Where We’ve Been & Where We’re Going: National, State, and Local Efforts in Diabetes Prevention and Management

October 11, 2017
Division of Diabetes Translation, CDC
This presentation will:

- Provide a high-level summary of community-clinical linkages work under 1305 and 1422;
- Highlight successes and opportunities from program and evaluation;
- Review key tools and resources that have been developed; and
- Discuss future directions.
Diabetes Prevention and Management Strategies under State Public Health Actions (1305), Domain 4

- **Diabetes Self-Management Education (DSME)**
  - Increase access to, participation in, and reimbursement for DSME in community settings.

- **Type 2 Diabetes Prevention/National Diabetes Prevention Program**
  - Promote awareness of prediabetes and the National Diabetes Prevention Program (National DPP).
  - Strengthen referrals and public-sector coverage of CDC-recognized programs under the National DPP to prevent or delay the onset of type 2 diabetes in those with prediabetes.

- **Health Care Extenders**
  - Increase use of community health workers and pharmacists in support of diabetes self-management.

- **Increase use of Chronic Disease Self-Management Programs**
Type 2 Diabetes Prevention Strategies under State and Local Public Health Actions to Prevent Obesity, Diabetes, and Heart Disease and Stroke (1422)

- Plan and execute strategic data-driven actions through a network of partners and local organizations to build support for lifestyle change under the National DPP.
- Implement evidence-based engagement strategies to build support for lifestyle change under the National DPP.
- Increase employer/insurer coverage for the National DPP by working with network partners.
- Increase engagement of community health workers to promote linkages between health systems and community resources for adults with prediabetes or at high risk for type 2 diabetes.
- Implement systems to facilitate bi-directional referral between community resources and health systems, including CDC-recognized lifestyle change programs under the National DPP.
Diabetes Prevention and Management Strategies under 1305/1422 – Evaluation Approach

- National
  - Demonstrate health outcomes
  - Expand practice-based evidence
  - Performance Measures
  - Improve programs

- State
  - Assess processes
  - Assess outcomes
  - Provide accountability
Where We’ve Been:
Diabetes Self-Management Education— 1305
Drivers to Increasing use of DSME in Community Settings

- DSME programs established
- Payers and payment mechanisms
- Referral policies and practices
- People with diabetes willing to go
Evaluation Use

**Accountability**
- Reporting: ensuring compliance with plans, standards, or contracts

**Learning**
- Knowledge creation; generating generalizable lessons

**Performance Improvement**
1305 State DSME Programs Established

**Number of DSME Programs (N = 41 SHDs)**

- **Baseline**: 2,600
- **Year 2**: 2,800
- **Year 3**: 3,000
- **Year 4**: 3,200

**Proportion of Counties with DSME Programs (N = 38 SHDs)**

- **Baseline**: 0%
- **Year 2**: 50%
- **Year 3**: 50%
- **Year 4**: 50%

Data Source: 1305 Year 3 Annual Progress Reports
1305 DSME Performance Measures Highlight

- **Increased availability**
  - **3,045** ADA-recognized and AADE-accredited DSME programs were offered across 58.8% of counties in 40 states

- **Improved Medicaid coverage**
  - **2.6 million** Medicaid beneficiaries now have DSME as a covered benefit (26% increase from baseline).

**Increased use:**

1 million people with diabetes participated in an American Diabetes Association (ADA)-recognized or American Association of Diabetes Educators (AADE)-accredited DSME program in targeted settings.
1305 DSME Evaluation Results

Reported Barriers and Facilitators to Increasing Use of DSME Programs (N = 15 State Health Departments)

Reported Barriers:
- People with diabetes not willing to go
- Few programs in high need areas
- Complex reimbursement processes
- No/Low DSME Coverage

Facilitators:
- Increased availability of DSME programs
- Availability of reimbursement
- Providers willing to refer
- Various referral mechanisms
- Flexible program scheduling

Data Source: 1305 Year 3 Evaluation Reports
1305 DSME Lessons Learned - Evaluation

Triangulation of performance measures, activities implemented, and barriers and facilitators demonstrated the importance of SHDs:

- Providing technical assistance to start new DSME programs
- Promoting and establishing DSME as a covered benefit for Medicaid beneficiaries, and
- Creating provider referral systems to improve program accessibility to patients

