



NATIONAL DPP
CASE IN POINT
THREE EMPLOYERS.
THREE APPROACHES.

**Ideas to help you implement the National Diabetes
Prevention Program at your organization.**

INTRODUCTION

The CDC-led National Diabetes Prevention Program (DPP) is a partnership of public and private organizations working collectively to scale and sustain an evidence-based lifestyle change program for people with prediabetes to prevent or delay onset of type 2 diabetes.

There are many ways to implement a National DPP lifestyle change program at your workplace. We encourage you to take a careful look at the demographics of your population, your corporate culture, and your goals to creatively design a program that works best for you.

To help you consider the various approaches available, we've interviewed three employers: The Dow Chemical Company, Latham & Watkins, and the University of Michigan. These three organizations approached this program in vastly different ways. We'll share their journeys and lessons learned on the following pages.

THE DOW CHEMICAL COMPANY



The decision to implement

The Dow Chemical Company (Dow) is an industry-leading science and technology company, as well as a key partner of the Michigan Health Improvement Alliance Inc. (MiHIA). Dow has a very strong wellness culture with a 10-year history of collaborating with MiHIA.

The National DPP became a priority largely because of Dow's existing wellness strategy and goals. The program touched six of the company's seven target wellness areas. Peggy Sczepanski, diabetes prevention lifestyle coach and master trainer with Dow explains, "The National DPP lifestyle change program rose to the top of our wellness options. The program was already created, there was a lot of clinical evidence that it works, and it seemed to be something that could move the needle for our population in a big way."



Program structure

Dow began its journey as a MiHIA partner. MiHIA is a formal, 501(c)3 non-profit multi-stakeholder group, working to achieve a community of health excellence within mid/central Michigan, focusing on the Quadruple Aim—patient experience, population health, cost of care and provider well-being. MiHIA and its regional partners were awarded a three county National DPP implementation grant. Dow is one of the employers that is actively participating in program delivery.

There were very specific guidelines as to how the National DPP lifestyle change program would be executed at Dow. It was essentially turn-key. MiHIA provided the training, system, tools and implementation package for the first phase of the program. "It was like having training wheels," Sczepanski says. "Because of MiHIA's infrastructure, we were able to take off really quickly." Dow launched their first rollout in April of 2015. The rollout took four months to prepare and followed MiHIA's guidelines exactly. For subsequent rollouts, Dow has adjusted and customized the program to better meet the unique needs of its workforce.

Qualifying employees and family members can complete the program at any class location within the region, offered by any CDC-recognized program provider, as a covered benefit of their insurance plan.

Dow adopted the CDC's established eligibility criteria. Eligible plan members must meet age, weight and blood test requirements. In subsequent phases, some members have been admitted into the program using the [CDC's Prediabetes Screening Test](#). "At the end of the year, when CDC looks at your data, at least 50 percent of your participants need to have a blood test indicating prediabetes. That's why we accept a mix of participants who qualify on the basis of their survey results or a blood test," Sczepanski says. "Not requiring bloodwork upfront helped us get more people into our onsite program."



Provider selection and course delivery

Dow offers three course modalities for their U.S. workforce: onsite, virtual and community-based.

Onsite courses are offered at no cost to employees at four strategic locations and are coached by both Dow employees and Dow's vendor partners. Dow has trained four people on its internal Health Services team to be lifestyle coaches, and Sczepanski has been certified as a master trainer. Classes have been offered at 9:30, noon and evening, with the lunch time being the most successful. The goal is for at least 10 people to sign up for a class. If that doesn't happen, the time is adjusted to achieve greater appeal. "We find that if we nestle the time within the workday, we get greater participation," Sczepanski explains.

"Classes have been offered at 9:30, noon, and evening, with the lunch time being the most successful."

For shift workers and traveling employees, the online option is essential. That option is primarily delivered through Dow's partnership with Omada Health.

The community-based program option, available through one insurer, is delivered using existing CDC-recognized community providers across the United States, such as the YMCA and hospital organizations. Employees identify a CDC-recognized program of their choice and personally pay for it. Once completed, the employee submits a reimbursement claim through the insurer and receives reimbursement according to a preapproved fee schedule. Course completion is the only requirement for reimbursement.

