Prediabetes is an asymptomatic abnormal state that precedes the development of clinically evident diabetes:

- Fasting Blood Glucose Test: 100-125 mg/dL
  (or 110-125 mg/dL according to the World Health Organization)
- Oral Glucose Tolerance test (140-199 mg/dL)
- A1c test (5.7 to 6.4)

People with prediabetes are 5 to 15 times more likely to develop type 2 diabetes and are at higher risk for conditions like heart disease and stroke.
Why is Prediabetes a Problem?

- About 35% of U.S. (1 out of 3) adults have prediabetes
- 9 out 10 people do not know they have prediabetes
- 15 - 30% of people with prediabetes will develop type 2 diabetes within 5 years
- CDC estimates that as many as 1 of 3 American adults could have diabetes in 2050 if current trends continue
- Total Estimated cost of diabetes: $245 Billion, a 41% increase over a five year period in 2012 (The Cost of Diabetes, ADA, 2013)

CDC’s National DPP:

CDC’s National Diabetes Prevention Program (National DPP): Using the evidence-based DPP study, CDC’s National DPP promotes and oversees the Lifestyle Change Program to prevent or delay type 2 diabetes

The DPP Research Trial:

Major multicenter clinical research study
- 3,234 participants
- 27 clinical centers in U.S.
- Funded primarily by NIH
- Results found that Lifestyle Change intervention was the most effective treatment

Implications of DPP Study:

- Conclusion: Millions of people with diabetes in the U.S. can prevent or delay type 2 diabetes through modest weight loss as part of a structured lifestyle change program (58% - 71% reduction in risk)
- Even after 10 years, those who had participated in the lifestyle change program had a 34% lower rate of type 2 diabetes
- The translation of the study into CDC’s National DPP has proven to be cost effective and in many cases, cost saving

What is the National DPP’s Lifestyle Change Program?

- Year Long Program (2 Phases)
  - Months 1-6
  - Months 7-12
- Evidence Based Curriculum
- Group Format
- Those eligible for the program are at high risk for development of type 2 diabetes
- In-person delivery, telehealth and some approved virtual delivery options
- Can be delivered by both health care professionals and paraprofessionals
CDC’s Recognition Program

CDC’s Diabetes Prevention and Recognition Program (DPRP):
- Registry of CDC Recognized DPP’s
- Programs must agree to adhere to evidence-based curriculum, frequency and duration of implementation
- Programs must submit data to CDC every 12 months and meet minimum standards of program frequency, duration, attendance, weight loss and reported minutes of PA.

CDC Focus on Diabetes Prevention:

Scaling & Sustaining National DPP
CDC Cooperative Agreement Investments

Through NACDD, CDC also has initiated a project to test the feasibility and effectiveness of various models to obtain Medicaid coverage for the National DPP in Oregon and Maryland
- Goal is to design, implement, and evaluate coverage models that can be translated for use in other states

Why is AADE in Prevention?

In 2015, AADE’s National Practice Survey Found:
- 80.5% of respondents reported to be working with people with prediabetes
- 80% of DEAP programs reported to be doing some sort of prevention programming
- And only 0.4% reported receiving reimbursement for prevention services

AADE and CDC

AADE was chosen to be part of a Cooperative Agreement with CDC to scale the National DPP (DP12-1212)
- AADE is one of six National Organizations chosen
- Grant-funded work 2012-2017 (5 Years)
- Scale the National DPP and increase number of covered lives by using our network of Diabetes Educators and DSME Programs

The AADE DPP Model:

National DPP implemented within certified DSME Sites:
- Both ADA and AADE programs (3500+ Nationwide locations)
- Large pool of eligible participants already being served
- HIPAA compliance
- Overseer from a Diabetes Educator/CDE
- Educated & Trained DPP Lifestyle Coaches
- Third-party payment processing (NPI Number)
- Linkage with local primary care providers
- Linkage with DSME for people with type 2 diabetes
- Linkage to other clinical services as needed
AADE DPP is The National DPP

