

NATIONAL  
**DIABETES**  
PREVENTION  
PROGRAM

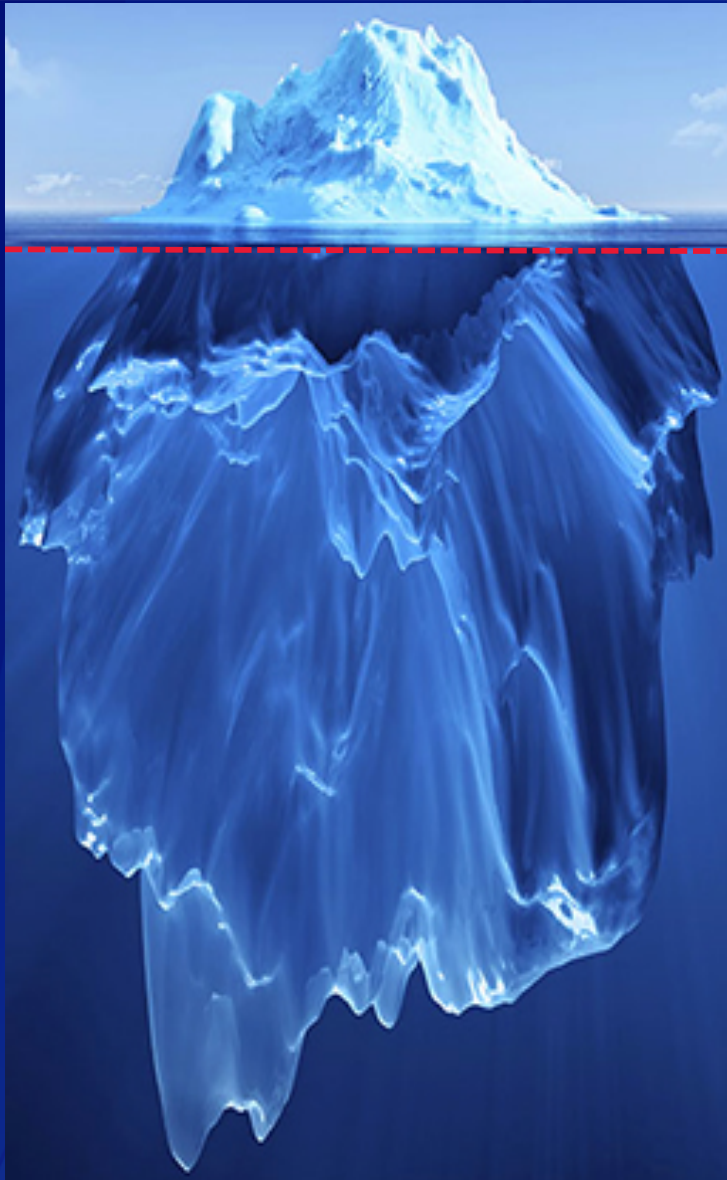
WORKING  
TOGETHER  
TO PREVENT  
TYPE 2 DIABETES

# Making Diabetes Prevention a Reality: The National Diabetes Prevention Program

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*Chief, Program Implementation Branch*  
*Division of Diabetes Translation*  
*Centers for Disease Control and Prevention*

National Center for Chronic Disease Prevention and Health Promotion  
Division of Diabetes Translation [www.cdc.gov/diabetes](http://www.cdc.gov/diabetes)





