Advancing Agricultural Worker Health through the National Diabetes Prevention Program

American Association of Diabetes Educators

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Midwest Stream Forum for Agricultural Worker Health
New Orleans, LA

Hello!

Angela M Forfia, MA
Senior Manager of Prevention

American Association of Diabetes Educators

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Our Intensive Group Today!

- Background?
- Seeing Medicare patients? Medicaid patients? Uninsured patients?
- Telehealth or virtual/online health programs?
- Receiving grant funding to support your health programs?
- DSMES accredited/recognized?
- Doing any diabetes prevention?
- Participating in the National DPP? CDC recognized (pending, preliminary, full?)
- Receiving grant funding for diabetes or chronic disease prevention?

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Learning Objectives

At the end of today's training, participants will be able to:

- Define the National Diabetes Prevention Program
- Describe the 2018 CDC Diabetes Prevention and Recognition Program (DPRP) Standards
- Discuss strategies to enroll, engage, and retain participants in the National DPP for preliminary recognition

Learning Objectives

At the end of today's training, participants will be able to:

- Discuss strategies to achieve participant weight loss goals in the National DPP for full recognition
- Explain the reimbursement landscape for the National Diabetes Prevention Program, including Medicare and Medicaid

Anything else?

Training Agenda

- The National DPP
  - *Evidence base*
  - *Participant eligibility*
  - *CDC and the Diabetes Prevention Recognition Program (DPRP) Standards*
  - *Digging into data*
- The National Landscape
  - *Funding landscape*
  - *Putting the pieces together—challenges and opportunities*
  - *Medicare DPP*
  - *Medicaid DPP demonstration project*

Multiple roles within National DPP

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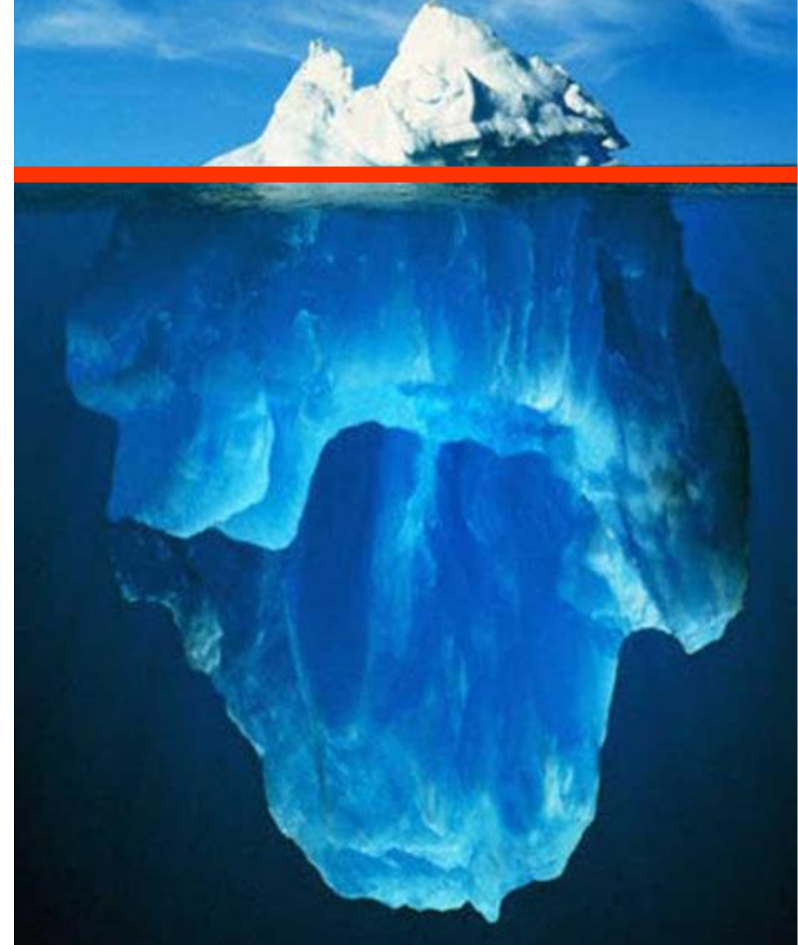
Diabetes Prevention Program: The Basics

American Association of Diabetes Educators Diabetes Prevention Program (AADE DPP)

Diabetes and prediabetes

30.3 million American adults with diabetes



84.1 million American adults with prediabetes

Prediabetes prevalence

- 84.1 million adult Americans have prediabetes
  - 1/3 of all American adults
  - 1/2 of American adults over the age of 65
- 9 out of 10 people do not know they have prediabetes
- Prediabetes is associated with kidney disease, heart disease, hearing loss, and vision problems
- Prediabetes is a high-risk state for developing Type 2 diabetes

The melting prediabetes iceberg

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- 15-30% of individuals with prediabetes will develop Type 2 diabetes within 5 years
- By 2050, as many as 1 in 3 Americans will be living with diabetes if current trends continue

Prediabetes tsunami

If millions of people develop Type 2 diabetes by 2050, it will have a catastrophic public health impact on our country, healthcare systems, insurance industry, and economy—at the population level and at the personal level with individuals and their families

So what can we do?

PREVENTION **SIMPLIFIED**™

Diabetes Prevention Program (DPP)

- DPP Research Study (1996-1999)
- 27 clinical centers across the country
- More than 3000 participants
    - 45% were from priority populations* with an increased risk of developing Type 2 diabetes
    - All participants were overweight
    - All had impaired glucose tolerance (now known as prediabetes)

*priority populations are groups at high risk for developing Type 2 diabetes like African Americans, Alaska Natives, American Indian, Asian Americans, Latinos, and Pacific Islanders

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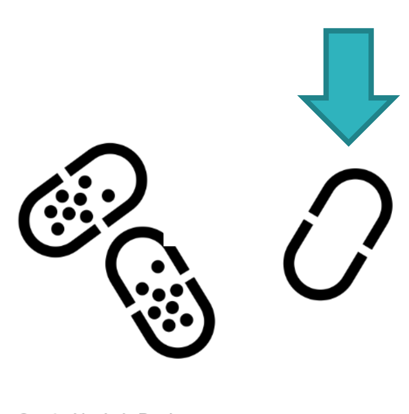
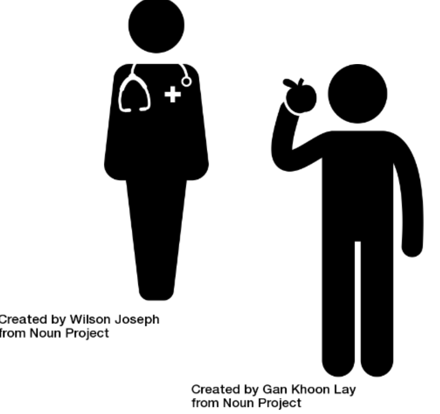
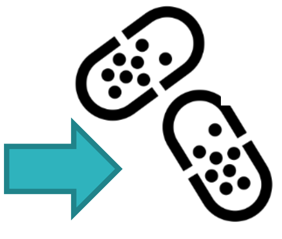
Diabetes Prevention Program (DPP)

Participants were randomly divided into one of three treatment groups:







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Placebo with brief lifestyle counseling

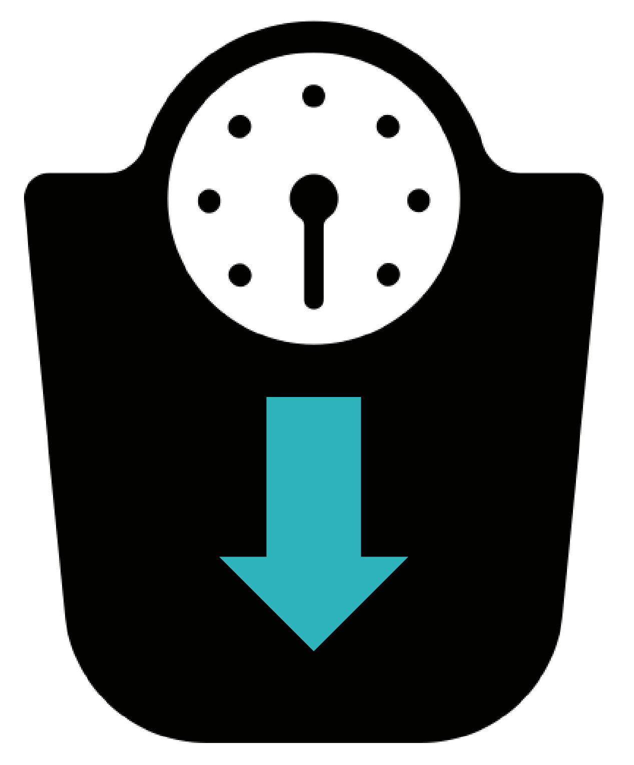
Intensive one-on-one lifestyle modification program

Medication (metformin 850 mg/twice daily)

What we learned

- An intensive lifestyle modification program with a 7% weight loss goal and 150 minutes of moderate physical activity per week reduced Type 2 diabetes
    - 58% reduction overall (versus 31% reduction for medication group)
    - 71% reduction for those over 60
    - True for all ethnic groups, socioeconomic statuses, men and women
    - 10-year follow-up shows that benefits persisted over time!

Weight loss matters



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Weight loss was the most important factor in Type 2 diabetes reduction, and it had the same positive effect across all populations, regardless of other risk factors.

Participants who reduced their dietary fat calorie intake decreased their risk even further. For diabetes prevention, fat calories matter more than carbohydrates!

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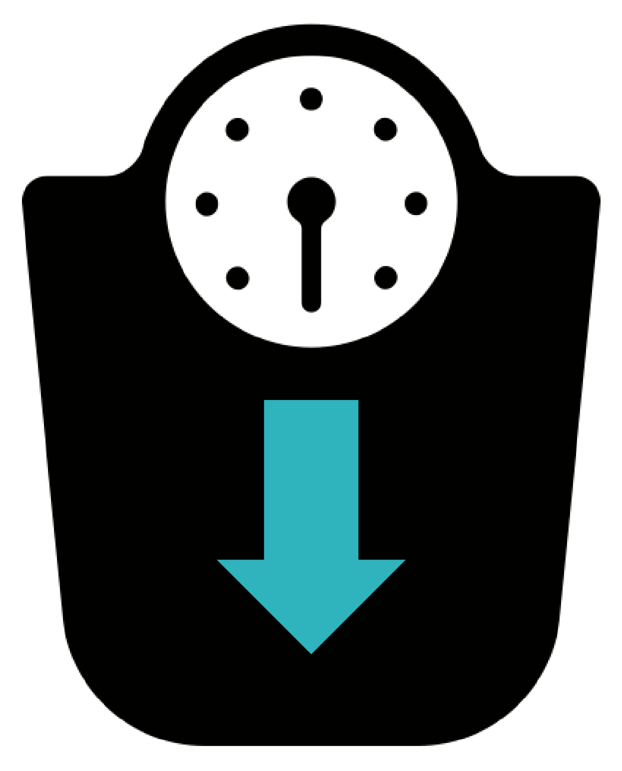
Weight loss matters



For every 2.2 pounds of weight lost, risk of Type 2 diabetes decreased by 13%

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Did everyone achieve their goals?

Some did and some didn't, but many *exceeded* their weight loss and activity goals:

- Average weight loss was 14.5 pounds
- Almost 50% of participants surpassed the 7% weight loss goal
- Average weekly physical activity was 244 minutes
- Nearly 75% reached or surpassed the 150-minute weekly activity goal

Learn more about the study's findings

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Knowler, WC, Barrett-Connor, E, et al. Reduction in the incidence of type 2 diabetes with lifestyle intervention or metformin. N Engl J Med 2002;346(6):393-403

Translating research into practice

- DPP in community settings were as successful as interventions in clinical settings
- DPP in small group formats were as successful as one-on-one coaching
- Trained lifestyle coaches did not need to be physicians, nurses, pharmacists, RDs, or CDEs
- Group format + community settings + diversity of lifestyle coaches = 1/3 cost of the DPP research study!

