



AADE Diabetes Prevention Program

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- Multi-disciplinary professional membership organization dedicated to improving diabetes care through innovative education, management and support – Our membership is at 14,500 and growing.
- National Accrediting Organization (NAO) for Medicare. Our Diabetes Education Accreditation Program (DEAP) certifies Diabetes Self-Management Education and Support (DSMES) programs in order for them to be eligible to bill Medicare
- A leader in the field of the National Diabetes Prevention Program, with one of the largest in-person DPP network (AADE DPP), scaling the National DPP through a cooperative agreement with CDC since 2012.



Why is AADE in Diabetes Prevention?

Prevention is within our organization's vision: *Optimal health and quality of life for persons with, affected by or at risk for diabetes and related chronic conditions* and is one of our organizational Strategic Initiatives.

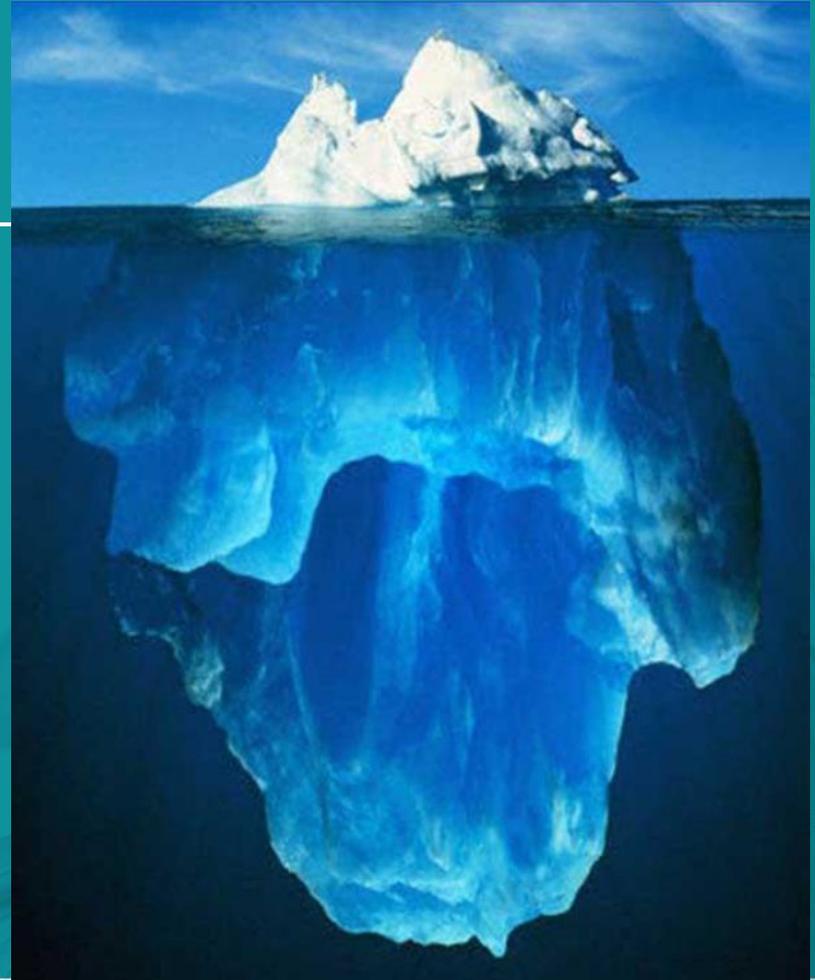
- AADE's National Practice Survey (2015) found that 80.5% of respondents reported to be working with people with prediabetes
- Our accredited DSMES program survey found 80% of DEAP programs work with people with prediabetes
 - Only 0.4% reported receiving reimbursement for prevention services
- We have found value in Diabetes Education Programs delivering the National DPP



Prevalence of Diabetes vs Prediabetes

29 million with Diabetes

86 million with
Prediabetes



What is the National Diabetes Prevention Program?



