



Diabetes Prevention Programs

Action Guide and Resource Compendium

July 2016

About this Guide & Table of Contents



This Action Guide and Resource Compendium provides a list of recommendations and resources to support providers, payers, policymakers, diabetes prevention program (DPP) providers, and members of the public in adopting evidence-based use of CDC-recognized DPPs. The guide is intended to serve as a companion document to policy recommendations presented in the ICER report, *Diabetes Prevention Programs: Effectiveness and Value*. The full report and additional materials are available on the ICER website.

How to use this Action Guide: Each section contains one or more key recommendations from the report, accompanied by resources to provide further background and implementation support to help stakeholders translate and apply the guidance to practice and policy.

A more detailed explanation of the recommendations contained within this guide is presented in Chapter 8 of the ICER report.

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What is a Diabetes Prevention Program?

DPPs are year-long programs that help participants reduce their risk of developing diabetes through healthy eating, increased physical activity, and weight loss. Throughout the program, participants will learn problem-solving and stress reduction techniques as they work to lose at least 5% of their body weight. This weight loss, combined with other lifestyle changes, can greatly reduce the risk of developing type 2 diabetes.

To be eligible for these programs, participants must have a condition called prediabetes, which is defined by blood glucose levels that are higher than normal, but not high enough to be considered diabetes. There are many factors that increase the likelihood of developing prediabetes, such as being overweight or obese, a family history of diabetes, physical inactivity, and age. Some racial/ethnic groups have a higher risk for prediabetes, including African Americans, Hispanics, American Indians, Asians, and Pacific Islanders.*

The materials at right provide general information about prediabetes, diabetes, and the CDC's National Diabetes Prevention Program.

*Source: <http://www.diabetes.org/diabetes-basics/diagnosis/>

| Definitions of Prediabetes | | | |
|-------------------------------------|------------|-----------------|-----------------|
| Organization | HbA1c | FPG | OGTT |
| American Diabetes Association (ADA) | 5.7 – 6.4% | 100 – 125 mg/dL | 140 – 199 mg/dL |
| World Health Organization (WHO) | N/A | 110 – 125 mg/dL | 140 – 199 mg/dL |

HbA1c: hemoglobin A1c, FPG: fasting plasma glucose, OGTT: oral glucose tolerance test

Sources: <http://www.diabetes.org/diabetes-basics/diagnosis/> and http://apps.who.int/iris/bitstream/10665/43588/1/9241594934_eng.pdf

| Information on Prediabetes and Diabetes Prevention | |
|--|---|
| National Diabetes Statistics Report, 2014 , Centers for Disease Control and Prevention (CDC) | A broad overview of the burden of diabetes and prediabetes across America. |
| Infographic: National Diabetes Prevention Program , CDC | An infographic that provides a broad description of the burden of prediabetes and efforts to prevent diabetes. |
| National Diabetes Prevention Program , CDC | A detailed overview of the CDC's program, including program details, where to find a program, and patient testimonials. |
| Prediabetes in California: Nearly Half of California Adults on Path to Diabetes , University of California, Los Angeles (UCLA) | A health policy brief on prediabetes in California from the UCLA Center for Health Policy Research. |

Screening for Prediabetes

PUBLIC RECOMMENDATION: Individuals who are overweight or obese should take a screening test or talk with their doctor about getting a blood test to see if they have a condition called prediabetes.

The resources at right provide information for the general public about prediabetes and screening.

PROVIDER RECOMMENDATION: Use both opportunistic encounters and active outreach to screen patients for prediabetes risk. For patients at high risk and with a BMI ≥ 24 kg/m² (≥ 22 kg/m² for patients of Asian descent), conduct an FPG or HbA1c test to detect prediabetes.

PAYER RECOMMENDATION: Payers should encourage their clinical networks to support both active outreach and screening using standard blood glucose tests such as FPG and HbA1c.

The resources at right provide more information about screening for prediabetes.

Public Resources

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| Screening Test , CDC | This screening test that can help you to identify if you may be at risk for prediabetes. |
| Diagnosing Diabetes and Learning About Prediabetes , American Diabetes Association (ADA) | Learn more about prediabetes and the tests that can help identify it. |
| Prediabetes , Mayo Clinic | General information about prediabetes. |

Provider and Payer Resources

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| Pre-diabetes Screening: How and Why , National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) | Resources for identifying patients at risk of prediabetes, screening, billing, and more. |
| MAP (Measure, Act, Partner) , CDC, AMA | A resource to help physicians and care teams determine roles and responsibilities for identifying adult patients with prediabetes and referring to community-based diabetes prevention programs. |
| CDC: Sample Patient Flow Process , CDC, AMA | An infographic to support physicians in identifying, screening, and referring patients with prediabetes. |
| Billing codes for prediabetes and diabetes screening , CDC | A guide on billing for screening from the CDC. |

Referring Patients to a DPP

PROVIDER RECOMMENDATION: Refer patients to a local or online DPP as soon as prediabetes is detected, since that is the time people are most motivated to participate. DPPs are more effective than usual care (physician recommendations for weight loss and exercise), and even delaying the onset of diabetes by just a few years is beneficial to and desired by patients.

