HELPING YOURSELF TO HEALTH

SMALL STEPS ARE THE START.

PREVENTING TYPE 2 DIABETES

Provider Toolkit

A guide to refer your patients with prediabetes to an evidence-based Diabetes Prevention Program

To find resources for your patients, visit:
MYHEALTHYVT.ORG

VERMONT DEPARTMENT OF HEALTH
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Helping Yourself to Health Provider Toolkit for Prediabetes

Introduction

This toolkit helps primary care office staff prevent type 2 diabetes by identifying patients with prediabetes and connecting them to free, evidence-based diabetes prevention programs available throughout Vermont.

Type 2 diabetes is one of four chronic diseases that is the cause of more than 50 percent of deaths in Vermont each year. More Vermonters die each year from chronic disease than any other cause of death, but chronic disease is not anyone's fate. By changing three behaviors—lack of physical activity, poor diet and tobacco use—Vermonters can improve their quality of life and reduce their likelihood of having a chronic disease. To learn more about the statewide movement to reduce the rate of chronic disease, visit healthvermont.gov/3-4-50.

Prediabetes can lead to type 2 diabetes

Prediabetes is a health condition characterized by blood glucose levels that are higher than normal, but not high enough to be diagnosed as diabetes. Left untreated, up to one-third of people with prediabetes will progress to diabetes within five years. Prediabetes also increases the risk for type 2 diabetes, heart disease and stroke.

Prediabetes is treatable, but only about 10 percent of people who have it are aware that they do. A diagnosis of prediabetes from a provider can be the catalyst to your patients making lifestyle changes.

Free self-management programs for your patients

Helping Yourself to Health is a one-stop resource for Vermont's six self-management programs run by the Vermont Blueprint for Health, in collaboration with the Health Department and the University of Vermont Medical Center. Having these classes on one website, MyHealthyVT.org, allows Vermonters easy access to information and support, and elevates the value and visibility of all programs. This is especially important considering many eligible participants have one or more chronic conditions.

MyHealthyVT.org connects your patients to free, local self-management programs addressing:

- Diabetes prevention
- Diabetes management
- Quitting smoking
- Emotional wellness
- Chronic disease management
- Chronic pain management

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How Does a Diabetes Prevention Program Work?

National Diabetes Prevention Programs use lifestyle-change interventions to improve nutrition, increase physical activity, and achieve moderate weight loss. Among those with prediabetes, the diabetes prevention program has shown a reduction in high blood pressure, a 58 percent reduction in the number of new cases of diabetes overall, and a 71 percent reduction in new cases for those over age 60[1]. To learn more about NIDDK-sponsored Diabetes Prevention Programs, visit their website.[2]

The goal for each participant is to lose 5-7% of body weight by:

- Progressively reducing dietary intake of calories and fat through improved food choices
- Increasing moderate physical activity (e.g., brisk walking) to ≥150 minutes per week
- Developing behavioral problem-solving and coping skills

Diabetes Prevention Program features:

- Empower participants with the tools and information needed to improve their health and well-being.
- Meet in groups with a trained lifestyle coach for one year (16 weekly sessions) and gradually tapering to monthly sessions for the last six months of the program.
- Learn ways to eat healthier, increase moderate physical activity, make action-plans/ solve problems, and incorporate stress-reduction and coping skills into their daily lives.
- Provide feedback to referring clinicians after the eighth and 16th group sessions, as well as periodic participant self-evaluations that can be requested directly from patients. All patient information adheres to the rules of protected health information (PHI).

Who is eligible for referral to a diabetes prevention program?

To be eligible for referral, patients must:

- Be at least 18 years old **and**
- Be overweight (Body-Mass Index [BMI] ≥25; ≥23 if Asian) **and**
- Score 9 or higher on CDC's prediabetes risk test (see page 19) **or**
- Have a blood test result in the prediabetes range within the past year:
  - » Hemoglobin A1C: 5.7–6.4% **or**
  - » Fasting plasma glucose: 100–125 mg/dL **or**
  - » Two-hour plasma glucose (after a 75gm glucose load): 140–199 mg/dL **or**
- Be previously diagnosed with gestational diabetes **and**
- Have no previous diagnosis of type 2 diabetes

How can patients find a diabetes prevention program near them?

