

Overview and Update on the National Diabetes Prevention Program: *Everything but the kitchen sink!*



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Disclosures to Participants

Requirements for Successful Completion:

For successful completion, participants are required to be in attendance in the full activity, complete and submit the program evaluation at the conclusion of the educational event.

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Activity-Type : Knowledge-based

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Objectives

- ▶ Describe the goals and structure of the National Diabetes prevention Program (DPP)
- ▶ Compare and contrast the difference between DSME programs and the National DPP Lifestyle Change Program
- ▶ Describe the current state of delivery of the National Diabetes Prevention Program

Who are you and what do you do?



Sarah Piper, MPH, CDE

- DTTAC Training Director
 - National Master Trainer
 - Lifestyle Coach



Who is DTTAC?

Diabetes Training and Technical Assistance Center of Emory University: DTTAC is a national training provider for the National Diabetes Prevention Program. Established at Emory University in 2009 with funding from the Centers for Disease Control and Prevention (CDC), Division of Diabetes Translation (DDT). Currently operate independent of CDC funding.

Curriculum:

- ✓ Developed the 2012 curriculum for the launch of the National DPP
 - ▶ Partnered with CDC/DDT, Indiana University, University of Pittsburgh, and YMCA of the USA

Training:

- ✓ Developed first National training for Lifestyle Coaches and Master Trainers in 2011
 - ✓ Trains Lifestyle Coaches and Master Trainers nation wide
 - ✓ Ongoing in person and web based training for Lifestyle Coaches and organizations

Support:

- ✓ Developed and manage **Common Ground**, online learning community to support Lifestyle Coaches, Master Trainers, and recognized organizations
- ✓ Provide implementation assistance to organizations delivering the National DPP

Everything but the Kitchen sink agenda:

- ▶ Background: DPP study
- ▶ Pre-diabetes epidemic
- ▶ What is the National DPP
 - ▶ Lifestyle Change Program
 - ▶ Quality assurance: CDC DPRP
 - ▶ Training
 - ▶ Referrals & coverage
- ▶ Current status of program
- ▶ Potential next steps



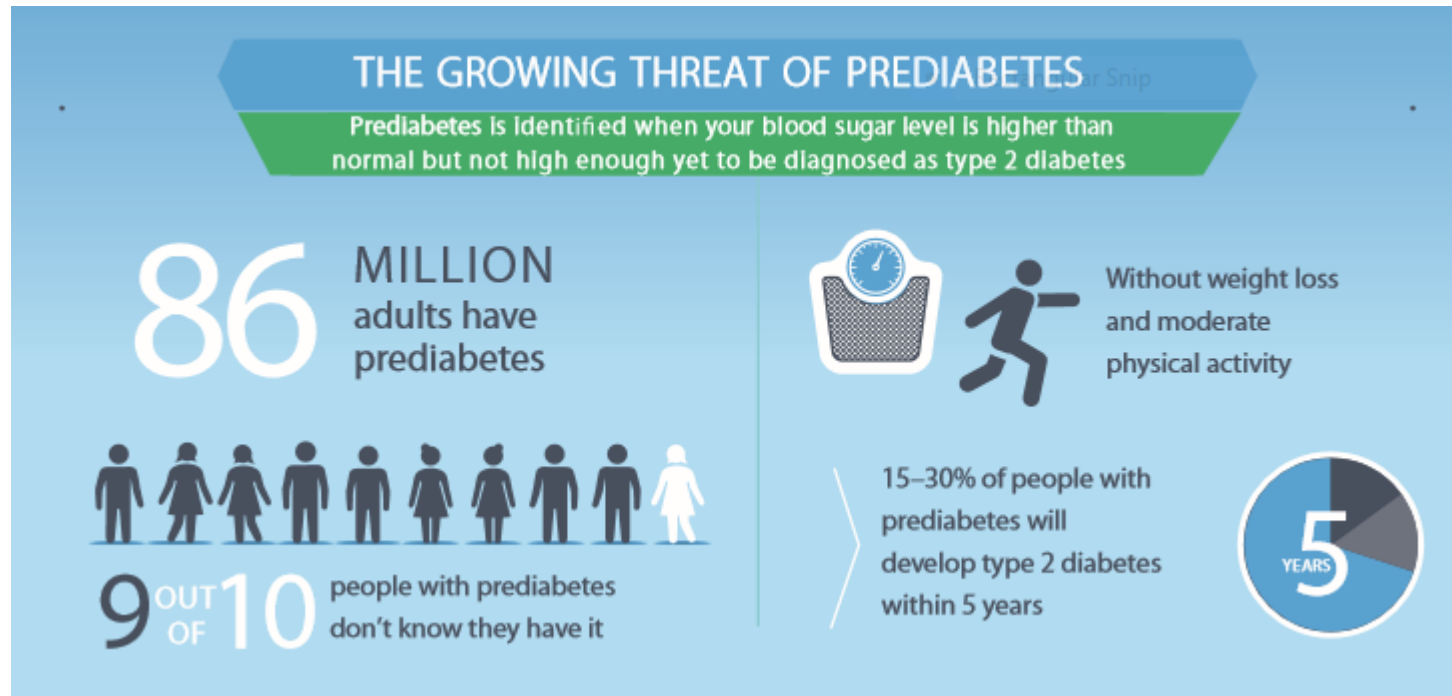
Housekeeping:

- Cards on table
- Questions
- Handouts

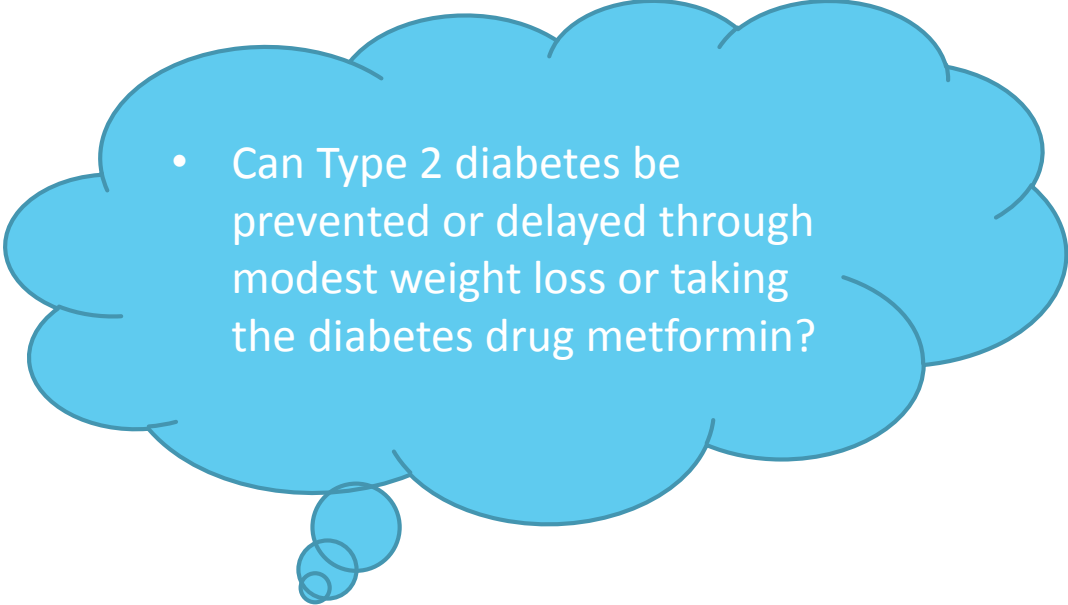
National DPP Background: The DPP Study



Why focus on prediabetes?



What was the research question of the DPP study?

- 
- Can Type 2 diabetes be prevented or delayed through modest weight loss or taking the diabetes drug metformin?

How did the study work?

