



NATIONAL ASSOCIATION OF
CHRONIC DISEASE DIRECTORS

Promoting Health. Preventing Disease.

The Case for Covering the National DPP Lifestyle Change Program

NACDD General Member Webinar

June 27, 2019

3:00 – 4:30 pm ET

Welcome



Marti Macchi, MEd, MPH
Senior Director of Programs,
NACDD

NACDD:
All Things
Chronic Disease
Prevention

30 Years Strong!

State Health Departments

(7,000+ Members)

**Disease Specific
and
Addressing Risk Factors**

**SME Consultants Remotely
Located**

**Staff Headquarters in
Decatur, GA**



NACDD's Diabetes Team

Strategic leadership

Coordinated action

Expanding and sustaining proven strategies



National DPP Coverage *
State Engagement
Meetings * Technical
Assistance & Support *
Communities of Practice
* National DPP for Priority
Populations * National
DPP Convening Project *
Communications
* Evaluation

Today's Webinar: Objectives

- Define frequently used concepts applied to analyzing the overall costs and benefits of covering the National DPP lifestyle change program.
- Identify different public and private payer perspectives on creating a value proposition when making the case for covering the program.
- Describe ways that public health can work together with public and private payers to promote coverage for the National DPP lifestyle change program.



Scaling and Sustaining The National Diabetes Prevention Program

Pat Shea, MPH, MA

Senior Advisor, Program Implementation Branch

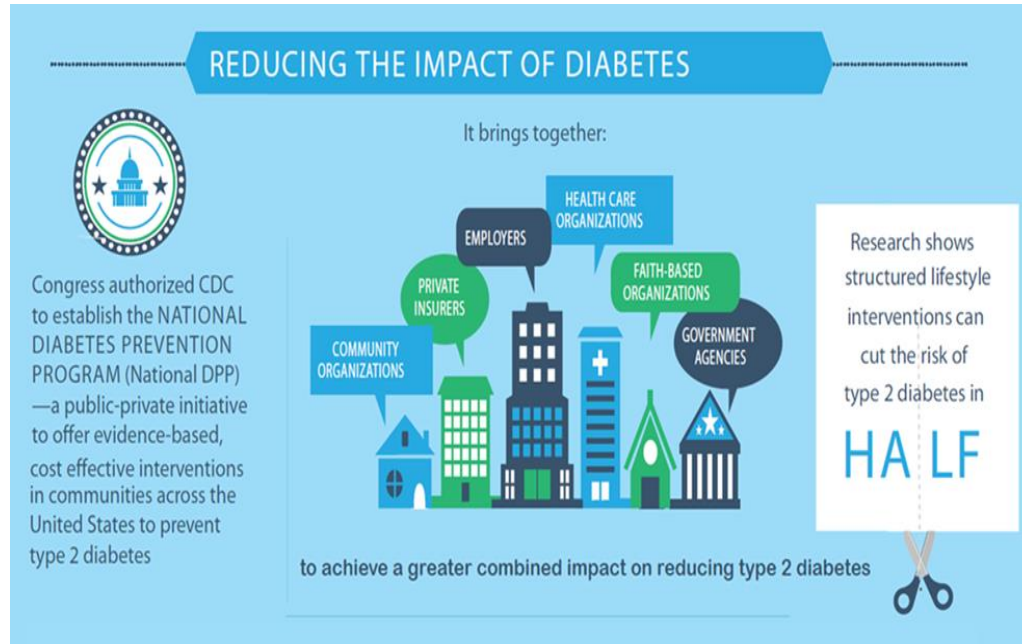
Division of Diabetes Translation

National Center for Chronic Disease Prevention and Health Promotion

Centers for Disease Control and Prevention

National Diabetes Prevention Program

Largest national effort to mobilize and bring an evidence-based lifestyle change program to communities across the country!



National DPP Strategic Goals

Increase coverage among public and private payers

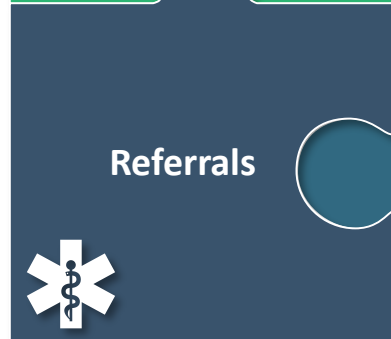


Quality Programs



Increase the supply of quality programs

Increase referrals from health care providers



Demand From Participants



Increase demand for the National DPP lifestyle change program among people at risk