Visit MyHealthyVT.org to learn more, locate a program, and connect with a regional coordinator.

[1] 58% reduction in the number of new cases of diabetes overall, and a 71% reduction in new cases for those over age 60, represent a three-year reduction rate

[2] https://www.niddk.nih.gov/about-niddk/research-areas/diabetes/diabetes-prevention-program-dpp

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Sample Talking Points for Providers

What is prediabetes?

- Prediabetes means your blood glucose (sugar) level is higher than normal, but not high enough to be diagnosed as diabetes. This condition raises your risk of type 2 diabetes, stroke and heart disease.
- If left untreated, many people with prediabetes will develop type 2 diabetes within five years.
- Type 2 diabetes is a serious condition that can lead to health issues such as heart attack, stroke, blindness, kidney failure, or loss of toes, feet or legs.

What can you do about it?

- The good news is that there's a free program that can help you. Visit MyHealthyVT.org to find a Diabetes Prevention Program in your area.
- The National Diabetes Prevention Program, led by the Centers for Disease Control and Prevention (CDC), is proven to prevent or delay type 2 diabetes.
- Vermont offers this program FREE of charge to any qualifying participant all over the state.
- By improving food choices and increasing physical activity, your goal will be to lose 5 to 7 percent of your body weight—that is 10 to 14 pounds for a person weighing 200 pounds.
- These lifestyle changes can cut your risk of developing type 2 diabetes by more than half.

How does the program work?

- As part of a group, you will work with a trained diabetes prevention coach and other participants to learn the skills you need to make lasting lifestyle changes.
- You will learn to eat healthy, add physical activity to your life, manage stress, stay motivated, and solve problems that can get in the way of healthy changes.
- By going through the program with others who have prediabetes, you can celebrate each other's successes and work together to overcome challenges.
- The program lasts one year, with 16 sessions taking place about once a week and six to eight more sessions meeting every other week or once a month (24 sessions total).
- This program—which costs $429 in other states— is free for Vermonters.

HELPING YOURSELF TO HEALTH

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Point of Care Prediabetes Identification

METHOD 1:

MEASURE

If patient is age ≥18 and does not have diabetes, provide CDC's Prediabetes Screening Test (page 19). If test reveals risk, proceed to next step. A score of 9 or higher qualifies patient for Diabetes Prevention Program

Review medical record to determine if BMI ≥25 (≥23 if Asian) or history of GDM*

NO

Patient does not currently meet program eligibility requirements

Determine if a HbA1C, FPG or OGTT was performed in the past 12 months

NO

Order one of the tests below:
- Hemoglobin A1C (HbA1C)
- Fasting plasma glucose (FPG)
- Oral glucose tolerance test (OGTT)

YES

RESULTS

Diagnostic test	Normal	Prediabetes	Diabetes
HbA1C(%)	<5.7	5.7–6.4	≥6.5
Fasting plasma glucose (mg/dl)	<100	100–125	≥126
Oral glucose tolerance test (mg/dl)	<140	140–199	≥200

ACT

Normal	Prediabetes	Diabetes
Encourage patient to maintain a healthy lifestyle. Continue with exam/consult. Retest within three years of last negative test.	Refer to diabetes prevention program, MyHealthyVT.org Consider retesting annually to check for diabetes onset.	Confirm diagnosis retest if necessary. Counsel patient re: diagnosis. Initiate therapy. Refer to MyHealthyVT.org for Healthier Living Workshop for Diabetes.

PARTNER

Communicate with your local diabetes program.

Contact patient and troubleshoot issues with enrollment or participation.

At next visit, ask patient about progress and encourage continued participation in the program.

* Gestational diabetes mellitus

Adapted from: New York State Department of Health. New York State Diabetes Prevention Program (NYS DDP) prediabetes identification and intervention algorithm. New York: NY Department of Health; 2012.

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Point of Care Referral to a Diabetes Prevention Program

METHOD 1:

- Point-of-care identification and referral
- Download and display the patient handout
- Print the practice and patient resources included in this guide in advance of patient visits, so your office can have them available in the waiting room or during consult.

Measure

Step 1 — During check-in: If age ≥18 and patient does not have diabetes, give him/her the CDC Prediabetes Screening Test included on page 19 of this toolkit. After patient completes the test and returns it, insert completed test in the paper chart or note risk score in the electronic medical record (EMR). Screening test can also be mailed to patient along with other pre-visit materials.

