National Diabetes Prevention Program

Lifestyle Change Intervention

Health Care Provider

**OUTREACH TOOLKIT**

*Tools to assist organizations implementing the National Diabetes Prevention Program lifestyle change intervention in their marketing efforts to Health Care Providers* (HCPs)

Centers for Disease Control and Prevention

(CDC)

**About This Toolkit**

Busy Health Care Providers (HCPs) routinely receive information about health messages they “should” or “need to” share with patients. This toolkit is designed to help you reach out to HCPs with core messages about your lifestyle change program in a concise, efficient way. It contains advice on conducting outreach to HCPs gathered from focus groups and existing research collected by CDC over the last few years. **Following the suggestions in this toolkit can help you** **make HCPs’ jobs easier by offering a proven approach to help their patients reduce their risk for type 2 diabetes.**

**A Closer Look at HCPs**

Health care providers encompass a wide variety of provider types, and each plays an important and unique role in providing patient care and influencing healthy behaviors.

While primary care physicians (PCPs) may seem like the obvious audience to target, they are often overwhelmed with health messages and responsibilities related to managing their practice, and can be hard to reach. We recommend you include a variety of types of HCPs in your outreach to maximize your efforts.

**Provider Approach**

Health care providers require a set of messages and outreach approaches that highlight specific points:

* The severity of prediabetes;
* The effectiveness of National Diabetes Prevention Program lifestyle change intervention;
* CDC’s role in the National Diabetes Prevention Program;
* The simplicity of recommending their patients to your program; and
* The unique role of HCPs in preventing disease and promoting health.

All HCPs are important in caring for patients; to inform development of this toolkit, we spoke specifically to PCPs, nurse practitioners (NPs), physician assistants (PAs), and registered nurses (RNs). Materials were developed and refined based on message testing, discussions, and secondary research with these audiences.

**How Should You Engage with HCPs?**

**Direct Outreach**

One of the most effective ways to develop relationships with HCPs is through direct outreach — placing phone calls to HCPs or having face-to-face meetings.

Following are a few steps to help you conduct direct, one-on-one outreach to HCPs.

**Research local HCPs:** What do you know about the providers in your community? Are there many large facilities with group practices? What about small practices with one physician and one or two office staff? Who in the office makes the decisions about patient materials? Who is likely to spend the most time talking with patients about diabetes?

Develop a list of potential HCPs you want to engage and determine who the decision-makers are in those practices. By knowing who the influencers are, you can target your calls and visits to those most empowered to carry your messages and get office buy-in to promote your program. Also, note in your records as much information as possible about each practice, such as the type and size. Being knowledgeable about a practice will help shape your conversation.

As you are conducting research, try to find out what insurance companies or employers are covering your program and what the participant will be expected to pay. Health care providers are reluctant to recommend programs to their patients that they cannot afford. If HCPs know that for patients with [*XYZ*] insurance, the cost is only $25 co-pay, they may be more willing to recommend them to your program.

**Prioritize your outreach list:** Based on your research, develop a list of priority HCPs you would like to reach. Start with the providers you or your partners know. A referral by a colleague, friend, or staff member can go a long way in securing a meeting. Also focus on practices that are likely to have a high volume of patients who are eligible for your program. Since the National Diabetes Prevention Program targets adults over the age of 18, it is not necessary to reach out to HCPs in pediatric practices, even if you have a personal connection.

**Reach out to HCPs to talk about your program:** Once you have prioritized your list of HCPs, call or write to them. Don’t get discouraged if your calls, emails, or letters are not answered right away. Gatekeepers are there to protect the providers’ time. Correspondence many times gets filed away or discarded, and calls get screened if they sound like a sales pitch. Remember to be genuine and persistent, and try to engage in person with front office staff to help you set up meetings and explain what you would like to discuss.

**Set up short and productive calls or meetings with HCPs:** Be mindful of the limited time that HCPs have outside of their patient and practice duties. When requesting a call or meeting, see if you can schedule 5–10 minutes at the HCP’s convenience — early morning before patients arrive, just after lunch, or at the end of the day may be possibilities.

Below are some suggestions for framing your conversations:

* Be prepared to speak concisely about your program.
* Let the HCP know specifically what you are asking him/her to do.
* Be sure to say “thank you.” It seems obvious, but means so much.
* If scheduling an in-person meeting, bring a packet of materials for the HCP to keep. If you will be calling the HCP instead of meeting in person, drop off or mail the packet before your call. If your appointment gets cancelled, you will have your materials and messages to leave behind for reading later.

Put your messages in a short cover letter or hand-written note on top of the packet of materials. Include your name and phone number with the materials packet.

