WEBINAR

The National Diabetes Prevention Program:

Where We Are, Where We're Going

Monday, September 30, 2019 at 1:30 pm ET

NURSELEDCARE.ORG

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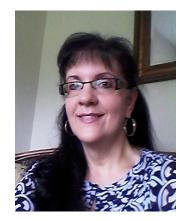
NURSE-LED CARE CONSORTIUM a PHMC affiliate



PRESENTERS



Gina Trignani, MS, RD, LDN Director, Training and Capacity Building Health Promotion Council



Patricia Schumacher, MS, RD Chief, Program Implementation Branch, Division of Diabetes Translation Centers for Disease Control and Prevention



Tracy Branch, DHSc, CPH, MPAS, PA-C, DFAAPA Commander, U.S. Public Health Service Senior Advisor Strategic Partnerships Division, Office of Quality Improvement Bureau of Primary Health Care Health Resources and Services Administration U.S. Department of Health and Human Services



Jen Lee, MPH Director of Community Services and Partnerships Association of Asian Pacific Community Health Organizations

MODERATOR AND PCA PANELISTS



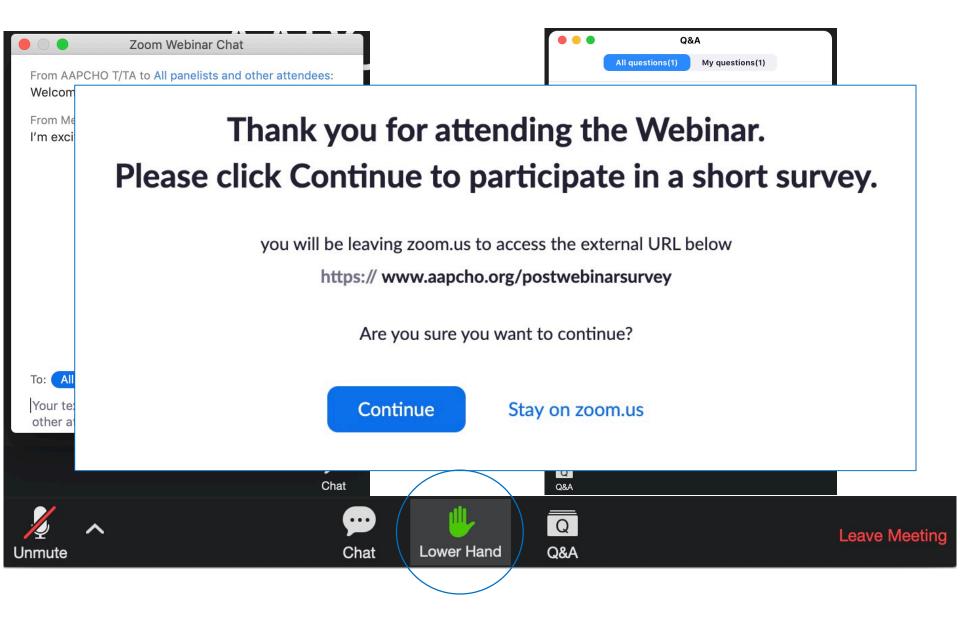
Cindi Christ Chief Operating Officer Pennsylvania Association of Community Health Centers



Cristina L. Vocalan Chief Strategy Officer Hawai'i Primary Care Association



Emily Kane, MPA Senior Program Manager National Nurse-Led Care Consortium



AGENDA

- Introductions (5 minutes)
- ✓ Recap: PCA Environmental Scan and Results (10 minutes)
- ✓ The National DPP Progress to Date in the U.S. (15 minutes)
- ✓ Organizational Roles (15 minutes)
- ✓ PCA Panel (15 minutes)
- ✓ Resources and Next Steps (10 minutes)
- ✓ Q&A (15 minutes)
- ✓ Conclusion (5 minutes)





LEARNING OBJECTIVES

- To provide an overview of the Primary Care Association (PCA) environmental scan and results
- To highlight National DPP progress to date in the U.S., organizational roles, and resources available to PCAs, health centers, and other organizations
- To interview PCA stakeholders about their organizational efforts with National DPP in their state/region





