National Diabetes Prevention Program
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Prediabetes: A Growing Epidemic

- 29 million Americans have diabetes
- 84 million American adults have prediabetes
  - That’s more than 1 in 3 adults
- 9 out of 10 adults with prediabetes don’t know they have it
What Is Prediabetes?

Prediabetes: A cardio-metabolic risk factor in which plasma glucose levels are above normal but not high enough to diagnose type 2 diabetes.

It is defined as having an initial A1C result between 5.7 and 6.4% (or glucose value within the chart) and no prior diabetes diagnosis †,‡.

- 3-5 times higher risk of developing type 2 diabetes*
- Increased risk of cardiovascular disease

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A1C (percent) | Fasting plasma glucose (mg/dl) | Oral glucose tolerance test (mg/dl)
---|---|---
Diabetes | 6.5 or above | 126 or above | 200 or above
Prediabetes | 5.7 to 6.4 | 100 to 125 | 140 to 199
Normal | About 5 | 99 or below | 139 or below

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Risk Factors For Prediabetes

- Overweight
- 45 years of age and older
- Parent or sibling with type 2 diabetes
- Physically active less than 3 times a week
- History of gestational diabetes
- Giving birth to a baby weighing over 9 pounds
- Having polycystic ovary syndrome
- Having a certain race and ethnicity:
  - African Americans
  - Hispanic/Latino Americans
  - American Indians
  - Pacific Islanders
  - Some Asian Americans
The NIH funded Diabetes Prevention Program (DPP) was a major multicenter clinical research study aimed at discovering whether modest weight loss through dietary changes and increased physical activity or treatment with metformin could prevent or delay the onset of type 2 diabetes in study participants.

- All 3,234 study participants were overweight and had prediabetes.
- The researchers published their findings in the New England Journal of Medicine.
Intensive Lifestyle Intervention Effectively Prevents Progression to Type 2 Diabetes

Intensive Lifestyle Intervention (n=1079)
Metformin (n=1073)
Placebo (n=1082)

Diabetes Incidence per 100 Person-Years

- Intensive Lifestyle Intervention: 4.8 / (100*58%) = 2.66
- Metformin: 7.8
- Placebo: 11

31% reduction in diabetes incidence with Intensive Lifestyle Intervention compared to Metformin.
10-Year Incidence of Type 2 Diabetes

DPP Outcomes Study
(N=2766)

DPP, Diabetes Prevention Program; T2D, type 2 diabetes.
DPP Research Group, Lancet. 2009;374:1677-1666
National Diabetes Prevention Program

- Evidence based intervention targeted to individuals diagnosed with pre-diabetes. The primary goal is weight loss and behavior change.

- Delivered in community, health care settings, and virtually by a trained lifestyle coach.

- The Centers for Disease Control and Prevention (CDC) administers the formal recognition process of organizations who would like to participate in the DPP under the Diabetes Prevention Recognition Program (DPRP).
Drivers of Momentum

Evidence

CDC Recognition

Third party support

USPSTF Recommendations

Medicare Expansion

More awareness of the problem and solution

- More insurers
- More Providers
- More Patients

Source: Council for Diabetes Prevention
Medicare DPP (MDPP)

- Currently 25% of Americans 65 or older have type 2 diabetes and almost half of Medicare beneficiaries have pre-diabetes.

- This costs tax payers roughly $104 billion per year in additional Medicare spending.

- By 2050, diabetes prevalence is projected to increase 2 to 3 fold if current trends continue.
# Timeline of DPP – Development and Regulation

<table>
<thead>
<tr>
<th>March 2016</th>
<th>July 2016</th>
<th>Nov. 2016</th>
<th>July 2017</th>
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<tbody>
<tr>
<td>CMS Actuary certifies that the DPP will save money in Medicare, authorizes the YMCA model to expand to Medicare</td>
<td>As a part of the 2017 Physician Fee Schedule (PFS), CMS issues a proposed rule for the Medicare Diabetes Prevention Program (MDPP)</td>
<td>CMS issues its Final Rule on the MDPP, but leaves aspects for future rulemaking:  - Exceptions to once-in-a-lifetime benefit  - Indefinite ongoing maintenance sessions  - Program integrity standards  - Virtual MDPP</td>
<td>CMS issues proposed rule for outstanding issues in MDPP:  - Terminology  - Maximum 36 month benefit  - In-Person delivery only, allows for limited virtual make-up sessions  - Payment and reimbursement rates  - April 1, 2018 launch date</td>
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</tbody>
</table>