Data Source: 1305 Year 3 Evaluation Reports
Where We’ve Been: Type 2 Diabetes Prevention through the National DPP
Drivers involved in Scaling and Sustaining the National Diabetes Prevention Program under 1305 & 1422

- Increased availability of new CDC-recognized organizations (1422)
- Increased coverage (state/public employees, Medicaid, private employers/insurers)
- Referral policies in place
- People with prediabetes identified and enrolled in CDC-recognized programs
POLL

How many of you have been with these cooperative agreements from the beginning?
National Diabetes Prevention Program: 1422 contributions

Efforts to increase availability of new CDC-recognized organizations

- June, 2014: 480 CDC-recognized organizations
  August, 2017: >1,500 CDC-recognized organizations
- Convening stakeholders to address barriers to program access
- Lifestyle Coach training and development
- Support for community organizations that can run the lifestyle change program effectively
Increased Program Coverage & Reimbursement

Many public and private insurers are offering the National DPP as a covered benefit.

**Commercial Insurers**

*Many commercial health plans provide some coverage for the National DPP. Examples include:*

- AmeriHealth Caritas
- Anthem
- BCBS Florida
- BS California
- BCBS Louisiana
- Denver Health Managed Care: Medicaid, Medicare, Public Employees
- Emblem Health: NY
- GEHA
- 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 million public employees/dependents in the following 11 states have the National DPP as a covered benefit:*

- Colorado
- Kentucky
- Louisiana
- Maine
- Minnesota
- New Hampshire
- New York
- Rhode Island
- Washington
- Oregon (Educators)
- California

*The following states have approved coverage for Medicaid beneficiaries:*

- Minnesota
- Montana
- California (in 2018)
- New Jersey (in 2018)
- Maine (in 2018)
- Pennsylvania (in 2018)
National Diabetes Prevention Program: 1305/1422 contributions

*Efforts to implement referral policies*

- Referral mechanisms
  - Fax
  - Electronic Health Records/prediabetes algorithms
  - Coordination with insurers
  - 211

- Bi-directional referrals
National Diabetes Prevention Program: 1305/1422 contributions

Efforts to Identify and enroll people with prediabetes
- Marketing campaigns
- Addressing operational challenges:
  - Curriculum translations
  - Incentives
  - Support of virtual and telehealth program delivery

Photo courtesy of Utah Department of Health
1305 National DPP Performance Measures Highlights

- **Improved referral policies**
  - 34.4% of health care systems have policies to refer persons at high risk for type 2 diabetes to a CDC-recognized diabetes prevention program

- **Improved Medicaid coverage**
  - 628,275 Medicaid beneficiaries now have access to a CDC-recognized diabetes prevention program as a covered benefit

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**Increased use:**
- **90,952** people with prediabetes or at high risk for type 2 diabetes enrolled in a CDC-recognized diabetes prevention program
- **50%** of participants were referred by a health care provider.
## 1305 National DPP Evaluation Results

<table>
<thead>
<tr>
<th>FACILITATORS</th>
<th>CHALLENGES</th>
</tr>
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<tbody>
<tr>
<td><strong>Driver 1</strong></td>
<td><strong>Skepticism of National DPP programs</strong></td>
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<tr>
<td>- Partnerships</td>
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<td>- Accessible Data</td>
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<td>- Federal Resources</td>
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<tr>
<td><strong>Driver 2</strong></td>
<td><strong>Low coverage</strong></td>
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<tr>
<td>- Technical assistance for business case development</td>
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<td>- Having champions for coverage</td>
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<tr>
<td><strong>Driver 3</strong></td>
<td><strong>Low provider awareness</strong></td>
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<tr>
<td>- Clinical-community partnerships</td>
<td></td>
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<tr>
<td>- Referral policies and practices</td>
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<tr>
<td><strong>Driver 4</strong></td>
<td><strong>Lack of transportation</strong></td>
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<tr>
<td>- Trained coaches</td>
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<td>- Willing participants</td>
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<td>- Appropriate linguistic/cultural materials</td>
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*Data Source: 1422 Year 2 Evaluation Results*
1422 National DPP Performance Measures Highlights

- **Engaging community health workers (CHWs)**
  - 187 health care systems engage CHWs to link patients to CDC-recognized diabetes prevention programs

