

National Diabetes Prevention Program

July 22, 2015

Agenda

- Welcome
- National Diabetes Prevention Program: the Big Picture
with Dr. Ann Albright
- National Diabetes Prevention Program: Strategy Specifics
with Pat Shea
- Questions and Answers
with Pat Shea, Pat Schumacher, and Caroline Pyle
- Closing Announcements
- Adjourn

National DPP: the Big Picture

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Prevention and Health Promotion**

**Centers for Disease Control and
Prevention**



Making Type 2 Diabetes Prevention a Reality: The National Diabetes Prevention Program

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www.cdc.gov/diabetes



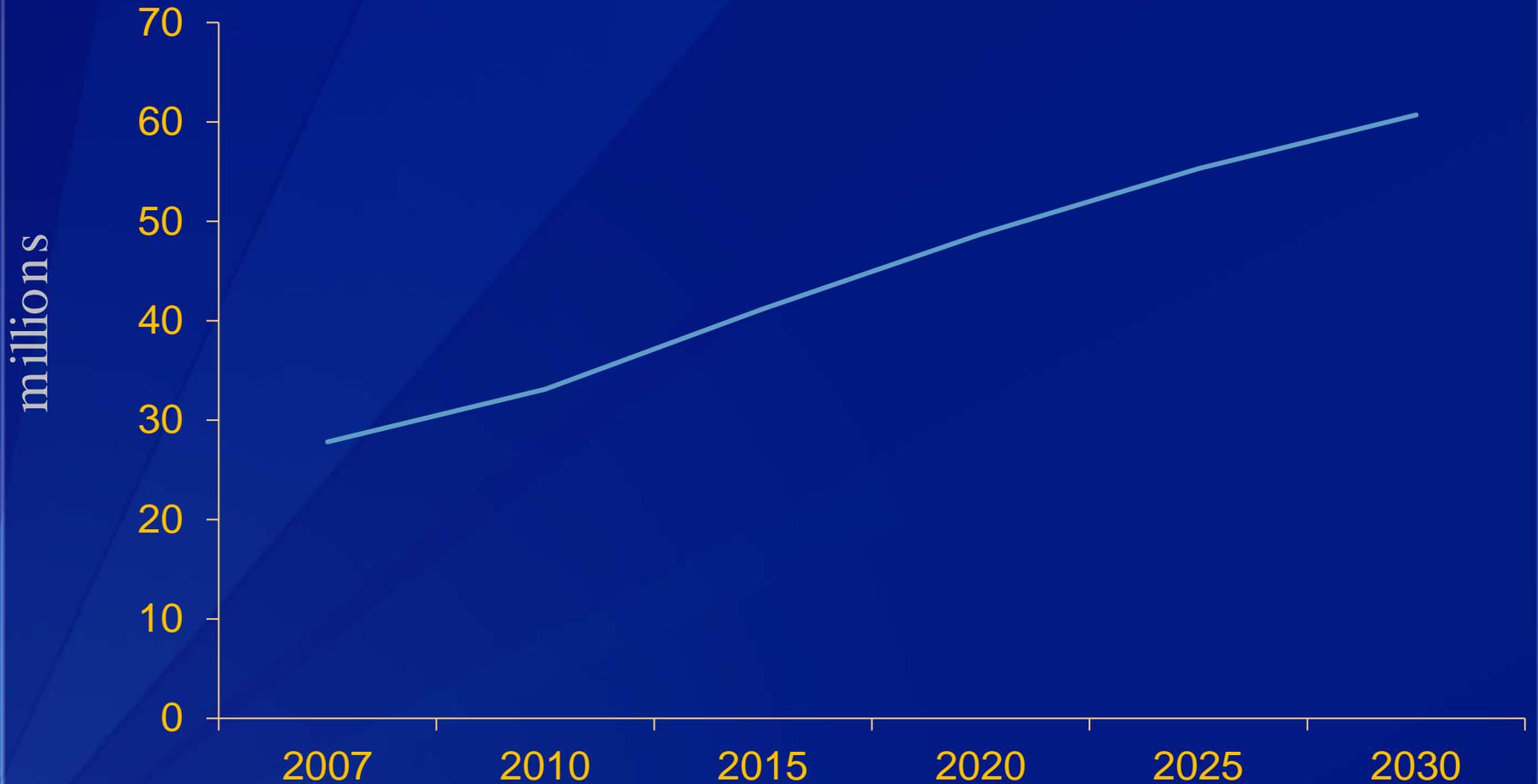


**29 million
with Diabetes**

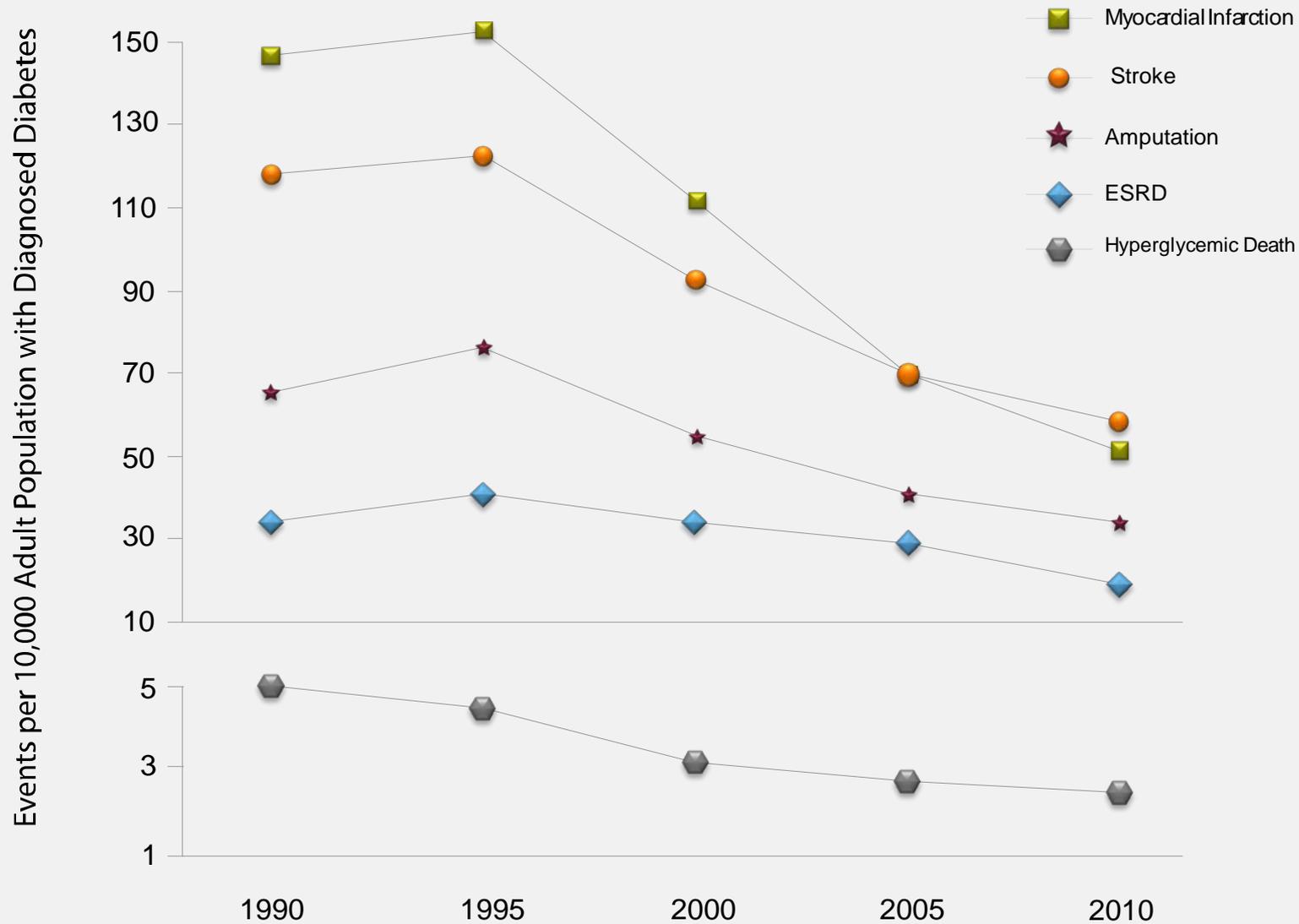
**86 million
with Prediabetes**

Centers for Disease Control and Prevention
National Diabetes Statistics Report, 2014

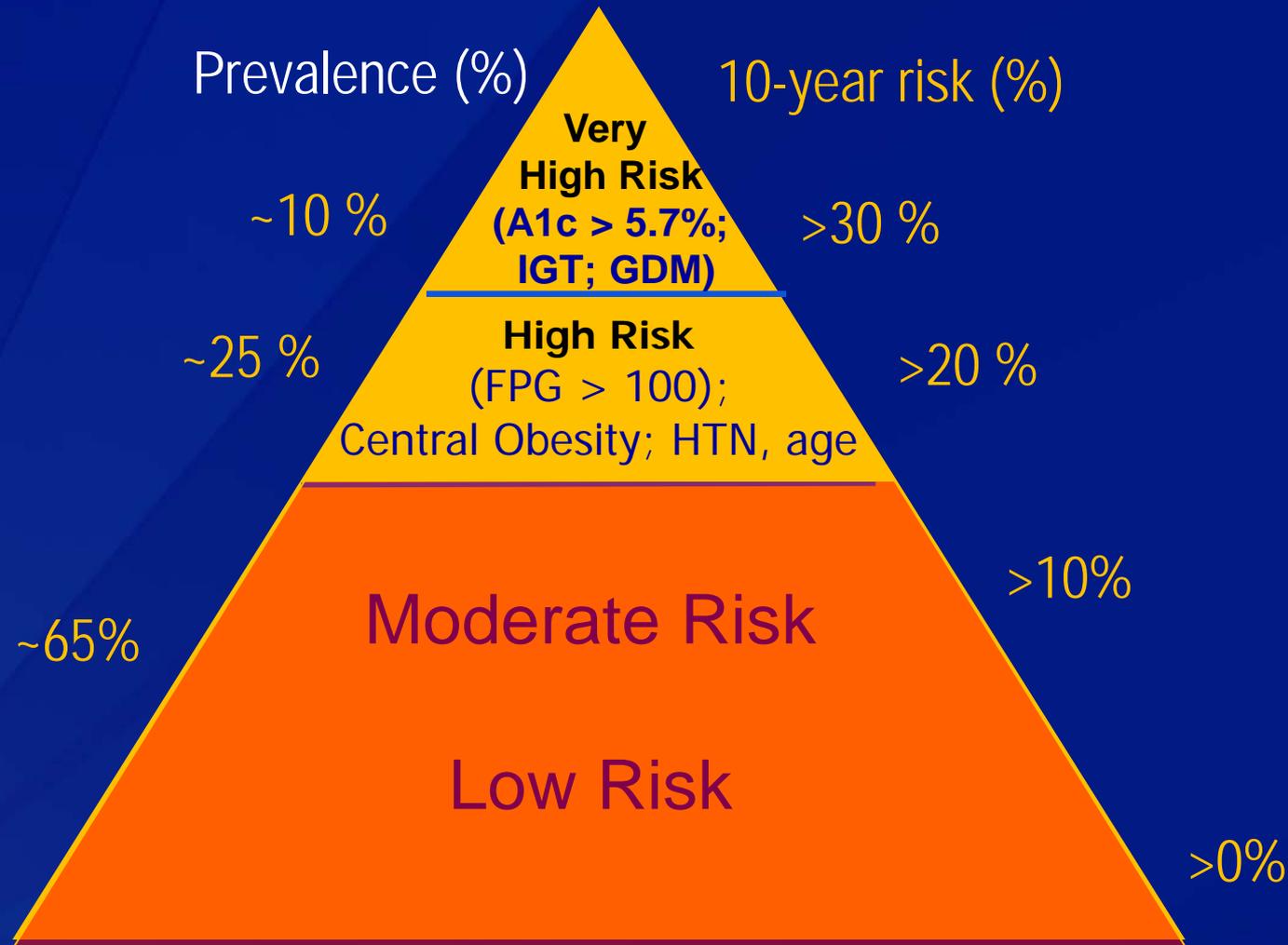
Current Projections of Cases of Diabetes in the United States by 2030