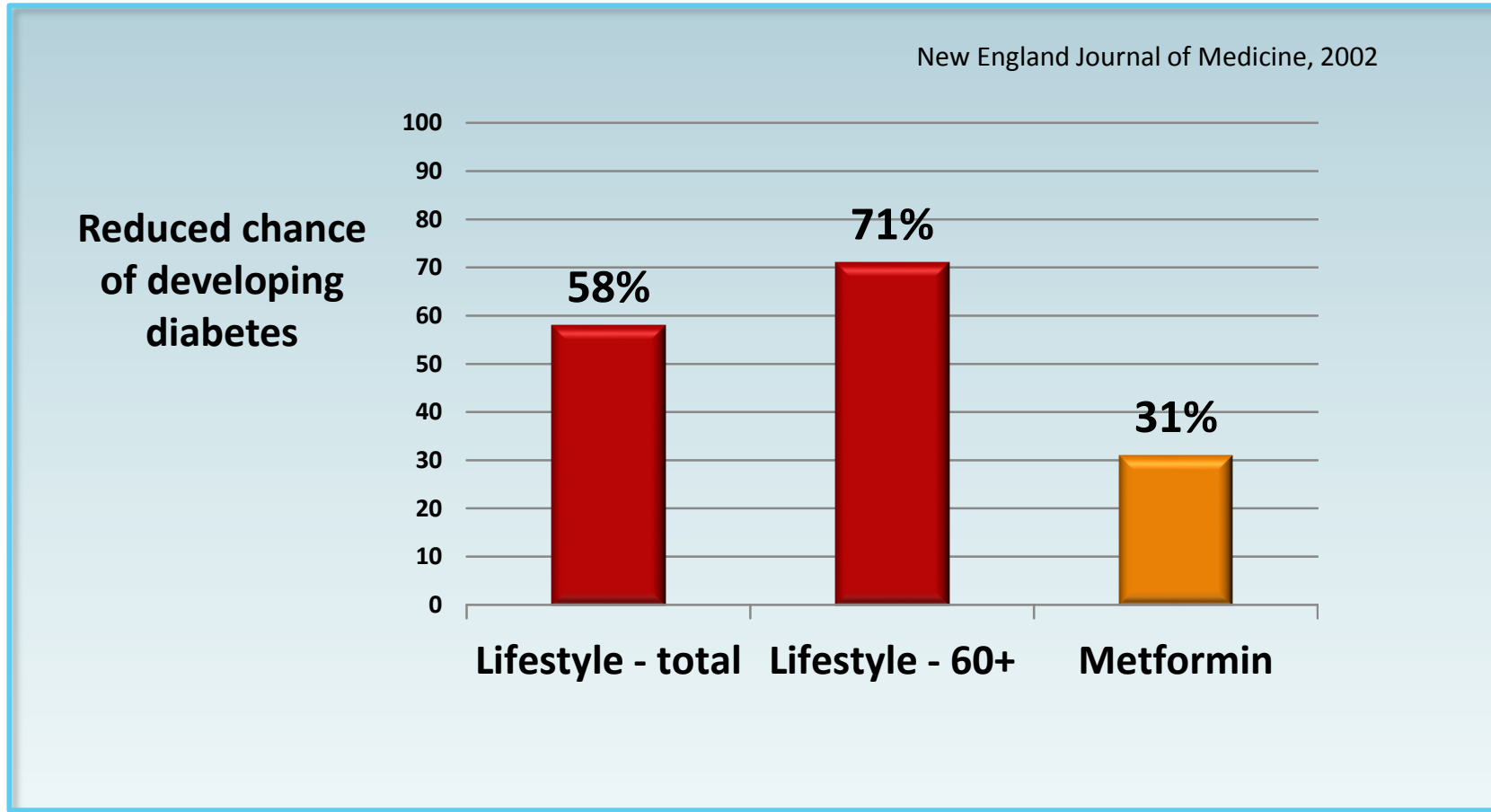
- 3, 234 participants-all with prediabetes and overweight
- Split into three groups: Metformin, Lifestyle Intervention & Placebo
- Followed participants for three years

What did the lifestyle change component include?



- Study participants met 1:1 with their lifestyle coach weekly
- Covered weekly topic-16 weeks then monthly for one year
- Lifestyle coaches were health professionals
- Kept food logs that were reviewed by lifestyle coach
- Participants given incentives
- Some group support in second phase

What were the results? Which group did best?



DPP Results



- ▶ **Weight loss** was the most important factor in lowering the risk for type 2 diabetes.
- ▶ The effect of weight loss on the risk for type 2 diabetes was the **same across the board** - regardless of sex, socioeconomic status, race, or ethnicity.
- ▶ Millions of people with diabetes in the U.S. can **prevent or delay type 2 diabetes** through modest weight loss as part of a structured lifestyle program.

What Happened after the DPP?

Researchers set out to determine if the same outcomes could be achieved if the Lifestyle Change Program is:

- ▶ Offered in community-based settings
- ▶ Delivered in a group
- ▶ Facilitated by a trained Lifestyle Coach without a health care background
- ▶ Offered without incentives

*** Similar levels of weight-loss were obtained!**



Bottom Line: Prevention Works & it's powerful:

Reaching 100 high risk adults:

- ▶ Prevents 15 new cases of type 2 diabetes
- ▶ Prevents 162 missed workdays
- ▶ Avoids \$91,400 in healthcare costs
- ▶ Adds equivalent of 20 perfect years of health



Source: American Medical Association (2016)

National Diabetes Prevention Program



2010

REDUCING THE IMPACT OF DIABETES



Congress authorized CDC to establish the NATIONAL DIABETES PREVENTION PROGRAM (National DPP)—a public-private initiative to offer evidence-based, cost effective interventions in communities across the United States to prevent type 2 diabetes

It brings together:



to achieve a greater impact on reducing type 2 diabetes

Research shows
structured lifestyle
interventions can
cut the risk of
type 2 diabetes in

HALF



What is the National Diabetes Prevention Program (National DPP)

- ▶ Launched by the CDC and other National Partners in 2010
- ▶ National Diabetes Prevention Program—or National DPP—is a partnership of public and private organizations working to reduce the growing problem of prediabetes and type 2 diabetes.
- ▶ First steps included:
 - ▶ Curriculum
 - ▶ Quality standards
 - ▶ Training infrastructure



Four Components of the National DPP



Deliver the lifestyle change program through organizations nationwide



Ensure quality and standardized reporting



Build a workforce that can implement the lifestyle change program effectively



Increase referrals to and participation in the lifestyle change program

National DPP Component: *Deliver the lifestyle change program through organizations nationwide*



The Lifestyle Change Program:



Deliver the lifestyle change program through organizations nationwide

A key part of the National DPP is a lifestyle change program that provides:



A TRAINED LIFESTYLE COACH



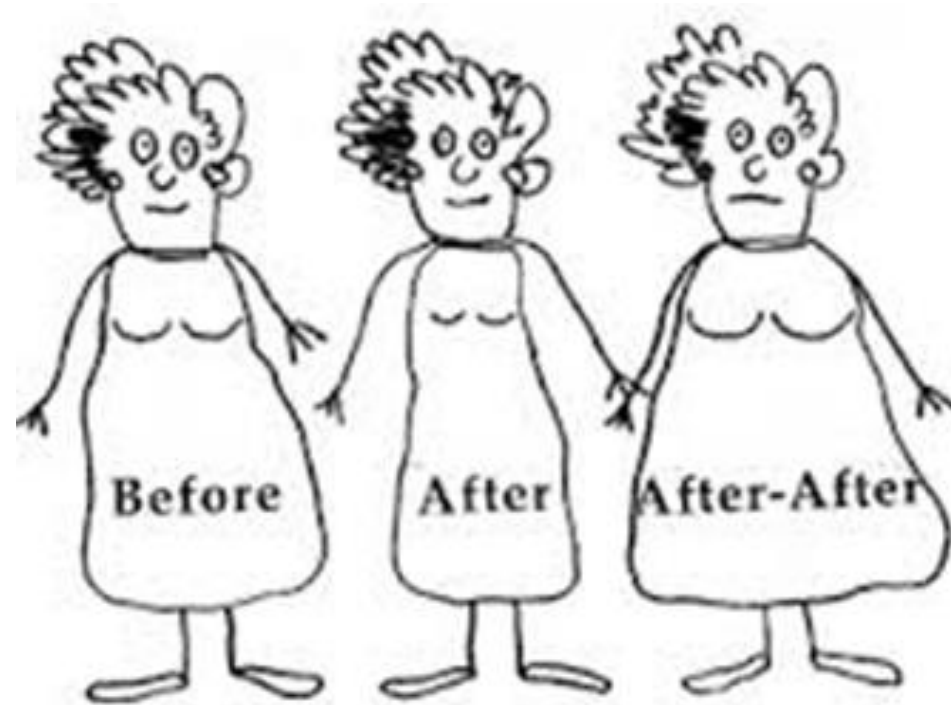
CDC-APPROVED CURRICULUM



GROUP SUPPORT OVER THE COURSE OF A YEAR

what the lifestyle change program is NOT:

- ▶ Not an HGTV show
- ▶ Not a class
- ▶ Not a quick fix
- ▶ Not a diet



The Real Diet Story

So what *is* the lifestyle change program?

- ▶ Evidence-based lifestyle intervention to reduce the risk for developing type 2 diabetes
- ▶ Participant have modest weight loss and activity goals
- ▶ Participants meet weekly and discuss a weekly lifestyle change topic from the curriculum
- ▶ Participants learn to identify and address barriers to healthy eating and physical activity
- ▶ Strategies used: group and individual problem solving, self monitoring of food intake, weight and physical activity



"Eat less and exercise more? That's the most ridiculous fad diet I've heard of yet!"

