The National Diabetes Prevention Program—Making Type 2 Diabetes Prevention a Reality in the U.S.

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Centers for Disease Control and Prevention
Diabetes...behind the numbers

30.3 million people have diabetes
(9.4% of the U.S. population)

**Diagnosed**
23.1 million people

**Undiagnosed**
7.2 million people

84.1 million American adults — more than 1 out of 3 — have prediabetes.

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

Prediabetes is when your blood sugar level is higher than normal but not high enough yet to be diagnosed as type 2 diabetes.

Prediabetes increases your risk of:

- Type 2 Diabetes
- Heart Disease
- Stroke
Cost of Diabetes in the U.S., 2017

$237 billion a year in medical costs

$327 BILLION

$90 billion a year in lost productivity
So...What do we do?
Diabetes Pyramid of Prevention

- **Healthy Foods in Food Deserts**
- **Community / Urban Redesign**
- **Food Policies: Worksites, Schools**

**Prevent morbidity** through optimal risk factor management/education and screening for complications

**Efficient detection** in clinical settings

**Reduce risk** with a structured lifestyle change intervention

**Reduce risk** with community programs and general counseling and education

**Maintain good health and reduce risk** by changing underlying risk factors (food, social, built environment)

- **Diabetes**
  - **Undiagnosed**
    - **Very High Risk**
      - (IGT; A1c 5.7-6.4%; GDM)
    - **High Risk**
      - (FPG 100-110; Obesity; HTN, age)
  - **Moderate/Low Risk**
    - **Prevalence**
      - ~25%
      - ~13%
      - 9%
      - 3%
      - 50%
National Diabetes Prevention Program

Largest national effort to mobilize and bring an evidence-based lifestyle change program to communities across the country!
Translating the Diabetes Prevention Program into the Community: The DEPLOY Pilot Study

Prevention of type 2 diabetes by lifestyle intervention: a Japanese trial in IGT males

Kinori Kosaka, Mitsuhiro Noda, Takeshi Kuzuya
# 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>
</tr>
<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>
</tr>
<tr>
<td>ICER Evidence Report on Diabetes Prevention Programs</td>
<td>July 2016</td>
</tr>
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</table>
Economic Factors

When individuals develop type 2 diabetes, their health expenses increase dramatically; participation in the National DPP saves money by avoiding these additional costs.

Cost of Diabetes Treatment
An increase in costs of $8,010 per individual who develops diabetes over a 3-year period

Year 1: $2,470; Year 2: $3,190; Year 3: $2,350

Over the course of 15 months, Medicare-eligible individuals who participated in the Y-DPP avoided health care costs

Cost of the National DPP lifestyle change program
Average annual cost of $500 per participant

1. https://www.preventdiabetesstat.org/
Overview of the National Diabetes Prevention Program

The National DPP relies upon a variety of public-private partnerships with community organizations, private and public insurers, employers, health care organizations, faith-based organizations, government agencies, and others working together to:

- Build a workforce that can implement the lifestyle change program effectively
- Ensure quality and standardized reporting
- Deliver the lifestyle change program through organizations nationwide
- Increase referrals to and participation in the lifestyle change program

The National DPP Lifestyle Change Program

**PROGRAM GOAL:** Help participants make lasting behavior changes such as eating healthier, increasing physical activity, and improving problem-solving skills.

**PARTICIPANT GOAL:** Lose 5 – 7% of body weight.

Example modules covered in core phase:
- Eat Well to Prevent T2
- Burn More Calories Than You Take In
- Manage Stress
- Keep Your Heart Healthy

Sessions facilitated by a trained lifestyle coach.

Program Start

1-6
Weekly Sessions (16 minimum)

7-12
Monthly Sessions (6 minimum)

Program End
Strategic Goals & Progress to Date
National DPP Strategic Goals

- **Coverage & Reimbursement**: Increase coverage among public and private payers.
- **Quality Programs**: Increase the supply of quality programs.
- **Referrals**: Increase referrals from health care providers.
- **Demand From Participants**: Increase demand for the National DPP lifestyle change program among people at risk.
National DPP Strategic Goals

Increase the supply of quality programs
Increase the Supply of Quality Programs

CDC

Diabetes Prevention Recognition Program: May 3, 2019

CDC-Recognized Organizations Across the U.S.


480  477  512  522  644  720  953  1,237  1,456  1,524

CDC Diabetes Prevention Recognition Program: May 3, 2019
CDC-recognized Organizations in Arkansas

<table>
<thead>
<tr>
<th>Recognition Status</th>
<th>Number of Organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full</td>
<td>1</td>
</tr>
<tr>
<td>Preliminary</td>
<td>2</td>
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</tbody>
</table>

Based on CDC Diabetes Prevention Recognition Program Registry Data, 4-22-2019
CDC Recognition: Overview

**Recognition involves...**

assuring quality by developing and maintaining a registry of organizations recognized by CDC’s Diabetes Prevention Recognition Program for their ability to achieve the outcomes proven to prevent or delay onset of type 2 diabetes

