

CDC PUBLIC HEALTH GRAND ROUNDS

The National Diabetes Prevention Program — Changing Lifestyles to Prevent Type 2 Diabetes



Accessible version: <https://www.youtube.com/watch?v=dmfXGyXqKcM>

November 13, 2018



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

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The National Diabetes Prevention Program — Changing Lifestyles to Prevent Type 2 Diabetes



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Moving Evidence to Action to Prevent Type 2 Diabetes



Ann Albright, PhD, RDN

Director, Division of Diabetes Translation

National Center for Chronic Disease Prevention and Health Promotion

Centers for Disease Control and Prevention

Our Public Health Challenge...

- **30 million Americans have diabetes**
 - Diabetes care costs \$327 billion in the U.S. in 2017
- **84 million American adults have prediabetes**
 - 74 million adults with prediabetes don't know they have it
 - 50% of those aged 65 or older have prediabetes



Prediabetes diagnostic criteria

Hemoglobin A1c range: 5.7%–6.4%

Fasting plasma glucose (mg/dL): 100–125

Oral glucose tolerance test (mg/dL): 140–199

DPP Clinical Trial Study: An Evidence-based Program

Random Control Trial with Three Groups

Lifestyle Change

Received intensive training & individual counseling on diet, physical activity, and behavior modification

Metformin

Took 850 mg of metformin twice a day; received information about diet & exercise but no intensive motivational counseling

Placebo

Took placebo pills twice a day; received information about diet & exercise but no intensive motivational counseling

➤ Intensive training included

- 16 weekly sessions followed by 6 monthly sessions over 1 year
- Lifestyle coaching and specific curriculum on diet, exercise, and behavior modification
- With the goal of 7% weight reduction and 150 minutes of physical activities per week

Lifestyle Change Intervention Reduced Risk of Diabetes by 58%

➤ Efficacy of lifestyle change intervention

- Lifestyle change group reduced risk of developing diabetes by 58%, compared to a 31% reduction for the metformin group
- Only 5% of the lifestyle change group developed diabetes, compared to 11% of the placebo group
- Lifestyle change participants aged 60 and older reduced their risk by 71%
- ~50% were from high-risk populations

➤ Lasting impact of lifestyle change intervention

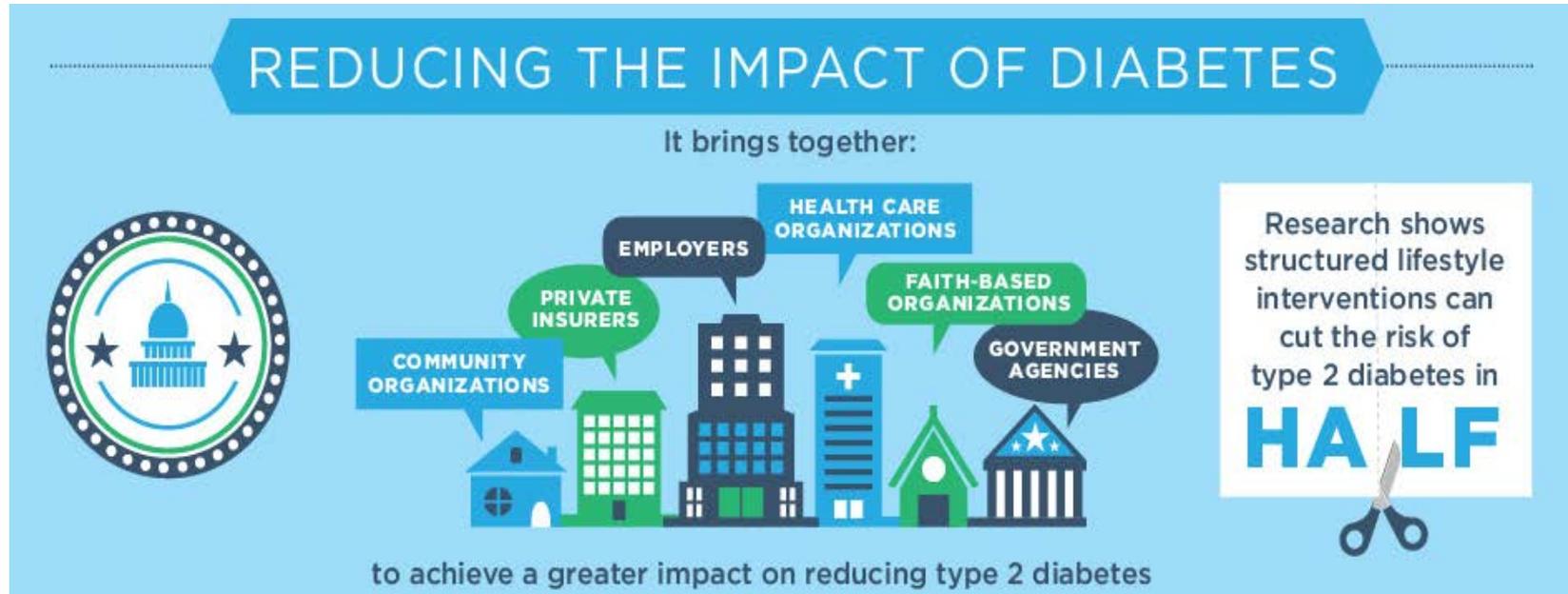
- 15 years later, lifestyle change group was still 27% less likely to develop diabetes, compared to 18% in the metformin group



National Diabetes Prevention Program

CDC established the National Diabetes Prevention Program in 2010
Largest national effort to mobilize and bring an effective lifestyle change program to communities across the country!

Available online, in person, and via distance learning



Strategic Goals to Increase the Impact of the National Diabetes Prevention Program (National DPP)