The Lifestyle Change program is a Year-long program

By the end of the 1st 6 months:

- ▶ Lose 5-7% of their starting body weight
- ▶ Get at least 150 minutes of moderate physical activity

**Goals are monitored by
participants and Lifestyle
Coaches**

By the end of the 2Nd 6 months:

- ▶ Keep off the weight they have lost
- ▶ Keep working toward their goal weight, if they haven't reached it.
- ▶ Lose more weight if they wish
- ▶ Keep getting at least 150 minutes of activity each week

Change for Life

- ▶ <http://www.cdc.gov/diabetes/prevention/prediabetes-type2/preventing.html>

Cynthia Johnson, 54, Program Participant

"It's not about how long you live, it's about how well you live"



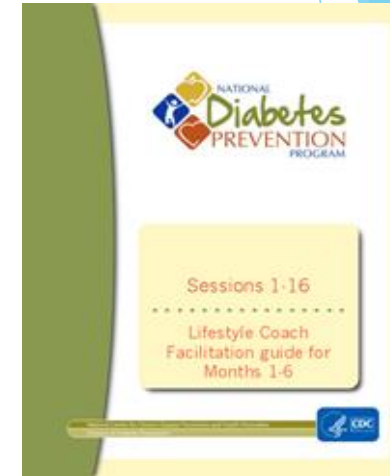
[View Low Resolution Video](#)

<http://www.cdc.gov/diabetes/prevention/real-people-stories/index.html>

Lifestyle change program curricula

There are two CDC created and approved curriculums for delivery of the National DPP Lifestyle Change Program:

- *2012 Curriculum*
 - *Prevent T2 Curriculum*
- Both curriculums based in the science of the DPP study
 - Both curriculums approved for use with the National DPP
 - Primary differences center around layout of materials, reading level, program tools and structure of each session, and licensing requirements
 - Content is closely aligned



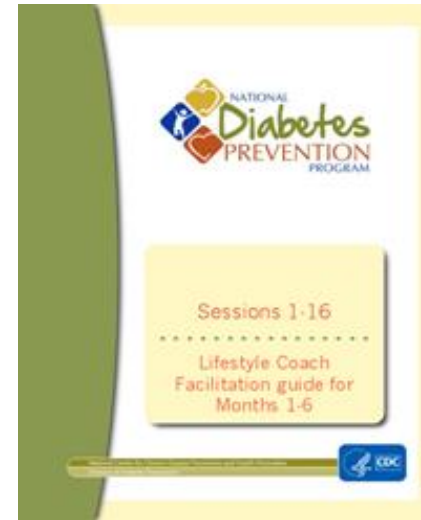
Curriculum Themes

Skills

Emotions

Environment

Health and Wellness



lifestyle change program strategies

- ▶ Choices and flexibility
- ▶ Tracking of food and physical activity
- ▶ Weekly weigh-ins
- ▶ Group support and accountability
 - ▶ Problem solving
- ▶ Understanding nutrition labels
- ▶ Weighing and measuring foods to learn portions
- ▶ Using the Create My plate/My Plate method to ensure balanced eating
 - ▶ Choose foods lower in fat and calories
 - ▶ Choose foods lower in sugar
 - ▶ Choose foods higher in fiber



Nutrition Facts

Amount Per Serving		
Calories	250	Calories from Fat 50
		% Daily Value*
Total Fat	5 g	8%
Saturated Fat	1.5 g	8%
Trans Fat	0 g	
Cholesterol	10 mg	2%
Sodium	180 mg	8%
Potassium	330 mg	9%
Total Carbohydrate	34 g	11%
Dietary Fiber	0 g	0%
Sugars	31 g	
Sugar Alcohols		
Protein	14 g	
Vitamin A	2250 IU	45%
Vitamin C	30 mg	50%
Calcium	500 mg	50%
Iron	4.5 mg	25%



the lifestyle change program is flexible
and sustainable



Vs.

IT'S NOT A DIET
IT'S NOT A PHASE
IT'S A PERMANENT LIFESTYLE CHANGE

The Lifestyle Change Program in Summary:



- ▶ A CDC-recognized lifestyle change program is a structured program—in person or online—developed specifically to prevent type 2 diabetes.
 - ▶ It is designed for people who have prediabetes or are at risk for type 2 diabetes, but who do not already have diabetes.
- ▶ A trained lifestyle coach leads the program to help participants change certain aspects of their lifestyles, like eating healthier, reducing stress, and getting more physical activity.
- ▶ The program also emphasizes includes group support from others who share similar goals and struggles.
- ▶ This lifestyle change program is not a fad diet or an exercise class. And it's not a quick fix. **It's a year-long program focused on long-term changes and lasting results.**

DSME & National DPP-how are they different?

DSME

- ▶ Purpose is to optimize a person's self-management of diabetes
- ▶ For people diagnosed with diabetes
- ▶ Typically taught by a certified diabetes educator, RD, or RN.
- ▶ Educator is the expert
- ▶ Quality governed by National Standards for DSME & accreditation requirements
 - ▶ Accreditation available through ADA and AADE-reimbursable

National DPP Lifestyle Change Program

- ▶ Purpose is to prevent or delay type 2 diabetes
- ▶ For people with prediabetes or at high risk for type 2 diabetes
- ▶ Led by a trained lifestyle coach (may or may not be a clinician)
- ▶ Lifestyle Coach not in role of the expert
- ▶ CDC Diabetes Prevention Recognition Program (DPRP) provides standards for quality assurance
- ▶ Reimbursement varies by location/market
- ▶ CMS coverage expected 2018

National DPP Component: *Ensure quality and standardized reporting*



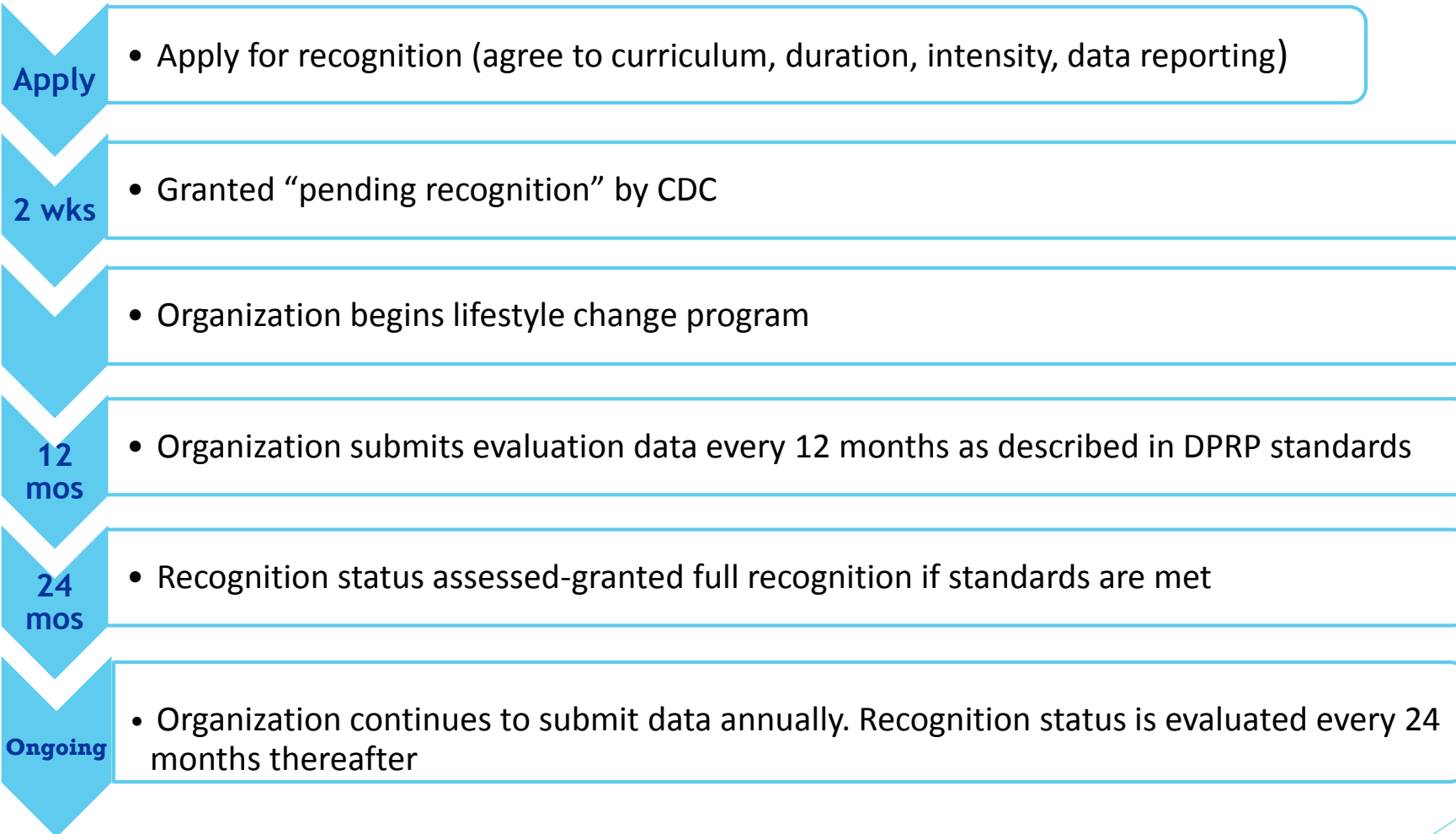
CDC Diabetes Prevention Recognition Program (DPRP)



“The purpose of the DPRP is to recognize programs that have shown they can effectively deliver a proven lifestyle change program to prevent type 2 diabetes.”

