

# Applying the Chronic Care Model to Improve Prediabetes Screening

Martha (Martie) Guzman  
DNPc, FNP-BC, FNP-C, PHN  
California State University, Fresno  
Doctor of Nursing Practice Program



# Prediabetes

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- Elevated blood sugar
- Growing evidence
- Silent but serious





98  
Million

About 98 million American adults—more than 1 in 3—have prediabetes



More than 8 in 10 adults with prediabetes don't know they have it

# Problem

Prevalence of prediabetes In the U.S. Nearly tripled, from 6.5% in 2005 -2008 to 17.4% in 2017 through 2020 (CDC, 2022).

California has 13 million adults (46%) with prediabetes and T2DM

2.5 Million (9%) with T2DM

[2 groups= 55%] (Babey, et al., 2016)

Prediabetes screening is recommended by EBP guidelines, but the implementation varies

(CDC, 2024)

# Prediabetes Risk Test

NATIONAL  
DIABETES  
PREVENTION  
PROGRAM

## 1. How old are you?

Younger than 40 years (0 points)  
40–49 years (1 point)  
50–59 years (2 points)  
60 years or older (3 points)

Write your score in the boxes below

## 2. Are you a man or a woman?

Man (1 point) Woman (0 points)

## 3. If you are a woman, have you ever been diagnosed with gestational diabetes?

Yes (1 point) No (0 points)

## 4. Do you have a mother, father, sister, or brother with diabetes?

Yes (1 point) No (0 points)

## 5. Have you ever been diagnosed with high blood pressure?

Yes (1 point) No (0 points)

## 6. Are you physically active?

Yes (0 points) No (1 point)

## 7. What is your weight category?

(See chart at right)

Total score:

Height	Weight (lbs.)		
4'10"	119-142	143-190	191+
4'11"	124-147	148-197	198+
5'0"	128-152	153-203	204+
5'1"	132-157	158-210	211+
5'2"	136-163	164-217	218+
5'3"	141-168	169-224	225+
5'4"	145-173	174-231	232+
5'5"	150-179	180-239	240+
5'6"	155-185	186-246	247+
5'7"	159-190	191-254	255+
5'8"	164-196	197-261	262+
5'9"	169-202	203-269	270+
5'10"	174-208	209-277	278+
5'11"	179-214	215-285	286+
6'0"	184-220	221-293	294+
6'1"	189-226	227-301	302+
6'2"	194-232	233-310	311+
6'3"	200-239	240-318	319+
6'4"	205-245	246-327	328+
	<b>1 Point</b>	<b>2 Points</b>	<b>3 Points</b>
You weigh less than the 1 Point column (0 points)			

Adapted from Bang et al., Ann Intern Med 151:775-783, 2009. Original algorithm was validated without gestational diabetes as part of the model.

## If you scored 5 or higher

You are at increased risk for having prediabetes and are at high risk for type 2 diabetes. However, only your doctor can tell for sure if you have type 2 diabetes or prediabetes, a condition in which blood sugar levels are higher than normal but not high enough yet to be diagnosed as type 2 diabetes. **Talk to your doctor to see if additional testing is needed.**

*If you are African American, Hispanic/Latino American, American Indian/Alaska Native, Asian American, or Pacific Islander, you are at higher risk for prediabetes and type 2 diabetes. Also, if you are Asian American, you are at increased risk for type 2 diabetes at a lower weight (about 15 pounds lower than weights in the 1 Point column). Talk to your doctor to see if you should have your blood sugar tested.*

## You can reduce your risk for type 2 diabetes

Find out how you can reverse prediabetes and prevent or delay type 2 diabetes through a **CDC-recognized lifestyle change program** at <https://www.cdc.gov/diabetes/prevention/lifestyle-program>.

Risk Test provided by the American Diabetes Association and the Centers for Disease Control and Prevention.



# Purpose of the project

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Improve prediabetes screening  
among non-diabetic adults  
aged 18 to 75

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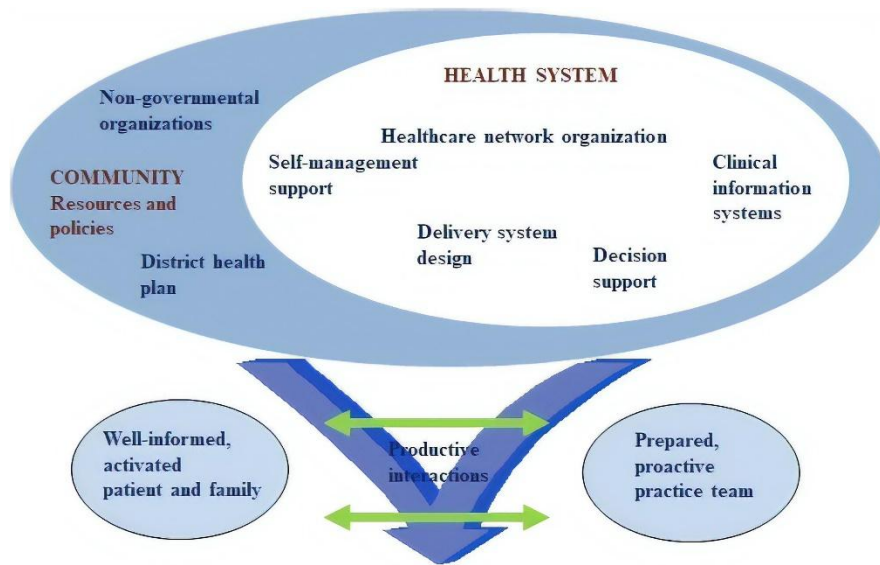
by primary care providers

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Using the Chronic Care Model  
(CCM) theoretical framework  
in a primary care clinic.

