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Objectives

- Recognize why it is important for Medicaid beneficiaries to have access to the National DPP lifestyle change program.
- Describe findings on operationalizing coverage of the National DPP from the Medicaid demonstration project.
- Identify ways to build workforce capacity to deliver the National DPP to Medicaid beneficiaries.

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Bringing the National Diabetes Prevention Program (National DPP) to Medicaid


Highlights, Resources, and Lessons Learned from a Multi-Year Demonstration Project

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Health Equity

Increasing Coverage and Access

- Ensuring coverage by both private and public payers
- Coverage of the National DPP for vulnerable populations




- Medicaid beneficiaries are more likely to develop type 2 diabetes than non-Medicaid populations
- States that expanded Medicaid have seen their diabetes rates increase in their Medicaid populations

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National DPP: All Payer Model

- ✓ Medicaid
- ✓ Medicare
- ✓ State health plans
- ✓ Commercial health plans
- ✓ Employers




Health Equity

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Medicare and Medicaid Coverage

States Where the National DPP is a Medicaid Covered Benefit 2019

- **Medicare DPP** – effective April 2018
- **Medicaid coverage** – CA, MN, MT, NJ, NY, OR
 - Waiver: MD, VT
 - Pilot: AR, PA



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CDC/NACDD Medicaid Coverage Work

Medicaid Demo


- Maryland and Oregon Medicaid and Public Health
- Virtual Learning Community – AR, CA, IN, KY, LA, LA County, MD, ME, MN, MO, MT, NJ, OR, PA, RI, TX, WA, WV
- National DPP Coverage Toolkit

6|18 Initiative

- Cohort 2 (2017-18): AK, GA, NC, MD, SC, NV, UT, W-DC,
- Cohort 3 (2018 – 19): CA, IN, KY, NH, NJ, PA, RI, WY

Coverage 2.0

- Intensive Technical Assistance and Funding – MN, NJ, PA
- Continued support to MD and OR



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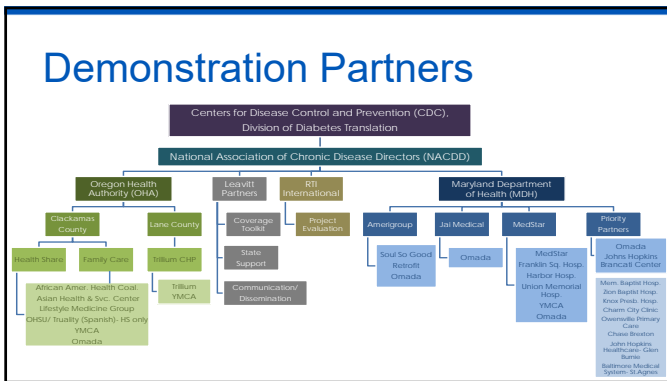


National Diabetes Prevention Program Coverage Toolkit

<https://coveragetoolkit.org/>

- Online resource to support Medicaid, Medicare, and employer and commercial health plans who are considering covering or implementing the National DPP
- Covers topics such as contracting, delivery options, coding & billing, data & reporting
- Developed by the National Association of Chronic Disease Directors (NACDD) and Leavitt Partners
- Funded by the Centers for Disease Control and Prevention (CDC)
- Special sections on how to obtain Medicaid coverage and draw down federal funds

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Maryland Lessons Learned

Partnerships and Collaboration	Outreach and Enrollment	Systems Building
<ul style="list-style-type: none"> MDH support and responsiveness important to MCOs Work towards the mission/purpose of MCOs Creation of an Advisory Board Relationships 	<ul style="list-style-type: none"> Address social determinants of health Health care provider outreach Differing success in method of outreach (phone, email, text) Consider readiness of individuals to participate 	<ul style="list-style-type: none"> Billing and reimbursement system Utilize existing internal processes and staff Allow 3-6 months for CDC-recognized organization capacity building

