



Medicare Diabetes Prevention Program (MDPP) Shared Learning Resource

Creating EMR Referral Pathways for MDPP

In February 2023, as part of the Medicare Diabetes Prevention Program (MDPP) Enrollment Project*, the National Association of Chronic Disease Directors (NACDD) hosted a two-part webinar series that featured Cassandra Stish from [Well3 Health](#). The webinars focused on how MDPP suppliers can create new referral pathways for the program, including creating a referral pathway through an electronic medical record (EMR) system.

About This Resource

This resource summarizes key learnings and distills best practices from the webinar. The following sections are included:

- 1) [Finding Referral Partners](#) – Information on referral sources and ways to find partners that will be most beneficial to your MDPP
- 2) [Understanding Referral Pathways](#) – Information on existing referral pathways
- 3) [Developing a Strategic Plan](#) – Information on how to develop a strategic plan to market the MDPP to referring partners
- 4) [Maintain Realistic Expectations](#) – Information on how to set and maintain expectations that align with developing referral partner relationships

For more MDPP resources and webinars, please visit the [MDPP Implementation Resources](#) page on the National DPP Coverage Toolkit (Coverage Toolkit Home Page → Medicare → MDPP Implementation Resources). Please note, on the MDPP Implementation Resources page there is a section dedicated to webinars and resources about increasing referrals and retention that provide complementary information to this resource.

**The Medicare Diabetes Prevention Program (MDPP) Enrollment Project is a technical assistance and funding opportunity for MDPP suppliers that are ready and able to focus efforts to increase enrollment in their programs but may be lacking the administrative and/or billing infrastructure to facilitate claims submission. In addition to providing access to a data management and billing and claims platform, this project provides access to technical assistance to help with provider referral support and communication and marketing support. The opportunity is funded and supported by the Centers for Disease Control and Prevention (CDC) Division of Diabetes Translations and the National Association of Chronic Disease Directors (NACDD) with technical assistance support from the American Medical Association (AMA).*



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Finding Referral Partners

Engaging referral partners is an essential part of creating a sustainable MDPP program. Although a physician's referral is not a requirement for MDPP, referrals continue to be an important strategy to increase enrollment into the program. Finding referral partners, identifying referral transmission methods and formats, and understanding the responsibilities of the MDPP supplier and referring partner are important aspects of developing lasting referral relationships. This resource gives insights into each of these areas. **Table 1 (in the [Referral Pathways](#) section that begins on page 6)** may serve as a summary of the details that are provided in each section.

To begin, an MDPP supplier must first identify which referral partners will be most beneficial to their program. Referral partners may come from a variety of areas in health care, and developing lasting relationships with referring partners will likely take time and concentrated efforts. Consider the following referral sources:



Primary sources:
Primary care physicians, diabetes specialists



Secondary sources:
Nurse practitioners, doctors' assistants, pharmacists



Sources that help coordinate care:
Practice managers, care coordinators



Other sources (Clinicians):
Ophthalmologists, OBGYNs, chiropractors, physical therapists, dentists



Other sources (Plans):
Health plans (particularly managed care and self-insured employee plans)

When first starting to build a referral network, it is important to focus on referral partners that are right for your organization and the specific area or population being served. Prioritize referral partners based on their ability to help reach program goals. Consider the following for identifying the right referral partners:



Examine existing relationships – Look at any existing relationships that could be leveraged as referral sources. Referral processes may happen more quickly and smoothly if there is already a trusting relationship that exists alongside a history of working together.



Conduct online searches – Search online for providers that focus on populations at risk for type 2 diabetes. A good place to start may be searching for providers that focus on populations over the age of 65 or patients with metabolic syndrome, hypertension, obesity, elevated A1C, and high triglycerides. Consider looking up large insurers in the area to search doctors by specialty or use tools like [USA.gov](https://www.usa.gov) to find doctors, hospitals, or health systems that serve a population of focus. Additionally, state health departments and hospital and clinician associations may have lists of referring providers that serve patients with specific health indicators.



