Making Diabetes Prevention a Reality:
The National Diabetes Prevention Program

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29 million Americans have diabetes

86 million American adults have prediabetes

9 out of 10 adults with prediabetes don’t know they have it

Current Projections of Cases of Diabetes in the United States by 2030
Trends in Age-standardized Rates of Diabetes-Related Complications from 1990 to 2010 among U.S. Adults with Diagnosed Diabetes

- Myocardial Infarction
- Stroke
- Amputation
- ESRD
- Hyperglycemic Death

Events per 10,000 Adult Population with Diagnosed Diabetes

RISK STRATIFICATION FOR TYPE 2 DIABETES PREVENTION INTERVENTIONS

<table>
<thead>
<tr>
<th>Risk Level</th>
<th>Adult Prevalence (%)</th>
<th>10 Years Diabetes Risk (%)</th>
<th>Risk Indicators</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very High</td>
<td>~ 15%</td>
<td>&gt;30</td>
<td>A1c &gt;5.7% FPG&gt;110</td>
<td>Structured Lifestyle Intervention in Community Setting</td>
</tr>
<tr>
<td>High</td>
<td>20%</td>
<td>20 to 30</td>
<td>FPG&gt; 100 NDPP score 9+</td>
<td></td>
</tr>
<tr>
<td>Moderate</td>
<td>30%</td>
<td>10 to 20</td>
<td>2+ risk factors</td>
<td>Risk Counseling</td>
</tr>
<tr>
<td>Low</td>
<td>35%</td>
<td>0 to 10</td>
<td>0-1 risk factors</td>
<td>Build Healthy Communities</td>
</tr>
</tbody>
</table>

Source: Gerstein et al., 2007; Zhang et al., 2010
## Type 2 Diabetes Prevention Interventions

- Expand access to the National Diabetes Prevention Program (the National DPP), a lifestyle change program for preventing type 2 diabetes in those at high risk.
- Promote screening for abnormal blood glucose in those who are overweight or obese as part of a cardiovascular risk assessment.

## Type 2 Diabetes Prevention Evidence Summary

### Randomized Clinical Control Trials:

### Subsequent Translation Studies

<table>
<thead>
<tr>
<th>Evidence-based Recommendations</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>USPSTF Obesity Intensive Behavioral Counseling</td>
<td>July 2012</td>
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<tr>
<td>Community Guide Review</td>
<td>July 2014</td>
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<tr>
<td>USPSTF CVD Risk Reduction Intensive Behavioral Counseling</td>
<td>August 2014</td>
</tr>
<tr>
<td>USPSTF Type 2 Diabetes and Abnormal Glucose Screening</td>
<td>October 2015</td>
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</tbody>
</table>
Cost-Effectiveness of Lifestyle Intervention: Systematic Review

- 14 studies
- Median: $13,491/QALY
- IQI: $2,135, $27,042/QALY
- Outlier: $217,205/QALY

Source: Li et al, Annals of Internal Medicine 2015
Cost Effectiveness

- Diabetes prevention lifestyle change programs have been shown to be cost effective and can be cost saving.
- Influenced by target population, delivery format and personnel, time horizon.
- Some modeled data from an insurer has shown a three year cumulative ROI of 3:1 when using a value-based payment approach.
Recognized programs join largest national effort to mobilize and bring effective lifestyle change programs to communities across the country.

Congress authorized CDC to establish the NATIONAL DIABETES PREVENTION PROGRAM (National DPP) —a public-private initiative to offer evidence-based, cost effective interventions in communities across the United States to prevent type 2 diabetes.
National Diabetes Prevention Program

COMPONENTS

Training: Increase Workforce
Train the workforce that can implement the program cost effectively.

Recognition Program: Assure Quality
Implement a recognition program that will:
- Assure quality.
- Lead to reimbursement.
- Allow CDC to develop a program registry.

Intervention Sites: Deliver Program
Develop intervention sites that will build infrastructure and provide the program.

Health Marketing: Support Program Uptake
Increase referrals to and use of the prevention program.

## Scaling & Sustaining National DPP
**CDC Cooperative Agreement Investments**

1. **1212**
   - Funded national organizations to increase the number of CDC-recognized organizations offering lifestyle change programs via multi-state networks and expand coverage through relationships with employers and insurers that lead to benefit coverage and reimbursement for delivery organizations.

2. **1305**
   - Funded all 50 states & D.C. to raise awareness of prediabetes, increase referrals to CDC-recognized programs, and work with State Employee Benefit Plans and Medicaid to support coverage.

