HEALTH CENTER SHOWCASE

The National Diabetes Prevention Program

Tuesday , May 11, 2021 at 2:00 pm ET

NATIONAL
NURSE-LED CARE
CONSORTIUM
a PHMC affiliate

National Nurse-Led Care Consortium

The **National Nurse-Led Care Consortium (NNCC)** is a nonprofit member-supported organization working to strengthen community health through quality, compassionate, and collaborative nurse-led care.

NNCC provides expertise to support comprehensive, community-based primary care.

- Direct, nurse-led healthcare services
- Policy research and advocacy
- Training and technical assistance support

This presentation is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $1,350,000 with 0 percent financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

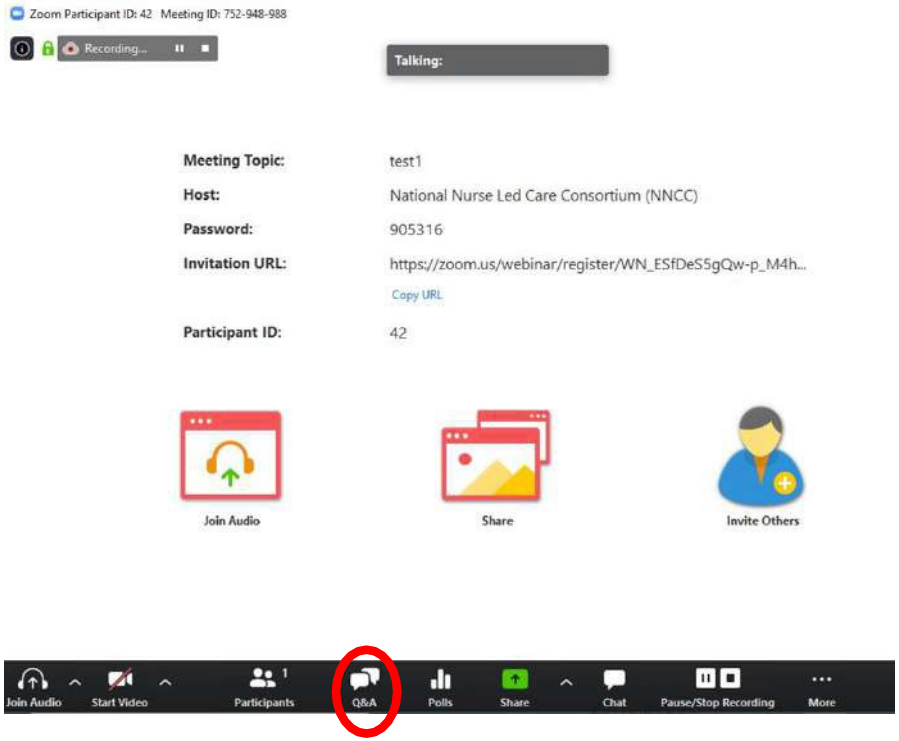
Housekeeping Items

Question & Answer

- Click Q&A and type your questions into the open field.
- The Moderator will either send a typed response or answer your questions live at the end of the presentation.

Continuing Education Credits

- CME/CNE survey link will be shared in chat and sent out in the follow-up email.
- You must complete survey to receive credit.
- Certificate will arrive within 1 week of completing the survey.



Poll #1

Which of the following represents your health center's experience with the National DPP?

- No experience
- Exploring/researching
- Assessing readiness
- 1-2 years into implementation
- 3+ years into implementation

The National Diabetes Prevention Program

Program Elements

- Participant education sessions delivered by a trained lifestyle coach
- Utilization of CDC-approved curriculum
  - https://www.cdc.gov/diabetes/prevention/pdf/Curriculum_TOC.pdf
- Peer support over a minimum of one calendar year
  - Goals: modest weight loss in the range of 5-7% of baseline body weight, a combination of a loss of 4% of baseline body weight and 150 minutes of physical activity per week on average, or a modest reduction in hemoglobin A1C (HbA1C) of .2%
  - Minimum of 5 participants who attended at least 8 sessions in months 1-6

Health Center Options

- Achieve pending, preliminary, or full recognition as a National DPP Provider
  - https://www.cdc.gov/diabetes/prevention/requirements-recognition.htm
  - Updated standards: https://ncpa.org/sites/default/files/2021-05/2021-DPRP-Standards-and-Operating-Procedures.pdf
- Enroll in an umbrella arrangement
- Partner with community organizations to co-lead National DPP
- Refer patients to existing National DPP Providers
  - https://nccd.cdc.gov/DDT_DPRP/Programs.aspx

