

# 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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# Today's Speakers and Contributors



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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

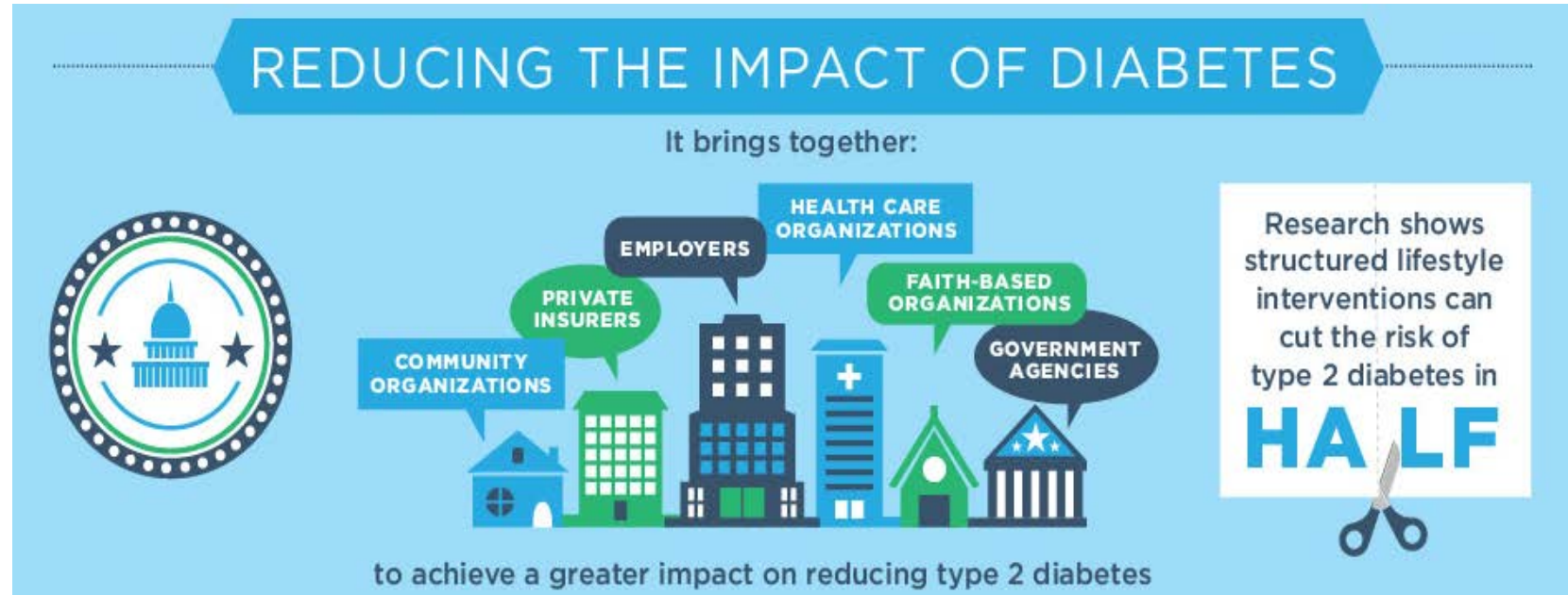




# National Diabetes Prevention Program

**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**

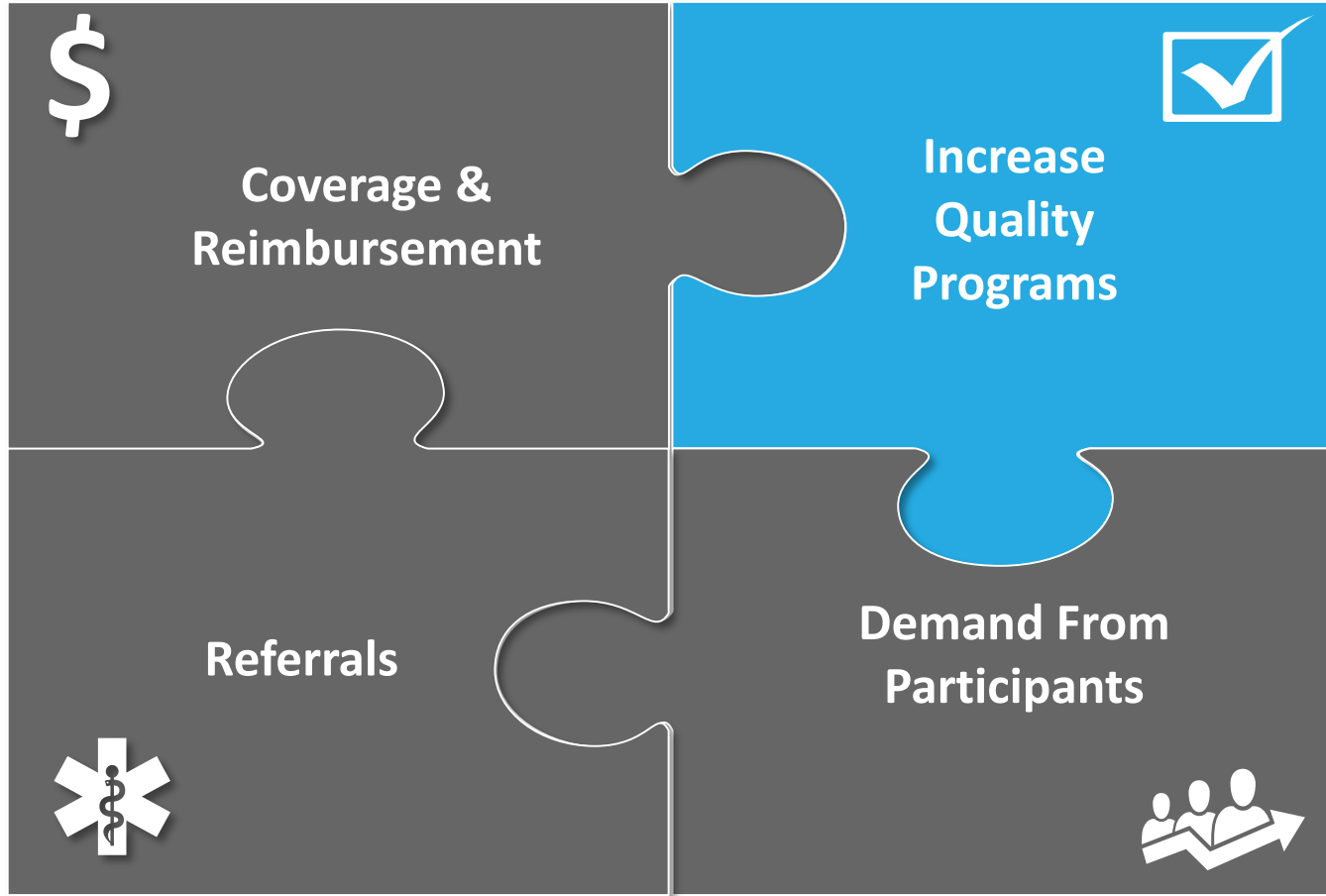


