



AADE Diabetes Prevention Program

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Florida State Engagement Meeting
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- Established in 1973 we are a multi-disciplinary healthcare professional membership organization dedicated to improving diabetes care through innovative education, management and support.
- Vision** - Optimal health and quality of life for persons with, affected by, or at risk for diabetes.



DEAP

DIABETES EDUCATION ACCREDITATION PROGRAM



National Accrediting Organization (NAO) for Medicare. Our Diabetes Education Accreditation Program (DEAP) certifies Diabetes Self-Management Education and Support (DSMES) programs in order for them to be eligible to bill Medicare





A leader in the field of the National Diabetes Prevention Program

- Cooperative agreement with CDC since 2012- DP12-1212
- New Cooperative agreement with CDC DP17-1705
- Prevention Services to help new and existing programs



Advocacy



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DAA'S 2018 PRIORITIES

The Diabetes Advocacy Alliance (DAA) has public policy and legislative priorities in three areas: Prevention of type 2 diabetes; improved screening and detection of those adults with prediabetes and undiagnosed diabetes; and improved care for people whose diabetes has been diagnosed.

[Click For More Information](#)

Our mission is to unite and align key diabetes stakeholders and the larger diabetes community around key diabetes-related policy and legislative efforts in order to elevate diabetes on the national agenda.





2018 Advocacy Priorities

Preventing Diabetes in Medicare Act

The legislation allows Medicare to reimburse registered dietitians and other qualified nutrition professionals to provide medical nutrition therapy (MNT) to patients at risk of diabetes or with prediabetes, in addition to patients with diabetes and renal disease.

Medicare Diabetes Prevention Program (MDPP)

Beginning April 1, 2018, Medicare will begin covering the diabetes prevention program for eligible Medicare beneficiaries with no cost-sharing. Successful implementation of this benefit is critical to ensure seniors at-risk for developing type 2 diabetes understand and utilize this new benefit. The MDPP is an evidence-based program estimated to save \$2,650 per beneficiary over 15 months.

National Diabetes Prevention Program (Funding)

The National Diabetes Prevention Program (National DPP) is an evidence-based lifestyle change program for preventing type 2 diabetes led by the Centers for Disease Control and Prevention (CDC). Federal funding supports access to and expansion of the program to some of the more than 84 million Americans with prediabetes.

Preventive Health Savings Act

The legislation would create a more accurate budget scoring system for legislation dealing with preventive health services. The legislation would allow the Congressional Budget Office (CBO) to collect data past the current ten year window since savings for preventive services often occur outside the conventional budget window.

Access & Coverage for Screening

Improving access and coverage for diabetes screening will help reduce the number of people with undiagnosed prediabetes, type 2 diabetes, and gestational diabetes which is paramount in our effort to change the trajectory of the diabetes epidemic. Promoting a consistent interpretation of the U.S. Preventive Services Task Force (USPSTF) *Screening for Abnormal Blood Glucose and Type 2 Diabetes Mellitus* guideline and helping to implement this guideline is a priority.

Tools & Technologies

Diabetes is a complex disease that requires ongoing self-management by patients, including making numerous decisions throughout the day, as part of their management and treatment regimen. People with diabetes need access to a range of tools and technologies including new innovations that help them and their caregivers monitor and manage their disease.

Diabetes Self-Management Training (DSMT)

Despite that fact that diabetes self-management training is a covered benefit under the Medicare program, only 5% of Medicare beneficiaries with newly diagnosed diabetes participate in this evidence-based service. The Centers for Medicare and Medicaid Services (CMS) recognizes the significant underutilization of DSMT and is committed to reducing barriers contributing to the underutilization of the benefit. In addition to regulatory reforms, legislation is also crucial to expand access to diabetes self-management training (DSMT) so older adults with diabetes can prevent costly complications by designating qualified and credentialed diabetes educators as Medicare providers of DSMT.

Access to Providers

People with diabetes rely on a team of health care professionals to assist them in managing their disease which is why access to providers is so important. Primary care physicians, endocrinologists, optometrists/ophthalmologists, podiatrists, internists, cardiologists, pharmacists, dietitians, diabetes educators and many more help people with diabetes manage their disease, prevent complications, or manage complications as they arise.

Telehealth

Telehealth is a useful tool for providing effective management for people with diabetes and those at risk. Expanded access, coverage and use of telehealth has the potential to improve health outcomes for people with diabetes and those at risk while saving money.