Increase coverage among public and private payers



Increase Coverage & Reimbursement



Increase Quality Programs

Increase the supply of quality programs

Increase referrals from healthcare providers



Increase Referrals

Increase Demand from Participants

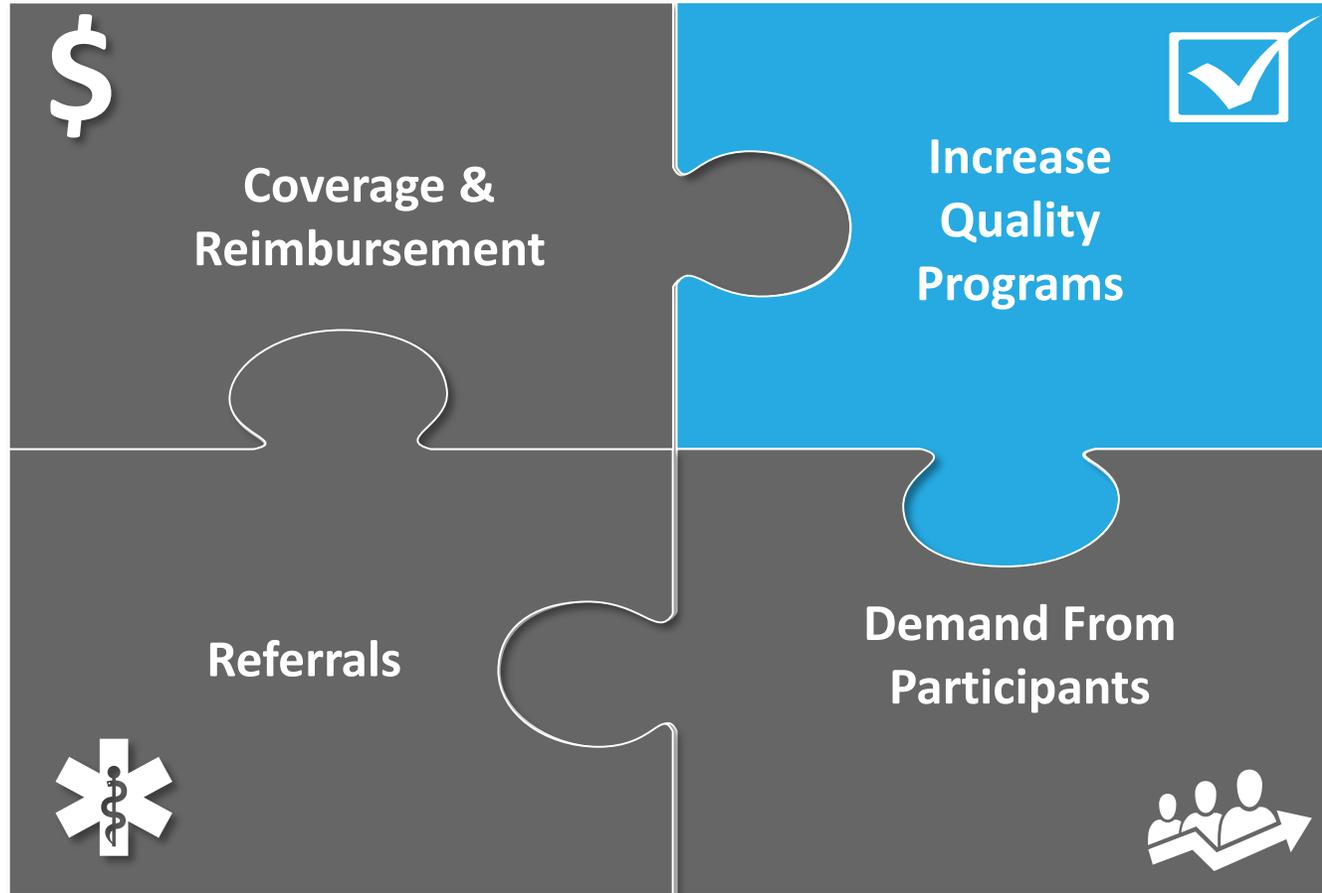


Increase demand for the National DPP among people at risk

Increase the Supply of Quality Programs

Increase coverage among public and private payers

Increase referrals from healthcare providers



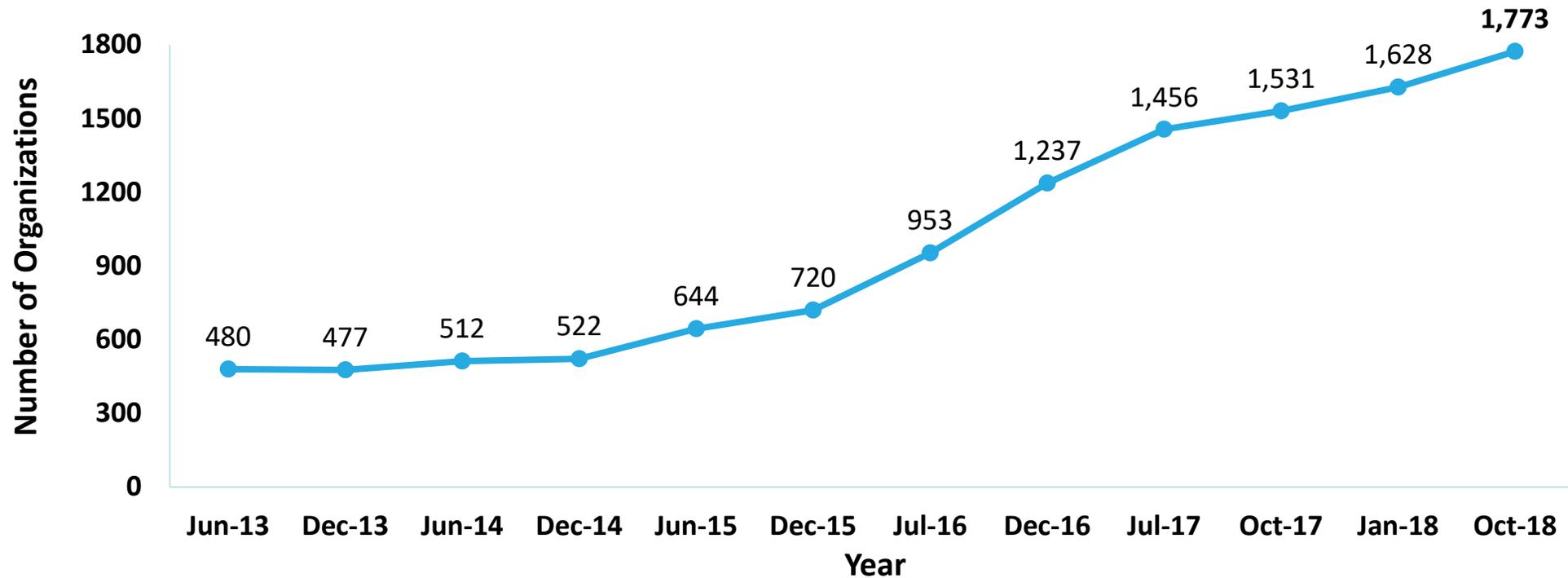
Increase the supply of quality programs

Increase demand for the National DPP among people at risk

Number of Quality Programs Continues to Grow

As of October 1, 2018, there are 1,773 CDC-recognized organizations across the U.S.

Number of CDC-Recognized Organizations Across the U.S., 2013–2018



CDC's Diabetes Prevention Recognition Program (DPRP) Ensures Quality and Fidelity

CDC Recognition involves...

assuring quality by maintaining a registry of organizations recognized by CDC's DPRP for their ability to deliver effective type 2 diabetes lifestyle interventions

Key Activities



National Quality Standards

- DPRP Standards and Operating Procedures, which are updated every 3 years



Registry of Organizations

- Online registry and program locator map
- Reviewed every 2 years for compliance