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**Key Activities**

- **Quality Standards**
  - DPRP Standards and Operating Procedures--updated every 3 years

- **Registry of Organizations**
  - Online registry and program locator map

- **Data Systems**
  - Data analysis and reporting
  - Feedback/technical assistance for CDC-recognized organizations
Benefits of CDC Recognition

- **Quality**—linked to national quality standards and outcomes proven to prevent/delay onset of type 2 diabetes
- **Data**—enables us to monitor progress individually by program and across the nation
- **Sustainability/Reimbursement**—private and public payers reimbursing for the program are requiring CDC recognition
- **Support**—recognized programs have access to technical assistance, training, and resources
- **Marketing**—can be an effective marketing tool to encourage referrals (“Our program meets CDC national quality standards.”)
Program Sustainability

- Considerations for Organizations Interested in Offering the National DPP Lifestyle Change Program:
  - Is my organization well-positioned to do this?
    - Complete the Organizational Capacity Assessment
  - Does your organization have access to a large # of people at high risk for type 2 diabetes and the ability to offer at least 1 class cohort/year?
  - If no to either of the above, consider partnering with another CDC-recognized organization to offer a class at your location
National DPP Strategic Goals

Demand From Participants

Increase demand for the National DPP among people at risk
Increase Demand for the Program Among People at Risk

Cumulative Number of Individuals Enrolled in the National DPP Lifestyle Change Program

328,152 individuals have enrolled as of May 3, 2019
Award-Winning Prediabetes Awareness Campaign
Ad Council, AMA, ADA, CDC

Puppies – A Perfect Way to Spend a Minute

So is taking a one-minute prediabetes risk test.

1 IN 3 ADULTS HAS PREDIABETES. COULD BE YOU, YOUR CO-PILOT, YOUR CO-PILOT’S CO-PILOT.

DoIHavePrediabetes.org

www.DoIHavePrediabetes.org
Award-Winning Prediabetes Awareness Campaign
Ad Council, AMA, ADA, CDC

Mike Jones’s Prediabetes Journey
Where to Find Campaign Assets

http://prediabetes.adcouncilkit.org/
National DPP Strategic Goals

Referrals

Increase referrals from health care providers
Increase Referrals from Health Care Providers

CDC works with numerous partners to help identify and refer at-risk individuals to CDC-recognized organizations.
AMA Prevent Diabetes
AMA offers an interactive, guided process to support health care organizations in implementing a type 2 diabetes prevention strategy

https://amapreventdiabetes.org/
National DPP Strategic Goals

Coverage & Reimbursement

Increase coverage among public and private payers
**Goal: All-Payer Coverage**

Working with all public and private payers and employers to eliminate cost barriers for participants and sustain program delivery organizations long-term

<table>
<thead>
<tr>
<th>Private Sector</th>
<th>Public Sector: State/Local</th>
<th>Public Sector: Federal</th>
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<tbody>
<tr>
<td>• Self Insured Employers</td>
<td>• State/Public Employee Benefit Plans</td>
<td>• CMS: Medicare &amp; Medicaid</td>
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</table>
Commercial Insurance Plan Coverage

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

- AmeriHealth Caritas
- Anthem
- BCBS Florida
- BS California
- BCBS Louisiana
- Cigna
- Denver Health Managed Care: Medicaid, Medicare, Public Employees
- Emblem Health: NY
- GEHA
- Highmark
- Humana
- Kaiser: CO & GA
- LA Care: Medicaid
- MVP’s Medicare Advantage
- Priority Health: MI
- United Health Care: State, Local, Private, and Public Employees
National DPP Coverage for Public Employees

Over 3.8 million public employees and dependents in 20 states have the National DPP lifestyle change program as a covered benefit.

States with Coverage for State/Public Employees

- California
- Colorado
- Connecticut (DoT)
- Delaware
- Georgia (Kaiser members)
- Hawaii
- Indiana
- Kentucky
- Louisiana
- Maine
- Maryland (partial payment)
- Minnesota
- New Hampshire
- New York
- Oregon (educators/local government)
- Rhode Island
- Tennessee
- Texas
- Vermont
- Washington

Demonstrations ongoing in North Dakota, Pennsylvania, South Dakota, and Utah.
8 states have approved Medicaid coverage for the National DPP lifestyle change program.

- California
- Maryland
- Minnesota
- Montana
- New Jersey
- New York
- Oregon
- Vermont

Demonstration projects ongoing in Pennsylvania.
Medicare Diabetes Prevention Program

**Problem**

- 25% of Americans 65 years and older are living with type 2 diabetes, which negatively impacts health outcomes.

- Care for older Americans (65+ years) with diabetes costs Medicare $104 billion annually, and is growing.

**Medicare Implementation**

- DPP model test with Y-USA 7,800 beneficiaries.
- Rulemaking to expand coverage to beneficiaries & establish MDPP supplier type.

