Implementing Comprehensive Diabetes Prevention Programs:

A Guide for CCOs

Oregon Health Authority

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Implementing Comprehensive Diabetes Prevention Programs: A Guide for CCOs

The Oregon Health Authority's (OHA) Public Health Division has developed a how-to guide to assist Oregon's coordinated care organizations (CCOs) and other payers interested in covering the evidence-based National Diabetes Prevention Program (DPP) lifestyle change program. This four-part guide includes information about:

1. Partnering with lifestyle change program delivery sites
2. Partnering with clinics
3. Identifying, recruiting and retaining program participants
4. Infrastructure and sustainability

The information in this four-part guide is based on the experiences of four CCOs currently testing the DPP lifestyle change program. Representatives from each of these four CCOs participated in a survey and interview about their lessons learned in implementing the DPP, in addition to reviewing and providing improvements to this guide.

Research shows the DPP can cut the risk of type 2 diabetes in

HALF

WHAT IS THE DPP?

The DPP is a structured lifestyle change program developed specifically to prevent type 2 diabetes. It is a program focused on long-term changes and lasting results. It is designed for people who have prediabetes or are at risk for type 2 diabetes, but who do not already have type 2 diabetes. The DPP curriculum:

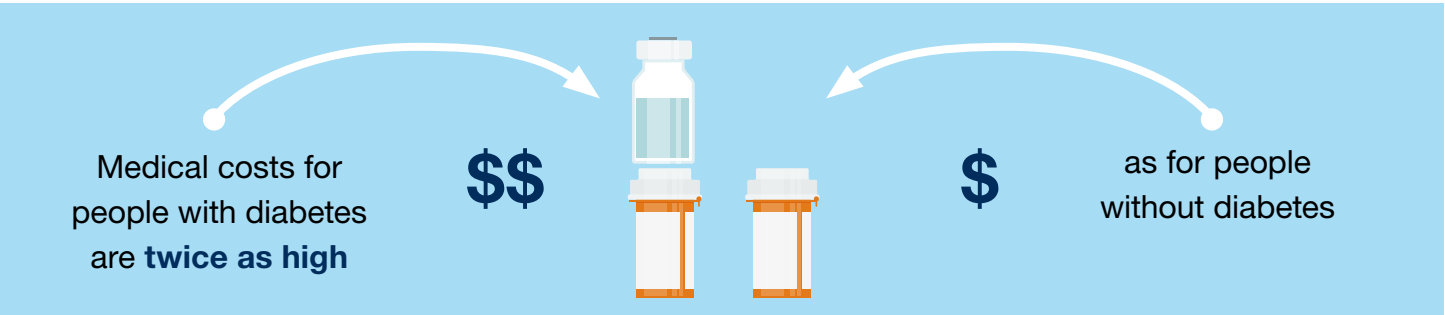
- Emphasizes self-monitoring, self-efficacy and problem-solving

The Health Promotion and Chronic Disease Prevention Section of the Oregon Public Health Division works with local and state partners to implement a comprehensive, community-wide, approach to diabetes prevention. Public health works to implement policies, systems and environments that **support eating better, moving more and living tobacco-free for all Oregonians**.

- Includes trained lifestyle change coaches and peer-to-peer support and
- Calls for participant weigh-ins to track progress.

The DPP lifestyle change program is offered in community settings and online. A trained lifestyle coach leads the program to help participants improve certain aspects of their lifestyle such as eating healthier, reducing stress and getting more physical activity. These CDC-recognized programs adhere to standards such as:

- Following an approved curriculum
- Facilitation by a trained lifestyle coach and
- Submitting data to show the program's impact.



WHY FOCUS ON DPP?

The CDC-recognized Diabetes Prevention Program (DPP) lifestyle change program is cost-effective and, in some cases, provides cost savings through reductions in health care spending. America's Health Insurance Plans (AHIP) notes the financial impact of diabetes is "staggering" – people with diagnosed type 2 diabetes incur average medical expenses of approximately $13,700 annually, which is approximately 2.3 times higher than expenditures for people who do not have type 2 diabetes.

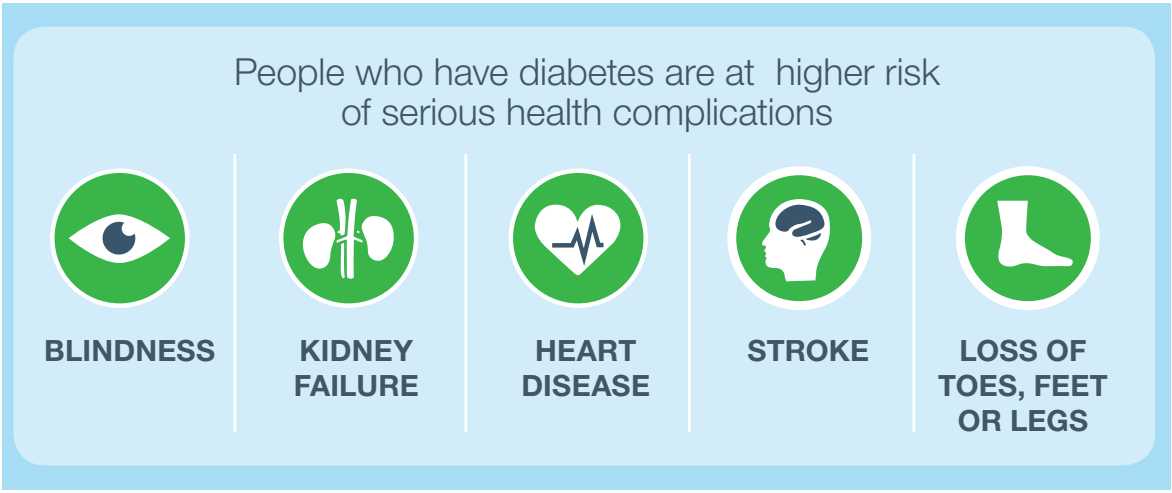
Comparatively, offering the DPP, a program proven to cut a person's risk of developing type 2 diabetes in half, costs an estimated $500–$700 for the program, not including things such as promotion, recruitment, staff, facilities, participant incentives and logistics costs.

Diabetes costs Oregonians $3 billion each year due to health care costs and reduced productivity. (See the Oregon Diabetes Report.)

The DPP helps CCOs control health care costs, improve the experience of care and promote positive health outcomes.

Member participation in the DPP can assist a CCO in addressing incentive metrics such as blood pressure, obesity and emergency department incentive metrics.

Participating in the DPP not only reduces the risk of developing type 2 diabetes, but also affects other health outcomes. By learning how to eat healthier and exercise, participants aim to lose 5% of their body weight or more. This weight loss can help reduce blood pressure; improve cholesterol levels; improve chronic pain; reduce opioid and other medication use, stress and depression; and help other chronic conditions.