National DPP Strategic Goals

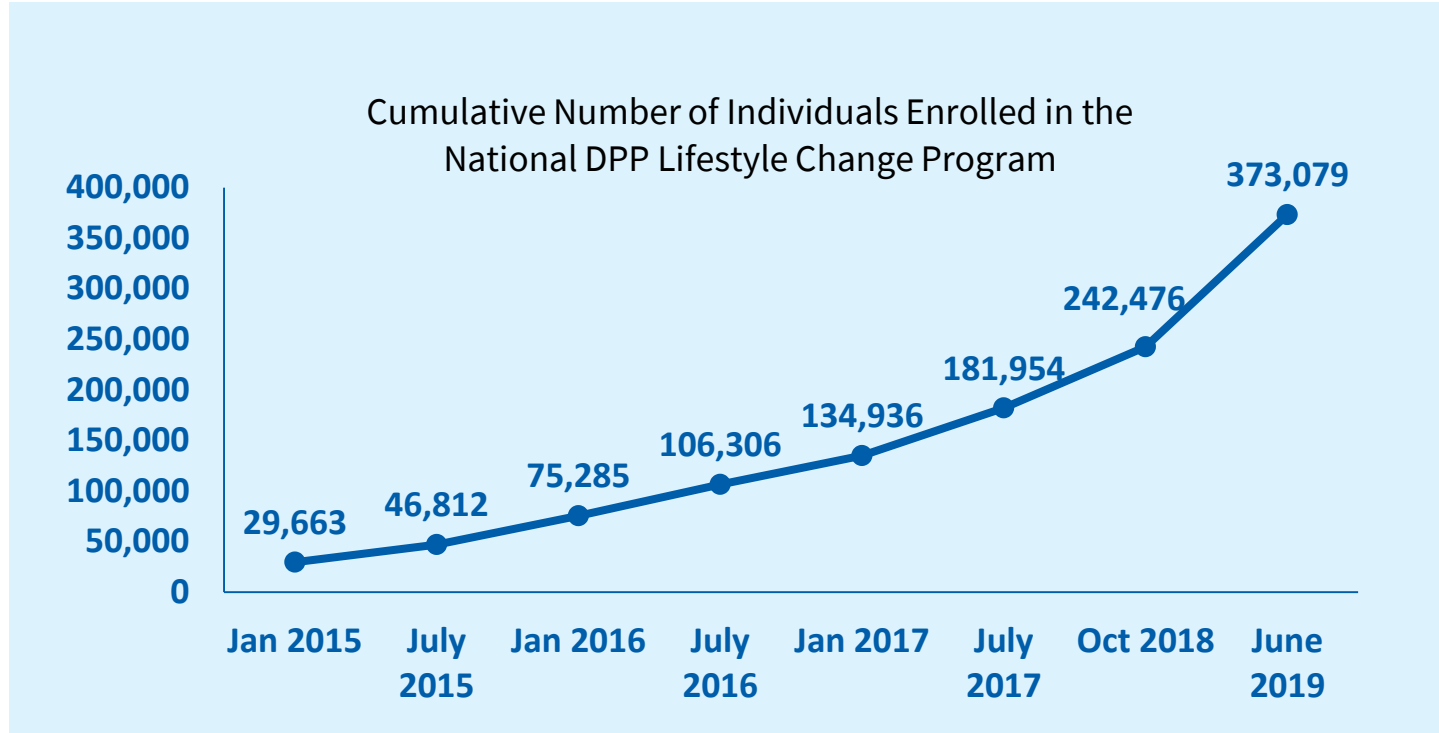


**Demand From
Participants**



*Increase demand for
the National DPP
among people at
risk*

Increase Demand for the Program Among People at Risk



373,079 participants have enrolled as of June 24, 2019



National DPP Strategic Goals

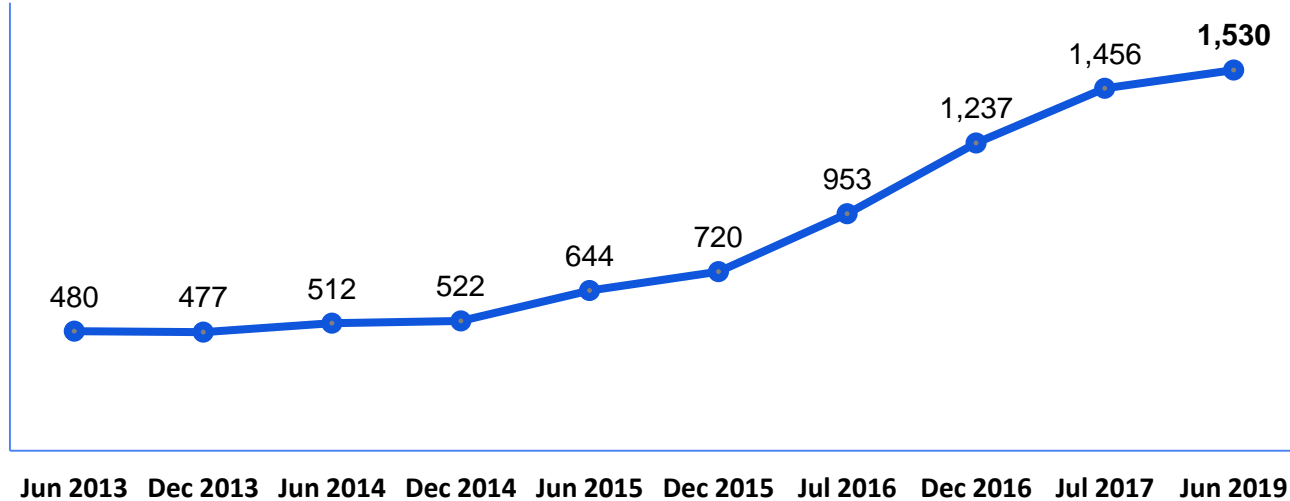


*Increase the supply
of quality programs*

Increase the Supply of Quality Programs



CDC-Recognized Organizations Across the U.S.



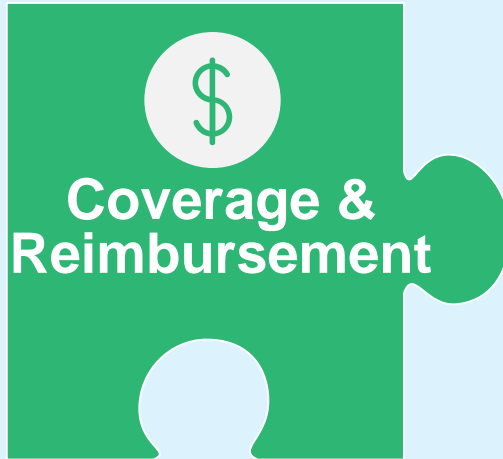


Partnerships, Mergers, Consolidations

- **Benefits of Combining/Leveraging Efforts**
 - Makes it easier to share infrastructure costs and scale services
 - Increases efficiency in the contracting process with payers
 - Increases the leverage that Community-Based Organizations (CBOs) have with their payer/managed care/accountable care partners



National DPP Strategic Goals



*Increase coverage
among public and
private payers*

Goal: Secure All-Payer Coverage

Working with all public and private payers and employers to eliminate cost barriers for participants and sustain program delivery organizations long-term



Private Sector

- Self Insured Employers
- Health Plans
- >100 in various markets



Public Sector: State/Local

- State/Public Employee Benefit Plans
- 20 states covering >3.8 million employees and dependents



Public Sector: Federal

- CMS: Medicare & Medicaid
- ~150 MDPP Suppliers operating in >600 locations
- Ten states have Medicaid coverage



Goal: Facilitate Uptake of Coverage

Phase 1: Intelligence Gathering - January – March, 2019

- Document need for cost-effective administrative, business, legal, data processing and technology services
- Inventory services available to CBOs that meet or one or more needs

Phase 2: National Convening - April 4, 2019

- SMEs, visionary and creative thinkers, third party organizations, and vendors

Phase 3: Work with Stakeholders on Solutions – Ongoing

- Resource Directory and Service Provider Matching
- Work with other National Partners promoting Community Integrated Health
- Facilitate Partnerships through Implementation of CDC Umbrella Recognition and Supporting Network Pilots





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CHRONIC DISEASE DIRECTORS

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Cost and Value of Covering the National DPP

Discussion using resources found on the
coveragetoolkit.org website

Cost & Value of Covering the National DPP



Wendy Childers
Public Health
Consultant,
NACDD



Eric Johnson
Consulting Manager,
Leavitt Partners

Program Returns and Value

Cost & Value



Search

Home The National DPP Medicaid Agencies Medicaid MCOs Commercial Payers Medicare

Cost & Value:

Analyzing Costs of Covering the National DPP Lifestyle Change Program

When considering coverage of the National Diabetes Prevention Program (National DPP) lifestyle change program, many public and private payers weigh the economic impacts of covering the program for their employees, clients, or public assistance beneficiaries. The impact of the National DPP lifestyle change program on health care costs can vary across populations and program types and can be affected by differences in how medical costs and non-medical costs are interpreted and applied, and by how the benefits of preventing or delaying type 2 diabetes are assessed.

Frequent concepts applied to analyzing overall costs of covering the National DPP lifestyle change program include return on investment (ROI), cost-benefit analysis, cost-effectiveness, cost savings, and cost avoidance.

- **Return on investment (ROI)** measures the cost of an investment against the direct economic benefits it produces (i.e., gain or loss relative to the amount of money invested).
- **Cost-benefit analysis** compares the costs of running a program with the overall benefits accrued from that program's outcomes.
- **Cost-effectiveness** is similar to a cost-benefit analysis, yet is a more general term that refers to the overall extent to which something is effective or beneficial in relation to its cost.
- **Cost savings** identifies a quantifiable reduction in expenses related to a specific input, also referred to as "hard cost savings" that impact a company's bottom line.
- **Cost avoidance** refers to actions taken to avoid potential future expenses.

These concepts may be applied in various ways to help payers analyze the costs of covering the National DPP lifestyle change program against a wide range of benefits, including lowered (or avoided) medical costs, increased quality and/or years of life, chronic disease prevention, reduced absenteeism, etc.

