedback process in place to keep you informed and updated on your patients' progress. You can request updates about patients' progress and participation.

The American Medical Association (AMA) also provides a sample business associate agreement in the Prevent Diabetes STAT toolkit that can serve as an additional resource for connecting with a local DPP and providing access to your patients' information as a participant in the program.

Many programs will send referring clinicians progress reports on participants after the eighth and 16th group sessions have been completed. Your patients also complete periodic self-evaluations, which you can request from them. By staying in the loop on your patients' progress, you can continue to support them when they come in for office visits.

Tip #7: Reinforce participation at follow-up visit.
To assess patients' progress, schedule a three- or six-month follow-up visit. During follow-up visits, you can order and review blood tests to gauge the effectiveness of the program for the patient and reinforce program participation.

This also may be an opportunity to discuss with the patient how the program is going, address any barriers to weight loss goals or healthy lifestyle changes and incorporate any feedback into the care plan.

Additional resources to help with DPP enrollment:

- **Prevent Diabetes STAT Toolkit:** https://preventdiabetesstat.org/toolkit.html
- **1-Minute Online Diabetes Risk Test:** https://doihaveprediabetes.org/
- **CME Course:** AMA STEPS*forward* program: Preventing Type 2 Diabetes in At-Risk Patients module