CDC-recognized DPP in-person and online lifestyle change programs **are cost-effective after one year** and can result in accruing savings over five years.

Prevention programs such as the DPP offer a return on investment for payers through cost savings resulting from lower health system use and better health outcomes.

1 Partnering with Diabetes Prevention Program lifestyle change program delivery sites

Overview

There are two different methods of delivering CDC-recognized DPP lifestyle change programs — in-person and online.

In-person programs offer face-to-face sessions and a trained lifestyle coach. A lifestyle change coach provides CDC-approved resources, helps participants learn new skills, encourages participants to set and meet goals, and keeps the participants motivated. The coach also facilitates peer-to-peer discussions and helps make the DPP fun and engaging.

According to the Institute for Clinical and Economic Review, in-person group session estimates have shown net cost savings of $1,146 per DPP participant over the course of five years. Similarly, a recent analysis of a virtual lifestyle change program estimates a return on investment of $1,565 per participant at five years.

In-person sessions have three parts:

- A review and check-in on weekly progress, which includes a private weigh-in
- A group discussion about the week's topic, providing an opportunity to learn from the program materials and peer-to-peer learning, and
- A wrap-up with a to-do list and handouts to reinforce what's been covered.

Online programs can be delivered 100% online, in a distance-learning format, or in combination of those methods.

It is important to recognize the need for and ensure culturally and linguistically specific lifestyle change programs. This will help recruit and retain participants in the DPP. It will also reduce disparities in the prevalence and burden of type 2 diabetes in populations that are most affected. No one format works for everyone, so having choice helps with access and different learning styles. In the future, information technology literacy should be taken into account for the online DPP programs. As

participants start enrolling in programs around Oregon, providers are gathering information about different types of barriers to access.

This partnering with lifestyle change program delivery sites section includes eight strategies and corresponding actions to consider to help ensure your success implementing the DPP lifestyle change program.

The eight strategies in this section include the following:

1. Find potential DPP lifestyle change programs.
2. Assess readiness of DPP delivery sites.
3. Select your DPP delivery site partners.
4. Become a DPP lifestyle change program.
5. Contract with DPP delivery sites.
6. Support DPP delivery sites.
7. Implement a closed-loop referral process.
8. Recognize and promote delivery sites.

Strategy #1: Find potential DPP lifestyle change programs.

To ensure high quality and impact, the Centers for Disease Control and Prevention (CDC) sets standards for organizations that wish to offer an in-person or online lifestyle change program. To gain CDC recognition for the DPP, an organization must show it can meet CDC standards for the Diabetes Prevention Recognition Program (DPRP) and effectively deliver the evidence-based diabetes prevention lifestyle change program. Many Oregon communities currently have CDC-recognized DPP lifestyle change programs. CCOs may also consider becoming a CDC-recognized lifestyle change program.

CDC recognition ensures the quality of recognized programs and provides standardized reporting on their performance. It also provides technical assistance to DPP programs to assist with program delivery.

Actions to consider: Some activities to find potential DPP lifestyle change programs may include:

- ☐ Identify current DPP lifestyle change programs in your area at the Centers for Disease Control and Prevention (CDC) National DPP website.
- ☐ If your community does not have a recognized DPP lifestyle change program, or if the existing capacity is not sufficient, a CCO may choose to become a DPP lifestyle change program.
- ☐ Organizations, including CCOs, can begin offering the DPP while in pending recognition from the CDC's DPRP.

Strategy #2: Assess readiness of DPP delivery sites.

A critical aspect of effective enrollment and retention is the actual organization and/or coach who offers the DPP. It is important to identify potential DPP delivery sites that are CDC-recognized and have the capability and capacity to serve your target population for the DPP. Further, it is important to recognize that a meaningful partnership between a CCO and community-based DPP delivery sites can advance the delivery sites' readiness, and benefit your entire community.

Actions to consider: Some activities to assess readiness of DPP delivery sites may include:

- ☐ Determine their ability to adhere to the necessary contractual agreements with the CCO.
- ☐ Determine their existing and needed infrastructure to accept and process closed-loop referrals.

- ☐ Determine their existing and needed infrastructure to submit data, invoices and/or claims.
- ☐ Determine their ability to provide the DPP in a culturally and linguistically competent manner that meets the needs of your target population.
- ☐ Explore offering a startup payment to assist community-based lifestyle change programs with the needed infrastructure and capacity.
- ☐ Determine if the DPP delivery site is part of a national organization (e.g., YMCA). If so, there may be a need or desire for the national entity to be engaged in the establishment of contractual agreements.

Strategy #3: Select your DPP delivery site partners.

When selecting delivery sites to partner with, consider their capacity and capabilities to serve your CCO's target population for the DPP lifestyle change program. Are they able to help you reach populations at high risk of type 2 diabetes based on race/ethnicity, literacy, income and/or geographic location? Are they skilled at reducing barriers a participant may face?

Actions to consider: Some activities to select your DPP delivery site partners may include:

- ☐ Minimize the distance a DPP participant needs to travel to help reduce transportation barriers.
- ☐ Confirm programs are at familiar and comfortable locations to help with recruitment and retention.
- ☐ Verify that delivery sites offer the program at times convenient to your target population.
- ☐ Ensure delivery sites offer culturally and linguistically specific programs.
- ☐ Ensure at least some programs are led by organizations/coaches that have existing relationships with your target population.

Strategy #4: Become a DPP lifestyle change program.

Some CCOs may decide to become a DPP provider. Leadership support and startup funding are important to consider while exploring this option. It is noteworthy that outcome data support a return on investment through cost savings resulting from lower utilization and better health outcomes.

The DPP has financial benefits, as well as health benefits.

Actions to consider: Some activities to become a DPP lifestyle change program may include:

- ☐ Refer to Strategy #3: Select your DPP delivery site partners.
- ☐ Follow the process to become a CDC-recognized DPP lifestyle change provider.
- ☐ Train CCO staff to be lifestyle change coaches. Oregon Health & Science University's DPP Master Trainer offers DPP coach training.
- ☐ Train two or three staff to be lifestyle change coaches so they can substitute for each other, as needed.
- ☐ Hire community health workers (CHWs) who are experts in outreach and serving underserved communities to be lifestyle coaches.
- ☐ Train CHWs to be lifestyle change coaches.
- ☐ Determine where and when the DPP will take place. Ask your Community Advisory Council (CAC) and local clinic partners to help determine convenient times and locations for DPP sessions.
- ☐ Put session details on the CCO website and create brochures for clinics and other community partners.

Strategy #5: Contract with DPP delivery sites.

Contracts between the CCO and CDC-recognized lifestyle change programs should outline expectations between the parties and include National Diabetes Prevention Program requirements. The National DPP Coverage Toolkit provides sample contract language. Often the contracting process can be extensive, so seek assistance from your contract staff early in the process. Your contracts office or HIPAA privacy officer can also help ensure confidentiality guidelines are followed when sharing patient information between organizations. Formal agreements such as data use agreements or memoranda of understanding can be useful.