<https://coveragetoolkit.org/cost-value-elements/>

- Analyzing costs of coverage
- All-payer model
- Budget & Impact Tools
- Return on Investment
- Secondary benefits
- Costs of type 2 diabetes
- Evidence for cost effectiveness of prevention

Understanding Value

Return on Investment

- Financial calculation
- Compares the amount of money invested against the gain or loss achieved over time

Return on Value

- Considers items beyond the financials
- Includes items such as employee retention, engagement, and activity

Calculating ROI

- Measures the cost of an investment against the direct economic benefits it produces
- One of many factors an organization may consider
- Important calculation considerations:
 - Determining which costs are tied directly to the intended audience
 - How quickly is the ROI achieved
 - Savings may extend beyond direct financial benefits

Simplified ROI Equation:

$$\text{ROI} = \frac{\text{Net Savings (from Changes in Utilization)}}{\text{Program Costs}}$$

Key Concepts

- **Return on investment (ROI)** measures the cost of an investment against the direct economic benefits it produces
- **Cost-effectiveness** quantitative assessment of an input's effectiveness or benefit in relation to its cost
- **Cost-benefit analysis** compares the costs of running a program with the overall benefits accrued from that program's outcomes.
- **Cost savings** identifies a quantifiable reduction in expenses related to a specific input; impact a company's bottom line.
- **Cost avoidance** refers to actions taken to avoid potential future expenses.

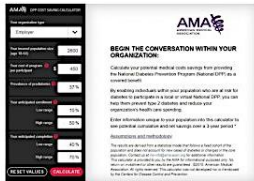
Tools for Cost Analysis



Budget Projection Template



Diabetes Prevention Impact Toolkit



Cost-Saving Calculator



Diabetes State Burden Toolkit

- Budget Projection Template
- Impact Toolkit (CDC)
- Cost Savings Calculator (CDC, AMA)
- State Burden Toolkit (CDC)

Value: National DPP



Institute for Clinical and Economic Review (ICER)	<ul style="list-style-type: none">• Estimated savings of \$1,146 per participant for in-person individual programs; \$618 for online (5 year horizon)
CMS Office of the Actuary (OACT)	<ul style="list-style-type: none">• Certification Report: National DPP would reduce (or not increase) net Medicare spending
Online Delivery of the National DPP ROI	<ul style="list-style-type: none">• 2,371 individuals with prediabetes• Simulated 3-year ROI break-even point• Simulated 5-year ROI of \$1,565
Commercially Insured Population	<ul style="list-style-type: none">• Annual expenditures nearly 1/3 higher for those who develop diabetes; average difference \$2671 per year• 3-year ROI estimated up to 42%

Secondary Benefits

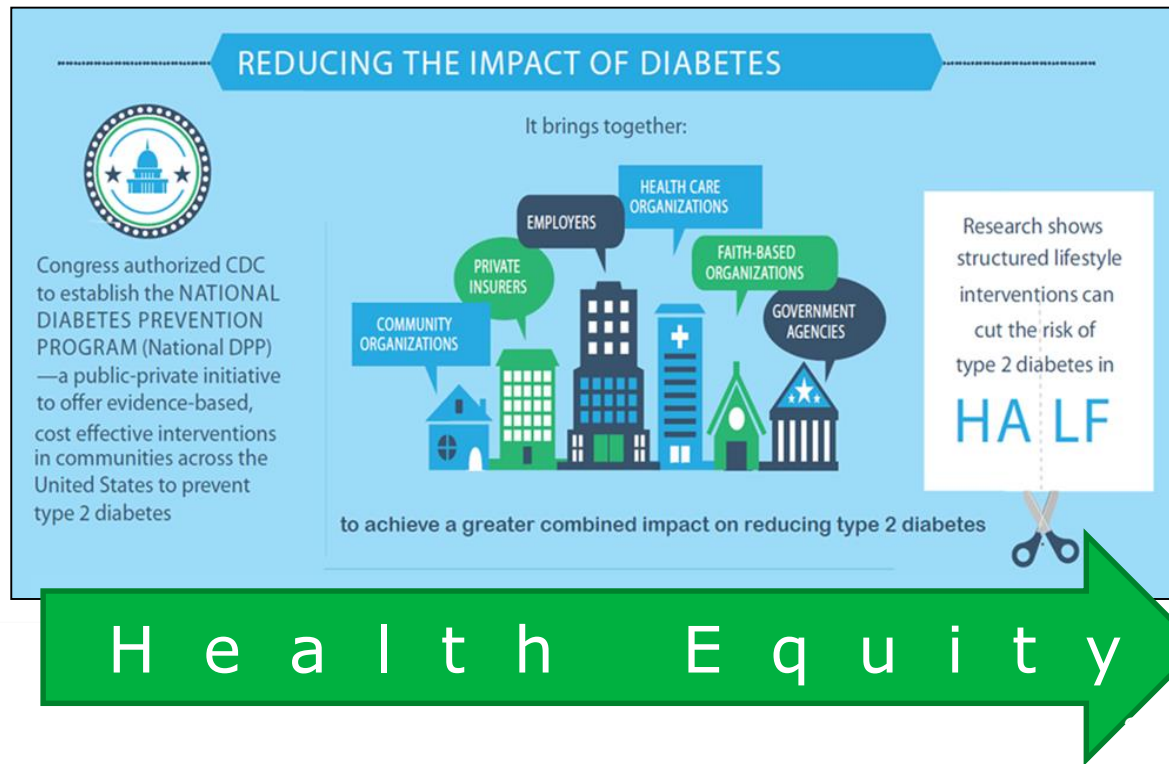
The screenshot shows the SpringerLink interface for the journal *Annals of Internal Medicine*. The main article title is "The Effect of Metabolic Trial". The authors listed are Trevor J. Orchard, MD, PhD; Sarah Fowler, PhD; and Maria-Anna Thomasouli, Emer M. Brady, Melanie J. Davies, Andrew. P. Hall, Kamlesh Khunti, Danielle H. Morris, and Laura J. Gray. The article was published in September 2013, Volume 17, Issue 3, pages 925-935. It has 3 shares, 1.6K downloads, and 37 citations. The page also includes a sidebar menu with options like "Impact Life: the", "Hermes El", "Elizabeth B", "Ronald R.", "Author", "This article", "Associat", and "Supplier".

May be difficult to quantify, but still impactful

- Prevention or improved management of chronic disease symptoms
- Improved quality of life and general wellbeing
- Increased productivity
- Satisfaction with the program

National DPP: All Payer Model

- ✓ Medicaid
- ✓ Medicare
- ✓ State health plans
- ✓ Commercial health plans
- ✓ Employers