**Impact**

- Promotes healthier behaviors for eligible Medicare beneficiaries at risk for type 2 diabetes.
- Decreases Medicare costs associated with diabetes.

https://innovation.cms.gov/initiatives/medicare-diabetes-prevention-program/
Tools & Resources
Purpose: Provide a hub for resources, training, and technical assistance for CDC-recognized organizations and other National DPP stakeholder groups

Find Resources and Info
- Quickly and easily find resources and events relevant to your needs (FAQs, toolkits, training videos, webinars, etc.)
- Discuss opportunities and challenges with the National DPP community

Receive Technical Assistance
- Engage with technical assistance coordinators and subject matter experts via the web-based platform or email
- View the status of and update existing technical assistance requests

Provide Feedback and Input
- Submit feedback on your satisfaction with the technical assistance, resources, and web-based platform
- Share success stories and suggest additional resources
# Resources for CDC-recognized Organizations


<table>
<thead>
<tr>
<th>Tool</th>
<th>Description</th>
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<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>
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<tr>
<td>3 Toolkits for CDC-recognized organizations</td>
<td>Tailored materials for CDC-recognized organizations working with specific populations</td>
</tr>
<tr>
<td>• Working with Medicaid beneficiaries</td>
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<tr>
<td>• Working with Medicare beneficiaries</td>
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<tr>
<td>• Working with Employers/Insurers</td>
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<tr>
<td>Videos for CDC-Recognized Organizations</td>
<td>Videos include:</td>
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<tr>
<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></td>
<td>– “Making Required Data Submissions”</td>
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<tr>
<td></td>
<td>– “Improving Outcomes Using the 12-Month Data Submission”</td>
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<tr>
<td>Supplemental Training for Lifestyle Coaches</td>
<td>Additional online videos / webinars</td>
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<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>
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Resources for States, Employers, and Insurers
Diabetes State Burden Toolkit

Resources for States, Employers, and Insurers

Diabetes Prevention Impact Toolkit

https://nccd.cdc.gov/Toolkit/Diabetesburden/

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

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

Developed by the National Association of Chronic Disease Directors (NACDD), Leavitt Partners, and the Centers for Disease Control and Prevention (CDC)

Includes special sections on how to obtain Medicaid coverage and draw down federal funds
AMA National DPP Employer Toolkit
https://preventdiabetesstat.org/employers-and-insurers.html

PREDIABETES AND DIABETES AT WORK:
How to cut the risk in half

THE PROBLEM

1 in 3 adults has prediabetes.
Approximately one out of three of your employees may have pre-diabetes. Prediabetes is a condition in which harmful blood sugars are higher than normal, but not high enough to be diagnosed as diabetes. This condition increases the risk of other serious medical conditions in which blood sugars are normal, but still higher than normal.

WHY IT MATTERS

$13,700 PER YEAR
Compared to people without diabetes, those with diabetes are:
100% more likely to die from cardiovascular disease.
80% more likely to die from cancer.
50% more likely to die from chronic kidney disease.
70% more likely to die from infection.

HOW IT IMPACTS YOUR WORKFORCE

$176 BILLION in direct medical costs.
$69 BILLION in lost productivity.

HOW EMPLOYERS CAN HELP — AND BENEFIT

The why and how behind the National Diabetes Prevention Program

A TARGETED APPROACH TO CUT TYPE 2 DIABETES RISK IN HALF

NATIONAL DPP CASE IN POINT
THREE EMPLOYERS, THREE APPROACHES.

Ideas to help you implement the National Diabetes Prevention Program at your organization.

NATIONAL DPP LIFESTYLE CHANGE PROGRAM IMPLEMENTATION:
Your eight-step roadmap

STEP 1: ASSESS CULTURE, CAPABILITIES, AND RESOURCES
• Assess internal resources
• Identify potential partners
• Explore ways to include or cover the program

STEP 2: PROGRAM PROPOSAL
• Program plan
• Program plan sheet
• Program plan

STEP 3: PARTNER CONTRACTING
• Contract and pay
• Ensure program aligns with program goals

STEP 4: MONITOR AND TUNE
• Monitor and tune
• Monitor and tune
• Monitor and tune

STEP 5: COACHING AND SUPPORT
• Coach and support
• Coach and support
• Coach and support

STEP 6: INSPIRE AND PAVE THE WAY
• Inspire and pave the way
• Inspire and pave the way
• Inspire and pave the way
Rx for the National Diabetes Prevention Program: Action Guide for Community Pharmacists

3 Tiers of Engagement:

• Promoting Awareness

• Prediabetes Screening/Testing/Referral

• Delivering the Program as a CDC-recognized organization

What You Can Do...

01/ RAISE AWARENESS of prediabetes and the National DPP
  •  www.cdc.gov/diabetes/prevention/prediabetes-type2

02/ REFER PEOPLE at risk to a CDC-recognized diabetes prevention program
  •  www.cdc.gov/diabetes/prevention/lifestyle-program

03/ OFFER THE PROGRAM by becoming a CDC-recognized organization
  •  www.cdc.gov/diabetes/prevention/lifestyle-program

04/ INCLUDE THE PROGRAM AS A COVERED BENEFIT for your employees, plan members, or beneficiaries
  •  www.coveragetoolkit.org
Thank you!

Questions?
Email: prs5@cdc.gov

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.