Objectives

- Raise Awareness of National DPP and Maryland Initiatives
- Highlight Medicaid Demonstration Achievements to date
- Discuss Sustainability and Next Steps
What is the National Diabetes Prevention Program (National DPP)?

- Evidence-based intervention designed to prevent or delay onset of type 2 diabetes for people with prediabetes or at high risk of type 2 diabetes
- Partnership of public and private organizations
- Lifestyle change program offered using a CDC-approved curriculum focused on:
  - Eating healthier
  - Being physically active
  - Improving coping skills
What is the National Diabetes Prevention Program (National DPP)? (cont.)

- Offered by Lifestyle Coaches, who facilitate and support groups of people with similar goals and challenges

- May be offered by in-person or virtual programs that have obtained Diabetes Prevention Recognition Program (DPRP) recognition from the CDC
  - Fidelity through standardized programming and measurable outcomes

- Structured as a one-year program
  - Core—Weekly sessions for 4 months
  - Post Core—Monthly sessions for 8+ months

- Referrals may be from a provider (based on clinical eligibility) or self-referral (based on a prediabetes risk test)
National Partnerships for Diabetes Prevention

- **NACDD** – National Association of Chronic Disease Directors
- **CDC** – Centers for Chronic Disease Control and Prevention
- **AMA** – American Medical Association
- **AADE** – American Association of Diabetes Educators
- **CMS** – Centers for Medicare and Medicaid Services
- **National DPP** – National Diabetes Prevention Program
Maryland Initiatives Focused on Diabetes Prevention

Diabetes Statewide Capacity Building

(CCDPC)

Medicaid and National DPP Demonstration

(CCDPC and Medicaid)

The 6|18 Initiative

(CCDPC, Medicaid, OPHI)
CCDPC-- Statewide Diabetes Prevention

- Scale up to build capacity and infrastructure for new and existing DPPs
- Facilitate partnerships at the state and local level
- Engage health care providers to test and refer
- Build and sustain referral systems
- Facilitate program DPP supplier reimbursement for sustainability
- Promote awareness of prediabetes and the DPP
Maryland Initiatives Focused on Diabetes Prevention

Diabetes Statewide Capacity Building
\[(CCDPC)\]

Medicaid and National DPP Demonstration
\[(CCDPC \text{ and Medicaid)}\]

The 6|18 Initiative
\[(CCDPC, Medicaid, OPHI)\]
# Medicaid DPP Demonstration Background

<table>
<thead>
<tr>
<th>Year 1 Target Population</th>
<th>Focus on the four jurisdictions with highest number at-risk beneficiaries (approx. 58,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 2 Target Population</td>
<td>Expand to all jurisdictions</td>
</tr>
<tr>
<td>Year 1 Enrollment Goal</td>
<td>Enroll up to 100 National DPP eligible beneficiaries per MCO</td>
</tr>
<tr>
<td>Year 2 Enrollment Goal</td>
<td>Enroll at least 50 National DPP eligible beneficiaries per MCO</td>
</tr>
<tr>
<td>Overall Goal</td>
<td>Enroll 600 beneficiaries across the participating HealthChoice MCOs</td>
</tr>
</tbody>
</table>
Overview of Maryland’s Delivery Model

Medicaid and the CCDPC will partner in program oversight, leverage longstanding partnership to carry out work:

- Medicaid acts as primary fiscal agent, establish and oversee grants; the CCDPC provides programmatic, and diabetes prevention support and expertise
- Builds upon previous collaboration with MCOs (hypertension and diabetes)
- Hired a Medicaid and National DPP project coordinator
- Issued a non-competitive grant opportunity to 8 MCOs; 4 MCOs participating
- Developing, testing and providing screening protocols to MCOs to identify those meeting the eligibility criteria
- MDH provided initial data set based on claims history to help MCOs identify potentially eligible at-risk beneficiaries
Delivery Network: Phased Approach

Year 1
7/16-6/17
MCOs partner with virtual and/or in-person National DPP supplier:
- Build access to local National DPPs
- Assist MCOs in navigating National DPP relationships
- MCOs can become a CDC-recognized lifestyle change program; CCDPC will provide guidance, training and technical assistance

