

## Diabetes Prevention Programs: Effectiveness and Value

### Questions for Deliberation and Voting Results: June 24, 2016 Public Meeting

1. For patients with prediabetes\*, is the evidence adequate to demonstrate that the net health benefit of participation in an ***in-person diabetes prevention program (DPP) with group coaching*** is superior to that of ***usual care***†?
 

12 Yes (100%)      0 No (0%)
2. Given the available evidence for patients with prediabetes, what is the care value‡ of participation in an ***in-person DPP with group coaching*** vs. ***usual care***?
 

a. 1 Low (8%)      b. 4 Intermediate (33%)      c. 7 High (58%)
3. For patients with prediabetes, is the evidence adequate to demonstrate that the net health benefit of participation in a ***digital DPP with human coaching*** is superior to that of ***usual care***?
 

11 Yes (92%)      1 No (8%)
4. Given the available evidence for patients with prediabetes, what is the care value of participation in a ***digital DPP with human coaching*** vs. ***usual care***?
 

a. 2 Low      b. 6 Intermediate (50%)      c. 4 High (33%)
5. For patients with prediabetes, is the evidence adequate to demonstrate that the net health benefit of participation in a ***digital DPP with fully-automated coaching*** is superior to that of ***usual care***?
 

3 Yes (25%)      9 No (75%)
6. Given the available evidence for patients with prediabetes, what is the care value of participation in a ***digital DPP with fully-automated coaching*** vs. ***usual care***?
 

Vote not taken due to inadequate evidence

#### Definitions

\* For the purposes of these voting questions, ***prediabetes*** is defined using the American Diabetes Association (ADA) criteria of HbA1c 5.7 – 6.4%, fasting plasma glucose (FPG) of 100 – 125 mg/dL, or two-hour oral glucose tolerance test (OGTT) 140 – 199 mg/dL.

† For the purposes of these voting questions, ***usual care*** is defined as a discussion between a provider and patient and/or provision of educational materials regarding the risk for diabetes and recommendations to decrease weight and increase exercise.

‡ ***Care value*** is determined by looking at four elements: comparative clinical effectiveness, incremental costs per outcomes achieved, other benefits or disadvantages, and contextual considerations. Incremental costs per outcomes achieved represents the long-term perspective, at the individual patient level, on the level of patient benefit as well as the costs required to achieve that benefit