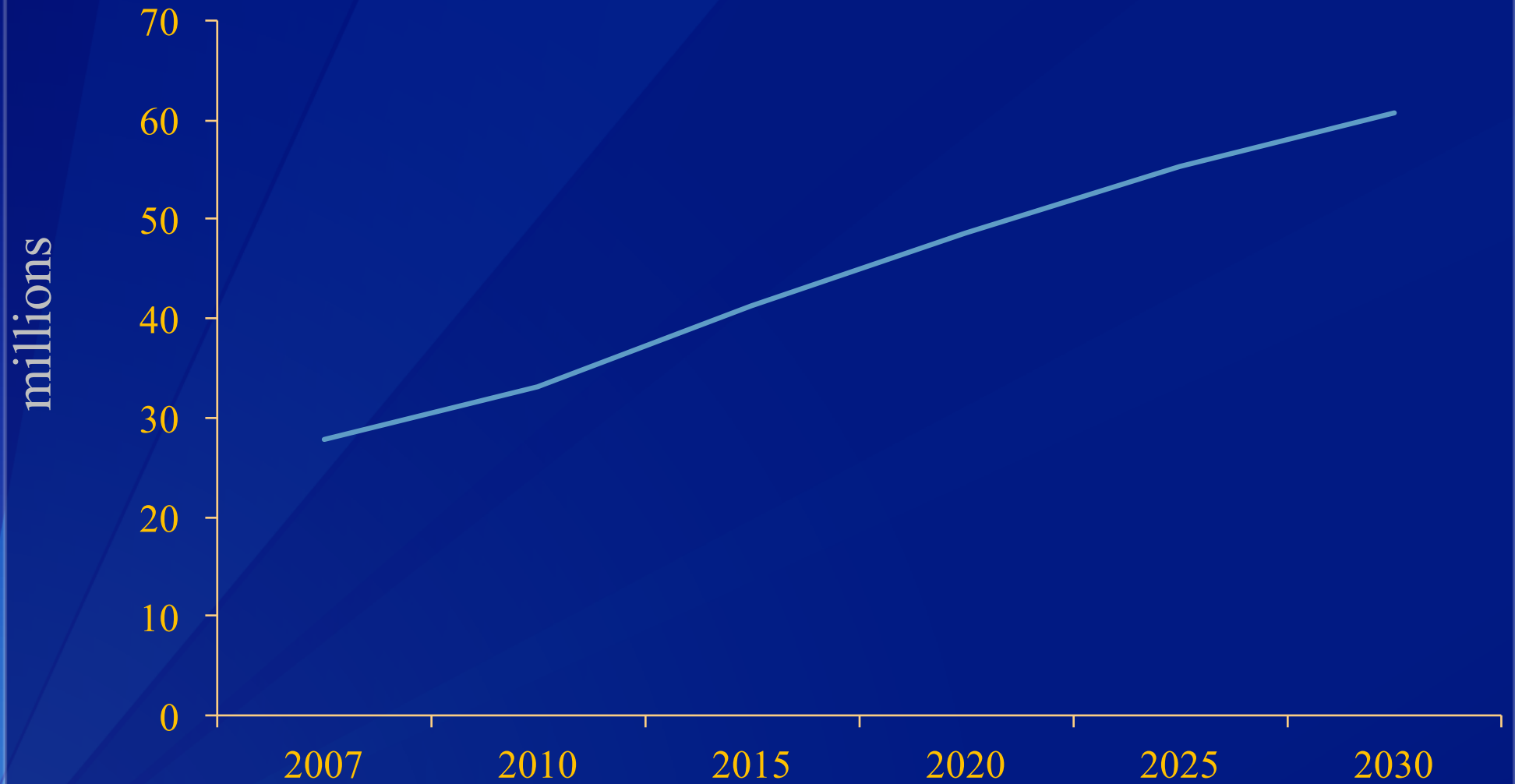
29 million Americans have diabetes

86 million American adults have prediabetes

9 out of 10 adults with prediabetes don't know they have it

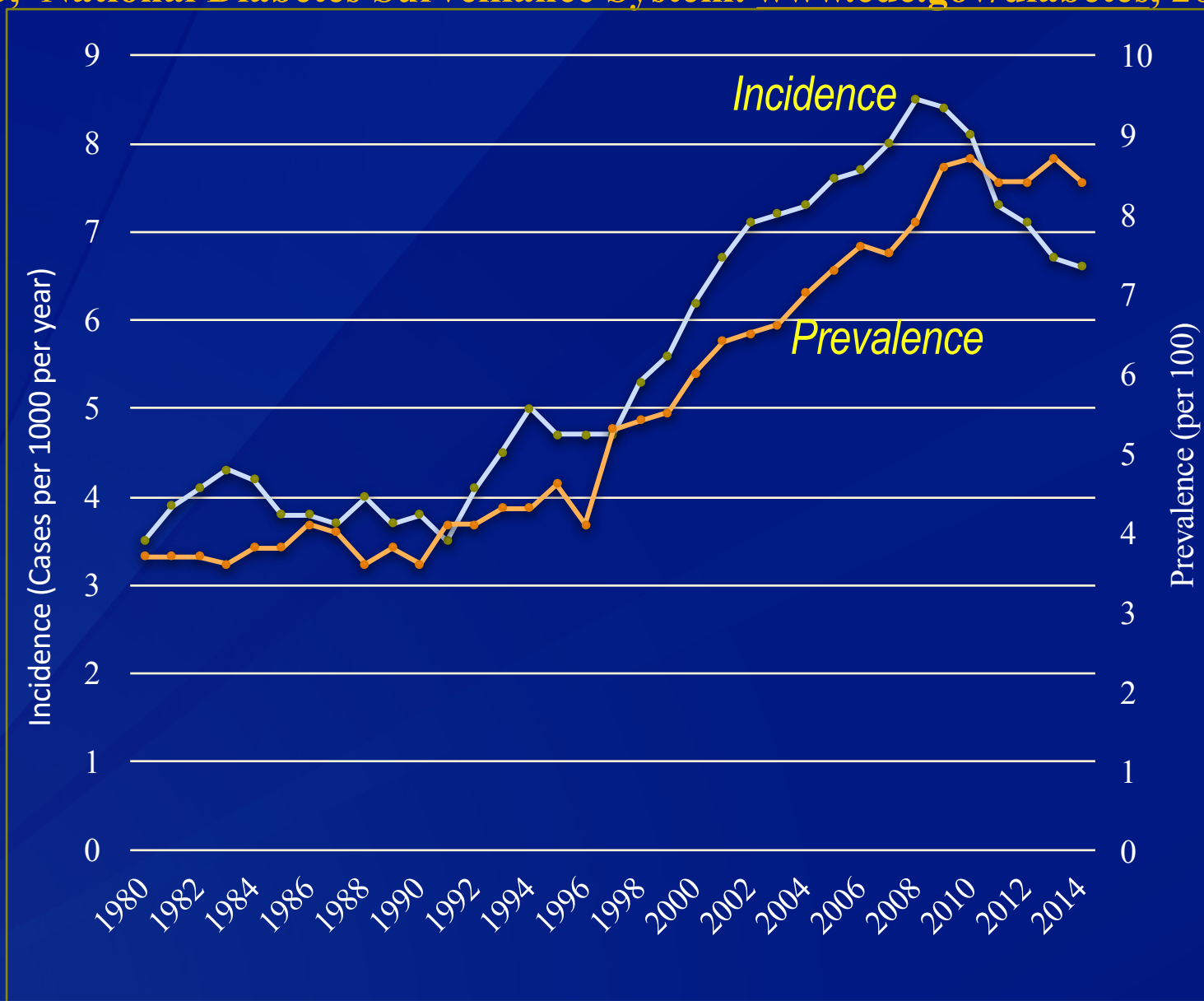
Source: Centers for Disease Control and Prevention. *National diabetes statistics report: estimates of diabetes and its burden in the United States, 2014*. Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention, 2014.