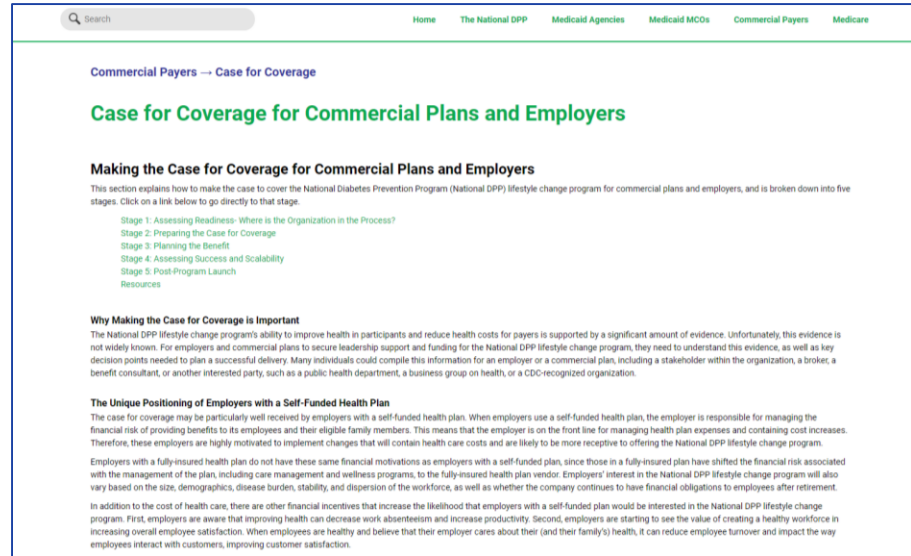


Case for Coverage

Making the Case for Commercial Payers

Five Stages:

- Stage 1: Assessing Readiness
- Stage 2: Preparing the Case for Coverage
- Stage 3: Planning the Benefit
- Stage 4: Assessing Success and Scalability
- Stage 5: Post-Program Launch



The screenshot shows a web page titled "Commercial Payers -- Case for Coverage" with a sub-header "Case for Coverage for Commercial Plans and Employers". The page content includes:

- Making the Case for Coverage for Commercial Plans and Employers**

This section explains how to make the case to cover the National Diabetes Prevention Program (National DPP) lifestyle change program for commercial plans and employers, and is broken down into five stages. Click on a link below to go directly to that stage.

 - Stage 1: Assessing Readiness- Where is the Organization in the Process?
 - Stage 2: Preparing the Case for Coverage
 - Stage 3: Planning the Benefit
 - Stage 4: Assessing Success and Scalability
 - Stage 5: Post-Program Launch

Resources
- Why Making the Case for Coverage is Important**

The National DPP lifestyle change program's ability to improve health in participants and reduce health costs for payers is supported by a significant amount of evidence. Unfortunately, this evidence is not widely known. For employers and commercial plans to secure leadership support and funding for the National DPP lifestyle change program, they need to understand this evidence, as well as key decision points needed to plan a successful delivery. Many individuals could compile this information for an employer or a commercial plan, including a stakeholder within the organization, a broker, a benefit consultant, or another interested party, such as a public health department, a business group on health, or a CDC-recognized organization.
- The Unique Positioning of Employers with a Self-Funded Health Plan**

The case for coverage may be particularly well received by employers with a self-funded health plan. When employers use a self-funded health plan, the employer is responsible for managing the financial risk of providing benefits to its employees and their eligible family members. This means that the employer is on the front line for managing health plan expenses and containing cost increases. Therefore, these employers are highly motivated to implement changes that will contain health care costs and are likely to be more receptive to offering the National DPP lifestyle change program.

Employers with a fully-insured health plan do not have these same financial motivations as employers with a self-funded plan, since those in a fully-insured plan have shifted the financial risk associated with the management of the plan, including care management and wellness programs, to the fully-insured health plan vendor. Employers' interest in the National DPP lifestyle change program will also vary based on the size, demographics, disease burden, stability, and dispersion of the workforce, as well as whether the company continues to have financial obligations to employees after retirement.

In addition to the cost of health care, there are other financial incentives that increase the likelihood that employers with a self-funded plan would be interested in the National DPP lifestyle change program. First, employers are aware that improving health can decrease work absenteeism and increase productivity. Second, employers are starting to see the value of creating a healthy workforce in increasing overall employee satisfaction. When employees are healthy and believe that their employer cares about their (and their family's) health, it can reduce employee turnover and impact the way employees interact with customers, improving customer satisfaction.

https://coveragetoolkit.org/case_commercial/

Barriers to Coverage

Provides answers several questions including:

- Why can't this be a "one size fits all" program for all my members and/or employees?
- A year is a long time; can we shorten the program?
- How long does it take to see a return on investment (ROI)?
- How do I calculate this ROI?

Barriers and Responses: FAQs for Coverage of the National DPP Lifestyle Change Program

Summary

Many commercial and public payers and employers across the nation have decided to cover the evidence-based National Diabetes Prevention Program (National DPP) lifestyle change program for their members or employees. Many more are considering coverage so they too can: decrease the cost of providing health care to employees over time; improve the health of at-risk employees by preventing or delaying the onset of type 2 diabetes; and provide a wellness benefit for employee retention. The objective of this document is to address frequently asked questions about coverage of the National DPP and provide answers and links to information on the National DPP Coverage Toolkit (coveragetoolkit.org).

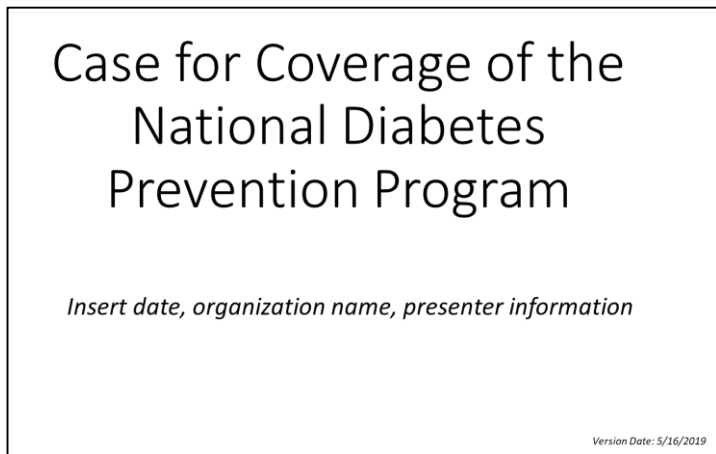
Frequently Asked Questions Regarding Coverage

Why can't this be a "one size fits all" program for all my members and/or employees?

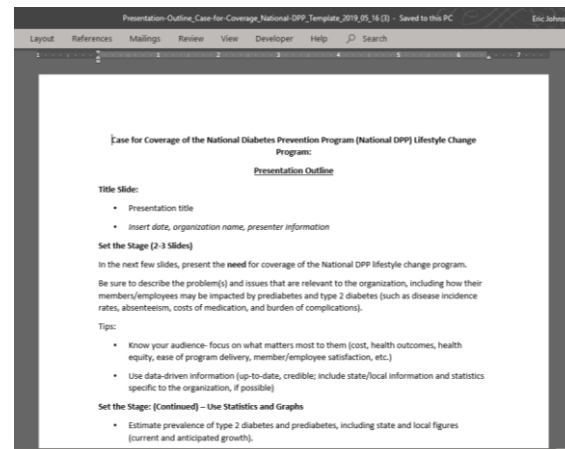
- Limiting program eligibility to people with prediabetes or at high risk for type 2 diabetes will increase your return on investment by making sure those at highest risk of developing a costly disease like type 2 diabetes have access to a program proven to reduce their risk. Studies have shown that elevated blood glucose is the single most important factor influencing cost effectiveness of the program.
- The curriculum is geared specifically toward prevention or delay of type 2 diabetes for those at high-risk for developing type 2 diabetes (i.e. persons

Making the Case to Leadership

Presentation Template (PowerPoint)