The resources at right provide tools and resources to support physicians in referring patients to a DPP.

Provider Resources

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|---|---|
| Preventing Type 2 Diabetes: A guide to refer your patients with prediabetes to an evidence-based diabetes prevention program , AMA, CDC | Resource from the CDC and AMA on talking to patients about a prediabetes diagnosis and how to refer to a diabetes prevention program. |
| How to Talk with Patients About Their Prediabetes Diagnosis , NIDDK | Tips for discussing a prediabetes diagnosis with patients. |
| Screen & Refer Patients to a Lifestyle Change Program (for Professionals) , CDC | Tools to support referrals to CDC-recognized DPPs. |
| Health care practitioner referral form to a diabetes prevention program , CDC | A sample referral form for a DPP. |
| Point-of-care prediabetes identification , AMA, CDC | A graphic from the AMA and CDC outlining the steps of screening and referral. |
| Inside look: A physician's success story as a prediabetic patient , AMA Wire | A physician's perspective on participating in a DPP. |

Finding and Enrolling in a DPP

PUBLIC RECOMMENDATION: People with prediabetes should participate in one of the available DPPs. These programs come in many forms, from in-person group meetings with a human coach, to online programs with human or automated coaching. Individuals should choose a program that meets their needs.

The resources at right provide more information about what DPPs are and where to find one.

Public Resources

| | |
|---|--|
| Find a program, CDC | Use the CDC's Registry of Recognized Organizations to find a CDC-recognized DPP near you. |
| Patient Testimonials, CDC | Hear from people who have participated in a CDC-recognized DPP. |
| Lifestyle Change Program Details, CDC | Learn more about the key parts of the program, what you'll learn, and different program types. |

Coverage for Diabetes Prevention Programs



PAYER RECOMMENDATION: Cover DPPs from CDC-recognized providers across all lines of business and products. Make them available with zero copayments to encourage participation.

PAYER RECOMMENDATION: There is no single DPP format (e.g., in-person programs delivered to a group or digital programs with human coaches) that works for everyone, so make a variety of DPPs available to support patient preference.

PURCHASER RECOMMENDATION: Employers should include DPPs in their suite of wellness benefits and encourage contracted health plans to cover DPPs.

Payer and Purchaser Resources

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|--|--|
| Provide the National Diabetes Prevention Program as a Covered Benefit, AMA | Information and support from the AMA on covering DPPs, including a cost-savings calculator, an overview of the benefits, and slide presentations to support the business case. |
| AMA Calls for Private, Public Health Coverage for Diabetes Prevention Programs, AMA | A press release outlining the AMA’s recent policy encouraging all private and public health plans to cover diabetes prevention programs. |
| Lifestyle Change Program Details, CDC | More information from the CDC about the different types of programs available. |
| Cover a Lifestyle Change Program as a Health Benefit, CDC | An article from the CDC explaining the benefits of inclusion of lifestyle change programs as a covered health benefit. |
| Digital Diabetes Prevention and Management Solutions, New England Business Group on Health (NEGBH) | A NEGBH brief created to help employers choose a digital wellness application that best suits their employees. |

Outcomes-based Payment



PAYER RECOMMENDATION: Establish pay-for-performance (P4P) contracts with DPP providers based on patient participation, retention in program, and achievement of weight loss goals.

DPP PROVIDER RECOMMENDATION: Commit to P4P contracts with purchasers that base payment on participation, retention, and weight-loss outcomes.

The table at right, adapted from the Centers for Medicare & Medicaid Services (CMS) proposal to expand DPP coverage to Medicare beneficiaries, outlines an example of a pay-for-performance agreement, in which payment for the program is based largely on its success.

| Draft Medicare DPP Reimbursement Structure | Payment per Beneficiary (Non-cumulative) |
|---|--|
| Core Sessions | |
| 1 session attended | \$25 |
| 4 sessions attended | \$50 |
| 9 sessions attended | \$100 |
| Achievement of minimum weight loss of 5% from baseline weight | \$160 |
| Achievement of advanced weight loss of 9% from baseline weight | \$25 (in addition to \$160 above) |
| Maximum total for core sessions | \$360 |
| Maintenance Sessions (maximum of 6 monthly sessions over 6 months in year 1) | |
| 3 maintenance sessions attended (with maintenance of minimum required weight loss from baseline) | \$45 |
| 6 maintenance sessions attended (with maintenance of minimum required weight loss from baseline) | \$45 |
| Maximum total for maintenance sessions | \$90 |
| Maximum total for first year | \$450 |
| Maintenance sessions after year 1 (minimum of three sessions attended per quarter/no maximum) | |
| 3 maintenance sessions attended plus maintenance of minimum required weight loss from baseline | \$45 |
| 6 maintenance sessions attended plus maintenance of min. required weight loss | \$45 |
| 9 maintenance sessions attended plus maintenance of min. required weight loss | \$45 |
| 12 maintenance sessions attended plus maintenance of min. required weight loss | \$45 |
| Maximum total after first year | \$180 |
| Table reproduced from https://www.federalregister.gov/articles/2016/07/15/2016-16097/medicare-program-revisions-to-payment-policies-under-the-physician-fee-schedule-and-other-revisions | |

