

Mercy Diabetes Prevention Program

Know the risk. Make the change. Live your life.

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Your life is our life's work.

The Statistics



DIABETES

30.3 million Americans

People who know they have prediabetes

PREDIABETES

- **84.1 million Americans (33.9% of all adults) with progression to diabetes at rate of 10% per year**
- **48.3% of adults age 65 and over have Prediabetes**

The Burden on the US

- Diabetes and its associated complications costs the national economy of the US approximately 245 billion dollars annually.
- Diabetes is the leading cause of kidney failure, non-traumatic lower-limb amputations, and new cases of blindness among adults in the United States. The risk for stroke and heart attack is 2-4 times higher in individuals with diabetes.
- Diabetes accounts for 17% of all deaths for ages >25. 7th leading cause of death.

The cost of doing nothing

Annual out-of-pocket medical cost of someone without diabetes:	Annual out-of-pocket medical cost of someone with diabetes:	Annual out-of-pocket medical cost of someone with diabetes and associated conditions:
\$3,673	\$9,202	\$17,762

Economic Costs of Diabetes in the U.S. in 2012." Diabetes Care. March 6, 2013.

Centers for Disease Control and Prevention. National diabetes fact sheet: national estimates and general information on diabetes and prediabetes in the United States, 2011. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2011.

What is Prediabetes?

A blood sugar level that is higher than normal but not high enough to be classified as diabetes

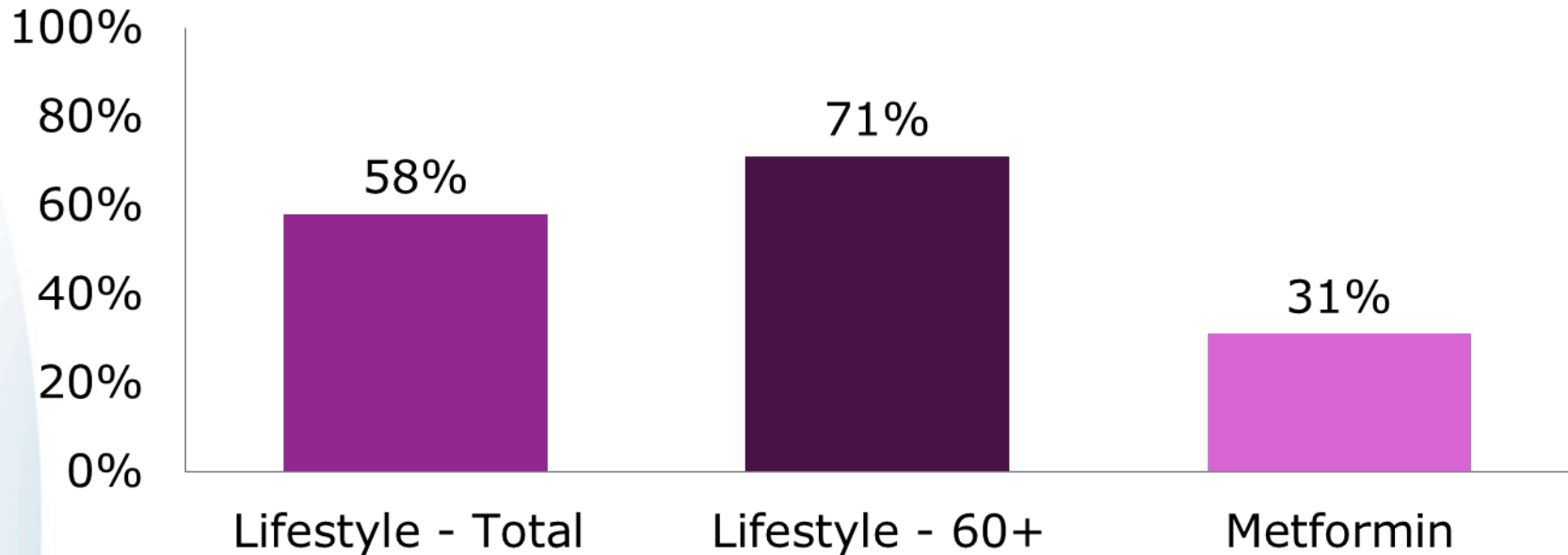
- Fasting blood sugar 100-125
- HbA1C 5.7-6.4%

Without lifestyle changes most people with prediabetes will develop type 2 diabetes within 6 - 10 years

Risk is highest in overweight adults over the age of 45, with a family history of diabetes or a personal history of gestational diabetes

The Research

DPP – NIH-led randomized clinical trial to prevent type 2 diabetes in persons at high risk.