- Assure program quality and fidelity to scientific evidence (DPP research study)
 - Eligibility
 - Curriculum
 - Structure and goals
- May facilitate reimbursement by private and public payers
- Establish program registry on CDC website

CDC Recognition Process



so who can participate in the program?

- A. Anyone who needs to lose some weight
- B. People with prediabetes and diabetes controlled through lifestyle
- C. People with a diagnosis of prediabetes and/or at high risk for developing diabetes
- D. All of the above

Answer: C

Eligibility criteria for the National DPP:

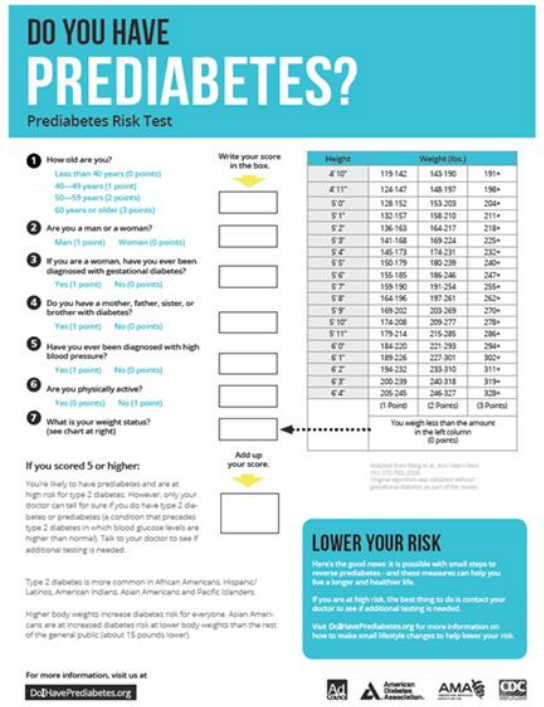
Overweight Adults:

- Limited to persons ages 18 years and older
- Participants must have a BMI of 24 or greater (Asian Americans: 22 or greater)

And

Prediabetes status:

- 50% of participants must have prediabetes diagnosed through blood test (FPG, OGTT, HbA1c, or finger prick glucose)
 - OR history of gestational diabetes
- Other 50% eligible if screen positive for prediabetes based on National Diabetes Prevention Program Risk Test



DO YOU HAVE PREDIABETES?
Prediabetes Risk Test

1 How old are you?
Less than 40 years (0 points)
40–49 years (1 point)
50–59 years (2 points)
60 years or older (3 points)

2 Are you a man or a woman?
Man (1 point) Woman (0 points)

3 If you are a woman, have you ever been diagnosed with gestational diabetes?
Yes (1 point) No (0 points)

4 Do you have a mother, father, sister, or brother with diabetes?
Yes (1 point) No (0 points)

5 Have you ever been diagnosed with high blood pressure?
Yes (1 point) No (0 points)

6 Are you physically active?
Yes (0 points) No (1 point)

7 What is your weight status? (see chart at right)
You weigh less than the amount in the left column (0 points)

Write your score in the box.

Add up your score.

If you scored 5 or higher:
You're likely to have prediabetes and are at high risk for type 2 diabetes. However, only your doctor can tell for sure if you do have type 2 diabetes or prediabetes (a condition that precedes type 2 diabetes in which blood glucose levels are higher than normal). Talk to your doctor to see if additional testing is needed.

Type 2 diabetes is more common in African Americans, Hispanic/Latino, American Indians, Asian Americans and Pacific Islanders.

Higher body weights increase diabetes risk for everyone. Asian Americans are at increased diabetes risk at lower body weights than the rest of the general public (about 15 pounds lower).

For more information, visit us at DcHavePrediabetes.org

Height	Weight (lbs.)
4'10"	115-142 143-190 191+
4'11"	124-147 148-197 198+
5'0"	128-152 153-209 209+
5'1"	132-157 158-210 211+
5'2"	136-163 164-217 218+
5'3"	141-168 169-224 225+
5'4"	145-173 174-231 232+
5'5"	150-179 180-239 240+
5'6"	155-185 186-246 247+
5'7"	159-190 191-254 255+
5'8"	164-196 197-261 262+
5'9"	169-202 203-269 270+
5'10"	174-208 209-277 278+
5'11"	179-214 215-285 286+
6'0"	184-220 221-293 294+
6'1"	189-226 227-301 302+
6'2"	194-232 233-310 311+
6'3"	200-239 240-318 319+
6'4"	205-245 246-327 328+

Source: Ross Bagheri et al., Ann Intern Med. 2014;160:103-108. Higher algorithm was adapted without gestational diabetes as part of the study.

LOWER YOUR RISK
Here's the good news: it is possible with small steps to reverse prediabetes, and these measures can help you live a longer and healthier life.
If you are at high risk, the best thing to do is contact your doctor for an additional testing is needed.
Visit DcHavePrediabetes.org for more information on how to make small lifestyle changes to help lower your risk.

Logos: ADA, American Diabetes Association, AMA, CDC

What Participant Data Will be Reported to CDC?

- ▶ **Participant's prediabetes determination:** (FPG, 2-hour OGTT, A1C, GDM, finger prick and/or CDC Prediabetes Screening Test)
 - ▶ Note: these will be Y/N fields – specific values are not reported
- ▶ **Demographics:** age, ethnicity, race, sex, state of residence
- ▶ **Physical characteristics:** height, weight (height and starting weight used to determine BMI)
- ▶ **Session data:**
 - ▶ Attendance
 - ▶ Weight,
 - ▶ Minutes of physical activity,

Participant ID	Age	Sex	Race	Ethnicity	Height (cm)	Weight (kg)	Starting Weight (kg)	OGTT 2hr (mg/dL)	A1C (%)	GDM	Prediabetes	Session 1 Attendance	Session 1 Weight (kg)	Session 1 Physical Activity (min)
1	32	F	W	W	165	70	70	120	5.6	N	Y	Y	70	30
2	32	F	W	W	165	70	70	120	5.6	N	Y	Y	70	30
3	32	F	W	W	165	70	70	120	5.6	N	Y	Y	70	30
4	32	F	W	W	165	70	70	120	5.6	N	Y	Y	70	30
5	32	F	W	W	165	70	70	120	5.6	N	Y	Y	70	30
6	32	F	W	W	165	70	70	120	5.6	N	Y	Y	70	30
7	32	F	W	W	165	70	70	120	5.6	N	Y	Y	70	30
8	32	F	W	W	165	70	70	120	5.6	N	Y	Y	70	30
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10	32	F	W	W	165	70	70	120	5.6	N	Y	Y	70	30

Electronically submitted via Comma Separated Value (CSV) file

11	32	F	W	W	165	70	70	120	5.6	N	Y	Y	70	30
12	32	F	W	W	165	70	70	120	5.6	N	Y	Y	70	30
13	32	F	W	W	165	70	70	120	5.6	N	Y	Y	70	30
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15	32	F	W	W	165	70	70	120	5.6	N	Y	Y	70	30
16	32	F	W	W	165	70	70	120	5.6	N	Y	Y	70	30
17	32	F	W	W	165	70	70	120	5.6	N	Y	Y	70	30
18	32	F	W	W	165	70	70	120	5.6	N	Y	Y	70	30
19	32	F	W	W	165	70	70	120	5.6	N	Y	Y	70	30
20	32	F	W	W	165	70	70	120	5.6	N	Y	Y	70	30
21	32	F	W	W	165	70	70	120	5.6	N	Y	Y	70	30
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25	32	F	W	W	165	70	70	120	5.6	N	Y	Y	70	30
26	32	F	W	W	165	70	70	120	5.6	N	Y	Y	70	30
27	32	F	W	W	165	70	70	120	5.6	N	Y	Y	70	30
28	32	F	W	W	165	70	70	120	5.6	N	Y	Y	70	30
29	32	F	W	W	165	70	70	120	5.6	N	Y	Y	70	30
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35	32	F	W	W	165	70	70	120	5.6	N	Y	Y	70	30
36	32	F	W	W	165	70	70	120	5.6	N	Y	Y	70	30
37	32	F	W	W	165	70	70	120	5.6	N	Y	Y	70	30
38	32	F	W	W	165	70	70	120	5.6	N	Y	Y	70	30
39	32	F	W	W	165	70	70	120	5.6	N	Y	Y	70	30
40	32	F	W	W	165	70	70	120	5.6	N	Y	Y	70	30

Examples of outcomes assessed at 24 months*

- ▶ Attendance data is averaged over all *eligible* participants attending a minimum of 4 sessions
 - ▶ Months 1-6: average # of sessions attended by participants must be 9 or higher
 - ▶ Months 7-12: average # of sessions attended must be 3 or more
 - ▶ Make-up sessions critical to retention
 - ▶ Limited data set so everyone counts!
- ▶ Weight loss average over all participants attending four or more sessions (at six months and at 12 months). First and last weights recorded are used to calculate this measure.
 - ▶ Average weight loss must be a minimum of 5%
- ▶ On average, participants must have had physical activity minutes recorded at a minimum of 60% of all sessions attended

* The information on this slide are examples of requirements for recognition but do not reflect all requirements. See DPRP standards for full list.