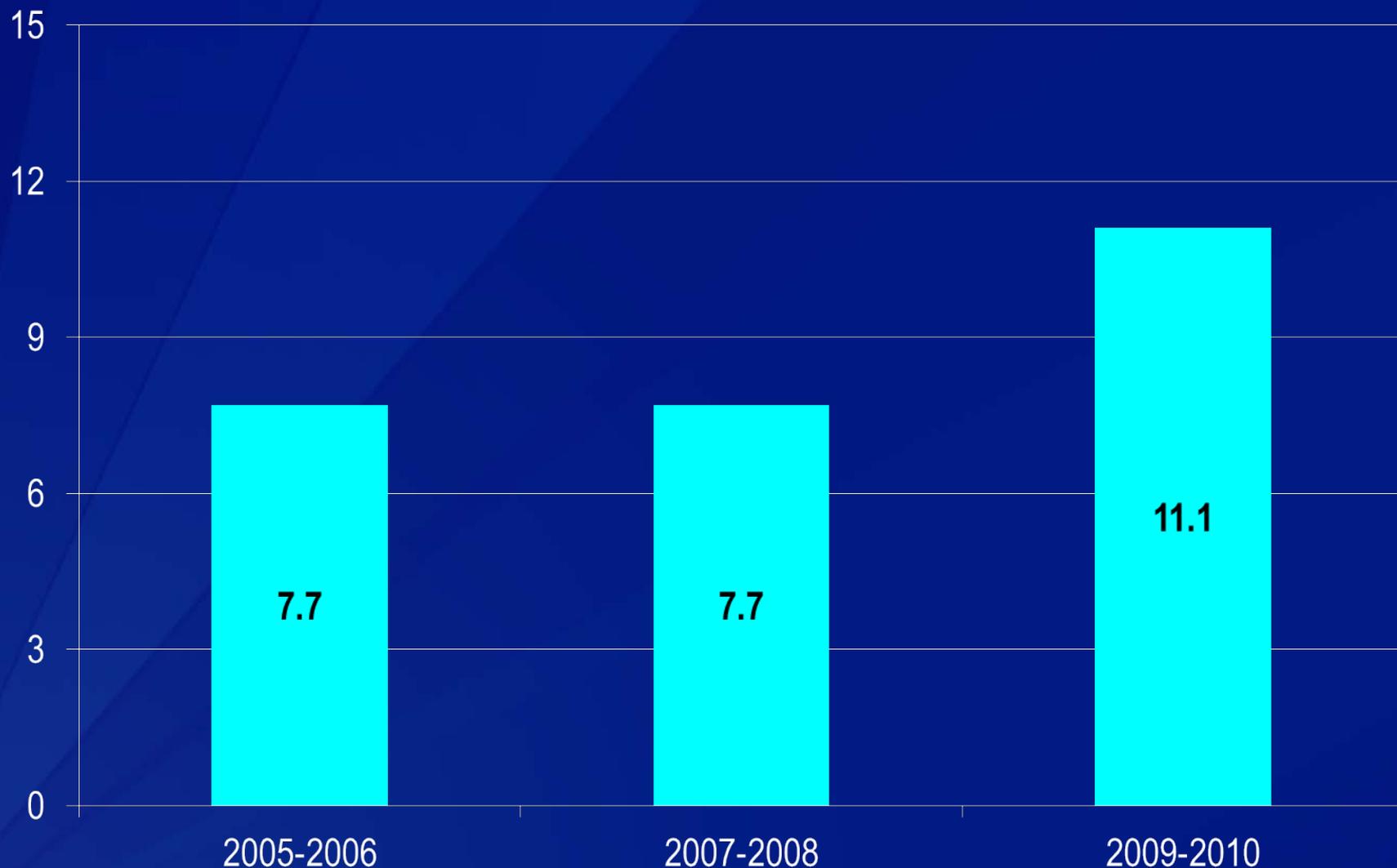
Trends in Age-standardized Rates of Diabetes-Related Complications from 1990 to 2010 among U.S. Adults with Diagnosed Diabetes

