



Diabetes Prevention: Moving from Why to ROI

Louisiana Rural Health Workshop
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Hello!



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Learning Objectives



At the end of this presentation, you'll be able to:

- Describe the National Diabetes Prevention Program
- Distinguish rural health centers, critical access hospitals, and other sites as important healthcare settings for encounters with people with prediabetes in rural communities
- Explain how diabetes prevention programs advances the quadruple aim for rural health centers
- Discuss opportunities to activate successful and sustainable diabetes prevention programs in Louisiana



Why Prediabetes Matters

10/6/2020

What is prediabetes?

- A serious condition where blood sugar levels are higher than normal
- A high-risk state for developing type 2 diabetes, heart disease, and stroke
- Risk factors—weight status, age, family history, race/ethnicity, lack of physical activity, history of gestational diabetes, polycystic ovary syndrome
- Risk screening: [DoIHavePrediabetes.org](https://www.doi.gov/prediabetes)
- Simple blood tests like A1c or fasting plasma glucose

<https://www.cdc.gov/diabetes/basics/prediabetes.html>

Diabetes and prediabetes

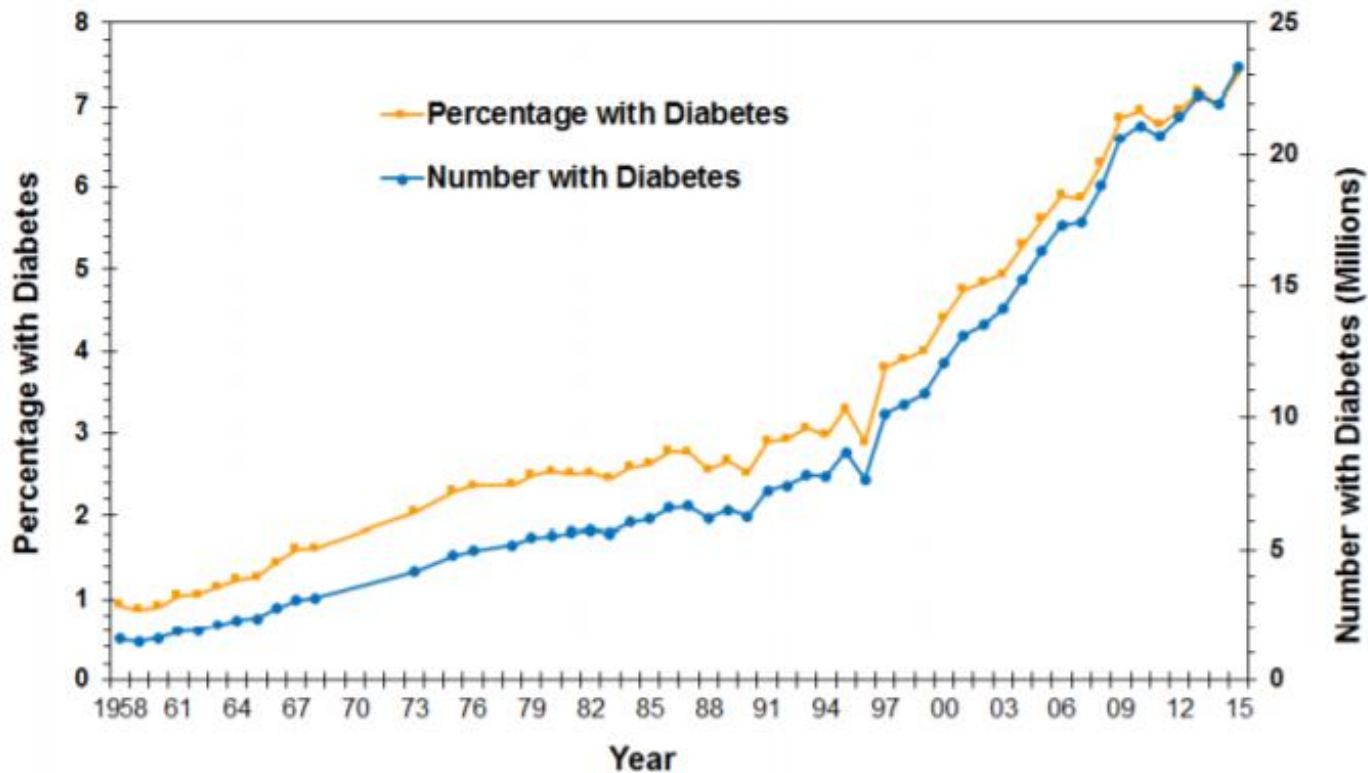
34.1 million American adults (13%) with diabetes