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



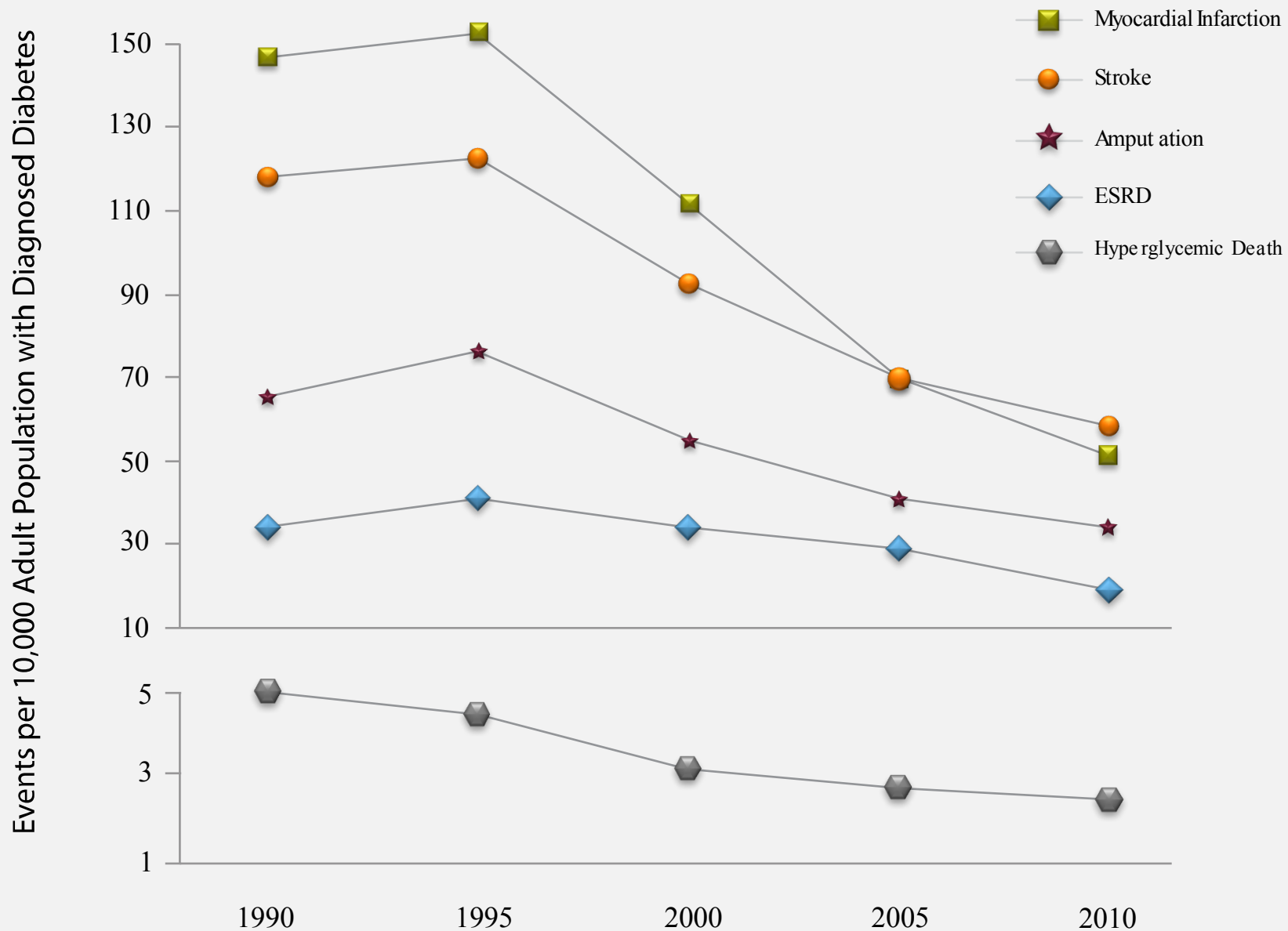
# Trends in Incidence and Prevalence of Diagnosed Diabetes Among Adults Aged 20 to 79, United States, 1980 – 2014

CDC, National Diabetes Surveillance System. [www.cdc.gov/diabetes](http://www.cdc.gov/diabetes), 2016





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



## RISK STRATIFICATION FOR TYPE 2 DIABETES PREVENTION INTERVENTIONS

Risk Level	Adult Prevalence (%)	10 Years Diabetes Risk (%)	Risk Indicators	Intervention
Very High	~ 15%	>30	A1c >5.7% FPG>110	Structured Lifestyle Intervention in Community Setting
High	20%	20 to 30	FPG> 100 NDPP score 9+	
Moderate	30%	10 to 20	2+ risk factors	Risk Counseling
Low	35%	0 to 10	0-1 risk factors	Build Healthy Communities

