

EMERGING PRACTICES IN DIABETES PREVENTION AND CONTROL: PROMOTING THE NATIONAL DIABETES PREVENTION PROGRAM AS A COVERED BENEFIT FOR STATE EMPLOYEES

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OVERVIEW

Historically, the Centers for Disease Control and Prevention’s (CDC’s) National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) has provided funding for state chronic disease programs for specific chronic conditions and risk factors, releasing separate funding opportunity announcements (FOAs) to address cardiovascular disease, diabetes, and obesity. However, chronic diseases have a high incidence of comorbidity, and the burden of these diseases has continued to rise.

In recognition of these issues, CDC has adopted a more integrated approach to chronic disease prevention and control, increasing opportunities for coordination across related diseases and risk factors. This approach allows public health programs to work together to be more efficient and achieve more significant and lasting outcomes. One recent FOA that embraces this approach is the State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health program (CDC-RFA-DP13-1305, hereafter referred to as 1305).

Because state health departments are on the front lines of coordinated chronic disease public health prevention efforts, 1305 grantees are exploring and testing innovative approaches that will provide critical insight and lessons learned. The goal of the *Emerging Practices in Diabetes* series is to summarize and share information on these practices to guide the work of other states working in these same areas.

The Four Domains of Chronic Disease Prevention

To optimize public health’s efficiency and effectiveness, CDC recommends coordinating chronic disease prevention efforts in four key areas or domains:

1. Epidemiology and surveillance—to monitor trends and track progress.
2. Environmental approaches—to promote health and support healthy behaviors.
3. Health care system interventions—to improve the effective delivery and use of clinical and other high-value preventive services.
4. Community programs linked to clinical services—to improve and sustain management of chronic conditions.

The four domains help organize and focus the effective work the public health community has been doing for many years. At the same time, they help concentrate efforts to strengthen programs and build expertise to address gaps in services. Finally, they help government agencies, state and local grantees, and diverse public and private partners find new ways to work together and support each other’s efforts.

National Diabetes Prevention Program as a Covered Benefit for State Employees

In 2010, Congress authorized CDC to establish the National Diabetes Prevention Program (National DPP). The National DPP is a public-private partnership of community organizations, private insurers, health care organizations, employers, and government agencies. Together, these partners are working to establish, spread, and sustain an evidence-based, cost-effective lifestyle change program across the United States to prevent type 2 diabetes. The lifestyle change program is founded on the science of the Diabetes Prevention Program (DPP) research study and several translation studies that followed. These studies showed that making modest

behavior changes helped participants with prediabetes lose 5% to 7% of their body weight and reduce their risk of developing type 2 diabetes by 58% (71% for participants aged 60 or older).¹

In this year-long program, participants work with a lifestyle coach in an in-person group setting or through an online program to complete 16 sessions (usually conducted weekly during the first phase of the program) and six follow-up sessions (usually conducted monthly during the second phase). The goal is to increase healthy eating and physical activity and ultimately to achieve the 5% to 7% weight loss shown in the original DPP research study. The program is tailored specifically for the 86 million US adults with prediabetes or at high risk of developing type 2 diabetes.

Through the National DPP, numerous partner organizations work to

- Deliver the lifestyle change program nationwide in a variety of settings.
- Ensure quality and adherence to proven standards.
- Increase referrals to and participation in the program.
- Increase coverage by employers and public and private insurers.

To ensure high quality, CDC recognizes lifestyle change programs that meet national standards and show they can achieve results. These standards emphasize the importance of following an approved curriculum, using trained lifestyle coaches, and submitting data to CDC each year to show that the program is working.

One way to encourage participation in the National DPP is to make the program available to a large group of employees, such as those covered by state government employee health plans. In most states, state and public employees constitute one of the largest groups of people with insurance. This document describes the recent experiences of three states—Kentucky, Minnesota, and Washington—whose health departments have collaborated with state employee benefit agencies, health plans, CDC-recognized diabetes prevention programs, and other partners to make the benefits of the National DPP more available to state employees and their families.

