**Content for Talking Points for Healthcare Providers (HCPs)**

*The talking points offer a variety of different points that you can make in your conversations with HCPs. You can share these talking points with HCP contacts you make, so that they can use them with their respective teams or colleagues. Replace yellow highlighted text with information specific to your program.* ***Note:*** *You may wish to include local and/or state-level data in your talking points, which can be found by consulting your state’s chronic disease program or in CDC’s Diabetes Interactive Atlases at* [*www.cdc.gov/diabetes/atlas/index.htm*](http://www.cdc.gov/diabetes/atlas/index.htm)*.*

**[Your Organization/Program name] Talking Points**

**About The Program**

[Your Organization/Program name] is part of the National Diabetes Prevention Program, led by the Centers for Disease Control and Prevention (CDC). It is a proven lifestyle change intervention that has been shown to prevent or delay type 2 diabetes in high-risk patients.

The Centers for Disease Control and Prevention (CDC) leads the National Diabetes Prevention Program, a public-private partnership of community organizations, private insurers, employers, health care organizations, faith-based organizations, and government agencies working to establish local lifestyle change interventions for people at high risk for type 2 diabetes.

[Your Organization/Program name] is based on research examining the effects of structured lifestyle change interventions. The research showed that weight loss of 5 to 7 percent of body weight (10 to 14 pounds for a person weighing 200 pounds), achieved by reducing calories and increasing physical activity to at least 150 minutes per week, reduced the risk of developing type 2 diabetes by 58 percent in people at high risk for the disease. For people over 60 years old, the program reduced risk by 71 percent.

A follow-up study found, after 10 years, those who had participated in the earlier lifestyle change intervention had a 34 percent lower rate of type 2 diabetes.

[Your Organization/Program name] uses a CDC-approved curriculum to help prevent or delay type 2 diabetes in people at risk through achievable and realistic lifestyle changes.

Programs are conducted by lifestyle coaches who are trained on an evidence-based, CDC-approved curriculum.

[Your Organization/Program name] participants meet in groups with a trained lifestyle coach once a week for 16 weeks and then once a month for 6 months to learn ways to incorporate healthier eating, moderate physical activity, and problem-solving and coping skills into their daily lives.

CDC monitors the [Your Organization/Program name] lifestyle change intervention through its recognition program to ensure quality control and adherence to scientific standards.

[Your Organization/Program name] is being offered in locations in your community. [Insert location].

You can learn more about the [Your Organization/Program name] lifestyle change intervention by calling [insert name and phone number] or visiting [www.cdc.gov/diabetes/prevention](http://www.cdc.gov/diabetes/prevention) or [insert local website].

**Facts About Prediabetes**

An estimated 79 million Americans have prediabetes, and only 11 percent of them know they have it, putting them at greater risk for developing type 2 diabetes, heart disease, and stroke.2,3

CDC estimates that as many as 1 in 5 people could have type 2 diabetes by 2025.7

People with prediabetes are 5 to 15 times more likely to develop type 2 diabetes in their lifetime; if no action is taken, that can happen within 3 years.3

As a health care provider, you see the face of prediabetes every day. Risk factors for prediabetes include:

* being 45 years of age or older,
* being overweight,
* exercising fewer than three times a week,
* having a family history of type 2 diabetes,
* or have a history of gestational diabetes.

CDC has developed an online quiz making it easy for you to assess a patient’s risk for having prediabetes. Go to [www.cdc.gov/diabetes/prevention](http://www.cdc.gov/diabetes/prevention) to administer the quiz to your patients.

Prediabetes can be diagnosed via an HbA1c test, a fasting blood glucose test, or an oral glucose tolerance test.

* An HbA1c value between 5.7 and 6.4;
* A fasting blood glucose value between 100 and 125 mg/dL; or
* An oral glucose tolerance test value between 140 and 199 mg/dL.4

In 2012, the total cost of diagnosed diabetes was $245 billion, an increase of 41 percent from data collected just 5 years earlier. These costs include $176 billion in direct medical expenses. Managing prediabetes can help reverse this trend.5

**The Role of HCPs in Addressing Diabetes**

Patients look to their primary care providers more than any other source for information on promoting health and preventing diseases, especially when they are faced with a serious, chronic condition like type 2 diabetes.6

Health care providers likely see patients every day who are living with prediabetes or are at high risk for type 2 diabetes, and these patients don’t know it. As a health care provider, you play a vital role in helping to prevent or delay the onset of diabetes by assessing and discussing patients’ risk of type 2 diabetes, testing patients for prediabetes and recommending participation in [Your Organization/Program name] for those at risk.

Recommending your patients with prediabetes or those at risk for type 2 diabetes take part in [Your Organization/Program name] is simple.

We will provide you with tools to help you relay information about the program and its benefits to your patients, including a fact sheet and a simple form to easily recommend that a patient join a local [Your Organization/Program name] lifestyle change intervention.

Patients can be referred to [Your Organization/Program name] if they are at least 18 years old, are overweight, and they present with risk factors for type 2 diabetes, or if they have been diagnosed with prediabetes or previously diagnosed with gestational diabetes.

The current ICD-9 code 720.29 is associated with prediabetes. Prediabetes will be associated the ICD-10 code R73.09 covering “other abnormal glucose” following the conversion in October 2014.