- Lifestyle intervention sharply reduced the incidence of developing type 2 diabetes (58%).
- Metformin group reduced the incidence of developing type 2 diabetes but not as much as the lifestyle group (31%).

•New England Journal of Medicine, 2002

National Diabetes Prevention Program: An Evidence-Based Lifestyle Change Program

- Group setting (8-20 participants)
- 12 month program
 - Months 1-4 – 16 weekly session
 - Months 5-6 – 4 biweekly sessions (optional)
 - Months 7-12 – 6 monthly sessions
- Led by trained Lifestyle Coach (lay person or licensed)
- Quality assurance – CDC recognition
- Topics include healthy eating, physical activity, behavioral challenges, and goal setting

Diabetes Prevention Program Goals

- 5-7 % Weight Loss
- 150 minutes of physical activity per week
- Achieving these goals will enable participants to reduce their risk of type 2 diabetes by at least 58% and by 71% in those over 60.

Mercy's Diabetes Prevention Program

THE PROGRAM IS:

- Led by a trained Lifestyle Coach
- A one-year program: 20 sessions over first six months, then 6 monthly sessions in second six months
- Open to all community members, not just Mercy patients.
- A Centers for Disease Control and Prevention (CDC)-approved curriculum

PROGRAM QUALIFICATIONS:

- At least 18 years old,
- Overweight (BMI ≥ 25), and
- Prediabetes confirmed via one of 3 blood tests or previous diagnosis of gestational diabetes
 - A1C: 5.7-6.4 %
 - Fasting Glucose: 100-125 mg/dl
 - 2-hour Plasma Glucose: 140-199 mg/dl
- If no blood test, 9+ score on risk assessment

PROGRAM GOALS:

- Reduce body weight by 5-7%
- Increase physical activity to 150 minutes per week

Participant must have a blood value in the prediabetes range or a qualifying risk score

Are you at risk for type 2 diabetes?

ALERT!DAY
TYPE 2 DIABETES AWARENESS

- WRITE YOUR SCORE IN THE BOX.**
1. How old are you?
 - Less than 40 years (0 points)
 - 40-49 years (1 point)
 - 50-59 years (2 points)
 - 60 years or older (3 points)
 2. Are you a man or a woman?
 - Man (1 point) Woman (0 points)
 3. If you are a woman, have you ever been diagnosed with gestational diabetes?
 - Yes (1 point) No (0 points)
 4. Do you have a mother, father, sister or brother with diabetes?
 - Yes (1 point) No (0 points)
 5. Have you ever been diagnosed with high blood pressure?
 - Yes (1 point) No (0 points)
 6. Are you physically active?
 - Yes (0 points) No (1 point)
 7. What is your weight category?
 - See chart at right.

Height	Weight (lbs.)		
4' 10"	119-142	143-190	191+
4' 11"	124-147	148-197	198+
5' 0"	128-152	153-203	204+
5' 1"	132-157	158-210	211+
5' 2"	136-163	164-217	218+
5' 3"	141-168	169-224	225+
5' 4"	145-173	174-231	232+
5' 5"	150-179	180-239	240+
5' 6"	155-185	186-246	247+
5' 7"	159-190	191-254	255+
5' 8"	164-196	197-261	262+
5' 9"	169-202	203-269	270+
5' 10"	174-208	209-277	278+
5' 11"	179-214	215-285	286+
6' 0"	184-220	221-293	294+
6' 1"	189-226	227-301	302+
6' 2"	194-232	233-310	311+
6' 3"	200-239	240-318	319+
6' 4"	205-245	246-327	328+

1 point	2 points	3 points
If you weigh less than the amount in the left column: 0 points		

If you scored 5 or higher:

You are at increased risk for having type 2 diabetes. However, only your doctor can tell for sure if you do have type 2 diabetes or prediabetes, a condition in which blood glucose levels are higher than normal but not yet high enough to be diagnosed as diabetes. Talk to your doctor to see if additional testing is needed.