Find communities that provide services to people with Medicare – Working with retirement and assisted living communities may be beneficial due to the higher likelihood of Medicare coverage among residents. However, please recognize that there may not be a high rate of return with this method. The populations in retirement communities tend to be relatively stable over time, so suppliers may not be able to generate multiple cohorts from these sources.



Work with faith-based organizations – Partnering with faith communities to receive referrals provides an opportunity for the MDPP to work with individuals who have a tight-knit community with the needed peer support for optimal program dynamics. Similar to retirement and assisted living communities, the



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populations at faith-based organizations will likely be stable over time and may not be a source of multiple cohorts.



Contact large employers – Talking with large employers in your area such as grocery chains, manufacturing companies, trucking and hauling companies, and health care facilities may lead to an increase in referrals. Additionally, the state administrative services department is often one of the largest employers in an area and may serve as a good source of referrals. Note that these may not be Medicare enrollments but rather self-pay or have costs covered by the employer.



Determine specific factors or populations of focus – Determine if there are specific factors that may contribute to building an inclusive cohort. For example, consider time of day and days of the week classes will be offered, location and modality of classes (e.g., in-person, online, distance, or combination), and tailoring services to individuals with sight impairments or for people who require classes in a language other than English. Having a clear understanding of the people you want to serve and the program adaptations that may be needed should help refine the list of potential referral partners.

EMR Referral Pathways

A referral pathway is a secure transmission of [protected health information](#) (PHI) from an Electronic Medical Record (EMR) to a downstream service provider that has a signed business associate agreement (BAA) with the referring partner. A [BAA](#) is a legal document outlining the agreement between two HIPAA-covered businesses to ensure security of protected health information. In this context a referral, also referred to by IT teams as an “order,” may originate from a one-on-one appointment between a patient and their clinician or from a care management approach where clinicians scan their EMR to identify patients who could benefit from a referral to a specific provider or service. A referral pathway may also be initiated by the participant. A “closed-loop” referral will be created when the downstream service provider follows up with the referring provider regarding or with the patient. In this case, the downstream service provider is the MDPP supplier.

A referral transmission method is the process by which the referral is transferred from the referring source to the downstream service provider. Once a signed BAA is in place, there are various ways an MDPP supplier can receive referrals:



Digital fax – Many referring providers prefer this method because of its easy set-up. Referring providers can use the MDPP supplier’s fax numbers to send digital referrals. With a fax machine, an MDPP supplier can receive digital faxes into a secure digital inbox that mimics an email inbox. Digital faxes can be received through services such as [sFax](#) or [e-fax](#). Whichever service you select you will require a signed BAA.



EMR-to-EMR – An EMR-to-EMR referral is done through a Direct Secure Message, a HIPAA compliant interoperable transport method promoted by the Office of the National Coordinator of Health IT at the Department of Health and Human Services (ONC/HHS). A Direct Secure Message uses a Health Information Service Provider (HISP), which is a network service operator that exchanges clinical data. HISPs are like a verified email service that is run through the [DirectTrust](#) network. HHS uses DirectTrust to monitor Direct Secure Messages and HISPs. Most EMRs are HISPs in the DirectTrust network. Please note that to send and receive Direct Secure Messages through HISPs, the sending and receiving parties both must have a valid DirectTrust address and [certificate](#).

INSIDER TIP

When using bi-directional Direct Messaging to transmit updates on a participant to a referring provider, consider also giving printed progress updates to your participants for them to show their doctor at their next appointment. This helps to build the referral relationship, especially when your participants can demonstrate the effectiveness of the MDPP.



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MDPP Shared Learning Resource: EMR Referral Pathways

Additionally, through a HISP, bi-directional direct messaging can be used to update a referring provider on a participant's progress. For bi-directional Direct Messaging to work with a HISP, the referring provider must enable the functionality to receive messages in their EMR "in-basket" and accept PDF attachments on the Direct Message that contain the program progress information. A best practice when sending a direct message to a referring provider through a HISP is to never put PHI in the body of the message. The body of the message should contain a cover letter and any PHI should be attached in a separate document.