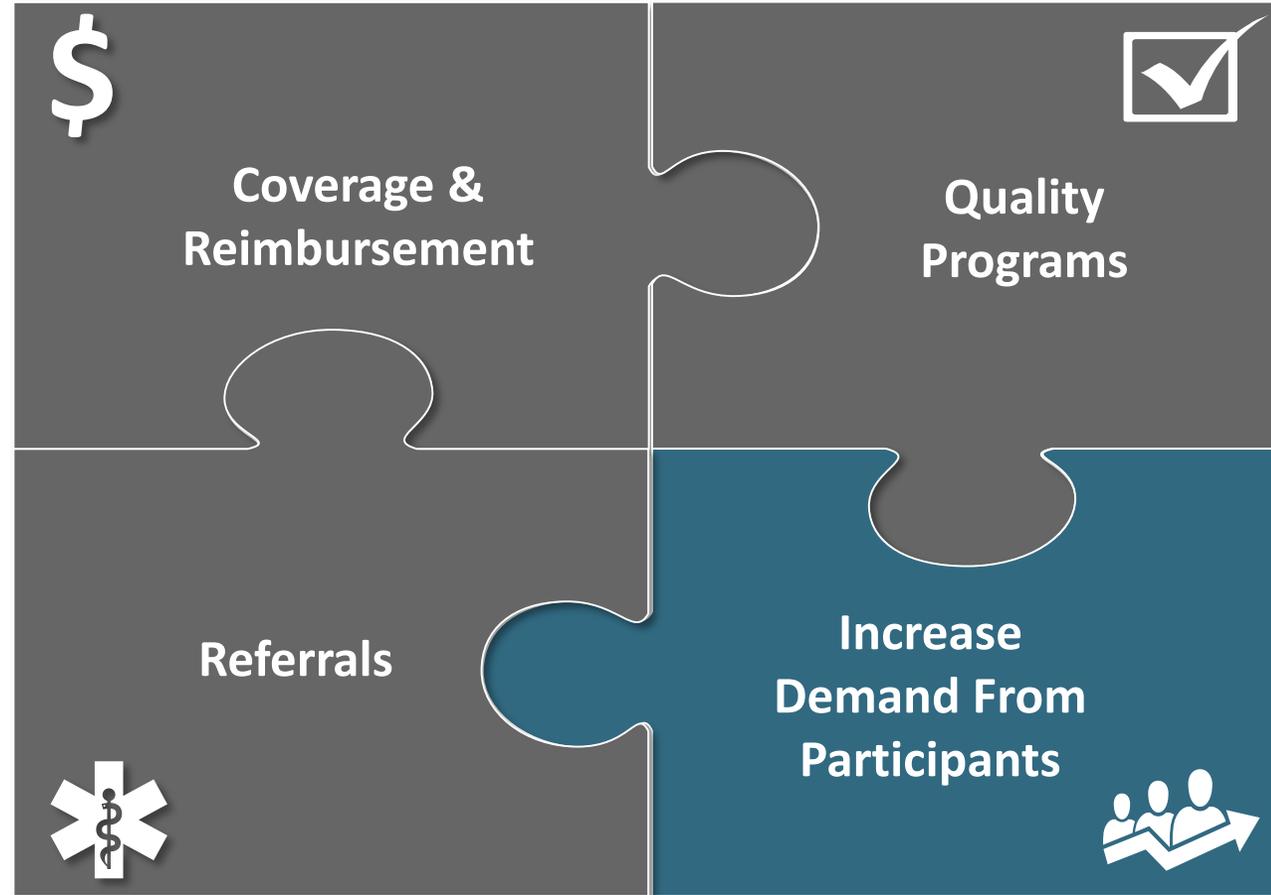
Data Systems

- Data analysis and reporting
- Feedback and technical assistance for CDC-recognized organizations

Increase Demand for the Program Among People at Risk

Increase coverage among public and private payers

Increase referrals from healthcare providers



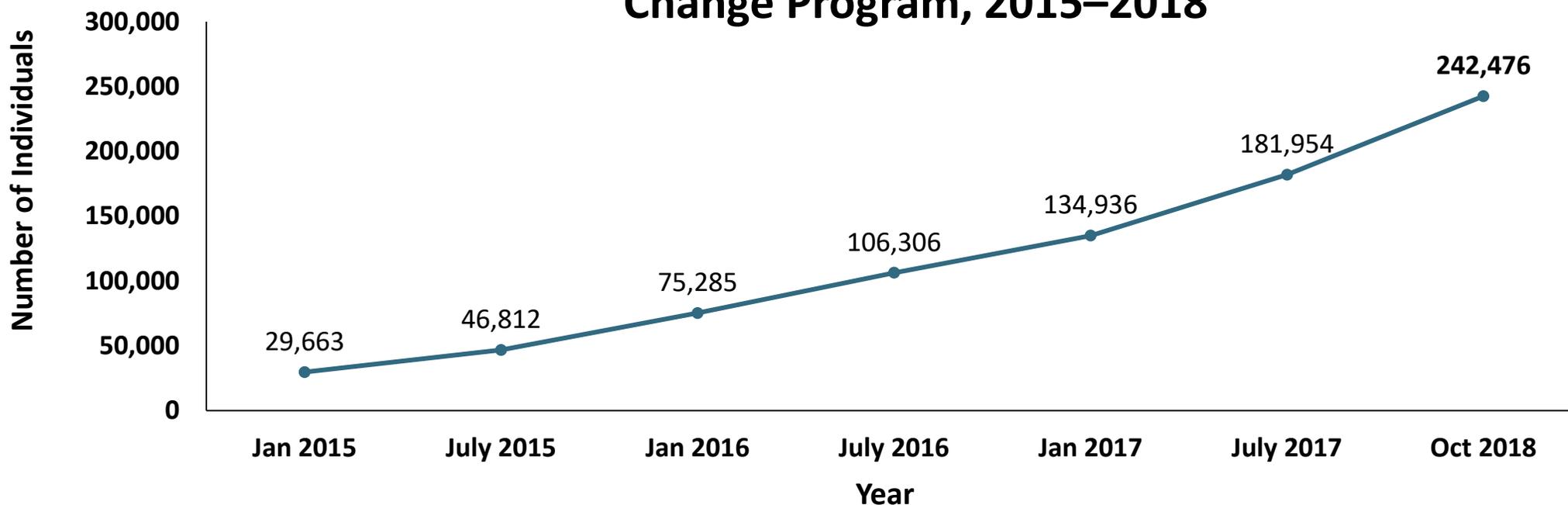
Increase the supply of quality programs

Increase demand for the National DPP among people at risk

Increase Demand for the Program Among People at Risk

 As of October 1, 2018, 242,476 individuals have enrolled in the National DPP

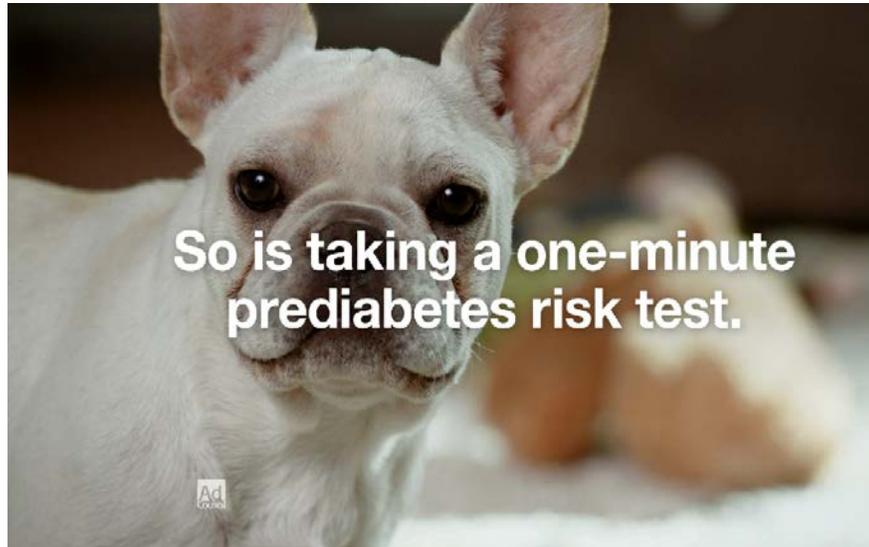
Cumulative Number of Individuals Enrolled in the National DPP Lifestyle Change Program, 2015–2018