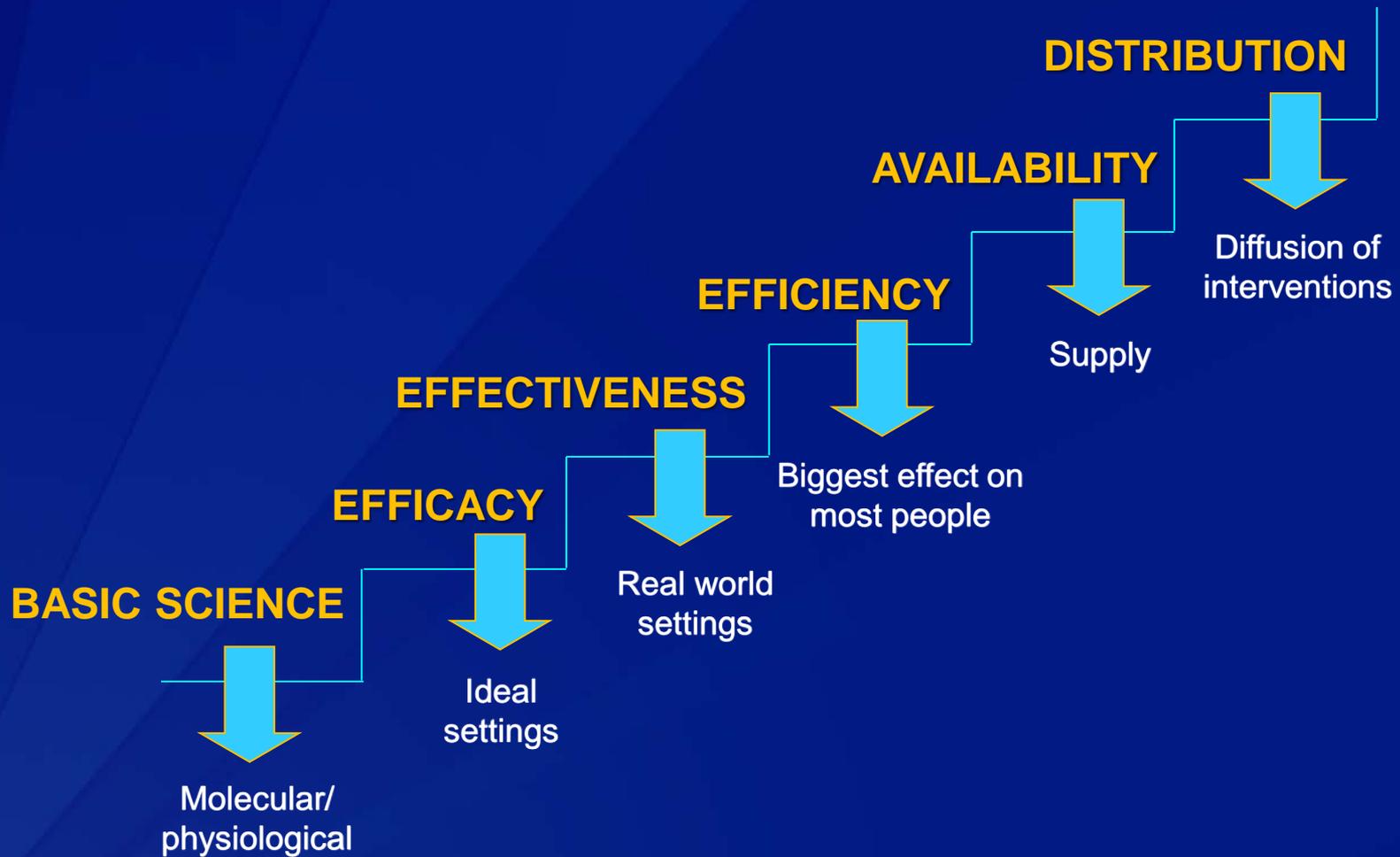


Risk Stratification Pyramid for Diabetes Prevention



Proportion of U.S. Adults Aged > 20 with Prediabetes Who Are Aware of Their Risk Status





Adapted from information in Sinclair JC, et al. *N Engl J Med.* 1981;305:489–494. and Detsky AS, et al. *Ann Intern Med.* 1990;113:147-154.

Evidence for the National Diabetes Prevention Program

- The DPP research study showed that structured lifestyle change program achieved modest weight loss of 5-7 percent and 150 min PA/week reduced type 2 diabetes by 58% (71% in those over age 60) in those at high risk for type 2 diabetes
 - True for all participating ethnic groups and for both men and women
 - Blood pressure and lipids improved
 - 10-year f/u shows continued reduction in new cases of type 2 diabetes
- Translational studies demonstrate trained lay health workers are as effective in delivering the lifestyle change program as health professionals
- National DPP is 1/3 of the cost of DPP research study and demonstrates similar lifestyle change results

Evidence for Coverage

- USPSTF Obesity Counseling Benefit
- USPSTF Behavioral Counseling for CVD Risk Reduction
- Community Guide Review

Cost Effectiveness

- Diabetes prevention lifestyle change programs have been shown to be cost effective and can be cost saving
- Influenced by target population, delivery format and personnel, time horizon
- Some modeled data from an insurer has shown a three year cumulative ROI of 3:1 when using a pay-for-performance approach



Adapted from information in Sinclair JC, et al. N Engl J Med. 1981;305:489-494. and Detsky AS, et al. Ann Intern Med. 1990;113:147-154.

Join the largest national effort to bring diabetes prevention lifestyle programs to communities

REDUCING THE IMPACT OF DIABETES



Congress authorized CDC to establish the NATIONAL DIABETES PREVENTION PROGRAM (National DPP)—a public-private initiative to offer evidence-based, cost effective interventions in communities across the United States to prevent type 2 diabetes

It brings together:



Research shows structured lifestyle interventions can cut the risk of type 2 diabetes in

HALF

to achieve a greater combined impact on reducing type 2 diabetes



National Diabetes Prevention Program

COMPONENTS



Training: Increase Workforce

Train the workforce that can implement the program cost effectively.



Recognition Program: Assure Quality

Implement a recognition program that will:

- Assure quality.
- Lead to reimbursement.
- Allow CDC to develop a program registry.



Intervention Sites: Deliver Program

Develop intervention sites that will build infrastructure and provide the program.



Health Marketing: Support Program Uptake

Increase referrals to and use of the prevention program.

Albright A, Gregg EW. *Am J Prev Med.* 2013;44(4S4):S346-S351.