88 million American adults (34.5%) with prediabetes



Bending the curve

Number and Percentage of U.S. Population with Diagnosed Diabetes, 1958-2015



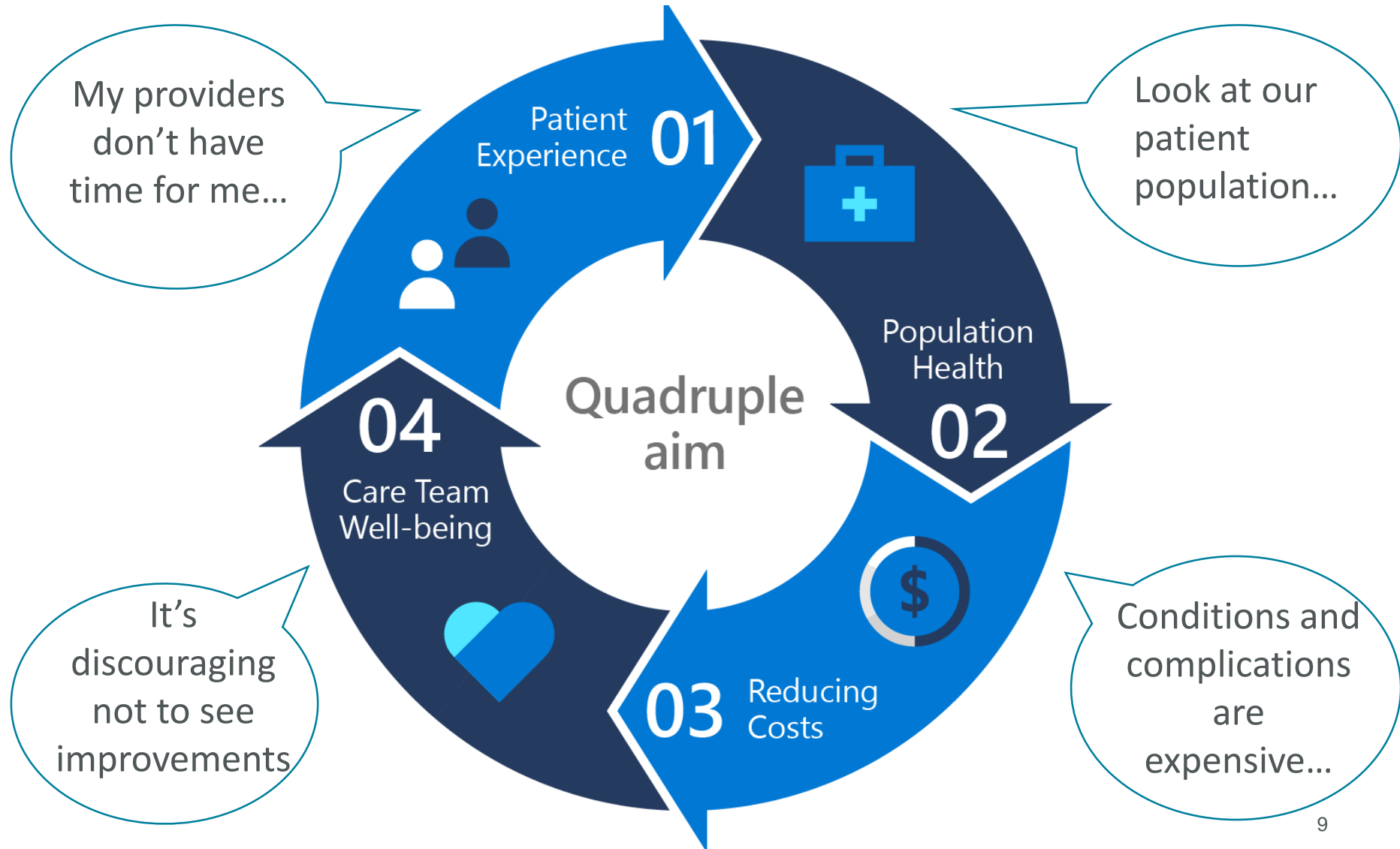
CDC's Division of Diabetes Translation. United States Diabetes Surveillance System
available at <http://www.cdc.gov/diabetes/data>

A healthcare tsunami

If millions of people develop Type 2 diabetes by 2050, it will have a catastrophic public health impact on our country, healthcare systems, healthcare centers, insurance industry, and economy— affecting all aspects of the quadruple aim



The quadruple aim



Diabetes and health equity



34.1 million American adults have diabetes

About 1 in 5 don't know it

Prevalence increases with age

Prevalence is highest among American Indians, people of Hispanic origin, non-Hispanic African Americans, and some AAPIs

Diabetes and health equity



Diabetes prevalence is ~17% higher in rural areas than urban areas
System-level barriers including low-SES, insurance coverage, medical access, specialty medical care and emergency services, and low level of exposure to diabetes education