1305 Strategies and Short-Term Performance Measures Related to National DPP Coverage for State Employees

1305 Strategy	Short-Term Performance Measure
Increase use of lifestyle intervention programs in community settings for the primary prevention of type 2 diabetes.	Performance Measure 4.2.03: Number of Medicaid recipients or state/local public employees with prediabetes or at high risk for type 2 diabetes who have access to evidence-based lifestyle change programs as a covered health benefit.

KENTUCKY

Description

In 2013, representatives of the Kentucky Department of Public Health (DPH), Kentucky Employees' Health Plan (KEHP), and other stakeholders launched a small pilot program for state employees enrolled in the KEHP to participate in the National DPP. KEHP data indicated that over 89,000 of its members had prediabetes or related risk factors that would make them eligible. Initially, KEHP staff referred 12 KEHP members who met the eligibility criteria to a CDC-recognized diabetes prevention program in Ashland, Kentucky. The program was offered at no cost, and a free gym membership was provided. Four of the referred members chose to participate. They attended 94% of the classes, lost an average of 23 pounds, and engaged in an average of 168.5 minutes of physical activity per week.

In 2014, encouraged by the success of the pilot program, KEHP implemented the National DPP as a covered benefit for all members at risk of type 2 diabetes. DPH gives Anthem Blue Cross and Blue Shield (the current third party administrator for KEHP) a list of CDC-recognized diabetes prevention programs and makes contact with the organizations that offer these programs to identify upcoming classes. Class locations are matched to the ZIP codes of eligible members who meet diabetes risk criteria. Members are informed of their eligibility and offered a referral, usually through a phone call from a member of Anthem's outreach team. Recently, the team also sent e-mail blasts to members in one region to inform them of upcoming classes in that region. Members can also self-refer to a program. CDC-recognized organizations offering the program confirm members' eligibility before enrolling them, and Anthem reimburses the organizations for the cost.

Participating organizations send data—such as number of members enrolled, number of sessions completed, average attendance, average weight loss, and average weekly minutes of physical activity—to KEHP. As of December 2015, a total of 721 KEHP members had been referred to a CDC-recognized diabetes prevention program, and 492 had participated.

Collaboration Between State Health Department and Partners

In 2011, the Kentucky legislature mandated development of a statewide, comprehensive diabetes action report. The directive required KEHP, DPH, the Kentucky Department for Medicaid Services, and the Office of Health Policy to work together to produce the report. The group met monthly to produce the 2013 Kentucky Diabetes Report. At the same time, DPH received 1-year funding from the National Association of Chronic Disease Directors through a CDC cooperative agreement. It used this funding to create a diabetes prevention work group to promote CDC-recognized prevention programs across the state.

Role of the State Health Department

DPH staff in the Diabetes Prevention and Control Program (DPCP) played the following key roles in this effort:

- **Convener.** DPH staff were active stakeholders in the development of the 2013 Kentucky Diabetes Report. They formed and facilitated the Diabetes Prevention Work Group.
- **Data provider.** DPH staff provided compelling data about the burden of diabetes in Kentucky that helped guide development of the report and the Diabetes Prevention Work Group’s pilot program.
- **Implementation supporter.** DPH staff compiled and shared information on CDC-recognized diabetes prevention programs throughout the state. Anthem outreach team members used this information to refer eligible members to program delivery sites.

Role of Partners

The Kentucky DPH had several partners that were crucial to the success of its efforts.