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From DPP to National DPP

- Community settings
  - YMCAs
  - Faith-based organizations
  - Community-based organizations serving priority populations
  - Trusted community locations where people already gather to pray, work, exercise, and access social services
- Community coaches—lifestyle coaches!
  - Community health workers/promotoras (peer health promoters)
  - Peer or faith leaders
  - Certified diabetes educators can directly coach or provide support to community coaches→ this can make your program more successful and sustainable

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Translating research into practice

While the settings, group format, and lifestyle coaching changed, many things stayed the same:

- Program duration
  - At least 12 months
- Program intensity
  - A CORE series of at least 16 weeks of weekly one-hour sessions
  - A CORE MAINTENANCE series of at least 6 one-hour sessions delivered at least monthly in months 7-12
- Weight loss (at least 5%) and moderate physical activity (at least 150 minutes/week)
- Prevent Type 2 diabetes for those who are at risk, based on a screening test or a blood-based test

DPP: What's AADE got to do with it?

Why AADE?

- We’re a multi-disciplinary membership organization with over 14,000 members
- One of our guiding principals is that quality diabetes prevention should be accessible to all individuals
- Our members have been working alongside individuals making positive, powerful lifestyle changes since 1973

National Accrediting Organization (NAO) for Medicare

Our Diabetes Education Accreditation Program (DEAP) certifies Diabetes Self-Management Education and Support (DSMES) programs in order for them to be eligible to bill Medicare

Why AADE?

- Our National Practice Survey found that our members already work with individuals with prediabetes
  - Over 80% of AADE's DSMES programs were already doing prevention
  - Over 20% had applied for CDC recognition for their Diabetes Prevention Programs
- Fewer than 1% were receiving reimbursement for their prevention programming

DSMES across the Country

ADA-recognized and AADE-accredited DSMES Program Sites through 4/30/2018

This map reflects the ADA-recognized and AADE-accredited DSMES Program Sites through 4/30/2018.

DSMES Traits/DPP Characteristics

- Connected with eligible participants
- Linked up to healthcare providers who can refer patients
- Engaged program coordinator and prospective lifestyle coaches
- HIPAA compliant and comfortable with data
- Capable of billing for services
- Ability to transition people who develop T2DM to care

National DPP: CDC and the DPRP Standards

Centers for Disease and Prevention

CDC provides the "seal of approval" to organizations that achieve program goals, setting national standards to:

- Ensure quality, fidelity, and broad use of proven prevention programs
- Maintain a national registry of organizations that deliver effective diabetes prevention programs
- Provide technical assistance to organizations to achieve and maintain recognition status

CDC Standards focus on quality assurance

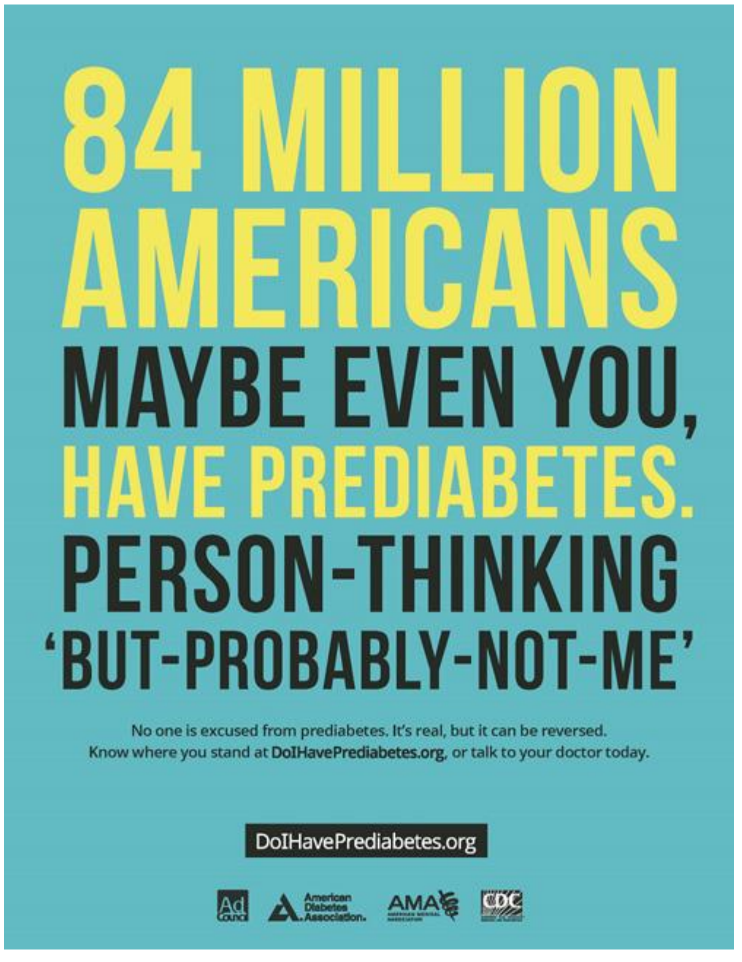
A. Participant eligibility
B. Safety of participants and participant data
C. Program location
D. Program delivery mode
E. Staffing
F. Training
G. Curriculum
H. Recognition status (Pending, Preliminary and Full)

Who can be a National DPP Participant?

National DPP: Who's eligible?

- Determination of prediabetes
  - Risk assessment
  - Blood-based screening
  - Past history of gestational diabetes
- Body Mass Index
  - ≥ 25 kg/m^2 for general population
  - ≥ 23 kg/m^2 for Asian Americans and Pacific Islanders
- Age
  - Over 18

National DPP: Who's eligible?



(And maybe even you, person attending this afternoon intensive!)

Participant eligibility: prediabetes screening

PodriaTenerPrediabetes.org

Participant eligibility: prediabetes screening

DO YOU HAVE PREDIABETES?

Take the Risk Test HERE

1 How old are you?

Less than 40 years (none)
40-49 years (1 finger)
50-59 years (2 fingers)
60 years or older (3 fingers)

2 Are you a man or a woman?

Man (1 finger) Woman (none)

3 If you are a woman, have you ever been diagnosed with gestational diabetes?

Yes (1 finger) No (none)

4 Does your mother, father, sister, or brother have diabetes?

Yes (1 finger) No (none)

5 Have you ever been diagnosed with high blood pressure?

Yes (1 finger) No (none)

Use your hand to add up your points.

6 Are you physically active?

Yes (none) No (1 finger)

7 Which body shape are you?

If you're holding up 5 fingers or more, you're likely to have prediabetes and are at increased risk for type 2 diabetes. Share these results with your doctor and ask about **getting your blood sugar tested.**

Prediabetes Can Be Reversed

- Lose 5% to 7% of your body weight (just 10 to 14 pounds for a 200-pound person)
- Get regular physical activity

Health Education Center for Wellness
@ Northern Navajo Medical Center can help!

For more information, visit DoIHavePrediabetes.org

Participant eligibility: Blood-based test

TEST	NORMAL	PREDIABETES	DIABETES
Fasting Blood Glucose	< 100 mg/dL	100-125 mg/dL	≥126 mg/dL
Oral Glucose Tolerance	< 140 mg/dL	140-199 mg/dL	≥200 mg/dL
A1C	4 to 5.6%	5.7 to 6.4%	≥6.5%

For CDC to evaluate your program,

- 65% of your participants can be admitted through a positive risk test (self-report)
- 35% of your participants should be admitted through a blood-based screening that indicates prediabetes OR a diagnosis of gestational diabetes (self-report)

For Medicare to pay for a beneficiary,

- 100% should have a blood-based screening that indicates prediabetes during the past 12 months (no self-report)
- Fasting Blood Glucose range must be **110**-125 mg/dL

Participant eligibility: Gestational diabetes

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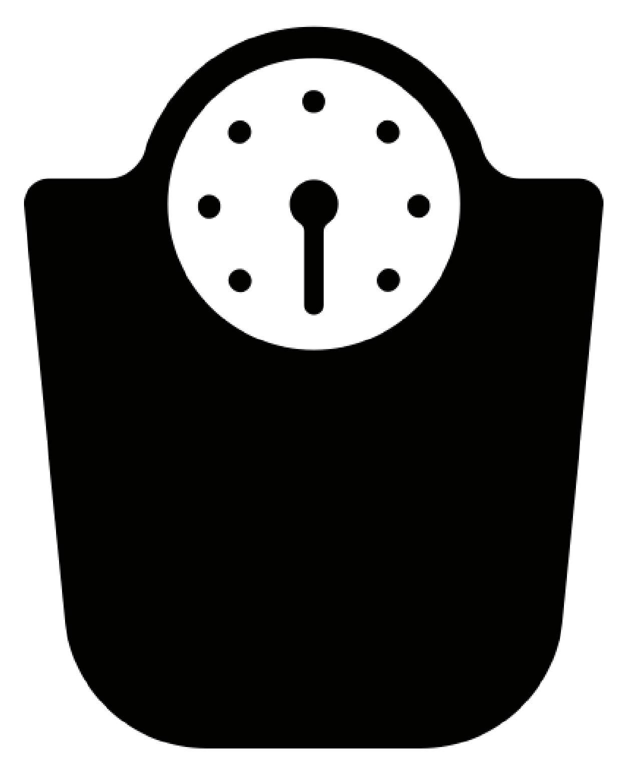
For CDC, gestational diabetes does count as a blood-based screening if clinically diagnosed during a previous pregnancy

For Medicare, gestational diabetes is not sufficient to qualify for the program. It does not count as a blood-based screening, but eligible participants may have a history of gestational diabetes

Participant eligibility: Body Mass Index (BMI)



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- Type 2 diabetes is highly associated with obesity, but we don't fully understand why
- Obesity is measured by Body Mass Index (BMI)—a height/weight ratio (kg/m^2)
- There are BMI ranges for the general population and for Asian-American Pacific Islanders

Calculate your BMI

https://www.nhlbi.nih.gov/health/educational/lose_wt/BMI/bmicalc.htm

Body Mass Index (BMI) Kg/m^2			
Classification	**BMI Caucasian**	**BMI Asian**	**Health Risk**
Underweight	18.5 >	18.5 >	Low
Normal Weight	18.5-24.9	18.5-22.9	Average
Overweight	25.0 <	23.0 <	
Pre-Obese	25.0-29.9	23.0-24.9	Mildly increased
Obese Class I Class II Class III	30.0 < 30.0-34.9 35.0-39.0 40.0 <	25.0 < 25.0-29.9 30.0 <	 Moderate High Very High

Participant eligibility: BMI

- Asian Americans must have a BMI ≥ 23 to participate in PreventT2
- All others must have a BMI ≥ 25 to participate in PreventT2
- Positive screening for prediabetes AND a BMI that indicates overweight or obesity is required to participate

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Participant eligibility: Age

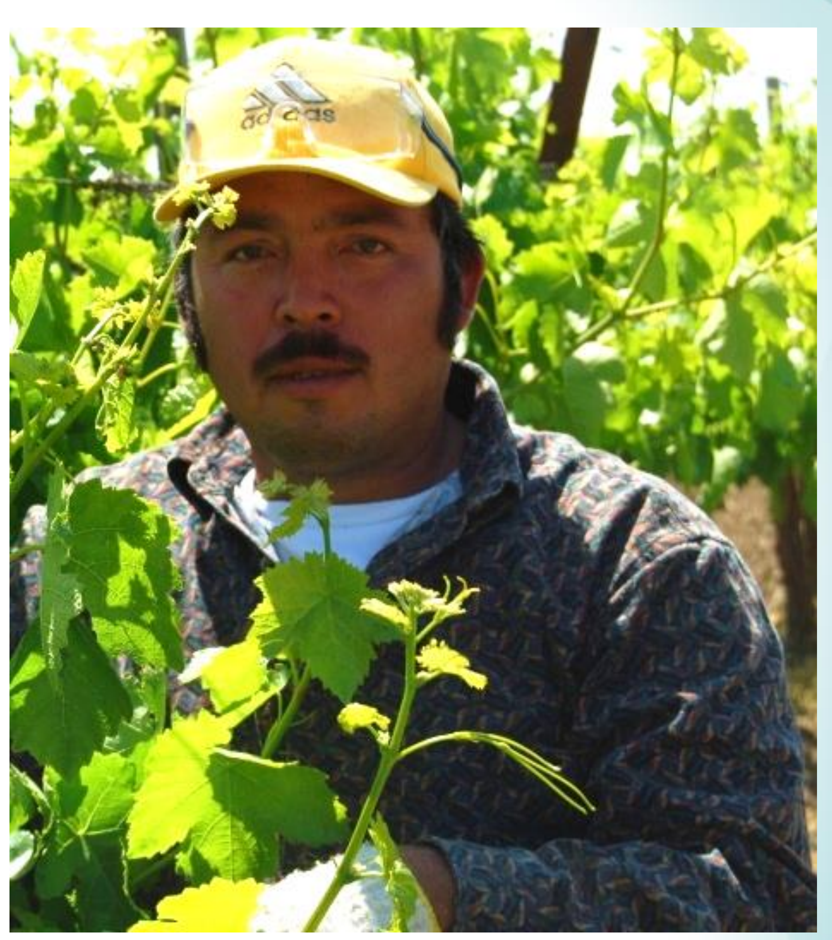
- PreventT2 is a program for adults with prediabetes
- All PreventT2 participants must be 18 years of age or older
- Children and adolescents with a positive screening for prediabetes should be referred to their primary care provider

PreventT2: Am I eligible?