**Think about their business:** Be mindful of the season and the health of your community. Stopping by a HCP’s office in the midst of a flu outbreak will not give you the results you are seeking. The best times to schedule a meeting with a HCP may be at a season’s end. For example, consider reaching out in June or July, after spring allergy season and before the fall, back-to-school season.

Outside of seasonal health issues we recommend you time your outreach to HCPs to occur at the same time as your program recruitment efforts in your local community.

**Remember to follow up:** If additional steps are required after your initial call, like sending materials or setting up an in-person meeting, be sure to complete those within 24 to 48 hours.

**Track your outreach efforts and results:** Develop an outreach tracker to note the HCPs you have contacted, those who have signed up to promote your program, and those who have declined participation. This will keep your team and you from making duplicate calls.

**Work with other programs in your area:** Lifestyle change interventions in close proximity to one another may find it beneficial to work together to conduct outreach to HCPs. By doing so, you will avoid duplicating outreach to the same HCPs.

**Identify local HCP associations:** An effective way to reach large numbers of HCPs is to contact local HCP associations and offer to speak about the program or distribute information at a meeting or event. You can also ask these groups to include information about your program in newsletters, email blasts, or social media posts. You may also want to reach out to state health departments for information on HCP associations in your community.

**Recruit HCPs to serve as peer influencers:** Recruiting HCPs to be “peer influencers” to talk about the program to their professional friends and colleagues can be a highly effective promotional strategy. Use local HCP events and relationships with local professional organizations to identify potential champions. It is best to start with HCPs who are currently referring patients to your lifestyle change intervention; they will likely already have an interest in promoting the program.

Once you have identified peer influencers, you can work with them to promote your lifestyle change interventions through their networks of other professionals.

**What Resources Are Available to Assist with Outreach?**

**Fact sheet** outlining key points about the program and its benefits to leave with HCPs.

**Mailing insert** providing a brief description of your lifestyle change intervention and why it could be relevant for their patients.

**HCP recommendation form** for HCPs to give to patients with prediabetes or those at risk for type 2 diabetes recommending participation in your lifestyle change intervention.

**HCP Outreach PowerPoint** providing HCPs with concise information about the program and motivating them to support it by recommending it to their patients.

CDC has also developed the following tools, which may help you in educating HCPs about prediabetes and the program. Feel free to use these materials to help promote your program.

**“Could You Have Prediabetes?” Online Test:** This simple, seven-question screener — available in English and Spanish — assesses a person’s risk for prediabetes. You can view or learn how to share the quiz on your website at [www.cdc.gov/diabetes/prevention](http://www.cdc.gov/diabetes/prevention).

**“A Change for Life” Video:** In this video about the National Diabetes Prevention Program, people with prediabetes and experts talk about how type 2 diabetes can be prevented or delayed by making lifestyle changes that include weight loss and increased physical activity. People with prediabetes discuss how the group lifestyle change classes helped them learn and develop healthy habits. You can view and download the video at [www.cdc.gov/CDCTV/ChangeForLife/index.html](http://www.cdc.gov/CDCTV/ChangeForLife/index.html).

**References**

Knowler, WC, Barrett-Connor, E, et al. Reduction in the incidence of type 2 diabetes with lifestyle intervention or metformin. N Engl J Med 2002;346(6):393-403

Centers for Disease Control and Prevention (CDC). Awareness of Prediabetes - United States, 2005-2010. MMWR Morb Mortal Wkly Rep 2013;62(11);209-212. Retrieved from <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6211a4.htm?s_cid=mm6211a4_w>

Centers for Disease Control and Prevention. *Diabetes: Am I at Risk?* [Fact sheet]. 2013. Retrieved from <http://www.cdc.gov/diabetes/prevention/prediabetes.htm>

American Diabetes Association. Standards of Medical Care in Diabetes – 2012. *Diabetes Care* 2012;35(Supp 1):S12, table 2. Retrieved from: <http://care.diabetesjournals.org/content/35/Supplement_1/S11.full.pdf>

American Diabetes Association. Cost of Diabetes. [Fact sheet]. 2013. Retrieved from <http://www.diabetes.org/advocate/resources/cost-of-diabetes.html>

Tu, HT, Lauer JR. Word of mouth and physician referrals still drive health care provider choice. Health Systems Change 2008, Research Brief No. 9

Albright AL, Gregg EW. Preventing type 2 diabetes in communities across the U.S. Am J Prev Med 2013;44(4):346-51. Retrieved from <http://www.ajpmonline.org/article/S0749-3797(13)00016-0/abstract>