



LIFESTYLE INTERVENTION PROGRAM FOR PREDIABETIC PATIENTS

Rini Mathews, APRN, FNP-C
 Dr. Jessica Grimm, DNP, APRN, ACNP-BC, CNE
 TOURO UNIVERSITY NEVADA



BACKGROUND

Patients are not adequately informed about the serious risks of prediabetes, nor are they provided with tools for effective lifestyle changes, leading to the progression from prediabetes to diabetes.

If untreated, 37% of the individuals with prediabetes may have diabetes as early as four to five years. Lifestyle intervention may decrease the percentage of prediabetic patients in whom diabetes develops to 20% (Tuso, 2014)

PURPOSE AND HYPOTHESIS

The Center for Disease Control (CDC) has implemented a lifestyle change program for prediabetic patients called National Diabetes Prevention Program (National DPP) focused on a lifestyle modification plan which reduces the risk of prediabetic patients becoming a diabetic by 58% (National Diabetes Prevention Program, 2023).

METHODS

Setting: primary care clinical group with multiple locations

A total of 18 providers from valley oaks medical group were educated on NDPP and were part of the measurement group during this period from 2/28/2024 to 4/2/2024 for a total of 5 weeks.

Data was collected from electronic health record (EMR) eclinicalworks, by doing chart audits

Application of IOWA framework

Objective	Identify	Organize	Work	Assess
Align primary care with preventative care. Narrow gap between prediabetes identification and National DPP enrollment	Identify the Problem: High prediabetes prevalence, Low National Diabetic Prevention Plan enrollment	Organize a Team: Primary care providers, Medical assistants, Diabetic Educators	Work to Implement Plan: Streamlined referral process, Tailored educational materials, Referral to NDPP and EHR integration	Assess Progress: Chart audits, provider adherence data, patient enrollment data

RESULTS

Data analysis total HgA1c tests ordered by the provider, the number of patients within the pre-diabetic range of (5.7% to 6.4%), and subsequent referral to NDPP shows varying adherence and adoption rates by providers. Of the 18 providers within Valley Oaks Medical Group, the range of referral rates to NDPP ranges from 0.0% to 11.4%. The referral to NDPP rate for the whole practice was 3.1%.

Provider education was a successful outcome of this project as evidenced by the rollout of education on NDPP across the physicians at the practice. Provider adherence on referral to dietician for education about the NDPP program saw an increased referral rate over the five-week time.

There was a lack of awareness of NDPP referral and education within the provider group, and increased education and awareness is key for the success of this program.

During the five-week period there were no enrollments completed by the dietician into the program.