- African American woman, age 62
- BMI of 42
- Gestational diabetes in her previous three pregnancies
- Eldest daughter has been diagnosed with Type 2 diabetes
- Does have a positive prediabetes screening test, but her HbA1c is in the normal range (5.6%)

PreventT2: Am I eligible?

- Hispanic man, age 39
- Works in California's Central Valley as an agricultural worker
- Recently lost weight, and his BMI is now 24
- HbA1c indicates that he has prediabetes (5.8%), and his diabetes risk test is positive
- Parents both died from complications of Type 2 diabetes before the age of 65



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PreventT2: Am I eligible?

- Asian American woman, age 67
- Medicare beneficiary
- BMI of 23.5
- Has a positive prediabetes screening test and an elevated fasting blood glucose (105)
- Her husband has successfully completed a paid Medicare Diabetes Prevention Program, and she wants to join, too

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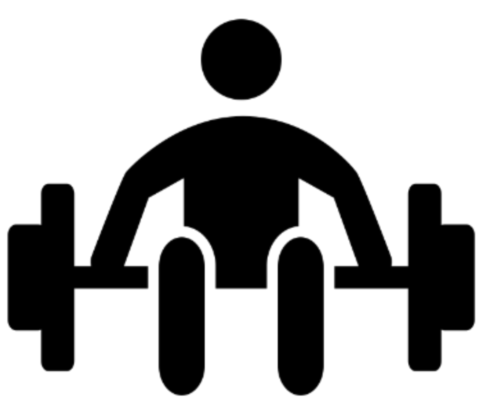
Risk Stratification for Type 2 Diabetes Prevention Interventions				
Risk Level	**Adult Prevalence (%)**	**10 Years Diabetes Risk (%)**	**Risk Indicators**	**Intervention**
Very High	~ 15%	>30	A1c >5.7% FPG>110	Structured Lifestyle Intervention in Community Setting
High	20%	20 to 30	FPG> 100 NDPP score 9+	
Moderate	30%	10 to 20	2+ risk factors	Risk Counseling
Low	35%	0 to 10	0–1 risk factors	Build Healthy Communities

Source: Gerstein et al., 2007; Zhang et al., 2010.

Safety (Participants, Data)



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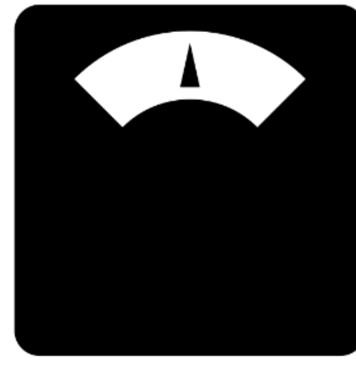

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- Physical activity (waiver, PCP)
- Private setting for weighing participants
- HIPAA
- Data collection, storage, use, disclosure

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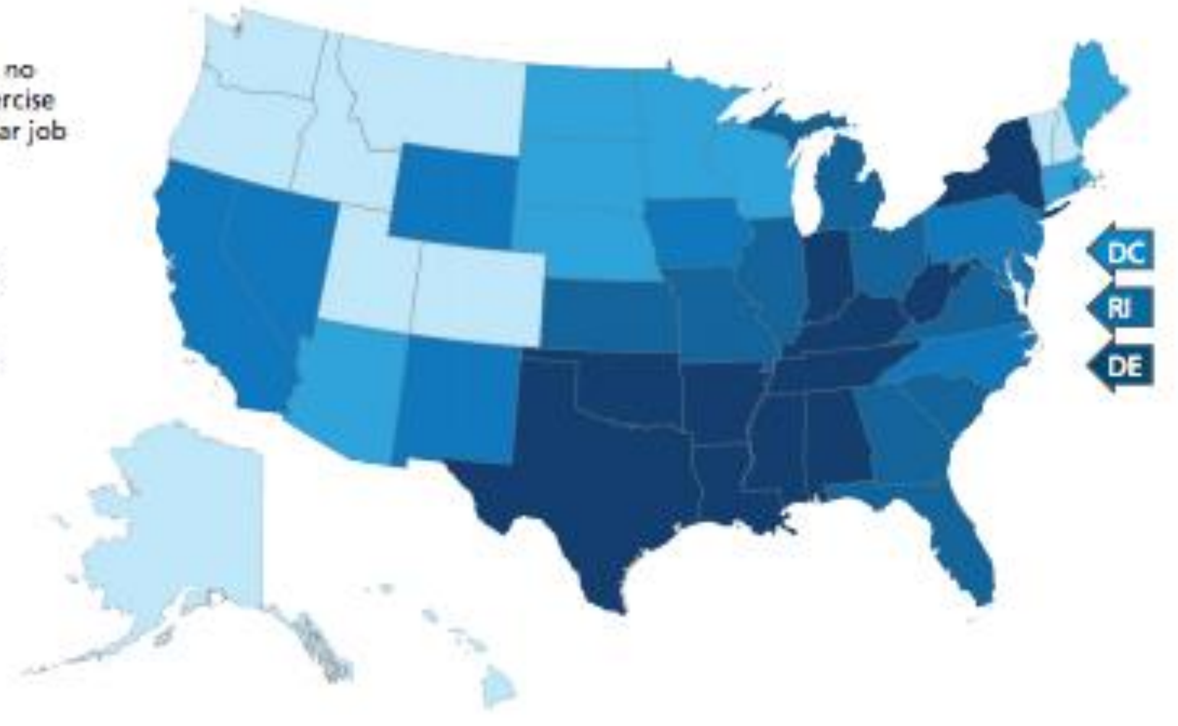


Location/Delivery Mode

Make up sessions

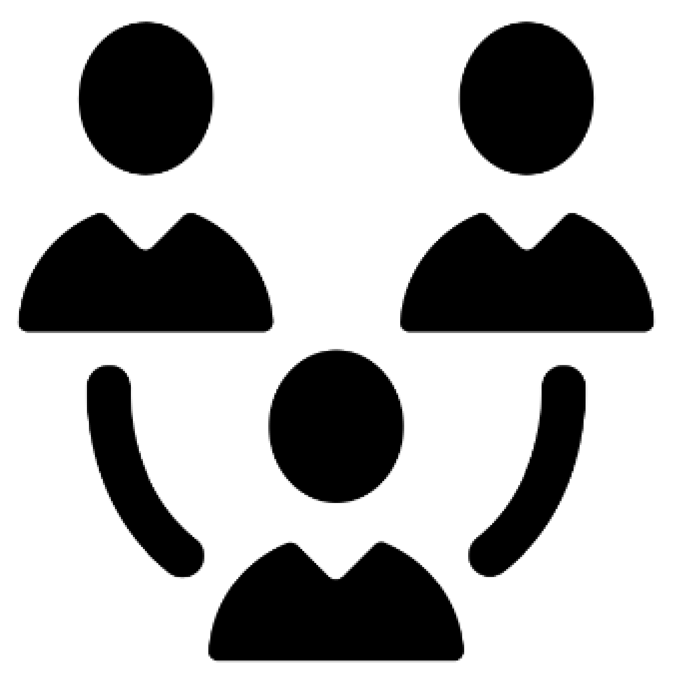
Staffing…

Lifestyle Coaches are the heart of the National DPP's workforce!

…and Lifestyle Coach Training

- Pre-qualifications
- AADE or another organization that offers Lifestyle Coach training and Master LSC training in partnership with CDC
- CDC-Approved curriculum (Prevent T2/PrevengaT2)
- 12-hour formal training
- Ongoing training and support (local, AADE, CDC)

Staffing: Your National DPP team



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A strong National DPP site has:

- **Lifestyle Coach** to deliver the Diabetes Prevention Program to participants
- **Data Specialist** to keep track of participant data, cohort data, and ensure the program is complying with CDC standards
- **Program Coordinator** to connect with CDC, support the Lifestyle Coach or Coaches, and ensure program success by establishing clinic and community partnerships that drive referrals, enrollment, and reimbursement

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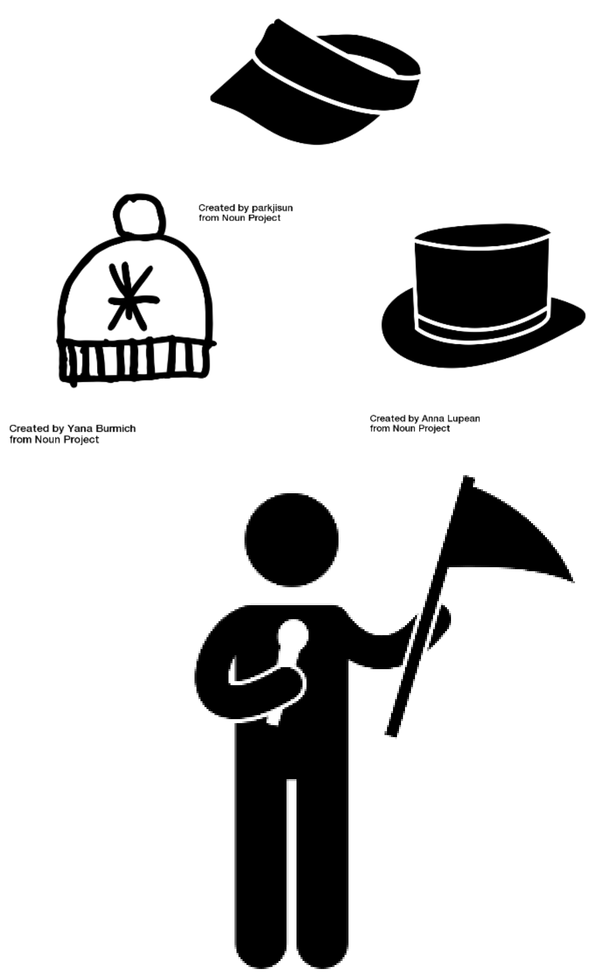
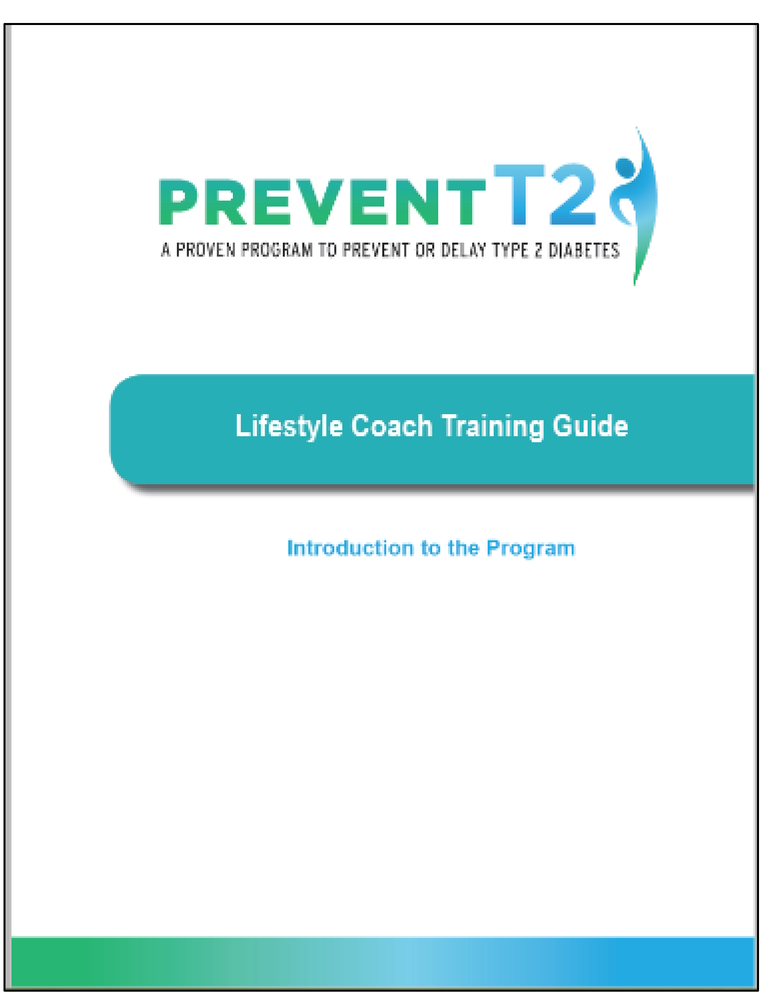
The "ME" in team