*Increase demand for the National DPP among people at risk*

# Increase the Supply of Quality Programs

*Increase coverage among public and private payers*

*Increase referrals from healthcare providers*



*Increase the supply of quality programs*

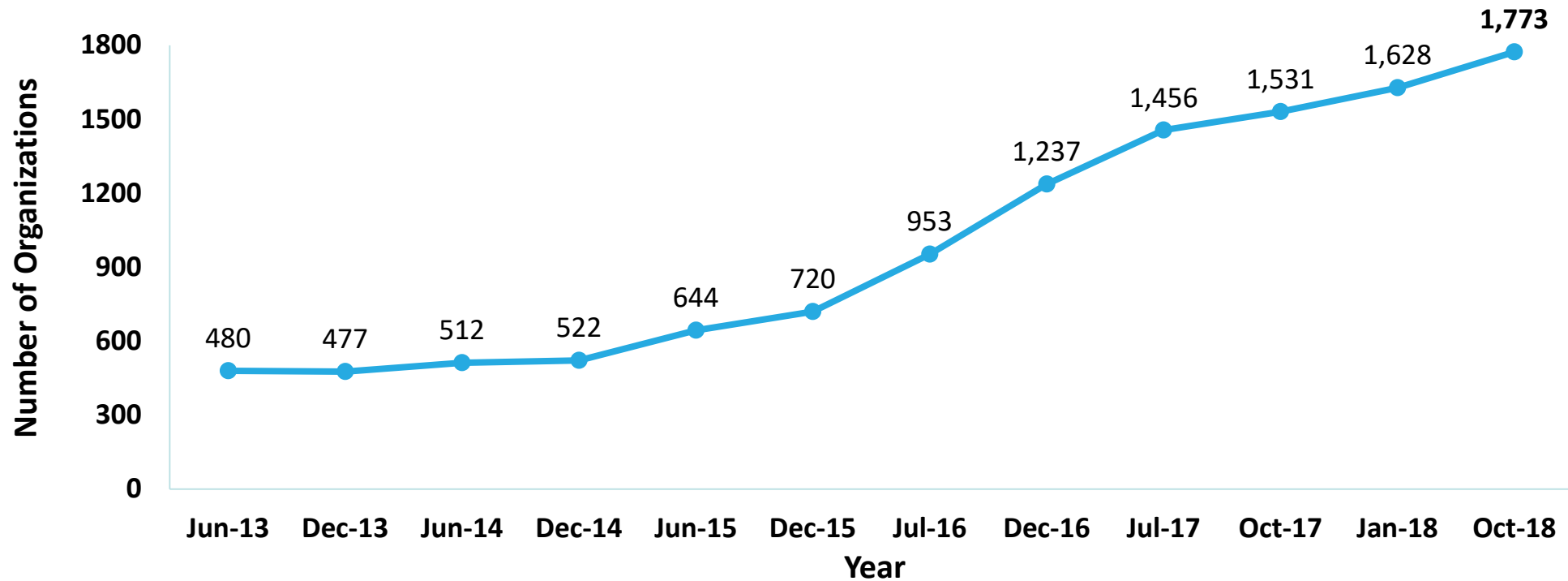
*Increase demand for the National DPP among people at risk*