Actions to consider: Contracting with DPP delivery sites should include:

- ☐ Oregon Health Plan provisions
- ☐ Description of covered services
- ☐ Enrollment eligibility and expectations
- ☐ Cap on number of participants
- ☐ Role of flexible services
- ☐ Term of contract
- ☐ Data sharing expectations
- ☐ Reimbursement schedule and appropriate billing codes
- ☐ CDC recognition requirements
- ☐ Patient data confidentiality.

Strategy #6: Support DPP delivery sites.

DPP lifestyle change partners help improve health outcomes, reduce costs, promote equity and meet CCO incentive metrics. A CCO-DPP partnership helps this evidence-based program be successful, sustained and spread within the communities you serve.

Actions to consider: Some activities to support DPP delivery sites may include:

- ☐ Co-develop a timeline of program activities and a work plan.
- ☐ Sequence activities to allow adequate time to build the needed infrastructure.
- ☐ Offer an upfront payment to community-based programs to develop the needed DPP infrastructure within their organization.
- ☐ Provide oversight and support to overcome challenges the lifestyle change programs encounter.
- ☐ Convene programs/coaches to learn with and from one another and to improve the DPP processes and outcomes.
- ☐ Design the payment methods to lessen the administrative burden on community-based programs (e.g., invoicing).
- ☐ Assist community-based programs with developing the necessary infrastructure to submit claims.
- ☐ Establish performance-based contracts/payments based on member participation, retention in the program and/or achievement of weight loss goals.
- ☐ Distribute information and brochures to clinics and CCO members about the community-based DPP lifestyle change programs, including when and where the classes are scheduled to occur.
- ☐ When in doubt of what a DPP delivery site needs — ask and listen.

Strategy #7: Implement a closed-loop referral process.

The CCO can play a critical role in the closed-loop referral process. A closed-loop referral process includes the following:

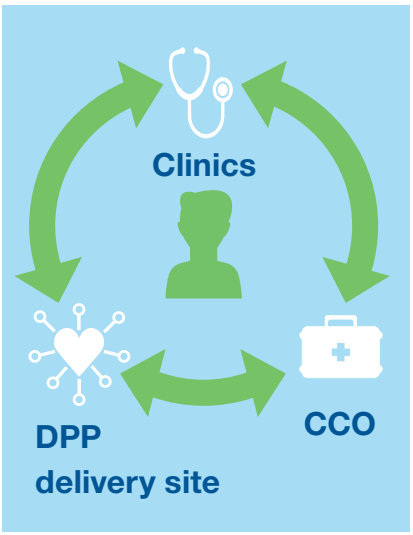
- Identify the eligible CCO member.
- Refer the eligible CCO member.

- Maintain member engagement and ensure class attendance.
- Provide the referral source with timely follow-up information, e.g., weight loss and class attendance.
- Identify and communicate any barriers members may experience that prevent them from participation.

A CCO can help identify and refer a CCO member to the DPP. A CCO can also provide a DPP delivery site with timely follow-up information pertinent to the member's continuing care.

Actions to consider: Some activities to implement a closed-loop referral process may include:

- ☐ Offer assistance to DPP delivery sites to help establish an effective and efficient closed-loop referral process.
- ☐ Offer assistance to delivery sites to identify and eliminate barriers that preclude a CCO member's success.
- ☐ Co-create and sponsor a peer-to-peer learning collaborative for delivery sites and coaches.
- ☐ Provide health outcome information to delivery sites.
- ☐ Offer assistance to community-based delivery sites to develop an effective and efficient process to encourage DPP participants to stick with the program.



Strategy #8: Recognize and promote delivery sites.

The ultimate reward is the improvement in CCO members' health. CCO members who participate and are successful in the DPP can help improve incentive metrics as well as affect potential bonus payments for lifestyle change programs. Additionally, there are also a few ways a CCO can recognize and promote the DPP and the delivery sites.

Without intervention, **up to 30 percent of people** with prediabetes will develop type 2 diabetes within five years.

Actions to consider: Some activities to recognize and promote delivery sites may include:

- ☐ Highlight the great work of the delivery sites and partners at local and statewide events, on the CCO website, and/or within CCO communications.
- ☐ Celebrate a milestone or recent success at a meeting or event.
- ☐ Share success stories, highlights and outcomes with your CAC and/or Clinical Advisory Panel (CAP).
- ☐ Explore payment incentives for and with delivery sites.

2 Partnering with clinics to refer to the Diabetes Prevention Program

Overview

One-third of the average primary care clinic's patients over age 18 (and half over 65) have prediabetes, according to the Centers for Disease Control and Prevention (CDC). Consequently, clinics play an important role in helping CCOs identify and refer members to the DPP. Making referrals at the point of care helps ensure the likelihood CCO members will enroll in, and benefit from, the DPP. According to America's Health Insurance Plans (AHIP), **50 percent of people referred by a primary care provider (PCP) enroll in the DPP, compared to 10 percent enrollment of those who did not have a PCP referral**. Partnering with clinics to educate them about the DPP, and supporting them in creating closed-loop referrals, will help ensure the success and sustainability of this evidence-based lifestyle change program. Further, a meaningful partnership with referring clinics will help advance your efforts to improve health, control costs and promote equity among your CCO members.

This partnering with clinics section includes seven strategies and corresponding actions that can help ensure your success with implementing the DPP lifestyle change program. The seven strategies to consider include:

1. Identify potential clinic partners to refer to the DPP.
2. Select clinic partners to refer to the DPP.
3. Find a clinic champion.
4. Introduce and promote the DPP to clinics.
5. Support clinics to make the DPP referrals.
6. Implement a closed-loop referral process.
7. Recognize and promote clinic participation.

Strategy #1: Identify potential clinic partners to refer to the DPP.

Finding clinics with the motivation, capacity and capability to streamline processes will help ensure the success and sustainability of the DPP.

More than one million Oregonians have prediabetes — that's **one out of three adults**. Of those one million, nine out of 10 don't know it.

Actions to consider: Some activities to identify potential clinic partners to refer to the DPP may include:

- ☐ Have a conversation with clinics to get insight on their motivation, capacity and capabilities to refer to the DPP.
- ☐ Identify which clinics have a large percentage of your CCO membership.
- ☐ Determine which clinics' claims data reflect your DPP target population.
- ☐ Establish which clinics serve members with a higher risk of type 2 diabetes.
- ☐ Discern which clinics can report information to your CCO and the delivery sites.
- ☐ Determine which clinics regularly engage in performance and quality improvement work.
- ☐ Identify which clinics are located near the DPP classes.

Strategy #2: Select clinic partners to refer to the DPP.

