

# DIABETES PREVENTION IMPACT TOOLKIT

## Data Input Checklist: State Module

<b>WHAT do I use this checklist for?</b>	Gather your state-specific data to input into the Toolkit for customized diabetes prevention results.
<b>WHO should use this checklist?</b>	State health officials who want to project the effects of the National Diabetes Prevention Program (DPP) for their state population
<b>WHY should you use this checklist?</b>	Use this checklist to gather key data for your state population (e.g., characteristics, risk group, screening, and program enrollment), and then enter the data into the Diabetes Prevention Impact Toolkit for your customized results.
<b>WHEN should you use this checklist?</b>	Before using the Impact Toolkit to organize your state-specific data
<b>HOW should you use this checklist?</b>	Gather as many population-specific data inputs as you can, then enter these into the Impact Toolkit online. You do not need to collect data or make selections for all items in the checklist, only the ones you have data for and wish to customize. In fact, for some inputs (e.g., Medical Costs, Annual Probability of Diabetes), customization is not recommended. More information on the input values can be found in Section 2 of the Toolkit User Manual and the Technical Report (see the HELP section of the Impact Toolkit).

All of the data inputs on the Impact Toolkit State Input Dashboard are provided below, including a description of each data point, the Toolkit’s default values based on current literature, and a blank space for you to provide “Your Data Inputs.” The footnotes provide details on each data input to highlight any assumptions and guide your data gathering. Further details can be found in the Technical Report in the HELP section of the Impact Toolkit.

# DIABETES PREVENTION IMPACT TOOLKIT

## Location

For the State Module, first select your state in the dropdown list provided, or click on your state in the map. Next to the “Number of Adults” label, your state’s population count will automatically populate. This population number cannot be edited.

## Risk Group to Participate in Program

Risk Group	Default Value	Your Data Inputs <sup>a</sup>
Persons with prediabetes	3.8%	
Persons with prediabetes and other persons at risk for type 2 diabetes	3.6%	
Persons with high-risk prediabetes	6.2%	

<sup>a</sup> A plausible range based on the available data is 1.0% to 7.0%. Using values outside of this range may lead to results with low credibility.

## Screening

Screening Assumptions	Default Selection	Your Data Inputs
No new screenings for prediabetes <sup>a</sup>	Checked	
Screen persons for prediabetes if they have not been previously screened	Unchecked	
Average number of persons screened for each case of prediabetes detected (only if conducting screening) <sup>b</sup>	2	

<sup>a</sup> In the default setting, we assume that 46% of your population has undergone screening recently (see Program Enrollment and Participation section).

<sup>b</sup> An increase in this number would reflect an unscreened population with a low prevalence of prediabetes, while a decrease would reflect an unscreened population with a high prevalence of diabetes. If you are not sure about the underlying prevalence in your unscreened population, then we recommend using the default setting (two people screened per case detected).

# DIABETES PREVENTION IMPACT TOOLKIT

Program Enrollment and Participation		
Assumption	Default Value	Your Data Inputs
Percentage of eligible persons previously screened for prediabetes <sup>a</sup>	46%	
Percentage of eligible, previously unscreened persons now receiving screening <sup>b</sup>	100%	
Percentage of eligible, screened persons who participate in the intervention <sup>c</sup>	35%	

<sup>a</sup> The default value is based on the percentage of people at risk for diabetes who have been screened in the past 3 years.

<sup>b</sup> The default value assumes all persons with a body mass index (BMI)  $\geq 24$  who have not been screened receive screening.

<sup>c</sup> The default value is based on the participation rate in a demonstration of the National DPP with large employers. The participation rate might be higher or lower for your company based on the incentives or the perceived benefits of participation.

Intervention Weight Loss and Regain Schedule		
Year	Default Value <sup>a</sup>	Your Data Inputs <sup>b</sup>
1	4.4%	
2	2.4%	
3	1.9%	
4	0.0%	
5	0.0%	
6	0.0%	
7	0.0%	
8	0.0%	
9	0.0%	
10	0.0%	

<sup>a</sup> This column shows the percentage of weight lost compared with baseline bodyweight. The National DPP resulted in an average weight loss of 4.4% at the end of the first year of follow-up. The DPP Trial and long-term studies of real-world interventions also show that initial weight lost is regained in future years. Based on data from these studies, we assume that about 50% of the weight lost is regained in Year 2 (2.4%) and another 20% is regained in Year 3 (1.9%). In Years 4 through 10, we assume that all the weight lost has been regained (0%). These weight loss/regain assumptions are based on National DPP or similar programs with a maximum of 16 sessions over 6 months (no maintenance program after 6 months).