Year 2
7/17-6/18
MCOs continue to navigate relationships with both virtual and in-person programs:
- MCOs work with current DPP suppliers and may expand their participant reach to additional MD counties
- MCOs and DPP suppliers focus on retention, achievement of weight loss
Maryland Demonstration Partners

Managed Care Organizations

- Amerigroup
- Jai Medical Systems
- MedStar Family Choice
- Priority Partners

Virtual CDC-recognized organization suppliers

- Omada
- Retrofit
- Soul So Good/Collins Wellness Center

In-person CDC-recognized organization suppliers

- YMCA of Metropolitan Washington
- John Hopkins Brancati Center for the Advancement of Community Care
- Charm City Clinic
- Knox Presbyterian
- Zion Baptist
- MedStar Good Samaritan Hospital
- MedStar Franklin Square Hospital
- MedStar Harbor Hospital
- MedStar Good Samaritan Hospital
- MedStar Harbor Hospital
- MedStar Good Samaritan Hospital
- MedStar Harbor Hospital
## Demonstration Enrollment (as of January 31, 2018)

<table>
<thead>
<tr>
<th>Managed Care Organizations</th>
<th>Number of Beneficiaries Enrolled in National DPP Class¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amerigroup</td>
<td>248</td>
</tr>
<tr>
<td>Jai Medical Systems</td>
<td>152</td>
</tr>
<tr>
<td>MedStar Family Choice</td>
<td>150</td>
</tr>
<tr>
<td>Priority Partners</td>
<td>111</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>661</strong></td>
</tr>
</tbody>
</table>

¹Members signed an informed consent and have attended at least one session, not including a session zero.
Year 2 Focus: Retention and Sustainability

- Design and implement a sustainability study looking at Secondary Outcomes Evaluation - Return on Investment
- Provide opportunities with MCOs and CDC-recognized organization suppliers to further discuss issues raised in Year 1
- Engage existing and new CDC-recognized organizations in Maryland to partner with MCOs
- Continue to test/identify effective retention methods and strategies

Future of DPP?

DPP Classes
Focus Area: Cultural Competency

• Discussed ability of DPPs – both program and suppliers - to be culturally competent

• Included Cultural Competency agenda items at key demonstration partner meetings

• Requested technical assistance from Leavitt Partners to develop a white paper to assist us “Working with Disparate Populations”

• Asked DPP suppliers what they do if they notice a participant is coming to class, but is not achieving weight loss

• CDC utilizing focus groups to determine programmatic needs to address cultural competency and strengthen lifestyle coaches

• Maryland Demonstration DPP Suppliers included in these focus groups

• MDH Public Health will be contracting with experts to conduct cultural competency training for lifestyle coaches
Focus Area: Social Determinants of Health

- Discussed strategies MCOs are using to address Social Determinants of Health (SDOH) challenges to reduce barriers to attendance, access to healthy food or other program supports.

- Investigated current and potential use of SDOH codes – “Z-codes”
## Experience

<table>
<thead>
<tr>
<th><strong>Challenges:</strong></th>
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</thead>
<tbody>
<tr>
<td>Contracting</td>
</tr>
<tr>
<td>Coding, Billing and Claims Reimbursement</td>
</tr>
<tr>
<td>Recruitment to Enrollment – High touch necessary</td>
</tr>
<tr>
<td>Credentialing of DPP Suppliers</td>
</tr>
<tr>
<td>Incentives and program supports</td>
</tr>
<tr>
<td>Changes in Eligibility and Churn</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Successes:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Preliminary data: Weight loss</td>
</tr>
<tr>
<td>Enrollment targets with virtual &amp; in-person DPP suppliers</td>
</tr>
<tr>
<td>Medicaid &amp; Public Health Collaboration</td>
</tr>
<tr>
<td>Learning Community – Support from National Partners</td>
</tr>
<tr>
<td>Stakeholder engagement</td>
</tr>
</tbody>
</table>
Expected Project Impact

- Increased Coverage
- Scale and Sustain
- Evaluation
Maryland MCO Engagement and Outcomes Report (Amerigroup, JAI, MedStar, Priority Partners)

February 2018
Outcomes at Week 16

Weight Loss for Participants Who Completed 4+ Foundations Lessons

177 participants lost >5% of their initial body weight, with an average weight loss of 3.3% and an average weight loss of 7.6 lbs.