POLL

What is your organization's experience with the National Diabetes Prevention Program (DPP)? [Multiple Choice - Attendees can select more than one choice]

- -We are currently offering it in our health center
- -We are supporting others in offering the National DPP
- -We are referring to outside partners
- -No experience
- -Other (type in Chat box)





Overview of the Results of the Primary Care Association Environmental Scan

Webinar: The National Diabetes Prevention Program: Where We Are, Where We're Going

> Monday, September 30, 2019 1:30-3:00pm

> > Presented by Gina Trignani, MS, RD, LDN Health Promotion Council an affiliate of Public Health Management Corporation On behalf of the National Network of Nurse-Led Care Consortium HRSA Cooperative Agreement



National Diabetes Prevention Program

FINAL REPORT SUMMARY

August 2019





Environmental Scan Design

Purpose:

Collect data on the nationwide landscape on PCA's knowledge of and interest in prediabetes and type 2 diabetes prevention.

Created in partnership with:

- National Nurse-Led Care Consortium
- Association of Asian Pacific Community Health Organizations
- Health Resources and Services Administration
- Centers for Disease Control and Prevention
- Health Promotion Council
- The Research and Evaluation Group at PHMC



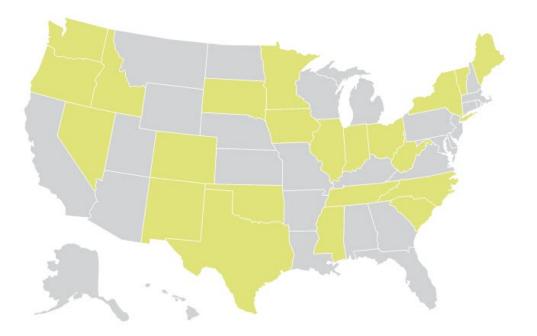
Dissemination of Survey

Electronic distribution using SurveyMonkey to 54 Primary Care Associations (PCA)

State Responses

Type 2 Diabetes Prevention Program

Landscape Scan Results 23 PCAs in 22 States Responded



Overall, 23 Primary Care Associations (PCAs) representing 22 states responded to the scan, yielding a response rate of 43%, States in **yellow** completed the landscape scan.

Survey Results

- 95% of PCAs are very concerned about the effects of diabetes on the overall health of adults
 - 77% concerned about prediabetes
 - 95% concerned about diabetes
- <u>Engagement</u>: 59% are discussing diabetes most or all of the time in staff meetings
- <u>Assessment</u>:
 - 82% conduct annual assessment of programmatic needs
 - 56% identified type 2 diabetes as a need in last assessment

Awareness and Implementation of National DPP

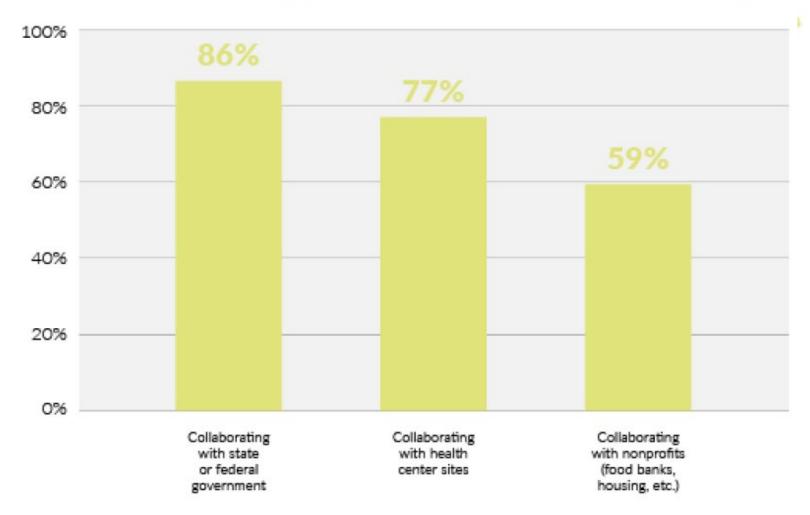
- 91% familiar with National DPP
- 28% reported at least one health center applied for CDC recognition of DPP (Diabetes Prevention Recognition Program DPRP).
- 59% identified webinars providing requirement and tips as the most useful form of assistance

What is working?