# 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



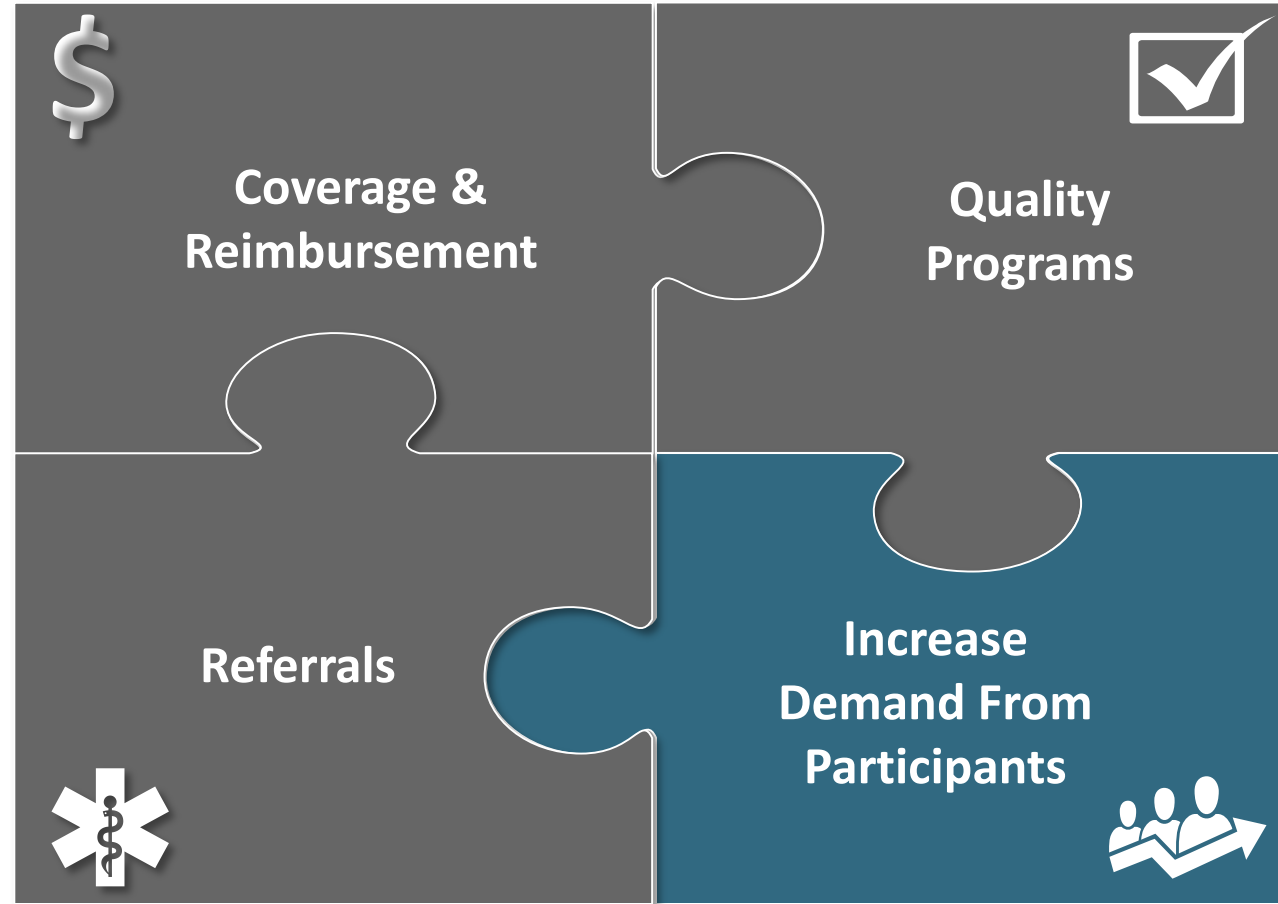
#### Data Systems

- 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*

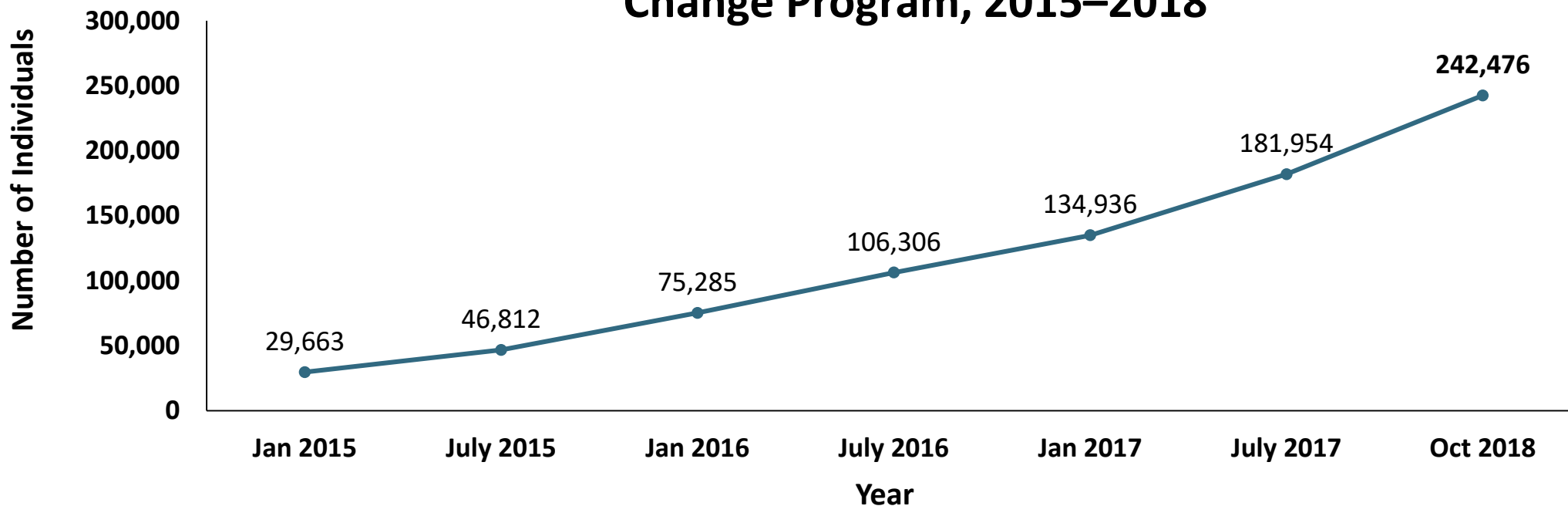
*Increase demand for the National DPP among people at risk*