Percent of participants:
- <0%: 21%
- 0 to <3%: 33%
- 3 to <5%: 15%
- 5 to <7%: 10%
- 7 to <10%: 12%
- 10%+: 8%

Percent weight loss:
Outcomes at Week 26

Weight Loss for Participants Who Completed 4+ Foundations Lessons

- **154 Participants** lost >5% of their initial body weight
- **37%**
- **3.9%** Average weight loss
- **8.6 lbs** Average weight loss

Bar chart showing the percentage of participants who lost weight in different ranges:

- <0%: 21%
- 0 to <3%: 27%
- 3 to <5%: 15%
- 5 to <7%: 9%
- 7 to <10%: 12%
- 10% +: 16%
Outcomes at Week 16

Weight Loss for Participants Who Completed 9+ Foundations Lessons

- 177 participants have completed 4+ Foundations lessons
- 137 participants have completed 9+ Foundations lessons
- 37% lost >5% of their initial body weight
- 4.0% average weight loss
- 9.0 lbs average weight loss

Percent of participants

- <0%: 18%
- 0 to <3%: 27%
- 3 to <5%: 17%
- 5 to <7%: 13%
- 7 to <10%: 14%
- 10% +: 10%
Outcomes at Week 26

Weight Loss for Participants Who Completed 9+ Foundations Lessons

- 154 participants have completed 4+ Foundations lessons
- 118 participants have completed 9+ Foundations lessons
- 42% of participants lost >5% of their initial body weight
- Average weight loss: 4.4%
- Average weight loss: 9.6 lbs

Percent weight loss:
- <0%: 19%
- 0 to <3%: 22%
- 3 to <5%: 18%
- 5 to <7%: 10%
- 7 to <10%: 13%
- 10% +: 19%

Participants have completed 4+ Foundations lessons
Participants have completed 9+ Foundations lessons
Percent weight loss
Percent of participants

MARYLAND Department of Health
# Outcomes

<table>
<thead>
<tr>
<th>Weight-Loss Range</th>
<th>No. of Participants</th>
<th>Projected 3 year risk reduction&lt;sup&gt;1&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – 3%</td>
<td>56</td>
<td>35%</td>
</tr>
<tr>
<td>3 – 5%</td>
<td>26</td>
<td>38%</td>
</tr>
<tr>
<td>5 – 7%</td>
<td>17</td>
<td>54%</td>
</tr>
<tr>
<td>7 – 10%</td>
<td>20</td>
<td>64%</td>
</tr>
<tr>
<td>10% +</td>
<td>14</td>
<td>85%</td>
</tr>
</tbody>
</table>

*Assumes week 16 weight loss will be maintained through week 26

## Sustainability in Maryland Medicaid

### Factors Influencing Sustainability
- Evaluation from RTI (due September 2018)
- Changes in Federal regulations and guidelines
- Return on Investment Evaluation
- Medicare and Commercial Payers
- Diabetes prevention capacity and network within Maryland
- State Budget

### Potential Pathways to Covered Benefit
- **1115 HealthChoice Waiver Amendment**
  - Budget initiative / neutrality
  - Public process
- State Plan Amendment
  - Budget initiative
  - Rate Setting
- Value Add Service from MCO
Medicare Expanded Model Diabetes Prevention Program (MDPP)

- Approved by CMS in 2016
- First preventive services model to receive actuarial certification for expansion
- DPP model supported by YMCA of the USA was tested and evaluated by the CMS Innovation Center and demonstrated a $2,650 savings per enrollee over 15 months
- MDH submitted joint comments to CMS on the proposed final
Maryland Initiatives Focused on Diabetes Prevention

- Diabetes Statewide Capacity Building *(CCDPC)*
- Medicaid and National DPP Demonstration *(CCDPC and Medicaid)*
- The 6|18 Initiative *(CCDPC, Medicaid, OPHI)*
Maryland’s 6|18 Initiative: Diabetes Prevention