- **Improved referral policies**
  - 267 health care systems have policies to refer persons at high risk for type 2 diabetes to a CDC-recognized diabetes prevention program

- **Tailored communication activities**
  - 34.8 million people were reached through evidence-based engagement strategies focused on the National DPP

**Increased use:**
- 3,786 people with prediabetes or at high risk for type 2 diabetes enrolled in a CDC-recognized diabetes prevention program
Lessons Learned: National DPP Evaluation

These findings will:

- Inform CDC’s technical assistance efforts involving expansion of the National DPP

- Inform establishment of peer-to-peer learning collaboratives and communities of practice

- Provide insights into what guidance is needed in the development of future cooperative agreements
What We’ve Developed: Reports, Tools, and Resources
- 30.3 million people have diabetes
  - Diagnosed: 23.1 million people
  - Undiagnosed: 7.2 million
- 33.9% of U.S. adults (84.1 million people) had prediabetes in 2015
  - Only 11.6% of people aware

Understanding & Describing the DSME Landscape

- Morbidity and Mortality Weekly Report on DSME programs in rural counties, April 2017
- Map of ADA-recognized and AADE-accredited program delivery sites
- DSME laws by state
  

http://j.mp/2wxRMrx
DSME Technical Assistance

- Hosted 2 in-person sessions on DSME at the 1305/1422 Grantee Meeting, Dec. 1016

- Offered a DSME webinar series for grantees:
  - Nuts and Bolts of DSME
  - Building the Business Case
  - Medicare Reimbursement

- Worked closely with the committee responsible for updating the 2017 National Standards for Diabetes Self-Management Education and Support (DSMES)
Emerging Practices in Diabetes Series – Diabetes Management Focus

<table>
<thead>
<tr>
<th>Emerging Practices Document</th>
<th>Case Studies Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Working with Pharmacists</td>
<td>▪ Colorado, Iowa and Ohio</td>
</tr>
<tr>
<td>Medicaid Coverage for Diabetes Self-Management Education</td>
<td>▪ Colorado, Mississippi, and New York</td>
</tr>
<tr>
<td>Engaging Community Health Workers in Diabetes Self-Management Education Programs</td>
<td>▪ Massachusetts, Michigan and Minnesota</td>
</tr>
<tr>
<td>Approaches to Increasing Access to and Participation in Diabetes Self-Management Education</td>
<td>▪ Florida, Mississippi and Tennessee</td>
</tr>
<tr>
<td>Approaches to Diabetes Self-Management Education Program Accreditation/Recognition for Organizations Offering the Stanford Curriculum</td>
<td>▪ Better Choices, Better Health – Dallas; Dignity Health St. Rose Dominican – Siena Campus; The Upper Peninsula Campus for Are Progress Community Diabetes Education Program</td>
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# Emerging Practices in Diabetes Series – Diabetes Prevention Focus

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<tr>
<td><strong>Promoting the National DPP as a Covered Benefit for State Employees</strong></td>
<td>• Kentucky, Minnesota, and Washington</td>
</tr>
<tr>
<td><strong>Approaches to Promoting Referrals to DSME and CDC-Recognized Diabetes Prevention Program Sites</strong></td>
<td>• Delaware, Kentucky, Maine, and New York State/ NYC</td>
</tr>
<tr>
<td><strong>Approaches Taken by State and Local Health Departments to Market the National DPP to Populations At-Risk and to Health Care Providers</strong></td>
<td>• California, Montana, and New Mexico</td>
</tr>
<tr>
<td><strong>Approaches to Employer Coverage of the National DPP for Employees At Risk for Type 2 Diabetes</strong></td>
<td>• Costco, General Dynamics Bath Iron Works, Latham &amp; Watkins, University of Michigan, and NYC</td>
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Resources for States, Employers, and Insurers: Diabetes State Burden Toolkit

https://nccd.cdc.gov/Toolkit/Diabetesburden/
Resources for States, Employers, and Insurers: Diabetes Prevention Impact Toolkit

https://nccd.cdc.gov/Toolkit/Diabetesimpact/
Online resource to support Medicaid, Medicare Advantage, and commercial health plans who are considering covering or implementing the National DPP

Covers topics such as contracting, delivery options, coding & billing, data & reporting

