

Intervention ups appropriate dysglycemia screening

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(HealthDay)—Implementation of an intervention, including electronic



health record (EHR)-based decision support and training for use of the American Diabetes Association guidelines for dysglycemia screening, is associated with an increase in appropriate dysglycemia screening, according to a study published online June 15 in *Diabetes Care*.

Jeanine B. Albu, M.D., from the Icahn School of Medicine at Mount Sinai in New York City, and colleagues identified 40,456 adults without type 2 diabetes or recent screening with a face-to-face visit in five urban clinics using EHR data. The authors examined the impact of the intervention (system-wide primary care diabetes management program, including targeted guidelines for type 2 diabetes and dysglycemia screening) on trends in three outcomes: the monthly proportion of eligible patients receiving dysglycemia testing; two negative comparison conditions; and the yield of undiagnosed dysglycemia among those tested.

The researchers found that the baseline monthly proportion of eligible patients receiving testing varied from 7.4 to 10.4 percent. Screening doubled after the intervention (mean increase +11 percent; 95 percent confidence interval [CI], 9.0 to 13.0). The proportion of ineligible patients also increased (+5 percent; 95 percent CI, 3.0 to 8.0), with no change seen in cholesterol testing (+0 percent; 95 percent CI, -0.02 to 0.05). Both before and after the intervention, about 59 percent of test results in eligible patients showed dysglycemia.

"Implementation of a policy for systematic dysglycemia screening including formal training and EHR templates in urban academic primary care clinics resulted in a doubling of appropriate testing and the number of patients who could be targeted for treatment to prevent or delay type 2 diabetes mellitus," the authors write.

Two authors disclosed financial ties to the pharmaceutical industry.



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