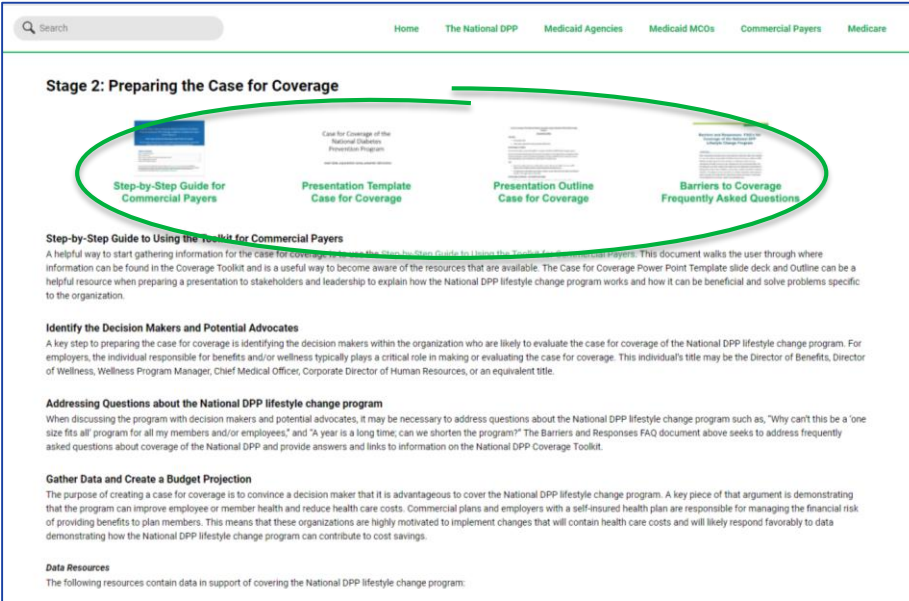


Presentation Outline (Word Document)



Resources to Help Make the Case

- Step-by-step guide to using the Toolkit
- Presentation template
- Presentation outline
- Barriers & solutions



The screenshot displays a website interface with a search bar at the top left and navigation links for Home, The National DPP, Medicaid Agencies, Medicaid MCOs, Commercial Payers, and Medicare. The main content area is titled "Stage 2: Preparing the Case for Coverage" and features a horizontal navigation bar with four items: "Step-by-Step Guide for Commercial Payers", "Presentation Template Case for Coverage", "Presentation Outline Case for Coverage", and "Barriers to Coverage Frequently Asked Questions". A green oval highlights the first three items. Below the navigation bar, there are three sections of text: "Step-by-Step Guide to Using the Toolkit for Commercial Payers", "Identify the Decision Makers and Potential Advocates", and "Addressing Questions about the National DPP lifestyle change program".

Step-by-Step Guide to Using the Toolkit for Commercial Payers
A helpful way to start gathering information for the case for coverage is to use the Step-by-Step Guide to Using the Toolkit for Commercial Payers. This document walks the user through where information can be found in the Coverage Toolkit and is a useful way to become aware of the resources that are available. The Case for Coverage Power Point Template slide deck and Outline can be a helpful resource when preparing a presentation to stakeholders and leadership to explain how the National DPP lifestyle change program works and how it can be beneficial and solve problems specific to the organization.

Identify the Decision Makers and Potential Advocates
A key step to preparing the case for coverage is identifying the decision makers within the organization who are likely to evaluate the case for coverage of the National DPP lifestyle change program. For employers, the individual responsible for benefits and/or wellness typically plays a critical role in making or evaluating the case for coverage. This individual's title may be the Director of Benefits, Director of Wellness, Wellness Program Manager, Chief Medical Officer, Corporate Director of Human Resources, or an equivalent title.

Addressing Questions about the National DPP lifestyle change program
When discussing the program with decision makers and potential advocates, it may be necessary to address questions about the National DPP lifestyle change program such as, "Why can't this be a 'one size fits all' program for all my members and/or employees," and "A year is a long time; can we shorten the program?" The Barriers and Responses FAQ document above seeks to address frequently asked questions about coverage of the National DPP and provide answers and links to information on the National DPP Coverage Toolkit.

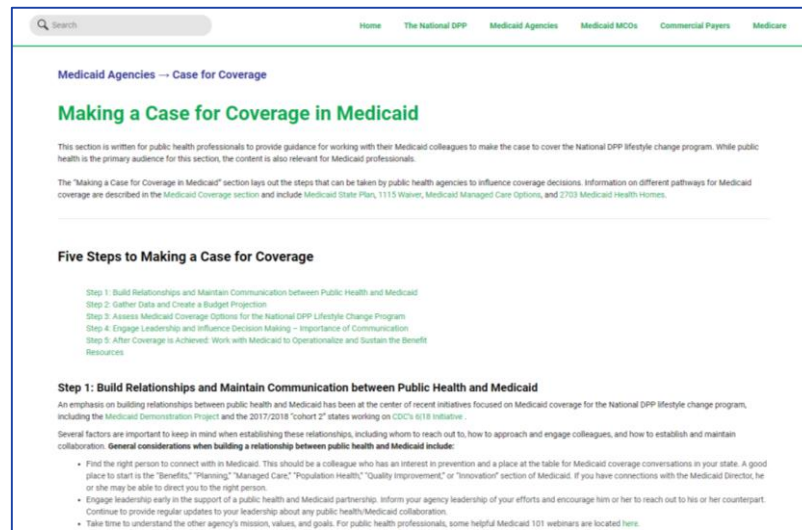
Gather Data and Create a Budget Projection
The purpose of creating a case for coverage is to convince a decision maker that it is advantageous to cover the National DPP lifestyle change program. A key piece of that argument is demonstrating that the program can improve employee or member health and reduce health care costs. Commercial plans and employers with a self-insured health plan are responsible for managing the financial risk of providing benefits to plan members. This means that these organizations are highly motivated to implement changes that will contain health care costs and will likely respond favorably to data demonstrating how the National DPP lifestyle change program can contribute to cost savings.

Data Resources
The following resources contain data in support of covering the National DPP lifestyle change program:

Making the Case in Medicaid

Five Steps:

- **Step 1:** Build Relationships and Maintain Communication between Public Health and Medicaid
- **Step 2:** Gather Data and Create a Budget Projection
- **Step 3:** Assess Coverage Options
- **Step 4:** Engage Leadership and Influence Decision Making
- **Step 5:** After Coverage is Achieved: Operationalize and Sustain the Benefit



The screenshot shows a webpage titled "Making a Case for Coverage in Medicaid" under the heading "Medicaid Agencies -- Case for Coverage". The page includes a search bar and navigation links for Home, The National DPP, Medicaid Agencies, Medicaid MCOs, Commercial Payers, and Medicare. The main content area features the title "Making a Case for Coverage in Medicaid" and a brief introduction. Below this, there is a section titled "Five Steps to Making a Case for Coverage" with a list of steps: Step 1: Build Relationships and Maintain Communication between Public Health and Medicaid; Step 2: Gather Data and Create a Budget Projection; Step 3: Assess Medicaid Coverage Options for the National DPP Lifestyle Change Program; Step 4: Engage Leadership and Influence Decision Making – Importance of Communication; Step 5: After Coverage is Achieved: Work with Medicaid to Operationalize and Sustain the Benefit Resources. The page also includes a section for "Step 1: Build Relationships and Maintain Communication between Public Health and Medicaid" with an emphasis on building relationships and several factors to consider when building a relationship between public health and Medicaid.