Step 2 — During rooming/vitals: Calculate the patient's body-mass index. Most EMRs can calculate BMI automatically. Review the patient's diabetes risk score and, if elevated (9 or higher), flag for possible referral.

Step 3 — During exam/consult: Follow the point-of-care prediabetes identification algorithm on page 7 to determine if patient has prediabetes.

If the blood test results *do not indicate* prediabetes, encourage the patient to maintain healthy lifestyle choices.

If blood test results *do indicate* prediabetes, please continue to the next page to the ACT and PARTNER steps.

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Point of Care Referral to a Diabetes Prevention Program (Cont'd)

Act

A. If the patient screens positive for prediabetes and has BMI <25 (<23 if Asian):

- Introduce the topic of prediabetes by briefly explaining what it is and its relation to diabetes (see *Sample Talking Points* on page 5). Review the patient's own risk factors.
- Emphasize the importance of prevention, including healthy eating, increased physical activity, and the elimination of risky drinking and tobacco use.

B. If the patient screens positive for prediabetes and has BMI ≥25 (≥23 if Asian):

- Return to "A" above, discuss the value of participating in a diabetes prevention program, and determine the patient's willingness to let you refer him/her to a program.
- If the patient agrees, notify the Health Service Area's Regional Coordinator or call the Statewide Self-Management Coordinator at (802) 847-5468.
- If patient declines, offer him/her a program handout with the website MyHealthyVT.org and reevaluate risk factors at next clinic visit.

Step 4 — Referral to diabetes prevention program: Most diabetes prevention programs are configured to receive referrals via conventional fax (over a phone line) or secure email. If a patient agrees to a referral, complete the referral form (page 11) and submit to a program as follows:

Secure Fax: 802-847-6545

Secure Email: selfmanagement@uvmhealth.org

A. If using a paper referral form, as available in this toolkit, send via fax (over a phone line) or scan and securely email.

B. If the referral form is embedded in your EMR, either fax (over a phone line) or email using the EMR.

Physicians and other health care providers should also use their clinical judgment when referring to a diabetes prevention program.

Partner

Step 5 — Follow-up with patient: After referring, contact patient and troubleshoot issues with enrollment or participation.

At the next visit, ask patient about progress and encourage continued participation in the program.

HELPING YOURSELF TO HEALTH

SMALL STEPS ARE THE START.

Retrospective Prediabetes Identification

METHOD 2:

MEASURE

Query Electronic Health Records or patient database every 6–12 months using the following criteria:

A. Inclusion criteria:
- **Age ≥18 years and**
- **Most recent BMI ≥25 (≥23 if Asian) and**
- **A positive lab test result within previous 12 months:**
  - HbA1C 5.7–6.4% (LOINC* code 4548-4) **or**
  - FPG 100–125 mg/dl (LOINC code 1558-6) **or**
  - OGTT 140–199 mg/dl (LOIN code 62856-0) **or**
- **History of gestational diabetes (ICD-10: Z86.32)**

B. Exclusion criteria:
- **Current diagnosis of type 2 diabetes (ICD-10: E11) or**
- **Current insulin use**
- **Current pregnancy**

Generate a list of patient names with relevant information

ACT

Use the patient list to:

A. Contact patients to inform of risk status, explain prediabetes, and share info on diabetes prevention programs, and/or

B. Send patient contact info to Diabetes Prevention Program's Regional Coordinator (found at MyHealthyVT.org). The Regional Coordinator will contact the patient directly, and

C. Flag medical record for patient's next office visit

PARTNER

Discuss program participation at next visit

* Logical Observation Identifiers Names and Codes

Adapted from: New York State Department of Health. New York State Diabetes Prevention Program (NYS DDP) prediabetes identification and intervention algorithm. New York: NY Department of Health; 2012.