CDC-led National Diabetes Prevention Program:

Based on the evidence from the DPP Study, the CDC has developed a group-based National DPP using the year-long Lifestyle Change Program curriculum to prevent or delay type 2 diabetes

The National DPP evidence based program helps participants make real lifestyle changes such as eating healthier, including physical activity into their daily lives, and improving problem-solving and coping skills, while correlating to an ROI for payer for risk reduction



CDC and the National DPP



CDC's National DPP:

- Approved Lifestyle Change Program Curriculum and Trainings
- Diabetes Prevention and Recognition Program (DPRP)
- Both in-person and online delivery methods
- Marketing/Awareness Campaigns

<http://www.cdc.gov/diabetes/prevention>
dprpask@cdc.gov



Since 2012, AADE has worked with CDC to scale the National DPP

“AADE DPP” model- National DPP offered through DSMES (DEAP/ERP) programs:

- ✓ Large pool of eligible participants through EMR's
- ✓ HIPAA compliant/accustomed to proper data collection and entry
- ✓ Program Coordinator is a Diabetes Educator (HCP)
- ✓ Educated DPP Lifestyle Coaches (Can be CHW'S)
- ✓ Already billing capabilities and NPI number
- ✓ Already providing service for payers- Insurers and Employers (DSME and Screenings)
- ✓ Linkage with local primary care providers (referral required for DSMT)
- ✓ Experience with telehealth delivery and other types of telemedicine
- ✓ Transition of care for people found to have type 2 diabetes



AADE DPP *is* the National DPP

	National DPP	AADE DPP
Uses CDC Approved Curriculum	Required	Required
All Delivery Sites must maintain CDC's DPRP Recognition	Required	Required
Delivery Setting	Can be in-person or virtually delivered	In person/telehealth only (currently)
All Staff are Trained Lifestyle Coaches	Recommended	Required
All Sites have an NPI Number	N/A	Required
All Program Coordinators are Diabetes Educators	N/A	Required
All Sites have Ability to bill Medicare	N/A	Required



AADE DPP has 44 Grant-Funded Sites in 16 states

AADE DPP SITES as of 2016:		CDC DPRP Guidelines to Achieve Full Recognition:		AADE DPP Sites' Aggregated data from DPRP Progress Reports:
Number of AADE DPP Sites	44	Proportion of participants program eligibility determined by a blood based test	≥ 50 %	75.40%
Number of Classes	> 230	Minimum Average number of sessions attended during months 1-6 for participants attending ≥ 4 sessions	≥ 9	14.5
Number of Participants	> 2200	Minimum Average weight loss achieved at 6 months	≥ 5-7	5.20%
Number of Lifestyle Coaches at AADE DPP Sites	228	Minimum Average number of sessions attended during month 7-12 for participants attending ≥ 4 sessions	≥ 3	3.62
		Average weight loss achieved at 12 months	≥ 5-7 %	6.00%



AADE DPP Model: A Proven Success

In September 2016, The Diabetes Educator published a manuscript demonstrating the AADE DPP model over three years within 25 programs.

“Achievement of Weight Loss and Other Requirements of the Diabetes Prevention and Recognition Program: A National Diabetes Prevention Program Network Based on Nationally Certified Diabetes Self-management Education Programs”



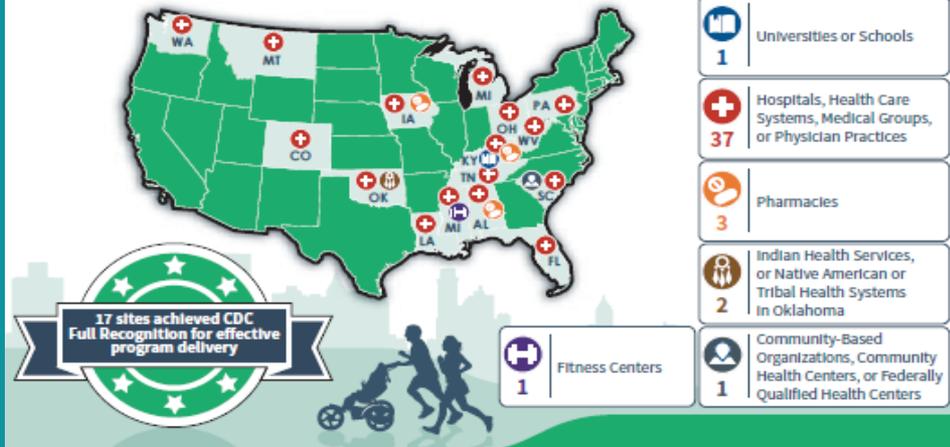
Working to Prevent Type 2 Diabetes

The American Association of Diabetes Educators (AADE) has helped more than 2,400 people at risk for Type 2 diabetes to lose weight and exercise more.