<https://coveragetoolkit.org/medicaid-agencies/case-for-coverage/>

Budget Projection Template



Creating a Budget Projection

The National Diabetes Prevention Program (National DPP) lifestyle change program is an evidence-based program focused on reducing or delaying the participant's risk for developing Type 2 diabetes by helping participants make positive lifestyle changes such as eating healthier, reducing stress, and getting more physical activity. When implementing the program, remaining within budget is important to achieving cost neutrality or cost savings, and creating a budget projection will help the user understand the costs that will be involved.

The National DPP lifestyle change program is a year-long program that is delivered in person, online, or through a combination approach. It includes at least 16 weekly sessions during the first 6 months, referred to as core sessions, and at least 6 monthly sessions during the second 6 months, referred to as core maintenance sessions.



- Staying within budget is critical for Medicaid Agencies
- Determining accurate cost projections for coverage is important
- Instructions for using the template are provided

Resources

Resources Developed for the Toolkit



Shared Work Plan



State Coverage Survey



Budget Projection Workbook



Budget Projection Template

Additional Resources



Payer & Provider Panel

Kelly McCracken, NACDD *Facilitator*



Sandra Kick

Maryland Medicaid



Patryce Toye

MedStar



Tara Sherman

Boeing



Linda Schoon

UCHealth



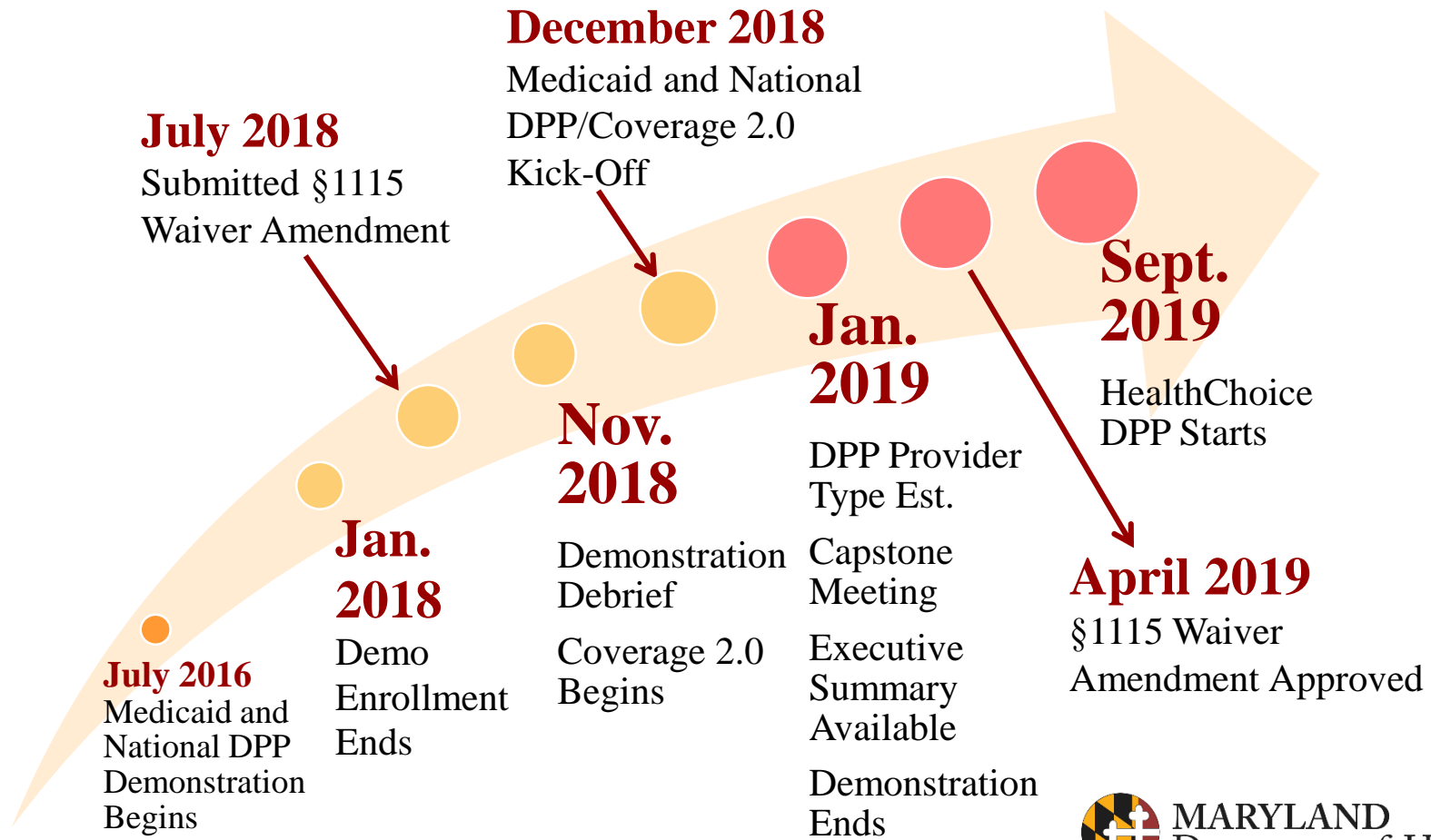
Maryland Medicaid

Sandra Kick, MSPH

Senior Manager, Medicaid

Office of Innovation, Research and Development

Maryland Department of Health



Sustainability in Maryland Medicaid

FACTORS INFLUENCING SUSTAINABILITY

- **Evaluation from RTI (Received November 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



Secondary Outcomes Study

Purpose

- Determine cost savings associated with National DPP participation

Sample

- Beneficiaries participating in National DPP demo

Comparison Sample

- Beneficiaries who may be eligible for National DPP but did not participate

Timeline

- 24 months prior to National DPP participation
- Duration of National DPP
- 12 months after National DPP
- Follow-ups at 24, 36, 48 and 60 months

Outcomes

- Emergency Room Utilization
- Hospital Admissions
- Medications
- Cost of Care
- Incidence of Diabetes

Comparison Categories

- Number of sessions attended
- Percent weight loss

Institutional Review Board

- Approved



Resources/Contact

- **HealthChoice DPP Website:**
<https://mmcp.health.maryland.gov/Pages/HealthChoice-DPP.aspx>.
- **HealthChoice DPP Email:** MDH.MedicaidDPP@maryland.gov

Program Staff

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MARYLAND
Department of Health

