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Pennsylvania Action Plan to Scale and Sustain the National Diabetes Prevention Program 2018-2020

- ✓ **Awareness**
- ✓ **Availability**
- ✓ **Referral**
- ✓ **Coverage**

Pennsylvania Action Plan to Scale and Sustain the National Diabetes Prevention Program

Background

Over one third of the Pennsylvania population—which amounts to over 3.5 million people—is estimated to have prediabetes, a condition defined by glucose levels above normal but below the threshold for diabetes (1). Of those with prediabetes, 70% will go on to eventually develop Type 2 diabetes, a disease associated with a number of complications and reduced quality of life (2, 3). In addition to the toll it takes on patients, diabetes contributes significantly to healthcare expenses in our country, with direct costs attributable to the disease amounting to \$10.2 billion in 2012 alone (1). That said, the progression of prediabetes to diabetes is preventable (4).

The National Diabetes Prevention Program, first published in a study over fifteen years ago, demonstrated the efficacy of lifestyle intervention at reducing the incidence of Type 2 diabetes among high-risk populations (4). The intervention in the Diabetes Prevention Program (DPP) entails a standardized curriculum with involved lifestyle coaches to help participants reach goals of weight loss (>7% of body weight) and physical activity (>150 minutes weekly) (5). In order to achieve and maintain these goals, the program provides ongoing contact with participants, support for individual needs to meet the goals and connection to a national support network (5). Since the study was completed, the effects of DPP on reducing diabetes rates and lowering costs have been confirmed in a ten-year follow-up study (6, 7).

Given the benefits, widespread implementation of the DPP would be beneficial to both the Pennsylvania population as well as the healthcare system. Centers for Medicaid and Medicare Services have recognized this in their recent agreement to reimburse members for DPP (8). In considering the success and vital role of the program, the Pennsylvania Department of Health and Health Promotion Council—in conjunction with the National Association of Chronic Disease Directors (NACDD)—have created an action plan in order to specify how they plan scale and sustain the National DPP in Pennsylvania.

Introduction

The National Diabetes Prevention Program (DPP) was launched in 2010 by the Centers for Disease Control and Prevention (CDC). Since then, significant resources have been invested in states to build momentum for a national movement to prevent Type 2 diabetes based on sound scientific evidence. With support from the CDC, the National Association of Chronic Disease Directors (NACDD) collaborated with the Pennsylvania Department of Health and the Health Promotion Council to plan and implement Pennsylvania Diabetes Prevention Statewide Engagement Meeting focused on scaling and sustaining the National DPP in Pennsylvania.

In August 2017, leaders from the health care, business, insurance, government, and community sectors were convened through the Statewide DPP meeting in Harrisburg, Pennsylvania to discuss the national and local landscape of DPP, the barriers/challenges associated with DPP programming, and the future outlook for expanding and sustaining DPP across the state. An Action Plan was drafted by stakeholders during the Diabetes Prevention Statewide Engagement meeting with the goal to:

Decrease the new cases of diabetes among people with prediabetes and those at highest risk, by increasing enrollment in CDC-recognized lifestyle change programs by 5 percent.

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To meet the goal, the stakeholders organized strategies within the following components of sustainability, also known as sustainability pillars:

- **Awareness** of prediabetes;
- **Availability** of and enrollment in CDC-recognized lifestyle change programs;
- **Referral**, which includes, clinical screening, testing, and referral to CDC-recognized lifestyle change programs under the National DPP; and,
- **Coverage** for the National DPP's lifestyle change program;