- PCA technical assistance to health centers (86%):
 - Workgroups
 - Quality Improvement initiatives
- Staff buy-in 55% reported
- Leadership buy-in
- External system support

What is working?

PCAs and Organizational Partnerships



What is needed?

- Raise Awareness 82% agreed the need to raise awareness of prediabetes and the National DPP
- Funding
 - Patient incentives
 - Program operational support
- Staffing Infrastructure and Capacity
- Program Planning Resources
 - Program knowledge and implementation strategies
 - ROI as a selling point
 - How to identify and target specific health centers that would benefit
- Alternate Service Delivery Resources and Options
 - Virtual program delivery to reach rural and migrant workers

PCA Readiness Index

PCA Resources PCA Preparedness

- Clients
- Leadership
- Staff buy-in
- State & Local partnerships

- Level of concern by PCA
- Steps taken to address the problem
- Trained staff or partners to deliver DPP

PCA Support

- Assessment needs, readiness, resources
- Training
- Program planning



Next Steps

- PCA and Health Center engagement
 - Connection to resources
 - Education opportunities
- Feedback from PCAs to NNCC and AAPCHO
 - Continue the dialogue
 - Ask questions
 - Share what is needed and where gaps exist
- Look for continued updates, resources and support from HRSA, CDC, NNCC, AAPCHO







The National Diabetes Prevention Program— Making Type 2 Diabetes Prevention a Reality in the U.S.

Pat Schumacher, MS, RD

Chief, Program Implementation Branch Division of Diabetes Translation National Center for Chronic Disease Prevention and Health Promotion Centers for Disease Control and Prevention

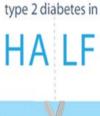
National Diabetes Prevention Program

Largest national effort to mobilize and bring an evidencebased lifestyle change program to communities across the country!

type 2 diabetes

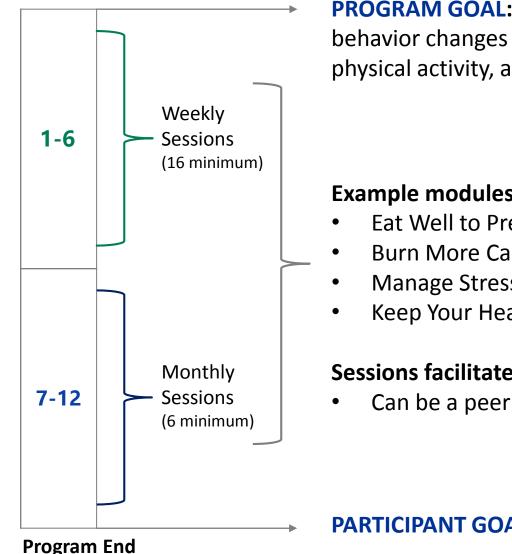


to achieve a greater combined impact on reducing type 2 diabetes



The National DPP Lifestyle Change Program

Program Start



PROGRAM GOAL: Help participants make lasting behavior changes such as eating healthier, increasing physical activity, and improving problem-solving skills

Example modules covered in core phase:

- Eat Well to Prevent T2
- Burn More Calories Than You Take In
- Manage Stress
- Keep Your Heart Healthy