Identifying clinic partners that are motivated to refer to the DPP lifestyle change program and have the capacity and capabilities to do so will help ensure success of the DPP and its participants.

One of the strongest drivers of CCO members following through with a DPP referral is when there is a **strong PCP-patient relationship** and the PCP makes a specific referral to the DPP.

Actions to consider: Some activities to select clinic partners to refer to the DPP may include:

- ☐ Select clinics with existing capacity and capabilities to identify potential participants (e.g., community health worker, care coordinator, behaviorist).
- ☐ Opt for clinics with an established infrastructure (e.g., referral workflow; ability to gather, analyze and submit data; capacity to provide outreach to CCO members).
- ☐ Pick clinics with motivation to integrate DPP referral into their existing workflow.
- ☐ Choose clinics adept at serving your DPP target population.
- ☐ Opt for clinics that engage their patients as decision-makers in their care to promote positive behaviors.
- ☐ Prioritize clinics that regularly engage in performance and quality improvement work.

Strategy #3: Find a clinic champion.

One of the critical success factors in establishing an effective and sustainable DPP referral process is having someone within the clinic serve in the role of a "champion." A clinic champion values and prioritizes the DPP, has influence or the ability to influence others at the clinic, and helps to ensure an organizational commitment to the DPP. Further, the champion recognizes the importance of a team approach and helps the entire clinic staff prioritize and integrate the DPP into the workflow.

A clinic champion is a person who is responsive, engaged and excited about the DPP.

The clinic champion is often but not always a medical provider. For example, the champion could be a nutritionist, behaviorist, community health worker or another individual with an interest and passion in promoting lifestyle changes to prevent type 2 diabetes.

Actions to consider: Some activities to find a clinic champion may include:

- ☐ Reach out to clinic leadership/management to have them identify a champion.
- ☐ Identify roles within a clinic that have a natural capacity and scope to support the DPP (e.g., behavioral health specialist, nutritionist).
- ☐ Discuss the DPP at a clinic staff meeting and explain the role of the clinic champion — and ask attendees to suggest a person or volunteer for the champion role.

Strategy #4: Introduce and promote the DPP to clinics.

Introducing and promoting the DPP to clinic staff is a key to the success and sustainability of this evidence-based program. Initial outreach and education to clinic staff helps to raise awareness of the DPP and how it can benefit clinic patients. Often the initial DPP introduction will come from the CCO medical director. Other CCO staff who understand the DPP and clinics can help to provide follow-up and ongoing promotion of the DPP.

Know your audience and their motivators. Craft your message based on that information.

Actions to consider: Some activities to introduce and promote the DPP to clinics may include:

- ☐ Get buy-in from clinic leadership that the DPP is a priority.
- ☐ Provide DPP information and education to clinic staff at existing meetings with clinics, and/or do clinic site visits.

- ☐ Invite a DPP graduate to share about her/his participation with clinic staff.
- ☐ Invite eligible clinic staff to participate in a DPP class.
- ☐ Educate your CCO Clinical Advisory Panel (CAP).
- ☐ Provide written communications and information about the DPP (e.g., emails, newsletters).
- ☐ Provide ongoing educational/promotional materials about the DPP (e.g., fliers, brochures).
- ☐ Use OHSU's DPP Master Trainer who can share information, answer questions and be a resource for clinic staff.
- ☐ Offer Continuing Medical Education (CME) credits for education about the DPP.
- ☐ Work with local public health departments to promote the DPP to clinics and beyond.

Strategy #5: Support clinics to make DPP referrals.

The American Medical Association (AMA) and the CDC have co-created Measure, Act, Partner (M.A.P.) and Prevent Diabetes STAT to prevent type 2 diabetes and promote the DPP. CCOs can support clinics and use this document to determine roles and responsibilities for identifying adult patients with prediabetes and referring to lifestyle change programs. A CCO can play an important role in providing support to clinics to help identify CCO members to be referred to the DPP, and to ensure there is a closed-loop referral process. The support can range in time and complexity, and can vary based on a clinic's need.

Actions to consider: Some activities to support clinics to make DPP referrals may include:

- ☐ Provide technical assistance to incorporate a DPP closed-loop referral process into the clinic's workflow.

- ☐ Use claims data to identify CCO members with prediabetes and/or a history of gestational diabetes.
- ☐ Co-create a system-wide process to make referrals as easy as possible for the clinic staff. Leverage existing electronic health records (EHRs) and case management tools.
- ☐ Identify clinic staff that support the DPP referrals and ask what supports they need.
- ☐ Provide ongoing coaching and support to clinic staff to help them address barriers they encounter in implementing the DPP into their workflow.
- ☐ Provide postcards and/or email blasts to CCO members eligible for the DPP.
- ☐ Co-design universal referral forms/processes with the clinics.
- ☐ Establish a referral code that can be put into the EHR.
- ☐ Promote the DPP as a CCO and community priority.

Strategy #6: Implement a closed-loop referral process.

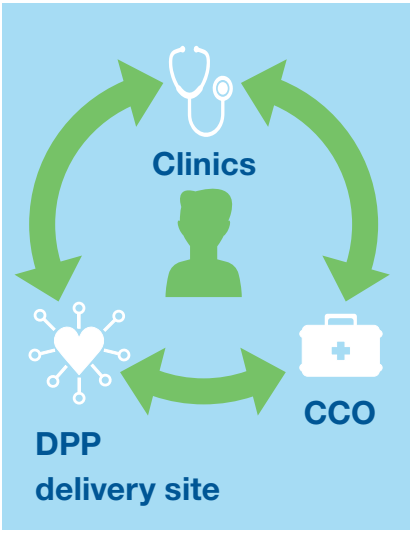
The CCO can play a critical role in the closed-loop referral process. A closed-loop referral process includes:

- Identify the eligible CCO member.
- Refer the eligible CCO member.
- Ensure the CCO member connects/attends the classes.
- Provide the referring clinic with timely follow-up information, e.g., weight loss, class attendance.
- Track and communicate any barriers members may experience that prevent them from participation.

A CCO not only can help identify and/or refer a CCO member to the DPP; it can also provide a clinic with timely follow-up information pertinent to the member's continuing care. Further, a CCO can co-design the workflow and processes needed for an effective and efficient closed-loop referral with clinics referring to the DPP.

Actions to consider: Some activities to implement a closed-loop referral process may include:

- ☐ Provide information to the clinic regarding the referred CCO member's participation.
- ☐ Provide information to the clinic regarding outcomes related to a CCO member's participation.
- ☐ Offer assistance to the clinic to develop an effective and efficient workflow, which includes a process to encourage participants to stick with the program.
- ☐ Offer assistance to the clinic to eliminate barriers that preclude a CCO member's success, e.g., transportation, access to healthy food.
- ☐ If the CCO serves as a DPP lifestyle change program, the CCO can provide participation and health outcomes information (e.g., weight loss) to the DPP participant's clinic/PCP.