Billing

- National DPP Providers can bill through the Medicare Diabetes Prevention Program
- Some states allow for Medicaid reimbursement
  - https://coveragetoolkit.org/medicaid-agencies/medicaid-coverage-2/
- CDC has tools and data around ROI:
  - https://www.cdc.gov/diabetes/prevention/benefits-costs.htm

Poll #2

Are you actively billing for Medicare DPP or DPP for Medicaid?

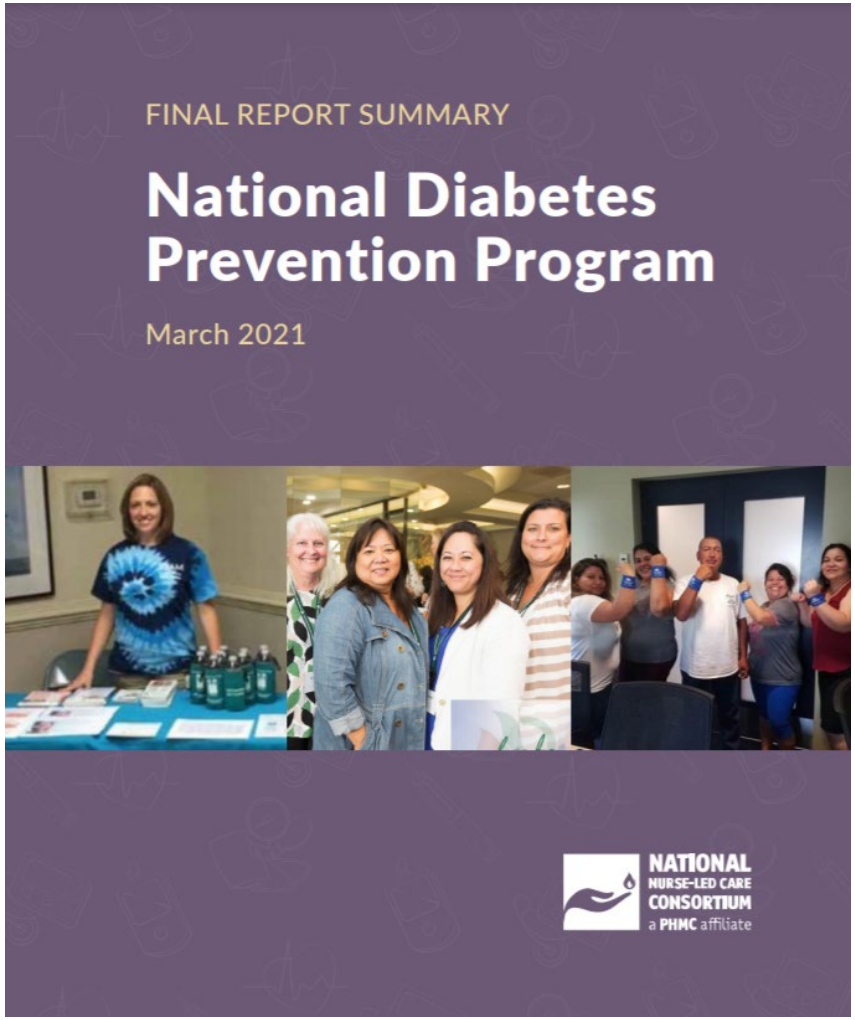
- Yes
- No
- Not sure
- N/A

Poll #3

Would you be interested in connecting with others to talk through challenges or lessons learned in this program?

- Yes
- No

NNCC Case Study



Five Key Elements for Success

1. Workflow and Infrastructure
2. Recruitment and Retention
3. External Partnerships
4. Reimbursement
5. Modalities

Today's Panelists

Hamakua Kohala Health

Open Door Community Health Centers

Eastern Shore Rural Health System, Inc.