3. **1422**
   - Funded 17 states and 4 cities to expand on work started by 1212 and 1305 and enroll vulnerable, high-risk populations in the program.
Status: Scaling and Sustaining National DPP

- 950 CDC-recognized programs; in-person programs across 48 states and DC

- Serving 88,452 eligible participants

- Average weight loss for participants who attend at least 4 sessions over the yearlong program is 4.6%

- Over 60 commercial health plans providing some coverage; state employees covered in 11 states covering > 3 million people

Source: CDC DPRP program data as of 02/29/2016.
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
- Secretary of Health may expand the duration and scope of successful 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
  - Would not deny or limit coverage for applicable individuals
- Y DPP model tested and found to be saving
- CDC DPRP data and data from commercial health plan that is part of National DPP also needed for actuary certification
- In rule-making process to develop benefit design
Goal: achieve sustainable coverage of the National DPP for Medicaid beneficiaries under current Medicaid authorities.

- Maryland and Oregon will develop and implement a delivery model for the National DPP through Medicaid managed care organizations or accountable care organizations.

- The delivery model will include the following components:
  - Screening, referring, and enrolling eligible Medicaid beneficiaries in CDC-recognized National DPP Providers (in-person and virtual)
  - Implementing a value-based coverage and reimbursement model
  - Providing support to participants to ensure successful completion of the year-long lifestyle change program

- Maryland and Oregon will participate in a comprehensive evaluation which will include:
  - Costs
  - Participant outcomes
  - Feedback on a Toolkit to assist other states pursuing Medicaid coverage
Overview of Maryland’s Delivery Model

Medicaid and Public Health are leveraging a longstanding partnership to carry out work to:

- Build on current collaborations with MCOs through grants focused on hypertension and diabetes
- Issue new non-competitive grants to MCOs requiring a subcontract with a CDC-recognized in-person and/or virtual National DPP provider in the target jurisdictions
- Develop testing and screening protocols to assist MCOs to identify Medicaid beneficiaries meeting the eligibility criteria

Medicaid will act as primary fiscal agent, and establish and oversee the grants
Sustainability – Possible Options

- 1115 Health Choice Waiver Authority

- State Plan
  - Update regulations
  - Current regulations require Medicaid MCOs to provide medically necessary diabetes care services

- MCO Rate Setting
  - Using the pay for performance model and billing code being developed by CMS for Medicare, Maryland could add the billing code to a list available to the MCOs and build costs into the rate setting process in an actuarially sound manner.
Overview of Oregon’s Delivery Model

• Work with Coordinated Care Organizations (CCOs)
  – CCOs are collaborations between communities, providers, payers, and hospitals with the objective to provide integrated physical, behavior, and oral health under global budgets that incentivize value-based service delivery and patient outcomes

• Use the Sustainable Relationships for Community Health (SRCH) Institutes to provide training and TA to address:
  – Administrative and recruitment strategies and expenses
  – Piloting billing and reimbursement algorithms
  – Streamlining the administration of the CCO and community contracts, and contracts with CDC-recognized National DPP Providers (in-person and virtual)
  – Implementing Plan-Do-Study-Act learning cycles to help enroll and engage Medicaid beneficiaries, and reimburse in a manner that meets community needs
Sustainability

• In Oregon, coverage for healthcare services for Oregon Health Plan (OHP/Medicaid) members is determined by the Health Evidence Review Commission (HERC), which is responsible for reviewing medical evidence in order to prioritize health spending in the Oregon Health Plan.

• The HERC determines coverage through the Prioritized List of Health Services, which requires Medicaid delivery organizations (such as the CCOs) to make benefits (treatments) on the list available to OHP members.

• Public Health is currently advising the HERC on obesity-related interventions as a covered benefit, including the National Diabetes Prevention Program, with the goal of having these interventions included on the Prioritized List of Health Services.
SUPPORT FOR STATES PURSUING MEDICAID COVERAGE FOR THE NATIONAL DPP

- Webinar on Navigating the Medicaid Landscape Part II: Finding Opportunities for Public Health by Understanding Medicaid’s Priorities and Challenges – September 22, 2016
  - Follows the Introductory Medicaid Webinar presented by NACDD/Leavitt Partners in 2015
  - Will include a brief survey as part of registration to collect information on current state activity regarding Medicaid coverage for the National DPP
  - This information will inform content for the planned Part III webinar in 2017

- Medicaid Coverage Toolkit for States - 2017
  - Will include information on Making the Business Case, Leveraging Quality Metrics, Contracting with MCOs, Coding and Billing, and Achieving Sustainable Coverage

- CMS Medicaid Affinity Group on Diabetes/Prediabetes - 2016
  - The following states are currently participating: AR, AK, IL, MO, MT, TX, and WV