The 6|18 Initiative

- Reduce Tobacco Use
- Control Blood Pressure
- Prevent Healthcare-Associated Infections
- Control Asthma
- Prevent Unintended Pregnancy
- Prevent Diabetes

- CDC is partnering with health care purchasers, payers and providers to improve health and control health costs

- Providing partners with rigorous evidence about high-burden health conditions and associated interventions to inform their decisions to have the greatest health and cost impact

- Aligns evidence-based preventive practices with emerging value-based payment and delivery models
Maryland’s 6|18 Initiative

Decreased Diabetes Incidence Among Marylanders

Aligned, Statewide Diabetes Prevention Program

Contextual factors: Maryland DPRP Network, Medicaid National DPP Demonstration, Medicare DPP, Diabetes Prevention Statewide Metric

- Provider practice transformation
- DPP supplier transformation
- Aligned metrics, reporting requirements and reporting systems
- Payer participation
- Hospital and health system engagement
Key Information for MCOs/Health Systems

• The National DPP is evidence-based, cost-effective and aligned with Maryland’s All-Payer Model

• The National DPP impacts other quality metrics and overall health outcomes improve (resulting in fewer readmissions, reduced potentially avoidable utilization, and improved cardiovascular health)

• Providers can refer eligible patients from the office visit, or can generate a list of eligible patients from their electronic health records
  o New Billing code 0403T effective January 1, 2016

• Pay for performance model:
  o Weight loss and/or attendance
Opportunity for MCOs/ Health Systems

Improve health of adults

Lower Costs with cost effective intervention

Reimbursement – Medicare (expected to begin April 2018)
Ideas for MCO/Health System Engagement

In the MCO/health system:

- Educate providers about available programs and best practices
- Identify referral processes and pathways for the DPP within the healthcare system
- Collaborate to build DPP supplier network capacity
  - Establish linkages to existing DPP suppliers
  - Consider becoming a DPP supplier

In the community:

- Engage with efforts to assess capacity and potential of existing DSME to integrate with a DPP and identify areas of high need and limited resources
- Engage community leaders and stakeholders to raise awareness of prediabetes and DPPs available for referral
- Amplify messaging from MDH on state diabetes prevention efforts
- Raise public awareness of DPP—e.g., in preparation for Diabetes Alert Day and Diabetes Awareness Month
Resources


- National DPP Coverage Toolkit: [https://coveragetoolkit.org/](https://coveragetoolkit.org/)

- CDC and AMA Diabetes Prevention Toolkit: [https://preventdiabetesstat.org/toolkit.html](https://preventdiabetesstat.org/toolkit.html)

- CDC DPRP Recognition Standards: [https://www.cdc.gov/diabetes/prevention/lifestyle-program/requirements.html](https://www.cdc.gov/diabetes/prevention/lifestyle-program/requirements.html)


- Medicaid and National DPP Demonstration Summary: [http://www.chronicdisease.org/page/Medicaid_NDPP](http://www.chronicdisease.org/page/Medicaid_NDPP)


- MDH Chronic Disease Prevention: [Behealthymaryland.org](Behealthymaryland.org)

- Medicaid Demonstration Handbook (upon request)
## Contacts

<table>
<thead>
<tr>
<th>Medicaid</th>
<th>Public Health</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sandy Kick</strong></td>
<td><strong>Kristi Pier</strong></td>
</tr>
<tr>
<td>Administrative Program Manager II</td>
<td>Director</td>
</tr>
<tr>
<td>Planning Administration</td>
<td>Center for Chronic Disease</td>
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<tr>
<td>Office of Health Care Financing</td>
<td>Prevention and Control</td>
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<td>Public Health Promotion and Prevention Administration</td>
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<tr>
<td><a href="mailto:Sandra.kick@maryland.gov">Sandra.kick@maryland.gov</a></td>
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<tr>
<td></td>
<td>410-767-6722</td>
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<td></td>
<td><a href="mailto:Kristi.pier@maryland.gov">Kristi.pier@maryland.gov</a></td>
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</table>
Discussion

Next Steps

Questions

Comments

Areas of Interest