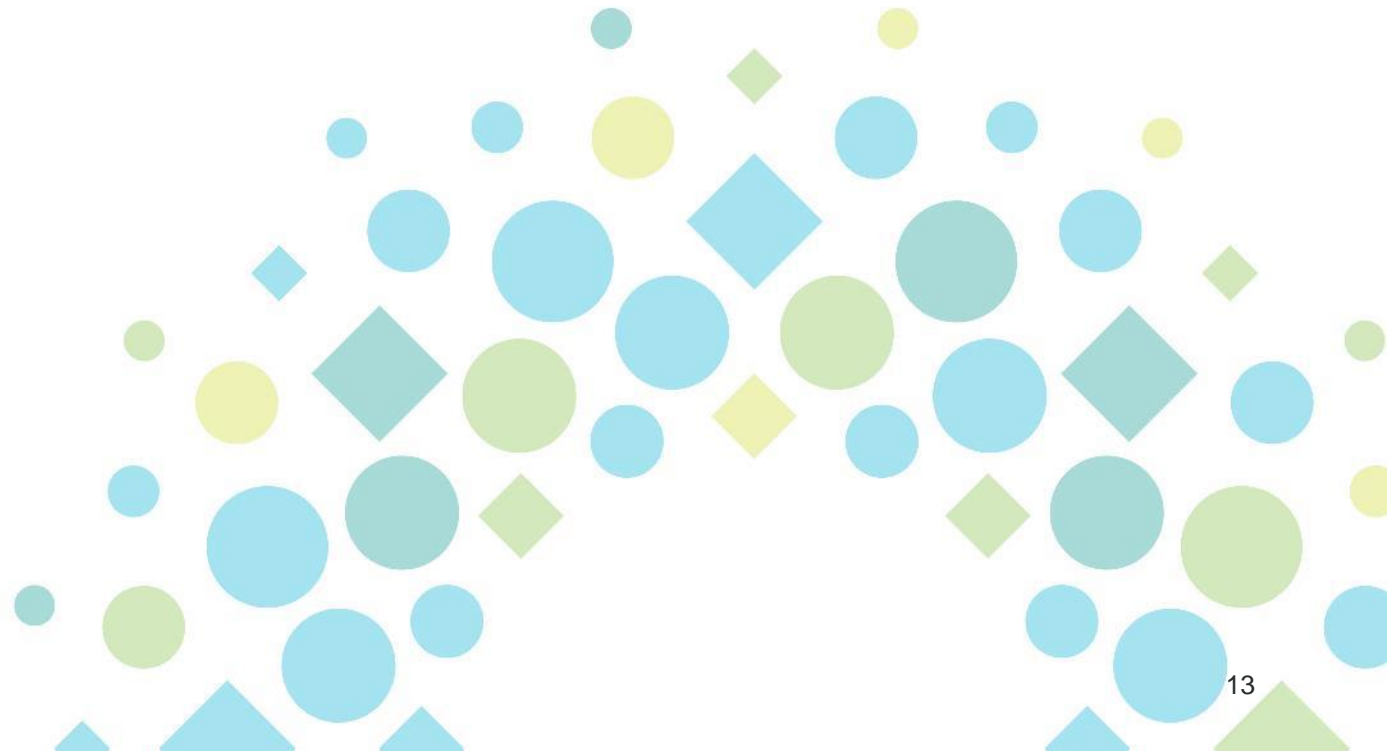
Prediabetes



- 88 million American adults have prediabetes
- About 8 in 10 don't know it
- Higher percentage of men than women have prediabetes (37.4% vs. 29.2%)
- Prevalence of prediabetes was similar among all racial/ethnic groups and education levels
- Prevalence increases with age—as does awareness

<https://www.cdc.gov/diabetes/pdfs/data/statistics/national-diabetes-statistics-report.pdf>

The National Diabetes Prevention Program: Quality care for prediabetes



Problem aware→Solution aware



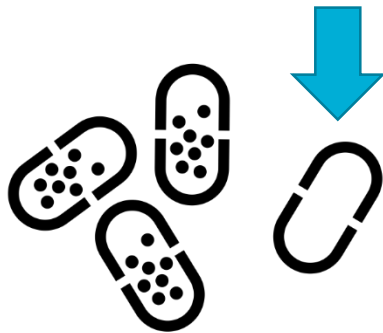
Diabetes Prevention Program (DPP) Study

- DPP Research Study (1996-1999)
 - 27 clinical centers across the country
 - More than 3000 participants
- 45% were from priority populations* with an increased risk of developing Type 2 diabetes
 - All participants were overweight
 - All had impaired glucose tolerance (now known as prediabetes)

**priority populations are groups at high risk for developing Type 2 diabetes like African Americans, Alaska Natives, American Indian, Asian Americans, Latinos, and Pacific Islanders*

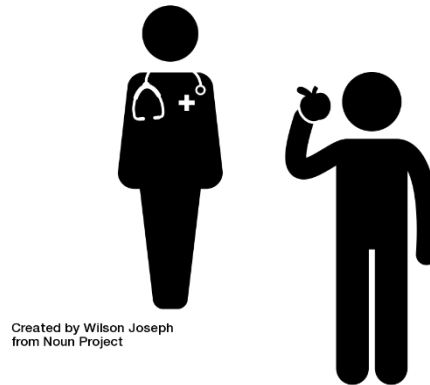
Diabetes Prevention Program (DPP) Study

Participants were randomly divided into one of three treatment groups:



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from Noun Project

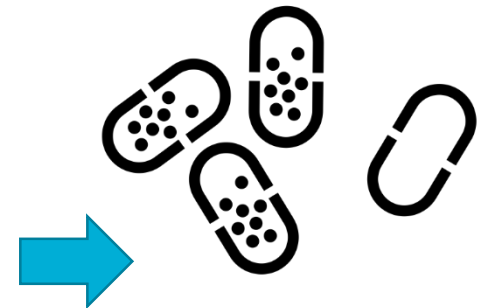
Placebo with
brief lifestyle
counseling



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Created by Gan Khoon Lay
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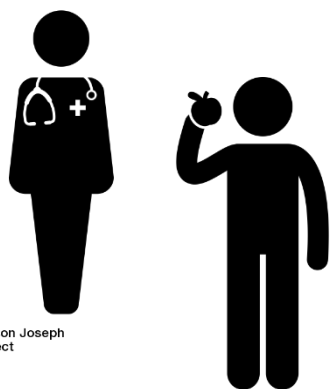
Intensive one-on-one
lifestyle modification
program



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Medication
(metformin 850
mg/twice daily)

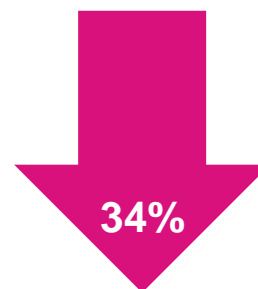
What we learned



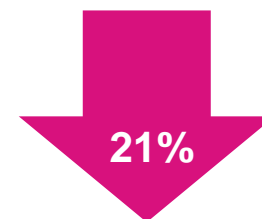
DPP



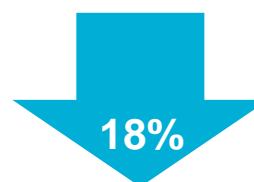
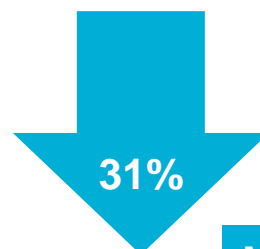
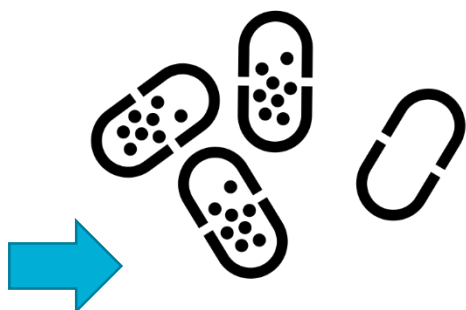
10-year follow up