Curriculum



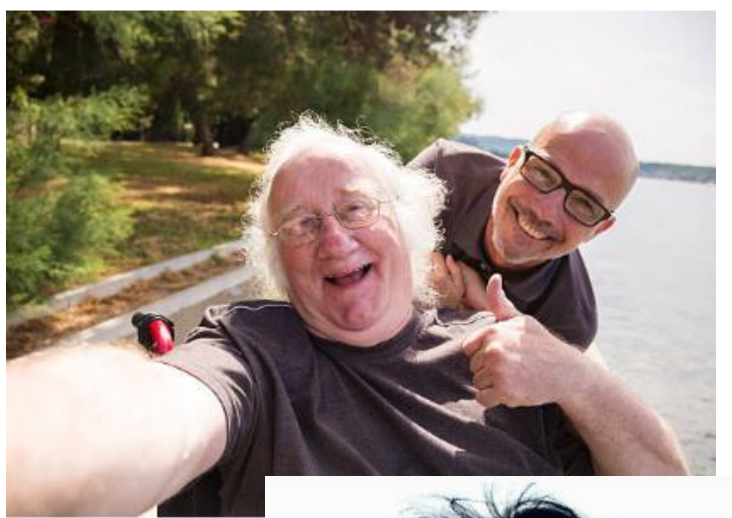
- CDC-approved curriculum
- Other Curriculum
  - Provide the completed yearlong curriculum with any supplemental materials with the application.
  - Organizations should allow 4-6 weeks for review and approval of the application and assignment of an organization code.

Are there programs in Spanish?

¡Claro que sí!

- The Prevent T2 Spanish curriculum was developed independently, with significant input from native Spanish speakers.
- It is not a direct translation of the Prevent T2 English curriculum
- Incorporates culturally appropriate examples of food, food measurement, and physical activity

How about for other special populations?



- PreventT2 for All | *Individuals living with disabilities*
- Special Diabetes Program for Indians (SDPI) DPP Toolkit | *Tribal communities*

PreventT2 = 12 month program

Core (Months 1-6; 16 sessions) *sometimes called Phase 1*		**Core Maintenance (Months 6-12, 10 sessions)** *sometimes called Phase 2*
Skill building, self-monitoring, and physical activity	**Psychosocial aspects of lifestyle change**	**Maintaining lifestyle changes**
• Introduction • Get Active to PreventT2 • Track Your Activity • Eat Well to PreventT2 • Track Your Food • Get More Active • Burn More Calories Than You Take In • Shop and Cook to PreventT2	• Manage Stress • Find Time for Fitness • Cope with Triggers • Keep Your Heart Healthy • Take Charge of Your Thoughts • Get Support • Eat Well Away From Home • Stay Motivated to PreventT2	• When Weight Loss Stalls • Take a Fitness Break • Stay Active to PreventT2 • Stay Active Away From Home • More About T2 • More About Carbs • Have Healthy Food You Enjoy • Get Enough Sleep • Get Back on Track • PreventT2—for Life!

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Core Modules (Months 1-6)

Skill building, self-monitoring, and physical activity	Responding to environmental, psychological, and emotional aspects of lifestyle change
• Introduction • Get Active to PreventT2 • Track Your Activity • Eat Well to PreventT2 • Track Your Food • Get More Active • Burn More Calories Than You Take In • Shop and Cook to PreventT2	• Manage Stress • Find Time for Fitness • Cope with Triggers • Keep Your Heart Healthy • Take Charge of Your Thoughts • Get Support • Eat Well Away From Home • Stay Motivated to PreventT2

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Ordering the Core Modules

- You must present all 16 of the core modules within the first six months—that's 16 sessions over approximately 24 weeks
- CDC requires *Introduction to the Program* to be the first session
- CDC recommends that the next 6 sessions be presented sequentially, ideally one each week, because they provide a strong foundation
- CDC recommends presenting *Stay Motivated to Prevent T2* as the final core session, at the 6-month mark

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Ordering the Core Modules

- The remaining 8 core module sessions can be presented in any order in response to group needs:
  - *Eat Well Away from Home:* If a number of group members are planning spring, summer, or winter break travels
  - *Take Charge of your Thoughts:* If negative self-talk has been an issue with the group
  - *Manage Stress:* If the group is going into a stressful time such as the start of the school year, end of the school year, holidays, or a work deadline, for worksite programs
  - *Find Time for Fitness:* If the group has been struggling to meet its 150 minutes of physical activity goal
- This is valuable core content for ALL groups so don't overthink it—you can do it in order, too.

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Core Maintenance (Months 6-12)

What:

Crucial to maintaining lifestyle changes

10 sessions that cover healthy eating, physical activity, sleep, and common challenges

When:

Offered after 16 core sessions conclude

Must conduct at least 1 session per month for months 7-12 (minimum of 6 sessions)

PreventT2 can be structured to gradually extend the time between sessions from weekly to biweekly to monthly

How:

Small group setting, food and fitness logs, weigh-ins

Greater flexibility in the content and ordering of sessions

Getting your ducks in a row

CDC Recognition Status

DPRP awards in three categories:

1. Pending Recognition *(CDC: Your ducks are properly aligned)*
2. Preliminary Recognition *(CDC: Your data shows you have enough ducks attending enough sessions)*
   - A *new* recognition status that aligns with the Medicare DPP benefit
3. Full Recognition *(You have enough ducks attending enough sessions, documenting weight and physical activity enough times, and achieving a 5% weight loss on average. Also, at least 35% of your ducks have a pre-DM determination from a self-reported blood-based screening (including GDM)*
   - This recognition status also aligns with the Medicare DPP benefit

CDC Recognition Status

Pending

Valid application with approved curriculum (duration, intensity)

Preliminary

Pending + Enrollment/ attendance outcomes (at least 5 meet basic eligibility, 60% attend 9 sessions in the first 6 months, 60% attend 3 sessions in the second six months)

Full

Pending + Preliminary + 80% sessions document body weight, 60% sessions document physical activity, 5% average weight loss, minimum of 35% have blood-based determination of pre-diabetes

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Pending	Preliminary	Full
Intensity	All Pending	All Pending All Preliminary
Duration	Enrollment	35% blood-based values
	Attendance	Document body weight
	Retention through core maintenance	Document physical activity
		5% average weight loss

Preliminary: WHY?

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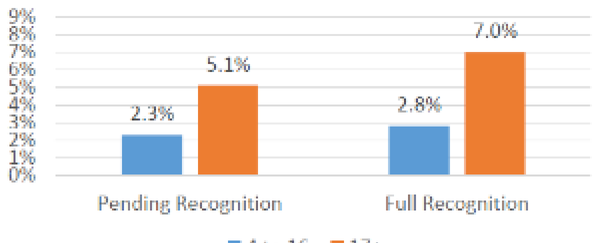
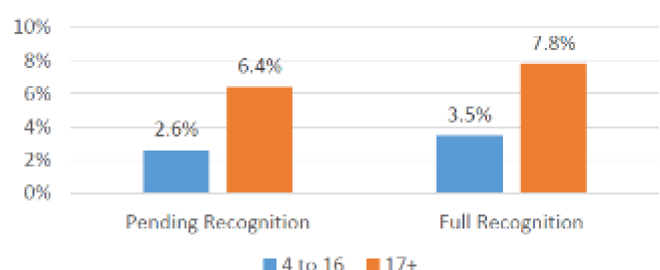
- Group dynamic—at least 5 people
- Sharing life experiences
- Support and accountability
- Self-management—*participants identify their own barriers, and with the support of the group, come up with own solutions and goals*

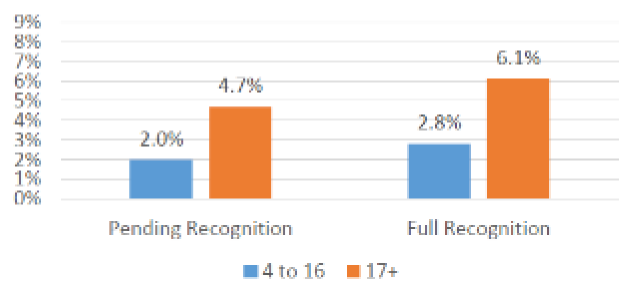
PreventT2: Attendance pays off!

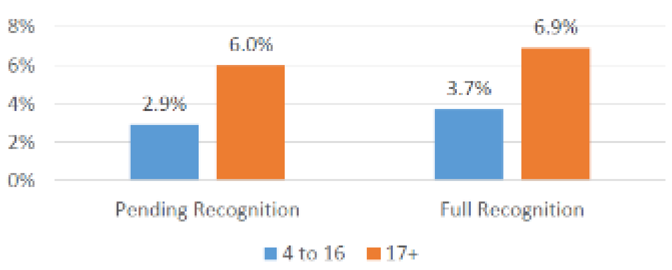
Session Attendance & Weight Loss by Race / Ethnicity

Across all races and ethnicities, participants who attend 17 or more sessions are the most likely to achieve the 5% weight loss goal.









DPPR Data Set as of January 2018

Core Maintenance matters!

Intervention Intensity and Weight Loss Achieved

Participants who attended the most sessions lost more weight (on average) than those who attended fewer sessions.

Average Weight Loss % Between First and Last Session by Participant Attendance

Attendance	Average Weight Loss %
4 - 12 sessions	1.8%
13 - 16 sessions	4.0%
17 - 22 sessions	5.9%
23+ sessions	7.6%

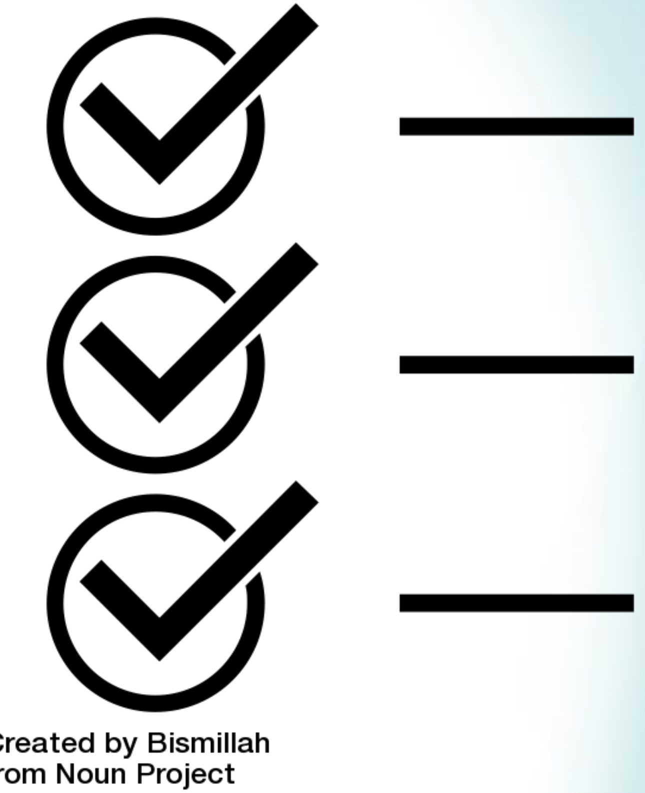
DPPR Data Set as of January 2018

Core sessions | Core maintenance sessions

Full: WHY?