Type 2 diabetes is more common in African Americans, Hispanics/Latinos, Native Americans, Asian Americans, and Native Hawaiians and Pacific Islanders.

Higher body weight increases diabetes risk for everyone. Asian Americans are at increased diabetes risk at lower body weight than the rest of the general public (about 15 pounds lower).

ADD UP YOUR SCORE.



The good news is you can manage your risk for type 2 diabetes. Small steps make a big difference in helping you live a longer, healthier life.

For more information, visit us at diabetes.org/alertday or call 1-800-DIABETES (800-342-2383).

Trained lifestyle coaches

- Create a motivating environment that is friendly and non-competitive.
- Facilitate group-based problem solving by utilizing motivational interviewing methods.
- Make learning a shared responsibility for the group rather than serving as the “expert.”
- Support and encourage goal setting on each session.
- Transfer accountability to participant over course of yearlong program.

Prevention works

Hundreds of millions of dollars of peer-reviewed scientific research has demonstrated that lifestyle intervention programs like Mercy's Diabetes Prevention Program have been shown to reduce the number of new cases of type 2 diabetes by 58% and by 71% in individuals over age 60.

Prevention works

Programs like the Mercy's Diabetes Prevention Program may yield the following results (based on population of 100 high-risk adults aged 50 and over, during three years):

- **Prevent 15 new cases of type 2 diabetes**
- **Prevent 162 missed work days**
- **Avoid the need for blood pressure or cholesterol drugs in 11 people**
- **Add the equivalent of 20 good years of health**
- **Avoid \$91,400 in health care costs**

CDC Diabetes Prevention Recognition Program (DPRP)

2018 DPRP Standards

CDC Diabetes Prevention Recognition Program Standards:

- The DPRP assures the quality of recognized organizations and provides standardized reporting on their performance.
- <https://www.cdc.gov/diabetes/prevention/pdf/dprp-standards.pdf>

DPRP Recognition Status Types

- Pending
 - Application submitted and meets requirements for curriculum content, agrees to duration and intensity requirements.
- Full
 - Meets all DPRP standards
 - At least 1 full year of data with a minimum of 5 participants completing program
- Preliminary (new status type proposed for 2018)
 - 1 full year of data submitted
 - Meets all attendance standards (doesn't have to meet weight loss standards) with a minimum of 5 participants completing program.

Current DPRP Standards

Table 3. Requirements for Recognition

	Standard	Requirement	How Evaluated	When Evaluated	Recognition Status
1	Application for recognition	Must provide the organization's identifying information to the DPRP	<ul style="list-style-type: none"> - Name of organization - Address - Contact persons 	Upon receipt of application	Pending
2	Lifestyle curriculum	Must meet requirements for curriculum content described in the Required Curriculum Content section	<ul style="list-style-type: none"> - Check box on application form agreeing to use the recommended curriculum <p style="text-align: center;"><i>or—</i></p> <ul style="list-style-type: none"> - Provide alternate curriculum to the DPRP for approval 	Upon receipt of application	Pending
3	Intervention duration	1 year duration	Curriculum review	Upon receipt of application	Pending
4	Intervention intensity	Minimum of 16 sessions delivered approximately once per week during months 1-6, followed by a minimum of 6 sessions delivered approximately once per month during months 7-12	Curriculum review	Upon receipt of application	Pending