Partners	Roles and Responsibilities
KEHP	KEHP oversees the health plan for public employees. KEHP participated in the development of the 2013 Kentucky Diabetes Report and the Diabetes Prevention Work Group. It also played a key role in developing the pilot program and in its expansion statewide.
Anthem Blue Cross and Blue Shield	Anthem Blue Cross Blue Shield is KEHP’s current third-party administrator. It facilitated the program since 2015 and oversaw its expansion. Anthem outreach team members refer eligible KEHP members to the program.
Humana	Humana was KEHP’s third-party administrator during the pilot program and in the initial implementation in 2014. Humana staff helped facilitate the pilot program.
American Association of Diabetes Educators (AADE)	AADE participated in the Diabetes Prevention Work Group. This group worked to expand the availability of CDC-recognized diabetes prevention programs in the state.
CDC-recognized diabetes prevention programs	Organizations that offer CDC-recognized diabetes prevention programs in Kentucky include hospitals and medical centers, YMCAs, and local health departments. These organizations deliver the program to eligible KEHP members.

Kentucky’s Experience

Facilitators

DPH and KEHP staff identified the following as facilitators in their efforts to obtain coverage for KEHP members to participate in the National DPP:

- **The Kentucky legislature’s mandate for state agencies to work together on a state diabetes report helped establish relationships among key stakeholders.** The process of developing the 2013 Kentucky Diabetes Report promoted collaboration between DPH and KEHP staff.

- **The Diabetes Prevention Work Group helped expand the availability of CDC-recognized diabetes prevention programs.** The Diabetes Prevention Work Group helped expand the number and distribution of CDC-recognized diabetes prevention programs across the state. Initially, only two CDC-recognized organizations were located in the state: YWCA chapters in Lexington and Louisville. As of May 2016, over 40 programs were available to eligible KEHP members.

Challenges

Kentucky DPH and KEHP staff reported the following challenges:

- **KEHP's health plan changed.** KEHP switched third-party administrators for their health program between the first and second pilot programs. Fortunately, Anthem was as committed and enthusiastic about the National DPP as Humana had been.
- **Lifestyle change is difficult.** DPH and KEHP staff recognized that lifestyle change is challenging, but they point to the evidence base for the National DPP and the success of people who have participated in the program. DPH and KEHP staff collect members' success stories and include them in their promotional and marketing materials.

Lessons Learned

Kentucky DPH and KEHP staff offered the following lessons learned from their experience expanding state employee coverage for the National DPP:

- **Collaboration is key.** DPH and KEHP staff found the process of getting coverage for state employees to be dynamic. This effort can be approached in multiple ways, and staff emphasized the importance of collaborating with stakeholders and sharing resources.
- **Do not be discouraged by a slow start.** DPH and KEHP staff reported that initial participation in the program was low. They found that their best marketing strategy was word of mouth. They noticed a substantial increase in participation after 3 to 4 months of making the benefit available to all KEHP members.

Resources

- Kentucky Diabetes Network: [News and Reports](#)
- National Association of Chronic Disease Directors:
Kentucky Diabetes Prevention and Control Program:
[Tools and Resources](#)
- KEHP: [Diabetes Prevention Program brochure](#)
- [2013 Kentucky Diabetes Report](#)
- [2015 Kentucky Diabetes Report](#)

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MINNESOTA

Description

Through a collaborative process, the Minnesota Department of Health (MDH) worked with key partners to secure coverage for the National DPP for state employees in April 2015. MDH and the Minnesota Diabetes Steering Committee began the process in 2012 by forming the Minnesota Diabetes Collective Impact Initiative (MDCII). This cross-sectoral group included representatives from over 25 organizations from across Minnesota and the health care system with an interest in diabetes prevention and control. A representative from the Minnesota State Employee Group Insurance Plan (SEGIP) also participated. The MDCII made it a priority to make the National DPP financially and culturally accessible to anyone in Minnesota at risk of type 2 diabetes. It supported the state's efforts to offer programs to state employees as a first step. State government is the largest employer in Minnesota, with the SEGIP covering about 90,000 state employees and their dependents.

In April 2015, the National DPP became a covered benefit for all eligible state employees and their adult dependents. The benefit involves a pay-for-performance, staggered claims process. An initial claim is made at the time of enrollment, followed by a second claim after an employee completes 9 weeks of the program and a final claim based on health outcomes. The state chose an online, CDC-recognized diabetes prevention program. This approach allows state employees throughout the state, including those in more isolated rural areas, to participate.