<table>
<thead>
<tr>
<th>National DPP</th>
<th>AADE DPP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uses CDC Approved Curriculum</td>
<td>Required</td>
</tr>
<tr>
<td>All Delivery Sites must maintain CDC’s DPPR Recognition</td>
<td>Required</td>
</tr>
<tr>
<td>Delivery Setting</td>
<td>Can be in-person or virtually delivered</td>
</tr>
<tr>
<td>In person/telehealth only (currently)</td>
<td>Required</td>
</tr>
<tr>
<td>All Staff are Trained Lifestyle Coaches</td>
<td>Recommended</td>
</tr>
<tr>
<td>All Sites have an NPI Number</td>
<td>N/A</td>
</tr>
<tr>
<td>All Program Coordinators are Diabetes Educators</td>
<td>N/A</td>
</tr>
<tr>
<td>All Sites have Ability to bill Medicare</td>
<td>N/A</td>
</tr>
</tbody>
</table>

AADE DPP Network:

AADE DPP currently has 44 Grant-Funded Sites in 16 states.
AADE’s DPP Network has potential to scale to 3,500+ DSME sites in all 50 states.

AADE Model Success:

<table>
<thead>
<tr>
<th>As of July 2016:</th>
<th>Total</th>
<th>Percentage of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>DPRP Sites in CDC’s Registry</td>
<td>915</td>
<td></td>
</tr>
<tr>
<td>Fully Recognized DPPR Sites</td>
<td>61</td>
<td>6.5 %</td>
</tr>
<tr>
<td>Fully Recognized sites that are DSME Programs</td>
<td>30</td>
<td>49% of all Fully Recognized DPPR’s</td>
</tr>
<tr>
<td>Fully Recognized programs that are AADE DPP Sites</td>
<td>15</td>
<td>25% of all Fully Recognized DPPR’s</td>
</tr>
<tr>
<td>AADE DPP Sites make up 50% of total Fully Recognized DSME sites</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Insight on AADE DPP Model:

Pro’s:
- Costs of our model are comparable (and sometimes less expensive) to other large in-person DPP providers
- Majority of AADE DPP’s are meeting or exceeding DPRP requirements
- Our programs have high rates of physician referral and % of eligibility of those enrolled on blood based tests
- Likely to have a streamlined ability to bill and pool of eligible participants for Medicare Reimbursement

Challenges:
- DSME Program Coordinators usually do not have the time, skills, contacts and resources to “sell” the program to new payers
- Networks support and guidance and database system needed to achieve optimum sustainability

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
- 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
- Y DPP model tested and found $2,650 savings/enrollee over 15 mos.

Medicare Announces proposal to cover DPP for the Medicare Population:
- Physician Fee Schedule Released July 7th, 2016
- Proposed coverage as of January 1st, 2018
- Medicare NAO’s can apply to be Medicare DPP Suppliers as of 2017
- CMS is Looking for comments from us and you by September 6th 2016!
AADE DPP 2016/2017 Focus:
- Medicare Reimbursement
  - Work with CMS to influence the best possible reimbursement structure for our model
  - Preparing DSME sites to become MDPF Suppliers and receive Medicare Reimbursement
- Cost Analysis across our network
- Guidance, support and tools to programs to maintain CDC Recognition and reimbursement to the highest capacity
- Performance Management Data Base System
- Exploring Online/Virtual DPP options to supplement in-person delivery
- Standing up new AADE DPP Sites
- Potential Coordination with DPP Medicaid Project
- Work with State Health Departments and Payers on availability of CDC Recognized Programs (AADE DPP’s)

How to get more involved?
AADE Current and Future Offerings:
- Building Your Diabetes Prevention Program Workshop (5 CE’s, next workshop October 22nd)
- AADE DPP Lifestyle Coach Trainings (11.5 CE’s, next training, October 19th & 20th)
- Preparing DSME sites and Diabetes Educators to serve covered lives via education, guidance, webinars, tools and resources and access to our network

Additional Resources:
- AADE Website: Current and future offerings of Workshops, Lifestyle Coach Trainings and Tools and Resources (more to come in 2017) www.diabeteseducator.org/DPP or email dpp@aadenet.org
- CDC DPP Website: www.cdc.gov/diabetes/prevention/index.html
- CMS Physician Fee Schedule: www.federalregister.gov/public-inspection

Linda M Schoon
RD, CDE
Coordinator, Diabetes Prevention Program
Poudre Valley Hospital
University of Colorado Health
Fort Collins, Colorado

National Diabetes Prevention Program
Poudre Valley Hospital
Center for Diabetes
Linda Schoon, RD, CDE, Coordinator
Diabetes Prevention Program
Countdown To Kickoff

2011-2012 – should we have a DPP?