Coal Country Community Health Center

HĀMĀKUA-KOHALA HEALTH

Hamakua-Kohala serves all people who live in the geographic region known as North Hawaii. Our communities are characterized as rural and ethnically diverse and generally under-served by our health care services. Our communities experience various health disparities among at-risk populations. Currently we are the only provider of primary care services in three of the county districts we serve. The Health Centers serve a population of 25,000 residents, and has a patient base of approximately 5,500 people with 20,000 patient encounters annually.

http://www.hamakua-health.org/

Services We Provide

- Primary Care Health Services
- Keiki Dental (Tooth Bus)
- Women's Health
- Prenatal Program
- Pediatrics
- Family Planning Services
- Behavioral Health
- Mental Health and Substance Use Disorder
- Tobacco Cessation Program
- Free and Low-Cost Prescription Programs
- Patient Education
- Care Coordination

http://www.hamakua-health.org/

RAISE AWARENESS OF THE DIABETES PREVENTION PROGRAM

Health fairs
Community Events
In-House (CHC)
Local bulletins (grocery store, library, post office, etc.)
Social Media (Instagram, Facebook)
Local paper ads
Radio Ads
Parent Nights
Networking with Community Partners

2015

HPCA

AUGUST 24, 2015

The 1422 Grant began with Hawai'i Primary Care Association

2016

CDC

April 19, 2016

Hamakua-Kohala Health DPP has been awarded Pending Recognition by the CDC Diabetes Prevention Recognition Program

LifeWeighs Health and Wellness

April 2016

Contract established with Life Weighs owner Nicole Browning. Support provided on data, marketing and incentives.

1

July 20, 2016

First DPP cohort began in Honoka'a with 24 participants enrolled.

2017

AllianceChicago *Innovating for better health*

June 1, 2017

Implemented the Diabetes Prevention Template in our Electronic Medical Record.

5

September 1, 2017

Fifth Cohort was made up of 8 Co-workers.

2 3 4

August 8, 2017

Second DPP Cohort began in Honoka'a Morning class 6 participants enrolled. Third Cohort Honoka'a Evening class 6 participants enrolled. Fourth Cohort in Kohala with 7 participants enrolled.

DAPS DATA ANALYSIS OF PARTICIPANTS SYSTEN

December 2017

Started using Data Analysis of Participants System to run our CDC Data Reports.

2018

NPPES *National Plan & Provider Enumeration System*

March 2018

Registered with NPPES for Individual Health Coach National Provider Identifier (NPI)

6

August 27, 2018

Six participants enrolled in Honoka'a creating our sixth cohort.

July 11, 2018

CDC DPRP awarded Full Recognition to Hamakua-Kohala Health Diabetes Prevention Program

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

December 7, 2018

Approved by Medicare to start billing for In-person MDPP.

2019

7

January 7, 2019

Seventh DPP Cohort started in Honoka'a with a Total of 6 participants.

8

January 9, 2019

Eight DPP Cohort started in Kohala with a Total of 8 participants.

9

October 17, 2019

Our Ninth DPP cohort in Honoka'a with 15 patients enrolled.

Umbrella Hub Arrangements

September 30, 2020

DPRP Umbrella HUB with Hawaii Primary Care Association, Waimanalo Health Canter, West Hawaii Community Health, & Ko'olauloa Cumunity Health.