After program attendance, self-monitoring is the number one predictor of success!

- Weight
- Food
- Physical activity



Full: WHY?

Created by Margaret Hagan from Noun Project

Risk Stratification for Type 2 Diabetes Prevention Interventions				
Risk Level	**Adult Prevalence (%)**	**10 Years Diabetes Risk (%)**	**Risk Indicators**	**Intervention**
Very High	~ 15%	>30	A1c >5.7% FPG>110	Structured Lifestyle Intervention in Community Setting
High	20%	20 to 30	FPG> 100 NDPP score 9+	
Moderate	30%	10 to 20	2+ risk factors	Risk Counseling
Low	35%	0 to 10	0–1 risk factors	Build Healthy Communities

Source: Gerstein et al., 2007; Zhang et al., 2010.

(Also: This exists in the context of Medicare DPP requirements!)

Full: WHY? The PreventT2 Triangle

Lose 5-7% of starting weight

150 minutes of physical activity/week

Healthy eating to reduce calories and fat grams

Created by RULI from Noun Project

CDC DPRP: Getting in the Weeds…

CDC DPRP: Getting in the Weeds…

Apply → Conduct your program → Submit data

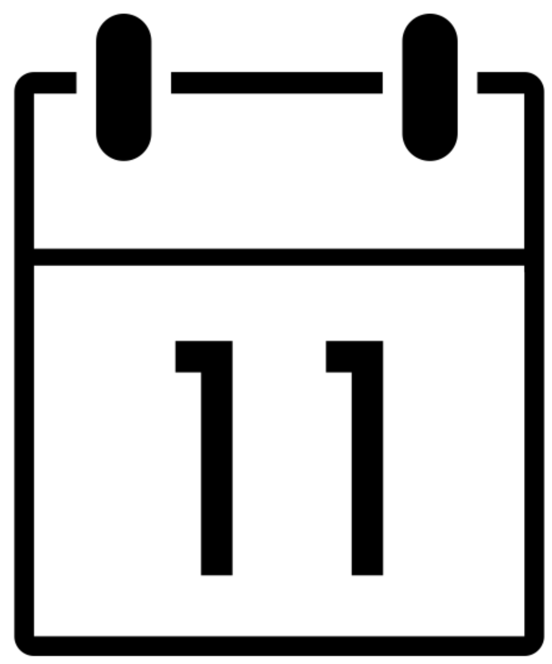
NOTE! Applying on CDC.gov should be the last 30 minutes of a long, thoughtful process of preparing to do a DPP!

Before applying for CDC Recognition

- Get your leadership onboard!
- Assess your organization's capacity and readiness with CDC's organizational capacity assessment
- Build your team—program coordinator, data specialist, lifestyle coaches
- Choose your curriculum
- Determine your delivery mode—one mode, one code

What's a delivery mode again?

Before applying for CDC Recognition



Created by Lorena Salagre
from Noun Project

Decide when you will hold your first session—it should happen as soon as possible after your approval date and no later than six months after applying

What's an approval date?

Your organization information is displayed below. Your data submission schedule is based on your effective date.

Your Organization Name: ABC Hospital DPP
Your DPRP Assigned Organization Code: 123456
Your Organization Approved Date: 03/15/2018
Your Effective Date: 04/01/2018

	Approval date	Data Collection Period	Data Submission Period (6-months)
First Submission	03/15/2018	Cohort start date-9/30/2018	10/01/2018
Second Submission	N/A	10/1/2018-03/31/2019	04/01/2019

Timeline for Participant Evaluation

Approval to Effective	1st 6-months	2nd 6-months	3rd 6-months	4th 6-months
0	1	2	3	4

- **Approval Date** → **Effective Date**: Not to exceed 1 month
- **6 Month Due Date**
- **12 Month Due Date**: Evaluate participants who started in 0, if it benefits the organization.
- **18 Month Due Date**: Evaluate participants who started in 1.
- **24 Month Due Date**: Evaluate participants who started in 2.

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CDC Recognition Timeline

Recognition Timeline Example

6-months		
Pending recognition		

12-months (evaluation only on participants who began before effective date)		
Pending recognition	Preliminary recognition	Full recognition

18-months (evaluation of participants who began in first 6 months)		
Pending recognition	Preliminary recognition	Full recognition

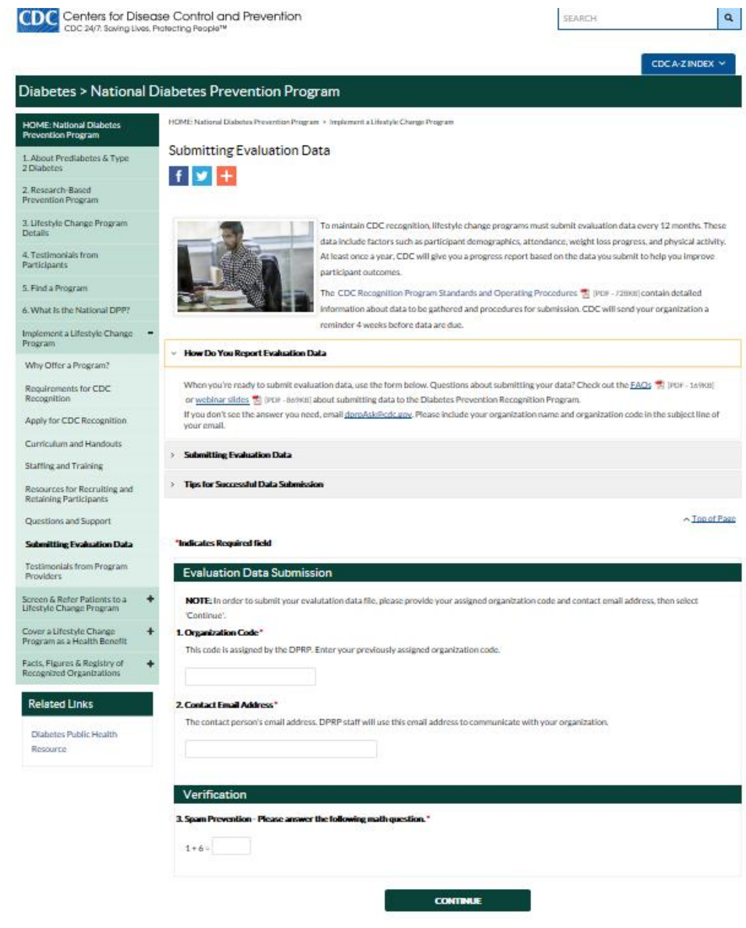
24-months (evaluation of participants who began in second 6 months)		
Pending recognition	Preliminary recognition	Full recognition

Are you ready? *(Like really ready?)*

Complete Online Application form:
https://www.cdc.gov/diabetes/prevention/lifestyle-program/apply_recognition.html

Questions:
DPRPAsk@cdc.gov

Submitting data



- Submit data using comma separated value (CSV) format through the CDC porta
- Data may be submitted at any time during the month of the “effective date”
- Transmitted data must conform to all of the specifications of the data dictionary

Data Collection Tools

Take a video tour of the new

- ADA – Chronicle
- YMCA – Proprietary system
- State-level
- Health System resources
- Good old fashioned EXCEL!

Your first data submission

- Organizations are required to submit one data file every six months
  - *Note: In order to have a data submission every six months, an organization must start at least one class every 12 months, with no gaps*
- Each data submission must include one record per participant for each session attended during the preceding six months
- Data may be submitted at any time during the month of the effective date.

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Warning!

If CDC does not receive evaluation within 4 weeks following your data submission due date, you will lose recognition

DPRP Standards are updated every three years- 1 March 2018 is the latest update!

The devil is in the data details!

Data element description	Variable name	Coding/valid values	Comments
1. Organization Code	ORGCODE	Up to 25 alphanumeric characters	Required, provided by CDC
2. Participant ID	PARTICIP	Up to 25 alphanumeric characters	Required, PARTICIP is uniquely assigned by the applicant organization and must not contain PHI
3. Enrollment source	ENROLL	1 Non-primary health professional 2 Primary care provider/office or specialist 3 Community-based organization or CHW 4 Self (decided to come on own) 5 Family/friends 6 An employer or employer wellness program 7 Insurance company	Required, at enrollment, participants are asked by whom they were referred to the program. If a participant's referral source is not provided, this variable will be coded as 9.

DIABETES PREVENTION PROGRAM DPP AADE

The devil is in the data details!

Created by AdbA Icons ❤
from Noun Project

- Variable names must be exact—none missing, none changed, none added
- All 24 variables must be included in each file
- All group sessions on one worksheet
- One file submission per mode of delivery
- No missing data
- No personally identifiable information (PII)
- Submit as a Comma Separated Value (CSV) format

DIABETES PREVENTION PROGRAM DPP AADE

PreDM Determination

GLUCTEST	GDM	RISKTEST
1	2	2
1	2	2
1	2	2
1	2	2
1	2	2
1	2	2
1	2	2

A minimum of 35% of participants must be eligible for the lifestyle intervention based on either a blood based test indicating prediabetes or a history of GDM:

- In general, values for an individual participant should not change
- Values could change from negative to positive
- Values should not change more than once

Race/Ethnicity

ETHNIC	AIAN	ASIAN	BLACK	NHOPI	WHITE
2	2	2	2	2	1
2	2	2	2	2	1
2	2	2	2	2	1
2	2	2	2	2	1
2	2	2	2	2	1
2	2	2	2	2	1
2	2	2	2	2	1

In general, values for an individual participant should not change

Values could change once to correct a mistake

Values should not change more than once

If race is not reported by the participant, all of the 5 race variables will be coded as '2'

Make-up Sessions

- Make-up sessions can be provided in any delivery mode, but only one make-up session can be held on the same date as a regularly scheduled session
- Only one make-up session per participant per week can be held
- Make-up sessions must be comparable to regularly scheduled sessions in content and length
- Timeframe:
  - *Missed core sessions must be made up within months 1-6*
  - *Missed core maintenance sessions must be made up in months 7-12*

Coding/Valid Value Errors

SEX	HEIGHT	EDU	DMODE	SESSID	SESSTYPE	DATE	WEIGHT	PA
2	66	4	1	1	C	1/7/2015	217	999
2	66	4	1	1	C	1/13/2015	217	999
2	66	4	1	1	C	1/27/2015	2017	999
2	66	4	1	1	C	2/10/2015	231	999
2	66	4	1	1	C	2/24/2015	216	999
2	33	4	1	1	C	2/24/215	212	30
2	66	4	1	1	C	3/10/2015	213	150

The National Landscape

A National Partnership

DIABETES PREVENTION IMPACT TOOLKIT

The DPP Puzzle

Increase coverage among public and private payers

Coverage & Reimbursement

Quality Programs

Increase the supply of quality programs

Increase referrals from healthcare providers

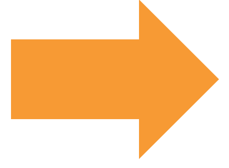
Referrals

Demand From Participants

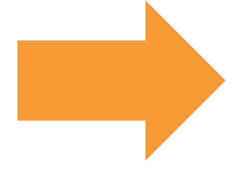
Increase demand for the National DPP among people at risk

Source: Ann Albright, PhD, RD
Director, Division of Diabetes Translation, National Center for Chronic Disease Prevention and Health Promotion
Centers for Disease Control and Prevention

Putting the DPPieces Together



- **1212** | Increase CDC-recognized Diabetes Prevention Programs and encourage coverage of DPP as an insurance benefit
- **1305** | Raise awareness of prediabetes, increase referrals to CDC-recognized DPPs, and encourage state employee benefit plans and Medicaid to cover DPP
- **1422** | Enroll vulnerable, high risk populations in DPP



- **1705** | Scale and sustain the National DPP for priority populations, including Medicare beneficiaries, and within underserved areas