Sessions facilitated by a trained lifestyle coach

Can be a peer educator/Community Health Worker

PARTICIPANT GOAL: Lose 5 – 7% of body weight

Months

National DPP Strategic Goals





National DPP Strategic Goals

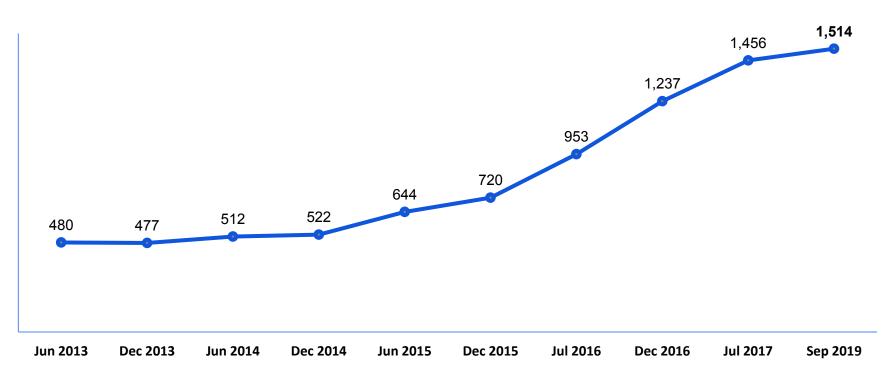


Increase the supply of quality programs





CDC-Recognized Organizations Across the U.S.



CDC Diabetes Prevention Recognition Program: September 17, 2019

CDC Recognition: Overview

Recognition involves...

assuring quality by developing and maintaining a registry of organizations recognized by CDC's Diabetes Prevention Recognition Program for their ability to achieve the outcomes proven to prevent or delay onset of type 2 diabetes

Key Activities



Quality Standards

 DPRP Standards and Operating Procedures--updated every 3 years

Registry of Organizations

 Online registry and program locator map

Data Systems

- Data analysis and reporting
- Feedback/technical assistance for CDC-recognized organizations

Program Sustainability



- Considerations for Organizations Interested in Offering the National DPP Lifestyle Change Program:
 - Is my organization well-positioned to do this?
 - Complete the Organizational Capacity Assessment:
 - <u>https://nationaldppcsc.cdc.gov/s/article/Organizational-</u>
 <u>Capacity-Assessment-1525311979894</u>
 - Assess your capacity to develop and implement a claims processing infrastructure
 - Does your organization have access to a large # of people at high risk for type 2 diabetes and the ability to offer at least 1 class cohort/year?
 - If no to either of the above, consider joining a network, forming an "umbrella", or serving as a class location for a larger organization

Umbrella Options



- CDC Part 1 Guidance For Existing CDC-Recognized Organizations (coming soon)
 - For existing organizations with preliminary or full recognition
 - Umbrella organization invites other organizations with any CDC recognition status to join as subsidiaries
 - Umbrella and subsidiaries are listed in the DPRP Registry
 - Data for umbrella and subsidiaries is aggregated, and everyone benefits from the recognition status at the umbrella level
- CDC Part 2 Guidance Umbrella organizations that are not currently recognized by CDC (in development)
 - To allow non-delivery organizations with the necessary capacity to serve as an umbrella (i.e., a Primary Care Association, Academic Center, Area Indian Health Board)



National DPP Strategic Goals

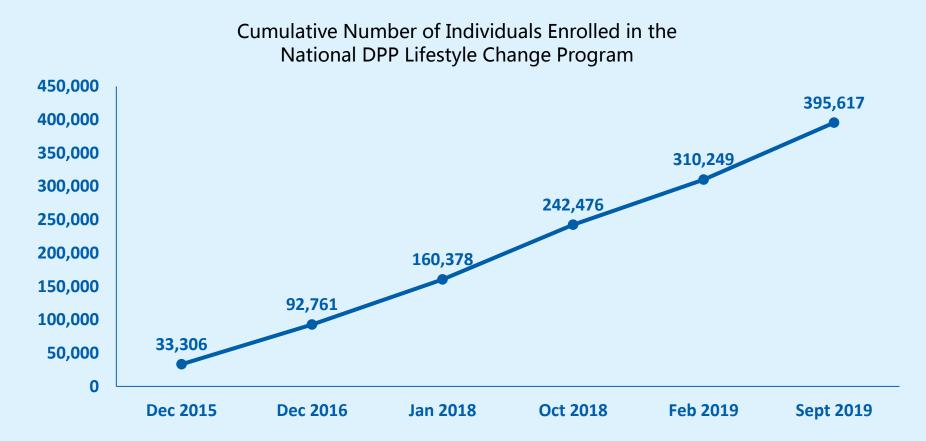




Increase demand for the National DPP among people at risk



Increase Demand for the Program Among



395,617 individuals have enrolled as of Sept. 17, 2019

Award-Winning Prediabetes Awareness Campaign Ad Council, AMA, ADA, CDC

Puppies – A Perfect Way to Spend a Minute





www.DolHavePrediabetes.org

National DPP Strategic Goals







Increase Referrals from Health Care Providers

CDC works with numerous partners to help identify and refer at-risk individuals to CDC-recognized organizations