15-year follow up



Participants over 60 reduced risk by 71%



Metformin was most effective with younger participants, women with a history of GDM, and those with higher BMI

Translating research into practice

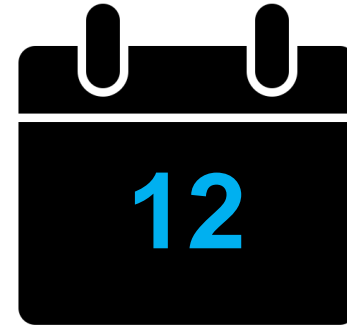
- DPP in community settings were as successful as interventions in clinical settings
- DPP in small group formats were as successful as one-on-one coaching
- Trained lifestyle coaches did not need to be physicians, nurses, pharmacists, RDs, or diabetes care & education specialists
- DPP can be offered online or through distance learning (tele-health)
- Group format + community settings + diversity of lifestyle coaches + different modalities = Less than 1/3 cost of the DPP Study!

Translating research into practice

Population



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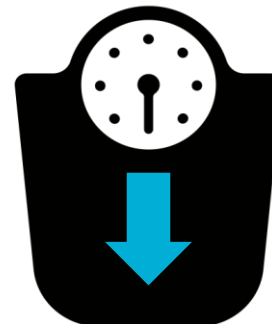
Created by Three Six Five
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Duration

Dosage



Created by Malak Khattabi
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Created by Samy Menai
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Outcomes



Rural health and the DPP

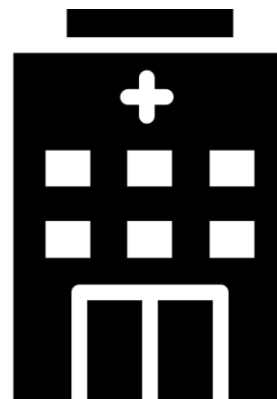
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Why rural health providers?

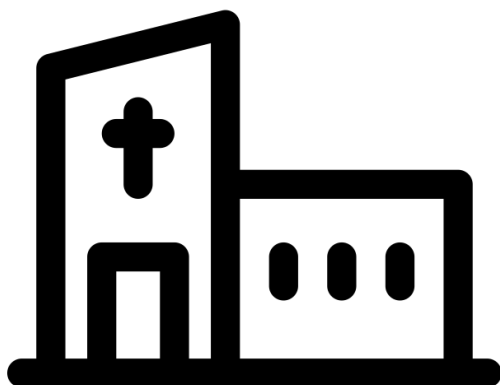
- Engaged and effective with preventive care and chronic disease care
- Educated, experienced care teams that understand their communities
- Accessible and affordable
- Trusted and relied upon by people living with diabetes and other chronic conditions
- Aware of health-related social needs (e.g. housing, food insecurity, transportation)

Why rural health providers?

Trusted
Accessible
Embedded in
community
Time with community
members



Created by Vectors Market
from Noun Project



Created by Andrejs Kirma
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Trusted
Collect health data
Aware of other health
conditions and
medications
See people facing acute
health challenges

Why rural health providers?

Trusted
Accessible
Embedded in
community
Time with community
members



Created by IcoLabs
from Noun Project

Trusted
Collect health data
Aware of other health
conditions
See people for acute
(and chronic)
conditions

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Rural health providers and people with prediabetes



