

Sustaining Umbrella Hub Arrangements

This section includes:

- Considerations for ensuring a sustainable UHA, including retention of participants, subsidiary organizations, and payer contracts
- Suggestions for continuous UHA review and improvement

Umbrella hub organizations (UHOs) participating in the Demonstration understood the necessity of considering avenues to support the sustainability of the umbrella hub arrangement (UHA) beyond contracting with additional healthcare payers. Below are the considerations that the Demonstration UHOs, in partnership with the Centers for Disease Control and Prevention (CDC), the National Association of Chronic Disease Directors (NACDD), and Leavitt Partners, identified that can contribute to the sustainability of an umbrella hub arrangement (UHA). This section does not include specific learnings from the Demonstration but does provide sustainability topics to consider.

Retaining and Increasing Participants

UHOs can support their subsidiary organizations by helping increase participant enrollment and retention in lifestyle change programs. For example, UHOs can work with healthcare providers to increase referrals to the subsidiary organizations' programs. UHOs can also support subsidiary organizations with best practices to increase enrollment in programs, such as implementing effective strategies for outreach to eligible individuals. To improve retention, UHOs can support subsidiary organizations with best practices such as providing engaging and culturally relevant curricula. For more information on National Diabetes Prevention Program (National DPP) lifestyle change program participants recruitment and retention, see the [Recruitment and Referral](#) and the [Retention](#) pages of the National DPP Coverage Toolkit.

Identifying Additional Partners

Although UHAs are not required to have partner organizations, such organizations can contribute to the UHAs sustainability. Partner organizations can include the state or local health departments, local diabetes advocacy and prevention organizations, health care providers, employers, private businesses, other CBOs, or State Quality Specialists (SQS), a network of specialists at the state level trained by CDC to provide technical assistance to organizations offering the National DPP lifestyle change program. Additionally, 1705 organizations, organizations funded by CDC to build out the National DPP infrastructure in currently underserved areas, can also provide valuable partnerships through the national reach they are able to access. These partners can provide a variety of support to the UHA such as additional funding or publicity, referrals of eligible individuals, or offering services that can support participants' retention in the National DPP lifestyle change program. Additionally, because social determinant of health factors, such as transportation or childcare, can influence whether an individual enrolls and remains in the program, strategic partnerships providing wrap around services can help increase participant enrollment and retention. For more information on SQS, please visit the [October 2021 NACDD Impact Brief](#) on SQS. For more information on 1705 organizations, please see the [Additional Resources](#) page of the National DPP Coverage Toolkit.

Increasing and Retaining Subsidiary Organizations

Adding more subsidiary organizations to the UHA can grow the UHA network and make it more attractive to healthcare payers. UHOs should maintain consistent outreach to potential subsidiaries to continually develop the UHA. To recruit new subsidiary organizations, UHOs can identify and outreach to organizations that may benefit from joining the UHA. New subsidiary organizations to consider include organizations that serve unique populations, have beneficial relationships with healthcare providers, or that serve a new geographic area.

UHOs can retain existing subsidiaries by providing additional support as time and resources allow. By understanding the need and suggestions of subsidiary organizations, UHOs can help subsidiary organizations to increase their organizational capacity, such as by identifying additional lifestyle coaches or helping subsidiary staff access lifestyle coach training.

Considering Other Evidence-Based Programs

Adding evidence-based, reimbursable programs such as diabetes self-management education and support (DSMES) can increase revenue streams. Additional programs may also increase the UHA's attractiveness to payers because payers can contract with one UHA rather than multiple organizations and give their members access to a variety of disease prevention and management services. UHOs interested in the UHA offering more programs may want to consider the capacity of subsidiary organizations to deliver the programs, the cost of adding new programs, and the available reimbursement for those programs.

Engaging in Continuous Quality Improvements (CQI)

Continuous quality improvement (CQI) can strengthen the UHA and build payer and healthcare provider confidence in the arrangement. To engage in CQI, the UHO can assess the UHA's challenges, areas for improvement, and opportunities for growth to improve the outcomes of the UHA's National DPP lifestyle change programs. Areas for improvement may include lifestyle coach training and support and participant recruitment and enrollment. UHOs are advised to solicit their subsidiary organizations' input into the quality improvement process to develop improvement actions that have the buy-in from all appropriate UHA participants.

The National Association of Chronic Disease Directors

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