# Theoretical Framework: The Chronic Care Model (CCM)

(Baptista et al.,  
2016)



Improvement This Photo by Unknown Author is licensed under CC BY

# Review of the literatur e

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The National Clinical Care Commission (Herman et al., 2023).

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The American Diabetes Association (ADA, 2021).

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A literature review on the impact of the CCM to improve diabetes outcomes (Stuckey et al., 2011).

# Method S



Clinical  
Information system  
Changes



Decision Support  
Intervention



Changes to the  
Delivery System  
Design



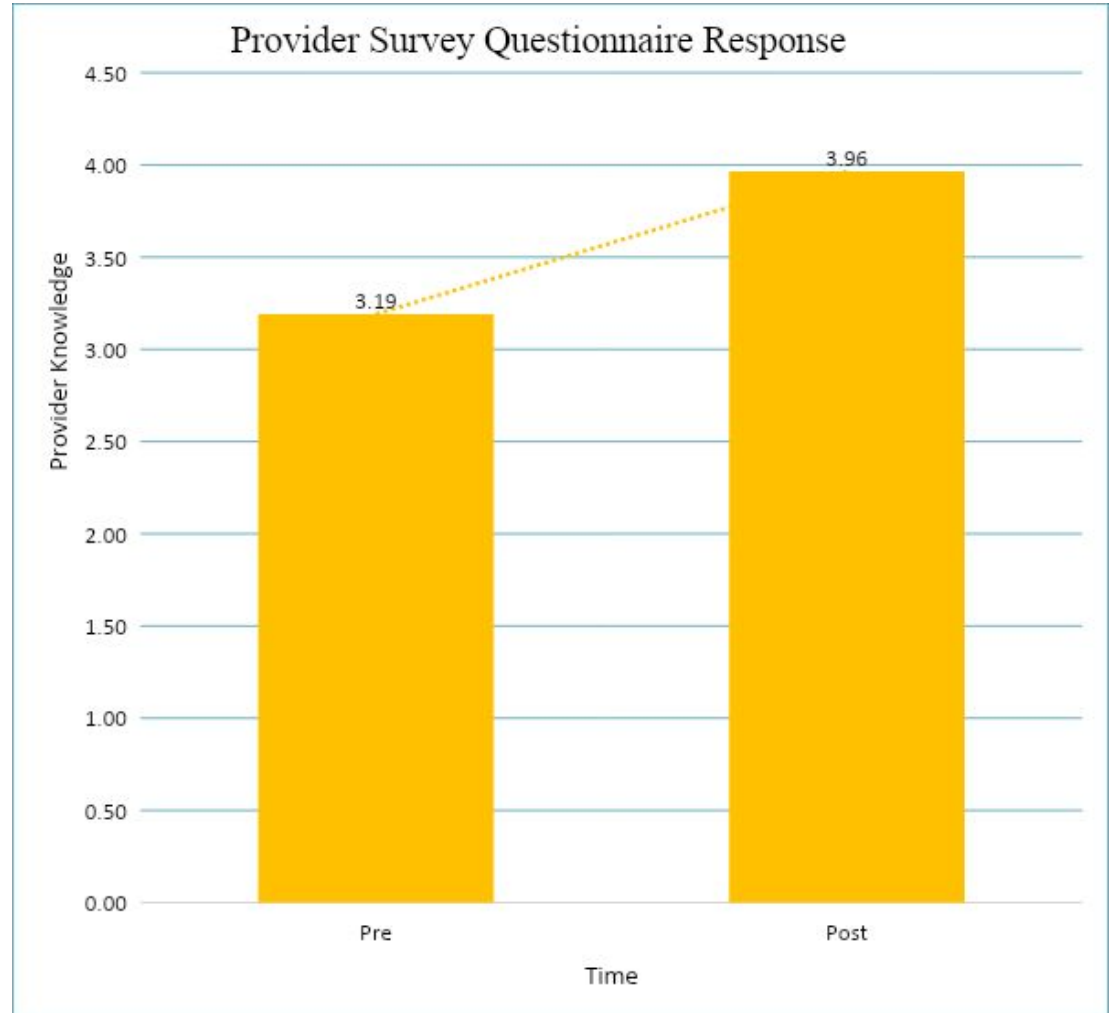
# Data Analysis



# T-test analysis of provider survey questions 4, 5, 12, and 15

Seven Medical Providers participated in this QI Project

Mean Score:  
( $t(6) = -1.59$ ,  $p = 0.08$ )





# Outcome S

- Significant Improvement in screening practices
- Pre- intervention screening: 3% (1/34)
- Post – intervention screening: 85.5% (136/159)
- Resulting: 26 (19.1%) non-diabetic patients were diagnosed with prediabetes (R73.03), and four patients (2.9%) were diagnosed with T2DM (E11.65)
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# Conclusion



Implementation  
of Several CCM  
interventions



Proactive  
screening



Clinical  
education

Recommendations for Future Study

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Investigate outcome measures and treatment

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Sustainability of screening process

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Exploring reasons for variations in screening practices amongst providers

# Limitations

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Implicit pre-and post nature of the project design

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Small sample size

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Data collection and measurements do not consider valid exclusions.

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Time and resource limitations

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Convenience sample

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Confounding bias

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# Acknowledgements

God

Living Water  
Clinic

Committee

Mentor

Chair

Family

FRESNO  STATE







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