Following the Pennsylvania Diabetes Prevention Statewide Engagement Meeting, key stakeholders were identified as members of one or more sustainability pillar group(s) based on their organizational affiliation and expertise to finalize the plan for implementation. These pillar groups convened bi-weekly to review and finalize the pillar group priorities and top three to five strategies. During these meetings, members of each pillar group refined and revised each short-term priority to identify the main goal and its associated metrics. After the short-term priority was finalized through discussion and surveys, members of each pillar group condensed the list of key strategies for each pillar priority that were developed during the Statewide Engagement Meeting through survey ranking. The top three ranked strategies were identified for each pillar and refined. Metrics, resources and leadership for the completion of each strategy were identified during the bi-weekly calls. Volunteers from key organizations involved in DPP programming agreed to collect data, disseminate surveys, and share information that would assist in successfully implementing the Pennsylvania Diabetes Prevention Action Plan. The DPP Action Plan was then drafted with the input, comments, and suggestions discussed during the bi-weekly calls and presented during a launch meeting in Harrisburg, Pennsylvania on June 18, 2018.

The tables below represent the DPP Action Plan organized in the form of the sustainability categories: Awareness, Availability, Referrals and Coverage. The short-term priority of the Coverage pillar is structured somewhat differently from the other pillars due to the urgency of progress desired by the nine Medicaid Managed Care Organizations' (MCO) requirement to implement a Medicaid DPP pilot as mandated by the Department of Health and Human Services (DHS). This pillar is structured solely to guide the implementation of this mandate and present the successes and challenges associated with DPP programming and coverage. It should be noted that during the final implementation planning process, the deliverables for some key strategies were met through existing initiatives, including the following:

Awareness

- With the leadership facilitation by PA Department of Health (PA DOH) and Health Promotion Council, the following existing DPP toolkits and resources were integrated into the LiveHealthyPA website, which serves as the state's centralized communication platform for the DPP community: Prevent Diabetes STAT toolkit, NACDD Diabetes Prevention Program toolkit, drafted PA DPP Action Plan, and the PA DOH Diabetes website.

Availability

- Health Promotion Council, in partnership with PA DOH created the Pennsylvania-specific Lifestyle Coach community platform to 1) help coaches become motivated to apply for DPRP recognition status; 2) offer educational resources and trainings for continuous quality improvements; 3) serve as a peer-support system to develop DPP provider workforce; and 4) listen and respond to coach needs.

Referrals

- The Make A Choice campaign increased consumer awareness through direct marketing and peer models.

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Awareness of prediabetes and the effectiveness of the CDC-recognized lifestyle change program

CDC estimates that eighty-four million (1 out of 3) American adults have prediabetes (9), a condition that puts them at high risk of developing Type 2 diabetes. Of those eighty-four million, 9 out of 10 don't even know they have prediabetes. With numbers like this, it's important for everyone – consumers, employers, payers, health care providers – to learn about prediabetes and the benefits of the Diabetes Prevention Program, and to take action.

Short term Priority: By June 30, 2020, increase the number of healthcare providers aware of DPP by at least 70 physicians.					
Source: PA DOH Quarterly report from Regional Primary Contractors (RPCs)					
	Key actions to achieve priorities	Metrics	Resources	Lead organization (bold organizations volunteered to lead action)	Progress
1	Establish a baseline of current DPP screening and referral practices of medical providers.	Date of survey dissemination List of providers sent survey to Report of survey results and disseminate to partners/DPP stakeholders	<ul style="list-style-type: none"> • Survey Administrator • DOH Quarterly Reports from RPCs 	<ul style="list-style-type: none"> • PADOH • Health Promotion Council (HPC) 	<p>PHMC Research and Evaluation Group reports, for PADOH supported partners: 1) an average 2.6 participants of 7.0 enrolled received clinical referral (32.9%) to DPP programs for FY 18; and, 2) an average 0.8 participants of 6.7 enrolled received clinical referral (11.8%). Data for FY 20 pending.</p> <p>PAMED surveyed internal medicine or family medicine physicians on July 13, 2018 and August 19, 2018. Among respondents, 85% actively refer using CDC or ADA tests; 91% order blood test; 18% refer to DPP; in terms of obstacles, 40% don't know of DPP provider and 35% report competing priorities during consult; and, 40% prefer having DPP in their own facility.</p> <p>National Nurse-led Care Consortium (NNCC) conducted referral scan among national PCAs in February 2019. 23 respondents outside of PA reported their S/T/R practices. Results were used as an indicator for PA and reported on 5.8.19. The majority of respondents reported that they engage member health centers through a primary contact established for DPP. No respondent felt well equipped to plan and lead implementation a new program.</p>