Source: Gerstein et al., 2007; Zhang et al., 2010

## Type 2 DIABETES PREVENTION INTERVENTIONS

- Expand access to the National Diabetes Prevention Program (the National DPP), a lifestyle change program for preventing type 2 diabetes in those at high risk
- Promote screening for abnormal blood glucose in those who are overweight or obese as part of a cardiovascular risk assessment

## Type 2 DIABETES PREVENTION EVIDENCE SUMMARY

### Randomized Clinical Control Trials:

- The Diabetes Prevention Program Research Group. Reduction in the incidence of type 2 diabetes with lifestyle intervention or metformin. N Engl J Med. 2002; 346 : 393–403.
- The Diabetes Prevention Program Outcomes Study. Lancet. 2015

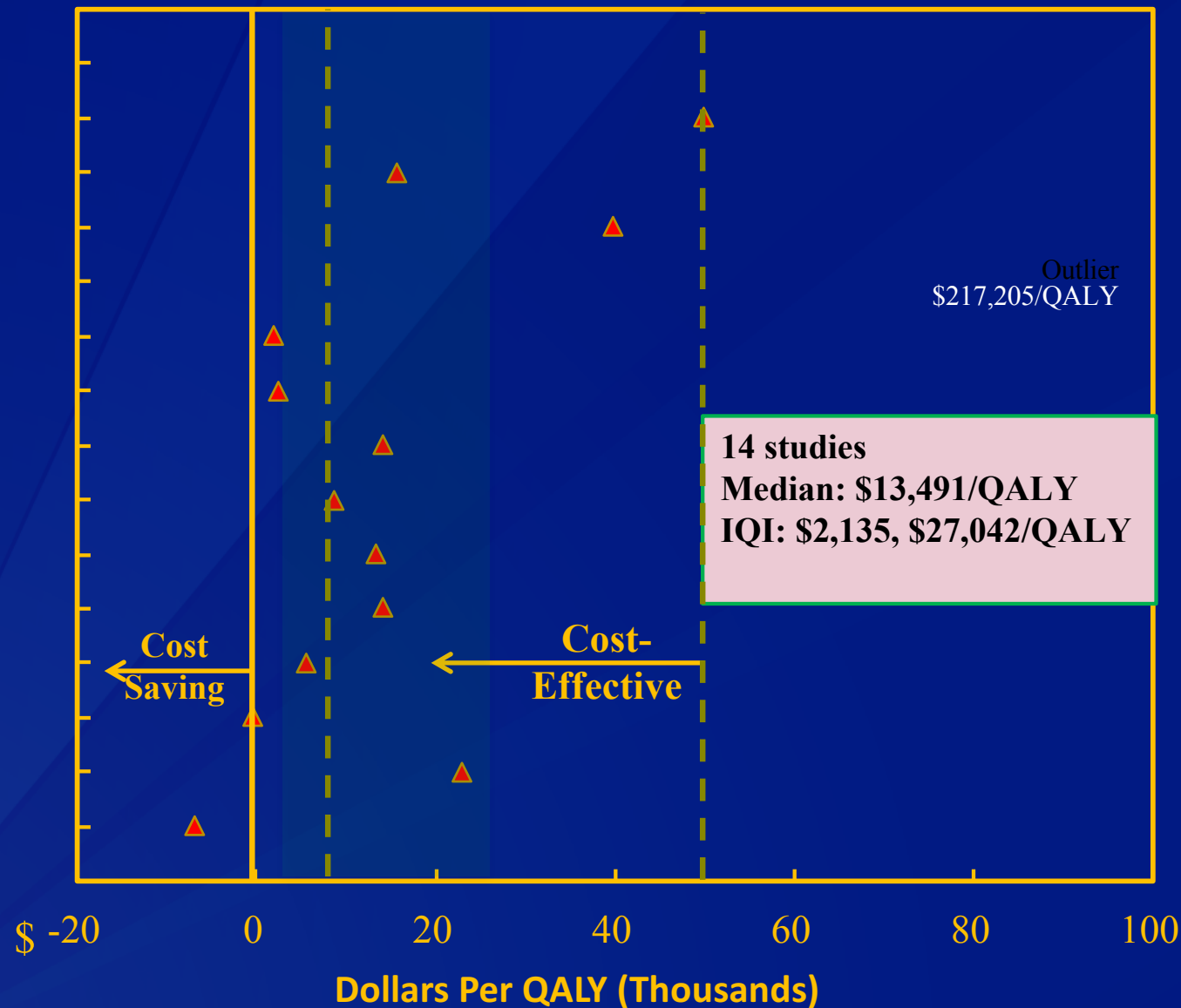
### Subsequent Translation Studies

Various

### Evidence-based Recommendations

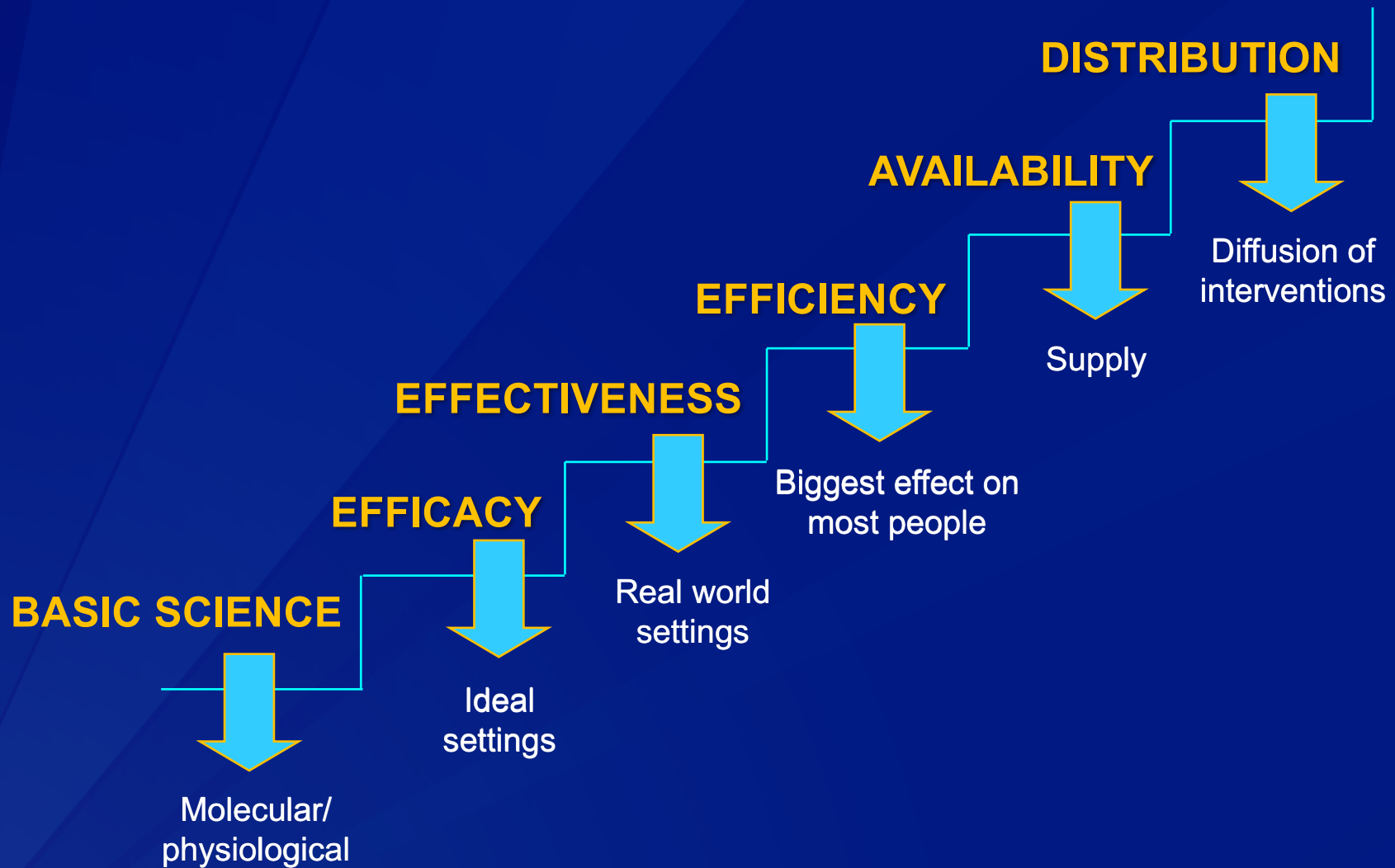
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| • USPSTF Obesity Intensive Behavioral Counseling            | <b>July 2012</b>    |
| • Community Guide Review                                    | <b>July 2014</b>    |
| • USPSTF CVD Risk Reduction Intensive Behavioral Counseling | <b>August 2014</b>  |
| • USPSTF Type 2 Diabetes and Abnormal Glucose Screening     | <b>October 2015</b> |

# Cost-Effectiveness of Lifestyle Intervention: Systematic 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 value-based payment 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.

# National Diabetes Prevention Program

Recognized programs join largest national effort to mobilize and bring effective lifestyle change programs to communities across the country.