Award-Winning Prediabetes Awareness Campaign

Ad Council, AMA, ADA, CDC

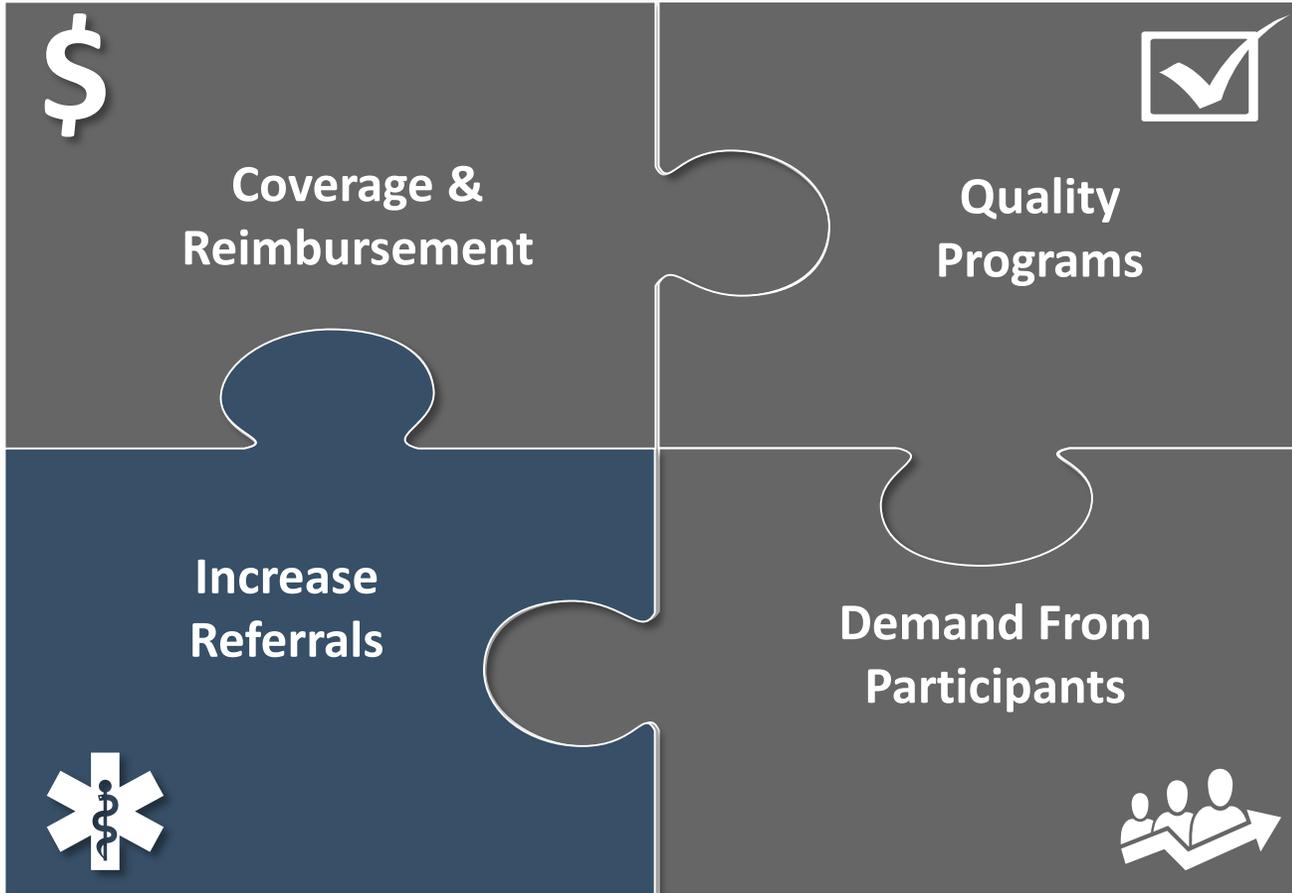
Puppies – A Perfect Way to Spend a Minute



www.DoIHavePrediabetes.org

Increase Referrals from Health Care Providers

Increase coverage among public and private payers



Increase referrals from health care providers

Increase the supply of quality programs

Increase demand for the National DPP among people at risk

Numerous Partners to Help Identify and Refer At-risk Individuals to CDC-recognized Organizations



American College of Preventive Medicine

- Develop local champions to promote screening, testing, and referral
- Field test and evaluate



DIABETES PREVENTION PROGRAM

Y-USA



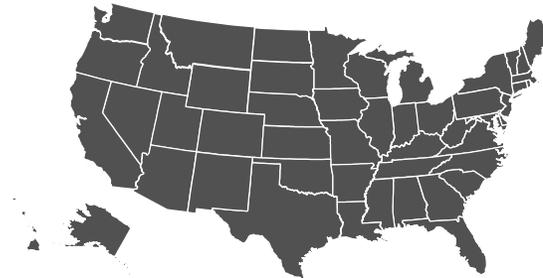
- Develop bi-directional (e.g., e-referral and linking back) models
- EHR linkages to lifestyle change programs

American Medical Association

Increase referrals through the utilization of an EHR to screen, test, and refer



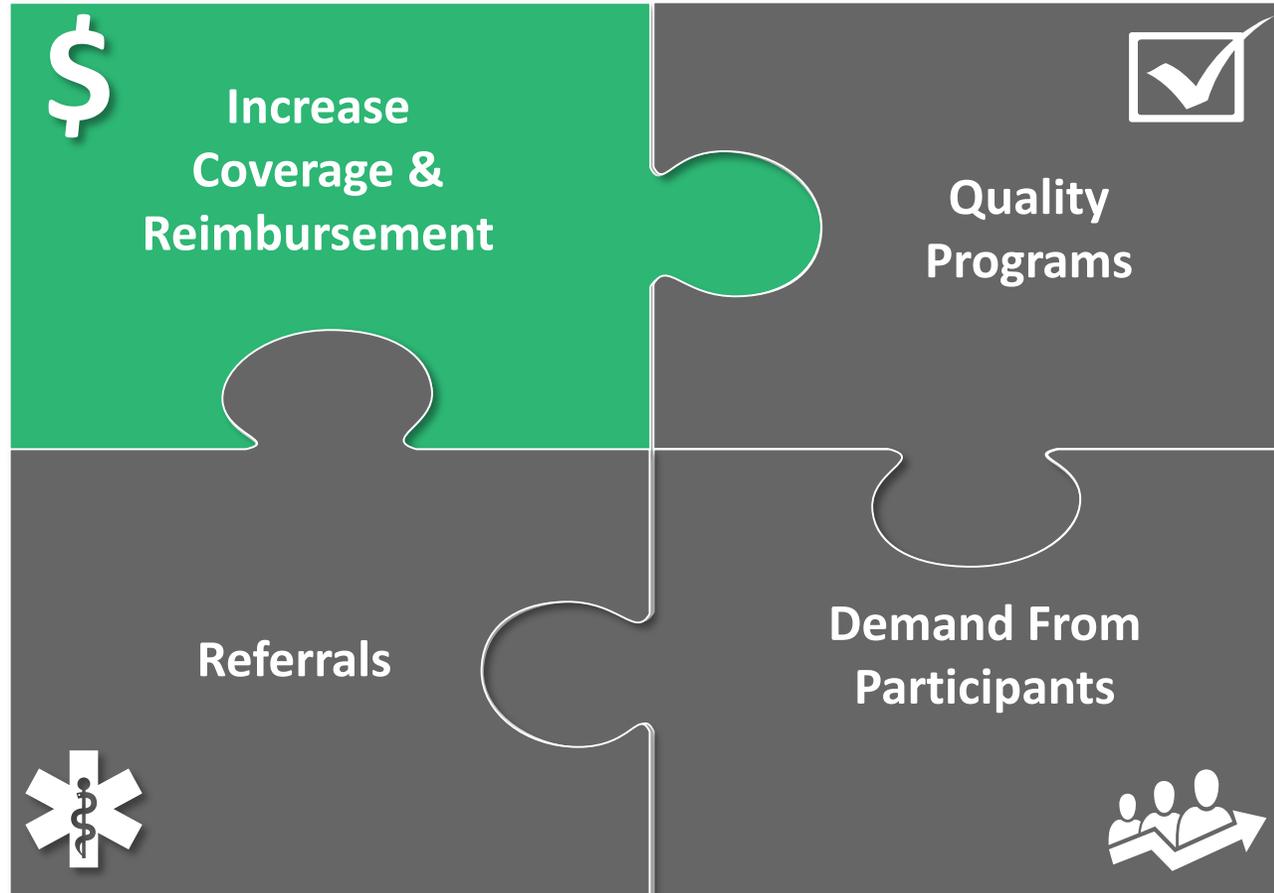
State Grantees



Facilitate state health department partnerships with local providers

Increase Coverage Among Public and Private Payers

Increase coverage among public and private payers



Increase the supply of quality programs

Increase referrals from healthcare providers

Increase demand for the National DPP among people at risk

Goal Is All-payor Coverage

Commercial Insurers

- AmeriHealth Caritas
- Anthem
- BCBS Florida
- BS California
- BCBS Louisiana
- Cigna
- Denver Health
Managed Care:
Medicaid, Medicare, Public Employees
- Emblem Health: *NY*
- GEHA
- Highmark
- Humana
- Kaiser: *CO & GA*
- LA Care: *Medicaid*
- MVP's Medicare Advantage
- Priority Health: *MI*
- United Health Care: *National, State, Local, Private, and Public Employees*