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Oregon Lessons Learned

Strategies for Engagement	Identification and Eligibility	Reimbursement Models
<ul style="list-style-type: none"> Leave space for local innovation and control Partnerships Messaging matters 	<ul style="list-style-type: none"> Health equity must be part of the benefit design State agencies, CCOs, clinical teams, providers, community-based organizations all have a role to play Inclusion of community-based organizations is critical to screening, recruitment, and enrollment of priority populations 	<ul style="list-style-type: none"> Investment in infrastructure is required to support goal of increased enrollment, access and engagement Offer multiple payment/reimbursement pathways Account for variability in payment/reimbursement models among payers

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Evaluation Findings

Medicaid Coverage for the National DPP Demonstration



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Medicaid Demonstration Project Evaluation

Evaluation Plan Key Components

1. Design and Implementation
2. Participant Recruitment, Enrollment, and Retention
3. Participant Experience and Outcomes
4. Cost

Evaluation Plan Key Components

RTI International was hired as the external contractor and worked collaboratively with NACDD and CDC to plan, implement, and analyze the results.



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Benefit of Partnerships



State Health Department ↔ **State Medicaid MCO/CCO**

- Participant enrollment
- Engagement of existing CDC-recognized organizations
- Engagement of new community-based organizations

State Medicaid MCO/CCO ↔ **CDC-recognized organizations**

- Communication
- Trust
- Awareness about diabetes prevention
- Reaching vulnerable populations



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Recruitment Strategies

- Recruit directly through program staff (via phone, letters, email, etc.)
- Conduct or participate in health fairs or other community outreach activities
- Recruit health care providers to make referrals during patient visits
- Recruit other organizational partners to make direct referrals or recruit via contact lists




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Enrollment Challenges

Challenges

- > Establishing contracting and data sharing processes
- > Developing coding, billing, and claims reimbursement processes
- > Determining eligibility and enrollment strategies and addressing churn issues
- > Meeting technical support needs
- > Addressing social determinants

Lessons Learned — Health Care Provider Engagement

- > Focus initially on a few health care provider groups
- > Establish a formal health care provider referral process
- > Connect CDC-recognized organizations directly with clinics

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Program Enhancements

Programs used different enhancements to meet the needs of their participants, including:

- Engaged CHWs to deliver program or conduct outreach
- Added culturally tailored strategies to engage participants
- Made materials culturally sensitive
- Adapted literacy level of curriculum or materials
- Changed or added class locations
- Adapted timing of class schedule





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Retention Strategies

Program Supports	<ul style="list-style-type: none"> • Pedometers • Gym memberships • Athletic gear or clothing • MyPlates or other food-measuring device • Cookbooks 	<ul style="list-style-type: none"> • Digital physical activity trackers • Discount coupons • Healthy food snacks or samples • Physical activity videos or CDs • <i>Calorie King</i> or other diet tracker
Program Services	<ul style="list-style-type: none"> • Assistance with transportation <ul style="list-style-type: none"> • Car-sharing • Money for public transportation • Free or reduced-price child care 	
Additional Strategies	<ul style="list-style-type: none"> • Incentives: Gift cards • Reminders <ul style="list-style-type: none"> • Text messages • Phone calls • Emails 	

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Participant Motivations

Participants reported various motivations for participating in the program, including:

- Lose weight
- Become healthier overall
- Form healthy eating habits
- Reduce risk of type 2 diabetes
- Make overall better decisions regarding health



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Participant Outcomes Summary

- **69.6%** of participants across both states reported that they expected to exercise or currently do exercise 30 minutes at least 5 days a week, compared with 42.8% at baseline
- **93%** of participants across both states and delivery models were satisfied or very satisfied with the program overall
- **86%** of participants were satisfied or very satisfied with the lifestyle coaches
- **90%** of participants were either likely or very likely to recommend the program overall

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Participant Retention and Weight Loss Outcomes