## 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.

# Scaling & Sustaining National DPP

## CDC Cooperative Agreement Investments

**1212**

Funded national organizations to increase # of CDC-recognized organizations offering lifestyle change programs via multi-state networks and expand coverage through relationships with employers and insurers that lead to benefit coverage and reimbursement for delivery organizations

**1305**

Funded all 50 states & 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

**1422**

Funded 17 states and 4 cities to expand on work started by 1212 and 1305 and enroll vulnerable, high-risk populations in the program

- AmeriHealth Caritas
- Anthem BCBS California (LA area)
- Anthem BCBS Colorado
- BCBS of Florida
- BCBS Louisiana
- Denver Health Managed Care (Medicaid, Medicare, public employees)
- Emblem Health (NY)
- GEHA
- Humana (started with employees)
- Kaiser – (Colorado and Georgia)
- L.A. Care (Medicaid)

- Molina - CA, NM, WI (Medicaid - NM, CA, & employees -WI)
- MVP's Medicare Advantage
- Priority Health (MI)
- UnitedHealth Care
  - (Accounts throughout U.S. including national, state and local private and public employers)

### **State Employee Coverage**

- 1) Colorado
- 2) Kentucky
- 3) Louisiana
- 4) Maine
- 5) Minnesota
- 6) New Hampshire
- 7) New York
- 8) Rhode Island
- 9) Washington
- 10) North Carolina
- 11) California

## **Status: Scaling and Sustaining National DPP**

- 1054 CDC-recognized organizations across 50 states and PR
- Serving 88,452 eligible participants
- 76 organizations with full recognition
- 4.6% average weight loss for participants who attend at least 4 sessions over the year-long program
- >60 commercial health plans providing some coverage
- 11 states with state/public employee coverage (> 3 million covered lives)