AADE is working with 45 sites across 16 states to implement the National Diabetes Prevention Program (National DPP), a Centers for Disease Control and Prevention (CDC) initiative aimed at preventing or delaying Type 2 diabetes. The lifestyle change program is designed to help participants make lasting changes, like eating healthier, adding physical activity into their daily routine, and improving coping skills.



AADE National DPP Locations



TOTAL PARTICIPANTS
2,416
attended at least one session

HIGH RETENTION
Over 80%
attended at least four sessions

WEIGHT LOSS
6.1%
average weight loss at 12 months

PHYSICAL ACTIVITY
168 minutes
of physical activity, on average, per week



Sources: National DPP program data, October 1, 2014, to September 30, 2015; DPPP outcomes data for participants attending their first session between October 1, 2012, and September 30, 2015

Learn more about the National Diabetes Prevention Program at <https://www.cdc.gov/diabetes/prevention>

As of January 2017, CDC's DPRP Registry:

1222 - Total number of CDC Recognized Programs

- 268 - Total number of DPRP programs that are also Certified Medicare DSMES Programs (DEAP/ERP)
- 88 - Total number of Fully Recognized programs
 - 41 - Almost half of all Fully Recognized programs are DSMES

Source: CDC DPRP Registry: https://nccd.cdc.gov/DDT_DPRP/Programs.aspx , January 2016



Insights After 4+ Years of Delivery:

Pro's:

- ❖ Costs seem to be comparable to other large in-person DPP providers
- ❖ AADE DPP's are meeting or exceeding DPRP requirements
- ❖ Our programs seem to have high rates of physician referral compared to others since they are already connected with local physicians in their DSME work and tend to have feedback loops already in place
- ❖ Have a streamline ability to become Medicare DPP Suppliers

Challenges:

- ❖ AADE DPP Program Coordinators usually do not have the time, skills, contacts and resources to “sell” the program to new payers (Development of the AADE Prevention Network to address these challenges to support DPP programs for data and marketing)



Medicare Coverage of Prediabetes

CMS concluded the National DPP:

- Increases health quality
- Reduces health care costs

DSMES Programs are already providing Diabetes Education for Medicare and are well suited and fast-tracked to be quality MDPP Suppliers



Timeline of Medicare Coverage of DPP

- March 2016 – CMMI Demo with Y announced to increase health quality and reduce health care costs
- July-September 2016 – PFS released proposing coverage of DPP and open for public comments
- November 2016 – CMS 2017 Final Rule released outlining initial coverage proposal of DPP
- In 2017, the 2018 PFS will be released for public comment
In late 2017 the 2018 CMS Final Rule will be released- will address future rulemaking for DPP
- January 1 2018- Medicare will cover DPP for eligible participants at eligible Medicare DPP Suppliers



What can programs do now to prepare to be a MDPP Supplier?

- ✓ Begin to promote Physician Referrals, especially for Medicare covered lives, set up a provider referral loop
- ✓ Decide database system for data collection
- ✓ Apply and maintain CDC Recognition and attend webinars and calls
- ✓ Look for 2018 PFS and 2018 DPRP standards and comment when available (likely in Summer 2017)
- ✓ Attend quality Workshops, Trainings and Webinars and Networks that offer services to prepare and support your program for successful and sustainable DPP implementation

<http://www.cdc.gov/diabetes/prevention>



Payment and Cost of the National DPP

CDC states: “the average annual cost of offering a lifestyle change program that can cut a person’s risk of type 2 diabetes in half is about \$500, depending on factors such as promotion, recruitment, staff, facilities, and logistics costs.”

https://www.cdc.gov/diabetes/prevention/employers-insurers/manage_costs.html

Cost of preventing diabetes proven to be much lower than the cost of managing the complications of type 2 diabetes

The Medicare DPP coverage proposal has offered a value-based payment mechanism of up to \$450 per person for the 1 year program with additional reimbursement for ongoing maintenance sessions.