Dow runs National DPP health claims through its health plan using an approved CPT code. The CPT code gives the health care providers better access to data for future assessment. They found that if they processed claims as a wellness expense, the data would not be trackable.



Population targeting and promotion

At Dow, support for the National DPP comes from the top-down. They use both a spray approach (telling everyone) and a targeted approach (approaching those known to be at a higher risk).

"It's unethical NOT to tell employees about this. We should make everyone aware of the opportunity. We have also partnered with our health care provider to send materials to those who have been identified

through health data as being at higher risk of prediabetes. However, targeted mailings, screening, referrals, and overall program management must be done in a way that is HIPAA-compliant and sensitive to privacy issues,” Szczepanski says.

She points out that assessments and paperwork must be managed by a medical partner so that workforce confidentiality is maintained. “Many employees don’t want their colleagues to know they are participating, so it’s important to address privacy issues before you launch,” Szczepanski explains.

In its first rollout, Dow discovered that the National “Diabetes Prevention Program” name seemed to suppress response in their population. When employees heard the term “diabetes,” they felt the program didn’t apply to them. In subsequent rollouts, Dow used a “Live Well” theme in their promotions, with a much better response.

“A lot is in how the program is pitched—many people behave differently at work than they do at their doctor’s office. In the workplace, promoting the program as a supportive resource to improve overall well-being, while protecting an individual’s personal health risk status, is critical,” Szczepanski says. She advises employers to find other complimentary services that can be packaged with the National DPP lifestyle change program. For example, if employees participate in the year-long program, they can receive a complimentary gym membership. She also recommends integrating the program into the company’s overall wellness program and giving employees exposure to related wellness resources, such as stress management programs.

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Szczepanski emphasizes that a strong promotional effort is key. Dow uses a variety of outreach methods including email, the internal news, published articles throughout year, the internal social media network and internal TV billboard systems at key locations. They also post informational fliers in health clinic exam rooms, and educate PCPs to promote the program with their patients when risk factors are present.



Lessons learned

Overall, Dow is satisfied with their results to date, and excited to keep fine-tuning their program delivery approach. Below are a few points of advice for other employers:

- Customize the program name and promotional materials to appeal to your workforce.
- Be ready to promote this heavily. Thoughtful program marketing is essential.
- Choose your coaches carefully. The personality of the coach can make or break the success of a course.
- Think about your program goals when you determine program eligibility. Do you only want to help those confirmed to have prediabetes through bloodwork, or do you want to allow those with positive responses on a prediabetes risk test to participate to achieve higher participation numbers overall?
- Be very sensitive to employee privacy issues. Think about how you will manage program questions, attendance tracking, and other logistical issues in a HIPAA-compliant way.
- If you have access to a health care provider network, educate and train doctors and nurses about the National DPP and how to make referrals to a lifestyle change program.



The decision to implement

Latham & Watkins is a global law firm with more than 30 offices around the world. Its attorneys practice across a wide spectrum of transactional, litigation, corporate and regulatory areas, dealing with complex business and legal matters. Of the firm's approximately 5,000 personnel, nearly half are practicing lawyers, and the rest serve in attorney support or administrative roles.

Latham has made wellness a priority for the past nine years, with a broad focus on ergonomics, nutrition, physical activity and resilience, while additionally offering health assessments, flu shots, biometric screenings, and smoking cessation programs.

When Global Wellness Manager Mark Goldberg first learned about the National DPP, he was intrigued because he saw it as a new way to approach weight loss and nutrition to help combat type 2 diabetes. He recognized that the program's focus on those with prediabetes meant it would apply to a smaller segment of the firm's population than its previous, more broad-based offerings, but felt confident the National DPP could make a more significant impact on participants. "In the past, colleagues were less engaged in our standard nutrition and weight loss programs. Honing in on type 2 diabetes made it much more real. If a blood sugar test tells someone they have prediabetes, they're paying closer attention and are immediately more engaged," Goldberg explained.