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2	Assess provider need through focus groups/surveys/meetings to determine awareness gaps and what would motivate providers to refer to the DPP	<ul style="list-style-type: none"> • Number of focus groups/surveys conducted 	<ul style="list-style-type: none"> • Survey/focus group administrator • Organizations include: ADA, AADE, teaching hospitals, National Medical Association 	<ul style="list-style-type: none"> • PA Medical Society • HPC 	<p>PAMED Physician Surveys. See Progress in Awareness Pillar, Priority No. 1.</p> <p>Doctor panelists reported 2 key motivators in the March 2020 Implementation Workgroup meeting. 1) Ease of adoption that emphasizes internal hub that links clinician referral and DPP class provider supported by technology like EHR. 2) Leadership support of the population health efforts.</p>
3	Include DPP provider education in schools e.g. nursing, medical, and PA schools.	<ul style="list-style-type: none"> • Review current teaching curriculums 	<ul style="list-style-type: none"> • PA Medical Society, teaching hospitals. 	<ul style="list-style-type: none"> • AADE 	<p>At least 1 Action Plan Implementation Workgroup meeting attended by Area Health Education Centers and Community College of Philadelphia.</p>
4	After review, combine existing DPP toolkits into one resource and market to Pennsylvania DPP providers to effectively integrate DPP into their work.	<ul style="list-style-type: none"> • Production of one DPP statewide resource for PA DPP providers by January 1, 2019 • Number of downloads/emails/public presentations of statewide DPP toolkit to PA stakeholders. If items aren't received 	<ul style="list-style-type: none"> • Prevent Diabetes STAT Toolkit • NACDD Diabetes Prevention Program Toolkit • PADOH Diabetes Page • DPP Community on the PADOH LiveHealthyPA website 	<ul style="list-style-type: none"> • HPC • PA DOH 	<p>Resources centralized in the PADOH LiveHealthyPA web platform. Soft-launched on 11.19.18 with regional primary contractors.</p> <p>Key resources circulated included NACDD National Coverage Toolkit, MDPP DPP Supplier Roadmap, and HPC's AMA adapted physician referral quick reference guide.</p>
5	Create a 1-page, easy to read flyer to include in doctor's offices for patients encouraging the awareness of pre-diabetes. These flyers can be given to all patients during their annual health visit.	<ul style="list-style-type: none"> • Date of Product ready for distribution 	<ul style="list-style-type: none"> • Make A Choice Campaign • PSTAT toolkit 	<ul style="list-style-type: none"> • HPC 	<p>HPC's AMA adapted physician referral quick reference guide was completed and began circulation on 10.1.18. On or by 5.1.19, 2 health centers and 1 MCO have adopted/adapted for use.</p>

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6	Increase consumer awareness through direct marketing and peer models.	<ul style="list-style-type: none"> • Number of peer modeling events/activities • Number of marketing materials developed • List of targeted providers/peers • Number of providers/peers reached with marketing materials 	<ul style="list-style-type: none"> • Make a Choice Campaign • Program testimonials 	<ul style="list-style-type: none"> • HPC • PA DOH • PHMC to analyze data through Make a Choice Campaign: See details here: "M:\HPC\PROGRAMS\PA CCI\DPP - MCO DHS Mandate\Diabetes Media Campaign\PMG Campaign" 	<p>Completed via Make A Choice campaign. Thousands of impressions recorded at the site www.makeachoice.org.</p> <p>Latino Connection, in partnership with HPC, deployed the CORA Health and Wellness RV, sponsored by Aetna Better Health, for 4 community events as part of Diabetes Awareness Months 2018.</p> <p>Diabetes related event calendar was a standing agenda item in Workgroup meetings.</p>
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Availability and Support of CDC-Recognized Lifestyle Change Programs

Currently, there are more than 1,500 of publicly-available lifestyle change programs across the United States. These include in-person and online options, as well as programs that are a combination of both. The growing demand for CDC-recognized lifestyle change programs also needs to be addressed to ensure program availability meets program demand. This requires building an effectively trained workforce to implement the lifestyle change program ensuring program quality and standardized reporting.

