Scaling the National Diabetes Prevention Program in underserved areas

Prediabetes is a growing national health care concern affecting one in three adults. Without lifestyle changes to reduce weight and increase physical activity, 15 to 30 percent of people with prediabetes will develop diabetes within five years. Diabetes accounts for 23 percent of annual U.S. health care costs and is highly associated with heart disease, the leading cause of death worldwide.

The good news: People who eat healthy and become more active can cut their risk of getting type 2 diabetes in half. Researchers found that people with prediabetes who lost a modest amount of weight through dietary changes and increased physical activity reduced their risk of developing diabetes by 58 percent. Risk reduction was even greater for adults age 60 and older (71 percent).

Evidence-based diabetes prevention programs (DPPs) have proven so effective that Medicare will begin covering those services in April 2018, and a growing number of commercial insurers have begun offering DPPs as a benefit for their members. These changes have created a push to increase access to and engagement in lifestyle change programs through the Centers for Disease Control and Prevention (CDC) National Diabetes Prevention Program.

HealthInsight has a new cooperative agreement with CDC to scale the National DPP in 23 rural underserved counties in New Mexico, Oregon and Utah. By linking support for payment, enrollment and infrastructure, we’re seeking to increase engagement in the NDPP among people with prediabetes, and to develop sustainable implementation of effective DPPs.

By the end of this five-year program, we hope to achieve the following goals:

- At least one CDC-recognized DPP will be available in each of the 23 underserved counties
- 65 percent of enrolled participants will complete the one-year program
- 75 percent of participants will have a CDC-recognized lifestyle change program as a covered benefit
- 60 percent of participants will meet the 5-percent weight loss goal

HealthInsight will work with these partners:

- Community-based organizations, health systems, tribal clinics and public health departments committed to providing in-person DPPs and assisting with building awareness and referral pathways
- **Solera Integrated Health** and its network of in-person and online DPP providers that can offer the program in underserved counties where an employer or health plan partner is engaged
- Employers that provide or are interested in providing coverage for their employees
- Health plans that provide or are interested in providing the benefit
- Medicare and Medicaid plans that will provide coverage
- Public and tribal health departments interested in scaling the NDPP
- Health care providers who will screen and refer potential enrollees to available programs
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HealthInsight will provide technical assistance, training and financial support for new program providers, including guidance on billing and implementing workflow changes to incorporate screening, detection and referral. We will also support clinicians in adopting the Prevent Diabetes STAT toolkit, developed by CDC and the American Medical Association. In addition, HealthInsight will implement value-based pilot projects with health plans and employers to develop the business case for making the National DPP a covered benefit for their employees or members.

The CMS final rule for launching the Medicare DPP expansion establishes a value-based payment schedule for reimbursing Medicare DPP providers beginning April 1, 2018. Prospective Medicare DPP providers may begin enrolling on January 1, 2018.

To learn more about National DPP offerings in your state or how to offer the program, please contact HealthInsight Oregon’s Tracy Carver, MPA, or your state health department.

Read Tracy’ Carver’s related blog post