# Increase Demand for the Program Among People at Risk

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

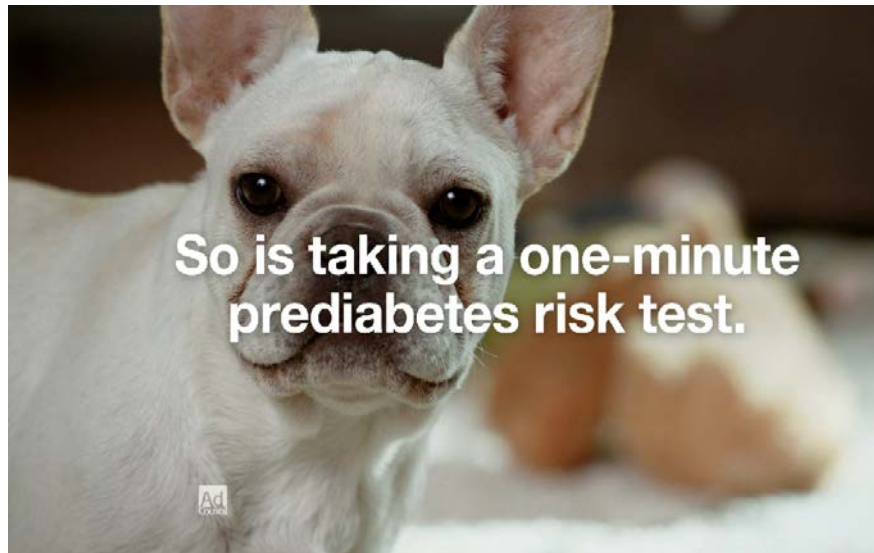
## Cumulative Number of Individuals Enrolled in the National DPP Lifestyle Change Program, 2015–2018