Strategy #7: Recognize and promote clinic participation.

The ultimate reward for the DPP is the improvement in the health of a clinic's patients. CCO members who participate and are successful in the DPP can help improve incentive metrics and can affect potential bonus payments for clinics. Additionally, there are also several ways a CCO can recognize participating clinics and partners.

Without intervention, many people with prediabetes could develop **type 2 diabetes within five years**.

Actions to consider: Some activities to recognize and promote clinic participation may include:

- ☐ Highlight the great work of the clinic and/or the clinic champion at local and statewide events, on your CCO website and in newsletters.
- ☐ Celebrate a milestone or recent success at a meeting or event.
- ☐ Share DPP success stories, program highlights and participation with the Community Advisory Council (CAC) and/or CAP.
- ☐ Provide clinics with data showing health outcomes and total cost of care for those participating in the DPP.
- ☐ Explore payment incentives for and with clinics.

3 Identifying, recruiting and retaining Diabetes Prevention Program participants

Overview

An estimated one-third of your CCO members over age 18 likely have prediabetes and nearly 90 percent don't know they have it. Progression from prediabetes to type 2 diabetes can take as little as five years, but type 2 diabetes doesn't have to be the outcome. The Community Preventive Services Task Force — an independent, nonfederal panel of public health and prevention experts — recommends combined diet and physical activity promotion programs such as CDC-recognized lifestyle change programs—for people at increased risk of type 2 diabetes based on strong evidence of effectiveness in reducing new-onset diabetes.

Therefore, identifying your members who are at high risk for type 2 diabetes, recruiting them to the DPP, and retaining them in this lifestyle change program can help improve health outcomes, control costs and promote equity.

This identifying, recruiting and retaining DPP participants section includes six strategies and corresponding actions to help ensure your success with implementing the DPP lifestyle change program. The six strategies to consider include:

1. Identify criteria to select your target population.
2. Identify CCO members eligible to participate.
3. Assess readiness of potential participants.
4. Recruit CCO members to participate.
5. Manage retention.
6. Implement a closed-loop referral process.

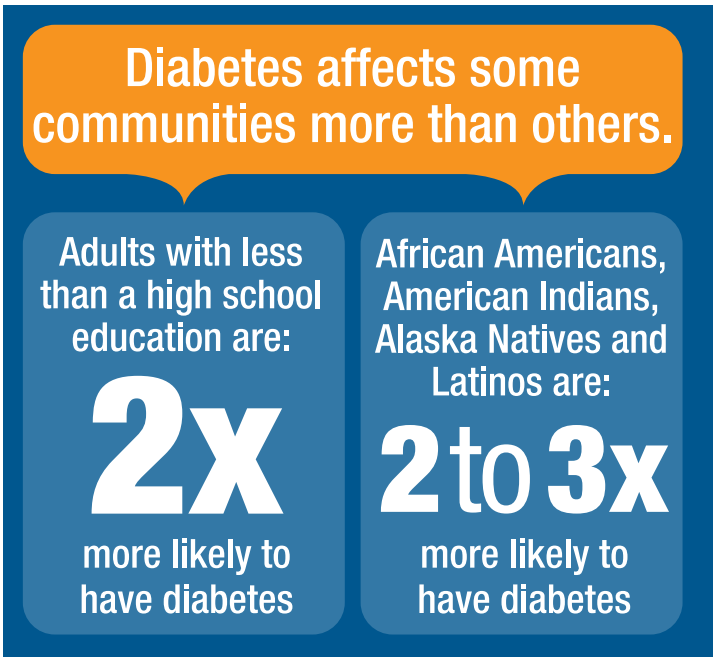
Strategy #1: Identify criteria to select your target population.

Given the limited capacity of lifestyle change programs and limited CCO budgets, it is helpful to begin by selecting a specific CCO population to participate in the DPP.

The ultimate goal is that all those eligible for the DPP will have the opportunity to participate in this program.

Actions to consider: Some possible criteria to select your target population may include:

- ☐ Identify subpopulations within your membership that are disproportionately affected by type 2 diabetes, and prioritize members from those subpopulations who have prediabetes.
- ☐ Identify members at higher risk of type 2 diabetes based on race/ethnicity, low literacy, income and/or geographic location.
- ☐ Identify and select members who have a prediabetes diagnosis.
- ☐ Identify and select members at high-risk of type 2 diabetes based on weight, A1C level, and/or a history of gestational diabetes.



Strategy #2: Identify CCO members eligible to participate.

Currently, to be eligible for a CDC-recognized DPP lifestyle change program, a person must*:

- ☐ Be aged 18 years and older **and**
- ☐ Have a BMI of 25 or greater (Asian Americans: 23 or greater) and no previous diagnosis of type 1 or type 2 diabetes, **and**
- ☐ Be diagnosed with prediabetes through a blood test (fasting blood sugar, A1C, oral glucose tolerance test) **or**
- ☐ Have been previously diagnosed with gestational diabetes **or**
- ☐ Positive screening on a CDC or American Diabetes Association risk test **and**
- ☐ **Not be** pregnant or have end-stage renal disease.

In order to identify CCO members who are eligible and would benefit from the DPP, it is especially important to partner with clinics within your CCO network, local public health departments and community-based organizations that serve your target population. CCO members eligible to participate may include:

- ☐ Gather individual referrals from clinics/primary care physicians (PCPs) in your CCO network.
- ☐ CCO analyzes member claims data to identify members with billing codes specific to obesity, gestational diabetes and/or prediabetes.
- ☐ Clinics analyze patient electronic health record (EHR) data to find CCO members who have been diagnosed with obesity, gestational diabetes or with prediabetes.
- ☐ Provide CDC prediabetes screening test to community partners to share with people who may be eligible for, and benefit from, the DPP.

* This list includes both CDC's DPRP criteria and the Medicare DPP criteria.

Strategy #3: Assess readiness of potential participants.

It is important to assess readiness and establish buy-in to help ensure the success of your CCO members in the DPP lifestyle change program. Some CCO members may indeed be eligible for the DPP, but not be ready to participate for a multitude of reasons. However, many CCO members will be ready to participate in the DPP. Doing so can lower their rates of getting type 2 diabetes by an estimated 58 percent by participating in this lifestyle change program. Given limited capacity and budgets, talking with potential participants to assess readiness to participate and complete the program helps ensure the success of those participating in the DPP. Assessing readiness also helps the sustainability of the DPP and your CCO.