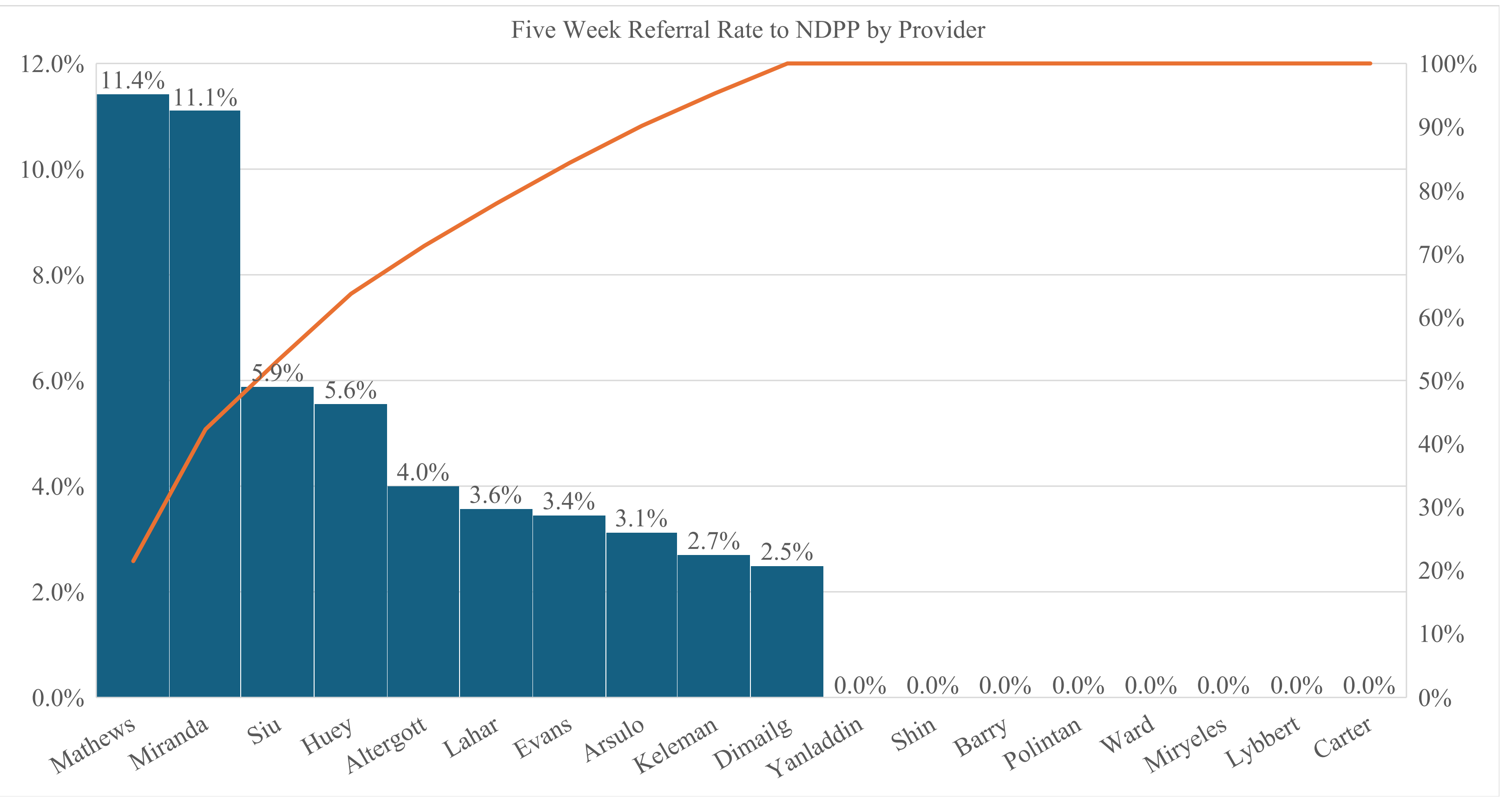
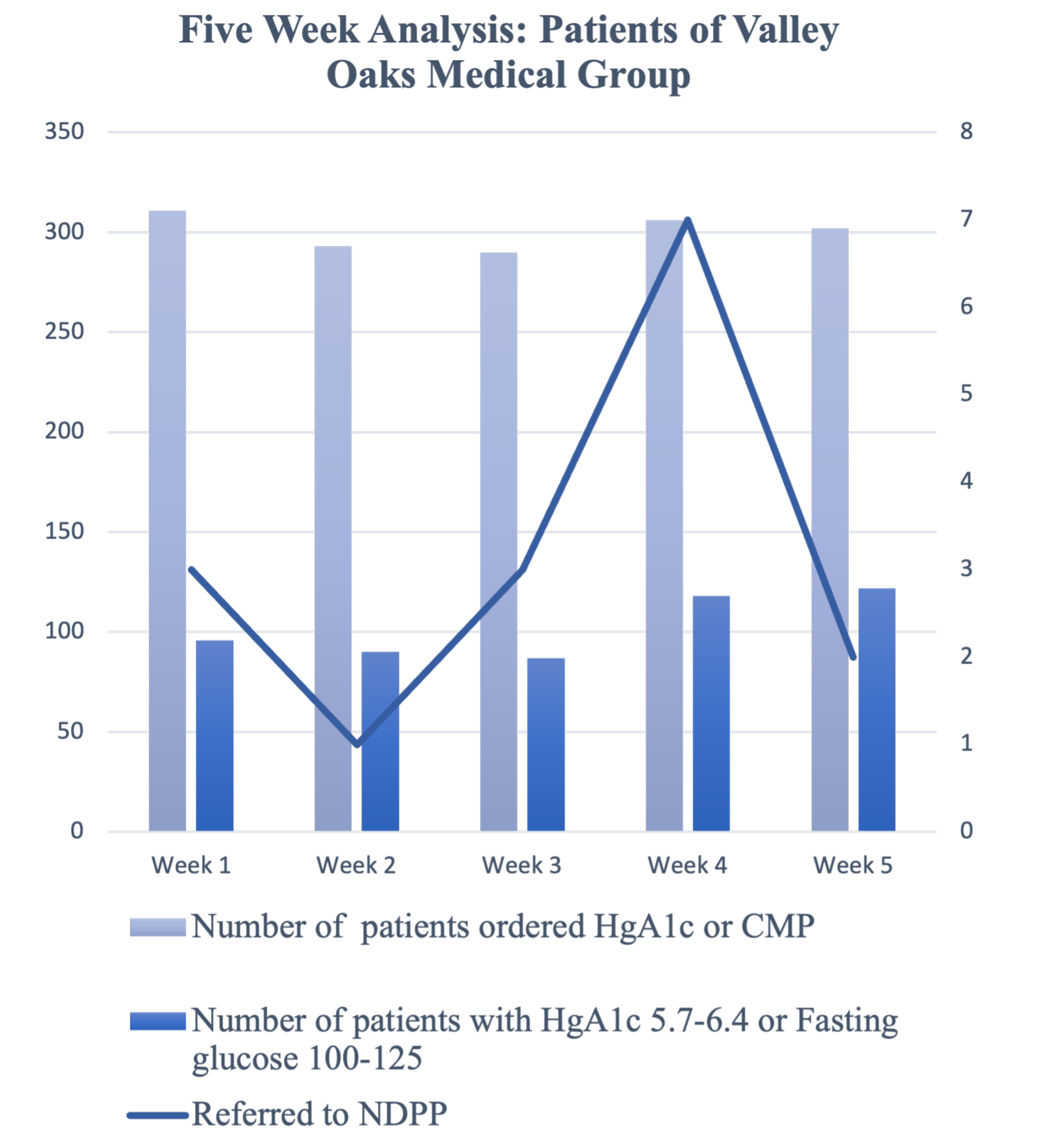
CONCLUSIONS

Although there were no enrollments in the NDPP within the five-week period, the initiative was still valuable to the primary care clinic as it raised awareness about lifestyle changes among patients. Continued efforts are necessary to further enhance these metrics and improve the program's overall effectiveness

The project site plans on supporting this project, but sustainability depends on provider engagement, patient engagement, and community center resources

BIBLIOGRAPHY

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Touros University Nevada

School of Nursing

874 American Pacific Drive · Henderson, NV · 89014

702.777.1746 Website: <http://tun.touros.edu>