National Clinical Care Commission

Implementation of the National Clinical Care Commission, comprised of private sector experts, including health care professionals and patient advocates, and representatives from the federal agencies, will improve the implementation and coordination of federal clinical care initiatives for patients with complex metabolic or autoimmune disease, diabetes, or complications caused by such diseases.

Quality Measures

Measuring the quality of care for people with diabetes can provide useful information on how the health care system performs and ultimately help improve care for people with chronic diseases like diabetes. While dozens of diabetes quality measures have been developed, a major gap exists in that current measures do not address prediabetes/diabetes screening and referral to diabetes prevention programs. Advancing quality measures tied to screening and prevention is essential to ensuring that people with diabetes and those at-risk receive optimal care.

High-Quality and Affordable Insurance

People with diabetes and those at-risk for developing diabetes have benefited from reforms in the Affordable Care Act. As policymakers look to reform the health insurance market and the health care system, the needs of people with chronic diseases like diabetes and people at-risk for developing the disease must be a priority to ensure that high-quality and affordable insurance is available and accessible.

Members of the Diabetes Advocacy Alliance™

The current members of the DAA include:

Academy of Nutrition and Dietetics
American Association of Clinical Endocrinologists
American Association of Diabetes Educators
American Clinical Laboratory Association
American College of Preventive Medicine

American Diabetes Association
American Medical Association
American Optometric Association
American Podiatric Medical Association
Diabetes Patient Advocacy Coalition

Endocrine Society
Healthcare Leadership Council
National Association of Chain Drug Stores
National Association of Chronic Disease Directors
National Community Pharmacists Association
National Council on Aging
National Kidney Foundation

Novo Nordisk Inc.
Omada Health
Pediatric Endocrine Society
Quest Diagnostics
VSP® Vision Care
Weight Watchers International, Inc.
YMCA of the USA

Updated February 2018



Why is AADE in Diabetes Prevention?

Prevention is within our organization's vision: *Optimal health and quality of life for persons with, affected by or at risk for diabetes and related chronic conditions* and is one of our organizational Strategic Initiatives.

- AADE's National Practice Survey (2017) found:
 - Over 80% of respondents and 80% of DEAP reported to be working with people with prediabetes
 - 21% of current DSMES programs are providing the National DPP
- Survey of our DSMES programs should 80% of programs had people with Prediabetes going through their program and < 1% reported receiving reimbursement for prevention services

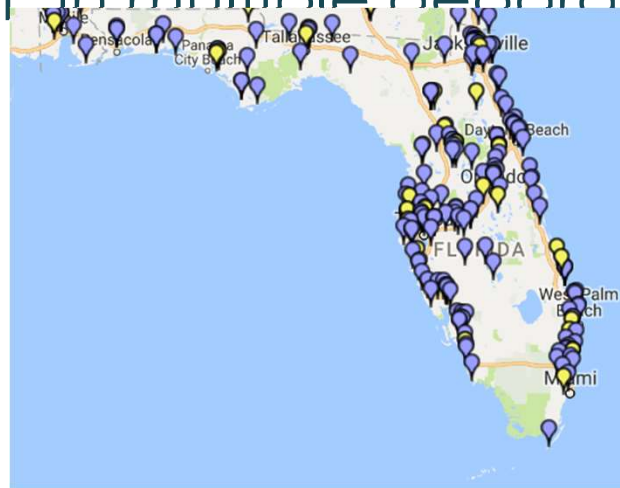


DSMES in Florida- Potential to Scale DPP

Number of DSMES (DEAP/ERP) in Florida: 148 sites

Each one of these DSMES programs may be able to serve

the National DPP in multiple geographic locations



<https://www.diabeteseducator.org/patient-resources/find-a-diabetes-educator>, March 2017

AADE has found success in DSMES programs

- ✓ Large pool of eligible participants
- ✓ HIPAA compliant/accustomed to proper data collection and entry
- ✓ Program Coordinator (suggest Diabetes Educator (HCP))
- ✓ Educated DPP Lifestyle Coaches (Can be CHW'S)
- ✓ Billing capabilities and NPI number
- ✓ Already providing service for payers- Insurers and Employers (DSME and Screenings)
- ✓ Linkage with local primary care providers
- ✓ Experience with telehealth delivery and other types of telemedicine