State Coverage

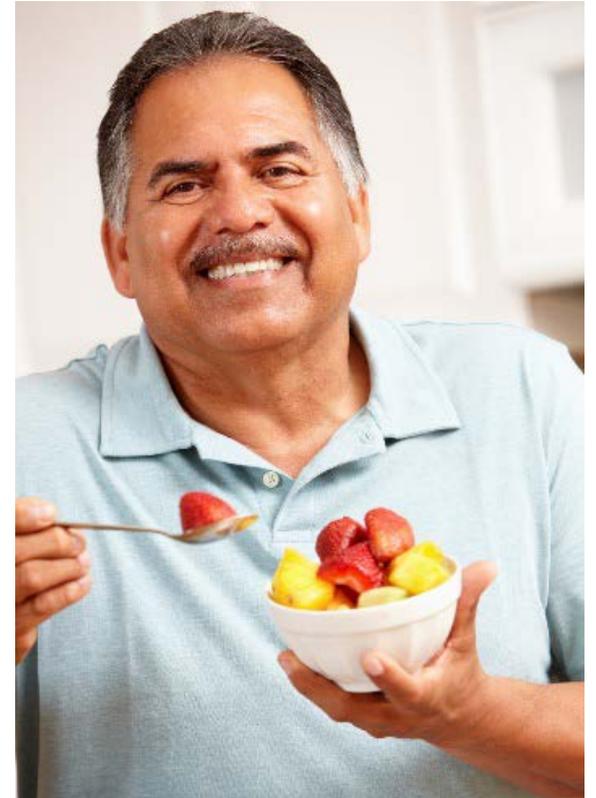
Over 3.4 million public employees and dependents in 19 states have the National DPP as a covered benefit

- Colorado
- Delaware
- Georgia (Kaiser members)
- Kentucky
- Louisiana
- Maine
- Maryland (partial payment)
- Minnesota
- Indiana
- Tennessee
- New Hampshire
- New York
- Rhode Island
- Vermont
- Washington
- Oregon (educators/local government)
- California
- Texas
- Connecticut (DoT workers)

Demonstration projects ongoing in North Dakota, Pennsylvania, and Utah

Working to Provide Sustainable Medicaid Coverage

- **Remove cost barriers and reduce diabetes health-related disparities for high-risk/burden populations**
- **State health departments**
 - Funded health departments in all states and DC to partner with Medicaid sister agencies to make the case for coverage
 - 9 states have full or partial coverage through Medicaid authorities, demonstrations, or pilots
- **Managed care organizations**
 - Funded comprehensive demonstration projects in 2 states with a focus on implementation and uptake



Find Resources, Training, and Technical Assistance at the National DPP Customer Service Center



Participants and providers can find resources and info

- **Self-service: find resources and events (FAQs, toolkits, training videos, webinars, etc.)**
- **Engage with the National DPP community**



CDC-recognized program delivery organizations receive technical assistance

- **Technical assistance and subject matter experts support**



CDC-recognized program delivery organizations provide feedback and input

- **Log in to submit satisfaction surveys**
- **Submit success stories**

NationalDPPCSC.cdc.gov

Medicare Diabetes Prevention Program Expanded Model



Nina Brown-Ashford, MPH

Deputy Director

CMS Innovation Center Prevention & Population Health Group

Overview of Medicare Diabetes Prevention Program (MDPP) Expanded Model

- **MDPP Expanded Model is a preventive service to respond to high rates of type 2 diabetes among older Americans**
- **Key components of the MDPP**
 - Beneficiary eligibility
 - Service delivery
 - Performance-based payments
 - Supplier requirements and enrollment



MDPP Works to Prevent High Rates of Type 2 Diabetes among Older Americans

Problem



**Of Americans 65 years and older
25% are living with type 2 diabetes,
50% have prediabetes**



**Care for older Americans (65+
years) with diabetes costs
Medicare \$104 billion annually,
and is growing**

Medicare Implementation

Impact

MDPP Works to Prevent High Rates of Type 2 Diabetes among Older Americans

Problem

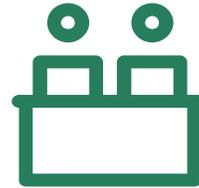


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Medicare Implementation



**Medicare DPP model test with
Y-USA 7,800 beneficiaries**



**Rulemaking to expand
coverage to beneficiaries
& establish Medicare DPP
supplier type**

Impact

Y-USA: YMCA of the USA Boyle JP, Thompson TJ, Gregg EW, et al. *Popul Health Metr.* 2010 Oct 22;8:29

Erdem E, Korda H (2014) *J Diabetes Metab* 5:345

www.federalregister.gov/documents/2016/11/15/2016-26668/medicare-program-revisions-to-payment-policies-under-the-physician-fee-schedule-and-other-revisions

www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/ReportsTrustFunds/downloads/tr2016.pdf and CMS estimates.

MDPP Works to Prevent High Rates of Type 2 Diabetes among Older Americans

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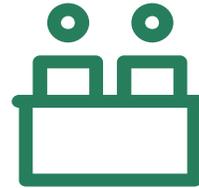


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Care for older Americans (65+ years) with diabetes costs Medicare \$104 billion annually, and is growing

Medicare Implementation



Medicare DPP model test with Y-USA 7,800 beneficiaries



Rulemaking to expand coverage to beneficiaries & establish Medicare DPP supplier type

Impact



Promotes healthier behaviors for eligible Medicare beneficiaries at risk for type 2 diabetes



Decreases Medicare costs associated with diabetes

Y-USA: YMCA of the USA Boyle JP, Thompson TJ, Gregg EW, et al. *Popul Health Metr.* 2010 Oct 22;8:29

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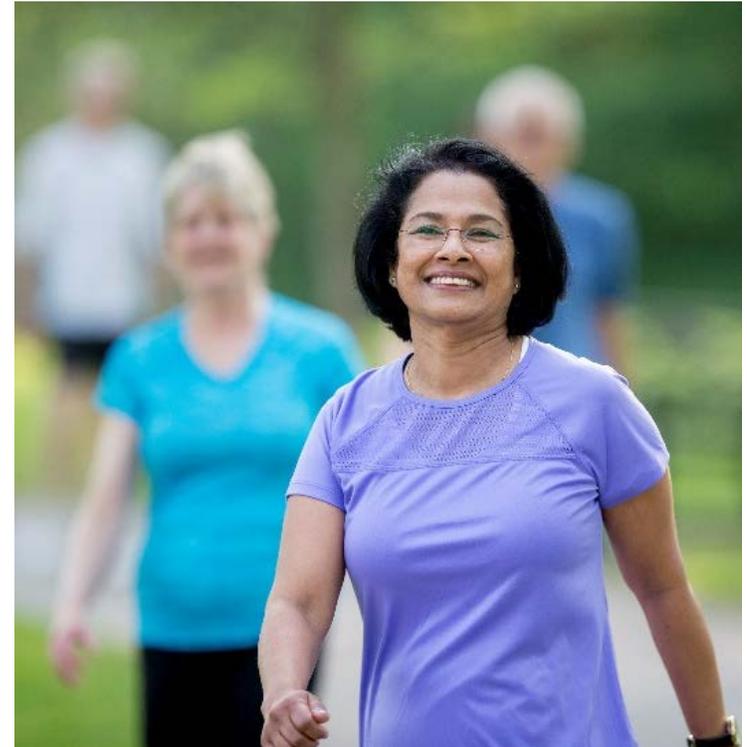
www.federalregister.gov/documents/2016/11/15/2016-26668/medicare-program-revisions-to-payment-policies-under-the-physician-fee-schedule-and-other-revisions

www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/ReportsTrustFunds/downloads/tr2016.pdf and CMS estimates.