AADE DPP model has shown to delivery cost similar to any other in-person network, cost effectiveness paper to be released in 2017

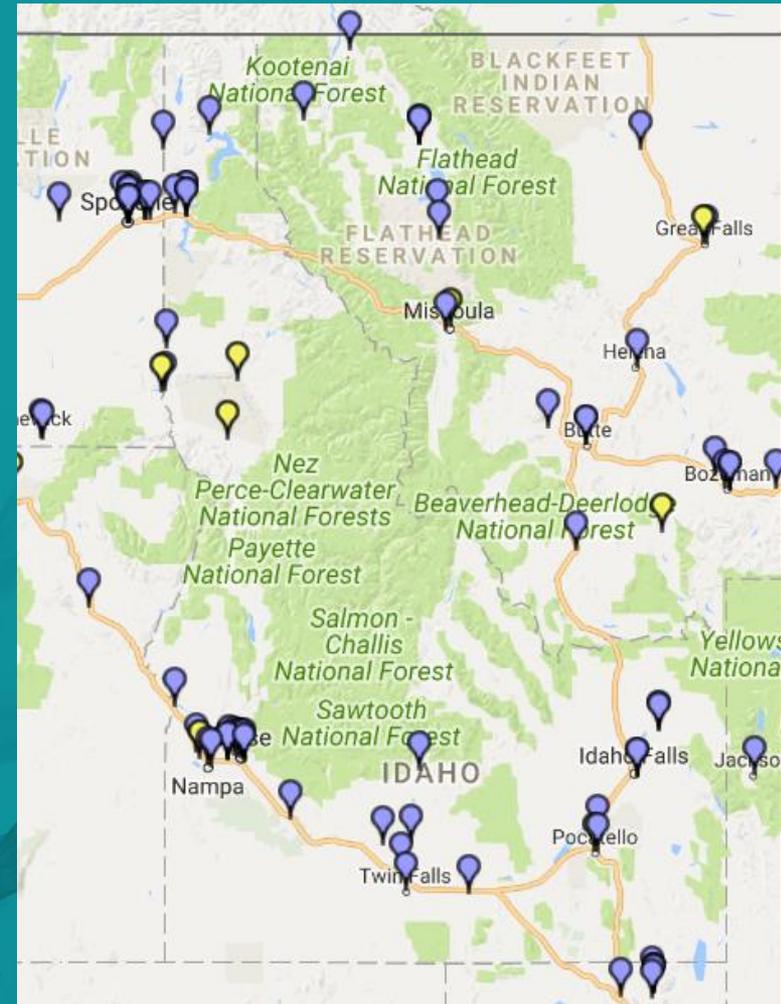


AADE DPP in Idaho- Potential to Scale the National DPP

Number of DSMES (DEAP/ERP) in Idaho: 26 (+)

Each one of these DSMES programs may be able to serve the National DPP in multiple geographic locations

There are currently a total of 15 CDC Recognized DPP programs in Idaho



Source: <https://www.diabeteseducator.org/patient-resources/find-a-diabetes-educator>, June 2016



Additional DPP Services from AADE

- ❑ Lifestyle Coach Trainings- Public and Private trainings provided around the country- AADE is listed on CDC website as a LSC training entity
- ❑ 2017 AADE Workshops- Designed to help program coordinators build internal business case to become a successful CDC Recognized DPP and MDPP Supplier
- ❑ AADE Prevention Network- Any DPP program can subscribe to the AADE Prevention Network to gain access to ongoing education, tools, payment, coverage information and access to a cloud-based participant data base analytics system (DAPS) to ensure quality and sustainability. Any CDC Recognized DPRP may apply!
- ❑ Preconference at AADE17- “Best Practices in the National DPP” Attend this preconference to hear from experts in the field, CDC, YMCA, BWHI, AADE DPP and others about best practices in delivery of the National DPP to various populations in various delivery models

www.diabeteseducator.org/preventionsimplified
Email dpp@aadenet.org to receive email updates.

Questions?



www.diabeteseducator.org/dpp