Program Structure-*reminder*

- ▶ “In order to achieve CDC recognition, your program must last for a full year and complete *at least* 22 modules.”
 - ▶ Must complete 16 sessions in the first 6 months and another 6 sessions in the second six months

Suggested Sequence:

- Once a week for four months (sessions 1-16)
- Every other week for two months (sessions 17-20)
- Once a month for six months (sessions 21-26)

1. About Prediabetes & Type 2 Diabetes

2. Research-Based Prevention Program

3. Lifestyle Change Program Details

4. Testimonials from Participants

5. Find a Program

6. What Is the National DPP?

Implement a Lifestyle Change Program

Why Offer a Program

Requirements for CDC Recognition

Apply for CDC Recognition

Curricula & Handouts

Staffing & Training

Resources

Questions & Support

Submitting Evaluation Data

Testimonials from Program Providers

Screen & Refer Patients to a Lifestyle Change Program

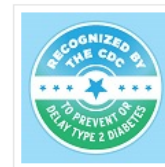
Cover a Lifestyle Change Program as a Health Benefit

Facts, Figures & Registry of Recognized Organizations

Requirements for CDC Recognition



To ensure high quality and impact, CDC sets standards for organizations that wish to offer an in-person or online lifestyle change program.



Standards for CDC Recognition

To gain CDC recognition, your organization must show that it can meet CDC standards and effectively deliver a proven diabetes prevention lifestyle change program.

Standards for CDC recognition include:

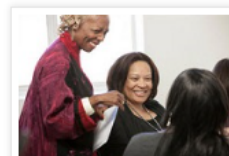
- Use of a CDC-approved curriculum. You can use a curriculum developed by CDC, or you can develop your own or use that of another organization (with permission), as long as CDC approves it.
- Ability to begin offering the lifestyle program within 6 months of receiving approval from CDC.
- Capacity and commitment to deliver the program over at least 1 year, including at least 16 sessions during the first 6 months and at least 6 sessions during the last 6 months.
- Ability to submit data on participants' progress—including attendance, weight loss, and physical activity—every 12 months.
- Trained lifestyle coaches who can help build participants' skills and confidence to make lasting lifestyle changes.
- Designated individual(s) to serve as the diabetes prevention program coordinator.

In addition, the recognition program requires that at least 50% of participants be diagnosed with prediabetes through blood testing (or have a history of gestational diabetes).

Learn more about the standards for recognition in the [CDC Recognition Program Standards and Operating Procedures](#) [PDF - 727KB].

Have questions about CDC recognition? Email dprpAsk@cdc.gov

[Proceed to the Application Form](#)



CDC-recognized lifestyle change programs feature a CDC-approved curriculum and a trained lifestyle coach to help participants make lasting healthy changes.

Centers for Disease Control and Prevention
Diabetes Prevention Recognition Program
Standards and Operating Procedures
www.cdc.gov/diabetes/prevention/recognition
January 1, 2015

National DPP component: Training the Workforce



Build a workforce that
can implement the
lifestyle change program
effectively

Training the workforce:



Build a workforce that
can implement the
lifestyle change program
effectively

“...The secret sauce to the program is the well trained, upbeat lifestyle coaches and the support and advice class members offer one another.”

-Jonathon Lever, VP of Health Strategy
and Innovation at the YMCA of the USA

question:

- ▶ *What is the difference between an educator and a coach?*

what is the role of the lifestyle coach?

- ▶ Lead sessions throughout the year
 - ▶ Weigh participants and capture session data
- ▶ Facilitate rather than teach
- ▶ Ask questions
- ▶ Draw out group members
- ▶ Synthesize ideas
- ▶ Celebrate successes
- ▶ Help group and individuals work through challenges



"YEAH, IRENE'S GREAT. SHE REALLY TAUGHT ME HOW TO STRETCH MYSELF."

tell me about DTTAC lifestyle coach training

- ▶ What DTTAC lifestyle coach training is not:



tell me about DTTAC lifestyle coach training

- ▶ DTTAC lifestyle coach training is a two day training
- ▶ Highly interactive
- ▶ 8-16 lifestyle coaches
- ▶ Led by an expert Master Trainer
- ▶ Role modeling of group facilitation skills
- ▶ Practice with facilitation
- ▶ Exposure to content

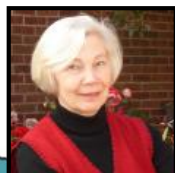


DTTAC National Master Trainers:

Don



Liane



Tami



Teresa



Arlene



- Past/present DPP program delivery experience
- Training expertise



Becky



Larita



Sarah



Nailah



Who Have We Trained?



Regional Lifestyle Coach Training
Kalamazoo, Michigan February 2014
Milestone: 1,000 Coaches Trained

Over 2,000
Lifestyle Coaches
Trained & counting

Over 800
organizations

47 states
represented

DTTAC Quality and fidelity



National DPP Component: Increasing referrals to and participation in the lifestyle change program

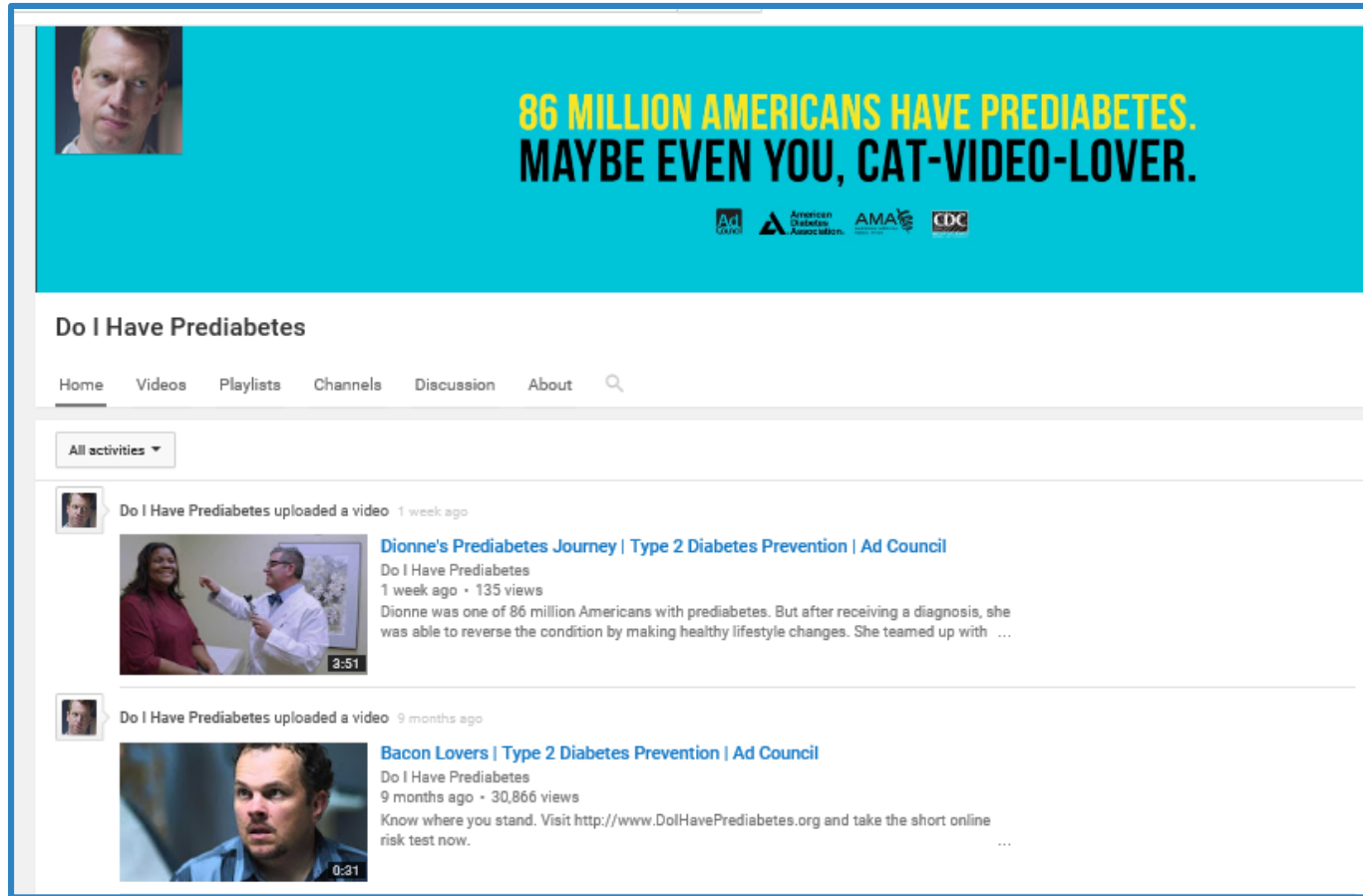




**Increase referrals
to and participation
in the lifestyle
change program**

- Increase awareness and understanding of prediabetes among population and health care providers.
- Increase awareness of the national DPP Lifestyle Change Program
- Increase participation in the lifestyle change program.
- Increase Employer and payer engagement