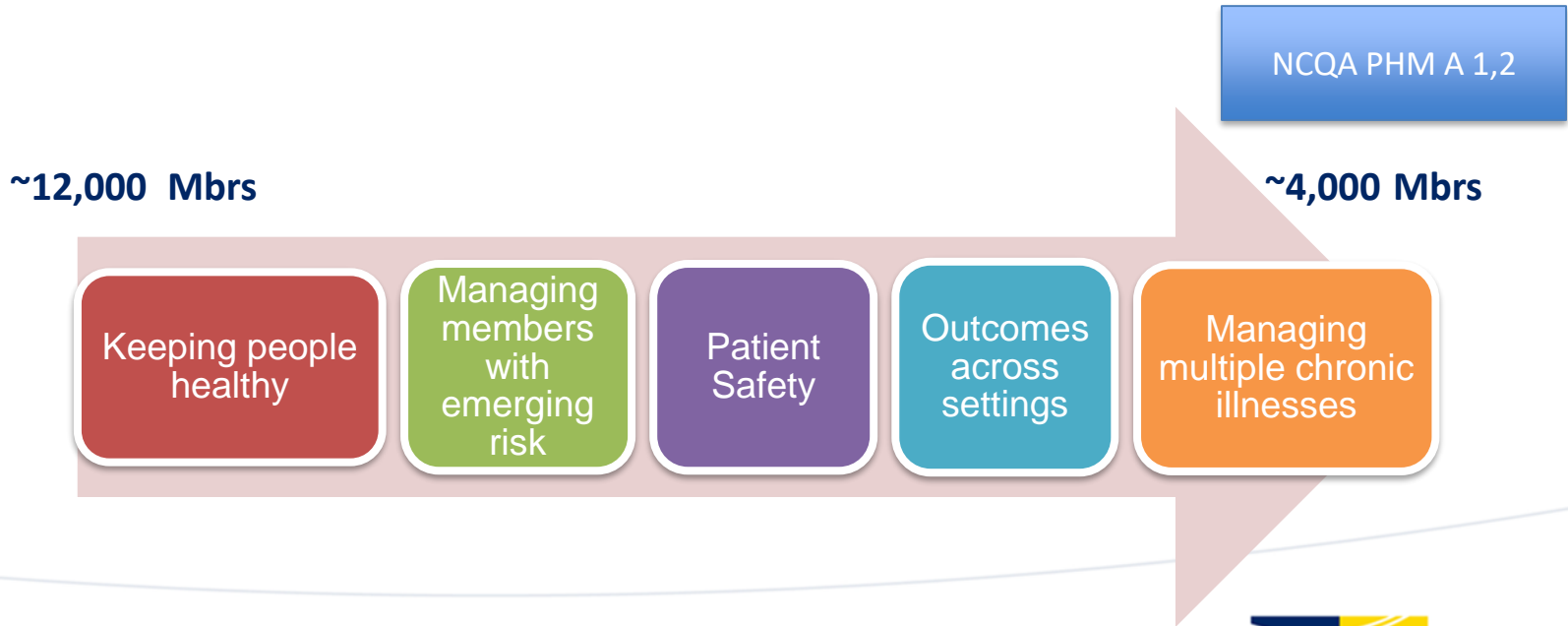
MedStar Family Choice

Patryce Toyne, MD
Chief Medical Officer,
MedStar Health Plans

National DPP Demonstration and MedStar Family Choice

- ~90,000 member Medicaid MCO that participated in the demonstration
- Recruited 150 enrollees to participate with >90% choosing virtual format over in person
- Key lessons:
 - Medicaid members can participate
 - Medicaid members can be successful
 - Be prepared to devote resources to recruitment and retention and SDOH (transportation and child care)
- As CMO, I planned to seek leadership approval for Extended Benefit under MFC

Making the Case: The Long Game Population Health Strategy



The Short Game: Real Data - April 2019

April 2019 Pharmacy Report			
Rank	Class Name Desc	Avg. Net Cost / Rx	Total Net Cost
1	INSULIN	\$375-\$400	\$572,192
2	ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
3	SYMPATHOMIMETICS		
4	INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)	\$775-\$800	\$346,143
5	HEPATITIS AGENTS		
6	ANTIPSORIATICS		
7	MULTIPLE SCLEROSIS AGENTS		
8	STEROID INHALANTS		
9	DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS	\$450-\$475	\$151,359
10	DIAGNOSTIC TESTS	\$125-\$150	\$149,305
15	SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS	\$400-\$425	\$69,193

Boeing

Tara Sherman
Well Being Strategy Team,
The Boeing Company

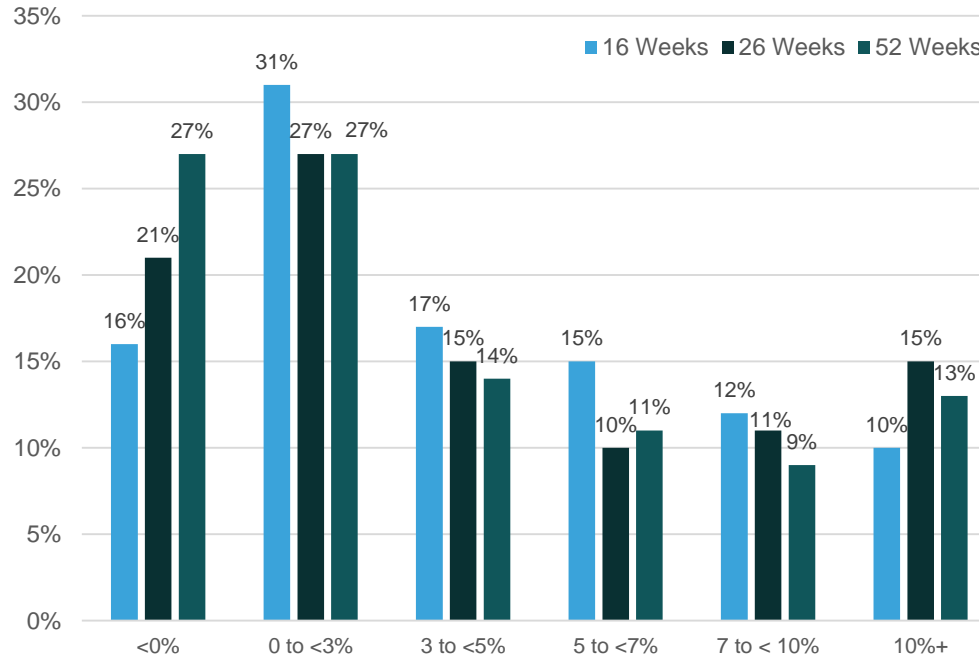
Weight Management Strategy



Reduce issues associated with **high weight** and **obesity** for employees and dependents through program offerings that address **nutrition**, **physical activity**, **mental**, **social** and **emotional health**

Weight management programs across the continuum of care provide employees and dependents access to Best in Class solutions