When a referring provider is using an EMR, a clinical decision support system (e.g., clinical care pathways or best practice alerts) can be utilized. A clinical decision support system sets alerts in an EMR for a provider to see when a patient may qualify for the MDPP. Consider working with referring providers to set alerts for patients that meet all the following criteria and qualify for the MDPP:



Not currently diagnosed with type 1 or 2 diabetes



Not currently diagnosed with end-stage renal disease



Acceptable age range (set for over the age of 65 for Medicare)



Elevated BMI range



Elevated A1C or blood glucose range



HL7 Fast Healthcare Interoperability Resources (FHIR)

– HL7 FHIR standards provide guidance on how health care information can be exchanged between different computer systems regardless of how it is stored in those systems. Most EMRs and health information exchanges (HIEs), which allow health care professionals and patients to appropriately access and share medical information, can now accommodate FHIR referrals. To ensure that only the most pertinent information is being shared, EMRs can implement specific standards like BSeR (bi-directional services eReferral) that focus on chronic disease referrals, or the [Gravity Project](#) that aims to integrate social determinants of health (SDOH) services into the referral process. If a health system elects to refer using FHIR, the health system will initiate the project to implement this referral pathway in the EMR. Using FHIR creates a seamless end-to-end process to send referrals to community resources and receive program and observation feedback. As with other systems, the system receiving the FHIR-based referral must be configured to accept these types of transmissions.

FHIR-based interoperability projects will become more common as health systems engage with community resources and integrate SDOH screenings into their referrals. We anticipate that FHIR-based referral pathways will enable referrals of patients to the National Diabetes Prevention Program (National DPP), as well.

It is likely that developing FHIR-based referral pathways will take months or even years to complete. MDPP suppliers may want to lead or partner with other organizations involved in FHIR projects. Learning the standards and understanding how referrals are received in this type of project may be beneficial for future relationships with referring partners.



Bulk referrals from an EMR query – Referring providers may choose to proactively screen patient records in an EMR query to find patients who may be eligible to participate in the MDPP. Once a query is completed, a referring provider may choose to alert the patient face-to-face about the prediabetes indicators, conduct a warm handoff to a Lifestyle Coach, or generate a list of potential participants to give to an MDPP to

INSIDER TIP

[Health interoperability](#) is increasingly becoming a priority for CMS. Using the HISP network is a way to meet interoperability standards without having to relearn or rewrite the entire referral process.



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conduct outreach efforts. The list may be uploaded to a data platform as a batch of new referrals to be contacted. This care management approach is useful when there are large at-risk patient populations and it doesn't make sense to wait for them to come to a wellness appointment before referring for diabetes prevention services.

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The American Medical Association (AMA) has created [sample patient outreach letter and materials](#) in English and Spanish that MDPP suppliers may provide to referring providers.



Secure self-referral – An MDPP supplier may consider giving self-registration materials to referring providers for distribution to their patients. Promotional materials may be placed in waiting and examination rooms or may be given directly to a patient by a provider. Consider embedding a QR code for your program registration into pamphlets or social media posts.

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The AMA provides the MDPP with a default billing code that may be used when there is an absence of a medical referral. This code can be used for billing and claims purposes.

Secure online registration links can also be a good way to work with large employers that wish to offer the National DPP as a covered benefit for their employees. For more information about developing a HIPAA compliant self-registration form, visit [Jot Forms](#), [Form Hippo](#), or [FormDr](#).

Each referral transmission method may accept one or more referral formats. The referral format is the type of file being sent to the MDPP supplier:



Portable Document Format (PDF) – A referral can be received as a PDF; this is the most traditional format for a referral. A PDF is generated by an EMR as an image of the referral source. It includes the necessary PHI and referring provider signature. Referral templates are available from AMA [here](#) and CDC's National DPP Customer Service Center [here](#). A PDF is essentially an image and is often selected as the format for community referrals in order to minimize the amount of digital health information that is being transmitted.

Applicable transmission methods include: secure fax, physical referral, or direct message



HTML email – A referral may also come as an HTML email through a template completed by a referring provider. A referring provider uses the referral form template in the EMR to provide applicable patient information to the community referral partner. Once complete, the referral is sent as a Direct Secure Message. Due to the highly specific nature of this referral pathway option, HIPAA concerns about sharing too much information are easily mitigated.