Ad Council Campaign on Prediabetes



► <https://www.youtube.com/channel/UCFG5XgDdJHkz2aW7UJ2jn7A>

Role of healthcare providers in diabetes prevention

- There are approximately 1,000 organizations nationwide providing CDC recognized diabetes prevention programs
- A reciprocal collaboration between National DPP programs and healthcare providers will be essential to reaching the 86 million at risk



Person with prediabetes

Healthcare Provider

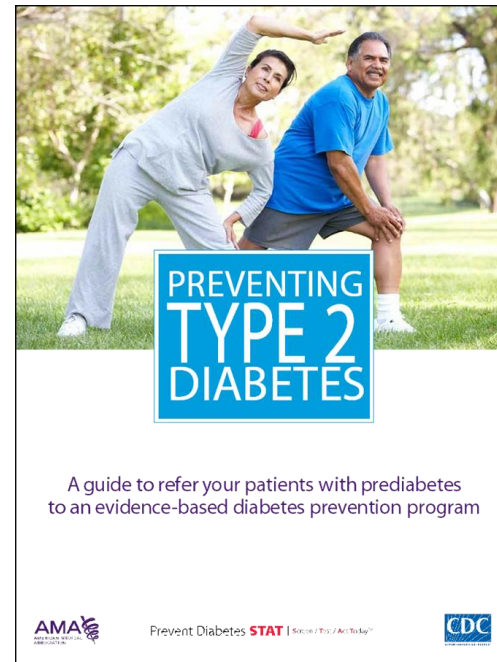
CDC Recognized Lifestyle Change Program

Risk reduction
Quality of life

AMA/CDC provider's toolkit

Purpose of the toolkit

- ▶ To provide health care providers with tools and resources to help identify and refer patients with prediabetes to a diabetes prevention program that is apart of the CDC's National DPP

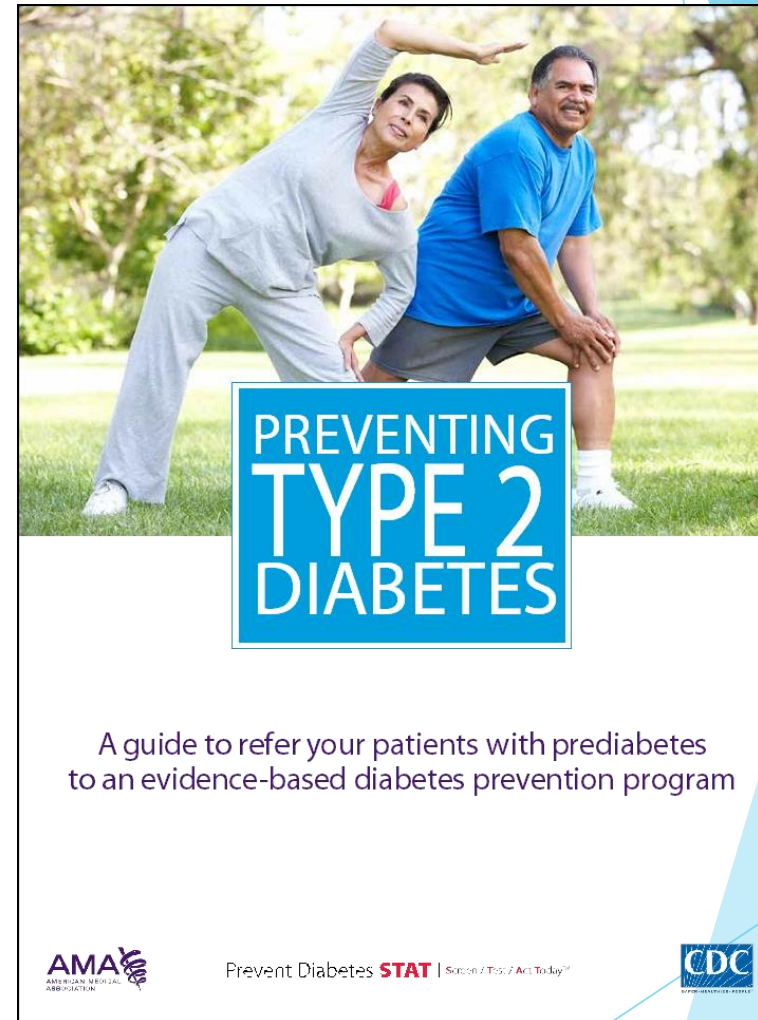


Toolkit Contents:

- Tools for engaging Clinicians
- Tools for engaging patients
- Resources for Incorporating screening, testing and referral into practice
- Resource for connecting clinics to DPP programs

Accessing Toolkit other DPP resources and Next Steps

www.preventdiabetesstat.org



Do people charge for this program? What about reimbursement?

- ▶ \$0-1500 per person

- ▶ Grant funded
- ▶ Sliding fee
- ▶ For profit



- ▶ Some employers offer the lifestyle change program through a work site wellness program or as a covered benefit
- ▶ Third party coverage exists, but it varies

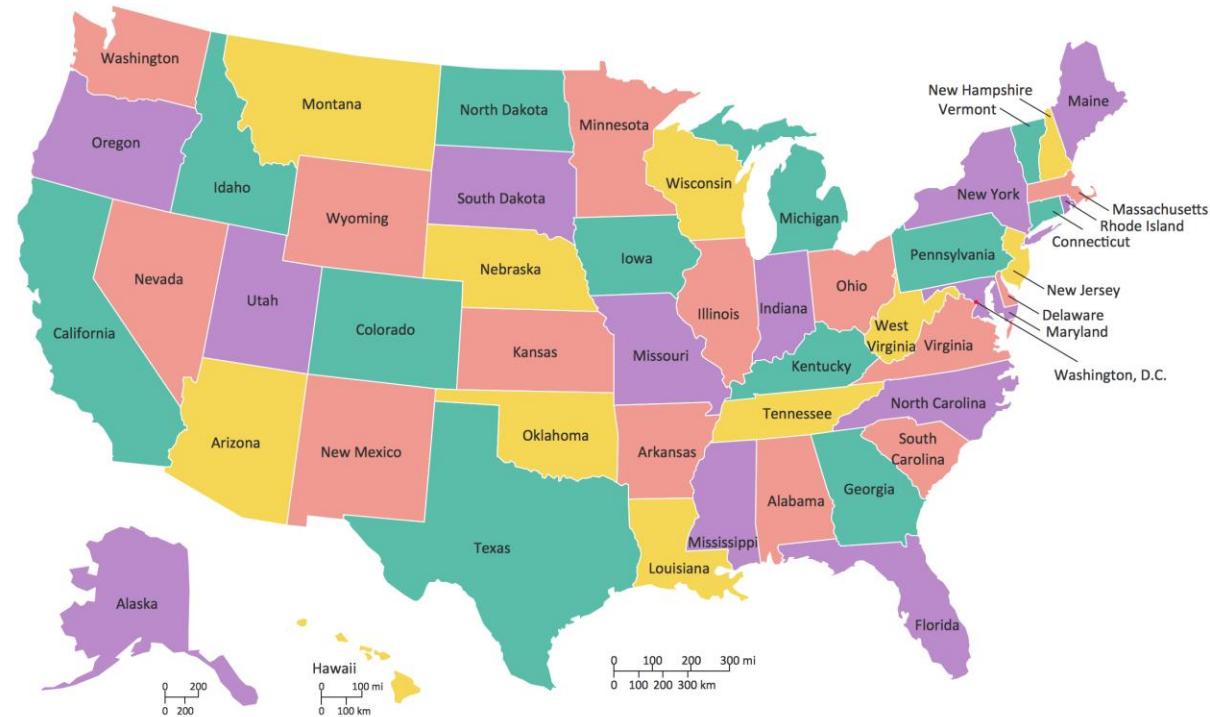
Reimbursement: Commercial Insurers

- ▶ Approximately 60+ payers cover DPP currently-changing rapidly
- ▶ Most payers are expected to cover by end of 2018 (following CMS)
- ▶ Most payment models follow a staggered reimbursement based on participant attendance and goal achievement