5	Session attendance during months 1-6 and 7-12	At least 60% of participants attending at least 9 sessions during months 1-6 and at least 60% of participants attending at least 3 sessions in months 7-12.	Session attendance in months 1-6 will be considered for participants who attended at least 3 sessions in months 1-6 and whose time from first session to last session is at least 9 months. Session attendance in months 7-12 will be considered for participants who attended at least 3 sessions in months 1-6 and whose time from first session to last session is at least 9 months. At least 5 participants per submission who meet these criteria are required for evaluation.	Every 6 months beginning at 12 or 18 months from the effective date, depending on when an organization starts delivering classes	Preliminary and Full
6	Documentation of body weight	Body weights are recorded at a minimum of 80% of the sessions attended	A yearlong cohort of participants must have body weight documented during at least 80% of the sessions. Includes all participants attending at least 3 sessions during months 1-6 and whose time from first session to last session is at least 9 months. At least 5 participants per submission who meet these criteria are required for evaluation.	Every 6 months beginning at 12 or 18 months from the effective date, depending on when an organization starts delivering classes	Full
7	Documentation of physical activity minutes	Physical activity minutes are recorded at a minimum of 60% of all sessions attended	A yearlong cohort of participants must have physical activity minutes documented during at least 60% of the sessions. Includes all participants attending at least 3 sessions during months 1-6 and whose time from first session to last session is at least 9 months. At least 5 participants per	Every 6 months beginning at 12 or 18 months from the effective date, depending on when an organization starts delivering classes	Full

7	Documentation of physical activity minutes	Physical activity minutes are recorded at a minimum of 60% of all sessions attended	A yearlong cohort of participants must have physical activity minutes documented during at least 60% of the sessions. Includes all participants attending at least 3 sessions during months 1-6 and whose time from first session to last session is at least 9 months. At least 5 participants per submission who meet these criteria are required for evaluation. Zero (0) minutes reported will not count as documented physical activity minutes.	Every 6 months beginning at 12 or 18 months from the effective date, depending on when an organization starts delivering classes	Full
8	Weight loss achieved at 12 months	Average weight loss achieved over the entire 12-month intervention period must be a minimum of 5% of starting body weight	The average weight loss across all participants in the yearlong cohort must be a minimum of 5% of starting body weight. The first and last weights recorded for each participant during months 1-12 will be used to calculate this measure. Includes all participants attending at least 3 sessions during months 1-6 and whose time from first session to last session is at least 9 months. At least 5 participants per submission who meet these criteria are required for evaluation.	Every 6 months beginning at 12 or 18 months from the effective date, depending on when an organization starts delivering classes	Full

9	Program eligibility requirement	<p>Minimum of 35% of participants must be eligible for the yearlong lifestyle change program based on either a blood test indicating prediabetes or a history of GDM. The remainder (maximum of 65% of participants) must be eligible based on the CDC Prediabetes Screening Test or the ADA Type 2 Diabetes Risk Test.</p>	<p>The last entry for eligibility is used in determining this outcome. Includes all participants attending at least 3 sessions during months 1-6 and whose time from first session to last session is at least 9 months. At least 5 participants per submission who meet these criteria are required for evaluation.</p> <p>For CDC-recognized organizations that are also Medicare DPP suppliers:</p> <p>All Medicare participants in the yearlong cohort must be eligible based on a blood test indicating prediabetes.</p>	<p>Every 6 months beginning at 12 or 18 months from the effective date, depending on when an organization starts delivering classes</p>	Full
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DPP Program Implementation

- Read CDC's DPP Standards and Recognition for 2018
- Do the CDC DPRP Capacity Assessment
 - Present information to leadership and gain their support
 - The Assessment will be updated with the new 2018 DPRP Standards
- Know the DPRP standards you will have to meet for recognition
- Select a Site Coordinator
- Obtain Certified DPP Life Coach training for staff and site coordinator
 - DPP life coaches can be lay persons as well as licensed diabetes educators
 - CDC emphasizes the use of lay persons to keep the cost of the program down