American College of Preventive Medicine



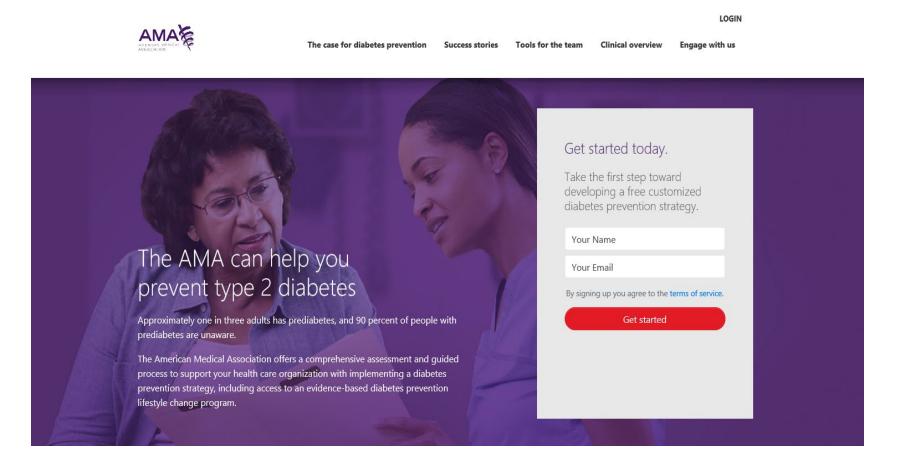




AMA Prevent Diabetes



AMA offers an interactive, guided process to support health care organizations in implementing a type 2 diabetes prevention strategy



https://amapreventdiabetes.org/

National DPP Strategic Goals

Coverage & Reimbursement

Increase coverage among public and private payers



Goal: All-Payer Coverage

CDC is working with public and private payers and employers to eliminate cost barriers for participants and sustain program delivery organizations long-term.



Private Sector

- Self Insured Employers
- Health Plans

Public Sector: State/Local

State/Public Employee
 Benefit Plans



CMS: Medicare & Medicaid



What You Can Do...

RAISE AWARENESS of prediabetes and the National DPP

www.cdc.gov/diabetes/prevention/prediabetes-type2

O2/**SCREEN, TEST, AND REFER PEOPLE** at risk to a CDC-recognized organization

www.cdc.gov/diabetes/prevention/lifestyle-program

03/

01/

OFFER THE PROGRAM by becoming a CDC-recognized organization

www.cdc.gov/diabetes/prevention/lifestyle-program

Thank you!

Questions? Email: prs5@cdc.gov

For more information, contact CDC 1-800-CDC-INFO (232-4636) TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



POLL

What are the biggest challenges in implementing DPP? [Type your answer into the Chat box]







National Diabetes Prevention Program

Forging Effective Strategies

23 September 2019

Commander Tracy Branch Senior Advisor, Strategic Partnerships Division, Office of Quality Improvement Bureau of Primary Health Care (BPHC)

Vision: Healthy Communities, Healthy People



Why A Diabetes Quality Improvement Initiative?

- Reduce the number of health center patients who develop diabetes and obesity
- Increase diabetes control among those living with the disease
- Eliminate the disparities seen in diabetes occurrence, control, and complications
- Engage in childhood overweight and obesity prevention with the goal of reducing the risk of juvenile onset type 2 diabetes
- Reduce healthcare expenditures for chronic disease management

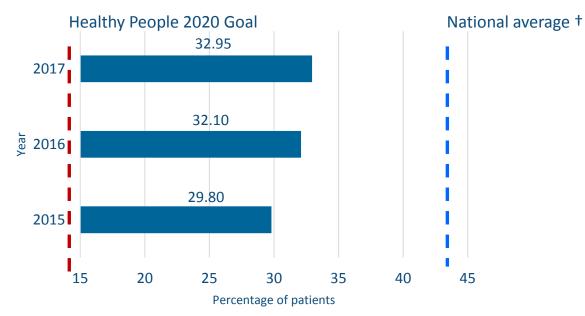






Diabetes QI Initiative

What will it take to move the needle?