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Retrospective Referral to a Diabetes Prevention Program

METHOD 2:

Retrospective identification and referral

Measure

Step 1 — Query EMR or patient database Query your EMR or patient database every 6–12 months using the following criteria:

A. INCLUSION CRITERIA

- Age ≥18 years and
- BMI ≥25 (≥23 if Asian) and
- A positive test result for prediabetes within the preceding 12 months:
  - » HbA1C 5.7–6.4% or
  - » Fasting plasma glucose 100–125 mg/dL or
  - » OGTT 140–199 mg/dL

OR

- Clinically diagnosed gestational diabetes during a previous pregnancy

B. EXCLUSION CRITERIA

- Current diagnosis of diabetes

Step 2 — Generate a list of patient names and other information required to make referrals:

- Gender and birth date
- Email address
- Mailing address
- Phone number

Act

Step 3 — Referral to diabetes prevention program

A. Contact patients via phone, email, letter, or postcard to explain their prediabetes status and let them know about the diabetes prevention program. For sample outreach language, see pages 14-15.

B. Send relevant patient information to your Regional Coordinator who will contact the patient directly.

C. Flag patient's medical records for the next office visit.

Physicians and other health care providers should also use their clinical judgment when referring to a diabetes prevention program.

Partner

During the next office visit, discuss diabetes prevention program participation:

- If the patient is participating, discuss program experience and encourage continued participation.
- If the patient has declined to participate, stress the importance of lifestyle change and continue to encourage participation.

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Referral Form for the Diabetes Prevention Program

Secure Fax: 802-847-6545 | Secure Email: selfmanagement@uvmhealth.org

Patient Information	
First Name:	Address:
Last Name:	
Birth Date:	City:
Gender:	State / ZIP code:
Email:	Phone number:

By providing your information above, you authorize your health care practitioner to provide this information to the Diabetes Prevention Program provider, who will use this information to communicate with you regarding enrollment in the program.

Practitioner Information	
Provider:	Address:
Practice contact:	City:
Phone:	State:
Fax:	ZIP code:

Screening Information			
Body-Mass Index (BMI)			eligibility ≥25, ≥23 if Asian
Blood test (check one)	Eligible range	Test result	Date of test
___ Hemoglobin A1c	5.7–6.4%		
___ Fasting Plasma Glucose	100–125 mg/dL		
___ 2-hour plasma glucose (75 gm OGTT)	140–199 mg/dL		
___ Gestational Diabetes (in a prior pregnancy)			

By signing this form, I authorize my practitioner to disclose my diabetes screening results to the Diabetes Prevention Program for the sole purpose of determining my eligibility for the diabetes prevention program.

I understand that I am not obligated to participate, and that this authorization is voluntary.

I understand that I may revoke this authorization by notifying my provider in writing. Any revocation will not influence actions taken before my provider received said revocation.

Patient Signature Date

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ICD-10 Codes for Prediabetes and Diabetes Screening

International Classification of Diseases (ICD) 10 for prediabetes and diabetes screening	
ICD-10 code	**ICD-10 code description**
Z13.1	Encounter for screening for diabetes mellitus
R73.09	Prediabetes or other abnormal glucose
R73.01	Impaired fasting glucose
R73.02	Impaired glucose tolerance (oral)
R73.9	Hyperglycemia, unspecified
Z86.32	Personal history of gestational diabetes
E66.01	Morbid obesity due to excess calories
E66.09	Other obesity due to excess calories
E66.8	Other obesity
E66.9	Obesity, unspecified
E66.3	Overweight
Z68.3X	Body mass indexes 30.0-39.9 (adult)
Z68.4X	Body mass indexes ≥ 40.0 (adult)

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CPT Codes for Diabetes Screening Tests

Current Procedural Terminology (CPT*) for diabetes screening tests			
CPT E/M codes for prevention-related office visits		**CPT codes for office-based laboratory testing**	
Preventative visit New Patient, Commercial/Medicaid	99381-99387	83036QW	Office-based Hemoglobin A1C testing
Preventative visit Established Patient Commercial/Medicaid)	99391-99397	82962	Office-based finger stick glucose testing
Annual Wellness Visit Initial Medicare	G0438		
Annual Wellness Visit Subsequent enrolled > 1-year Medicare	G0439		
Individual Preventative Counseling* Commercial/Medicaid	99401 – Approx 15min 99402 – Approx 30min 99403 – Approx 45min 99404 – Approx 60min		
Face-to-Face Obesity	G0447 – 15min		
Counseling for Obesity:† Medicare			

These codes may be useful to report services/tests performed to screen for prediabetes and diabetes.