Applicable transmission methods include: Direct Secure Message (HISP)



Continuity of Care Document (CCD) HL7 XML – Lastly, a referral may be sent as a CCD, which provides a copy of a patient's health record. CCDs are formatted as an XML message which is not human-readable. The XML message is organized by HL7 standards, and the only method of transmission to a community resource is to use Direct Secure Messaging through a HISP. This method requires the MDPP supplier to have a HISP to receive the referral, as well as a tool that renders the XML into a readable format. Please note, this method is usually reserved for MDPP suppliers that offer more than one program or service and have health navigators on staff. In some instances, there is a HIPAA compliance risk if the amount of information included in a patient's health record is determined to be more than what is necessary to enroll in the MDPP.

Applicable transmission methods include: Direct Secure Message (HISP)



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MDPP Shared Learning Resource: EMR Referral Pathways

Table 1: MDPP Referral Partners Summary

Referral Method	Referral Format	MDPP Supplier Responsibilities	Referring Partner Responsibilities	Uses Simple Existing Technology	Patient Information Can be Read	Additional Clinical Data Included	Inter-operability	Limits Patient Data
Batch referral	Secure list of referrals	Provide a secure way to receive the referrals and conduct outreach and patient engagement.	Create MDPP eligibility screening rules to query patient records and conduct warm handoffs to Lifestyle Coaches.					
FHIR projects	HL7 FHIR service request with MDPP specific health data	Engage with health systems to build out FHIR e-referral project capabilities.	Map FHIR data elements to MDPP referrals eligibility requirements and work with MDPP to establish FHIR endpoint configuration.					
Self-referral	Digital or online form	Create marketing materials for self-referrals that providers can use for outreach.	Place self-referral information in waiting and exam rooms and fill out paper referrals when needed.					
Secure fax	PDF image	Sign BAA with a referring provider, access API keys, and provide API number to referring provider.	Receive and configure fax number and MDPP API access key and determine fax referral content.					
Direct Secure Message	PDF image	Become a HISP with a DirectTrust address and provide DirectTrust address to referring partners.	Create a new order using MDPP DirectTrust address and determine referral format and content.					
	HTML embedded email message							
	HL7 CCD in XML							
Bi-directional via Direct	Patient decline notice and patient progress data	Obtain referring provider's DirectTrust address and configure in HISP.	Receive decline notices and patient progress data in DirectTrust inbox and append PHI in the health record, if needed.					



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Developing a Referral Strategy

When working to develop relationships with referring providers, there are various steps that can be taken to ensure that the most promising relationships are pursued first. Additionally, steps can be taken to increase the likelihood of referring partners working with the MDPP. Consider the following recommendations:

1) *Develop a Strategic Plan*

Selecting the right referral partners takes time and can be overwhelming. Narrow down the option pool of referring providers to find those that may be most beneficial to the MDPP and potential participants in the area. Take some time to develop a strategic plan on how to serve potential participants in the area to identify which referring providers will be most beneficial to work with first. When developing a strategic plan, consider conducting the following steps:



Conduct a market assessment – Determine where potential participants are residing in the market and identify which providers are currently serving those populations. Remember that when forming relationships with referring providers, quality comes before quantity. Start with one area and branch out as staff capacity allows. Ask questions to gauge which referring providers would be most helpful as you are establishing your referral network. For example, determine the ideal number of participants as well as your upper limit per cohort. This can help determine how many and what type of referral partners are needed.



Begin operational planning – Identify the staff member(s) that will be in charge of outreach efforts once a strategic plan is in place and potential referring partners are identified. Consider creating your own “outreach recipe” that includes how many touchpoints are needed between each potential referring partner, what type of touchpoints are needed, and how to best time each touchpoint. Be open to adjusting the “outreach recipe” as relationships develop. Consider tracking outreach efforts to identify what type of touchpoints were most successful and which were not. Remember that, on average, a message needs to be seen by an individual seven times to be recognized as legitimate. Take every opportunity to introduce or reintroduce the MDPP to referring providers.