Putting the DPPieces Together

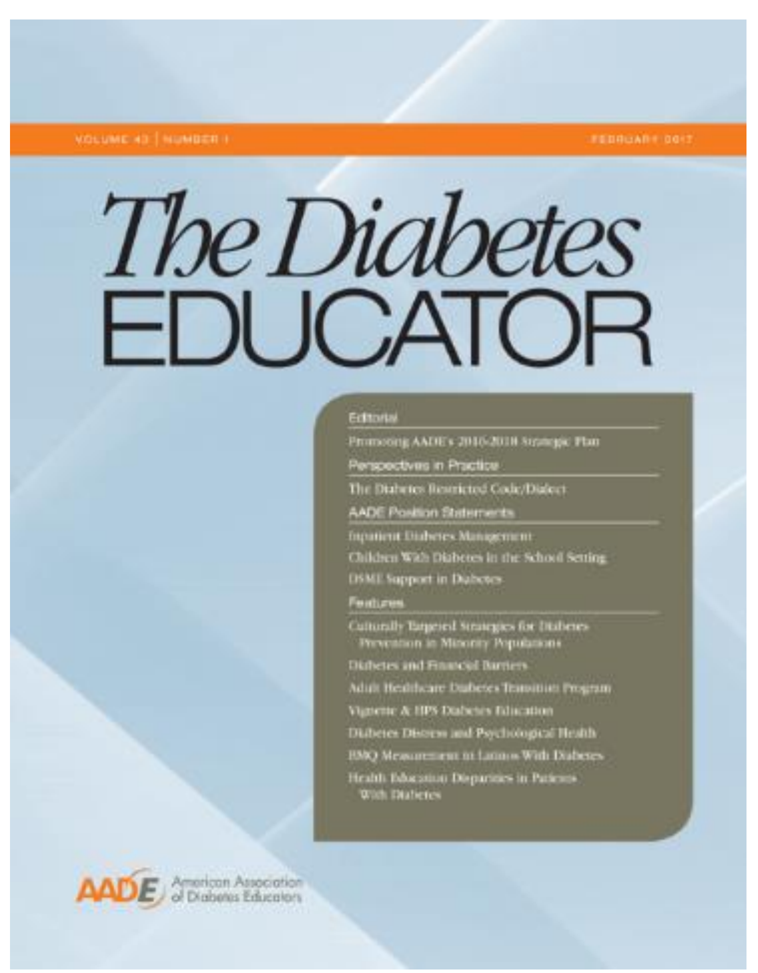
- **1815** |Improve the health of Americans through prevention and management of diabetes and heart disease and stroke
- **1817** | Innovative State and Local Public Health Strategies to Prevent and Manage Diabetes and Heart Disease and Stroke
- **1813** | Racial and Ethnic Approaches to Community Health (REACH) provides funding to communities to improve health, prevent chronic diseases, and reduce health disparities among populations with the highest risk/burden of chronic disease (i.e. type 2 diabetes, obesity, hypertension, heart disease)

Your state, county, and local health departments, community benefit programs, community and family foundations and MORE may have funding for diabetes prevention in your community!

What we learned through 1212

- Expand the reach of the National DPP
- Increase coverage for the National DPP
- AADE:
    - Supported 55 DSMES sites to offer the National DPP in 17 states over 5 years
    - Delivered the National DPP in over 60 locations including hospitals and health centers, employer worksites, and community centers

1212: DSME→DPP WORKS!



Achievement of Weight Loss and Other Requirements of the Diabetes Prevention and Recognition Program

A National Diabetes Prevention Program Network Based on Nationally Certified Diabetes Self-management Education Programs

1705: NDPP and Health Equity

- Scaling the National DPP in underserved areas through 5 strategies
- Partnering with 10 Grantees, including AADE
- Working with 80 local affiliate sites within 140 underserved counties to engage 9 priority populations and sub-groups
- Minimum of 50,000 new enrollments in the National DPP over the 5-year cooperative agreement

What we're learning through 1705

- Working with 12 local affiliate sites in 8 states
- Primarily engaging African Americans, Latinos, men, and Medicare beneficiaries
- Individual affiliate sites working with Deaf and Hard-of-Hearing, tribal communities, and other specific groups
- Goal of enrolling 1000 participants in year one—700 through our "brick and mortar" sites and another 300 through a virtual DPP

Our key takeaways

- Use Session Zero for awareness and readiness
- Aim for 7% weight loss
- Aim for 24 sessions (1 DAY!) out to 12 months—taper from weekly to biweekly to monthly
- Don’t skimp on weekly weigh-ins
- Don’t “zero out” your PA minutes

4 essential strategies

Created by Laura Reeny
from Noun Project

- Develop a screening policy
- Make clear recommendations to patients based on risk
- Be persistent with reminders
- Measure progress over time

The DPP puzzle in your community!

Achieve participant outcomes for weight loss and tracking

Engage promotoras de salud, clinical staff, and others on your DPP team

Build awareness among high-risk groups

Set up clinical and community referral networks

Enroll, engage, and retain agricultural workers

Created by Margaret Hagan from Noun Project

Created by Margaret Hagan from Noun Project

Created by Luis Prado from Noun Project

Created by Margaret Hagan from Noun Project

Created by Margaret Hagan from Noun Project

Engage your team

- Assess your capacity
  - Community and organizational readiness
  - Diabetes prevention team (Program Coordinator, Lifestyle Coach, Data/IT Specialist)
  - Ability to leverage other programs and services (e.g. tele-health)

DIABETES PREVENTION PROGRAM
DPP
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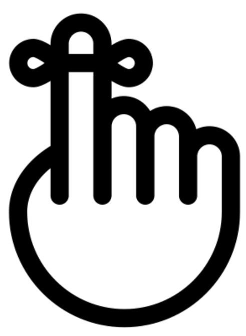
Building awareness

- DoIHavePrediabetes.org
- CDC videos
- Community-tailored resources
- Faith-based and community-based education/screening events

Community referrals

Clinical referrals

Marketing to providers



Created by Sergey Demushkin
from Noun Project

Created by Curve
from Noun Project

- Prevent Diabetes STAT
- Patient registry—automate and make it easy
- Monthly talks, grand rounds, lunch and learns
- Recognition for providers who refer
- Reward and remind!

Teresa T.

- Latina woman, age 54, BMI of 26
- She informs you that her eldest daughter was diagnosed with T2DM, and she's worried because she's been under a lot of stress and feeling depressed
- Her HbA1c is 5.7% and she got a "finger prick" at her church health fair of 109 mg/dl with self-reported fasting
- She's trying to lose weight in Zumba but she only lost 3 pounds
- She is coming to you for a flu shot

AADE

Alejandro D.

- Latino man, age 57, BMI of 45
- HbA1c indicates that he has prediabetes (5.9%) and he filled out a paper screener in the waiting room that indicates other risk factors
- He has hypertension and hyperlipidemia
- He reports that both his parents died from complications of Type 2 diabetes
- He is in your office because he is experiencing knee pain

Camila H.

- Latina woman, age 29, BMI of 27
- Her HbA1c and FPG are within the normal range, but her paper screener indicates other risk factors
- Her waist circumference, measured for her workplace wellness plan physical, is 37 inches/99cm
- Her blood pressure is 131/87
- She is in your office because she's been experiencing missed periods over the last six months

5 A's for Diabetes Prevention

ASK

"Teresa, can we talk about your weight today?"

"Alejandro, why don't you tell me how you're feeling about your weight right now?"

ASSESS

"Sometimes my patients talk about part of them wanting to change how they eat and part not wanting to change. On a scale of 1-10, Teresa, where 10 is very ready, how ready would you be to make some changes to how you eat?"

Advise:

"Alejandro, I believe your extra weight is putting you at risk for heart disease and putting extra stress on your knees. Making some modest lifestyle changes could help you lose weight and improve your overall health."

"Camila, losing a small amount of weight, even 5-10%, can help your cycle become more regular while reducing your risk of type 2 diabetes and other PCOS complications."

5 A's for Diabetes Prevention

"It sounds like you're up for this diabetes prevention program, Teresa! Remember the group's focus is moderate physical activity, like your church zumba group, along with healthy eating to lose 10-14 pounds over several months. Does that sound doable?"

"Alejandro, I hear you saying that you're not ready to lose weight since it's such a stressful time. But it sounds like you are willing to make some simple to avoid further weight gain. That's a great place to start. Thank you for having this conversation with me today."

ASSIST

"I'm going to fax your information over to the diabetes prevention program this afternoon, Teresa. The program coordinator will let you know when the next classes start. Take this brochure, too, so you can tell your friends at church about the program. It can be fun to join with friends."

"Let's follow-up in 6 months, Camila. We'll see if your menstrual cycle has gotten a bit more regular, and we'll check in on that diabetes prevention program, too! Sound like a plan?"

Opportunities and challenges

Created by Guilherme Furtado from Noun Project

- Enroll
  - *Session 0*
  - *Session 1*
- Engage
  - *3 core sessions*
  - *9 core sessions*
- Retain
  - *3 core maintenance sessions*
  - *17+ total sessions*
  - *23+ total sessions*

Increasing population impact

PT2

Clinical interventions

Long-lasting protective interventions

Changing the context (Making the healthy choice the default choice)

Socioeconomic factors (Social determinants of health)

Increasing individual effort

Community Context

Important influencers

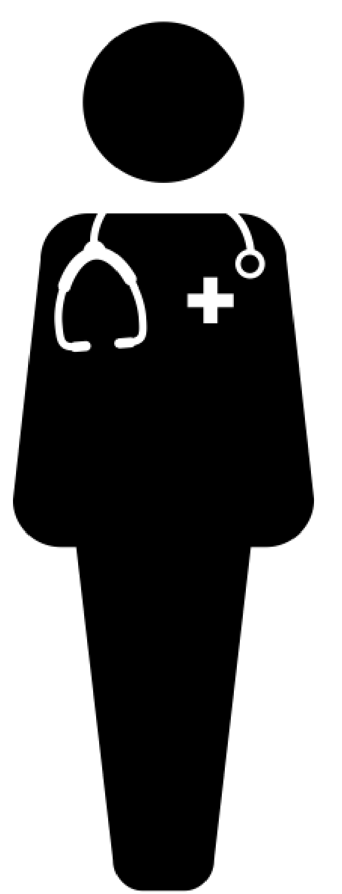
Individual

Community context

Make it easy for your participants to join and stay in DPP:

- Take your program out into the community
- Leverage existing centers of community life that reliably draw in groups of people on at-least weekly basis
- Build on existing social networks with cohesive, connected, supportive groups
- Time your sessions (date/time/frequency) and overall program (core/core maintenance) appropriately
- Address common challenges collectively—childcare, transportation, regular make-up sessions, etc.
- Other…?

Important influencers

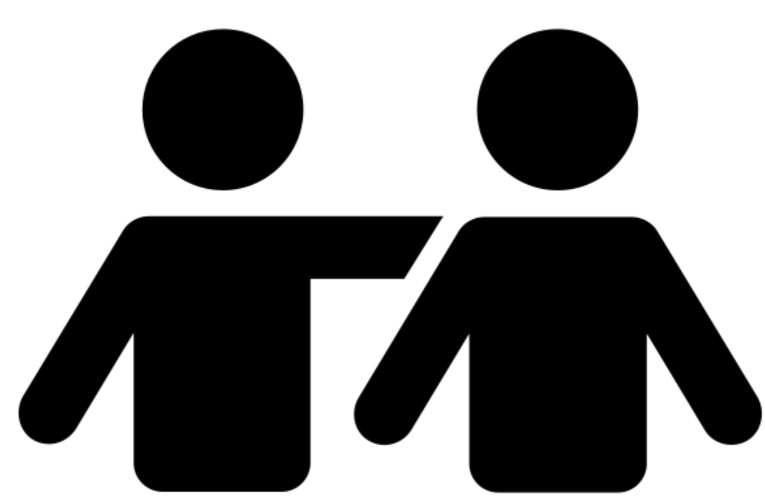


Created by Wilson Joseph
from Noun Project

Increase the importance of your participants joining and staying in DPP:

- Healthcare provider referrals—in person, phone, letters, and patient portal
- CHW/patient navigator
- "White coat" health screenings and educational events
- Other important influencers within the community…?