HealthCare+		HMO
Name JANE DOE	Group # xxx-xxx-xx	
ID # xxx-xxx-xxxx	Effective xx-xx-xxxx	
	Coverage INDIVIDUAL	
	Plan HMO	
Copay \$xxx.xx	Rx YES	
	RXBIN xxxxx	
	RXPCN xxxxxxx	

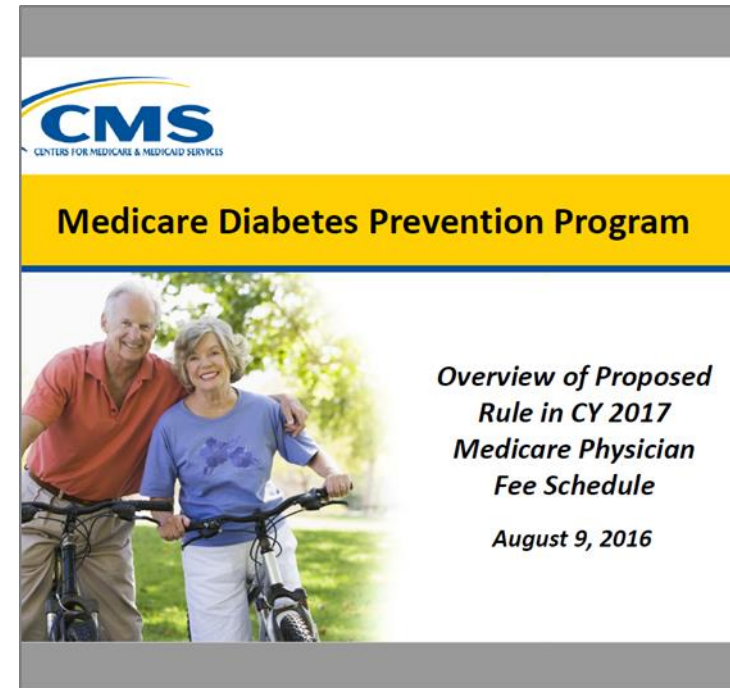
States with National DPP coverage for state employees

- Colorado
- Kentucky
- Louisiana
- Maine
- Minnesota
- New Hampshire
- Ohio
- Washington



Medicare reimbursement and the National DPP

- ▶ Draft rules issued this past summer-comment period now past
- ▶ Final rules expected before the end of 2016
- ▶ Billing will begin in January 2018
- ▶ Billing conditional upon:
 - ▶ Have CDC full recognition status*



Who is delivering the National DPP Lifestyle Change Program?



What types of organizations delivering the National DPP?

- ▶ Health departments
- ▶ Health systems
- ▶ Worksites
- ▶ Community based organizations/non profits
- ▶ Clinics
- ▶ Faith communities
- ▶ Academic settings
- ▶ Correctional institutions




How many organizations have pending or full recognition with the CDC?

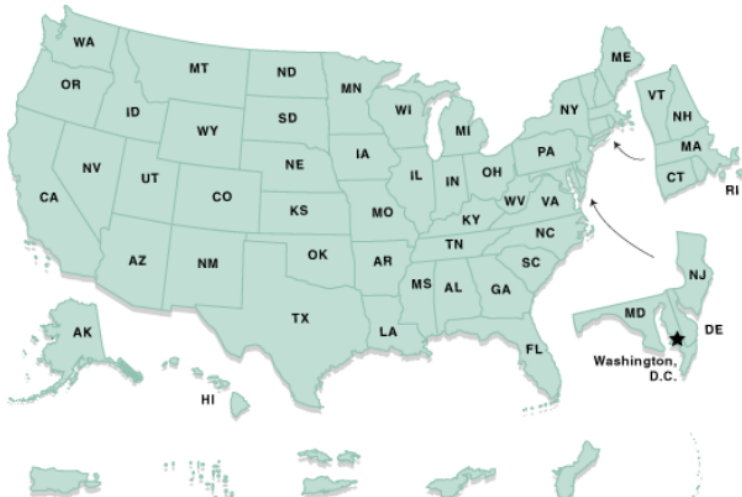
Click on your state or the Online or Combination In-Person/Online Programs link. Contact programs directly for details about dates, times, and costs.

Diabetes Prevention Recognition Program - Find a Program Near You

Find a program near you by selecting your state or territory. Or, find an [Online or Combination In-Person/Online Programs](#) online or combination in-person/online program by selecting that link to the right. Some online providers may also have an in-person program. Please contact the organization for in-person program locations.

Location:

 [Export Full Program List](#)



Over 1300
organizations with
pending or full
recognition

What about Georgia and the DPP?


Diabetes Prevention Recognition Program - Find a Program Near You

Location:

[Online or Combination In-Person/Online Programs](#)

REGISTRY OF RECOGNIZED ORGANIZATIONS


[<< Back to Map](#)

 Georgia

Select a city below to view public programs

[Show All](#)

- [Atlanta](#)
- [Atlanta](#)
- [Canton](#)
- [Carrollton](#)
- [Decatur](#)
- [Gainesville](#)
- [Grayson](#)
- [Kennesaw](#)
- [Lawrenceville](#)
- [Macon](#)
- [Marietta](#)
- [Marietta](#)
- [Newnan](#)
- [Norcross](#)
- [Ringgold](#)
- [Roswell](#)
- [Stone Mountain](#)
- [Villa Rica](#)



24 organizations currently have pending recognition status in Georgia

So what's next for you & the National DPP?



Build a workforce that can implement the lifestyle change program effectively



Ensure quality and standardized reporting



Deliver the lifestyle change program through organizations nationwide



Increase referrals to and participation in the lifestyle change program

JOIN IN THIS NATIONAL EFFORT

Everyone can play a part in preventing type 2 diabetes



RAISE
AWARENESS
of prediabetes



SHARE
INFORMATION
about the
National DPP



ENCOURAGE
PARTICIPATION
in a local lifestyle
change program



PROMOTE
the National DPP
as a covered
health benefit

Find out how to get involved
with the National Diabetes
Prevention Program

www.cdc.gov/diabetes/prevention

Actions to consider:

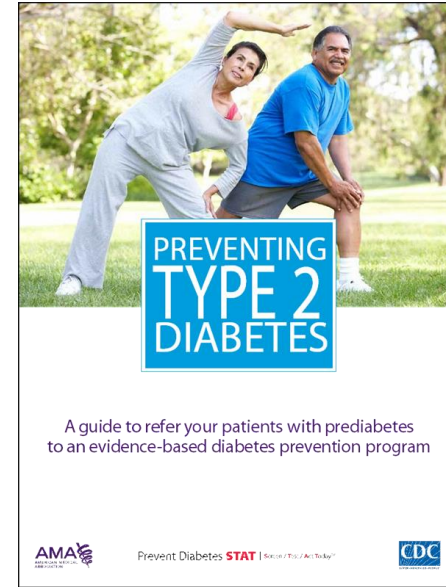
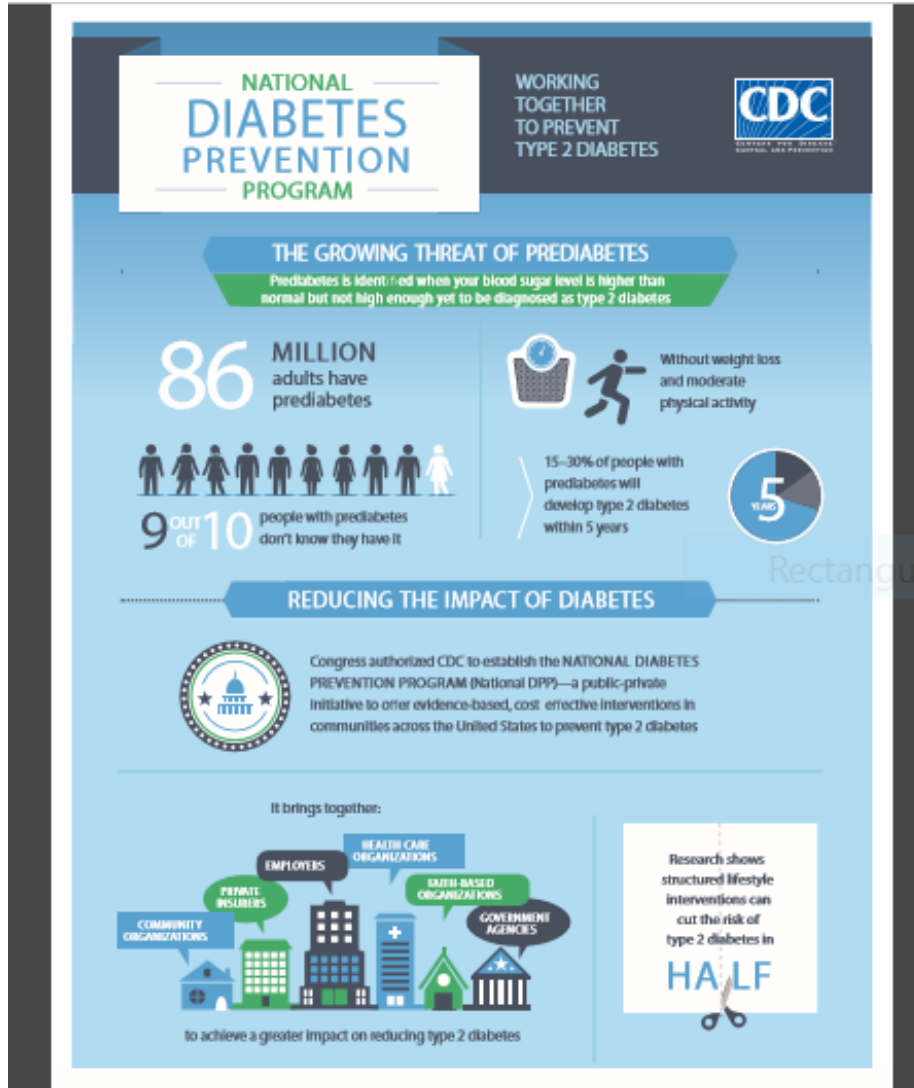