Omada 2017 Outcomes



WEEK 16

n = 814

37% Lost >5%

4.1% Average Weight Loss

8.8 lbs Lost on Average

WEEK 26

n = 721

37% Lost >5%

4.2% Average Weight Loss

9.1 lbs Lost on Average

WEEK 52

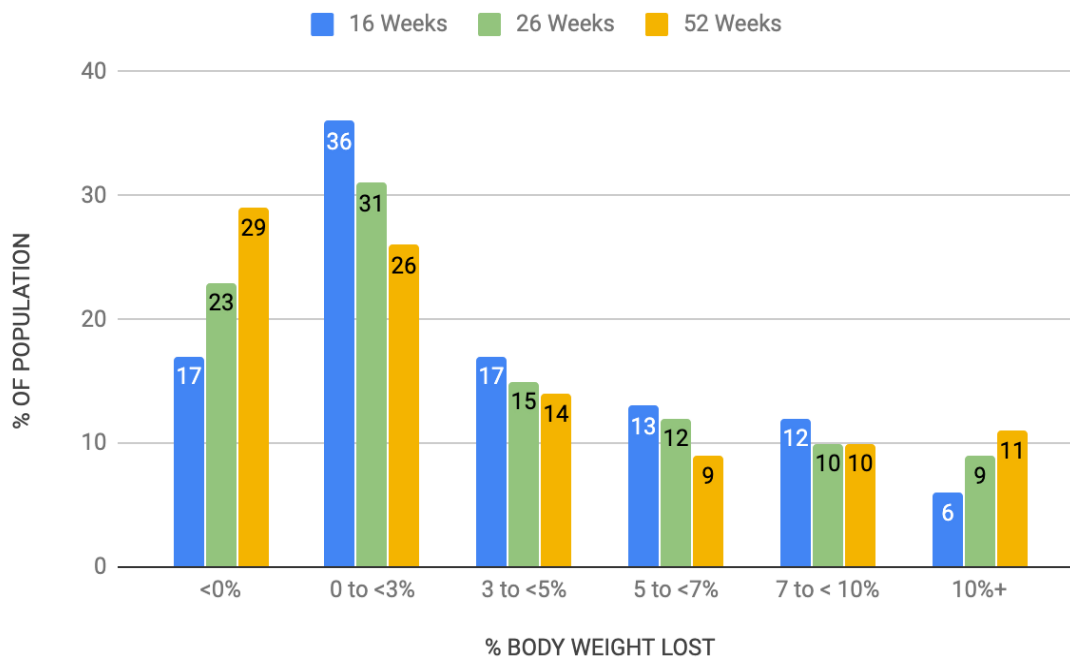
n = 391

32% Lost >5%

3.5% Average Weight Loss

7.8 lbs Lost on Average

Omada 2018 Outcomes



Week 16

N= 3,142

27% Lost >5%

3.05% Average Weight Loss

6.65 Lbs Lost on Average

Week 26

N= 2,921

29% Lost >5%

3.13% Average Weight Loss

6.86 Lbs Lost on Average

Week 52

N= 1,058

30% Lost >5%

3.12% Average Weight Loss

7.1 Lbs Lost on Average

Learnings and the Future

- Different programs work for different people; consider resources
- Family involvement provides support and can improve outcomes
- Initial excitement draws high engagement; year over year drop
- Skin in the game for supplier is key
- Keep up with the market; some overlap may be okay
- Re-consider location specific needs
- Balance technology and human interaction

UCHealth

Poudre Valley Hospital

Linda Schoon, RD, CDE
Coordinator, Diabetes Prevention Program
Poudre Valley Hospital

National Diabetes Prevention Program

UCHealth Poudre Valley Hospital

Linda Schoon, RD CDE, Coordinator

Spring 2015 – Offered CDC 1212 grant via AADE promotion and expansion of NDPP
Received go ahead from PVH leadership to start DPP within the DSME dept.

May 2015 – PVH registered program with CDC

September 2015 – First yearlong cohort started at PVH

Since then – 6 Lifestyle coaches, 8 locations, 31 cohorts, and over 300 participants

Achieved CDC Full Recognition – June 2018, June 2019

Became Approved MDPP supplier – April 2018

First class with Medicare Participants – Sept 2018

Poudre Valley Hospital DPP Program

Hospital Leadership Support:

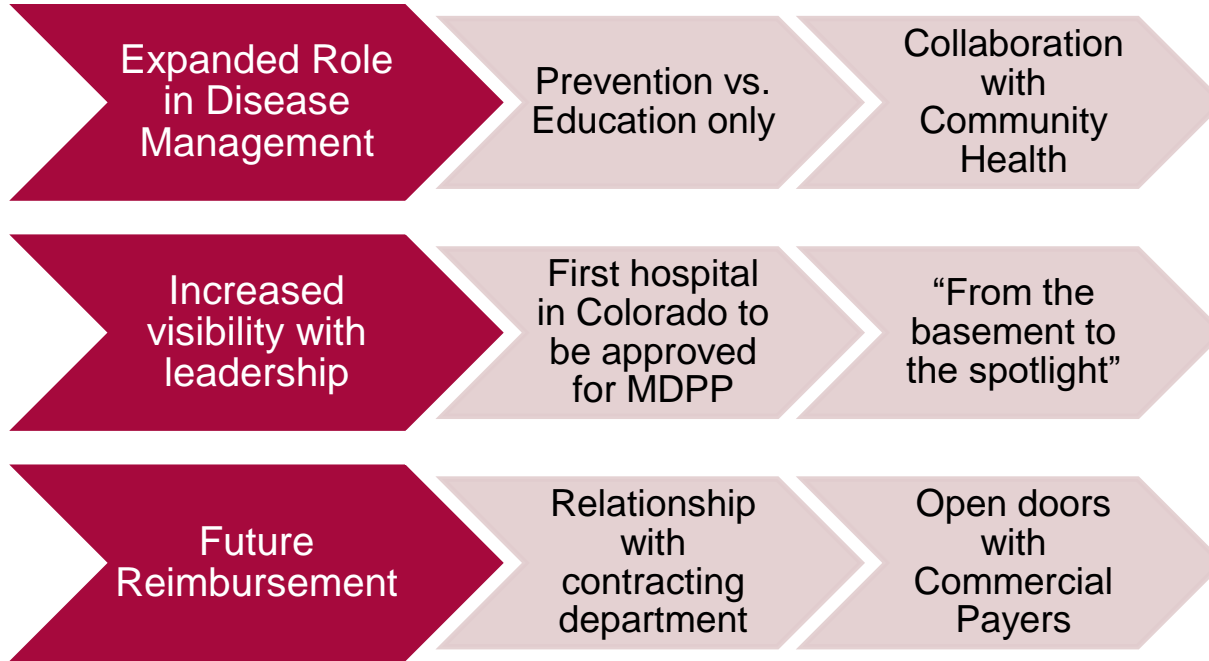
- UCHealth Leadership has valued diabetes services over 25 years
- Diabetes Prevention fits into forward thinking for population health management
- AADE Grant did not cover costs, but was good foundation for start
- Other reimbursement sources – Self pay, Third Party Administrator

MDPP Opportunities and Challenges:

- Opportunity to bill for service with large population coverage
- System had billed DSME but MDPP rules were different
- Multiple G codes - paradigm shift from fee for service to performance based payment
- Is it worth the work? – Billing, coding, compliance, registration, EMR, contracting
- Cost Analysis - Totaled all costs related to providing program – Personnel, Handouts, Supplies, and Incentives then calculated cost per participant
- Presented results to leadership - if Medicare participants met goals, reimbursement would cover costs
- AND Underlying premise that preventing diabetes would lower overall health care costs

Poudre Valley Hospital DPP Program

Benefits of Providing the National DPP



Facilitated Discussion

How have **Medicaid, Public Health, and Managed Care Organizations (MCOs)** collaborated around establishing coverage for the National DPP in Maryland?

How has **MedStar**, a Medicaid MCO, prepared for this benefit, and what systems changes were required?



How can the National DPP lifestyle change program support existing **wellness goals** or be tied into the overall **culture** of an organization?

What does **participant satisfaction** with the National DPP lifestyle change program look like and how could this satisfaction or success provide value to an employer or other payer offering the benefit?

How was the **value proposition** for covering the National DPP made within your organization?

How did you identify or build your **network of CDC-recognized providers** to deliver the program to your members?

What is the role of a **champion** or **advocate** for establishing coverage of the National DPP lifestyle change program at a state or organizational level?

What other **advice or final words** would you have for other organizations making the case for covering the National DPP?

Audience Q & A

Thank you & Next Steps

- Evaluation
- National DPP Coverage Toolkit:
<https://coveragetoolkit.org>
- Email Kelly McCracken with questions:
kmccracken@chronicdisease.org