American Diabetes Association®

Benefits of a Bidirectional Referral System

The *Standards of Medical Care in Diabetes*, published by the American Diabetes Association® (ADA), suggests that providers **refer patients with prediabetes to a lifestyle change program** that is modeled on National Institutes of Health's (NIH) Diabetes Prevention Program (DPP).

CDC-recognized lifestyle change programs use curricula modeled on the DPP that **provides high-risk patients with a focused, evidence-based intervention** that would be difficult to provide during brief clinic visits.

Year-long sessions are facilitated by a trained lifestyle coach with a focus on nutritional and physical activity modifications that can delay the onset of type 2 diabetes by **11.1 years**.[1]

Q. How does a bidirectional referral system help you stay informed about your patient's progress?

A. Through two-way communication, treatment is coordinated between a health care provider and a lifestyle change program. The provider refers a patient through a variety of methods, including Health Information Exchange systems or Electronic Health Record functions. The program communicates information on the patient's progress to the provider, including their enrollment status and progress updates at 6 and 12 months.

CDC-recognized lifestyle change programs provide regular feedback on patient progress and outcomes, such as:

- Successful contact with the referred patient
- Confirmed enrollment in a lifestyle change program
- Current participation status of the patient
- Weight loss
- Completion of the program
- Final patient outcomes

Benefits of Bidirectional Referral

- Improve care coordination and patient follow-up
- Increase clinical-community linkages
- Increase patient compliance
- Reduce complications
- Reduce chronic disease
- Lower health care costs
- Meet state licensing and board certification requirements
- Earn Patient-Centered Medical Home (PCMH) recognition

For more information, visit **professional.diabetes.org/nationaldpp**.

[1] The lifestyle change program is based on NIH's research estimating diabetes onset delay of 11.1 years: Aroda, V. R., & Ratner, R. (2008). Approach to the patient with prediabetes. *The Journal of Clinical Endocrinology & Metabolism*, 93(9), 3259–3265..

This publication was supported by Cooperative Agreement Number NU58DP006364-03-00, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.