RAISE
AWARENESS
of prediabetes

- Administer the risk assessment quiz
- Test patients per recommendations from the ADA standards of care
- Talk to your patients about their risk:
 - 45 years of age or older
 - Overweight
 - Exercise < three times per week
 - Family history of type 2 diabetes
 - History of gestational diabetes
 - Willingness/readiness to participate in their own lifestyle change



SHARE
INFORMATION
about the
National DPP





ENCOURAGE
PARTICIPATION
in a local lifestyle
change program

Click on your state or the Online or Combination In-Person/Online Programs link. Contact programs directly for details about dates, times, and costs.

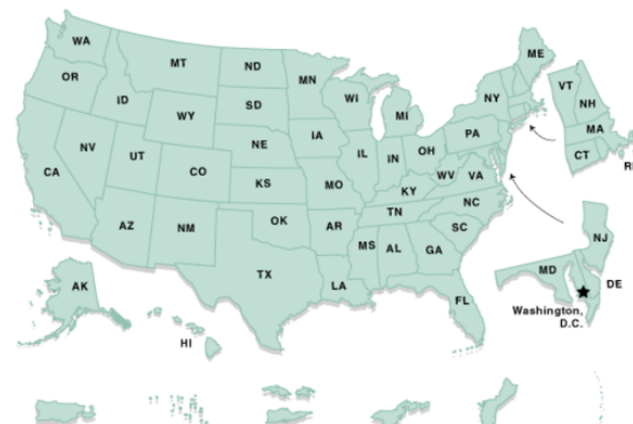
Diabetes Prevention Recognition Program - Find a Program Near You

Find a program near you by selecting your state or territory. Or, find an [Rectangular Snip](#) [Online or Combination In-Person/Online Programs](#) online or combination in-person/online program by selecting that link to the right. Some online providers may also have an in-person program. Please contact the organization for in-person program locations.

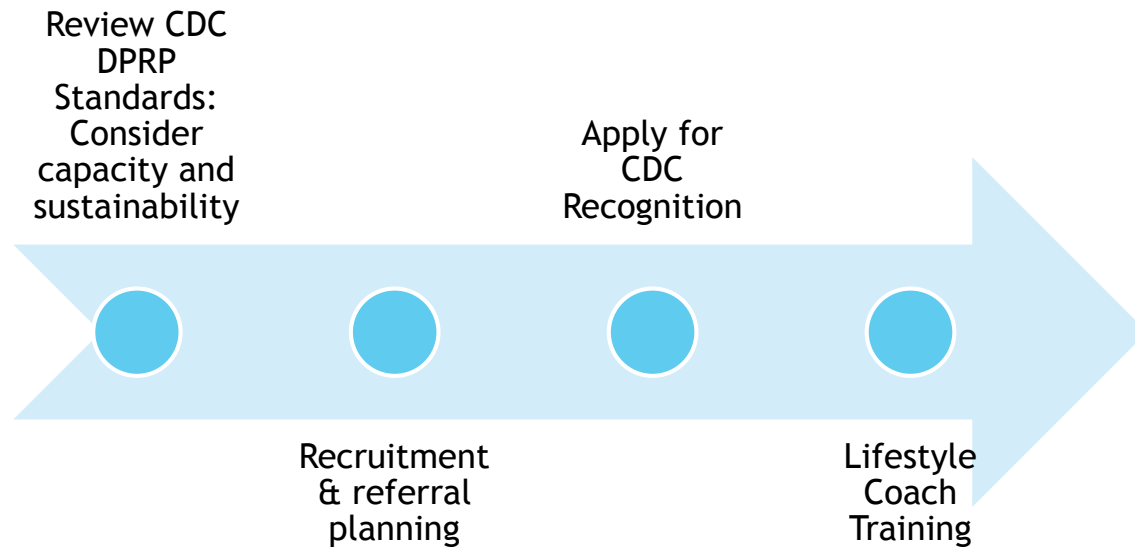
REGISTRY OF RECOGNIZED ORGANIZATIONS

Location:

 [Export Full Program List](#)



Consider offering the National DPP lifestyle change program!





PROMOTE
the National DPP
as a covered
health benefit

- Talking to HR/benefits
- Contact state health department

Questions?

Thank You!



spiper2@emory.edu



This continuing nursing education activity was approved by The American Association of Diabetes Educators, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. This program **2016-054** is awarded **6.0** contact hours of continuing education credit.

The AADE is also accredited by the California Board of Registered Nursing (CEP#10977).



The American Association of Diabetes Educators is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. This program provides **6.0** contact hours (**.60 CEU's**) of continuing education credit.

ACPE Universal Activity Number: 0069-0000-16-255-L01-P; 0069-0000-16-256-L01-P; 0069-0000-16-257-L01-P; 0069-0000-16-258-L01-P; 0069-0000-16-259-L01-P; 0069-0000-16-260-L01-P; 0069-0000-16-261-L01-P; 0069-0000-16-263-L01-P; 0069-0000-16-264-L01-P; 0069-0000-16-265-L01-P

Effective Date: November 12, 2016 to November 12, 2017



Sponsored by The Diabetes Association of Atlanta, a designated provider of continuing education contact hours (CECH) in health education by the National Commission for Health Education Credentialing, Inc. This program is designated for Certified Health Education Specialists (CHES) and/or Master Certified Health Education Specialists (MCHES) to receive up to **6** total Category I continue education contact hours.



- ▶ <http://www.cdc.gov/diabetes/prevention/real-people-stories/index.html>

Common Ground

About Common Ground:

- ❑ Online learning community & e-newsletter
- ❑ A space for Lifestyle Coaches to:
 - Access resources
 - Get practical tips
 - Ask questions

Learn more at www.lccommonground.org



A SNAPSHOT

DIABETES IN THE UNITED STATES



DIABETES

29.1
MILLION

29.1 million people have diabetes



That's about 1 out of every 11 people



1
OUT
OF 4

do not know they have diabetes

PREDIABETES

86
MILLION



86 million people — more than 1 out of 3 adults — have prediabetes



9
OUT
OF 10

do not know they have prediabetes



Without weight loss and moderate physical activity

15–30% of people with prediabetes will develop type 2 diabetes within 5 years



COST



\$245
BILLION

Total medical costs and lost work and wages for people with diagnosed diabetes

Risk of death for adults with diabetes is



50%
HIGHER



than for adults without diabetes

Medical costs for people with diabetes are twice as high



as for people without diabetes

People who have diabetes are at higher risk of serious health complications:



BLINDNESS



KIDNEY FAILURE



HEART DISEASE



STROKE



LOSS OF TOES, FEET, OR LEGS

National DPP four Components:



Build a workforce that can implement the lifestyle change program effectively



Ensure quality and standardized reporting



Deliver the lifestyle change program through organizations nationwide



Increase referrals to and participation in the lifestyle change program

DTTAC values quality

“DTTAC Lifestyle Coach Training was great. I came thinking I knew what I needed to know to teach the National Diabetes Prevention Program and left with a new wealth of knowledge on group facilitation, a new respect for the strength of the research base of the program, and a renewed enthusiasm for getting a program going at home.”

-Lifestyle Coach from Colorado