Partners in the MDCII supported other activities to help implement this effort, including the following:

- Raising awareness about prediabetes and the National DPP among state employees.
- Promoting awareness of prediabetes among health care providers and emphasizing the importance of screening, testing, and referrals.

Program participation has been high. SEGIP mailed invitations to all state employees and eligible dependents aged 18 and older, inviting them to join the program. As of October 2015, a total of 5,082 members were eligible, and 4,215 had enrolled. Eligibility was determined through an electronic risk test. Each member's weight status and risk of type 2 diabetes was assessed, and those who met the criteria could enroll in the online program.

Collaboration Between State Health Department and Partners

The Minnesota Diabetes Steering Committee identified Collective Impact (CI) as a useful framework to address diabetes in Minnesota and formed the MDCII. CI is a framework for creating the conditions in which organizations seek to solve complex social problems.² The first step was to identify a common agenda and purpose: to become the state with the lowest incidence and the healthiest outcomes for diabetes in the United States. To achieve this agenda, the MDCII identified two goals: (1) to significantly reduce new cases of diabetes among

those at highest risk and (2) to reduce human costs and rising health care costs for people with the disease. MDCII members agreed that ensuring statewide access to the National DPP was a critical step toward achieving their diabetes prevention goal.

Role of the State Health Department

MDH played the following key roles in this effort:

- **Convener.** MDH convened the Minnesota Diabetes Steering Committee, which partnered with a state collaborative called Decade of Discovery to create the MDCII and apply CI principles to diabetes prevention and care. Decade of Discovery is designed to help prevent, treat, and cure diabetes and is part of the Minnesota Partnership for Biotechnology and Medical Genomics. MDH also invited the director of CDC’s Division of Diabetes Translation to join MDCII and Decade of Discovery to share information on the National DPP and the evidence base behind it and to help SEGIP work with its health insurer.
- **Program promoter.** MDH is working with SEGIP to promote the program among its employees. MDH staff also work with leaders in other state agencies to encourage their staff to participate in the SEGIP diabetes prevention program. They give presentations to educate management and staff about the program, and they share testimonials from participants.

Role of Partners

The MDH had several partners that were crucial to the success of its efforts.

Partner	Roles and Responsibilities
SEGIP	SEGIP participated in the MDCII. As a self-funded plan, SEGIP’s health plan administrators added the benefit for all eligible members aged 18 and over.
Decade of Discovery	Decade of Discovery is a partnership between the State of Minnesota, Mayo Clinic, and the University of Minnesota. Its members partnered with MDH to found MDCII and, along with other members, shared the costs of consulting services from the Foundation Strategy Group.
Foundation Strategy Group	Through a consulting agreement with MDH, the Foundation Strategy Group led MDCII in the process of developing a common agenda and blueprint for implementation over the course of nearly 1 year.
Health plans	SEGIP has three health plan administrators: Blue Cross Blue Shield, Health Partners, and Preferred One. The SEGIP diabetes prevention program is a claims-based program covered under the preventive benefit. The health plans process claims for SEGIP.

Minnesota's Experience

Facilitators

The MDH Diabetes Program identified the following as facilitators in its efforts to increase awareness of and access to the National DPP:

- **The collaboration of key stakeholders was an essential building block for this effort.** Although collaboration between the Minnesota Diabetes Steering Committee and Decade of Discovery members began in 2012 when MDCII was formed, the partnership was built on a strong foundation of long-standing relationships between the health department, other state agencies, and community and health care partners. MDCII leaders intentionally recruited people who could provide the leadership, authority, and resources to move the initiative forward (e.g., SEGIP).
- **Using a CI approach helped establish a common foundation for the stakeholders involved.** The CI framework helped MDCII members establish a common purpose and shared goals that all partners could support. The initial focus was on increasing availability of the National DPP for state employees and Medicaid beneficiaries. SEGIP supported MDCII's efforts by making the National DPP a covered benefit for state employees.