# Award-Winning Prediabetes Awareness Campaign

Ad Council, AMA, ADA, CDC

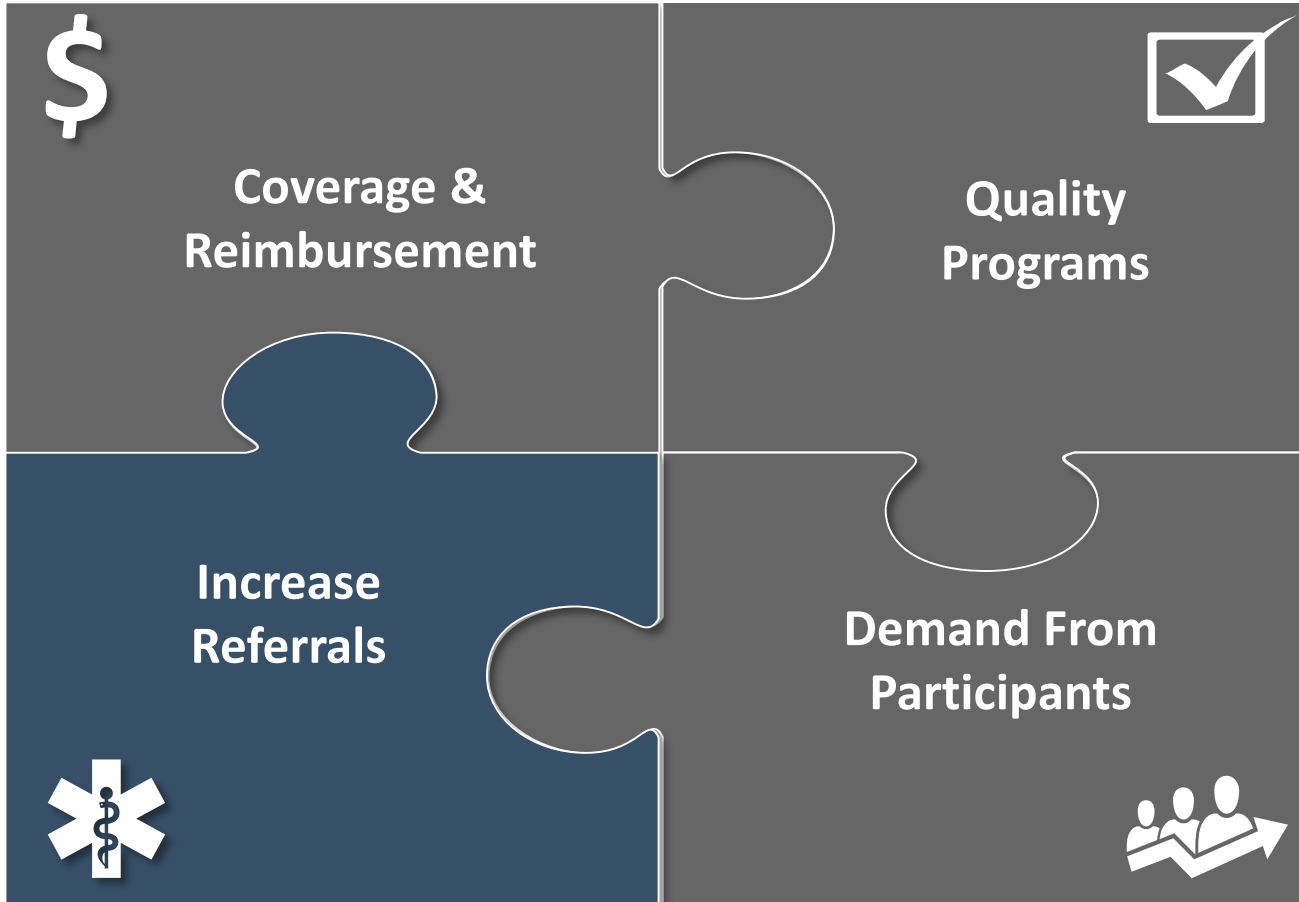
## Puppies – A Perfect Way to Spend a Minute



[www.DoIHavePrediabetes.org](http://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