Important influencers



Created by Adrien Coquet from Noun Project

Increase the importance of your participants joining and staying in DPP:

- Spouse or partner
- Other family member
- Friend or colleague
- Neighbor/local partner
- Other interpersonal influencers…?

Individual interventions

Build motivation, confidence, and readiness for your participants to join and stay in DPP:

- Use Motivational Interviewing strategies (MI) in Session Zero
- Talk one-on-one with each participant to stress the importance of engagement, attendance, and retention for their own success and that of the group
- Communicate accurately about the investment: "First day of the rest of your life"
- Encourage "skin in the game" through some form of self-pay
- Have participants sign a written contract, cosigned by yourself and the group, about your shared commitment

DIABETES PREVENTION PROGRAM DPP AADE

Individual interventions

Created by Sharon Showalter from Noun Project

- Put individual participants into small groups (buddies, trios, teams)
- Call/text participants, especially at key times (e.g. early on, missed sessions)
- Offer non-monetary incentives that support positive lifestyle changes
- Set up social media or text groups to encourage group cohesion
- Other…?

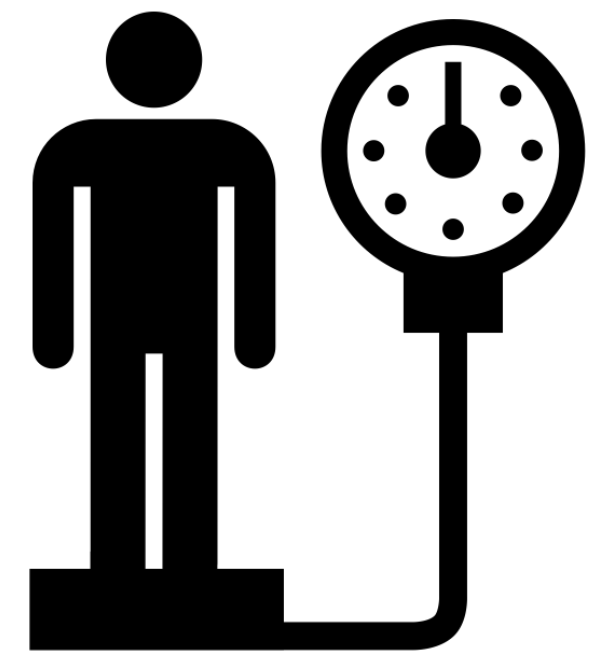
Individual interventions

- Caring, connecting CHW—positive, strengths-based, celebrates success, accountability and tailored support
- Caring, interconnected group—individuals committed to their own lifestyle change goals as well as to the success of the group
- Interlocking motivations (fun/friends, learning/achieving, giving back/fulfilling responsibility)

DIABETES PREVENTION PROGRAM DPP AADE

This is the best part of my week!
If I come today, I get that free exercise band!
I wouldn't be doing half as well if it weren't for this group!
My word is my bond—I said I would be here 24 sessions, and I'll be here, darn it!
I had a great week, and I wanted some praise from the group and Señora Gloria!
I knew this group wouldn't judge me even though I had a hard week! They'd help me get back on track!
I didn't really want to come today, but I knew I was needed by the group!
I bring José, Celia, and Irma to the group every week. They're counting on me!
DIABETES PREVENTION PROGRAM
DPP
AADE

Achieve participant outcomes



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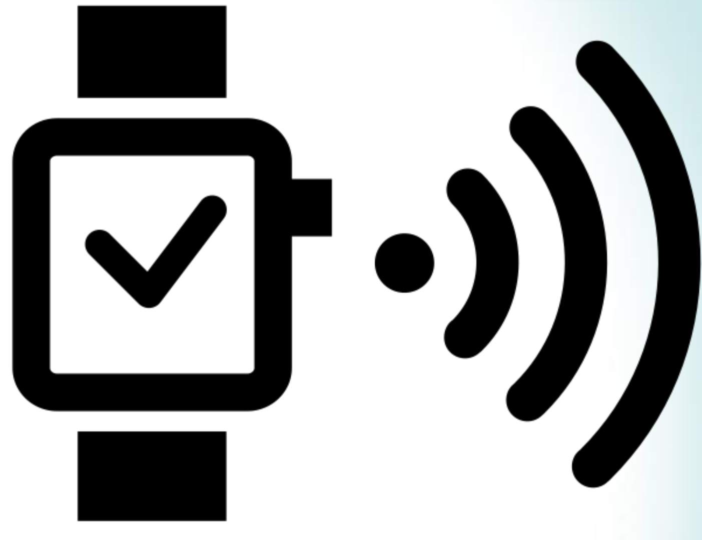

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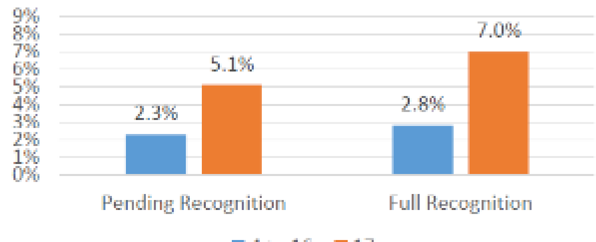
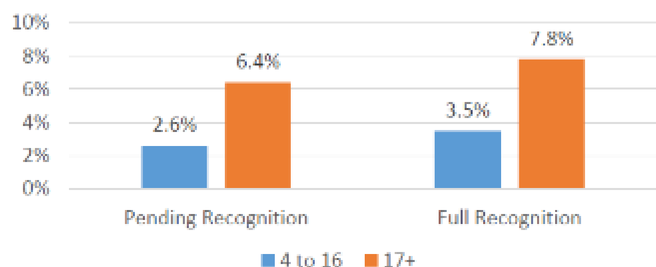
from Noun Project

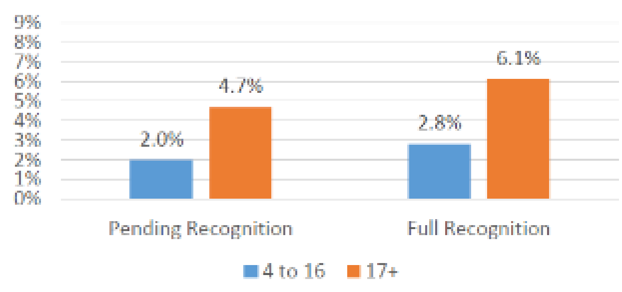
PreventT2: Attendance pays off!

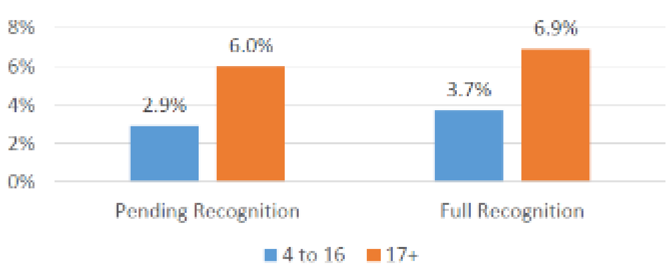
Session Attendance & Weight Loss by Race / Ethnicity

Across all races and ethnicities, participants who attend 17 or more sessions are the most likely to achieve the 5% weight loss goal.









DPPR Data Set as of January 2018

Core Maintenance matters!

Intervention Intensity and Weight Loss Achieved

Participants who attended the most sessions lost more weight (on average) than those who attended fewer sessions.

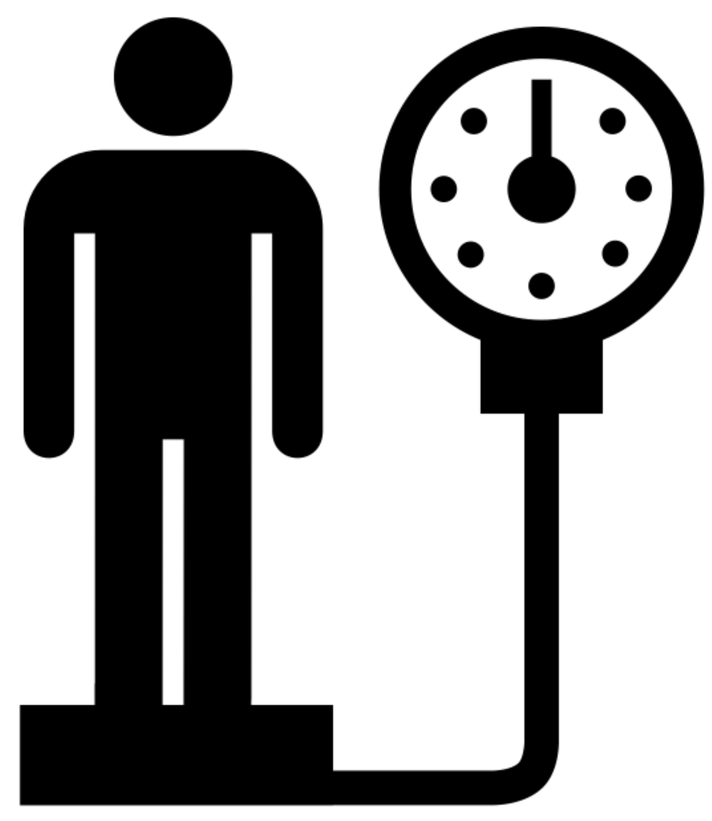
Average Weight Loss % Between First and Last Session by Participant Attendance

Sessions	Average Weight Loss %
4 - 12 sessions	1.8%
13 - 16 sessions	4.0%
17 - 22 sessions	5.9%
23+ sessions	7.6%

Core sessions | Core maintenance sessions

DPPR Data Set as of January 2018

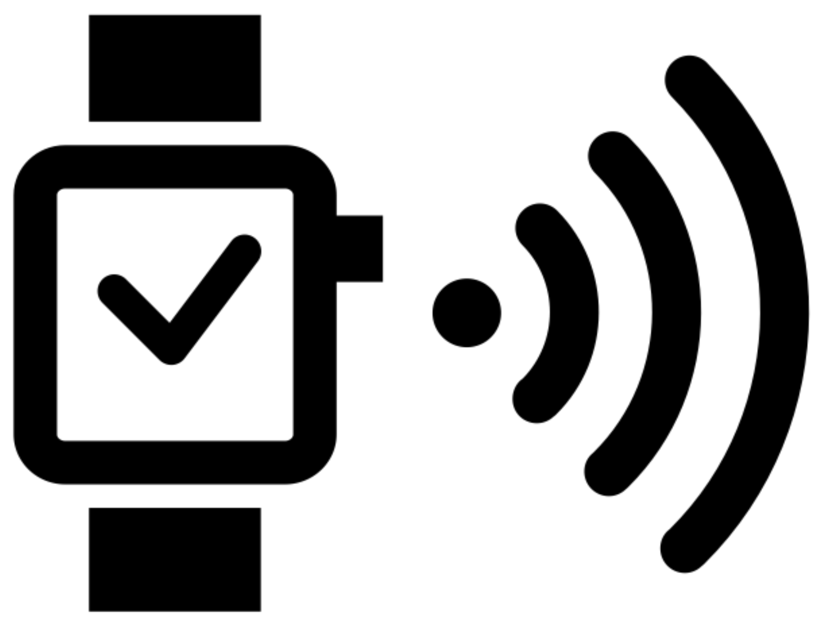
Weight loss



Created by Luis Prado from Noun Project

- Family interventions (We can! ¡podemos!)—gender/multigenerational context
- Acculturation stress
- Cultural and symbolic significance of food-centered celebrations
- Culturally tailored food measurements (e.g. tortilla plate)
- Cultural understandings of “going on a diet” and weight loss (e.g. herbal remedies)
- Drinks
- Sleep and cortisol
- Others?

Tracking (self and group)



- Low tech and high tech—phone cards, apps, etc.
- Connections with other providers (bridge case management)
- Self-reported weights okay!
- Other?