<sup>b</sup> Although these default settings are based on the best available data for the average National DPP participant, your population and program may differ from the average. Enter weight loss and regain assumptions according to the expectations for your program. If you are not sure what to expect from your program, we recommend using the default values.

# DIABETES PREVENTION IMPACT TOOLKIT

Program Budget		
Assumption	Default Value	Your Data Inputs
Maximum program budget <sup>a</sup>	No maximum budget (box is left unchecked)	
Program budget value (only if maximum program budget box is checked) <sup>b</sup>	N/A	

<sup>a</sup> In the default setting, the Toolkit assumes that a state, employer, or insurer will offer the program to all eligible persons who want to participate. However, if there is a limited budget for implementing a National DPP or similar program, then you can check the box in this section to set a maximum budget.

<sup>b</sup> If you have checked the Maximum Program Budget Box, then the budget value you enter will limit the number of program participants based on the size of your eligible population, your program costs, and your screening costs (if you chose to screen previously unscreened persons).

Program Costs		
Assumption	Default Value	Your Data Inputs
Program cost per person <sup>a</sup>	\$417.00	
Screening cost per person (only if conducting screening) <sup>b</sup>	\$12.50	
Other costs <sup>c</sup>	\$20.00	

<sup>a</sup> The default cost of \$417 is the cost of group-based National DPP or similar programs without any screening costs included.

<sup>b</sup> We assume that screening costs \$12.50 in the default setting. Either the fasting serum glucose test (\$7.22) or the hemoglobin A1c test (\$17.85) can be used to diagnose prediabetes, so we assume the average cost (\$12.50) of these two tests according to the 2015 Medicare Laboratory Fee Schedule. If you plan to use one of these tests or believe that your screening costs differ from these estimates, then the screening cost can be modified in this section. If you plan to use the [CDC Prediabetes Screening Test](#) (a questionnaire that can also be used to determine eligibility for the National DPP) instead of a blood test, then your costs may be lower than either of the blood test costs.

<sup>c</sup> Other costs include the cost of a brief follow-up visit to discuss the results of the screening test. The default value of \$20 is based on the Medicare physician fee (2015) associated with an evaluation and management visit of low complexity (HCPCS 99211) for an established patient (about 5 minutes of face-to-face time). The user can add in any other costs that apply to their screening program, such as the cost of recruitment. Recruitment costs may include the cost of brochures and other marketing materials as well as staff time spent developing and distributing these materials. All costs should be calculated and entered per participant (i.e., total recruitment costs divided by the number of participants). This is because costs and outcomes in the Output Dashboard are calculated per participant.

# DIABETES PREVENTION IMPACT TOOLKIT

Annual Diabetes-attributable Medical Costs per Person		
Assumption	Default Value	Your Data Inputs
Costs incurred in the year of diagnosis <sup>a</sup>	\$6,425	
Costs incurred per year after diagnosis <sup>b</sup>	\$3,900	
Discount rate <sup>c</sup>	3.0%	

<sup>a</sup> Costs in the year of diagnosis are approximately 1.65 times greater costs after the year of diagnosis. If you believe that excess medical costs associated with diabetes differ in your population, we suggest maintaining this approximate relationship between the diagnosis year costs and the costs in the years after diagnosis. We suggest staying within the range of \$3,300 to \$9,900 for costs incurred in the year of diagnosis.

<sup>b</sup> We suggest staying within the range of \$2,000 to \$6,000 for costs incurred each year after diagnosis.

<sup>c</sup> The discount rate input box allows us to account for the fact that the money we have today has more value than money received in the future. This accounts for future inflation, lost investment opportunity, and risk. Applying this discount value allows us to more accurately compare the money that will be spent in the future with the money that is spent today. An annual discount rate of 1.0% to 5.0% is common. Our default value is 3.0%.