USPSTF Final Diabetes Screening Guideline

Questions & Answers

Q: The United States Preventive Services Task Force (USPSTF) released its final recommendation on screening for abnormal blood glucose and type 2 diabetes mellitus in October 2015; what did the recommendation statement say?

A: The USPSTF final statement recommends screening for abnormal blood glucose as part of cardiovascular risk assessment in adults aged 40 to 70 years who are overweight or obese. The guideline says clinicians should offer or refer patients with abnormal glucose to intensive behavioral counseling interventions to promote a healthful diet and physical activity. The recommendation received a "B" grade meaning private health insurers are required to cover the screening at no cost to the patient as outlined in the Affordable Care Act.

Q: When will health insurance reimbursement for screening go into effect?

A: Private health insurers must comply with the USPSTF screening recommendation in the plan year closest to twelve months after publication of the recommendation. Thus, insurers must comply by January 2017.

Q: How does the final 2015 guideline differ from the 2008 USPSTF guideline? How does it differ from the draft 2014 guideline?

A: The 2008 guideline recommended screening for type 2 diabetes in asymptomatic adults with sustained blood pressure (either treated or untreated) greater than 135/80 mm Hg. The draft 2014 guideline was more expansive than the final 2015 guideline and recommended screening for abnormal blood glucose and type 2 diabetes mellitus in adults who are at increased risk for diabetes. The draft guideline recognized various risk factors for diabetes including: family history of diabetes, history of gestational diabetes, and race/ethnicity. The final screening guideline eliminated those risk factors and framed screening in the context of cardiovascular risk assessment. (See Chart 1)

Q: Why is screening for diabetes important?

A: Screening is very important if we are to find the more than 8 million people with diabetes who are undiagnosed so they may begin receiving treatment and reduce their risk of developing serious complications that often accompany diabetes such as amputations, blindness, cardiovascular disease and kidney disease. Screening is also important because there are proven interventions, such as the National Diabetes Prevention Program (National DPP), which help the 86 million people with prediabetes prevent or delay the onset of diabetes. Early intervention and care is critically important and can lead to better health outcomes.

Q: How was the Diabetes Advocacy Alliance (DAA) involved in advocating for a broader screening guideline?

A: The DAA has been advocating for improved diabetes screening guidelines for years through written comments to USPSTF, working with Members of Congress including the Congressional Diabetes Caucus to advocate for broader guidelines, and by engaging member organizations and their grassroots networks. With the final guideline released, the DAA will work to educate stakeholders, including clinicians, about the new guideline.

Q: Why did the USPSTF final recommendation change so significantly compared to the draft diabetes screening guideline they released in October 2014? Specifically, was there new evidence that informed the final guideline or particular comments submitted to USPSTF that drove these changes?

A: This is unknown. It should be noted that Avalere Health looked back on past USPSTF recommendations through 2013 to determine if there is any precedence of USPSTF making significant changes from a draft to a final recommendation as they did with diabetes screening; Avalere found no evidence of instances where this was the case in recent years.

Q: Why does the final guideline frame diabetes screening in the context of cardiovascular risk assessment when this was not part of the draft guideline?

A: It is unclear why this is the case.

Q: The final guideline recommends screening for abnormal blood glucose; how does USPSTF define abnormal blood glucose? Does abnormal blood glucose refer to prediabetes which is defined as having an A1C between 5.7-6.4% according to the American Diabetes Association's 2015 Standards of Medical Care?

A: Unknown. The final guideline is entitled "Screening for Abnormal Blood Glucose and Type 2 Diabetes Mellitus." In reviewing the entire final guideline, it appears the USPSTF is recommending screening to diagnose abnormal blood glucose – assumed to mean prediabetes – and also type 2 diabetes. If this is the case, the USPSTF screening guideline would likely identify more people at risk for diabetes that are in the prediabetes range and enable clinicians to refer them to evidence-based programs to help prevent or delay the onset of type 2 diabetes. The 2008 diabetes screening guideline was targeted at screening for type 2 diabetes only.

Q: Why does the final guideline recommend screening solely for overweight or obese adults ages 40-70?

A: Unknown. This narrow recommendation ignores populations highly impacted by diabetes, particularly adults aged 20-44 where the rate of undiagnosed diabetes is almost 60 percent higher than in the adult population as a whole.

Q: Compared to the draft guideline, why does the final guideline eliminate screening based on race/ethnicity?

A: Unknown. Certain minority populations are at increased risk for type 2 diabetes and rates of undiagnosed diabetes are significantly higher in Asian Americans (61%+), Hispanic Americans (50%+), and Black Americans (33%+) compared to non-Hispanic whites. The focus on weight alone is also problematic for Asian Americans, who are at risk of diabetes at a lower body mass index than USPSTF identifies for screening.

Q: Compared to the draft guideline, why does the final guideline eliminate screening based on family history of diabetes?