Increase Workforce

- Trained lifestyle coaches attached to delivery organization
- Lay coaches and health professional coaches can both effectively deliver the program
- Use organizations that train to a CDC-approved curriculum
- > 6800 coaches trained

Diabetes Prevention Recognition Program Objectives



1. Assure program quality, fidelity to scientific evidence, and broad use of effective type 2 diabetes prevention lifestyle change programs throughout the U.S.
2. Develop and maintain a registry of recognized organizations
3. Provide technical assistance to programs to assist staff in delivery and problem-solving to achieve and maintain recognition

Application Process



- **READ – Standards Document on CDC website**
 - <http://www.cdc.gov/diabetes/prevention/recognition>
- **Complete – Capacity Assessment posted on the CDC Website**
 - Does my organization have the capacity to **implement** and **sustain** the program long-term **without government grant funds**?
 - Does my organization have a **data collection system**?
 - Does my organization have the capacity to **develop or implement data collection system**?
 - Does my organization have the resources to **train Lifestyle Coaches**?

CDC Recognition Process

Apply

- Submit curriculum, or statement re: use of CDC-preferred curriculum
- Submitted curriculum reviewed for consistency with the criteria described in the standards

15-30
days

- Granted “pending recognition” by CDC

6 mos.

- DPRP standards state that organizations are to begin lifestyle change program w/in 6 mos. of pending recognition

CDC Recognition Process

12 mos.

- 1st set of evaluation data submitted to CDC

24 mos.

- 2nd set of evaluation data submitted to CDC & recognition status assessed
(granted full recognition or remain pending)

Beyond

- Recognition maintained as long as continue to submit data every 12 mos. and meet standards

What participant data will be reported to CDC?



- **Participant's Prediabetes Determination:** (Glucose/A1C, GDM or CDC Prediabetes Screening Test)
 - Note: these will be Y/N fields – specific values not reported
- **Demographics:** Age, Ethnicity, Race, Sex, State
- **Physical characteristics:** Height, Weight (height and weight used to determine BMI)
- **Session data:** Weight, Documentation of Minutes of Physical Activity

Recognition Benefits

Quality Assurance associated with recognition can be influential to help:

- enroll participants
- obtain health care provider referrals

Recognition may facilitate reimbursement from a growing number of insurers paying for the program

Program contact info included on CDC website

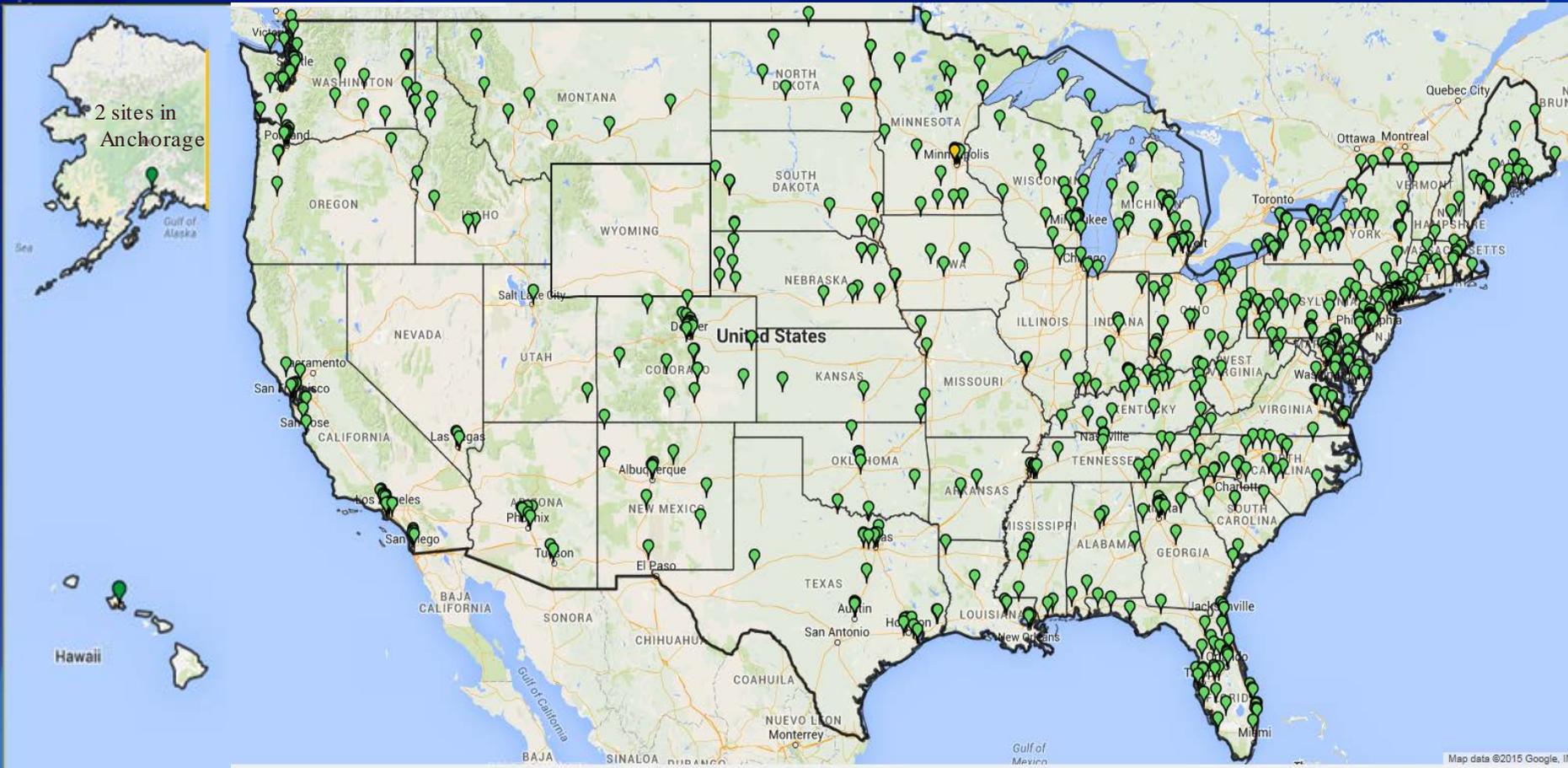
CDC provides technical assistance, including feedback on data submitted