- NACDD Medicaid Learning Collaborative - 2017
  - In the planning stage
CDC’s New PreventT2 English and Spanish Curriculum
CDC’s New *PreventT2* English and Spanish Curriculum
Sample Handouts

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**What will I do?**

**How can I change?**

**Can I make it fun?**

**What should I eat?**

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**Consejo para alcanzar y mantener un peso saludable**

**Consejo 1: Establezca una meta de peso:**

Hable con su médico o con su proveedor de atención médica y establezcan juntos una meta de peso. Escriba cuánto le gustaría pesar. Escriba sus razones para llegar a un peso saludable y permanecer en él.

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**Consejo 2: Consuma alimentos que tengan menos calorías. ¡Usted decide cómo!**

Algunas personas dejan los postres para bajar de peso. Otras piensan que llevar un registro de lo que comen y cuidar el tamaño de las porciones es la clave. Algunas veces, con solo pequeños cambios se logra una gran diferencia en la pérdida de peso.

**Consejos para comer alimentos con menos calorías**

- **Limita los refrigerios (snacks) altos en calorías.** Cambialos por otros que aun siendo sabrosos, tienen pocas calorías. Prueba, por ejemplo, unas rebanadas de plátano y medio huevo duro (cocido).
- **Evita los postres altos en azúcar.** En vez de esos coma una fruta fresca o un poco de gelatina sin azúcar. O añada fruta picada al yogurt natural. Y si después de pensarlo decide comer un postre alto en azúcar, intente quedarse con la porción más pequeña que pueda. Es posible que el comer solo un poco sea suficiente para usted.
- **Baja el consumo de bebidas con muchas calorías.** Si usted bebe alcohol, límita la cantidad que bebe. Tome agua en vez de sodas. Si usted bebe jugo, beba solo ½ taza de jugo 100 % de fruta. Añádale agua si desea una porción más grande.
The AMA and CDC have launched a multi-year initiative as part of the National DPP to reach more Americans with prediabetes.

www.PreventDiabetesSTAT.org

Healthcare Provider Toolkit
- Guide for healthcare providers on the best methods to screen and refer high-risk patients to CDC-recognized community based or virtual diabetes prevention programs in their communities
  - Includes a screening tool for patients (also available online) to help them determine their risk for type 2 diabetes
Proportion of U.S. Adults Aged > 20 with Prediabetes Who Are Aware of Their Risk Status

- 2005-2006: 7.7
- 2007-2008: 7.7
- 2009-2010: 11.1

MMWR, 2013
86 MILLION AMERICANS
MAYBE EVEN YOU,
HAVE PREDIABETES.
GUY-STUCK-IN-TRAFFIC.

DoIHavePrediabetes.org

86 MILLION
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PERSON-ABOUT-TO-
FACT-CHECK-THIS-FACT.

DoIHavePrediabetes.org

Text KNOW to 97779
SO...DO I HAVE PREDIABETES?

The stats don’t lie—1 in 3 American adults have prediabetes.

Because, let’s face it, we’re all busy, and we don’t always make the best decisions when it comes to eating right and exercising. But don’t let prediabetes get you down. So why not give it a try and find out your risk status taking a super-easy test? You won’t regret it. And it could just save your life.

WHAT’S PREDIABETES? 

REVERSE PREDIABETES

Join a Diabetes Prevention Program

Your doctor can tell you if you qualify, but in some cases you might require a referral. Qualifications are generally based on your body mass index (BMI) determined by your height and weight, your blood pressure (sugar) levels, and your age (must be over 45).

Lower your risk with lifestyle changes

It’s not just about exercise! Yes, making lifestyle changes can help prevent type 2 diabetes. But they don’t all have to be big. A small change could make a big difference!

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Learn more

See tips

Learn how to reverse prediabetes and prevent type 2 diabetes.

Lifestyle Tips

MANAGE YOUR WEIGHT

GET ACTIVE

EAT HEALTHIER

QUIT SMOKING

Losing just 5-7 percent of your body weight can slow or even reverse prediabetes. For a person who weighs 200 pounds, that’s only 10-14 pounds. Pretty doable for most.

Staying at this healthy weight in the long run is very important to prevent or delay type 2 diabetes. Being more active and eating healthier are great ways to help manage your weight.

The key to boosting your chances for success is to make a realistic plan and set realistic goals. Maybe start with one change in your diet and one new type of activity. Remember to take it one step at a time and stay patient. Permanent weight loss won’t happen overnight. Click here for a guide to help you.

Click here for more tips on managing your weight.