Quick Facts

- Developed by the National Association of Chronic Disease Directors (NACDD), Leavitt Partners, and the Centers for Disease Control and Prevention (CDC)
- Special sections on how to obtain Medicaid coverage and draw down federal funds

http://nationaldppcoveragetoolkit.org/
## New Tools and Resources – National DPP

<table>
<thead>
<tr>
<th>Tool</th>
<th>Explanation</th>
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<tbody>
<tr>
<td>DPRP Welcome Kit / Video</td>
<td>▪ Description of the DPRP, advantages of CDC recognition, and key characteristics of successful CDC-recognized organizations</td>
</tr>
<tr>
<td>Toolkit for Working with Vulnerable Populations – Coming Soon!</td>
<td>▪ Tailored materials for CDC-recognized organizations working with vulnerable populations</td>
</tr>
<tr>
<td>Toolkit for Working with Insured Populations – Coming Soon!</td>
<td>▪ Tailored materials for CDC-recognized organizations working with insured populations</td>
</tr>
<tr>
<td>Videos for CDC-Recognized Organizations – Coming Soon!</td>
<td>▪ Videos include:</td>
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<td></td>
<td>▪ “Assessing Your Capacity to Offer a CDC-Recognized Diabetes Prevention Program”</td>
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<td></td>
<td>▪ “Learning the DPRP National Standards”</td>
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<td>▪ “Making Required Data Submissions”</td>
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<td>▪ “Improving Outcomes Using the 12-Month Data Submission”</td>
</tr>
<tr>
<td>Supplemental Training for Lifestyle Coaches - Coming Soon!</td>
<td>▪ Online videos / webinars</td>
</tr>
<tr>
<td>Tip Sheets</td>
<td>▪ Tip sheets based on practical lessons learned from national organizations and their affiliates funded under cooperative agreement 1212</td>
</tr>
</tbody>
</table>

Evaluation Capacity Building Project

- Conducted a pre-assessment of state grantees’ diabetes-related evaluation capacity
- Strategy-specific logic models and supporting documents
- Completed 5 diabetes ECB Webinars
- Developed 2 diabetes evaluation briefs
1305 & 1422 National Evaluation Snapshots

- 1305 DSME Evaluation Snapshot
- 1305 National DPP Evaluation Snapshot
- 1422 National Evaluation Snapshot
1305 & 1422 Evaluation Resources

- 1422 State Profiles

- 1305 Evaluation Approach

- 1422 Evaluation Approach
Where We’re Going
Our Strategic Direction

- Prevent type 2 diabetes
- Prevent complications, disabilities, and consequences related to diabetes through improved approaches to care
- Reduce differences in health that impact people affected by diabetes
Type 2 Diabetes Prevention/ National DPP

- Medicare Diabetes Prevention Program (MDPP)
  - 2nd proposed rule pending finalization
  - January, 2018: MDPP supplier enrollment begins
  - April, 2018: MDPP supplier reimbursement begins

- 2018 CDC Diabetes Prevention Recognition Program Standards

- New Guide: Activating Pharmacists in the National DPP

- Medicaid Demonstration Project (OR, MD)

- Health Communication and Marketing Toolkit
Diabetes Management & DSME

- Release a national-level DSME Toolkit

- Host second DSME webinar series
  - Introduce new 2017 DSMES Standards
  - Introduce DSME Toolkit

- Establish a DSME section on DDT website
Diabetes Evaluation Efforts

- Improve access to DSME data
  - Demographics
  - Zip code level data
  - Data on new vs. closed programs

- Increase diabetes-specific evaluation technical assistance
  - Diabetes Evaluation Capacity Building Project

- Disseminate national evaluation results
  - 1305/1422 Preventing Chronic Disease Special Collection, Snapshots, 1422 Profiles
Preventing Chronic Disease (PCD) Special Collection

- Provided web-based training and editorial support for 1305 and 1422 grantees
- 10 manuscripts have been accepted by PCD for the 1305 and 1422 PCD Special Collection
- Release: December, 2017
In Conclusion....

- We have accomplished a lot together over the past four years, and we’re not done yet....
- Focus for 2018:
  - Finish strong!
    - Maximize outcomes/reach achieved under 1305 and 1422.
    - Ensure responsible financial management.
    - Focus on sustainability.
    - Plan for the future, building on previous accomplishments, expertise, partnerships, and momentum.
Thank You!

For more information, contact CDC
1-800-CDC-INFO (232-4636)

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.