Finding the Right People

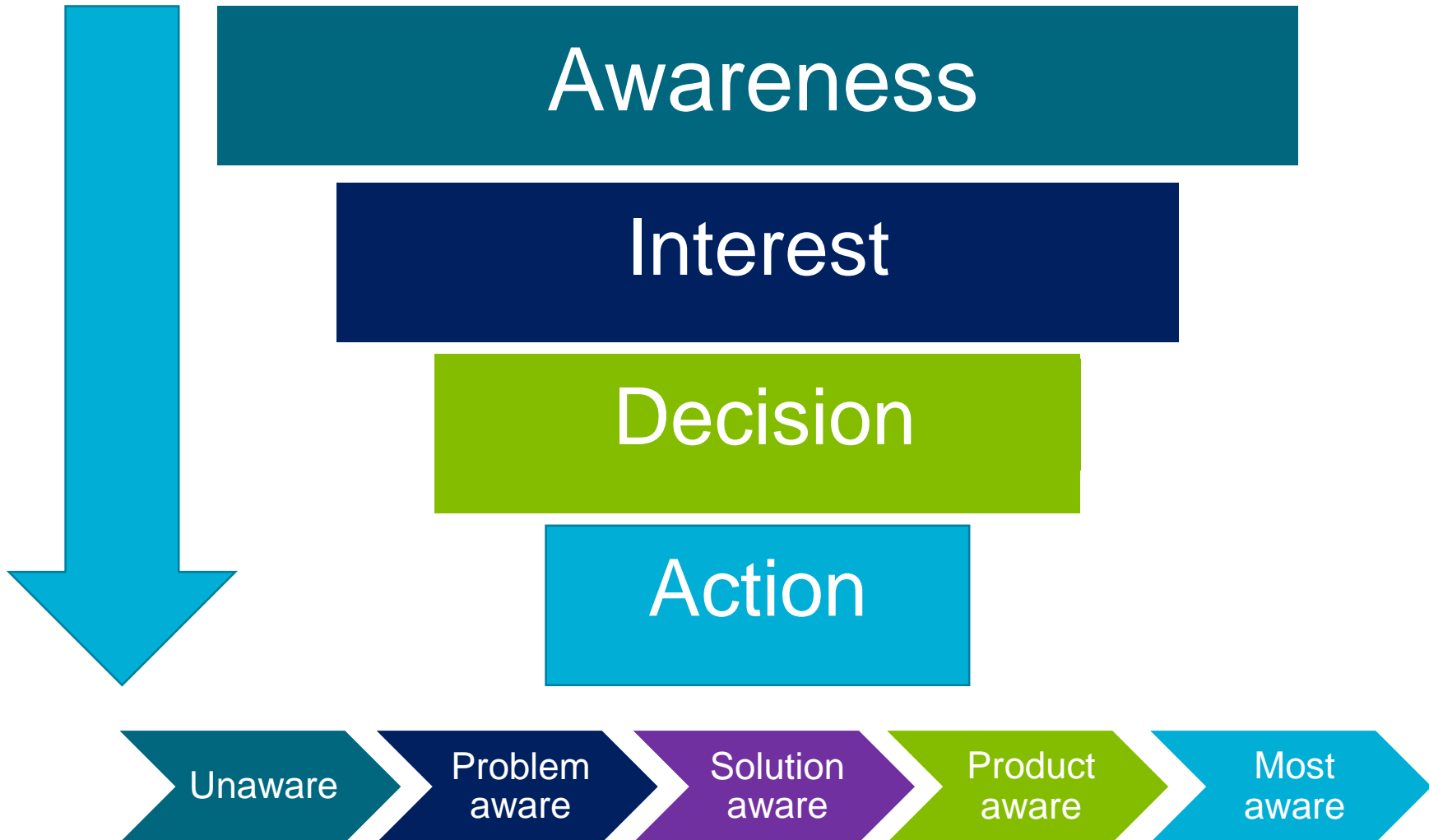
- People with prediabetes may be over-represented in your rural health center or hospital
- People with complications of overweight and obesity, such as sleep disorders, joint pain, and reflux, may seek advice from their primary care providers
- People with prediabetes may be regularly seeking care from their primary care provider for hypertension, dyslipidemia, and other comorbidities of prediabetes
- People with prediabetes may be following up with their primary care provider if they have been advised to make lifestyle changes in an emergency department or by a specialist