Specific Criteria Determine Medicare Beneficiary Eligibility throughout the MDPP Services Period

➤ Medicare Part B and C beneficiaries are eligible for services if they meet the following criteria on the date of the first core session:

- Body Mass Index (BMI) at least 25 (or 23 if self-identified as Asian)
- Meet 1 of 3 blood test requirements within the 12 months prior to attending the first core session
- Do not have any of the following:
 - ❑ Previous diagnosis of diabetes prior to the date of the first core session
 - ❑ End-stage renal disease
 - ❑ Not previously received MDPP services



Medicare Covers Up to 2 years of MDPP Sessions for Eligible Beneficiaries



Months 0–6 Core Sessions

- **16 sessions offered at least a week apart**
- **Available *regardless* of weight loss and attendance**



Months 7–12 Core Maintenance Sessions

- **6 monthly sessions**
- **Available *regardless* of weight loss and attendance**



Months 13–24 Ongoing Maintenance Sessions*

No copay or referral | CDC-approved curriculum | In-person and virtual make-up sessions

*The ongoing maintenance sessions are unique to the Medicare Diabetes Prevention Program (MDPP) services, and are not required for CDC recognition

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Months 7–12 Core Maintenance Sessions

- 6 monthly sessions
- Available *regardless* of weight loss and attendance



Months 13–24 Ongoing Maintenance Sessions*

- 12 monthly maintenance sessions
- Beneficiaries *must* achieve and maintain 5% weight loss and attendance goals to remain eligible

No copay or referral | CDC-approved curriculum | In-person and virtual make-up sessions

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Better Outcomes, Higher Payments

Payments are made based on beneficiary attendance and weight loss

First Year Payment Scenarios*			
	Attendance	Weight Loss (WL)	Total Supplier Payment
First 6 months	1 Core Session	N/A	\$25
	9 Core Sessions	Without 5% WL	\$165
	9 Core Sessions	With 5% WL	\$325
Full 12 months	(9 Core, 4 Core Maintenance)	No WL	\$195
	(9 Core, 4 Core Maintenance)	5% WL (mos. 0–6) and maintains WL in mos. 7–12	\$445

*Note: In Year 2, suppliers can also receive up to 4 payments of \$50 (total potential of \$200) per beneficiary, assuming ongoing maintenance session attendance and maintenance of 5% weight loss; the maximum payment per beneficiary is \$670 over 2 years

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MDPP Suppliers Must Adhere to Requirements to Establish and Maintain Enrollment

- **CDC Recognition:** Potential MDPP suppliers must have CDC preliminary or full recognition to enroll
- **Obtaining NPI:** Use the National Plan and Provider Enumeration System
- **Enrollment Options:** Suppliers can enroll either:
 - Online using the PECOS (Provider Enrollment Chain and Ownership System)
OR
 - Submit paper form (CMS-20134)

MDPP Supplier Requirements and Enrollment (continued)

➤ **Current Medicare Providers:**

Organizations already enrolled in Medicare must re-enroll to become MDPP suppliers

➤ **Maintaining Enrollment:**

MDPP suppliers must remain in compliance with recognition requirements, Medicare provider requirements, and MDPP supplier standards



CMS and CDC Each Have Unique Roles and Responsibilities



Payment, Enrollment, and Oversight Arm

- MDPP suppliers receive payment from CMS and must meet and remain compliant with requirements established by Medicare



Quality Assurance Arm

- MDPP suppliers must maintain CDC recognition and follow CDC quality standards, including use of CDC-approved curriculum

Screen, Test, and Refer At-Risk Medicare Patients

1

Screen your Medicare patients for prediabetes using the CDC Prediabetes Screening Test at:

- [DoIHavePrediabetes.org/take-the-risk-test/](https://www.dohaveprediabetes.org/take-the-risk-test/)

2

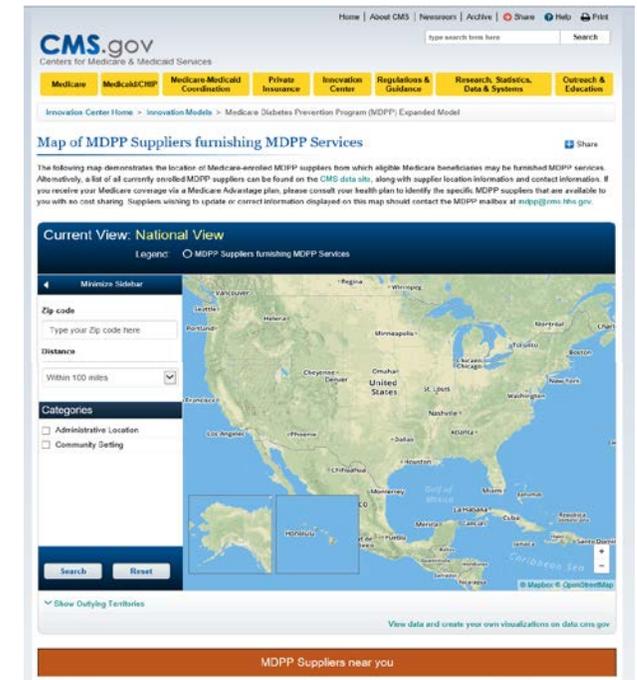
Test your at-risk Medicare patients for prediabetes using one of three blood tests:

- *Hemoglobin A1C*
- *Fasting plasma glucose*
- *Oral glucose tolerance test*

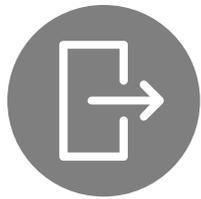
3

Refer your at-risk Medicare patients with prediabetes to nearby MDPP suppliers

- Locate Medicare DPP suppliers with the Supplier Map at: innovation.cms.gov/initiatives/medicare-diabetes-prevention-program/mdpp-map.html
- Or visit CDC's National DPP Registry at: nccd.cdc.gov/DDT_DPRP/Registry.aspx



How Else Can You Help? Increase MDPP Supplier Capacity



Encourage **CDC-recognized delivery organizations** to enroll as MDPP suppliers



Encourage organizations to become **CDC-recognized delivery organizations**



Educate **CDC-recognized delivery organizations** about Medicare processes and MDPP resources

How Else Can You Help? Increase Awareness of MDPP



Promote awareness of prediabetes among Medicare population



Encourage providers to screen, test, and refer patients to MDPP suppliers



Want to Know More?

Medicare Diabetes Prevention Program Website

- innovation.cms.gov/initiatives/medicare-diabetes-prevention-program/

CDC National Diabetes Prevention Program

- www.cdc.gov/diabetes/prevention/lifestyle-program/index.html

CDC Diabetes Prevention Recognition Program Standards

- www.cdc.gov/diabetes/prevention/pdf/dprp-standards.pdf

Provider Enrollment, Chain, and Ownership System

- pecos.cms.hhs.gov/pecos/login.do

National Plan & Provider Enumeration System

- nppes.cms.hhs.gov/#/

If you cannot find what you are looking for, email us at: mdpp@cms.hhs.gov

A National Coverage Model: National DPP Lifestyle Change Program



David P. Pryor, MD, MPH

Regional Vice-President Medical Director

Anthem Blue Cross California, Commercial Accounts

U.S. Preventive Services Taskforce (USPSTF) Recommendation Added as a Benefit August 2016

- **USPSTF recommends intensive behavioral counseling interventions to promote a healthy diet and physical activity for cardiovascular disease prevention**
- **National DPP Lifestyle Change Program meets all requirements of this USPSTF recommendation**
- **National DPP Lifestyle Change Program is a covered, preventive benefit for all Anthem members who meet criteria through lab testing or self-assessment**