Supporting Lifestyle Changes



PUBLIC RECOMMENDATION: Encourage policies that support healthy environments in workplaces, schools, and community settings. This will support lifestyle changes and help people get more exercise, eat foods that are healthier, and lose weight.

PURCHASER RECOMMENDATION: Create a work environment that supports healthy choices in cafeterias, vending machines, office meetings, and facilities. Develop an organizational culture in which senior leadership actively supports healthy choices.

POLICYMAKER RECOMMENDATION: Implement environmental policies that promote physical activity and healthy eating, and support healthy individual choices.

The resources at right provide information for the public and for purchasers, such as employers, to support healthy choices in the community.

Resources to Support Workplace Wellness

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| Workplace Health Promotion , World Health Organization (WHO) | Information on the benefits of promoting a healthy lifestyle in the workplace. |
| Workplace Health Promotion , CDC | An overview of workplace health, with information on workplace health strategies, data, tools, and resources. |
| Workplace Health Model , CDC | Resources for assessing the workplace, planning and implementing a wellness program, and evaluating its success. |

Recommended Reading: Policy Options for Addressing Obesity

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| Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation , Institute of Medicine (IOM) | An IOM report on policy strategies to address obesity, an important component of diabetes prevention. Visit the report webpage for more resources. |
| A Pilot Food Bank Intervention Featuring Diabetes-Appropriate Food Improved Glycemic Control Among Clients In Three States , Health Affairs | A Health Affairs article outlining an innovative approach for improving diet through food pantries (subscription required). |

Recommendations for DPP Providers



DPP Provider Resources

[Diabetes Prevention Recognition Program](#), CDC

Standards from the CDC for obtaining recognition for a DPP.

[Curricula and Handouts](#), CDC

Main page for the CDC's most recent DPP curriculum - "Prevent T2." Includes an explanation of the key components of the curriculum and resources to aid implementation efforts.

DPP PROVIDER RECOMMENDATION: Apply for and obtain CDC recognition.

DPP PROVIDER RECOMMENDATION: Tailor DPPs to include culturally-appropriate curricula for America's diverse populations.

The resources at right provide more context on CDC-recognition and culturally appropriate curricula for vendors developing diabetes prevention programs.

CDC "Prevent T2" DPP Curriculum Overview

| Topics Covered in First 6 Months | Topics Covered in Second 6 Months |
|---|--|
| Welcome to the Program | Fats - Saturated, Unsaturated, and Trans Fat |
| Be a Fat and Calorie Detective | Food Preparation and Recipe Modification |
| Three Ways to Eat Less Fat and Fewer Calories | Healthy Eating - Taking it One Meal at a Time |
| Healthy Eating | Healthy Eating with Variety and Balance |
| Move Those Muscles | More Volume, Fewer Calories |
| Being Active - A way of Life | Staying on Top of Physical Activity |
| Tip the Calorie Balance | Stepping up to Physical Activity |
| Take Charge of What's Around You | Balance Your Thoughts for Long-Term Maintenance |
| Problem Solving | Handling Holidays, Vacations, and Special Events |
| Four Keys to Healthy Eating Out | Preventing Relapse |
| Talk Back to Negative Thoughts | Stress and Time Management |
| The Slippery Slope of Lifestyle Change | Heart Health |
| Jump Start Your Activity Plan | A Closer Look at Type 2 Diabetes |
| Make Social Cues Work for You | Looking Back and Looking Forward |
| You Can Manage Stress | |
| Ways to Stay Motivated | |

Reproduced from <http://www.cdc.gov/diabetes/prevention/pdf/dprp-standards.pdf>

Future Research Needs

Experts in diabetes prevention programs and the CTAF Panel identified several key areas where future research is needed:

Because there are still critical gaps in the evidence on DPPs, larger DPP organizations should collect, analyze, and publish their own experience in peer-reviewed health journals. Smaller, community-based programs should consider partnerships with their parent organizations or local academic institutions to publish analyses of their programs.

Identify which patients are most likely to succeed in the various types of in-person or digital DPPs.

Identify specific elements of DPPs that are associated with participant success.

Examine the role of maintenance sessions delivered after the year-long DPP curriculum ends. DPP providers should develop and test maintenance modules and ongoing support lessons in collaboration with the CDC.

Examine the long-term impact of DPPs on population health, and diabetes prevention, and on health care utilization and costs.