Providing the right care

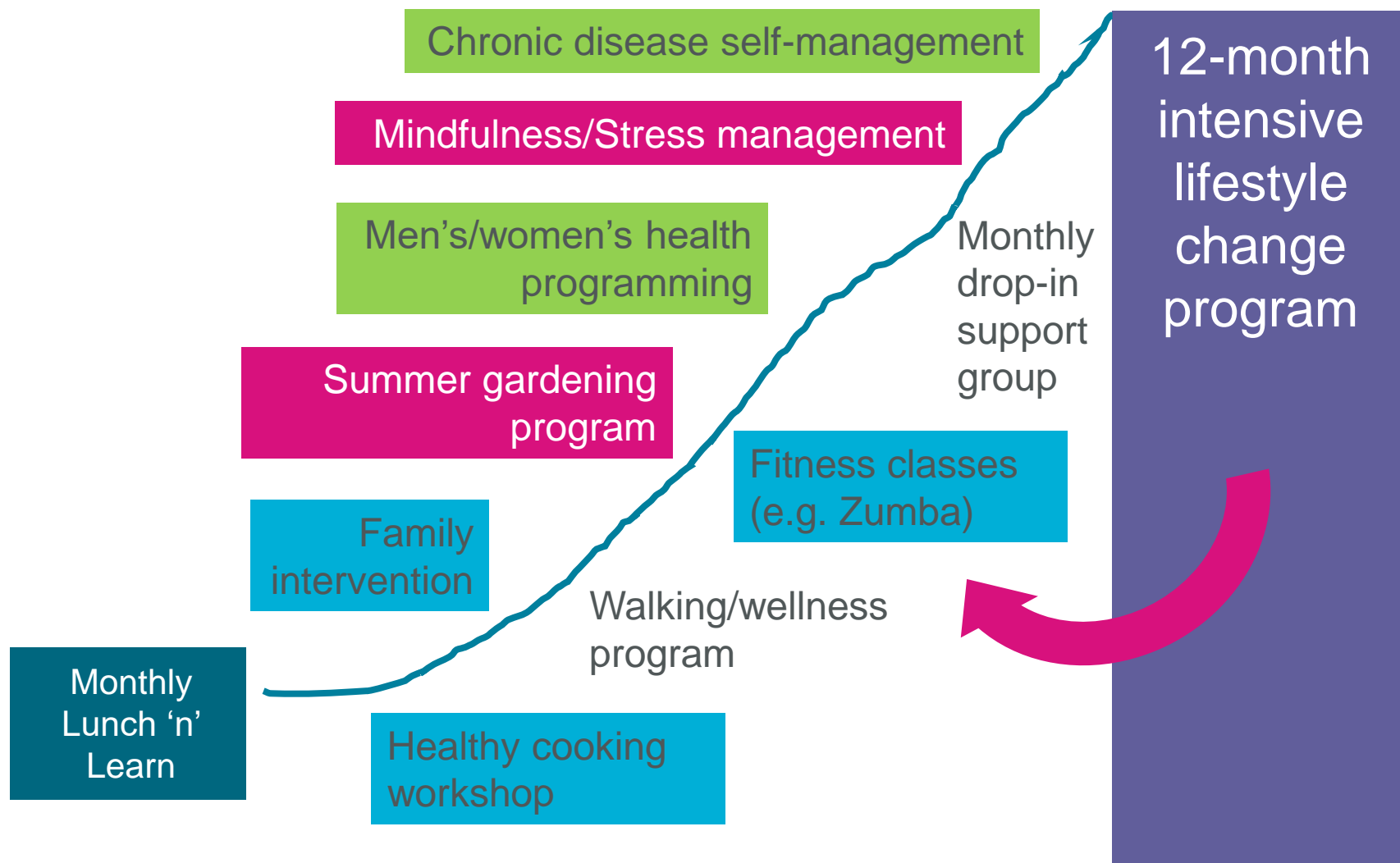


- Increase the identification of underserved individuals with prediabetes in your system
- Reduce or reframe fatalistic or fixed mindset understandings of diabetes
- Support individuals as they activate lifestyle change advice
- Refer individuals who have prediabetes or significant risk factors for type 2 diabetes to CDC-recognized lifestyle change programs...or start your own!
- Support individuals as they participate in those intensive programs to eat healthy, be active, manage stress, and develop healthy sleep routines

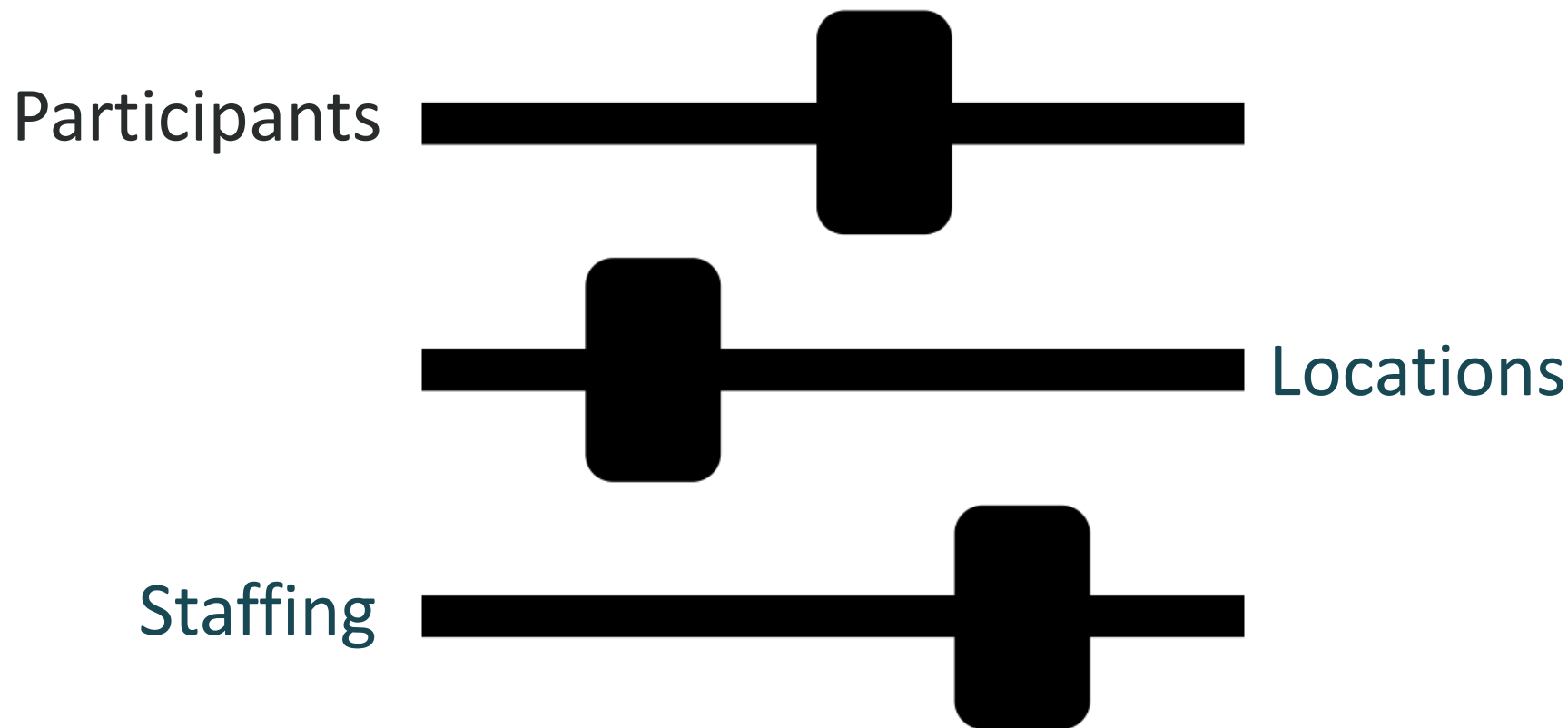
Strategic: Marketing funnel



On ramps, ongoing support, sustainability



Maximize impact and minimize cost

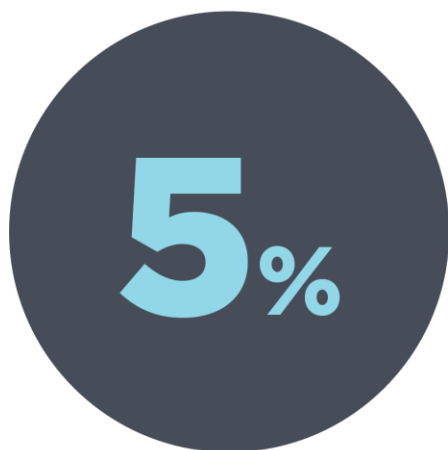


Created by John Caserta
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DSMES/DSMT

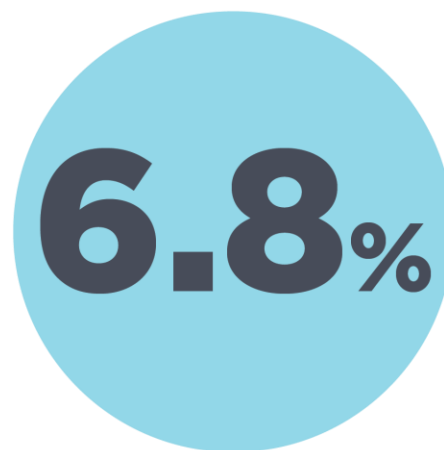
Diabetes Self-Management Education and Support
is a covered benefit that is underutilized...