* Preventatives codes 99381-99397 include counseling and cannot be combined with additional counseling codes. If significant risk factor reduction and/or behavior change counseling is provided during a problem- oriented encounter, additional preventative counseling may be billed. In this case, modifier 25 code may allow for payment for both services, although this may vary by payer. Reimbursement for this code is not guaranteed.

† Must be billed with an ICD code indicating a BMI of 30 or greater. Medicare does not allow billing for another service provided on the same day.

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Outreach Letter Template

Use or adapt these templates to conduct efficient follow-up and referral with patients who have been identified as having prediabetes.

<<YOUR LETTERHEAD>>
<<ADDRESS>>
<<PHONE NUMBER>>
<<DATE>>
<<PATIENT NAME>>
<<PATIENT ADDRESS>>

Dr./Mr./Mrs. <<PATIENT LAST NAME>>,

Your health team at <<PRACTICE NAME HERE>> wants to tell you about a free service to help make your health better.

In reviewing our records, you have been identified as a patient who has one or more risk factors for type 2 diabetes. To help keep you on a healthy path and minimize your risk of developing diabetes, our office wants you to know that you may be eligible for a FREE diabetes prevention program run by our partner, Blueprint for Health. They offer diabetes prevention programs in diverse locations throughout the state that are proven to reduce your risk of developing diabetes and other health problems.

We have sent a referral to <<NAME OF Regional Coordinator>>, the self-management regional coordinator, and someone will call you to discuss the program, answer any questions you may have, and, if you are interested, enroll you in the program.

Please feel free to give <<NAME OF Regional Coordinator>> a call at

<<PHONE NUMBER>>.

—OR—

We have sent a referral to the Regional Coordinator's office for this program, and we urge you to call the phone number available at MyHealthyVT.org to find the nearest location, learn more about the program, and enroll. On the MyHealthyVT.org, select "Learn More" under Diabetes Prevention, and then select "Ready to get Started? Find a Program Near You." Click on the "Green Balloon" in your area for the Regional Coordinator's contact information.

We hope you will take advantage of this program, which can help prevent you from developing serious health problems.

Sincerely,
Dr. <<PHYSICIAN LAST NAME>>

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Sample Talking Points for Phone Outreach

Hello <<PATIENT NAME>>.

- I am calling from <<PRACTICE NAME HERE>>.
- I'm calling to tell you about a program we'd like you to consider, to help you prevent some serious health problems.
- Based on our review of your medical chart, you have been identified as a patient who has one or more risk factors for type 2 diabetes. This means your blood sugar is higher than normal, which makes you more likely to develop serious health problems including type 2 diabetes, stroke and heart disease.
- We have some good news, too.
- You may be eligible for a free diabetes prevention program run by our partners, Blueprint for Health.
- Their Diabetes Prevention Program is based on research proven to reduce one's risk of developing diabetes and other health problems. These programs are offered in many locations statewide.

Option A

- We have sent a referral to <<NAME OF REGIONAL COORDINATOR >> and someone will call you to discuss the program, answer any questions you may have, and, if you are interested, enroll you in the program.
- Please feel free to give <<NAME OF REGIONAL COORDINATOR>> a call at <<PHONE NUMBER—see map linked to FIND A PROGRAM NEAR YOU>>.
- Do you have any questions for me?
- Thank you for your time.

Option B

- We have sent a referral to <<NAME OF REGIONAL COORDINATOR>> and we urge you to call <<PHONE NUMBER>> to learn more about the program and enroll.
- We hope you will take advantage of this program, which can help prevent you from developing serious health problems.
- Do you have any questions for me?
- Thank you for your time.