*Source: CDC DPRP program data as of Sept. 26, 2016.*

## **Expansion of National DPP for Medicare Beneficiaries**

- ❑ Section 1115A of the Social Security Act established CMMI to test innovative payment techniques for service delivery models
- ❑ Secretary of Health may expand the duration and scope of successful models
  - Reduce spending w/o reducing quality or improve quality w/o increasing cost
  - Chief Actuary of CMS certifies the expansion would reduce net program spending
  - Would not deny or limit coverage for applicable individuals
- ❑ Y DPP model tested and found to be saving
- ❑ CDC DPRP data and data from commercial health plan that is part of National DPP also needed for actuary certification
- ❑ In rule-making process to develop benefit design

# **MEDICAID DEMONSTRATION PROJECT**

## **JULY 1, 2016 – JUNE 30, 2018**

**Goal: achieve sustainable coverage of the National DPP for Medicaid beneficiaries under current Medicaid authorities.**

- Maryland and Oregon will develop and implement a delivery model for the National DPP through Medicaid managed care organizations or accountable care organizations.
- The delivery model will include the following components:
  - ✓ Screening, referring, and enrolling eligible Medicaid beneficiaries in CDC-recognized National DPP Providers (in-person and virtual)
  - ✓ Implementing a value-based coverage and reimbursement model
  - ✓ Providing support to participants to ensure successful completion of the year-long lifestyle change program
- Maryland and Oregon will participate in a comprehensive evaluation which will include:
  - ✓ Costs
  - ✓ Participant outcomes
  - ✓ Feedback on a Toolkit to assist other states pursuing Medicaid coverage

# Overview of Maryland's Delivery Model

**Medicaid and Public Health are leveraging a longstanding partnership to carry out work to:**

- Build on current collaborations with MCOs through grants focused on hypertension and diabetes
- Issue new non-competitive grants to MCOs requiring a subcontract with a CDC-recognized in-person and/or virtual National DPP provider in the target jurisdictions
- Develop testing and screening protocols to assist MCOs to identify Medicaid beneficiaries meeting the eligibility criteria

**Medicaid will act as primary fiscal agent, and establish and oversee the grants**



# Sustainability – Possible Options

- **1115 Health Choice Waiver Authority**
- **State Plan**
  - Update regulations
  - Current regulations require Medicaid MCOs to provide medically necessary diabetes care services
- **MCO Rate Setting**
  - Using the pay for performance model and billing code being developed by CMS for Medicare, Maryland could add the billing code to a list available to the MCOs and build costs into the rate setting process in an actuarially sound manner.

# Overview of Oregon's Delivery Model

- Work with Coordinated Care Organizations (CCOs)
  - CCOs are collaborations between communities, providers, payers, and hospitals with the objective to provide integrated physical, behavior, and oral health under **global budgets** that incentivize value-based service delivery and patient outcomes
- Use the Sustainable Relationships for Community Health (SRCH) Institutes to provide training and TA to address:
  - Administrative and recruitment strategies and expenses
  - Piloting billing and reimbursement algorithms
  - Streamlining the administration of the CCO and community contracts, and contracts with CDC-recognized National DPP Providers (in-person and virtual)
  - Implementing Plan-Do-Study-Act learning cycles to help enroll and engage Medicaid beneficiaries, and reimburse in a manner that meets community needs

# Sustainability

- In Oregon, coverage for healthcare services for Oregon Health Plan (OHP/Medicaid) members is determined by the Health Evidence Review Commission (HERC), which is responsible for reviewing medical evidence in order to prioritize health spending in the Oregon Health Plan.
- The HERC determines coverage through the Prioritized List of Health Services, which requires Medicaid delivery organizations (such as the CCOs) to make benefits (treatments) on the list available to OHP members.
- Public Health is currently advising the HERC on obesity-related interventions as a covered benefit, including the National Diabetes Prevention Program, with the goal of having these interventions included on the Prioritized List of Health Services.

## **SUPPORT FOR STATES PURSUING MEDICAID COVERAGE FOR THE NATIONAL DPP**

- Webinar on Navigating the Medicaid Landscape Part II: Finding Opportunities for Public Health by Understanding Medicaid's Priorities and Challenges – September 22, 2016
  - ✓ Follows the Introductory Medicaid Webinar presented by NACDD/Leavitt Partners in 2015
  - ✓ Will include a brief survey as part of registration to collect information on current state activity regarding Medicaid coverage for the National DPP
  - ✓ This information will inform content for the planned Part III webinar in 2017
- Medicaid Coverage Toolkit for States - 2017
  - ✓ Will include information on Making the Business Case, Leveraging Quality Metrics, Contracting with MCOs, Coding and Billing, and Achieving Sustainable Coverage
- CMS Medicaid Affinity Group on Diabetes/Prediabetes - 2016
  - ✓ The following states are currently participating: AR, AK, IL, MO, MT, TX, and WV
- NACDD Medicaid Learning Collaborative - 2017
  - ✓ In the planning stage

# CDC's New *PreventT2* English and Spanish Curriculum



## Lifestyle Coach Training Guide

Program Overview



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



## Guía del participante

Introducción al programa









# CDC's New *PreventT2* English and Spanish Curriculum

## Sample Handouts



### What will I do?



### How can I change?


### Can I make it fun?





### What should I eat?

## My Action Plan Journal





### PREVENGA ELT2

El programa para prevenir o retrasar el tipo 2 de la diabetes

### Consejos para alcanzar y mantener un peso saludable

**Consejo 1: Establezca una meta de peso:**

Hable con su médico o con su proveedor de atención médica y establezcan juntos una meta de peso. Escriba cuánto le gustaría pesar. Escriba sus razones para llegar a un peso saludable y permanecer en él:

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**Consejo 2: Consuma alimentos que tengan menos calorías. ¡Usted decide cómo!**

Algunas personas dejan los postres para bajar de peso. Otras piensan que llevar un registro de lo que comen y cuidar el tamaño de las porciones es la clave. Algunas veces, con solo pequeños cambios se logra una gran diferencia en la pérdida de peso.