Created by Luis Prado
from Noun Project

Medicare Diabetes Prevention Program (MDPP)

From NDPP to MDPP…

Achieving
CDC Preliminary
Recognition

Achieving
CDC Full Recognition

Becoming a Medicare DPP
Supplier

Medicare and Prediabetes

https://innovation.cms.gov/initiatives/medicare-diabetes-prevention-program/

MDPP Standards

- Started 1 April 2018!
- Builds on CDC DPRP Standards
- Available to all Medicare beneficiaries without a referral
- Covered preventive service—no copay, no coinsurance, no deductible
- Can be offered within clinical or community settings
- Once-in-a-lifetime benefit for up to 2 years (use first billing code only once except for bridging)

DIABETES PREVENTION PROGRAM DPP AADE

How does MDPP differ from CDC?

A. Participant eligibility
B. Locations, delivery modes, and staff eligible to offer the program
C. Ongoing Maintenance (OM) expansion
D. Pay for *individual outcomes* versus recognize for *cohort outcomes*
E. Strong concern about incentives

Participant Eligibility (MDPP)

- Enrolled in Medicare Part B
- BMI of ≥ 25 kg/m (≥ 23 kg/m if Asian American)
- Within 12 months prior to the first core session, any of the following documented screenings:
  - *HbA1c test between 5.7 and 6.4 percent*
  - ***A fasting plasma glucose of 110-125 mg/dL***
  - *Oral glucose tolerance test of* 140-199 mg/dL
- No previous diagnosis of type 1 or type 2 diabetes—GDM does not exclude MDPP participation, but it is not a sufficient qualifier
- Do not have end-stage renal disease
- Has not previously received MDPP services (ONE TIME BENEFIT)

MDPP: WHY?

Created by Margaret Hagan from Noun Project

Risk Stratification for Type 2 Diabetes Prevention Interventions				
Risk Level	**Adult Prevalence (%)**	**10 Years Diabetes Risk (%)**	**Risk Indicators**	**Intervention**
Very High	~ 15%	>30	A1c >5.7% FPG>110	Structured Lifestyle Intervention in Community Setting
High	20%	20 to 30	FPG> 100 NDPP score 9+	
Moderate	30%	10 to 20	2+ risk factors	Risk Counseling
Low	35%	0 to 10	0–1 risk factors	Build Healthy Communities

Source: Gerstein et al., 2007; Zhang et al., 2010.

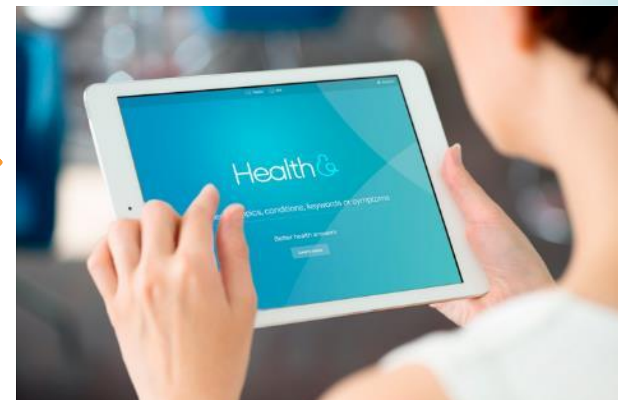
Location/Delivery Modes/Staff

COACHES FURNISH MDPP SERVICES ON BEHALF OF AN MDPP SUPPLIER

- Preliminary or full recognition by CDC
- National provider identifier (NPI)
- Pass enrollment screening at the high categorical risk level
- Submit a list of MDPP coaches who will lead sessions, including full name, date of birth, social security number (SSN), and active and valid NPI and coach eligibility end date (if applicable)
- Meet MDPP supplier standards and requirements, and other requirements of existing Medicare providers or suppliers
- Revalidate its enrollment every 5 years

Location/Delivery Modes/Staff

VM



MDPP Make-Up: Details

- In Person
  - Must use same curriculum as missed session
  - Maximum of one per week; maximum of one per day on regularly scheduled session date
- Virtual
  - CANNOT be the first session
  - CANNOT be used for weight loss measurement verification (payment)
  - Same requirements as in-person make-up sessions
  - Only by beneficiary request
  - Compliant with DPRP virtual standards
  - Max of 4 during the core service period, no more than 2 core maintenance sessions
  - Max of 3 that are ongoing maintenance sessions

Ongoing Maintenance (OM)

- Must attend at least one in-person core maintenance session (Months 10-12) and achieve or maintain 5% weight loss (Months 10-12) to be eligible for coverage within the first OM maintenance interval
- Must attend at least two sessions and maintain 5% weight loss within any OM session interval to be eligible for the next OM session interval
- Intervals are 3 months for 12 months

Billing Codes

HCPCS G-Code	Payment Amount	Description	May be VM
G9873	$25	1st core session attended	NO
G9874	$50	4 total core sessions attended	YES
G9875	$90	9 total core sessions attended	YES
G9876	$15	2 core maintenance sessions attended in months 7-9, weight loss goal not achieved or maintained	YES
G9877	$15	2 core maintenance sessions attended in months 10-12, weight loss goal not achieved or maintained	YES

Billing Codes

HCPCS G-Code	Payment Amount	Description	May be VM
G9878	$60	2 core maintenance sessions attended in months 7-9, weight loss goal achieved or maintained	YES
G9879	$60	2 core maintenance sessions attended in months 10-12, weight loss goal achieved or maintained	YES
G9880	$160	5% weight loss from baseline achieved	NO
G9881	$25	9% weight loss from baseline achieved	NO
G9882	$50	2 ongoing maintenance sessions attended in months 13-15, weight loss goal maintained	YES
G9883	$50	2 ongoing maintenance sessions attended in months 16-18, weight loss goal maintained	YES

Billing Codes

HCPCS G-Code	Payment Amount	Description	May be VM
G9884	$50	2 ongoing maintenance sessions attended in months 19-21, weight loss goal maintained	YES
G9885	$50	2 ongoing maintenance sessions attended in months 22-24, weight loss goal maintained	YES
G9890	$25	Bridge payment—first session furnished by MDPP supplier to an MDPP beneficiary who has received services from a different MDPP supplier	YES
G9891	$0	MDPP session reported as a line-item on a claim for a payable HCPCS G-code for a session that counts toward achievement of the attendance performance goal for the payable MDPP services HCPCS G-code	YES

Pay for individual outcomes

- Performance-based payment structure
- Tied to attendance with/without weight loss
- New (HCPCS) G-codes to submit claims when all requirements for billing have been met

Pay for individual outcomes

- 1st core session attended (NO VM REPORT)
- 4 total core sessions attended
- 9 total core sessions attended
- 2 core maintenance sessions attended in months 7-9 (weight loss achieved/not achieved)
- 2 core maintenance sessions attended in months 10-12 (weight loss achieved/not achieved)
- 5% weight loss from baseline achieved (NO VM REPORT)
- 9% weight loss from baseline achieved (NO VM REPORT)
- Once 5% weight loss goal achieved:
  - 2 OM sessions attended in months 13-15; 16-18; 19-21; 22-24

DIABETES PREVENTION PROGRAM DPP AADE

Billing and Claims

MDPP Core Services			Ongoing Maintenance Sessions (12 months, 4 intervals)			
Core Sessions (6 months)	Core Maintenance Sessions (6 months, 2 intervals)					
(Months 0 – 6)	*Interval 1 (Months 7-9)*	*Interval 2 (Months 10-12)*	*Interval 1 (Months 13-15)*	*Interval 2 (Months 16-18)*	*Interval 3 (Months 19 – 21)*	*Interval 4 (Months 22-24)*
1 session: $25 4 sessions: $50 9 sessions: $90	2 sessions (with 5% WL*): $60	2 sessions (with 5% WL*): $60	2 sessions (with 5% WL*): $50	2 sessions (with 5% WL*): $50	2 sessions (with 5% WL*): $50	2 sessions (with 5% WL*): $50
NOTE: Core session payments are made regardless of achievement of weight loss	2 sessions (without 5% WL*): $15	2 sessions (without 5% WL*): $15	2 sessions (without 5% WL*): $0	2 sessions (without 5% WL*): $0	2 sessions (without 5% WL*): $0	2 sessions (without 5% WL*): $0
5 Percent weight loss achieved: $160						
9 percent weight loss achieved: $25						

* WL = weight loss from the beneficiary's baseline's weight

Billing and Claims

Attendance	Weight	Core Maintenance	Ongoing Maintenance
25	160	60	50
50	25	60	50
90			50
			50
165	**185**	**120**	**200**

Created by dDara
from Noun Project

$670

Billing and Claims

Attendance	Weight	Core Maintenance	Ongoing Maintenance
25	Not achieved	15	Ineligible
50	Not achieved	15	Ineligible
90			Ineligible
			Ineligible
165	**0**	**30**	**0**

Created by dDara from Noun Project

$195

Engagement Incentives

- Any engagement incentives provided must be connected to the CDC approved curriculum
  - Gym membership NOT movie tickets!
- Incentives **cannot** be tied to achieving weight loss or attendance goals
- Technology equipment must be reasonably necessary for curriculum
  - Bluetooth scale NOT an iPhone X!
- Incentives **cannot** exceed $1000 (average) per beneficiary
  - Permanent ownership limited to $100 value

Medicare DPP Supplier Road Map

This road map gives your organization an overview of the

4. FURNISH MDPP SERVICES

COACHES DELIVER MDPP SERVICES ON BEHALF OF MDPP SUPPLIERS.

MDPP SERVICES:

- Include up to 2 years of sessions dependent on beneficiary weight loss and attendance
- Follow a CDC-approved curriculum
- Can begin on April 1, 2018

3. ENROLL AS AN MDPP SUPPLIER

CHOOSE ONE OF THE OPTIONS TO ENROLL AS AN MDPP SUPPLIER:

1. Enroll online using the Provider Enrollment Chain and Operating System (PECOS) , or
2. Submit a paper CMS-20134 form

ROLL

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DPP services

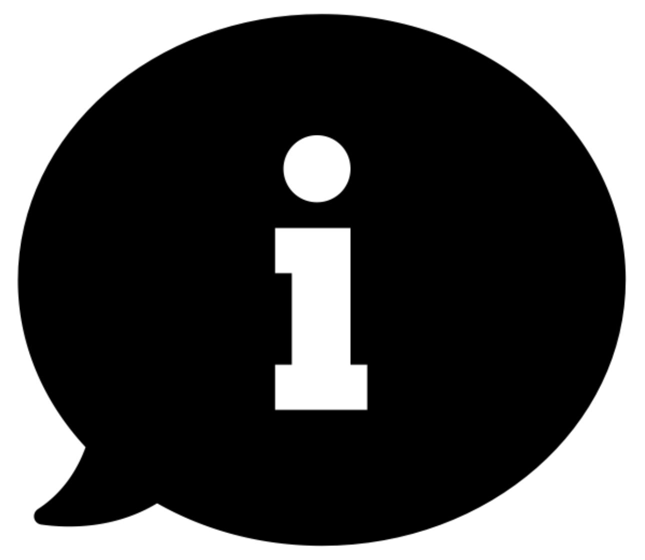
ies.

Need More Information?

Visit: http://go.cms.gov/mdpp

Email: mdpp@cms.hhs.gov

So much more online!



Created by Gregor Cresnar
from Noun Project

- https://innovation.cms.gov/initiatives/medicare-diabetes-prevention-program/
  - Resources (fact sheets, guides, checklists, maps, timelines)
  - Videos
  - Webinars and webinar recordings

Medicaid DPP?

- Demonstration project with two delivery approaches
- Evaluating coverage, cost, engagement and retention strategies, and participant outcomes
- Virtual learning collaborative and national webinar series
- Visit https://www.chronicdisease.org/page/Medicaid_NDPP to learn more about this pilot!

DPP/CDC/MDPP Success!

Your DPP participants making lifestyle changes

Your organization building capacity and achieving recognition (CDC, MDPP)

YOU!

SUCCESS

WHAT PEOPLE THINK IT LOOKS LIKE

SUCCESS

WHAT IT REALLY LOOKS LIKE

Final questions?

Created by Jessica Lock
from Noun Project

THANK YOU!

Angela M Forfia, MA

Senior Manager of Prevention
American Association of Diabetes Educators

aforfia@aadenet.org OR DPP@aadenet.org

(312) 601-4802