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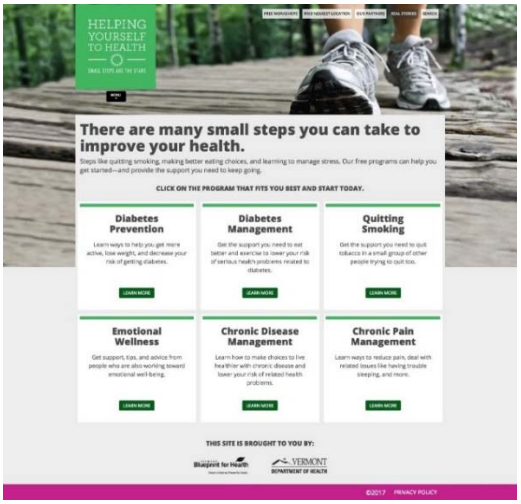
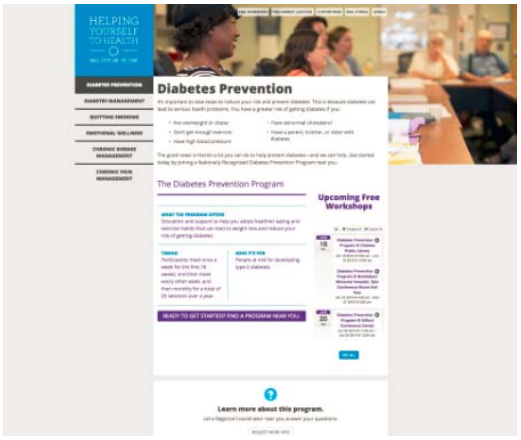
Features of MyHealthyVT.org



MyHealthyVT.org

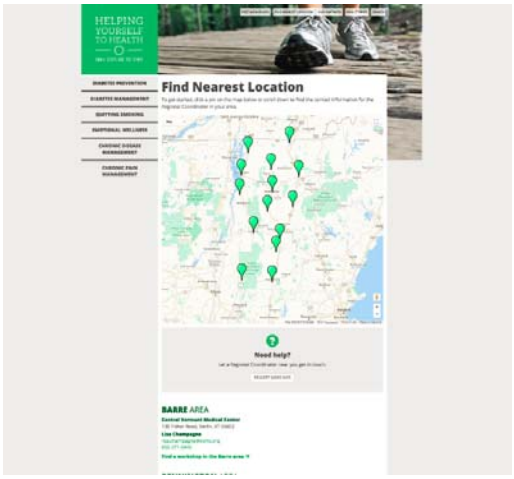
See the collection of free self-management programs available in Vermont at myhealthyvt.org



Diabetes Prevention

Explore the Diabetes Prevention page to find details about the FREE Diabetes Prevention Program, what it offers and who it's for, as well as upcoming workshops, success stories and resources.

myhealthyvt.org/diabetes-prevention



Find Nearest Location

Locate the Regional Coordinator closest to you by using the statewide interactive map or scroll through the list.

myhealthyvt.org/find-nearest-location

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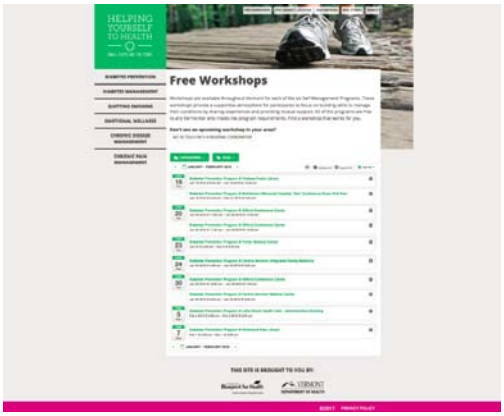
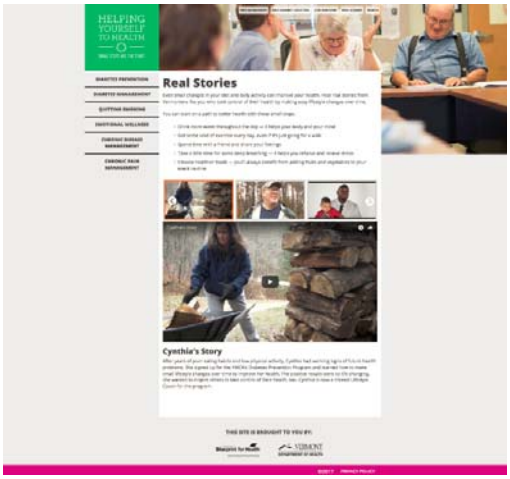
Features of MyHealthyVT.org



Free Workshops
Locate workshops using the interactive calendar.

myhealthyvt.org/workshops



Real Stories
Hear how real Vermonters found the motivation and support they needed to help themselves to a healthier life.

myhealthyvt.org/real-stories

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PREDIABETES SCREENING TEST

COULD YOU HAVE PREDIABETES?