**Consejos para comer alimentos con menos calorías**

- **Limite los refrigerios (snacks) altos en calorías.** Cámbielos por otros que aun siendo sabrosos, tienen pocas calorías. Pruebe, por ejemplo, unas rebanadas de plátano y medio huevo duro (cocido).
- **Evite los postres altos en azúcar.** En vez de eso coma una fruta fresca o un poco de gelatina sin azúcar. O añada fruta picada al yogur natural. Y si después de pensarlo decide comer un postre alto en azúcar, intente quedarse con la porción más pequeña que pueda. Es posible que el comer solo un poco sea suficiente para usted.
- **Baje el consumo de bebidas con muchas calorías.** Si usted bebe alcohol, limite la cantidad que bebe. Tome agua en vez de sodas. Si usted bebe jugo, beba solo ½ taza de jugo 100 % de fruta. Añádale agua si desea una porción más grande.

Guía rápida

2

## Prevent Diabetes **STAT**

- ❑ The AMA and CDC have launched a multi-year initiative as part of the National DPP to reach more Americans with prediabetes.
- ❑ **[www.PreventDiabetesSTAT.org](http://www.PreventDiabetesSTAT.org)**
- ❑ **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



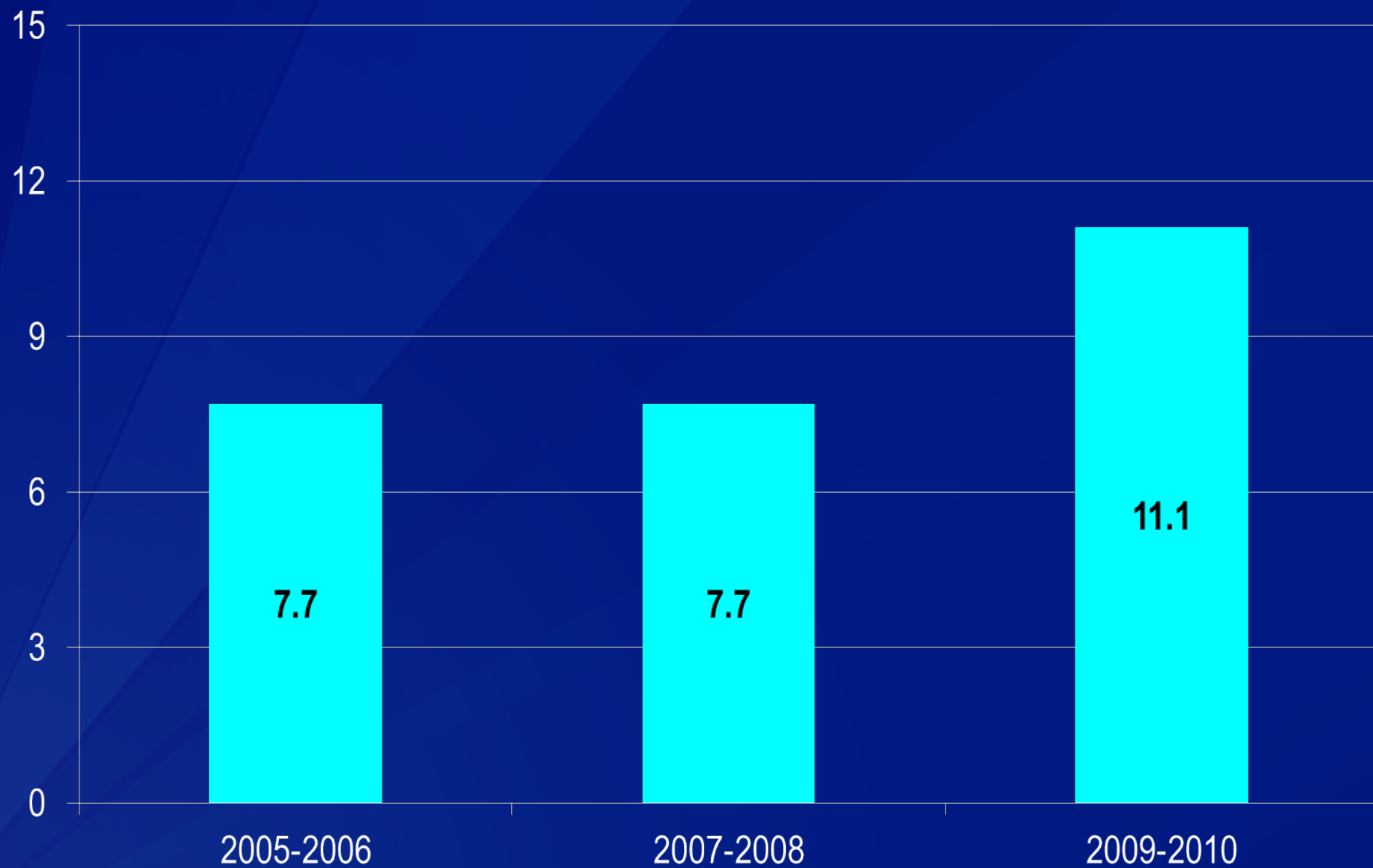
### PREVENTING **TYPE 2** DIABETES

A guide to refer your patients with prediabetes  
to an evidence-based diabetes prevention program