Percentage of Health Center Program patients with uncontrolled diabetes

⁺ NCQA, 2016 Medicaid-HMO: <u>https://www.ncqa.org/hedis/measures/comprehensive-diabetes-care/</u> Source: Uniform Data System, 2015-2017 - Table 7





What will it take to move the needle? Systems Change



- Leadership and champion
- Evidence based guidelines
- Team roles and responsibilities
- Standardized workflow and standing orders
- EHR and technology optimization
- Population management
- Patient engagement
- Collaborations





Strategic Partners' Technical Assistance

Improving Health Systems & Infrastructure

EHRs with Diabetes Modules

Diabetes Informatics

Health Information Exchange (HIE) & Telemedicine

Patient Centered Medical Home (PCMH)

Use Patient Portals

Optimizing Provider & Multidisciplinary Teams

Team Based Care

Promote National Standards New Techniques for Early

Detection Screening

Case Management

Sharing of Diabetes Management Promising Practices Eye, Foot, Dental, & Kidney Screening Provider Counseling of Patients

Facilitating Behavior Change in Patients

CHW Directed Patient Education

> Lifestyle/Self-Management

Promote Physical Activity and Healthy Diets

Address Childhood & Adult Obesity

Increase Patient Health Literacy







44 FQHCs 5 Look-Alikes More than 300 service sites in 52 out of 67 counties both urban & rural

888,000+ patients served in 20182.9 M patient visits in 2018Serve 1 in 14 Pennsylvanians