ONLY



Of **MEDICARE** beneficiaries
with newly diagnosed diabetes
used DSMT services¹

ONLY



Of individuals with
newly diagnosed T2D with
PRIVATE HEALTH insurance received
DSMES within 12 months of diagnosis²

DSMES/DSMT

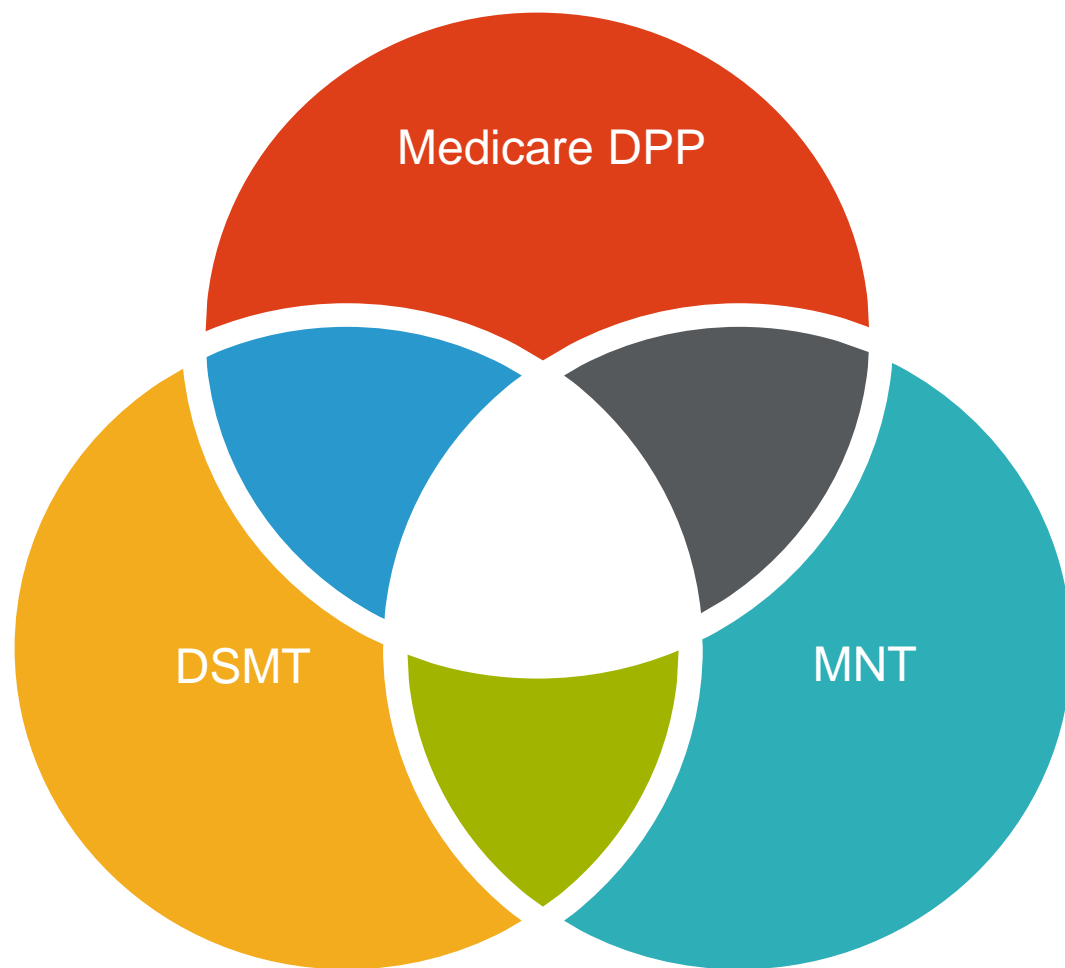
...and highly effective in reducing risks, complications, and costs of diabetes

Summary of DSMES benefits to discuss with people with diabetes

- Provides critical education and support for implementing treatment plans.
- Reduces emergency department visits, hospital admissions and hospital readmissions.
- Reduces hypoglycemia.
- Reduces all-cause mortality.
- Lowers A1C.
- Promotes lifestyle behaviors including healthful meal planning and engagement in regular physical activity.
- Addresses weight maintenance or loss.
- Enhances self-efficacy and empowerment.
- Increases healthy coping.
- Decreases diabetes-related distress.
- Improves quality of life.

No negative side effects | Medicare and most insurers cover the costs

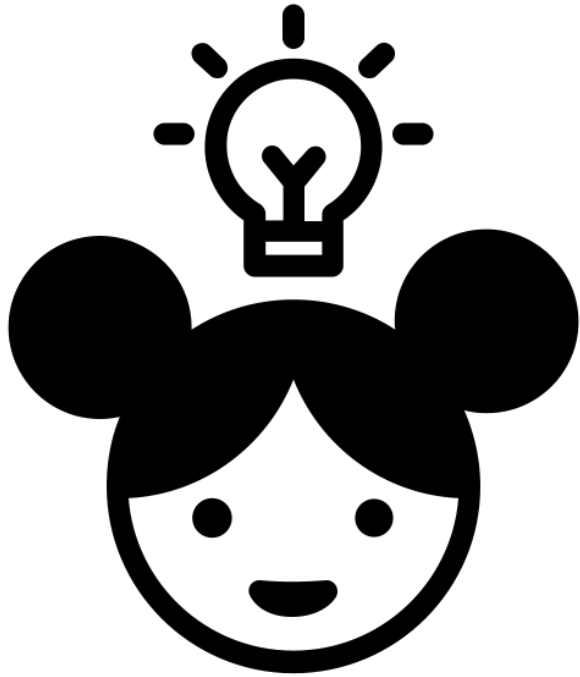
Building sustainable reimbursement



Medically necessary services to support DPP success:

- “Welcome to Medicare” preventive visit or annual physical
- Alcohol misuse screenings and counseling
- Tobacco use counseling
- Depression screenings
- Obesity behavioral therapy
- Annual wellness visits
- And more!