There is no charge to become recognized by CDC

Deliver Program

- Link health care and community sectors
- Effective business model for program scalability and sustainability
- > 650 organizations recognized by CDC
- Programs in 50 states and DC to date – need many more
- Programs being delivered in-person and through virtual technology
 - Recognition of organizations offering program via technology began with revised program standards in 2/15

CDC Recognized Program Sites



Source: Diabetes Prevention Recognition Program (DPRP) Registry; CDC/National Diabetes Prevention Program 6/14/2015

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CDC Investments in Scaling and Sustaining the National Diabetes Prevention Program

- CDC is investing in national organizations, states, and large cities to support work on the National DPP
 - 2012: Funded 6 national organizations with existing networks/affiliates to expand the number of CDC-recognized lifestyle change programs in multiple states and communities and engage employers and insurers to expand coverage (4-year funding)
 - AADE, Black Women's Health Imperative, Optum, America's Health Insurance Plans, Y-USA, National Association of Chronic Disease Directors
 - 2013: Funded 50 states and D.C. to raise awareness of prediabetes, increase referrals to CDC-recognized programs, and work with State Employee Benefit Plans and Medicaid to support coverage (5-year funding).
 - 2014: Funded 17 states/4 cities to expand on this work and enroll vulnerable, high-risk populations in the program (4-year funding).

Support Program Uptake

- 89% with no diagnosis and no symptoms requires aggressive awareness and testing efforts
- Engage multiple channels: employers, insurers, providers and directly to consumers



Prevent Diabetes **STAT**

Screen, **T**est, **A**ct – **T**oday

86 MILLION AMERICAN ADULTS HAVE PREDIABETES

9 OUT OF **10** PEOPLE WITH PREDIABETES DON'T KNOW THEY HAVE IT.¹

FOR HEALTH CARE PROFESSIONALS

FOR THE GENERAL PUBLIC

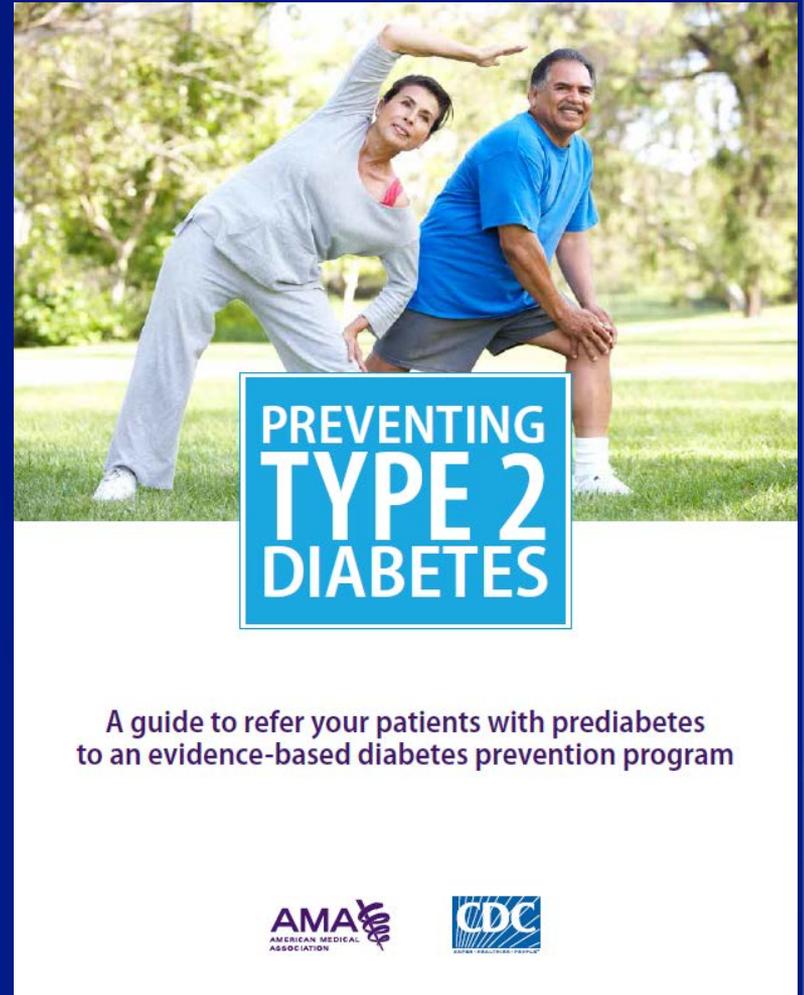
- ❑ The AMA and CDC have launched a multi-year initiative as part of the National DPP to reach more Americans with prediabetes, utilizing their collective muscle to help bridge the gap between the clinical setting and communities to achieve a healthier nation.
- ❑ The AMA and CDC are urging stakeholders to join them in this critical effort to *Prevent Diabetes* **STAT**.
- ❑ www.PreventDiabetesSTAT.org

Goals of Prevent Diabetes **STAT**

- ❑ Raise awareness about prediabetes
- ❑ Communicate a sense of urgency
- ❑ Increase screening, testing, and referrals to CDC-recognized diabetes prevention programs
- ❑ Rally front-line healthcare providers, community organizations, public health professionals, health systems, employers, insurers, the public, and others to ACT today

Prevent Diabetes **STAT**

- ❑ **Healthcare Provider Toolkit**
 - Guide for healthcare providers on the best methods to screen and refer high-risk patients to CDC-recognized community based or virtual diabetes prevention programs in their communities
 - Includes a screening tool for patients (also available online) to help them determine their risk for type 2 diabetes