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American Association of Diabetes Educators Diabetes Prevention Program (AADE DPP)



- ✓ Transition of care for people found to have type 2 diabetes

CDC – DPRP Programs in Florida

- Currently 79 Programs in the State on the registry
- 8 have Full Recognition Status
- 16 have Preliminary Recognition Status
- All 24 qualify to apply as Medicare Suppliers for MDPP

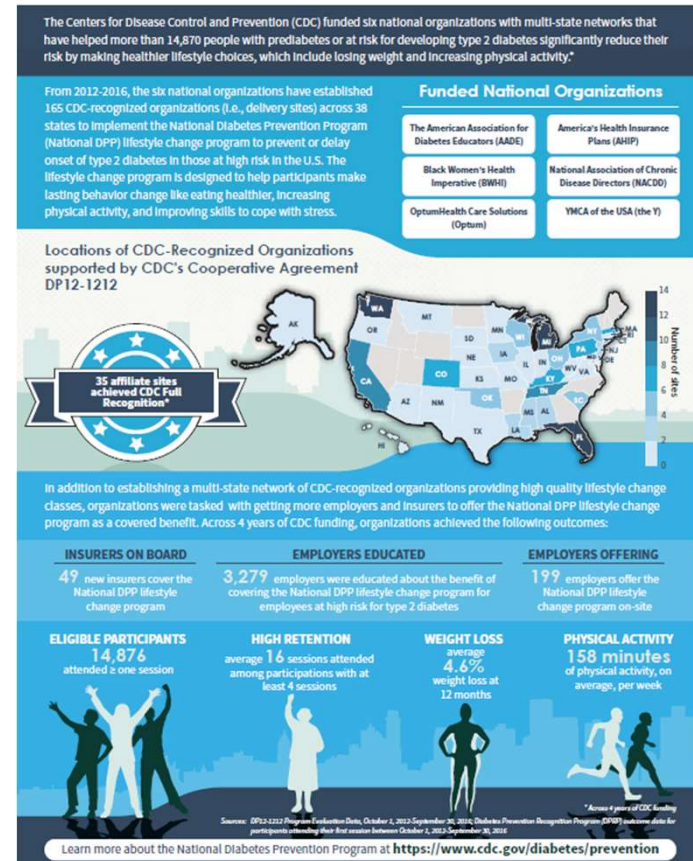
April 2108 - https://nccd.cdc.gov/DDT_DPRP/Registry.aspx



CDC's funding for DP12-1212:

2012-2017 Cooperative Agreement to Scale the National DPP and increase the number of covered lives who have DPP as a reimbursable benefit.

Six national organizations helped more than 14,870 people with prediabetes or at risk for developing type 2 diabetes significantly reduce their risk



DP12-1212

In 2012, CDC selected AADE as one of six partner organizations to assist in expanding the reach of the National DPP. An overarching goal of this project was to make the Lifestyle Change Program a covered healthcare benefit for people with prediabetes.

AADE funded a total of 55 DSME sites in 17 states over the 5 years

Delivered the DPP in over 60 locations including hospitals, employer worksites, medical centers, and clinical centers



CDC's Funding for 1705:

Over 1200 CDC-recognized organizations in 50 states offer the lifestyle change program, but there are still many areas with few or no programs.

Through this cooperative agreement, CDC funds multi-state networks to start new programs in underserved areas.

Priority populations include: **Medicare beneficiaries, men, African-Americans**, Asian-Americans, **Hispanics**, American Indians, Alaska Natives, Pacific Islanders, and people with visual impairments or physical disabilities



DP17-1705

AADE has been awarded funding for the next 5 years to bring the National DPP to underserved populations with little or no access to diabetes prevention services.

AADE will establish new sites to deliver the evidenced-based Lifestyle Change Program in year one.