Remember...

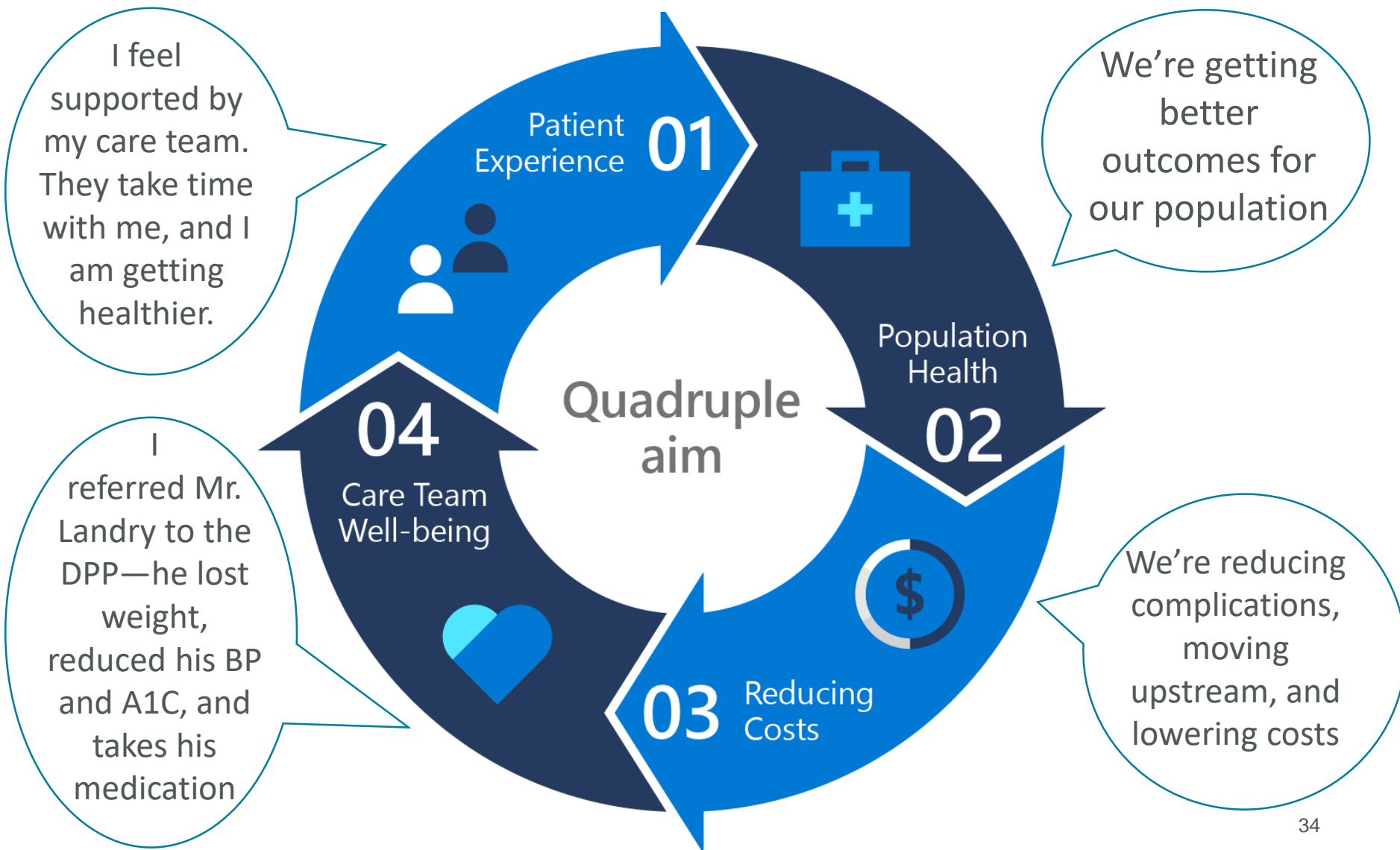


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DPP and DSMES have a value BEYOND reimbursement...

- Reduce unscheduled visits, specialist visits, ED encounters
- Increase revenue to other services (e.g. labs, preventive care referrals, behavioral health)
- Help achieve pay for performance metrics
- Connect patients to your center as a medical home
- Support population health and health equity outcomes

The quadruple aim





How you can activate prevention in
Louisiana's rural communities!

10/6/2020

Covering DPP as a Benefit



You don't have to do it alone! Get the support you need to make it work!

- Connect with your state and parish health units
- Connect with health and hospital systems with community health needs assessments and community benefit dollars (or your own system)
- Connect with local foundations and civic organizations, such as Lions Clubs, that fund diabetes prevention and management
- Reach out to public employers and large private employers
- Offer DPP to your employees!
- Think Medicare—**small but mighty!**

Getting started!



- Implementing the National DPP
- First cohort has launched at their Woodward site, located in Rapides Parish
- Taking a phase approach
- Planning to expand to second location in January 2021 and then slowly begin offering at other sites

THANK YOU!



Contact us!
We're here to help!

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Prevention

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