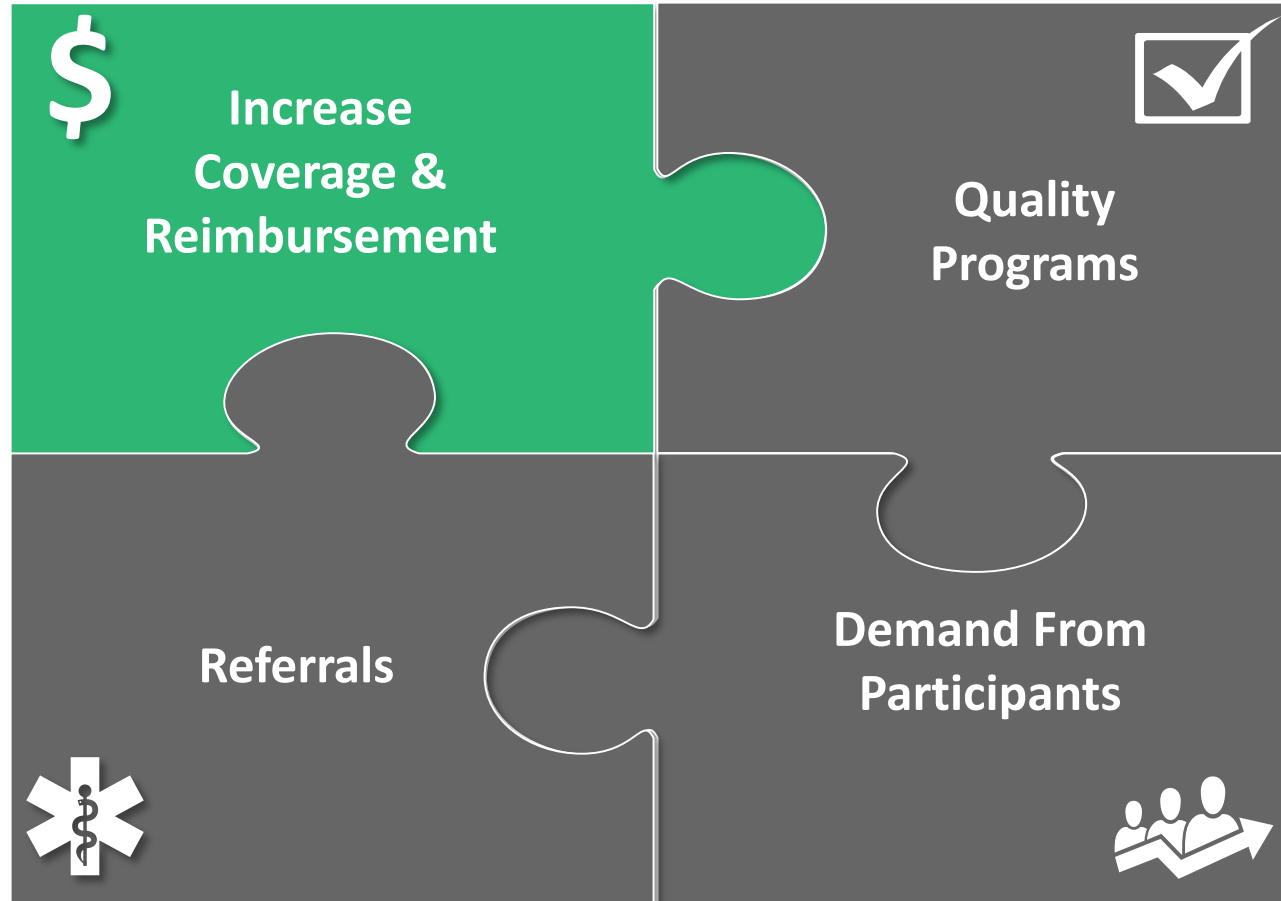
## State Grantees



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**

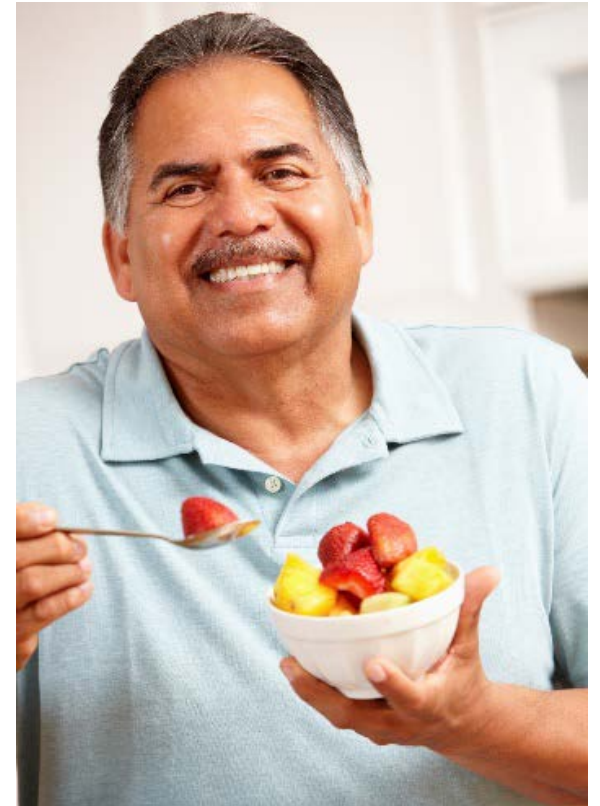
- Colorado
- Delaware
- Georgia (Kaiser members)
- Kentucky
- Louisiana
- Maine
- Maryland (partial payment)
- Minnesota
- Indiana
- Tennessee
- New Hampshire
- New York
- Rhode Island
- Vermont
- Washington
- Oregon (educators/local government)
- California
- Texas
- Connecticut (DoT workers)

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

## Medicare Implementation

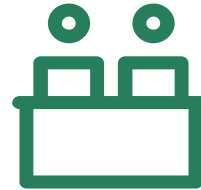
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**Medicare DPP model test with  
Y-USA 7,800 beneficiaries**



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

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](http://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](http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/ReportsTrustFunds/downloads/tr2016.pdf) and CMS estimates.

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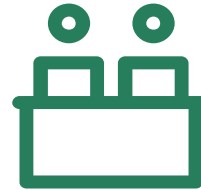


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**Care for older Americans (65+ years) with diabetes costs Medicare \$104 billion annually, and is growing**

## 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.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/ReportsTrustFunds/downloads/tr2016.pdf](http://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

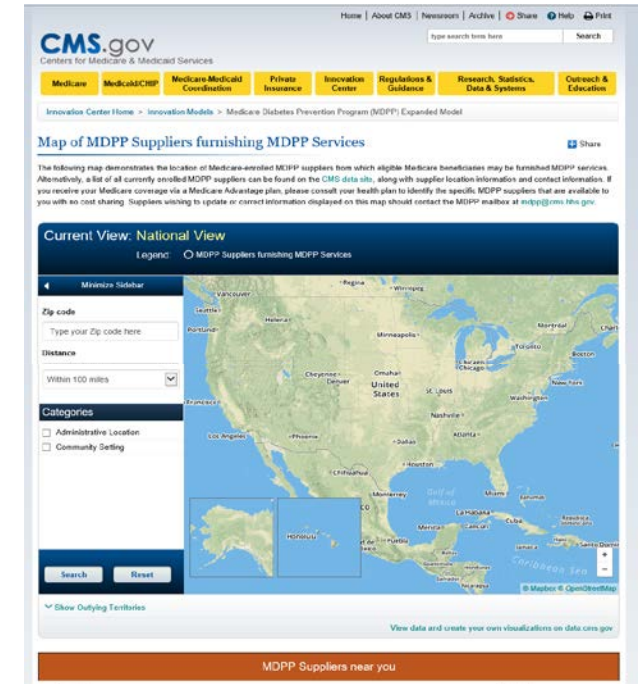
Test your at-risk Medicare patients for prediabetes using one of three blood tests:

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

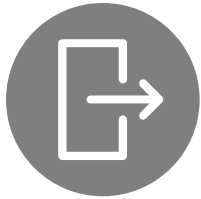
3

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](https://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](https://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/](https://innovation.cms.gov/initiatives/medicare-diabetes-prevention-program/)

## **CDC National Diabetes Prevention Program**

- [www.cdc.gov/diabetes/prevention/lifestyle-program/index.html](http://www.cdc.gov/diabetes/prevention/lifestyle-program/index.html)

## **CDC Diabetes Prevention Recognition Program Standards**

- [www.cdc.gov/diabetes/prevention/pdf/dprp-standards.pdf](http://www.cdc.gov/diabetes/prevention/pdf/dprp-standards.pdf)

## **Provider Enrollment, Chain, and Ownership System**

- [pecos.cms.hhs.gov/pecos/login.do](https://pecos.cms.hhs.gov/pecos/login.do)

## **National Plan & Provider Enumeration System**

- [nppes.cms.hhs.gov/#/](https://nppes.cms.hhs.gov/#/)

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

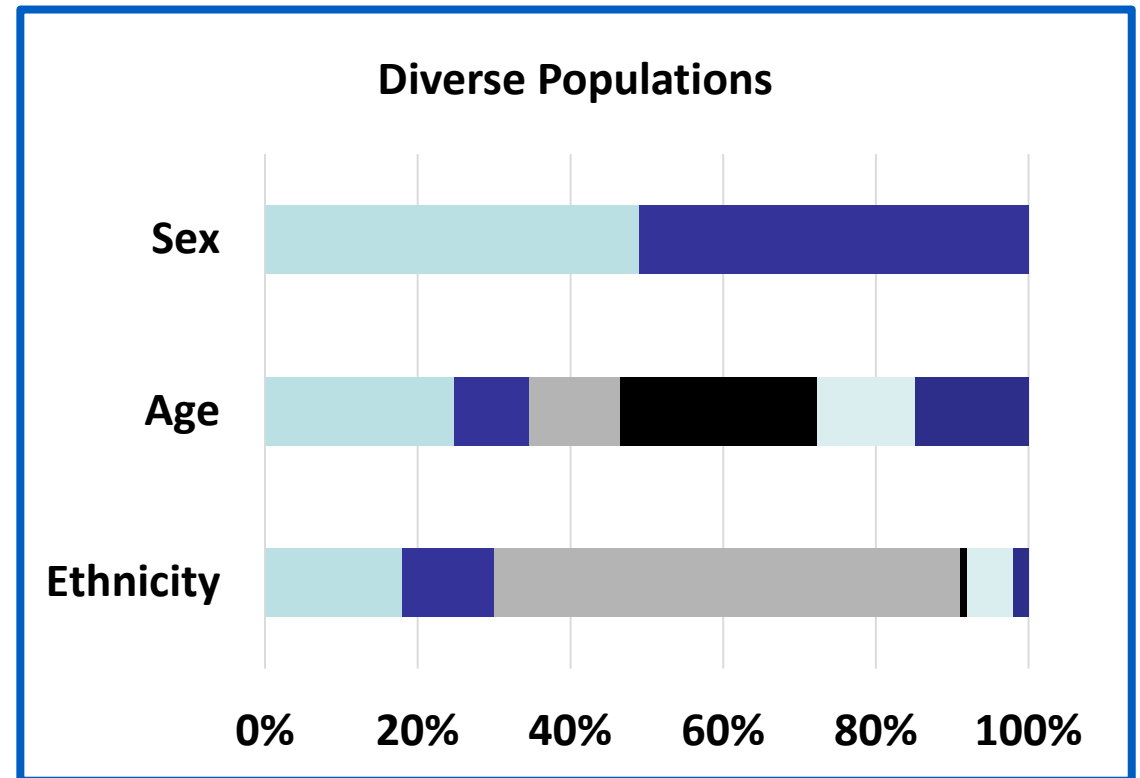
Anthem Reimburses In-network CDC-Recognized Organizations When Milestones Are Met