Prediabetes means your blood glucose (sugar) is higher than normal, but not yet diabetes. Diabetes is a serious disease that can cause heart attack, stroke, blindness, kidney failure, or loss of feet or legs. Type 2 diabetes can be delayed or prevented in people with prediabetes through effective lifestyle programs. Take the first step. Find out your risk for prediabetes.

TAKE THE TEST—KNOW YOUR SCORE!

Answer these seven simple questions. For each "Yes" answer, add the number of points listed. All "No" answers are 0 points.

YES	NO	
1	0	Are you a woman who has had a baby weighing more than 9 pounds at birth?
1	0	Do you have a sister or brother with diabetes?
1	0	Do you have a parent with diabetes?
5	0	Find your height on the chart. Do you weigh as much as or more than the weight listed for your height?
5	0	Are you younger than 65 years of age and get little or no exercise in a typical day?
5	0	Are you between 45 and 64 years of age?
9	0	Are you 65 years of age or older?
		Add your score and check below to see what it means.

AT-RISK WEIGHT CHART

Height	Weight *Pounds*
4'10"	129
4'11"	133
5'0"	138
5'1"	143
5'2"	147
5'3"	152
5'4"	157
5'5"	162
5'6"	167
5'7"	172
5'8"	177
5'9"	182
5'10"	188
5'11"	193
6'0"	199
6'1"	204
6'2"	210
6'3"	216
6'4"	221

IF YOUR SCORE IS 3 TO 8 POINTS

Your risk is probably low for having prediabetes now. Keep your risk low by being active, not using tobacco, and eating low-fat meals with fruits, vegetables, and whole-grain foods. If you have high cholesterol or high blood pressure, talk to your health care provider.

IF YOUR SCORE IS 9 OR MORE POINTS

Your risk is high for having prediabetes now. Schedule an appointment with your health care provider soon.

Adapted from the CDC Prediabetes Screening Test.

To take the next step, visit:
MYHEALTHYVT.ORG

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Diabetes Prevention

A Self-Management Program to help you get more active, lose weight, and decrease your risk of getting diabetes.

It's important to take steps to reduce your risk and prevent diabetes. This is because diabetes can lead to serious health problems. You have a greater risk of getting diabetes if you:

- **Are overweight or obese**
- **Don't get enough exercise**
- **Have high blood pressure**
- **Have abnormal cholesterol**
- **Have a parent, brother, or sister with diabetes**

The good news is there's a lot you can do to help prevent diabetes—and we can help. Get started today by joining a Nationally Recognized Diabetes Prevention Program near you.

The Program
The Diabetes Prevention Program

WHAT THE PROGRAM OFFERS
Education and support to help you adopt healthier eating and exercise habits that can lead to weight loss and reduce your risk of getting diabetes.

TIMING
Participants meet once a week for the first 16 weeks, and then meet every other week, and then monthly for a total of 25 sessions over a year.

WHO IT'S FOR
People at risk for developing type 2 diabetes.

To take the next step, visit:
MYHEALTHYVT.ORG

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Take small steps today

TO IMPROVE YOUR HEALTH.

Our **FREE** programs can help you get started and provide the support you need to keep going. We are ready to help you today with:

DIABETES PREVENTION & MANAGEMENT

Learn ways to help you get more active, lose weight, and decrease your risk of getting diabetes. And, get the support you need to eat better and exercise to lower your risk of serious health problems related to diabetes.

QUITTING SMOKING

Get the support you need to quit tobacco in a small group of other people trying to quit too.

EMOTIONAL WELLNESS

A self-designed prevention and wellness process that anyone can use to get well, stay well, and make life the way you want it to be.

CHRONIC DISEASE MANAGEMENT

Learn how to make choices to live healthier with chronic disease and lower your risk of related health problems.

CHRONIC PAIN MANAGEMENT

Learn ways to reduce pain, deal with related issues like trouble sleeping, and more.

To take the next step, visit:

MYHEALTHYVT.ORG

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CONTACT

Vermont Statewide Self-Management Coordinator
selfmanagement@uvmhealth.org | (802) 847-5468

This guide is available for download at
www.healthvermont.gov/wellness/diabetes

To find resources for your patients, visit:
MYHEALTHYVT.ORG

Adapted from a guide of the same name created by the American Medical Association and the Centers for Disease Control and Prevention. Revised July 2018.

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