2020

10

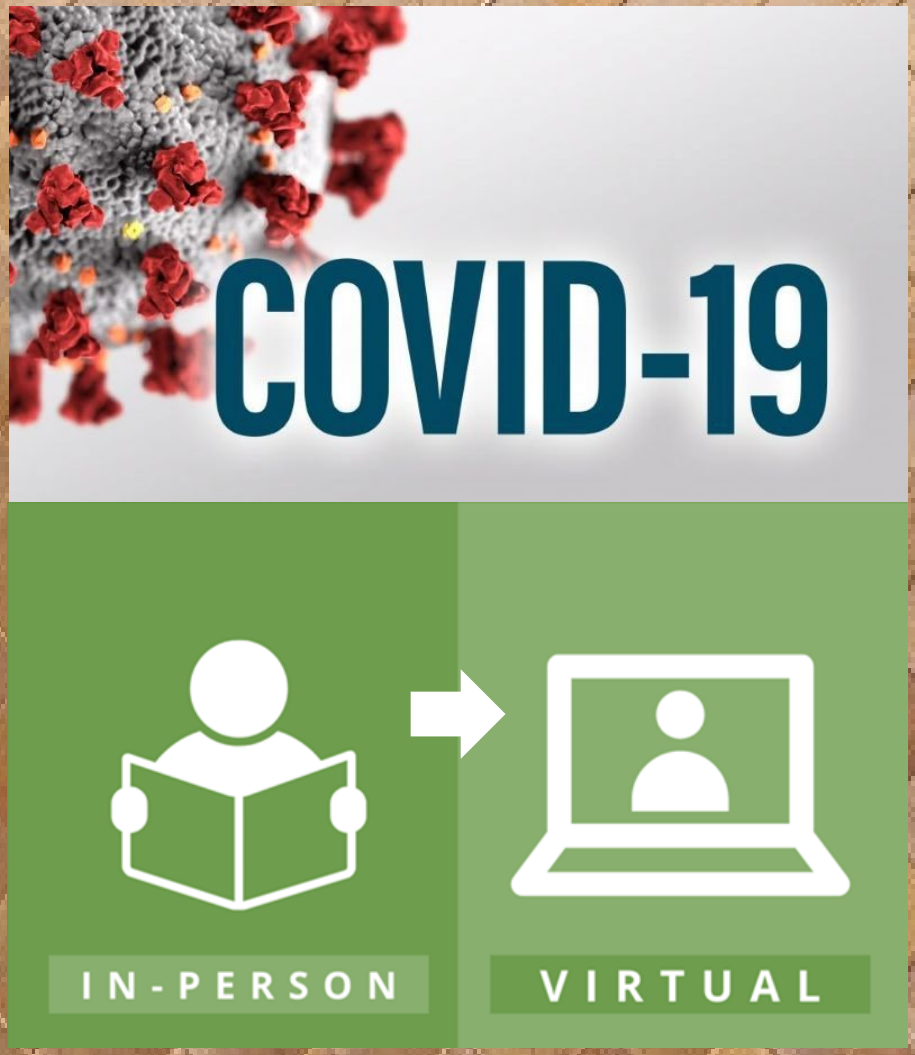
June 24, 2020

Six participants enrolled in Honoka'a creating our tenth cohort.

SUPER STAR SISTERS

Lost a total of 42 lbs.

Lost a total of 24 lbs.