# 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

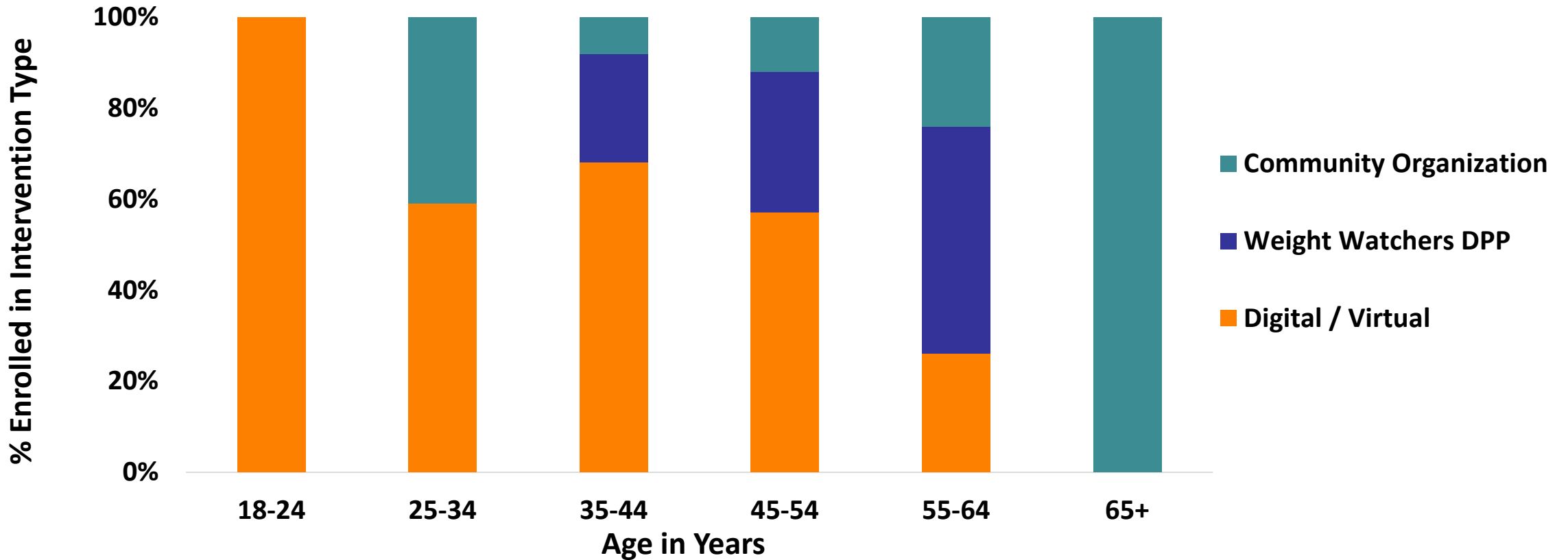
- **Choice drives engagement, which leads to program completion**
- **Choice needs to**
  - Accessible
  - Provide options aligned with interests, and goals
  - Be a “good fit” with the consumer



# 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



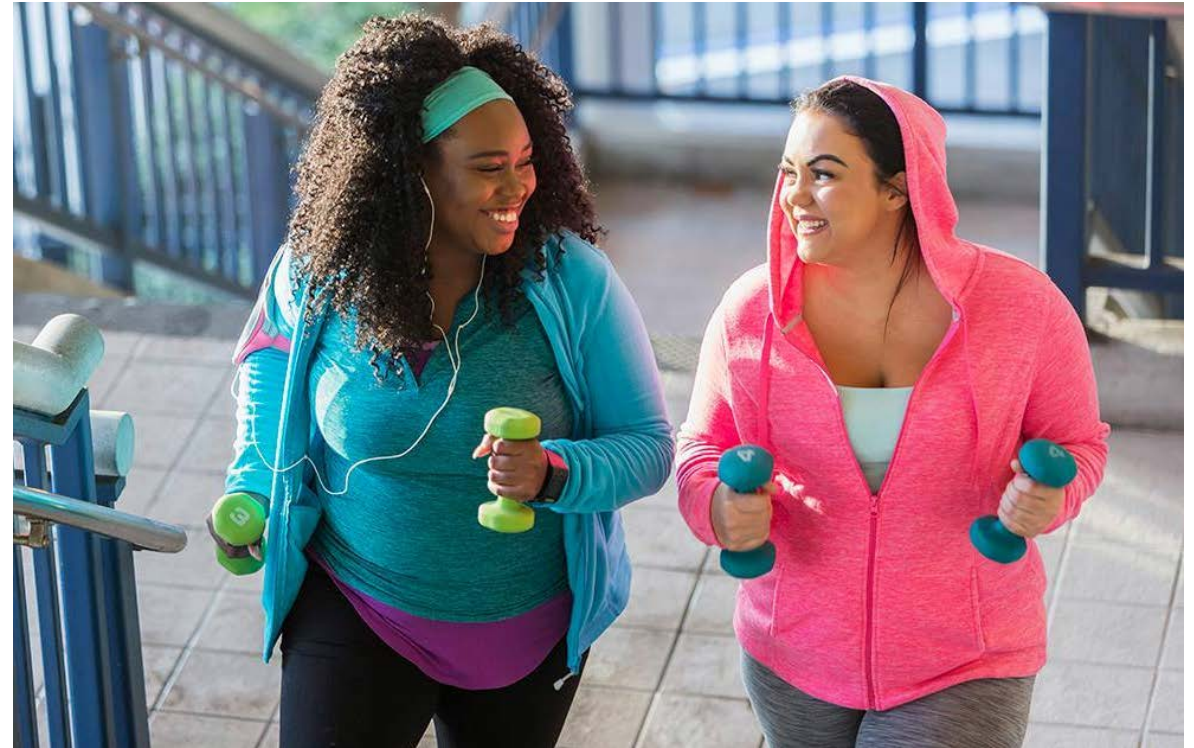
## ➤ Haven't we covered everything?

- 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**



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