Summary

- Evidence for type 2 diabetes prevention through lifestyle change is strong
- Lifestyle change program is cost effective
- A coordinated approach, as provided by the National DPP, is critical to achieve scale
- Quality assurance and evaluation are part of National DPP through the DPRP
- Make healthy choices easier
- Support the National Diabetes Prevention Program – think BIG

National DPP: the Big Picture

Ann Albright, PhD, RD

Director, Division of Diabetes Translation
Centers for Disease Control and Prevention

Questions and Answers



National DPP: Strategy Specifics

Pat Shea, MPH, MA

1422 Subject Matter Expert, Division of Diabetes
Translation, Program Implementation Branch

Centers for Disease Control and Prevention

Ten Steps to Help 1422 Grantees and Subawardees Offer the National Diabetes Prevention Program to Priority Populations

July 22, 2015

Subawardee Focus on Priority Populations

- **The 1422 subawardees have a very specific role to help make the National DPP available to priority populations**
- **“While disparate populations have a disproportionate burden of risk, the organizations that serve disparate populations may have fewer initial resources to invest in programs that could substantially reduce that burden. Using 1422 funds to build and initially deliver CDC recognized lifestyle change programs for priority populations and/or to identify opportunities to enroll priority populations in existing CDC recognized lifestyle change programs is critically important to the elimination of disparities.” (CDC Guidance Document)**

Strategy 1.6 – Scale and Sustain the National DPP

Implement evidence-based engagement strategies to build support for lifestyle change

- **Goal is to recruit and enroll priority populations, including Medicaid beneficiaries, in CDC-recognized Lifestyle Change Programs (LCPs)**
- **Minimum Expectation for Year 1:**
 - At least one cohort (~10 participants) must be enrolled in either an existing or new CDC-recognized LCP in each of the subawarded communities (in person or virtual)
 - Either the state or the subawardee must budget for this intervention or otherwise show how they will meet it (i.e. CDC-recognized LCPs provided at no cost by partners)
 - Subawardees may define the priority populations

Strategy 1.6 – Scale and Sustain the National DPP

Implement evidence-based engagement strategies to build support for lifestyle change

- **There are two ways to implement this strategy (will be discussing these in detail)**
- **First and best way: find a CDC-recognized lifestyle change program (LCP) and pay the costs to enroll priority populations**
 - Under this option, the only cost that is paid is the enrollment fee
- **Second (if there are no available programs): find new organizations willing to pursue CDC recognition and pay their start-up/operational costs for up to two years**
 - This option must include enrollment of a negotiated number of participants at no additional cost during the two year period

Step 1 – Identify CDC-recognized organizations

- **First and Best Choice: find organizations with full or pending recognition from CDC and determine if they have the capacity and willingness to serve priority populations**
- **Which organizations should be prioritized?**
 - CDC-recognized LCPs that have support from a 1212 national organization (Y-USA, AADE, BWHI, or Optum)
 - Not all Ys have recognition or are supported by the Y-USA through 1212
 - CDC-recognized LCPs that have made at least one data submission to the DPRP

Step 2 – Negotiate a Payment Rate

- **Negotiate a payment rate**
 - The 1422 grantee or subawardee is the payer
- **CDC does not specify payment rates**
 - Average costs for the year long program are about \$500
 - Ask about volume discounts or sliding scale fees
 - Consider a pay for performance model (pay at intervals based on continued participation)

Step 3 – Negotiate Data Requirements

- **The Diabetes Prevention Recognition Program (DPRP) collects some data**
 - The DPRP will continue to collect the data necessary to ensure that recognized LCPs meet the required standards
 - Intent is not to set up a data collection system that duplicates the DPRP
 - But grantees need information to ensure that payment is made correctly
- **Data requirements associated with payment**
 - At a minimum, include data on aggregate enrollment for participants enrolled with 1422 grants funds as part of the negotiation
 - The DPRP cannot report participation by payment source
 - May include other data as part of the negotiation (i.e. completion data needed for a pay for performance model)
 - Any information on individual participants must be de-identified

Step 4- Negotiate Billing/Payment Mechanisms

- **Negotiate billing and payment mechanisms**
 - Can be at the state or local level
 - Arrangements may vary by CDC-recognized LCP
 - Simple vouchers may be acceptable
 - Some grantees are issuing competitive bids
 - Can include contracting with a Third Party Administrator, but this is not required

Step 5- Identify New Organizations to Offer the Program

- Use “*Decision Tree*” Approach to identify new organizations
 1. The 1212 national organizations that have indicated to CDC their interest in expanding to a subawarded community
 2. Other CDC-recognized LCPs in the state with an interest in expanding to a subawarded community
 3. Organizations with an existing infrastructure/experience (i.e. ADA/AADE DSME programs, health care systems, managed care organizations, cooperative extension agencies, etc.)
 4. Local health departments that have developed a plan demonstrating how they will achieve long-term financial sustainability

Step 6 – Negotiate Terms for Start-up Costs

- **Ensure that new organizations understand the terms associated with accepting grant funds for start-up costs**
 - Funds can be provided for up to two years
 - Organizations must have a plan to show how they will be sustainable when grant funding ends
 - Organizations must apply for and receive pending recognition from the DPRP before start-up costs may be paid
 - Organizations accepting grant funds for start-up and operational costs must agree to serve a negotiated number of priority population participants at no additional cost during the two year time period
 - Organizations may serve other populations and charge an enrollment fee

Step 7 – Negotiate Start-up Costs/Participant Enrollment

- Determine what start-up costs will be paid and what documentation is required
- Determine how many priority population participants will be enrolled during the start-up period (up to two years)
- Allowable start-up costs include:
 - Training lifestyle coaches
 - Hiring and paying staff
 - Space rental
 - Marketing and advertising to recruit and enroll participants
 - Training materials and supplies