Estimated % of Patients with Hba1c > 9% (2018 UDS) - 30.8%



Improving Access to Affordable, Quality Health Care for All

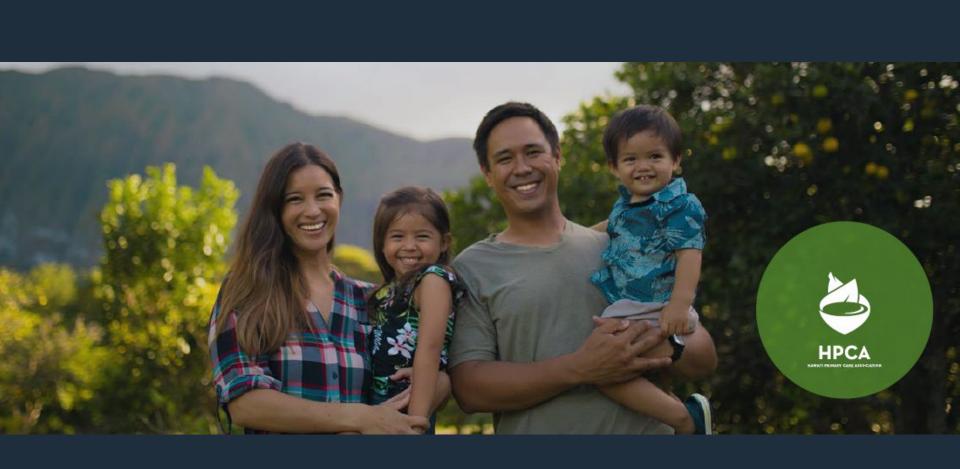
What PACHC Does

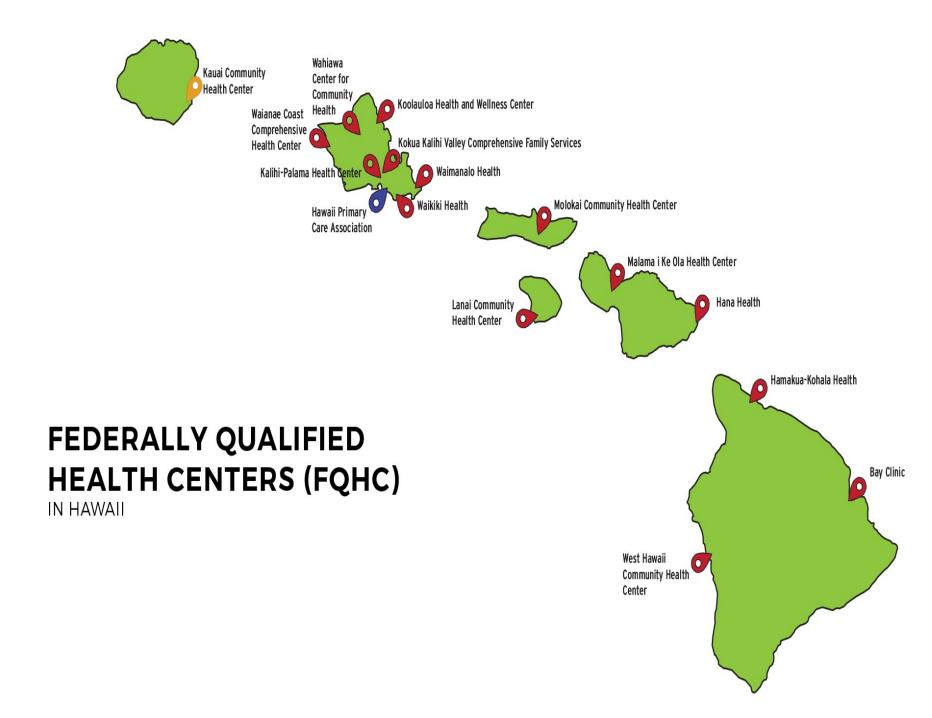
- Communication
- Advocacy
- Recruitment
- Education & Training
- Resources
- Technical Assistance Related To Health Center Operations, Finance And Clinical Quality
- Outreach & Enrollment
- Partnership & Collaboration



Improving Access to Affordable, Quality Health Care for All







COMMUNITY HEALTH CENTERS

WHO THEY SERVE

157,000 Patients statewide

14% Uninsured 55% on Medicaid

8284 Homeless Patients

70% Live below Federal Poverty Level

14,988 Public Housing Patients

40% Native Hawaiian/Other Pacific Islander
23% Asian
20% NonHispanic White



OUR ROLE





FUNDING & RESOURCES

PANELIST QUESTIONS

- 1. Why did your PCA decide to promote the National DPP among your member health centers?
- 2. How did you initially promote the National DPP among your health centers, and what are you doing to continue to promote it?
- 3. Which PCA staff are responsible for National DPP work, and have those roles changed since you initiated the project?
- 4. How did you address the barriers/challenges you/your health centers face in adopting the National DPP?
- 5. Have you used or promoted online or hybrid lifestyle change programs for health center patients? If so, have you noticed a difference in retention, attendance, and/or behavior change?
- 6. How do you promote sustainability with this program?





RESOURCES AND NEXT STEPS







RESOURCES

- National Diabetes Prevention Program: <u>https://www.cdc.gov/diabetes/prevention/index.html</u>
 - Organizational Capacity Assessment: <u>https://nationaldppcsc.cdc.gov/s/article/Organizational-Capacity-Assessment-1525311979894</u>
 - Prediabetes Awareness Campaign: <u>www.DolHavePrediabetes.org</u>
- American Medical Association
 - <u>https://amapreventdiabetes.org</u>
- HRSA Diabetes Quality Improvement Initiative
 - <u>https://bphc.hrsa.gov/qualityimprovement/clinicalquality/diabetes.html</u>





NEXT STEPS

Complete the National DPP Organizational Capacity Assessment:

 <u>https://nationaldppcsc.cdc.gov/s/article/Organizational-</u> <u>Capacity-Assessment-1525311979894</u>

Learn more about National DPP providers in your area

<u>https://nccd.cdc.gov/DDT_DPRP/Registry.aspx</u>

AAPCHO/NNCC National DPP PCA Learning Collaborative







Please type your questions into the Q&A box. You can "upvote" and comment on other attendees' questions.

THANK YOU!

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