Challenges

The MDH Diabetes Program and SEGIP staff reported the following challenges:

- **Having multiple health plans adds complexity.** The Minnesota Advantage plan has three different health plan administrators. SEGIP had to coordinate agreements with each health plan separately to make the benefit available to all state employees.
- **Health plans may have their own diabetes prevention programs.** MDCII members reported that insurers often have their own diabetes prevention programs that they want to promote and implement. The National DPP has a rigorous scientific evidence base, and the MDCII members used this evidence as justification for focusing on the National DPP.

Lessons Learned

MDCII executive team members offered the following lessons learned from their experience expanding state employee coverage for the National DPP:

- **An "all-in" strategy creates an even playing field.** MDCII members have worked toward adopting an all-in approach. Their ultimate goal is for all payers in the state (including public and private insurers) to cover the National DPP for people who are eligible. The state required all three of SEGIP's health plan administrators to cover the National DPP, so none would have an advantage over the others.
- **Change takes time.** MDCII members reported that the pace of change can be slow and frustrating at times.

- **It is the right thing to do.** SEGIP representatives believed that covering programs such as the National DPP makes sense because it reduces health care costs (e.g., for treating diabetes and complications) and helps state employees.
- **The complaints may surprise you.** The only “complaints” were from people who wanted to participate but were not eligible, including those with low or normal body mass index and those already diagnosed with diabetes. Some employees even called to thank the employee health plan for offering the program. SEGIP used this opportunity to make people with diabetes who were interested in the National DPP aware of diabetes-related benefits like Medication Therapy Management. SEGIP staff realized that they needed to include a plan for people with diabetes, including a process to refer them to diabetes self-management education programs.

Resources

- SEGIP reported that CDC resources helped it make the case for covering the National DPP for state employees.
- A toolkit developed by the American Medical Association and CDC helped encourage health care providers to screen and test their patients and refer those with prediabetes to CDC-recognized diabetes prevention programs ([Preventing Type 2 Diabetes—A Guide to Refer Your Patients with Prediabetes to an Evidence-based Diabetes Prevention Program](#)).
- SEGIP Manager Beth Lundholm is available as a resource (beth.lundholm@state.mn.us or 651-259-3731).

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WASHINGTON

Description

In 2013, the governor of Washington issued an executive order mandating that all cabinet agencies establish a work site wellness initiative. This order also established a Health and Wellness Steering Committee co-chaired by the director of the Health Authority, in which the Public Employee Benefits Board (PEBB) is housed, and the Washington State Department of Health (DOH). The steering committee's priorities included getting coverage for the National DPP for state employees.

In response, PEBB and DOH staff developed and implemented a pilot program in 2013 to provide onsite health screening, including blood sugar testing, for state employees. This program helped pave the way for a more comprehensive work site screening model. The pilot program included a process to refer employees to onsite lifestyle change programs offered by CDC-recognized organizations. Participation in the programs was high, and employees reported that having a program onsite made it more convenient. Today, the state offers the National DPP to all state employees as a covered benefit.

DOH staff developed training and resources (such as toolkits, templates, posters, flyers, and spreadsheets to track participation) and disseminated them to work site wellness coordinators in state agencies. PEBB oversees implementation of A1C testing, which measures blood sugar, and the onsite diabetes prevention programs. If an employee's test result indicates prediabetes, he or she is offered a class that starts within 2 weeks. As of summer 2015, about 85% to 90% of eligible employees had signed up and attended the first class. Of that group, 70% to 75% had completed at least nine classes.

Collaboration Between State Health Department and Partners

Washington was one of the original sites for the groundbreaking DPP randomized controlled trial.¹ DOH has a long history of working with diverse stakeholders to promote diabetes prevention.

