**Letter template**

Use/adapt this template 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’S LAST NAME>>,

Thank you for being a patient of the <<PRACTICE NAME HERE>>. We are writing to tell you about a program that can help make your health better.

Based on our review of your medical chart, you have prediabetes. This means your blood glucose level is higher than normal, which increases your risk of developing serious health problems including type 2 diabetes, as well as heart disease and stroke.

We have some good news—prediabetes is a treatable and potentially reversible condition. Our practice wants you to know that you may be eligible for the National Diabetes Prevention Program lifestyle change program run by our partners, <<NAME OF DPP PROVIDER>>. This program has been proven to help participants reduce their risk of developing diabetes and other health problems.

We have sent a referral to <<NAME OF DPP PROVIDER>>, 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 call <<INSERT NAME OF CONTACT PERSON>> at <<PHONE NUMBER>> between <<INSERT HOURS>> on <<INSERT DAYS>>.

-OR-

We have sent a referral to <<NAME OF DPP PROVIDER>>, 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 that can help prevent you from developing serious health problems.

Sincerely,

Dr. <<PHYSICIAN LAST NAME>>

**Sample talking points for phone outreach**

Please note: This script is applicable after the patient’s identity has been verified and your health care organization/practice’s institutional privacy policy/HIPPA protocol has been followed.

Hello <<PATIENT NAME>>.

* My name is <<INSERT NAME>>, and I am calling from << PRACTICE NAME HERE >>.
* I’m calling to tell you about a program we would like you to consider that can help you prevent some serious health problems.
* Based on our review of your medical chart, you have prediabetes. This means your blood glucose is higher than normal, which makes you more likely to develop serious health problems including type 2 diabetes, stroke and heart disease.
* The good news is that prediabetes is treatable and, in some cases, reversible.
* You are eligible for a lifestyle change program run by our partners, <<INSERT DPP PROVIDER>>. Its program has been proven to reduce your risk of developing diabetes and other health problems.
* The program includes 16-weekly sessions followed by monthly maintenance sessions.
* You will be in a group with people who also have prediabetes, and the sessions are all led by a trained lifestyle coach.
* This is not another weight loss or exercise program. It addresses other topics, including stress management, benefits of sleep to nutrition and how to cope with difficult situations that make eating healthy difficult.
* If you lose just 5 percent of your body weight and become more physically active, you can lower your risk of developing diabetes. This program can help you achieve that.

Option A

* We have sent a referral to <<NAME OF DPP PROVIDER>>, 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 call <<INSERT NAME OF CONTACT PERSON>> at <<PHONE NUMBER>> between <<INSERT HOURS>> on <<INSERT DAYS>>.
* Do you have any questions for me?
* Thank you for your time and be well.

Option B

* We have sent a referral to <<NAME OF DPP PROVIDER>>, 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 that can help prevent you from developing serious health problems.
* Do you have any questions for me?

Thank you for your time and be well.