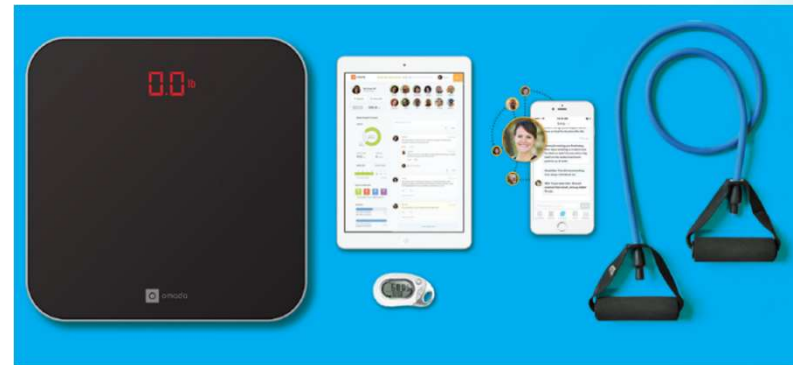
AADE will work with several different partners, including UnidosUS, Omada Health, and the Healthy Truckers Association of America (HTAA) to raise awareness, conduct screenings, expand coverage areas, and promote enrollment activities.



DP17-1705

AADE has entered into a new funding opportunity with the CDC:

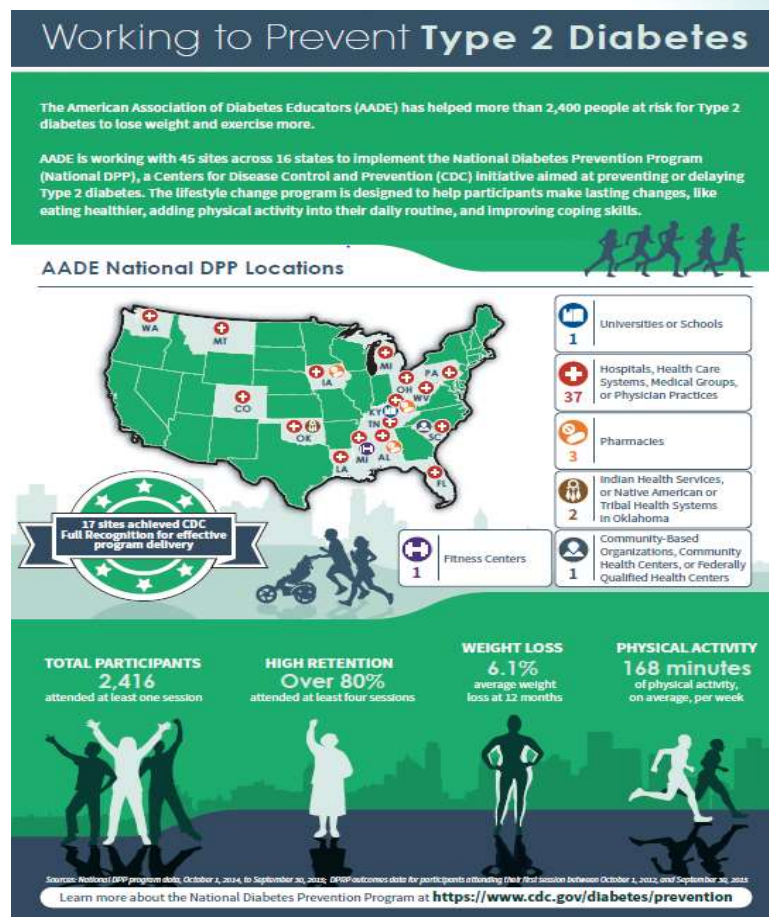
- 12 New DSMES and other healthcare organizations
- Over the Road Truck Drivers – Online Platform (Omada)



AADE DPP Model: A Proven Success

In September 2016, The Diabetes Educator published a manuscript demonstrating the AADE DPP model over three years within 25 programs.

“Achievement of Weight Loss and Other Requirements of the Diabetes Prevention and Recognition Program: A National Diabetes Prevention Program Network Based on Nationally Certified Diabetes Self-management Education Programs”



What can programs do now to prepare to be a DPP Provider?

- ✓ Decide system for DPP data collection and DPP support network
- ✓ Develop Budget, business case, pricing, cost and ROI to launch your DPP
- ✓ Apply and maintain CDC Recognition and attend webinars
- ✓ Begin to promote Physician Referrals, especially for Medicare covered lives, set up a provider referral loop
- ✓ Review the 2018 MDPP Final Rule and 2018 DPRP standards
- ✓ Attend workshops, trainings, webinars and research Networks that offer services to prepare and support your program for successful and sustainable DPP implementation



**DISCUSSION GUIDE:
BECOMING A PROVIDER OF THE
NATIONAL DIABETES PREVENTION PROGRAM**

**THE PREDIABETES EPIDEMIC:
HOW AADE CAN HELP YOU IMPLEMENT THE CDC/LED
NATIONAL DIABETES PREVENTION PROGRAM**



- The National Diabetes Prevention Program (DPP) can reduce the risk of developing type 2 diabetes by 58%. For people over 60 years of age, the program can reduce the risk by 71%.*
- The lifestyle change program is based on research led by the National Institute on Health (NIH). Results indicated that millions of high-risk people can prevent or delay developing type 2 diabetes by losing 5% to 7% of their body weight. Research has found that even after 10 years, people who completed the program were one third less likely to develop type 2 diabetes.