Short term Priority: By June 30, 2020, increase by 20% the number of DPP programs moving from pending to preliminary recognition and 20% of those moving from preliminary to full recognition from CDC each year.					
Source: CDC online DPRP Registry, PADOH Quarterly Reports from RPCs					
	Key actions to achieve priorities	Metrics	Resources	Lead organization (bold organizations volunteered to lead action)	Progress
1	Develop a live, active calendar (or other resource) that has the ability	• DPP calendar product distributed	• PA DOH LiveHealthyPA website	<ul style="list-style-type: none"> • HPC • PA DOH 	HPC began distributing calendar to 1 MCO and on HPC website on March 21, 2018.

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	to list DPP classes and indicate when a class is scheduled, when a class has begun, or if a class is currently closed and include notifications of changes.	to public/providers by March 1, 2018. <ul style="list-style-type: none"> Quarterly reports on the number of series listed on calendar to begin by December 1, 2018. 			HPC posted calendar on PADOH LiveHealthyPA web platform scheduled on November 30, 2018.
2	Offer an online, Pennsylvania-specific Lifestyle Coach community to help coaches become motivated to apply for DPRP recognition and MDPP status, offer educational resources and trainings, serve as a support system, assess coach needs, and includes a FAQ section for online DPP providers for support.	<ul style="list-style-type: none"> LiveHealthyPA lifestyle coach community has 25 newly subscribed LCs on a quarterly basis. 	<ul style="list-style-type: none"> PA DOH LiveHealthy PA Lifestyle Coach community 	<ul style="list-style-type: none"> HPC PA DOH Pennsylvania DPP Master Trainers 	LiveHealthyPA web platform soft-launched on 11.19.18 with regional primary contractors. Platform advertised at lifestyle coach gatherings, Action Plan meetings, and the AADE Coordinating Body statewide listserve.
3	Support the Pennsylvania Department of Health's work to increase access to DPP in rural areas using available data and developing a systematic approach to target these underserved areas.	<ul style="list-style-type: none"> Number of new DPP in rural sites Number of rural sites applying for DPRP 	<ul style="list-style-type: none"> HPC reporting RPCs reporting CDC DPP Registry PHMC geographic analysis 	<ul style="list-style-type: none"> PA DOH HPC PHMC NACDD 	<p>PHMC REG DPP Access Analysis FY '18 reported that SE and NE PA Regional Primary Contractors, in partnership with PADOH, promoting DPP with rural partners. REG presented finding from report in the March 2019 meeting.</p> <p>PA Office of Rural Health awarded Barbara Duryea, Clinical Support Manager at Conemaugh Health System, a CDC-recognized National DPP organization, with the Rural Health Leader of the Year in 2019, rooted in her team's achievements in advancing DPP.</p>
4	Develop online access to DPP for rural areas and a toolkit with details on telehealth and hybrid classes.		<ul style="list-style-type: none"> UPMC?- potentially has the capacity to do online DPP 		PADOH and HPC have engaged virtual DPP providers to expand access in PA.
5	Create a sustainability plan for existing DPP programs to maintain their recognition status.	<ul style="list-style-type: none"> Finalized PA DPP Action Plan 	<ul style="list-style-type: none"> DPP Action Plan Program testimonials 	<ul style="list-style-type: none"> HPC 	HPC, Montana Department of Public Health and Human Services, Florida Department of Health,

