

The Montana Cardiovascular Disease and Diabetes Prevention Program

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Montana Statistics:

- **Diabetes**
 - The prevalence of diabetes in Montana increased from 2.8% in 1990 to 8.8% in 2014.
- **Risk factors**
 - Increasing rates of obesity and overweight contribute to the growing epidemic of type 2 diabetes and cardiovascular disease.
 - Over 60% of Montana adults reported a body mass index that indicates they are overweight or obese.
- **Pre-diabetes**
 - Only 6.8% of Montana adults without a diagnosis of diabetes reported having pre-diabetes.
 - According to national study estimates, it's likely that up to 35% of adults have pre-diabetes, which means that many adults do not know they have pre-diabetes.

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Montana DPHHS Role:

- Build and support the prevention system
- Fund sites across Montana to deliver the intervention
- Coordinate training and provide ongoing technical assistance to lifestyle coaches
- Facilitate networking between lifestyle coaches
- Provide a database and evaluation tool
- Collect and analyze data
- Conduct program evaluation
- Disseminate results through presentations, published reports, and peer-reviewed articles
- Work with partners to get DPP covered as a benefit by payors

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DPP - Delivery in Montana:

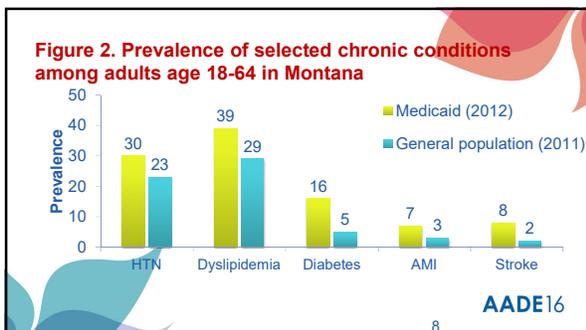
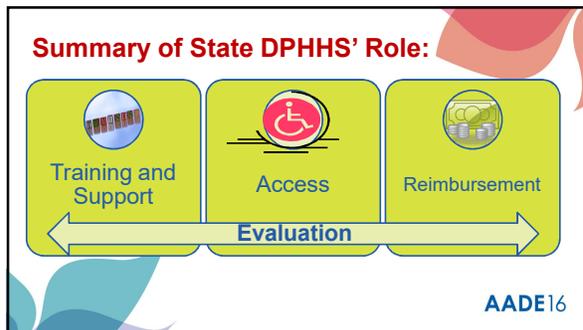
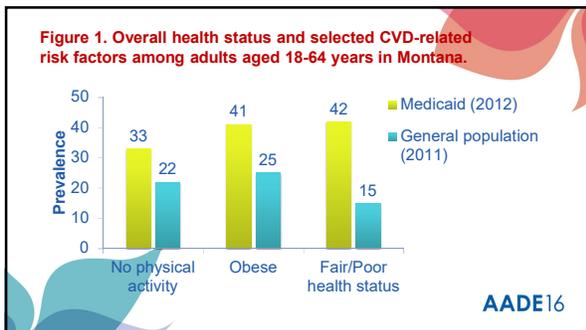
- Received funding from legislature (2007) to implement DPP in 4 Montana communities
- Adapted for group-based implementation and telehealth delivery to rural/frontier areas; sites continue to be added with ongoing funding
- Reimbursement by Montana Medicaid (2012) for Medicaid beneficiaries
- Working to get DPP as a covered benefit by various payors

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Diabetes is a Common and Costly for Medicaid:

- Diabetes is one of the top ten prevalent and costliest conditions among adults in Medicaid based on administrative claims data
- Medicaid Health and Chronic Disease Survey:
 - Telephone survey of a random sample of adults aged 18-64 enrolled in Medicaid
 - Conducted in 2010, 2011, and 2012
 - Prevalence of CVD and CVD-related risk factors significantly higher than the general adult population aged 18-64

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- Overall outcomes:**
 (Outcomes published – search PubMed for Harwell, TS)
- Enrolled about 6,400 since 2008
 - 250+ at telehealth sites
 - 250+ Medicaid enrollees
 - Weight loss
 - Reduced risk factors
 - Important behavior changes for achieving goals:
 - Attendance at educational sessions
 - Physical activity >150 min/week
 - Self-monitoring dietary intake
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