Retention

- Demonstration participants attended an average of 19 sessions in the first 6 months and 8 in the second 6 months, compared with 17 and 7 among participants in the national DPRP registry*
- Participant age and participant health status were associated with higher retention

Weight Loss

- Weight loss was 4.5% for Demonstration participants and 6% among participants in the national DPRP registry*
- The total number of sessions attended by participants was significantly associated with weight loss



*using 2018 DPRP Standards' criteria

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Lessons Learned: Implementation Facilitators


- MCOs/CCOs had a long history of serving Medicaid beneficiaries and were able to develop and implement delivery model components with an understanding of beneficiaries' needs
- Prior collaborations provided a foundation for working together that facilitated delivery model implementation
- MCOs/CCOs used the eligibility criteria and ICD-10 codes for routine data mining
- Initially, using invoices for reimbursement was a simpler process for CDC-recognized organizations than requiring claims reimbursement

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Recruitment Facilitators



State Medicaid Agencies and State Health Departments	MCOs/CCOs	CDC-recognized organizations
<ul style="list-style-type: none"> • Allow MCO/CCOs at least 6 months for planning before enrollment • Develop guidance for MCO/CCOs with eligibility criteria, relevant ICD-10 codes, and billing, coding, and reimbursement procedures 	<ul style="list-style-type: none"> • Personalize and tailor recruitment strategies with personal phone calls, tailoring of marketing materials • Engage health care providers to refer • Allocate staffing resources to support recruitment 	<ul style="list-style-type: none"> • Adapt recruitment materials and strategies to meet participant needs • Use CHW and lifestyle coaches to conduct outreach • Use introductory sessions to assist with enrollment and orient participants to program



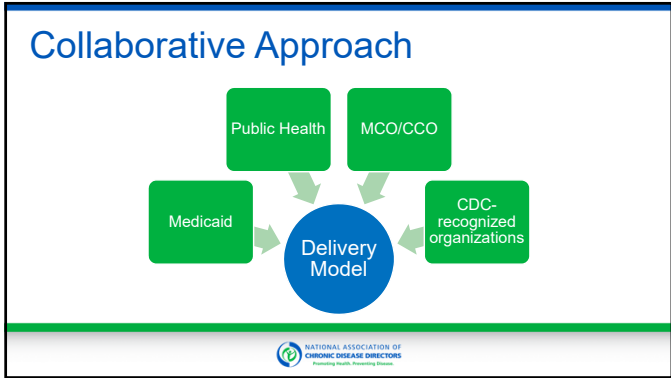
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Lessons Learned for Reaching the Medicaid Population

- Recognize that online delivery of the program appears feasible, but there may be unique considerations
- Tailor program curriculum and delivery
- Recognize the high prevalence of barriers to participation (e.g., schedule, transportation, family needs)
- Incorporate program supports to facilitate attendance (e.g., flexible program locations and timing [including make-up sessions], transportation assistance, child care)
- Use tailored, frequent contact by trained lifestyle coaches to encourage retention

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Medicaid & Public Health Collaboration

Public health can:

- ✓ Provide information and analysis:
 - costs associated with diabetes care
 - estimated return on investment of coverage
 - evidence supporting the National DPP lifestyle change program.
- ✓ Increase access to services for Medicaid beneficiaries through:
 - Outreach and education to partners, health care providers, and beneficiaries.
 - Expansion of community-based care available to Medicaid beneficiaries.

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Medicaid & Public Health Collaboration

Public health can be an innovation partner with Medicaid resulting in:


- Increased focus on alternative payment models and population health.
- Increased use of managed care, care coordination, and social supports.

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Opportunities for Diabetes Educators

- Outreach to Medicaid agency to engage around coverage
- Become/associate with CDC-recognized organization for lifestyle change program delivery
- Refer eligible participants to the National DPP lifestyle change program:
 - Connect with eligible participants
 - Engage health care providers who can refer patients
- Recruit/retain Medicaid beneficiaries in the lifestyle change program



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Questions?

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IT'S ALL HAPPENING HERE.



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