Source: Council for Diabetes Prevention
Medicare DPP Structure (proposed)

<table>
<thead>
<tr>
<th>Core (months 1-12, guaranteed)</th>
<th>Core Maintenance (months 7 – 12)</th>
<th>Ongoing (months 13-36, performance-based)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Core (mos. 1-6)</strong></td>
<td><strong>Interval #1</strong>&lt;br&gt;3 Sessions, Monthly</td>
<td><strong>Interval #2</strong>&lt;br&gt;3 Sessions, Monthly</td>
</tr>
<tr>
<td>16 Sessions, Weekly</td>
<td><strong>Ongoing Maintenance (months 13-36)</strong>&lt;br&gt;3 Sessions, Monthly</td>
<td></td>
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Baseline weight is collected at 1st Core Session, used to establish MDPP beneficiary’s individual weight loss goal.

Weight measurement at subsequent core and ongoing sessions.

In order to be eligible for ongoing maintenance sessions, a MDPP beneficiary must have:

1. Achieved weight loss of at least 5% from baseline weight at first core session, AND
2. Attended at least one in-person core maintenance session in months 10 – 12, AND
3. Achieve or maintain required minimum weight loss (5% from baseline) as measured in core maintenance interval 2 (mo. 10 – 12)

The weights must be taken in person by a MDPP supplier at a MDPP core maintenance or ongoing maintenance sessions.

Beneficiary’s eligibility for continued coverage of ongoing maintenance session intervals depends on performance goals:

- 3 ongoing maintenance sessions per interval
- achieve / maintain 5% weight loss maintenance.

Source: Council for Diabetes Prevention
<table>
<thead>
<tr>
<th>welcome to the ndpp</th>
<th>problem solving</th>
</tr>
</thead>
<tbody>
<tr>
<td>self-monitoring weight and food intake</td>
<td>strategies for healthy eating out</td>
</tr>
<tr>
<td>eat less</td>
<td>reversing negative thoughts</td>
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<tr>
<td>healthy eating</td>
<td>dealing with slips in lifestyle change</td>
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<tr>
<td>introduction to physical activity</td>
<td>mixing up your physical activity</td>
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<tr>
<td>overcoming barriers to physical activity</td>
<td>social cues</td>
</tr>
<tr>
<td>balancing calorie intake and output</td>
<td>managing stress</td>
</tr>
<tr>
<td>environmental cues to eating and physical activity</td>
<td>staying motivated, program wrap up</td>
</tr>
</tbody>
</table>
Curriculum - 6 Months

- Welcome to the 2nd Phase of the Program
- Healthy Eating: Taking It One Meal at a Team
- Making Active Choices
- Balance Your Thoughts for Long-Term Maintenance
- Health Eating With Variety and Balance
- Handling Holidays, Vacations, and Special Events
- More Volume, Fewer Calories
- Dietary Fats

- Stress and Time Management
- Healthy Cooking: Tips for Food Preparation and Recipe Modification
- Physical Activity Barriers
- Preventing Relapse
- Heart Health
- Life with Type 2 Diabetes
- Looking Back and Looking Forward
Eligibility (proposed)

- Enrolled in Medicare Part B
- BMI of at least 25 (or 23 for Asians)
- Present 1 of 3 of the following blood glucose tests:
  - Hemoglobin A1c test with a value between 5.7% and 6.4%
  - Fasting plasma glucose of 110-125mg/dL
  - 2 Hour post glucose of 140-199mg/dL (oral glucose tolerance tests)
- No previous diagnosis of type 1 or 2 diabetes (gestational is ok)
- Does not have end-stage renal disease (ESRD)
- NOTES:
  - Beneficiary can have the tests completed by anyone, including an MDPP provider
  - MDPP has a higher threshold for eligibility than the NDPP
  - MDPP benefit is a once per lifetime per MDPP eligible beneficiary
Medicare DPP Next Steps

- CMS final rule expected November, 2017
- Starting April 1, 2018 MDPP services furnished can be reimbursed by Medicare (proposed)
- ACPM will host a variety of technical support activities to support benefit launch
- ACPM.org/dpp
ACPM recently launched the second year of our partnership with the National Center for Chronic Disease Prevention and Health Promotion, Division of Diabetes Translation at CDC.