Step 7 – Negotiate Start-up Costs/Participant Enrollment

- **Considerations to ensure success**
 - Invest in helping organizations that have a high likelihood of success to achieve full recognition from the DPRP
 - Make sure that the number of participants enrolled during the first two years is reasonable given the amount of start-up/operational costs provided during that time
 - \$5000-\$7500 in start-up costs should cover at least one cohort in year one
 - 10 people X \$500 = \$5000
 - There should be more than one cohort in year 2 since fixed costs will be less (i.e. lifestyle coach training will have been paid in year 1)

Step 8 – Review Allowable Participant Incentives

- **Remove barriers to participation for priority populations**
 - Childcare or transportation vouchers may be covered
- **Provide teaching tools and class materials**
 - Items such as scales, plates, measuring cups, etc., may be purchased as teaching tools but cannot be purchased for individual program participants
- **Do not pay for cash incentives or bonuses**
- **Work with community partners to provide non cash incentives**
 - Network or community partners may provide items such as pedometers, Calorie King books, or discount vouchers for footwear

Step 9 – Tailor Marketing Efforts to Priority Populations

- **Develop a locally tailored marketing plan**
- **During year 1, the 1422 state grantees will develop a statewide marketing plan**
- **Subawarded communities should tailor the marketing plan for priority populations**
 - Focus Group Participants may receive a small cash incentive
- **Additional guidance will be provided on engagement strategies in year 2**

Step 10 – Ongoing Monitoring and Technical Assistance

- **Work closely with new organizations to ensure their success**
 - Know the DPRP Recognition Standards and help the new organizations understand the required metrics (next slide)
 - Work with health systems to help drive traffic to the new programs
 - Work with Medicaid to identify potential participants
 - Create support networks for lifestyle coaches
 - Work with community partners to provide incentives for recruitment and retention
 - Ensure that participants in the CDC lifestyle change programs have access to healthy food options and safe opportunities for physical activity

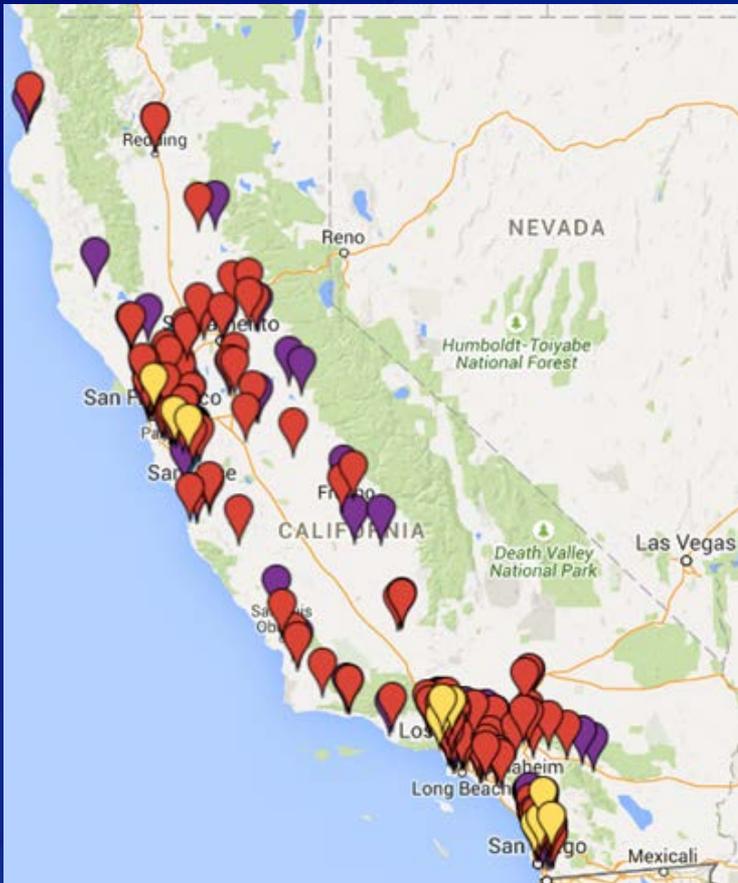
Step 10 – Know the DPRP Recognition Standards

- **The DPRP will provide technical assistant to any organization with full or pending recognition, but they can use your help!**
- **Routine Data Monitoring is Critical**
 - Session attendance, documentation of weight and physical activity minutes, weight loss
- **Metrics are based on averages for all program participants who complete at least 4 sessions**
 - Average session attendance of 9 (out of 16) in months 1-6
 - Average session attendance of 3 (out of 6) in months 7-12
- **Physician referrals are a critical factor in success**
 - Eligibility on the basis of a blood test can be self-reported
- **The standards represent a minimum number of sessions**
 - Organizations offering more than the minimum generally have better outcomes
 - Special attention should be paid to the transition between weekly sessions in months 1-6 and monthly sessions in months 7-12

Questions



California Diabetes Programming Landscape



- **Key:**
- Blue Dots: National DPP Sites
- Black Dots: Virtual Providers of DPP
- Purple Dots: ADA DSME Programs
- Red Dots: AADE DSME Programs
- Yellow Dots: YMCA Locations
- <https://www.google.com/maps/d/viewer?mid=zNHHWET9rZro.kyOvgm3ve1Uc&usp=sharing>

Questions & Answers



- Pat Schumacher, MS, RD, Lead, State and Local Consultation Team, Division of Diabetes Translation
- Pat Shea, MPH, MA, 1422 Subject Matter Expert, Division of Diabetes Translation, Program Implementation Branch
- Caroline Pyle, MPH, Project Officer, State and Local Consultation Team, Division of Diabetes Translation

Announcements

- Prevent Diabetes *STAT* in CA
September 2-3, 2015
- Other

Adjourn