Actions to consider: Some activities to assess readiness of potential participants may include:

- ☐ Train CCO staff, clinics and/or community-based partners to assess readiness, which may include how to:
  - ☐ Offer an introductory or "zero" session to share program expectations with potential participants and establish buy-in
  - ☐ Identify and discuss barriers and ways to remove barriers (e.g., childcare, transportation)
  - ☐ Assess the likelihood of completing the program using motivational interviewing techniques
  - ☐ Discuss the program structure (e.g., time commitment)
  - ☐ Co-design a process with clinics to assess readiness for the DPP.
- ☐ Engage community health workers (CHWs) and others who have an existing relationship with potential participants.
- ☐ Partner with non-traditional organizations (e.g., culturally specific and faith-based organizations, housing, food banks) that are most connected with potential participants and can engage in a conversation around the DPP.

Strategy #4: Recruit CCO members to participate.

A variety of recruitment strategies encourage those eligible for the DPP to actually participate in this evidence-based program. The American Medical Association (AMA) and CDC teamed up to provide a suite of tools to help you recruit and refer patients. These tools are part of Prevent Diabetes STAT — Screen, Test, Act Today. Keep in mind some recruiting strategies may prove to be more time- and cost-effective than others are.

Actions to consider: Some activities to recruit CCO members to participate may include:

- ☐ Use the CDC's "How to Use the Prevent T2 Consumer Materials" (Prevent T2 is the consumer-facing brand for the DPP) and modify the CDC's recruitment and retention materials to market the lifestyle change program to your community (e.g., brochures, fact sheets, posters, postcards, press releases, public service announcements, articles, social media, web banners, web content).
- ☐ Adapt the CDC's letter and telephone script for your CCO members identified as eligible for the DPP.
- ☐ Text information to CCO members about the opportunity to participate.
- ☐ Disseminate the CDC Prediabetes Screening Test at community centers, social service agencies and clinics.
- ☐ Educate physicians/clinic staff about the DPP and the positive impact of physician/clinic referrals.
- ☐ Partner with clinics to provide information and promote the DPP at their sites, community health fairs and other events.
- ☐ Partner with culturally specific and faith-based organizations to provide DPP lifestyle change program information.
- ☐ Partner with CHWs to provide information about and promote the DPP.

- ☐ Notify physical, behavioral and oral health plans/providers as well as social service partners (e.g., housing, food banks) about new classes and referral processes.
- ☐ Communicate about prediabetes and the DPP through local media outlets (e.g., billboards, bus stations, local radio, Facebook).

Strategy #5: Manage retention.

Managing retention is a critical aspect of the DPP. The DPP includes at least 16 weekly sessions during the first six months and at least six monthly sessions during the second six months. Ensuring participation in the DPP for the entire year can help people prevent or delay type 2 diabetes, improve their overall health and contain cost. There is a significant association between staying in the DPP past the first 16 weekly sessions and achieving a 5 percent weight loss or more.

Participants who remain in **the DPP for 17+** sessions achieve weight loss at higher rates than those in the program for just the first 16 sessions.

People who are 60 and under with prediabetes who participate in **the DPP can cut their risk of developing type 2 diabetes by 58 percent**.

People who are over 60 with prediabetes who participate in **the DPP can cut their risk of developing type 2 diabetes by 71 percent**.

Actions to consider: Some activities to support retention may include:

- ☐ Check out the CDC's resources to encourage retention.
- ☐ Make sure the sessions are easily accessible and fit the needs of the participants (e.g., coaches, location, hours).
- ☐ Ensure transportation is provided to and from sessions (e.g., enhanced bus routes, vouchers, non-emergency medical transportation (NEMT)) to remove any transportation barriers.

- ☐ Ensure onsite child care is provided.
- ☐ Ensure healthy snacks are provided at the sessions.
- ☐ Offer an incentive program for the participants (e.g., gift cards, gym memberships, farmers' market vouchers, pedometers, weight scales).
- ☐ Leverage the expertise of CHWs and the existing relationships they have with participants.
- ☐ Encourage family and other support persons to attend the session with the participant. (Note: Some DPP lifestyle change programs may not allow this.)
- ☐ Ensure culturally and linguistically appropriate methods and materials; provide interpreters, as needed.
- ☐ Bring in past graduates of the DPP to talk with and mentor current participants.

Strategy #6: Implement a closed-loop referral process.

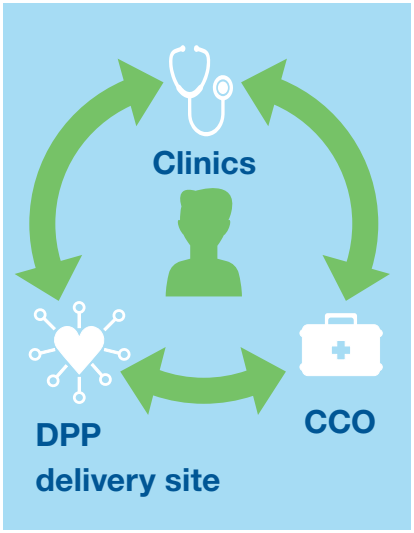
The CCO can play a critical role in the closed-loop referral process. A closed-loop referral process involves the following steps:

- Identify the eligible CCO member.
- Refer the eligible CCO member.
- Ensure the CCO member connects/attends the classes.
- Provide the referring clinic with timely follow-up information (e.g., weight loss, class attendance).
- Identify and communicate any barriers members may experience that prevent them from participation.

A CCO not only can help identify and/or refer a CCO member to the DPP, it can provide referring clinics and DPP lifestyle change programs with timely follow-up information pertinent to the member's continuing care.

Actions to consider: Some activities to implement a closed-loop referral process may include:

- ☐ Provide information to referring clinics regarding the referred CCO members' participation.
- ☐ Provide information to referring clinics and delivery sites regarding outcomes related to participation.
- ☐ Offer assistance to referring clinics and delivery sites to develop an effective and efficient workflow, including a process to encourage participants to to complete the program.
- ☐ Offer assistance to referring clinics and delivery sites to eliminate barriers that preclude CCO members' success.
- ☐ If the CCO serves as a DPP delivery site, provide participation and health outcome information (e.g., weight loss) to the participant's clinic/PCP.



4 Building infrastructure and ensuring sustainability

Overview

A CCO's engagement and relationship with DPP lifestyle change delivery sites and clinic partners referring to the DPP are critical to the sustainability of the DPP and to the recruitment, retention and success of your members. A CCO may need to adapt its existing infrastructure to assist with reducing administration burdens the DPP partners may experience. Working closely and communicating regularly with your DPP partners to make processes as efficient and effective as possible will help you promote the health of your members, control costs and promote equity.

This infrastructure and sustainability section includes six strategies and corresponding actions to consider that would help ensure your success with implementing the DPP lifestyle change program. The six strategies in this section include:

1. Adapt CCO internal infrastructure.
2. Determine cost.
3. Determine payment and reimbursement methodology.
4. Establish success measures.
5. Monitor success/quality improvement methods.
6. Support and sustain.

Strategy #1: Adapt CCO internal infrastructure.