Scale

Blood Pressure Monitor

DPP
Curriculum

Mahalo

HĀMĀKUA-KOHALA HEALTH

Jennifer Valera

Health Coach

808-930-2770

jvalera@hamakua-health.org

Diabetes Prevention Program Open Door Family Medical Centers

Gina DeVito, RD, CDN

OPEN DOOR

FAMILY MEDICAL CENTERS

Ossining Open Door

Open Door Port Chester

Open Door Brewster

Open Door Mamaroneck

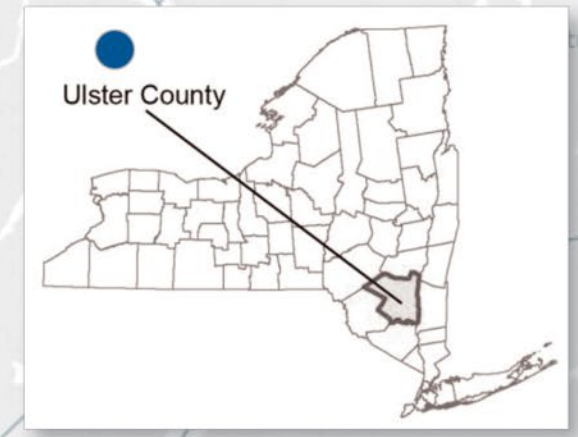
Open Door Sleepy Hollow

Mobile Dental Vans

Open Door Mt. Kisco

Open Door is a *Federally Qualified Health Center*

OPEN DOOR
FAMILY MEDICAL CENTERS



Putnam

Brewster

Mount Kisco

Ossining

New City

Spring Valley

Nanuet

Pearl River

Westchester

Sleepy Hollow

White Plains

Greenwich

Old Greenwich

Scarsdale

Port Chester

Eastchester

Mamaroneck

Dumont

Yonkers

New Rochelle

Mount Vernon

Hackensack

LOCATIONS

OSSINING
165 Main Street
Ossining, NY 10562

BREWSTER
155 Main Street
Brewster, NY 10509

PORT CHESTER
5 Grace Church Street
Port Chester, NY 10573

MOUNT KISCO
30 West Main Street
Mount Kisco, NY 10549

MAMARONECK
689 Mamaroneck Avenue
Mamaroneck, NY 10543

SLEEPY HOLLOW
300 N. Broadway
Sleepy Hollow, NY 10591

SAUGERTIES DENTAL
16 W. Bridge Street
Saugerties, NY 12477

+ SCHOOL-BASED HEALTH CENTERS

ANNE M. DORNER MIDDLE SCHOOL
Ossining

JOHN F. KENNEDY MAGNET SCHOOL
Port Chester

OSSINING HIGH SCHOOL
Ossining

PARK AVENUE SCHOOL
Port Chester

PORT CHESTER MIDDLE SCHOOL
Port Chester

PORT CHESTER HIGH SCHOOL
Port Chester

THOMAS A. EDISON ELEMENTARY SCHOOL
Port Chester

OPEN DOOR
FAMILY MEDICAL CENTER

Open Door delivered

452

BABIES

Open Door treated nearly

57,000

PATIENTS

In 2018

44%

of patients were **UNINSURED**

66%

of patients were better served in a **LANGUAGE OTHER THAN ENGLISH**

OPEN DOOR

FAMILY MEDICAL CENTER

NDPP Timeline at Open Door

2012: Partnered with YMCA to begin DPP lifestyle coach training and planning for program implementation.

2013: Delivered first cohort of DPP at one Open Door location.

2014: Expanded service delivery to 2 Open Door sites.

2015-2016: Steadily scaled DPP by increasing access via additional cohorts, site locations, and languages offered.

2017: Independently delivered NDPP, began journey to CDC Recognition.

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FAMILY MEDICAL CENTERS

NDPP Timeline, Continued

2018: Obtained full CDC recognition, continued to grow NDPP.

2019: Milestone year! 100 patients participated in NDPP (9 cohorts, 4 sites).

2020: Delivered first virtual cohorts of NDPP. Approved as MDPP and Medicaid DPP provider.

2021: Implement sliding fee and billing schedules for NDPP. Determine future of program delivery- virtual, in-person, or both?

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FAMILY MEDICAL CENTERS

NDPP Metrics

CDC Data

- Mandatory data submission every 6 months includes enrollment, attendance, documentation (weight, physical activity), and more
- Use of Compass platform for data entry and storage (exports reports to Excel)
- NDPP sessions documented in EMR eClinicalWorks (exports to Relevant reporting platform)

Additional Data and Use of Health Information Technology

- UDS measures for prediabetes used for program outreach
- Relevant reports to monitor program referrals and potentially eligible patients
- HgbA1c trends for program participants

OPEN DOOR
FAMILY MEDICAL CENTERS

Meet Nelly!

"My coach never gave up on me. DPP changed my life."

Date	Hgb A1c	Weight in lbs	BMI	PAVS
10/27/15	6.4%	238.8	41	0
10/13/16	5.6%	218.5	37.5	390 moderate intensity
10/03/17	5.7%	169	29	300+ w/vigorous activity

OPEN DOOR
FAMILY MEDICAL CENTERS

Contact Information

Please direct questions or comments to:

Gina DeVito, RD, CDN

Tel: (914) 502-1332

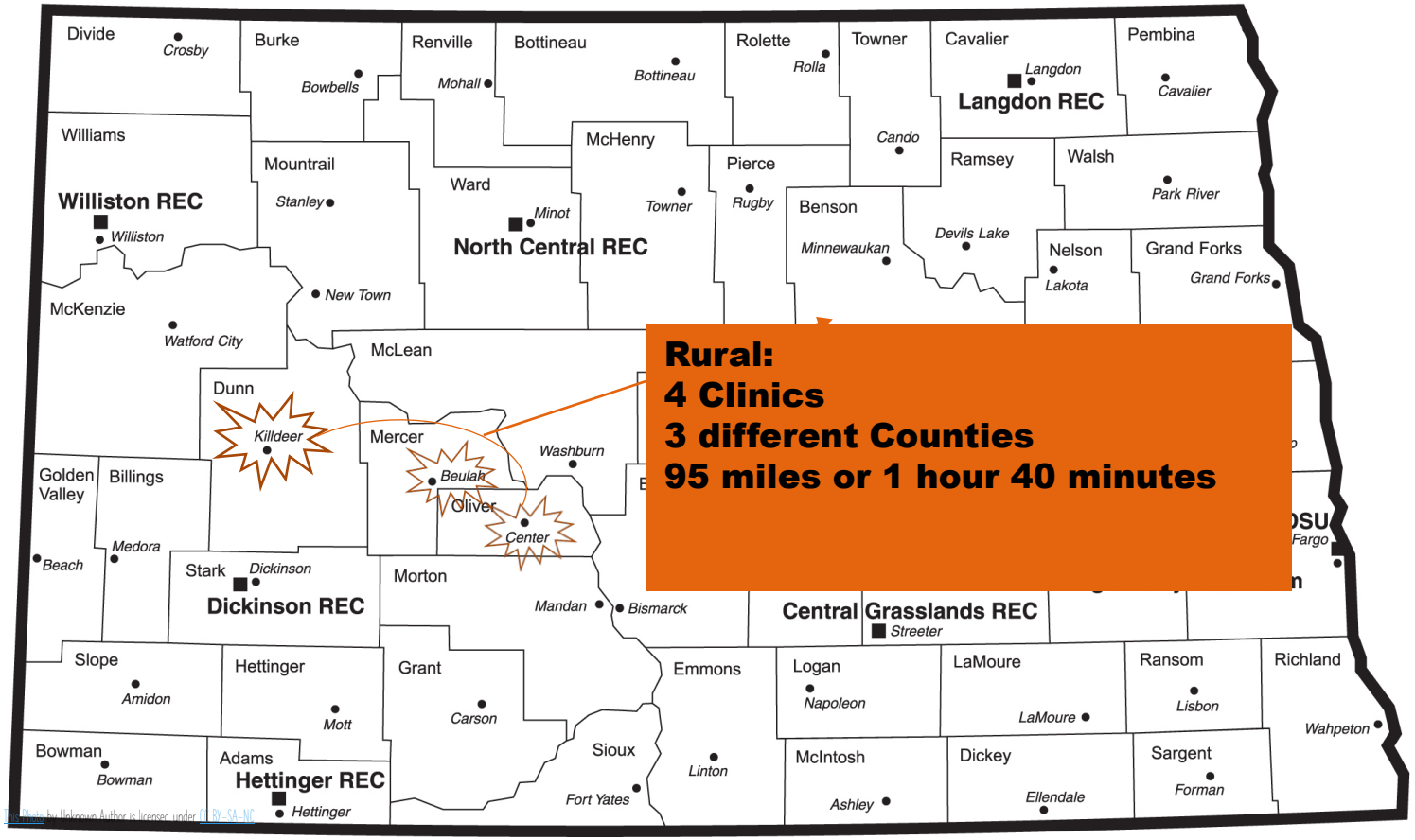
Email: gdevito@odfmc.org

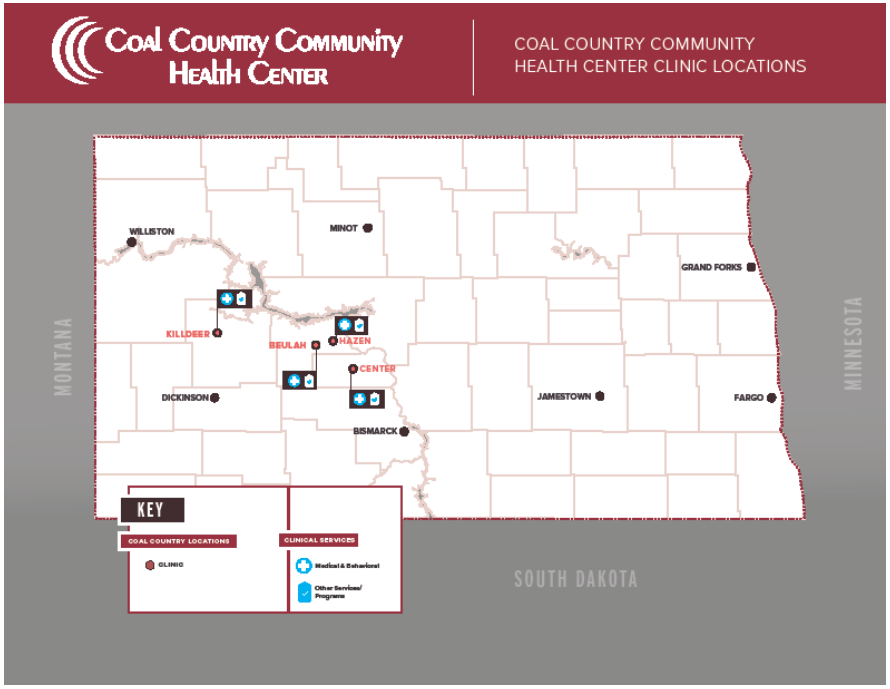
OPEN DOOR
FAMILY MEDICAL CENTERS

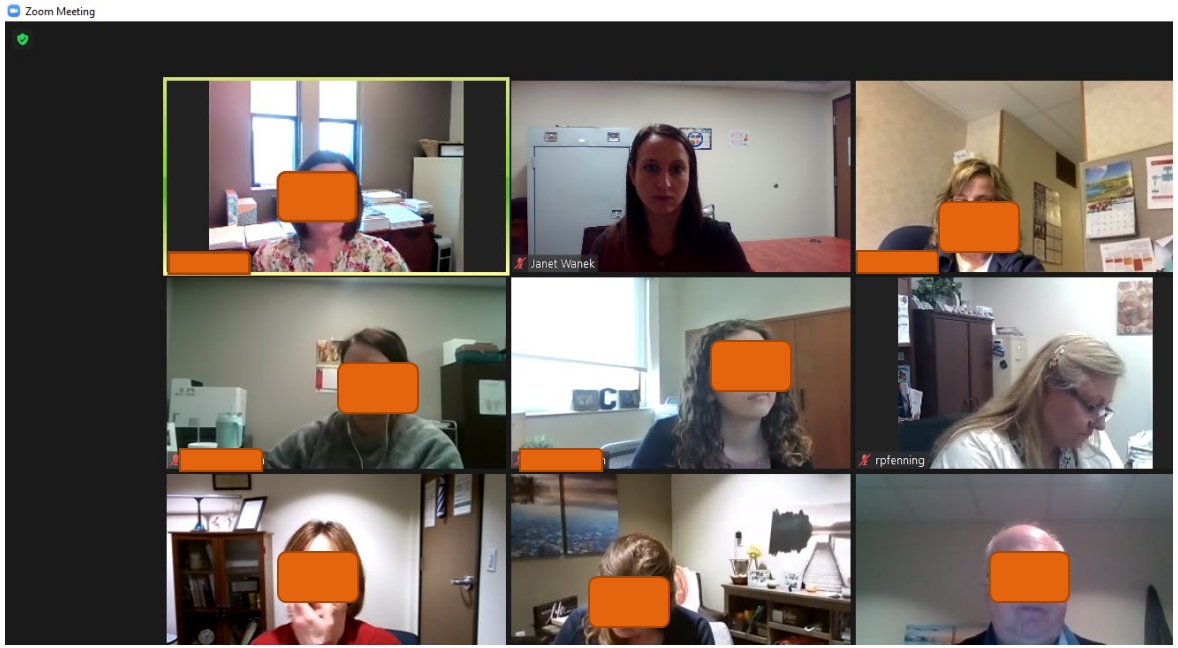
FQHC doing Diabetes Prevention Program

Lifestyle Coaches

Janet Wanek, Top, Registered Dietitian
Rhonda Pfenning, Bottom, RN/CDCES
Not Pictured: Sharlene Gjermundson, RN




Coal Country Community Health Center
COAL COUNTRY COMMUNITY HEALTH CENTER CLINIC LOCATIONS
WILLISTON
MINOT
GRAND FORKS
KILLDEER
BEULAH
HAZEN
CENTER
DICKINSON
JAMESTOWN
FARGO
BISMARCK
MONTANA
MINNESOTA
SOUTH DAKOTA
KEY
COAL COUNTRY LOCATIONS
CLINIC
CLINICAL SERVICES
Medical & Behavioral
Other Services/ Programs


Zoom Meeting
Janet Wanek
rpfenning

Panelist Questions

1. Why did your health center begin offering DPP?
2. Can you share a DPP success story about one of your patients?
3. What has been the biggest challenge for you during COVID-19?
4. What's one thing you wish you knew before starting DPP at your health center?
5. How are patients identified and referred to the DPP?
6. Can you describe the process of transitioning to virtual sessions during COVID-19?
7. What resources does your health center use to support DPP (funding, staff, etc.)?

Questions?

Please type your questions into the Q&A pod.

Emily Kane
ekane@phmc.org

Thank you!

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NurseLedCare.org

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