Implementing the National Diabetes Prevention Program in Employer & Clinical Settings: Patient Engagement that Works!

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Speaker Disclosures:

The speakers do not have any relevant financial relationships with the manufacturers(s) of any commercial products(s) and/or provider of commercial services discussed in this CME activity.
National Diabetes Prevention Program

• National Collaborative:
  (CDC, American Medical Association, American Association of Diabetes Educators/American Diabetes Association); State level implementation- Maine Employers, Health Systems, Community-Based Organizations)

• Evidence-Based Lifestyle Intervention Program for individuals with prediabetes or at high risk for developing Type 2 Diabetes.

• Tracking with CPT Code (0403T); negotiating payment for health plans, and payer contracts

• Example of Community-Clinical Linkage

Who we are

• Bath Iron Works (Anthony Anderson)
  — Employee of Mid Coast Hospital and Bath Iron Works

• Bath Iron Works (John Poulin)
  — Employee

• St. Mary’s Hospital (Michelle Allen)
  — DPP Coordinator

• State of Maine (Nate Morse)
  — Maine CDC (panel moderator)
How we got started

• Identified need for supporting people at risk for developing Type 2 Diabetes

• Researched and applied National DPP to our program planning, populations served, and health plans

The Case for DPP at BIW

• Diabetes is a major cost driver for BIW health care costs
  – Diabetics are 3x more expensive than the average BIW member
  – BIW has 3x the prevalence of diabetes than Cigna’s book of business

• DPP reduces likelihood of developing diabetes by almost 60%
  – A worthwhile investment, especially given employees’ long tenures at BIW
DPP has grown quickly because of support from BIW

- Started pilot class with L.L.Bean in May 2014
- Expanded to 12 classes in 2015
  - 105 BIW participants in 2015; goal to increase to 135 in 2016
- All BIW health coaches are trained to facilitate DPP
- Free to employees and spouses
- $200 value incentive to employees and spouses for completing program goals
- Started Mid Coast DPP Cohort in 2015

National Diabetes Prevention Program:
A change in diet could save your life

- Partnerships
  - Taught by TrestleTree health coaches and community partners, statewide
  - Partner with primary care practices for participant outreach and hosting classes

- Successes
  - 105 BIW participants in 2015; goal to increase to 135 in 2016
  - Average weight loss exceeding national and state averages.
St. Mary’s

- Be able to identify key steps in starting a program within your own community or health system.
  - Rates of prediabetes 7.4% (2013) - Maine
  - Of those dx w/Prediabetes only 42.6% met recommended physical activity minutes (2013) – Maine

- How & why this was important and where we got started.
  - Piloted 2 largest PCP offices
  - EMR data used to identify eligible patients for evidence –based lifestyle intervention
  - PCP reviews each report
  - Letters sent to each of the identified patients from the PCP to invite them to join the National DPP offered at St. Mary’s

- Here is what was important to us looking forward and why.
  - Continue to add coaches and classes making program more available
  - Helping to get???

- Community Clinical Linkage – what this means to you and what role do you play/bring to this partnership?

Employee Perspective

How did I hear about the program?

What interested me and motivated me to sign up?

What did I like about the DPP?
Challenges for BIW, Mid Coast Hospital, St. Mary’s Hospital and Maine are serious

- Need outweighs current system’s ability to deliver DPP
- Current model not scalable
- Reimbursement system not recognizing these value-based efforts
- Healthy food is avoidable and so is physical activity
  - Lack of awareness of benefits of real food

Wrap-up

- Describe key steps that have been taken to make this a sustainable population health strategy in the State of Maine.
  - BIW
  - St. Mary’s
  - Employee
- Next steps if you looking for more on how you can apply National DPP to your Population health efforts.
Follow-up Contacts

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