Project goal: increase the number of physicians/health care professionals taking action to screen, test, and refer patients with prediabetes to CDC-recognized diabetes prevention programs.
ACPM National DPP Strategy

**Demonstration Models**
- Federally Qualified Health Center
- Integrated Delivery System
- Independent Practice

**Webinar Series**
- Building awareness
- Health plan coverage
- Health system activation

**Toolkit**
- Awareness strategies
- Referral protocols and work flows (practice setting specific)
- Health plan coverage map with referral instructions

**National DPP Advisory Group**
- 11 member physician advisory group
Diabetes Prevention Program Resource Center

ACPM recently began our second year of partnership with the Division of Diabetes Translation at CDC to increase physician awareness, screening and referral to the National Diabetes Prevention Program (National DPP).

The CDC-led National DPP is a partnership of public/private organizations working collectively to establish, spread, and sustain an evidence-based lifestyle change program for people with prediabetes to prevent or delay onset of type 2 diabetes. The partners work to make it easier for people with prediabetes to participate in evidence-based, affordable, and high-quality lifestyle change programs to reduce their risk of type 2 diabetes and improve their overall health.

The goal of ACPM’s work with CDC is to increase physicians’ and health care professionals’ awareness of prediabetes as a serious health condition and to increase the number of physicians and health care professionals taking action to screen, test, and refer patients with prediabetes to CDC-recognized diabetes prevention programs (programs with pending or full recognition).

The resource center is provided as a one-stop resource to equip physicians and health care professionals planning to increase awareness, screening and referral within their practice. It contains materials from the Centers for Disease Control and Prevention, the American Medical Association, YMCA of the USA, Solera Health and other national partners.
National DPP Referral Strategies

The tools listed below are intended to equip physicians and other members of the patient’s care team with the resources needed to easily refer patients to a CDC-recognized diabetes prevention lifestyle change program. These resources can be used as a stand-alone or to supplement existing provider referral work flows.

M.A.P. to Diabetes Prevention for Your Practice
Offers a roadmap to applying the elements of the diabetes prevention identification and referral guide.

Point-of-Care Prediabetes Identification Algorithm
This infographic offers practices an option to adapt/incorporate a prediabetes identification and referral process into their workflow.
National DPP Patient Awareness Materials

Prediabetes Risk Test
This questionnaire offers patients the opportunity to learn about their risk for prediabetes while helping care teams identify patients at great risk.

Are You At Risk for Type 2 Diabetes?
This patient handout is for use in waiting areas to increase awareness and pave the way for conversations about screening, testing and referral. Spanish version: ¿Está usted en riesgo de tener prediabetes?
DPP Technical Assistance Webinar Series

• Best Practice Webinar Series
  o Year 1 Awardees
    o AltaMed Health Services
    o Emory HealthCare
    o Wheat Ridge Internal Medicine
  o Additional Best Practice Models

• MDPP:
  o DPP “101”
  o Final Rule Overview
  o Physician Engagement Models
  o Webinar series in partnership with AMA
How Can ACLM Members/LM Practitioners Get Involved?

Consider referring eligible patients to the DPP:
- As a supplement to more intensive education/services offered by your LM practice (reinforcing support)
- As a primary LM intervention for some patients, e.g. those not able to participate in your services or those who prefer digital programs
- As longer term support to patients after intensive lifestyle interventions

Program Advocacy: Consider advocating on behalf of the DPP in your medical or local community, especially where other LM programs are not available and your practice is booked

Consider applying to become a DPP provider:

In medical settings/communities that are “uninitiated in LM” (late adopters of LM), consider using information about the DPP to introduce them to LM (as “LM light”)

Data/feedback from DPP participants in these communities can garner attention to effectiveness of LM interventions in those communities/populations

ACPM / ACLM Lifestyle Medicine Core Competencies Curriculum: access the diabetes prevention modules
QUESTIONS?

ACPM
American College of Preventive Medicine