INSIDER TIP

Search zip codes to see how many people are in one market who may be eligible for an in-person cohort. Given the amount of eligible potential participants in a market, decide the total number of cohorts that may be possible and how many Lifestyle Coaches would be needed to run successful cohorts. Repeat this process for various markets to decide which market would be a good starting place. Once an area is identified, outreach efforts to potential referring partners can begin.



Leverage existing relationships and build new relationships – Utilize existing relationships to generate an increase in referrals. Focusing efforts on current relationships may lead to an increase in referrals more quickly than other methods. There are also opportunities to reach out to providers to build new relationships. Consider joining existing meetings or groups, such as provider groups, work groups, think tanks, chat rooms, health fairs, etc., to forge relationships with providers that could be interested in community services and the MDPP.



Analyze internal capabilities – Conduct an internal capability assessment to determine if you are able to accept, secure, and store referrals in a HIPAA compliant manner.



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2) Develop the Value Proposition

Understand the value of the services being offered and know the data behind how the MDPP is creating change in the area. When presenting the facts of prediabetes to potential participants or referral partners, demonstrate subject matter expertise. To highlight the cost of inaction, consider developing a graphic (example shown below) to demonstrate how preventing type 2 diabetes has positive downstream effects. Additionally, show knowledge of the communities potential referring partners are serving. Providers know the problems their patient populations are facing and are more likely to work with the MDPP when interest and knowledge of the patient population is shown. Reference the following resources to assist with developing a pitch that can be used to outreach to potential referring partners:



[Health and Economic Benefits of Diabetes Interventions](#) – Use to develop a pitch for how preventing diabetes can have positive downstream effects.



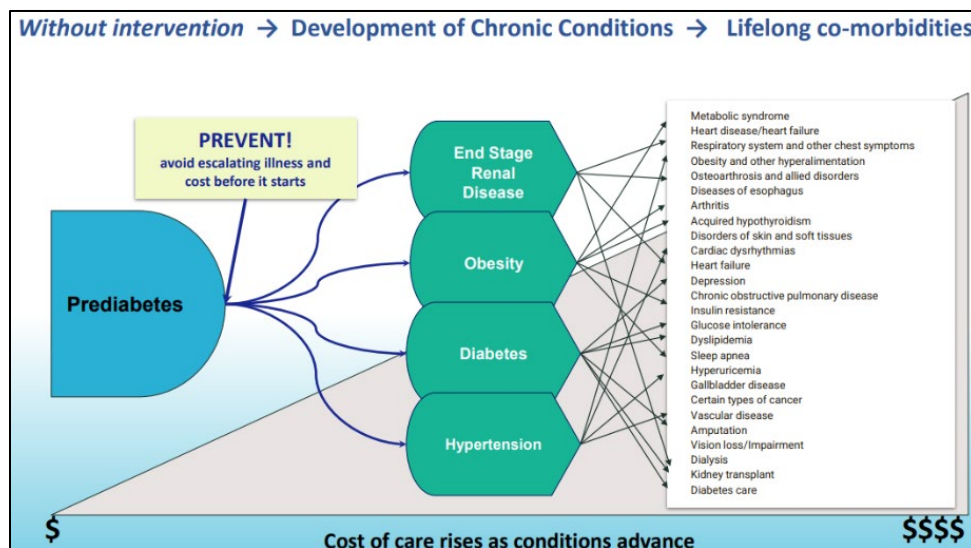
[Lifestyle Change Program Resources for Employers](#) – Use to develop a pitch for showing how large employers can benefit from working with the MDPP to prevent type 2 diabetes.



[Diabetes State Burden Toolkit](#) – Use to develop a pitch to providers to show knowledge of the communities being served and a genuine interest in assisting with overall population health.



Establish a presence – Create an online narrative through a website or social media channel to promote the mission and value of the MDPP. It is important for potential participants and referring partners to be able to find the MDPP and see why it is beneficial. Post on social media, create blog posts, or create a LinkedIn for the MDPP. Make sure that the information provided is concise and clear and provides credentials for the program. Use these platforms to demonstrate how the MDPP engages with the community and give an overview of services offered, including testimonials from past participants. Consider including which insurances are accepted.