To provide access to the DPP, a CCO may need to make adaptations or additions to its existing infrastructure. For example, a CCO may opt to conduct outreach to members to determine member readiness to participate in the DPP. Perhaps the CCO will choose to offer technical assistance to clinic partners to integrate the DPP into the clinic workflow, and co-create a closed-loop referral process. Conceivably, the CCO will work with DPP lifestyle change delivery sites to create an efficient payment process that reduces administrative burden.

Actions to consider: Some strategies to adapt CCO internal infrastructure may include:

- ☐ Have a project manager within the CCO serve as the DPP point person to keep the activities on track.
- ☐ Establish DPP delivery sites as vendors for claims or invoice processing.
- ☐ Provide lifestyle change coaches with a provider number.
- ☐ Ensure DPP claims or invoices can be processed through your existing system.
- ☐ Create closed-loop referral pathways within (or outside of) existing systems.
- ☐ Identify any data management or registry needs to allow for easy data access to report on success measures and pay-for-performance.
- ☐ Establish or leverage an existing entity to centralize and streamline referrals.

Strategy #2: Determine cost.

It is important to weigh the costs and benefits of providing access to and covering the DPP. The cost of participating in a CDC-recognized DPP lifestyle change program varies, depending on location, organization offering it and type of program (in person or online). To help you determine the cost, the CDC has the Diabetes Prevention Impact Toolkit. According to some national and federal sources, the cost for administering the DPP is approximately $500-700 per participant. However, this does not include the cost of program incentives or offering services such as child care and transportation, which are critical for retention in the DPP. Therefore, total DPP program costs for a participant may be higher than $700, especially for CCO members who often are motivated by incentives and greatly benefit from additional supportive services. It is also worthwhile to note that initial costs of the DPP are higher due to setting up the needed infrastructure (e.g., contracts).

Actions to consider: Some strategies to determine cost may include:

- ☐ Identify the total cost of delivering the DPP to your target population, including incentives and enabling services (e.g., transportation assistance, child care, gym memberships, food vouchers, fitness trackers, exercise clothes, cooking classes, scales).
- ☐ Project the health and economic benefits using the interactive CDC Diabetes Prevention Impact Toolkit, which allows CCOs contemplating covering or implementing the lifestyle change program to assess the program's likely cost-effectiveness or cost savings.
- ☐ Factor the years of life gained and quality-adjusted life years saved.
- ☐ Develop/deepen relationships with community-based delivery sites and discuss how to minimize administrative costs and burden.

Strategy #3: Determine payment and reimbursement methodology.

The way payments are structured by a CCO affects the success and sustainability of the DPP. Further, payment methodologies affect the administrative burden on DPP delivery sites as well as the success of those participating in the DPP.

Establishing a value-based payment methodology that staggers payments based on milestones around participation, retention and weight loss has demonstrated positive health outcomes for participants, in addition to helping sustain the DPP. CDC-recognized DPP lifestyle change programs are required to track these outcomes, so they are well positioned for alternative payment method contracts. A tiered payment approach can also help with the engagement and performance of community-based organizations that are DPP delivery sites.

Actions to consider: Some strategies to determine payment and reimbursement methodology may include:

- ☐ Make payments through invoicing and/or a claims process.
- ☐ Reimburse the DPP delivery sites based on the cost of services.

- ☐ Provide a capacity building and/or a per-member per-month payment to small community-based delivery sites to help develop their administrative capacity, cover their administrative cost, expand the DPP and close equity gaps.
- ☐ Allocate at least 10 percent of the payment to culturally and linguistically specific recruitment, engagement and retention strategies (e.g., transportation assistance, child care, gym memberships, food vouchers, fitness trackers, exercise clothes, cooking classes, scales).
- ☐ Offer milestone payments such as:
  - ☐ Enrollment milestone payment — this milestone covers the cost of DPP outreach, recruitment, screening and enrollment. This helps ensure the DPP lifestyle change delivery site has the capacity and capability to offer culturally and linguistically specific outreach materials, the space to conduct DPP classes, and incentives to enable participation in the DPP (e.g., transportation, child care and healthy meals).
  - ☐ Completion of a portion of the sessions milestone payment — this milestone payment covers the cost of incentives to encourage retention in the DPP and lifestyle changes (e.g., transportation, child care, vouchers for healthy foods, measuring cups, cooking classes, pedometers).
  - ☐ Weight loss and/or maintenance of weight loss milestone payment — within a community and populations there are many factors that contribute to the ability to lose weight. Work with lifestyle change delivery sites to determine what success would look like specific to those populations. Also, work with your local public health departments to explore ways to create healthy environments that support weight loss.

Strategy #4: Establish success measures.

It is important for a CCO to monitor the success of the DPP. There are outcome measures required to be tracked and reported in order to be a recognized DPP lifestyle change program, i.e., attendance, weight loss and physical activity. In addition to these

outcome measures, establishing a set of process measures can help a CCO determine the quality, impact and return on investment of the lifestyle change program. The below measures are intended to help you monitor and improve processes with the DPP delivery sites and referring clinics, and the health outcomes of your members.

Process measures to consider may include:

- ☐ Participant retention rate
- ☐ Emergency department utilization rates pre- and post-DPP
- ☐ Number of culturally and linguistically specific DPP classes
- ☐ Number of DPP programs within a geographic area
- ☐ Number of trained DPP lifestyle coaches
- ☐ Number or percentage of participating clinics with policies or practices to refer CCO members with prediabetes to the DPP
- ☐ Number of participants referred by a health care provider
- ☐ Number of participants referred by a community-based organization
- ☐ Number of participants who self-refer
- ☐ Number of CCO racial/ethnic minority members identified and referred
- ☐ Number of CCO racial/ethnic minority members who participate/complete
- ☐ Number of participants with closed-loop referrals

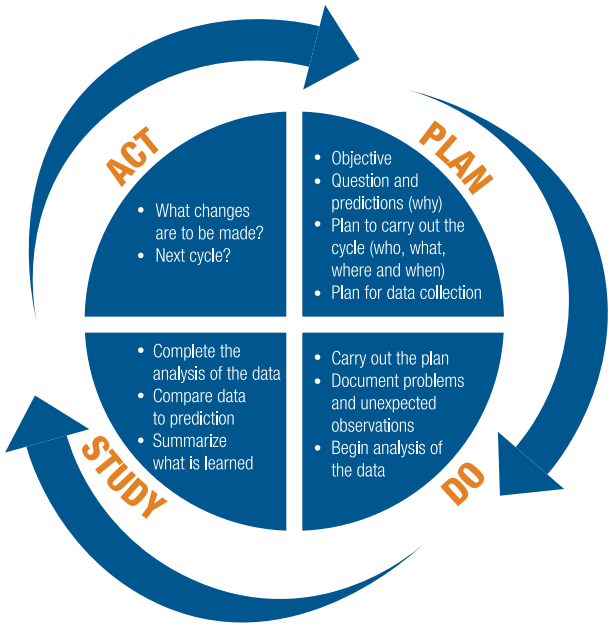
Strategy #5: Monitor success/quality improvement methods.