COST EFFECTIVENESS OF DPP

Average cost savings, per person with diabetes annually (see longitudinal studies)[†]

| | COMMERCIAL | MEDICARE | CENTER FOR MEDICARE AND MEDICAID INNOVATION (CMMI) COST SAVINGS |
|-----------|------------|----------|---|
| 2005-2007 | \$1,455 | \$422 | |
| 2005-2008 | \$481 | \$876 | \$2650 |

- AADE has been offering the National Diabetes Prevention Program since 2012, helping programs across the country implement, build, and sustain prevention services. Our programs have shown great success, with outcomes that meet or exceed CDC standards.
- Building upon that success, we have created the AADE Prevention Network which includes resources needed to be impactful and cost effective: training, workshops, tools, and a HIPAA-compliant database system.

* National Diabetes Prevention Program, Centers for Disease Control and Prevention, Centers for Disease Control and Prevention, 26 May 2017
 † Association, American Diabetes Association, "Economic Costs of Diabetes in the U.S. in 2012," Diabetes Care, American Diabetes Association, Apr. 2013.
 ‡ Diabetes, "Diabetes," n.d. Archived from the original on 14 October 2013. URL: <http://www.diabetes.org>.
 § Diabetes Prevention Program (DPP), National Institute of Diabetes and Digestive and Kidney Diseases, U.S. Department of Health and Human Services, n.d.



Becoming a Provider of the National DPP

Presenting why to become a DPP provider to your own leadership

- Leader in the community when it comes to preventative health
- Increases relationship with local referral sources
- Generate revenue for your program (offer to own employees)

AADE can help you improve the health of your community by Becoming a Provider of National DPP. We can provide you with guidance, training and support to build your own diabetes prevention program and ensure that it receives maximum reimbursement.



DPP Services and Tools from AADE

- ❑ Building Your DPP: The A to Z of how to set up your DPP for success and sustainability.
- ❑ Lifestyle Coach Trainings- Lifestyle Coach Training can help you acquire the necessary skills to deliver a successful lifestyle change program. AADE is listed on CDC website as a LSC training entity
- ❑ AADE Prevention Network- Subscribe to the AADE Prevention Network to gain access to ongoing education, tools, payment, coverage information and access to a cloud-based participant data base analytics system (DAPS) to ensure quality and sustainability. Any CDC Pending or Fully Recognized DPRP may apply!

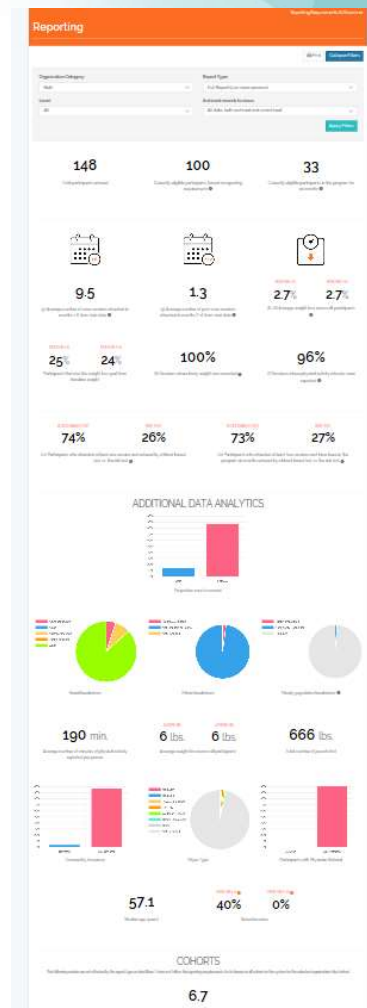
Diabeteseducator.org/dpp or Email dpp@aadenet.org to receive email updates



More on the AADE Prevention Network:

A subscription to AADE Prevention Network™ will provide programs an opportunity for a one-stop-shop for all tools and resources to be a successful and reimbursed DPP program including:

- Physician Referrals tools, templates and best practices
- Business Case and ROI information
- Best Practices on DPP implementation
- Discussion Forum with Coordinators and Coaches
- Payer Tracking- Updates regarding reimbursement, policy coverage information and coding
- Guidance on Medicare and Medicaid Requirements
- **Access to DAPS™- online participant data base system**



DAPS | data analysis of participants system™

- Cloud-based, HIPPA compliant
- You own your data
- Real-time reporting
- Individual/Program-level analytics
- CDC Recognition Standards benchmarking
- One-click export to CDC-required report format




AADE
Prevention
NETWORK™
#PreventionSimplified

Available only through an AADE Prevention Network subscription

Visit: diabeteseducator.org/PreventionSimplified





Diabetes Prevention Programs in the Panhandle

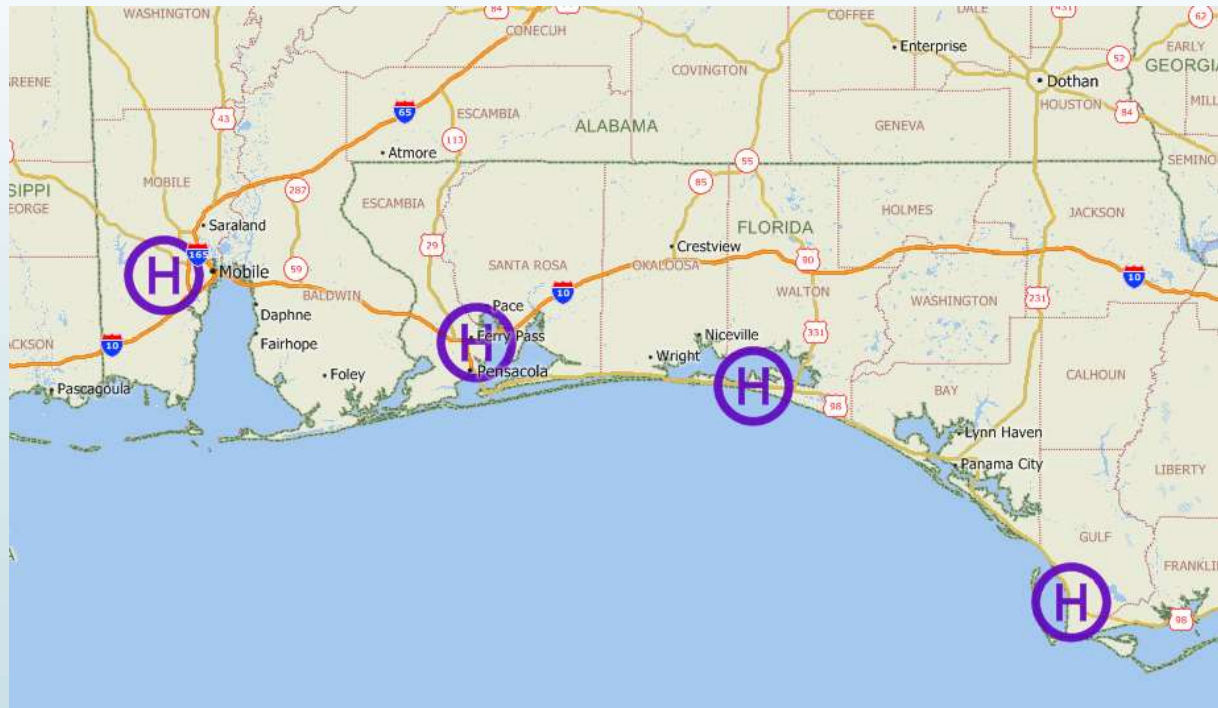
Sacred Heart Health System/Ascension Health