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			<ul style="list-style-type: none"> • Make A Choice Campaign results 	<p>and NACDD presented on reimbursable and/or referral pathways as key to sustainability.</p> <p>Sustainability tips presented by Ann Forburger, Diabetes, Community/Clinical Linkages Lead and Sara Hanlon, Consultant for Diabetes Team, of NACDD in the July 2019 Implementation Workgroup meeting</p>
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Referral - Clinical Screening, Testing, and Referral to CDC-Recognized Lifestyle Change Programs under the National DPP

Health care providers and delivery systems are overwhelmed by the growing number of patients with diabetes. Tools are available to help providers screen, test, and refer at-risk patients to lifestyle change programs to prevent their progression to Type 2 diabetes. Referring patients to these evidence-based programs can help meet regulatory, state licensing, and board recertification requirements. The recognition requirements allow providers to confidently refer their patients from the clinical to community resources such as the CDC-recognized lifestyle change program.

Short term Priority: By June 30, 2020, survey providers who refer clients to CDC-recognized Diabetes Prevention Programs (DPP) and increase the referral rate of eligible patients to CDC-recognized lifestyle change program by at least 5%.

Source: Provider referral survey

	Key actions to achieve priorities	Metrics	Resources	Lead organization (bold organizations volunteered to lead action)	Progress
1	Recommend the development of MCO provider and consumer incentives (motivations) which are aligned to increase referral and participation in CDC-recognized Diabetes Prevention Programs.	<ul style="list-style-type: none"> • Distribute survey to providers on what motivates them to refer their patients to DPP by March 2019. • Survey consumers on what motivates them to attend DPP by March 2019. • Number of process meetings related to 	<ul style="list-style-type: none"> • Partner feedback • MCO Case studies DPP PA DOH Quarterly Report 	<ul style="list-style-type: none"> • HPC • National Nurse-led Care Consortium survey through Pennsylvania Association of Community Health Centers (PACHC) to create baseline • PHMC through analysis of NNCC 	<p>January/Feb 2019: MCOs have reflected to HPC and in the collective that consumer incentives have not been impactful in enrollment and retention. New strategies, especially for Medicaid pops. need development and testing.</p> <p>March 2020. Physician Panel dedicated to physician motivators to refer to DPP.</p>

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		<p>implementation of incentives</p> <ul style="list-style-type: none"> Track self-reported referrals from class participants 		<p>survey results target organizations outside of CHCs, such as EMR vendors, AMA, employers (self-insured)</p>	
2	<p>Develop a system to develop conversion from referral as well as a platform for health provider follow up after referral.</p> <p>Ex: - YMCA does track how many referrals are received from an organization and how many participants actually engage in the program</p>	<ul style="list-style-type: none"> Current referral processes in existing programs 	<ul style="list-style-type: none"> YMCA referral system 	<ul style="list-style-type: none"> YMCA 	<p>Feb 2019: Data systems proprietary to individual plans and health systems. Many stakeholders have an operating EHR although how many are operational for DPP bidirectional referral. The “right” people/agencies may not be fully engaged.</p> <p>Data management platform interoperability is an outstanding challenge for building clinical-community linkages.</p>
3	<p>Increase consumer awareness through direct marketing and peer models.</p>	<ul style="list-style-type: none"> Number of peer modeling events/activities Number of marketing materials developed List of targeted providers/peers Number of providers/peers reached with marketing materials 	<ul style="list-style-type: none"> Make a Choice Campaign Program testimonials 	<ul style="list-style-type: none"> HPC PA DOH PHMC to analyze data through Make a Choice Campaign 	<p>Complete via Make A Choice campaign. And, ongoing with leveraged support.</p>
4	<p>Identify and/or create simple toolkits for referrals.</p>	<ul style="list-style-type: none"> List of toolkits identified and reviewed Number of toolkits shared 	<ul style="list-style-type: none"> Prevent Diabetes STAT Toolkit National Diabetes Prevention Program Coverage Toolkit 	<ul style="list-style-type: none"> HPC PA DOH NACDD Make a Choice Campaign 	<p>AMA PStat toolkit circulated</p> <p>National Coverage Toolkit presented and circulated.</p>