Health Plan Saving for Members

➤ **Health plans save significantly when members avoid developing type 2 diabetes**

- Average health plan cost for members with diabetes: **\$11,700**
- Average health plan cost for members without diabetes: **\$4,400**



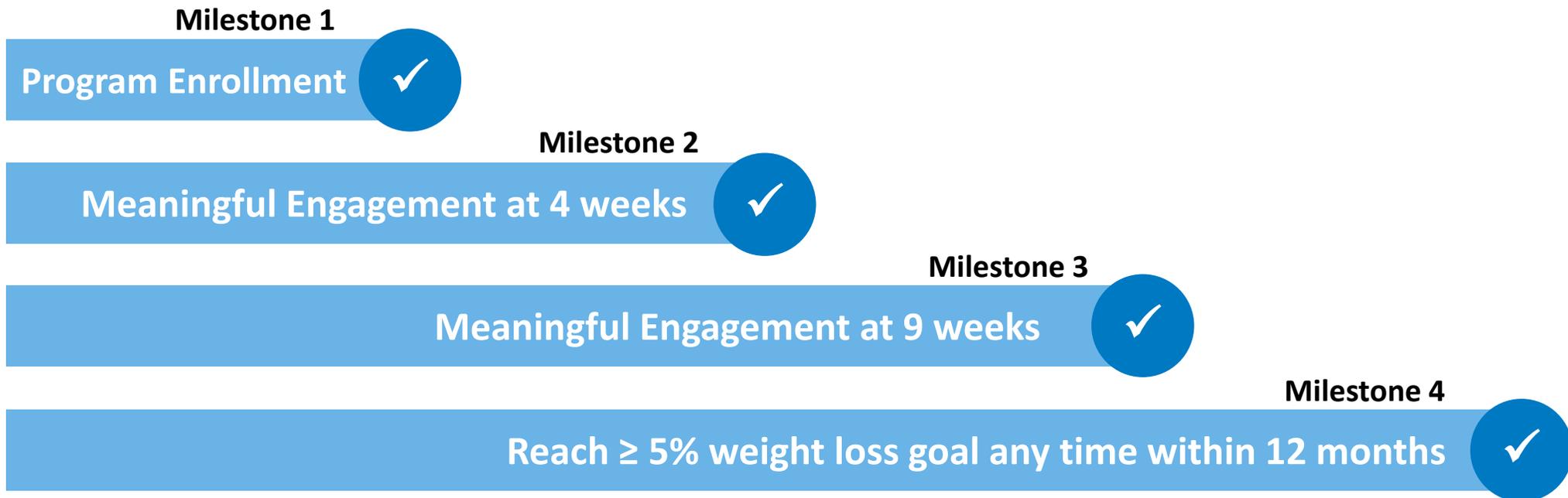
Milestone Based Reimbursement Pays for Success

- **Anthem uses a standard milestone-based medical claims structure**
 - Aligns with CDC quality and fidelity metrics via medical claims submission
- **Two vendors on milestone reimbursement**
 - Solera — In person and virtual providers
 - Omada — Digital solution appealing to employees in high tech companies

Pay for Success

Anthem's Commercial Milestone Based Reimbursement Model

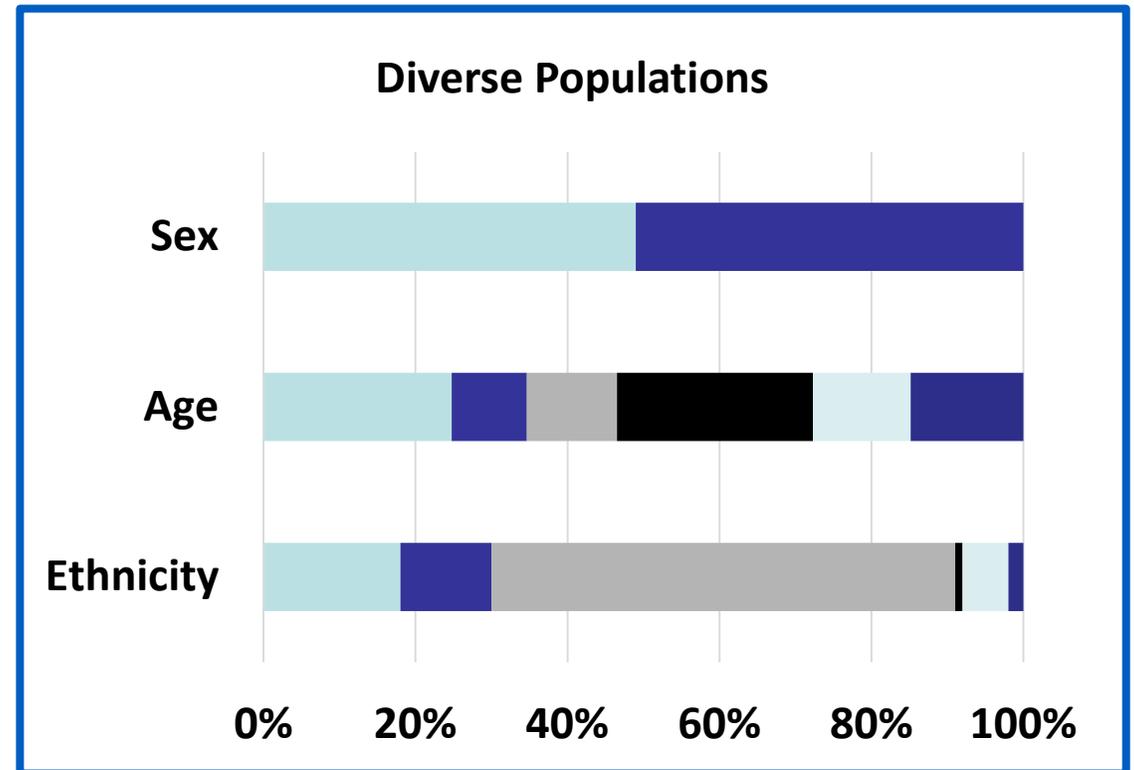
Anthem Reimburses In-network CDC-Recognized Organizations When Milestones Are Met



Picking Providers to Meet All Needs Is Challenging Diverse Populations

➤ Diverse populations to serve

- Large municipality
- Schools
- Tech companies with young employees



Picking Providers to Meet All Needs Is Challenging

Diverse Options

- **Vendors needed with a national network of community organizations and digital DPP providers**
 - All need full or pending recognition by the CDC
 - Can link individuals to “best fit” providers