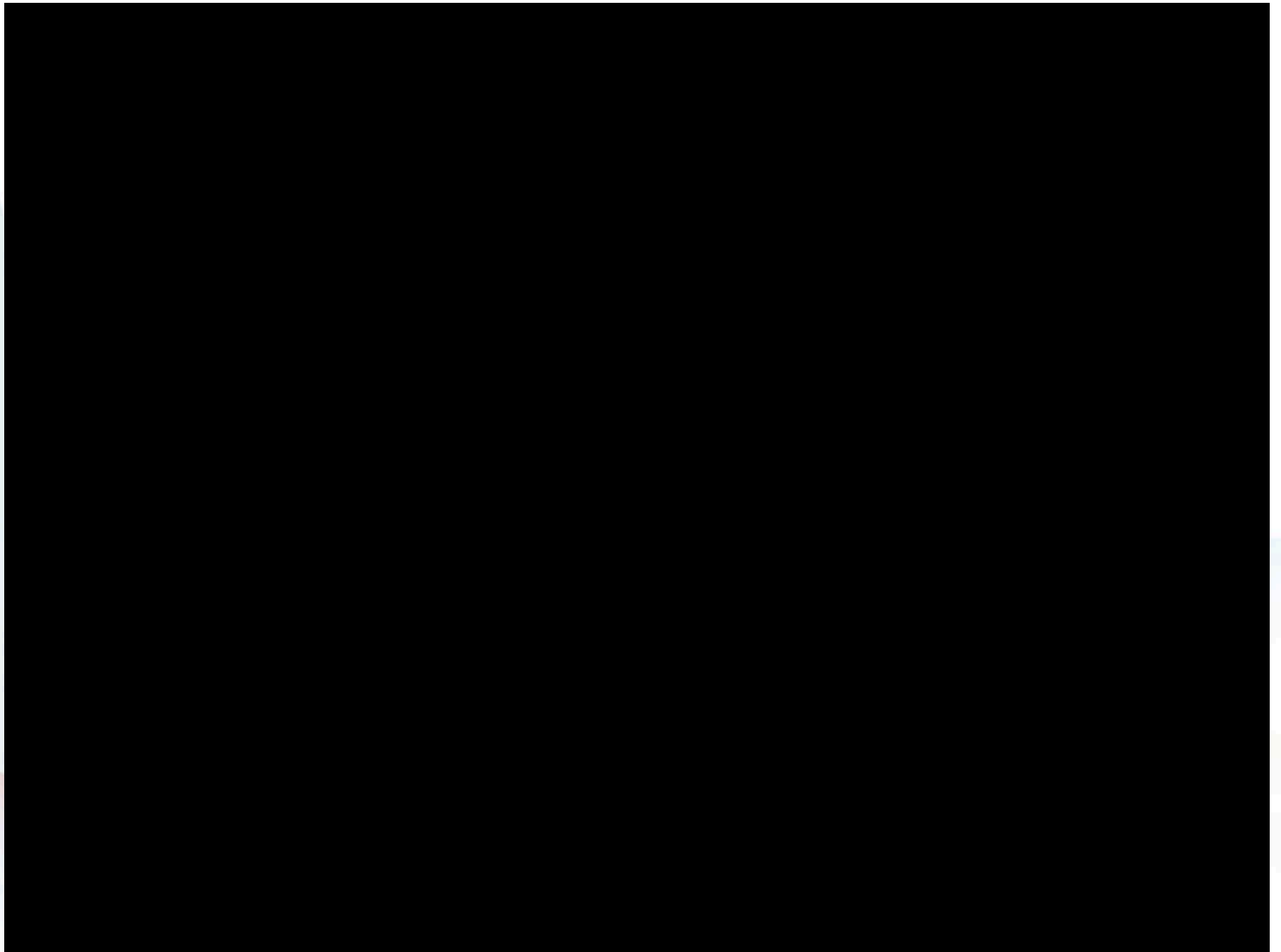
DPP Program Implementation

- Determine which DPP curriculum you will use
 - CDC has 2 Curriculum Options (2012 Curriculum or Prevent T2)
 - If you want to use your own curriculum it must be submitted with your application (full curriculum with handouts and coach notes for the entire year).
- Determine your target population
 - Develop a marketing plan and an implementation plan
- Determine how you will charge for services
 - Mercy NWA charge is \$430 for total program or \$36/month
- Obtain support from primary care providers
- Determine your documentation platform
 - DAPS
 - Diabetes Chronicles

DPP Program Implementation

- Determine how you will meet DPP standards for attendance and weight loss
 - Starting time for program
 - January
 - August/September
 - Program incentives to keep participant's engaged in attending sessions
 - Weekly door prizes
 - Incentives for reaching benchmarks required by CDC
- Determine what you want to monitor for your metric dashboard
 - Attendance
 - Recognition standards
 - A1C improvement
 - Fasting blood sugar improvement
 - Weight loss