March 2014 Map of CO DPP Sites

Sept 2014 RMADE conf w/ J. Craver

Fall 2014 AADSE Grant? – No

Early 2015 Anthem covers DPP for UCHealth employees

March 2015 AADSE Grant – YES!!!

April 2015 LC training + 1st talks w/ TPA Solera

Sept 2015 RMADE conf

Reimbursement Sources

- Large Third Party Payers
  - Solera (formerly Viridian) – Includes Anthem (ALL in Colorado have DPP coverage - UCHealth employees)
  - Optum/DPCA – Includes UnitedHealth – most plans (one option for State of Colorado employees)

    Payment based on attendance and performance (overall wt.loss)

Other Reimbursement Sources

- Wellness Benefit for some plans
- Employer Groups
- Self Pay
- Scholarships
- Other Insurance Plans
Things that work

• Being a part of the AADE DPP team
  - Training
  - Email support
  - Reimbursement and Sustainability Webinars
  - Online networking

• Supportive Health System Leadership
  - Belief in the Program – Prevention is the place to be!
    – Coordinator Time shifted to DPP from DSME
    – rest of staff picked up balance.

Challenges and Roadblocks

• Challenges for the Program
  - “It’s out of our control.”
    - Contract Negotiations and communication with Third Party Payers
    - Marketing – Large in house marketing department with many projects
    - Learning curve re: reimbursement, billing, CPT codes

Things that work

• IN PERSON NETWORKING!!! Do not underestimate!

• Administrative Support – class materials, incentives, data entry

• Having more than one coach – substitutes

• Intern to assist with review of food records

• Planned incentives (for attendance, food records, and/or weight loss)

• Partnership with TPA – Registration for covered participants, data base for DPRP records

Challenges and Roadblocks

• Challenges for the Program
  - “It’s out of our control.”
    - Other departments working with local employers
    - Growing pains – adequate staff, adequate space, class times, scheduling puzzle!!

Things that work

TESTIMONIAL ARTICLES
  - In Employee Newsletters
  - In Local Newspaper insert

Challenges and Roadblocks

Challenges for class members:
  - A full year commitment
  - It's not a quick fix and people are searching for that!!
  - Break for the Holidays in 1st cohort.
  - Lifestyle change is hard!
PVH DPP Class Numbers 7/15/16

<table>
<thead>
<tr>
<th>Location</th>
<th>Initial # of participants</th>
<th># of participants Week 16</th>
<th># of participants at Maintenance</th>
<th>Avg % Weight loss last month</th>
</tr>
</thead>
<tbody>
<tr>
<td>PVH 1 – Fort Collins</td>
<td>14</td>
<td>13</td>
<td>6</td>
<td>2.2% (mth 11)</td>
</tr>
<tr>
<td>MCR 1 – Loveland</td>
<td>8</td>
<td>4</td>
<td>3</td>
<td>2.8% (mth 10)</td>
</tr>
<tr>
<td>PVH 2 – Fort Collins</td>
<td>9</td>
<td>9</td>
<td>7</td>
<td>7.1% (mth 6)</td>
</tr>
<tr>
<td>PVBF 1 – Windsor</td>
<td>14</td>
<td>12</td>
<td>6</td>
<td>2.6% (mth 6)</td>
</tr>
<tr>
<td>PVH 3 – Fort Collins</td>
<td>11</td>
<td>8 – wk 7</td>
<td>------</td>
<td>4.9% (wk 7)</td>
</tr>
<tr>
<td>PVH 4 – Fort Collins</td>
<td>15</td>
<td>13 – wk 9</td>
<td>------</td>
<td>5.2% (wk 9)</td>
</tr>
<tr>
<td>MCR 2 – Loveland</td>
<td>11</td>
<td>6 – wk 9</td>
<td>------</td>
<td>4.9% (wk 9)</td>
</tr>
<tr>
<td>GMC 1 – Greeley</td>
<td>6</td>
<td>6</td>
<td>------</td>
<td>2.4% (wk 4)</td>
</tr>
</tbody>
</table>

Rewards – Class Dynamics

Questions?

Joanna Craver DiBenedetto jcraver@aadednet.org

Email: dpp@aadednet.org