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



# Award-Winning Campaign

10.19

**86 MILLION AMERICANS  
MAYBE EVEN YOU,  
HAVE PREDIABETES.  
GUY-STUCK-IN-TRAFFIC.**

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



**86 MILLION  
AMERICANS  
MAYBE EVEN YOU,  
HAVE PREDIABETES.  
PERSON-ABOUT-TO-  
FACT-CHECK-THIS-FACT.**

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Text KNOW to 97779



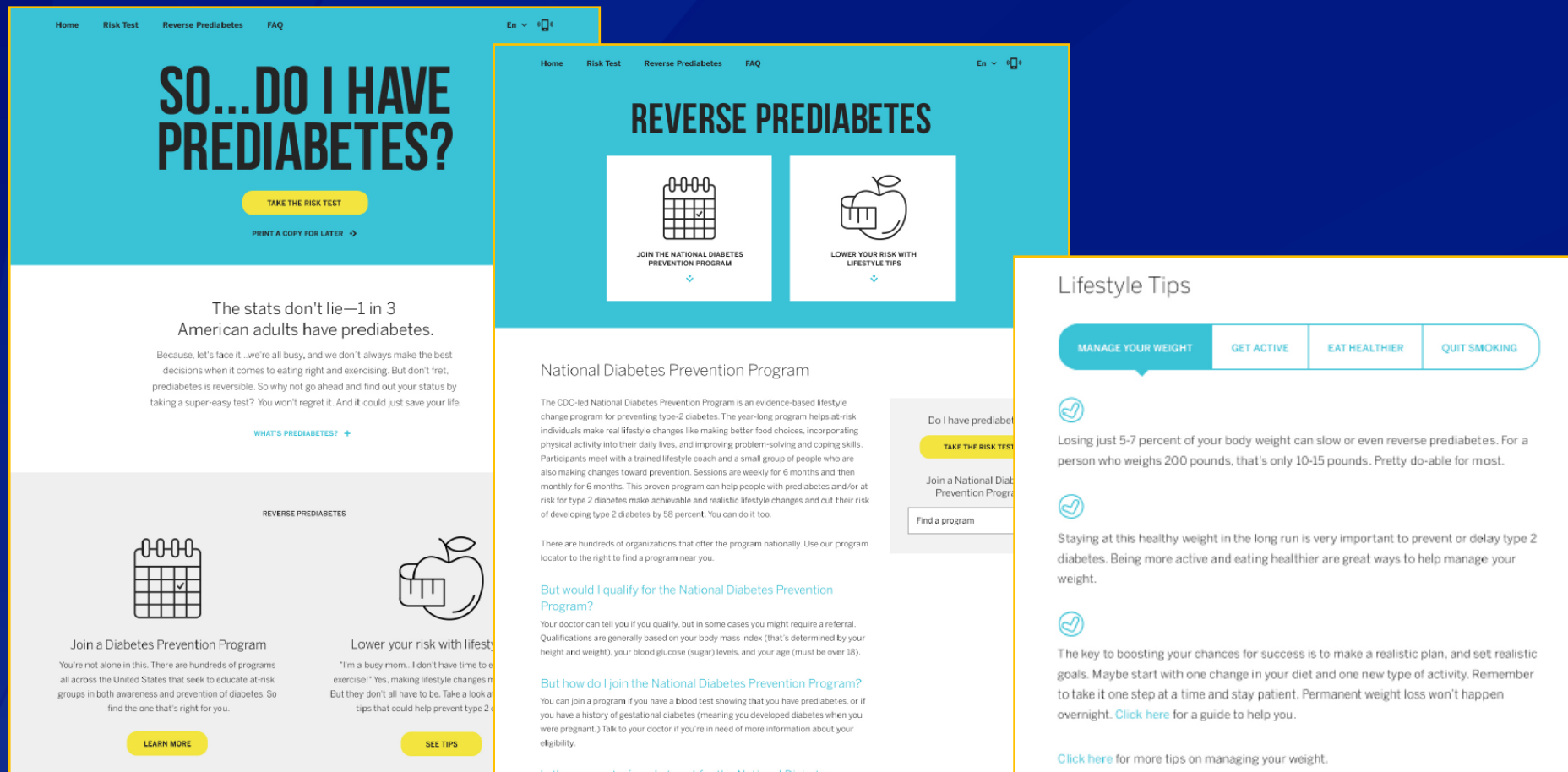
Message & Data Rates May Apply. Reply STOP to opt out.  
No purchase necessary. Terms and Privacy: [adCouncil.org/About-Us/Privacy-Policy](http://adCouncil.org/About-Us/Privacy-Policy)

# WEBSITE

## DoIHavePrediabetes.org

<https://doihaveprediabetes.org/>

Learn how you can reverse prediabetes and prevent type 2 diabetes.





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