Role of the State Health Department

DOH played the following key roles in this effort:

- **Convener.** DOH cochaired the Health and Wellness Steering Committee. It implemented other statewide collaborative efforts to help raise awareness of the National DPP and the benefits of lifestyle change programs. Stakeholders included PEBB, health insurers, community organizations, and other state agencies.
- **Data provider.** DOH health economists analyzed and reported state data (e.g., from the Behavioral Risk Factor Surveillance System) to help document the burden of diabetes in Washington. DOH used these data to build the case for coverage of the National DPP as a

potential cost-saving measure. DOH staff presented the data and a made a case for coverage in the state’s Diabetes Epidemic & Action Report.

Role of Partners

The Washington DOH had several partners that were crucial to the success of its efforts.

Partners	Roles and Responsibilities
PEBB	PEBB cochaired the Health and Wellness Steering Committee with DOH. PEBB oversees onsite screening and testing and the onsite diabetes prevention programs.
YMCA, University of Washington-Extension, CDC, National Association of Chronic Disease Directors	These organizations supported and endorsed the state’s efforts to cover the National DPP for state employees.

Washington’s Experience

Facilitators

DOH and PEBB staff identified the following as facilitators in their efforts to expand the availability of the National DPP to state employees:

- **Longstanding relationships between PEBB and DOH staff facilitated collaboration across the two agencies.** PEBB and DOH staff had established trust through previous collaborations and existing relationships among key staff members. PEBB staff also recognized that DOH staff were experts in diabetes prevention and readily agreed to work with them on this effort.
- **National efforts supporting the National DPP helped fuel the momentum to support this work at the state level.** At the national level, the American Association of Diabetes Educators, CDC, and the YMCA of the USA were all involved in promoting the National DPP as a viable, evidence-based approach to preventing diabetes.
- **Work site screening events provided an opportunity to refer people at risk of diabetes directly to a diabetes prevention program.** Work site screening events and onsite, CDC-recognized programs made participation convenient for state employees.
- **Hiring people with experience in health insurance can be helpful.** DOH staff recognized that the public health and insurance sectors have different perspectives and use different terminology. Having a person on staff who could speak to members of both groups helped win support for the National DPP benefit.

Challenges

DOH and PEBB staff reported the following challenges:

- **Not everyone believes in the concept of prediabetes.** Doctors in the health care community, including those in health plans, vary in terms of their endorsement of the concept and diagnosis of prediabetes. In their efforts to promote the National DPP, DOH

and PEBB staff presented it as part of a broader package of interventions, such as work site wellness initiatives and value-based insurance design.

- **Some mid-level managers in state agencies were slow to support the National DPP.** DOH and PEBB staff found that, while they enjoyed high-level support within key agencies and the governor’s office, some mid-level staff were not as enthusiastic at first. They had to take more time to convince mid-level staff of the benefits of the National DPP.

Lessons Learned

DOH and PEBB staff offered the following lessons learned from their experience expanding state employee coverage of the National DPP:

- **Champions from various governmental and nongovernmental agencies can accelerate this effort.** The 2013 mandate from the governor’s office to support work site wellness in state agencies was a catalyst, and similar efforts in other agencies and the community in support of the National DPP added momentum. Around the same time, the DOH received CDC funding to work with community organizations (primarily YMCAs and the University of Washington-Extension) to help establish CDC-recognized diabetes prevention programs. In 2008, the Washington Diabetes Network Leadership Team (which included DOH staff and representatives from other community and health organizations) received a policy development grant and technical assistance from the National Association of Chronic Disease Directors, with support from CDC. This work led the team to make statewide expansion of the National DPP a policy goal.
- **Building trust between insurers and benefit administrators and public health organizations is important.** DOH learned that building trust was essential to the success of its efforts. DOH and PEBB staff recommended working together on small collaborative projects to build this trust and establish a foundation for future efforts.

Resources

- Washington State: [Diabetes Epidemic & Action Report](#)

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REFERENCES

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