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			<ul style="list-style-type: none"> • PADOH Diabetes Page • LiveHealthyPA 		Customizable CDC Referral Form distributed to partners.
5	Include automated prompts to refer patients to DPP on EHRs. Encourage support staff to flag these patients before healthcare provider see them in the office.	<ul style="list-style-type: none"> • Survey data on utilization of EHR alerts • Report of survey results and disseminate to partners/DPP stakeholders 	Health systems	<ul style="list-style-type: none"> • PA Medical Society 	<p>PAMED surveyed internal medicine or family medicine physicians on July 13, 2018 and August 19, 2018.. See Progress in Awareness Pillar, Priority No. 1 for outcomes.</p> <p>May 2019: National Nurse-led Care Consortium National Cooperative Agreement released prelim scan results.</p> <p>Penn Highlands Healthcare includes automated prompt in EHR. PHMC HN is integrating an EHR with direct flagging of at-risk patients for Diabetes Classes.</p>

Coverage of the National DPP's Lifestyle Change Program by Employers and Insurance Plans

Prediabetes and Type 2 diabetes are growing concerns for America's workforce. These conditions affect the health and quality of life of millions of U.S. adults and cost employers and insurers billions of dollars each year in lost productivity and medical expenses. Evidence shows lifestyle change programs can cut a person's risk of developing Type 2 diabetes in half and reduce the risk of serious conditions associated with prediabetes. Obtaining insurance coverage for the National DPP's lifestyle change program for public and private employees as well as Medicaid beneficiaries is a critical driver for scaling and sustaining the program.

Priority: By August 2019, support 9 MCOs to meet the requirements of implementing a Medicaid DPP pilot and provide continued support beyond the pilot (if necessary) by creating a platform for disseminating and sharing resources (evidence-based strategies, approaches and lessons learned).

Key Actions to Achieve Priority	Lead Organizations	Progress	Notes

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<p>Convene all 9 MCOs to provide updates and discuss progress and lessons learned around implementation.</p>	<p>Diabetes MCO Workgroup, PA DHS, PA DOH HPC</p>	<p>Quarterly</p> <p>PA DHS issued Bulletin MAB-99-19-03 on July 2, 2019 detailing Diabetes Prevention Program Enrollment in the Medical Assistance Program. This direction provides for MCOs in the MA managed care delivery system to have the option to provide additional services to MA beneficiaries that are not covered in FFS.</p>	<p>Use MCO workgroup meeting as platform for MCOs to provide updates. November 2018 last formal convening and 4 plans reported utilizing the DPP consumer and clinician promotion toolkits.</p>
<p>Develop a repository of resources.</p> <ul style="list-style-type: none"> - Collect national and local resources. - Publish resources in central repository accessible to MCOs, Health Care other partners. - Disseminate resources among MCOs, Health Care and other partners. 	<p>DOH, DHS, HPC, NACDD</p>		<p>Information will be hosted on LiveHealthyPA.</p> <p>Maryland and Oregon have completed their Medicaid DPP coverage pilot products. Results and case studies are available on the National DPP Coverage Toolkit website.</p> <p>Dr. Edwards, CMO, Gateway Health Plan, reached out to members to assess how they are handling the Medicare enrollment to translate lessons learned to Medicaid coverage.</p>
<p>Examine reimbursement models.</p> <ul style="list-style-type: none"> - Conduct research to identify best practices, lessons learned in reimbursement from Medicaid pilots in other states as well as Medicare implementation. - Disseminate findings from Medicaid pilots from other states among PA MCOs. 	<p>NACDD, DHS, PA DOH, HPC, PDPH, PHMC</p>		<p>Share what is being done on the commercial and Medicare sides.</p> <p>In PA, the model is usually replicated from Medicare to Medicaid.</p> <p>How are payers handling dropouts and re-entry?</p>