It is important to the success of the DPP and its participants that the CCO supports and monitors the closed-loop referral process, and the identified success measures. Quality improvement (QI) methods are powerful tools to accelerate and improve the lifestyle change program work. Using quality improvement methods to help problem-solve is highly encouraged. It does not need to be a complicated or lengthy process. It

scales with the size of the problem and moves more quickly the more it is practiced. QI methods help the DPP's sustainability and help identify, plan and implement ongoing advancements to the necessary infrastructure.

Actions to consider: Some strategies to monitor success/quality improvement methods may include:

- ☐ Identify a CCO executive to sponsor and take responsibility for the success of the DPP.
- ☐ Integrate the DPP work with your QI Team. Be sure to include people familiar with the different parts of the DPP process. This will likely involve people outside of the CCO (e.g., DPP delivery sites, referring clinics).
- ☐ Set a goal that is time-specific and measurable; it should also include your specific DPP target population.
- ☐ Establish overall success and process measures to see if a change leads to an actual improvement.



- ☐ Identify what changes will be made that result in improvement.
- ☐ Test the change by planning it, trying it, observing the results and acting on what is learned using a tool such as Plan-Do-Study-Act (PDSA).

Strategy #6: Support and sustain.

Sustainability of the DPP should be addressed early in the process of establishing the program. Many factors contribute to the DPP's sustainability and have been outlined in this four-part guide.

Actions to consider: Some strategies to support and sustain the DPP may include:

- ☐ Develop/deepen relationships with community-based delivery sites and discuss how to minimize administrative costs and burden.
- ☐ Communicate with CCO leadership about the DPP success measures and improvements made to the DPP process.
- ☐ Provide reimbursement and/or coverage for the delivery of the DPP.
- ☐ Include the costs of incentives and enabling services when building the payment model (e.g., transportation assistance, child care, gym memberships, food vouchers, fitness trackers, exercise clothes, cooking classes, scales).
- ☐ Work with your DPP delivery sites to determine the actual cost of the program and a payment that will sustain this evidence-based work.
- ☐ Explore a shared savings structure through contracting.
- ☐ Develop meaningful relationships with community-based delivery sites.
- ☐ Provide scholarships/pay for lifestyle coach training.
- ☐ Create/participate in a regional network of partners (e.g., DPP delivery sites, clinics, public health departments, food banks, YMCAs, OHA/DHS innovator agents) and develop a strategic plan to scale and sustain the DPP in the region.
- ☐ Maintain/increase referrals and participation.
- ☐ Implement systems to identify people with prediabetes.
- ☐ Implement systems and increase partnerships to facilitate closed-loop referral processes.
- ☐ Increase engagement of community health workers to promote linkages between CCOs and community resources for adults with prediabetes or at high risk for type 2 diabetes.
- ☐ Promote awareness of prediabetes and the DPP among both the general and target population at high risk for type 2 diabetes.

Resources

CDC Diabetes Prevention Recognition Program — The CDC provides the standards and operating procedures for CDC-recognized DPP programs and an explanation of how an organization may apply for, earn and maintain recognition.

Closing the Loop with Referral Management — The Commonwealth Fund presents a closed-loop referral overview.

Diabetes Prevention Impact Toolkit — The CDC offers an online tool to assess the likely cost-effectiveness or cost savings of the DPP program.

Diabetes Prevention Programs: Effectiveness and Value — The Institute for Clinical and Economic Review report provides an independent comparison of the cost effectiveness and potential budget impact of the DPP.

Final Recommendation Statement Abnormal Blood Glucose and Type 2 Diabetes Mellitus: Screening — The U.S. Preventive Services Task Force provides recommendations about the effectiveness of specific clinical preventive services for patients without obvious signs or symptoms of type 2 diabetes.

Health Plans' Experience with the National Diabetes Prevention Program: Considerations for Organizations Who May Offer the DPP Issue Brief — The American Health Insurance Plans brief provides strategies, questions and answers for health plans interested in offering DPP, including the experiences of four different health plans.

M.A.P. to Diabetes Prevention — The American Medical Association and the CDC offer the Measure, Act, Partner Guide to prevent type 2 diabetes and promote the DPP.

Motivational Interviewing — The Center for Evidence-based Practices at CaseWestern Reserve University offers information on motivational interviewing — an evidence-based treatment that addresses ambivalence to change.

National Diabetes Prevention Coverage Toolkit — The National Association of Chronic Disease Directors and the CDC offer an online tool that provides information to payers interested in covering the National DPP.

National Diabetes Prevention Program Overview — The CDC offers general information about the DPP and where lifestyle change classes are located. Information geared toward health care professionals is also included.

National Diabetes Prevention Program Resources for Healthcare Professionals — The CDC provides resources, curriculum and fact sheets to encourage health care professionals to refer at-risk patients to the DPP lifestyle change program. These resources will help you educate health care professionals about the program and offer them tools for easy referrals.

New 2016 National Diabetes Prevention Program CPT Code: Background, Description and Frequently Asked Questions — The American Medical Association frequently asked questions document provides information about how providers can use a variety of billing methods to obtain reimbursement for DPP.

Oregon Diabetes Report — The Oregon Health Authority report details the burden of diabetes in Oregon and the progress on the current strategic plan to slow the rate of diabetes.

Pathways to Diabetes Prevention: Two Referral Models for the National Diabetes Prevention Program — The Diabetes Training and Technical Assistance Center at Emory University and Colorado Department of Public Health and Environment identified two referral models that demonstrate the different strategies organizations may use to help individuals at the greatest risk for type 2 diabetes gain access to evidence-based prevention programs in their communities.

Prevent Diabetes Screen Test Act Today (STAT) — The American Medical Association and the CDC offer a complete toolkit of resources to help patients prevent diabetes.

Preventing Type 2 Diabetes: A Guide to Refer your Patients with Prediabetes to a to an Evidence-based Diabetes Prevention Program — The American Medical Association and the CDC offer this implementation guide and its tools to help identify and refer patients with prediabetes to a diabetes prevention program that is part of the CDC's National DPP.

Science of Improvement — The Institute for Healthcare Improvement offers steps on how to improve health care processes and outcomes based on the work of the Associates in Process Improvement.

The Challenge of Patient Adherence. Therapeutics and Clinical Risk Management — The National Institute of Health identifies the challenges and provides recommendations to improve patient adherence.

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You can get this document in other languages, large print, braille or a format you prefer. Contact Lena Teplitsky, Diabetes Program Coordinator, Health Promotion and Chronic Disease Prevention Section at 971-673-1117 or email lena.a.teplitsky@state.or.us. We accept all relay calls or you can dial 711.

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