3) Have the Meeting

Once you have created a strategic plan, identified potential referring partners, and developed the value proposition, it is time to schedule meetings. The first meeting with potential referring partners is important and gives the greatest opportunity to market the MDPP. Create an agenda for the meeting to guide conversation, but be willing to transition and answer the questions the potential referring partners may have. As you develop an agenda for these meetings, consider the following talking points to engage the potential referring partner:



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Ask about the referring provider's patients and use this to frame further conversation.

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Consider the following questions to show interest in the referring providers patient population as well as the benefits of referring to the MDPP:

- How have you seen an increase in obesity and elevated A1Cs in your populations? What challenges are you experiencing in addressing these increases?
- Have you worked with a lifestyle change program before? How did the program help to address the issues your patients are facing?



Share credentials of the MDPP and testimonials of past participants. Include the information that is being or has been used to develop a website or social media page.



Demonstrate an understanding of the potential challenges providers and participants may be facing related to prediabetes. Indicate your organization's ability to meet those needs. Confirm your organization's ability to safely and effectively receive referrals.



Promote a relationship and ask about being an affiliated service provider. Note that it is unlikely new referral sources will agree to partner during the first meeting. It is likely that a referring provider will need to meet more than once to fully understand the MDPP. The referring provider may even want to conduct a trial period for referring patients. Whether the trial period is sending referrals through an EMR or handing out pamphlets, know that any opportunity to build a relationship with a referring provider is a win.



Establish workflows and communicate roles with a referring provider detailing how referrals will be generated. Remember that referring providers may not always remember eligibility criteria for the MDPP. It is likely that referrals will be sent for patients who are not eligible. Each MDPP must decide whether or not those participants can be served depending on capacity and resources. Be aware of patient abrasion, in which referring providers send a large number of referrals that are not eligible for the MDPP. If this happens, it may be necessary to have a conversation with the referring provider to explain eligibility requirements. Reference [here](#) for a sample workflow; note that the workflow is for the National DPP lifestyle change program but can serve as an example for the MDPP.

4) Work with the EMR IT Team

If a relationship with a referring provider includes the use of an EMR, MDPP suppliers will be required to work with the provider's IT team to build out a new referral pathway. The IT team will need certain information to begin building out a referral pathway for a new provider:



Referring provider information: organization name, BAA, tax information, etc.



Transmission method and format: what type of referral order will be sent



Content to be included: what patient information is going to be transmitted



CDC eligibility requirements: include information for the National DPP and the MDPP



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It is likely that a specific IT member at a referring provider will be tasked with building out the new referral pathway and a project plan will be needed to implement the request. A project plan will include information on building out workflow diagrams, setting up meetings, and providing physician trainings. Once this is completed, a test period for the referral pathway may occur to ensure that everything is built out correctly. Building out a new referral pathway usually takes three to four weeks to complete. To avoid delays, it will be important to work with the referring provider to provide them with the knowledge they need to feel comfortable with referring patients to the MDPP and to the specific supplier(s).

Maintain Realistic Expectations

Set realistic expectations as you foster relationships with referring providers. Even the highest enrolling MDPP suppliers often have a hard time gathering referrals. Expect wins and setbacks but recognize that as relationships grow the potential of creating referral pathways grows as well. Nurturing small relationships can produce great outcomes.

Set expectations for what success looks like with a referring provider. Demonstrate to a referring provider that the MDPP is a trusted partner in the continuation of care and that the MDPP is intentionally designed to be implemented at the community level. Expect that building a relationship with a referring provider will involve:

-  Logging each touchpoint with referrals to show the referring provider that all patients are handled with care and attention.
-  Sending a letter of follow-up to a referring provider regarding whether a patient signed up for the MDPP, and provide program updates throughout and a notification of completion to create a closed-loop referral.
-  Providing platform and security audit records to the referring provider to demonstrate how the program is up to date with HIPAA requirements.

As you develop a strategic plan and start to work on growing relationships with referring partners, you may find that the path is a bit bumpier than was outlined in the original strategic plan. Be open to adjustments and have patience. It takes time to develop lasting relationships that will result in increased enrollment.

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