Donna Ryan, RN RD MPH CDE FAADE

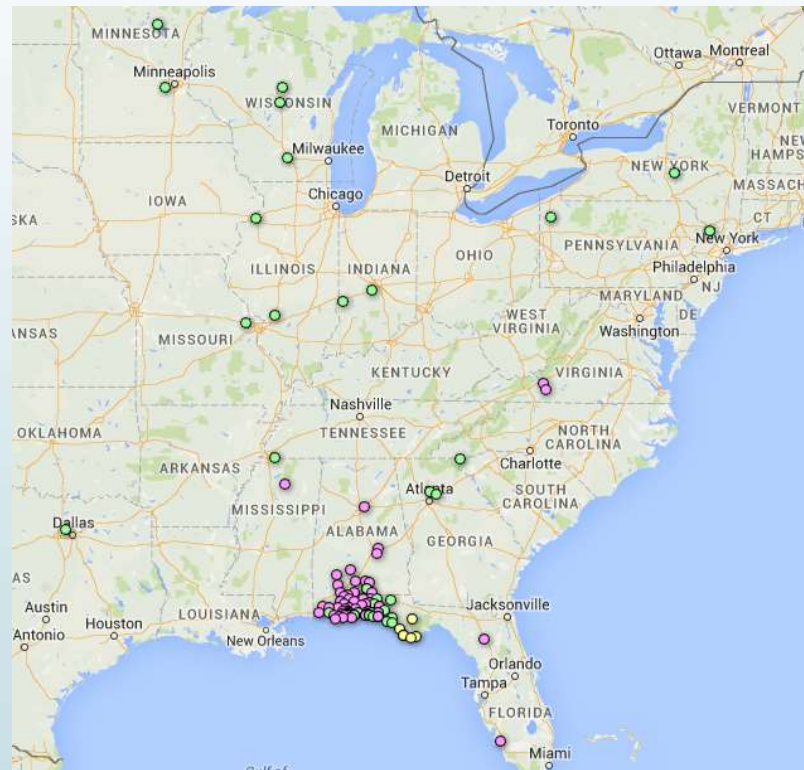
Title Regional Director Community Health/Population Health

Organization Sacred Heart Health Systems (Pensacola, Destin, Port St Joe) Part of
Ascension Health

Sacred Heart Health System on the Gulf Coast



Zip Code Analysis Sacred Heart Health System Program Enrollees



Gulf County

Almost
one in three
working U.S.
families **struggle**
to meet basic needs.



Gulf County
Population 15,944 (2014)

Strategic Planning Steps to Increase Awareness of PreDiabetes and Increase Referrals to DPP Programs

| Increase Awareness | | | |
|--------------------|--|---|---|
| Goals | Strategies (to achieve goals) | Objectives (action items) | Outcomes/metrics |
| gchs | Negotiate DPP benefit with Smart Health plan for all associates as a covered benefit and ensure easy access to DPP Program (time offered, location, etc) | 1. Engage Associate Health partnership at Ascension in each ministry to identify opportunities to provide DPP programming | 1. DPP as covered benefit for associates 2. # associates participating in DPP program/ 3. # DPP programs targeting associates |
| gchs | Identify opportunities for Ascension to be DPP providers in contracts with established or new health insurance payers | 1. Collaborate with Ascension leaders/depts. to proactively include DPP as service | 1. Include DPP as wellness/prevention service. 2. For existing contracts, collaborate with payors to identify at risk participants to target for DPP program |
| gchs | Establish systematic identification of individuals at risk for DM2 through Medical Group EMR and/or risk test as part of Fresia/patient registration portal. | 1. Integrate Risk test in existing registration and screening models for AMG | 1. Identify 1 entry points for identification at each ministry |
| gchs | Provide remote/distance learning as an option for DPP for rural areas to increase access to DPP | 1. Identify existing telehealth platforms and leverage for DPP in Ascension | 1. #remote/telehealth DPP programs/ 2. # participants in remote/telehealth DPP programs |
| gchs | Pilot Stanfords Chronic Disease Self Mgmt Program for EBP diabetes prevention and provide in ministries as option to 1 year DPP | 1. Identify framework and ministry for CDSMT. 2. Track weights, outcomes as CDC DPP program 3. Compare outcomes | 1. CDSMT program pilot established in 1 ministry as pilot |



Milestones and Speed Bumps

- ▶ 5 DPP Programs over 7 counties
 - ▶ 3 Cohorts meeting CDC DPP Criteria for Accreditation
 - ▶ 2 Cohorts not meeting DPP Criteria
 - ▶ Rurality
 - ▶ Snow Birds
 - ▶ Crossovers of people diagnosed with Type 2 Diabetes into program
 - ▶ Screening for Readiness to Change to engage and sustain attendance
 - ▶ Telehealth
 - ▶ Partnerships with Community agencies
 - ▶ Support groups



Questions?

www.diabeteseducator.org/dpp