Choice Drives Engagement and Completion

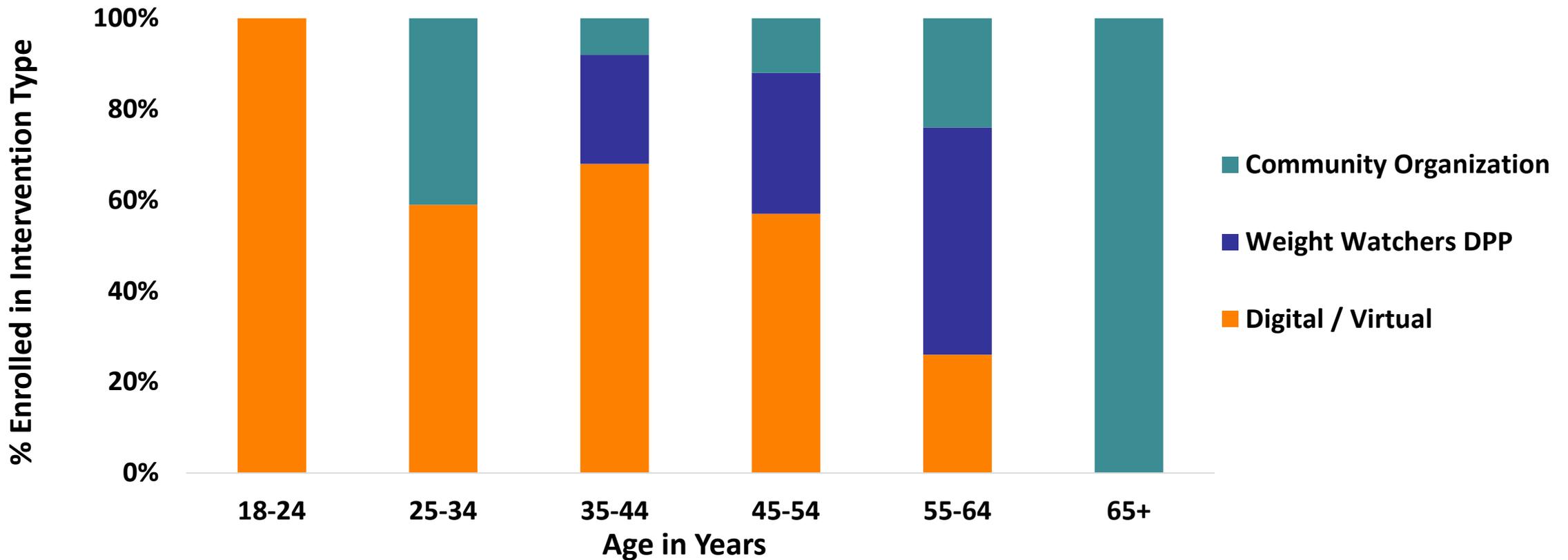
- **Choice drives engagement, which leads to program completion**
- **Choice needs to**
 - Accessible
 - Provide options aligned with interests, and goals
 - Be a “good fit” with the consumer



Why Choice Matters

Preferred Delivery Method Changes With Age

Preferred Type of Delivery by Age for the National DPP Lifestyle Change Program, 2017



Small Group Case Study: CA Small Business Group

- **Anthem small group members, excluding members with diabetes, were informed about the National DPP Lifestyle Change Program**
- **Directed to the CDC prediabetes risk test to determine their type 2 diabetes risk**
 - 4 campaigns between 2016–2018
 - More than 60,000 received a series of emails referring them to risk test

Small Group Case Study: Results of CA Small Business Group

- **As of August 2018, 1,811 members have committed to the program**
 - 65% are actively engaged, (n=1,187)
 - 24% have achieved 5%–7% weight loss
- **Incentive to members**
 - Fitbit for completing week 4
- **Lessons learned: Increased engagement when both vendor and employer contact employees**
 - Vendor used sophisticated emails as outreach and employer promoted at work
- **Next steps**
 - Q4 2018 will be the fifth campaign focusing on small group members

Large Group Case Study: School District Employer

- **All district employees and retirees were informed about the National DPP Lifestyle Change Program in 2017 and 2018**
 - Directed to CDC prediabetes risk test to determine their type 2 diabetes risk
- **Two mechanisms of outreach**
 - All district retirees (over 38,000) received a newsletter article
 - All district active employees (over 60,000) received a series of emails sent by district

Large Group Case Study: Results of School District Employer

- **As of April 2018, 5,245 district members have taken risk screener**
- **934 district members have committed to the program**
 - 64% are actively engaged, (n= 601)
 - 18% have achieved 5%–7% weight loss
- **Incentive to members**
 - \$10 gift-card for completing 1-min quiz
 - Fitbit for completing week 4



Working with Employers to Implement the National DPP

- **Employer engagement is important**
- **Raising awareness of type 2 diabetes risk and cost**
 - Benefit and potential cost-savings of National DPP Lifestyle Change Program
- **Increasing access and availability of health plan provider network**
- **Increasing initial and persistent engagement**
 - Community outreach
 - Provider awareness and referral (providers with more education refer more)
 - Leverage data for prediabetes predictive model to identify opportunities for engagement and outreach

Additional Considerations to Creating A Payor Model for Action

- **Driving program completion and weight loss**
 - Strategic follow up and incentives are important
- **Address drop out and re-engagement**
- **Strategies to engage hard-to-reach members with prediabetes**
 - Outreach has to be engaging
- **Increase culturally appropriate and targeted educational materials**



Real World Implementation of the National Diabetes Prevention Program



Arlene M. Guindon, MPH

Senior Program Manager

National Kidney Foundation of Michigan



Why Is National Kidney Foundation of Michigan Interested?

It aligns with our mission ...

To prevent kidney disease and improve the quality of life for those living with it.

The National DPP helps people with prediabetes to take control of their health and make impactful, life-long changes

National Kidney Foundation of Michigan Diabetes Prevention Program Results

- **Served over 1,550 participants since 2012**
- **6.0% average participant weight loss**
- **Average of 187 minutes of physical activity per week**
- **Nearly 90% of participants are very confident in their ability to eat healthier and be active for 150 minutes per week**



Adapt a healthy,
balanced diet



Lose 5-7% of your
body weight



Be physically active for
150 minutes per week

Connecting the Dots



**Community
of focus**



**Finding a
host site**



**Culturally
appropriate**



**Recruit
participants**



**Available
resources**



**Funding
Methods**

Community of Focus



➤ Starting point driven by:

- Funding
- Demonstration projects
- Community outreach



Finding a Host Site



➤ **Selecting a host site:**

- Clinic
- Recreation center
- House of worship
- Corporate site
- Other?
- Develop memo of understanding



Recruit Participants



➤ If you launch it, will they come?

- Clinic
- Recreation center
- House of worship
- Corporate site
- Other?
- e-referral can be created



Funding Methods



➤ **To deliver, there's a cost... and we help figure this out upfront**

- Grant
- MDPP
- Medicaid
- Commercial insurer
- Wellness program
- Self pay
- Scholarships



Available Resources



➤ What else is needed and already available?

- Recipe rehab
- Ask the clinician
- Linkages to wellness centers
- Linkages to local grocers
- Other?



Culturally Appropriate



➤ Haven't we covered everything?

- Are food models appropriate for community?
- Are materials in the appropriate language?
- Do we have the support staff that aligns well within the community?



Engaging Participants

- **After we have promoted, recruited, and registered participants, we continue to engage them**
- **We support and engage them throughout the process**
- **Frequent check-ins with participants and with the coaches**



Improving Engagement through Feedback

WHAT AMAZING THINGS DID YOU LEARN?

- “At my age, I could still lose weight and feel better”
- “My doctor took me off blood pressure meds”
- “New friends with the same goals became a community”
- “I gained new friends to help with accountability”
- “Food we buy, the way we cook, meal planning”
- “I’ve learned more about self-acceptance and forgiveness”

HOW WOULD YOU CHANGE THE PROGRAM?

- “To offer an exercise program”
- “Healthy recipes”
- “Provide A1C test at end of session”
- “Allow sessions to be beyond the classroom”
- “More interactive, allow for meals to be shared”
- “I would try and get the same information to more people that don’t have money to pay for the class”

Sustaining the Momentum

What has made us successful to date?

- Participant engagement
- Provider and community support
- Commitment
- Grants
- Partners
- Insurers
- Results



What successes and challenges are down the road?

- Continued commitment
- Funding
- Competition
- Growing pains

Key Takeaways

COMMITMENT...COMMITMENT...COMMITMENT...

- 1** This program takes commitment...whether you're providing it, supporting a person in it, or participating in it
- 2** For people and workshops to have success, factors including cultural appropriateness, convenient locations, and trained coaches are all vital
- 3** Overcoming challenges that include funding participation, participant commitment, delivering results, and managing data are crucial to success
- 4** Keep your purpose in mind

CDC PUBLIC HEALTH GRAND ROUNDS

The National Diabetes Prevention Program — Changing Lifestyles to Prevent Type 2 Diabetes



November 13, 2018