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<ul style="list-style-type: none"> - Compile and disseminate findings and lessons learned among MCOs, DHS and providers/suppliers. - Host relevant findings and resources on the central repository for reference. 			
<p>Present lessons learned from other states.</p> <ul style="list-style-type: none"> - Collect and disseminate lessons learned and other findings including but not exclusive to results from Medicaid pilots in other states and Medicare programs nationally. - Host findings and outcomes from Medicaid pilots on the repository for future reference for MCOs. 	<p>NACDD, Medworks, HPC</p>	<p>In 2017, HPC, with support from NACDD, will lead a 5-year CDC 1705 project in PA to scale DPP in rural areas.</p> <p>Montana Department of Public Health and Human Services presented the legislative action to establish DPP coverage in Implementation Workgroup in November 2018.</p> <p>Florida DOH presented on enrollment and retention for sustainability in the Implementation Workgroup in June 2019.</p> <p>PA DHS joined the Implementation Workgroup in September 2019 to promote the Medicaid Assistance Bulletin.</p> <p>Wisconsin Institute for Healthy Aging provided a story from the field to describe their wide-scale Medicare adoption in Implementation Workgroup in September 2019.</p>	<p>Lessons of Maryland and Oregon DPP coverage pilots disseminated with the discussion of the National Coverage Toolkit.</p>
<p>Convene DPP suppliers/providers.</p> <ul style="list-style-type: none"> - Invite DPP providers and suppliers (state funded and non-state funded providers) 	<p>PA DOH, PDPH, HPC, RPCs</p>	<p>On-going</p> <p>PHMC Research and Evaluation Group reports block grant sponsored suppliers</p>	<ul style="list-style-type: none"> - Have a database of suppliers - How can we utilize the programs under DHS and PA DOH in a better way?

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<p>to participate in statewide engagement process and activities.</p> <ul style="list-style-type: none"> - Make all resources available on central repository to all DPP providers and suppliers. - Invite non-DOH funded DPP providers and suppliers to participate in regional activities, trainings and events hosted by RPCs. 		<p>to PADOH on a quarterly and annual basis.</p> <p>HPC has a referral hub in place between 1 Medicaid MCO and a supply network of 12 organizations with 26 delivery sites.</p>	
<p>Gather input from Medicaid consumers.</p> <ul style="list-style-type: none"> - Determine the information needed from consumers. - Draft short survey. - MCO input. - Disseminate among members. 	<p>Diabetes MCO Workgroup, DHS, DOH, HPC, PHMC</p>	<p>April 2019</p>	<ul style="list-style-type: none"> - HPC will provide survey through PHMC. - Survey should be for all DPP participants who are enrolled (not just Medicare) - Survey drafted and sent to coverage group for review.
<p>Set up DPP provider enrollment system for Pennsylvania.</p>	<p>PA DHS, PA DOH</p>	<p>PA DHS presented on the Medical Assistance Bulletin 99-19-03 in September 2019.</p> <p>HPC has been selected as a CDC Umbrella Hub Organization for the Demonstration Pilot. This will enable suppliers to receive claims reimbursement under HPC's Medicare/ payer reimbursement identity.</p>	
<p>Aggregate the data each MCO collects on their PA DPP pilots to form a larger body of results.</p> <p>Developing a standard data gathering format, aggregating the data (de-</p>	<p>DHS, PA DOH, PHMC, HPC</p>	<p>On-going</p>	<p>PADOH, in partnership with PADHS and NACDD, scheduled a Coverage 2.0 gathering for April 29, 2019 that was postponed due to COVID mitigation measures.</p>

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identified and shareable) from each plan, and making that aggregate.			
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Appendix

Provider Resources

1. Prevent Diabetes STAT Toolkit: <https://assets.ama-assn.org/sub/prevent-diabetes-stat/downloads/AMA-CDC-DPP-Guide-STAT.pdf>
2. NACDD National Diabetes Prevention Program Coverage Toolkit: <https://coveragetoolkit.org/>
3. Pennsylvania Department of Health Diabetes Page: <http://www.health.state.pa.us/diabetesmap/dpp-map.aspx>

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