Mercy Diabetes Prevention Program



Mercy DPP Recruiting

- Meetings with providers at targeted clinics
- Nurses meetings after provider meetings
- EPIC record pull of all those with blood values or on prediabetes registry
- Letters mailed to eligible patients inviting to information session
- Information session held to gather possible meeting times and locations based on participants that are interested.
- Session times and locations scheduled
- Call and email participants information
- Session starts

Mercy Diabetes Prevention Program

Cohort 1: Bella Vista Session

- 1 participant –15.5% weight loss, completed session

Cohort 2: Bentonville Session

- 17 participants – 5.7% weight loss, completed session

Cohort 3: Rogers Session

- 27 participant – 2.25% at end of 6 months (session 21/26)

Cohort 4: Bentonville Session

- 6 participants all from PCP referral – 2.6% weight loss, completed week 6

How you can help

- Help to champion program among other health care provider groups and stakeholders in the community.
- Provide direct program referrals to eligible patients.
- Engage leadership in conversation about developing systematic approach to program referrals.
- Add program to community-based resource directory.
- Post/distribute marketing materials to raise program awareness.
- Donate space for program sessions.

Diabetes Prevention Program Reimbursement

Medicare DPP Coverage

CMMI Study and Medicare Coverage

- Last year, the U.S. Department of Health and Human Services (HHS) announced that a successful demonstration project led by the YMCA of the YUSA has been shown to produce cost savings for Medicare participants (\$2650 per participant over 15 months)
- This is the first time a preventive service pilot funded by the government's CMMI office has been proven to **reduce cost and lower incidence of type 2 diabetes.**
- Medicare coverage for National DPP programs will begin in April 2018.

Medicare DPP Coverage

- Medicare coverage to begin April 2018 for those in preliminary (new status type) or full recognition status
- Months 1-6 (Core Sessions)
 - Payment based on attendance
 - Payment once the participant attends session 1, 4 and 9
- Months 6-12 (Core Maintenance Sessions)
 - Payment based on attendance and weight loss
 - Payment made at 3 month intervals
- Months 13-36 (Ongoing Maintenance Sessions)
 - Payment based on attendance and maintaining weight loss
 - Payment made at 3 month intervals
- Maximum payment \$810 for set of MDPP services if performance outcomes are met

Medicare DPP Coverage (cont.)

- Once per lifetime benefit
- May continue if diagnosed with diabetes after enrolled
- Make-up sessions may be in person or virtual
 - Limit on the number of virtual sessions you can offer
- Billing codes
 - 19 new unique Healthcare Common Procedure Coding System G-codes for submitting claims
- If a participant moves or changes suppliers for MDPP, a bridge payment of \$25 will be made to new supplier

Other Payment Options

- Medicaid DPP Pilot Program in progress
- Private Payers
 - Anthem, Inc
 - Cigna
 - Denver Health
 - EmblemHealth
 - Florida Blue
 - Health Net
 - Aetna International
 - Blue Cross Blue Shield
 - Healthscope
 - Procare

Resources

Keys to Success:

<https://www.cdc.gov/diabetes/prevention/lifestyle-program/keys-to-success.html>

Applying for Recognition:

https://www.cdc.gov/diabetes/prevention/lifestyle-program/apply_recognition.html

CDC Curriculum:

<https://www.cdc.gov/diabetes/prevention/lifestyle-program/curriculum.html>

DPP Research:

<https://www.cdc.gov/diabetes/prevention/prediabetes-type2/preventing.html>

DPRP Standards:

<https://www.cdc.gov/diabetes/prevention/pdf/dprp-standards.pdf>

[American Medical Association Toolkit](#)

[National Association of Chronic Disease Directors DPP Toolkit](#)

Payers:

<https://www.ahip.org/diabetes>

Video Links

CDC Participant Testimonials

<https://www.cdc.gov/diabetes/prevention/real-people-stories/index.htm>

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Arkansas Department of Health DPP Video featuring
Mercy NWA

<https://vimeo.com/223982264>



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