A: Unknown. According to the American Diabetes Association, there is a strong link between type 2 diabetes and family history of diabetes compared to type 1 diabetes. Genetics appear to play a strong role in the development of type 2 diabetes according to some studies conducted on twins.

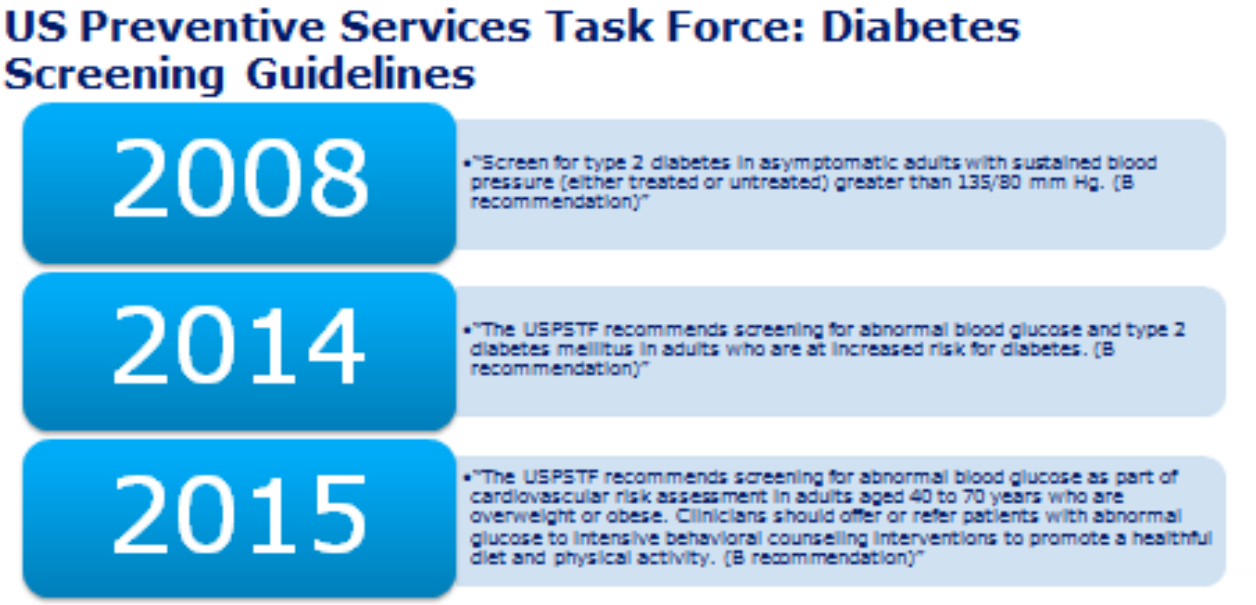
Q: Compared to the draft guideline, why does the final guideline eliminate screening based on history of gestational diabetes (GDM)?

A: Unknown. Fifty percent of women who have had GDM will develop type 2 diabetes within five years; recommending screening beginning at age 40 is not sufficient and has the potential of not identifying many young women with undiagnosed diabetes.

Q: The final guideline states that "clinicians should offer or refer patients with abnormal glucose to intensive behavioral counseling interventions to promote a healthful diet and physical activity." Does this require health insurers to cover programs such as the National Diabetes Prevention Program (National DPP) with no cost-sharing to eligible individuals?

A: The American Association of Family Physicians (AAFP) has posed this question to HHS and is awaiting a response; the American Medical Association (AMA) is currently drafting a letter to HHS to raise the same issue. Avalere Health speculates that the USPSTF guideline does not imply coverage for programs such as National DPP. One DAA member has heard from Florida Blue Cross Blue Shield that the insurer does not think the guideline is strong enough to require coverage for diabetes prevention programs. It should be noted that USPSTF member Dr. Michael Pignone, a professor of medicine at the University of North Carolina at Chapel Hill, recently stated in a *HealthDay* article that now that the task force has changed its recommendation, screening and lifestyle interventions should be covered under the Affordable Care Act. It is also worth noting that the USPSTF does not define "intensive behavioral counseling intervention" which could lead to clinicians referring patients to programs that don't adhere to existing evidence-based programs.

Chart 1.


US Preventive Services Task Force: Diabetes Screening Guidelines
2008
•"Screen for type 2 diabetes in asymptomatic adults with sustained blood pressure (either treated or untreated) greater than 135/80 mm Hg. (B recommendation)"
2014
•"The USPSTF recommends screening for abnormal blood glucose and type 2 diabetes mellitus in adults who are at increased risk for diabetes. (B recommendation)"
2015
•"The USPSTF recommends screening for abnormal blood glucose as part of cardiovascular risk assessment in adults aged 40 to 70 years who are overweight or obese. Clinicians should offer or refer patients with abnormal glucose to intensive behavioral counseling interventions to promote a healthful diet and physical activity. (B recommendation)"