The firm's management team was highly supportive, understanding the importance and potential impact of the initiative. Latham launched a one-year pilot program in New York in 2015, and then expanded the program to its three Los Angeles-area offices in early 2017. As of mid-2017, the firm was working on another program in Chicago, as well as seeking to develop an online offering.

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Program structure

Latham & Watkins opted to deliver the National DPP lifestyle change program as a live, on-site program in partnership with a local top-tier medical center. It is available at no cost to participants, and is offered as a wellness benefit, completely separate from the firm's medical plans. Participant costs are covered out of the wellness budget rather than as a medical expense.

No incentives were offered to participants, although those who attended 14 of the 16 "core" sessions received a Fitbit Aria scale (roughly a \$100 value) at the conclusion of the core program. This was intended to help encourage regular attendance as well as to support participants' ongoing weight and body fat tracking and maintenance.

For its New York pilot, Latham carefully followed the CDC eligibility requirements for participation, and sought to qualify as many participants as possible through HbA1c blood tests, rather than via the CDC Prediabetes Screening Test. The firm did this by holding free on-site HbA1c tests, with the lifestyle coach on hand to discuss the program with anyone whose scores fell in the prediabetes range. This helped frame the program as a *medical* intervention right from the start, as opposed to a more general behavior change initiative. Anyone who could not make the HbA1c events was allowed to qualify through the CDC Prediabetes Screening Test.

The firm repeated this approach in Los Angeles, where the HbA1c testing events turned into a strong marketing opportunity to promote the program as well as to raise awareness of both prediabetes and diabetes. Anyone who did not qualify using either the HbA1c test or the CDC Prediabetes Screening Test, but for whom the lifestyle coach felt the program could have a significant impact, was allowed to audit the classes without their data being submitted to the CDC.



Provider selection and course delivery

With the high-performance culture of Latham & Watkins, and a highly educated and sophisticated lawyer population, the firm felt it was essential to choose a well-regarded, high-performance medical provider whose representatives would be seen as experts in diabetes prevention. Since the firm was framing this as a medical intervention, it wanted to use a highly credible medical provider in both New York and Los Angeles, so Latham partnered with top-tier medical institutions in each city to deliver the program.

Interestingly, neither medical institution was experienced with CDC-recognized lifestyle change program delivery, so Goldberg worked closely with both organizations to develop the program and ensure the providers fulfilled CDC's training and recognition requirements. Once that was achieved, nurses or diabetes educators from each medical center served as the lifestyle coaches, teaching and managing the program for Latham as well as conducting the on-site HbA1c screenings. Mindful of health privacy issues, personally identifiable information about program participants resided with the program coaches/medical institutions, and not with Latham.

For the New York pilot, the firm offered two in-person courses per week, both close to the lunch hour to make them easily accessible to personnel. If participants missed their one-hour assigned class, they were free to attend the other session. However, one of the biggest unexpected challenges was how to deal with those who missed both offerings in a given week. Because of the demands and unpredictability of the legal industry, participants could not always commit to attending regularly. When the program expanded to Los Angeles, where four weekly classes were offered across three offices, Latham created a more structured make-up process, holding a 45-minute conference call every Monday for those who missed the prior week's sessions.

The medical institutions provide Latham & Watkins with reports on attendance and weight loss, but only the attendance reports include participants' names. Any personal data was kept anonymized.

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Population targeting and promotion

Latham & Watkins promoted the National DPP along with more general information about diabetes prevention. Goldberg and his team used CDC facts and figures, as well as region-specific information from their medical institution partners, to promote the cause. The key messages were that type 2 diabetes is an epidemic sweeping the US, and that finding out if you have prediabetes is the first step in preventing the disease. Information tables and the on-site HbA1c testing events were strong ways of promoting these messages. For those already diagnosed with diabetes, and who thus did not qualify for the program, resources and referrals were provided through the local medical centers.

For the New York pilot, Goldberg hoped to fill 120 HbA1c screening slots, which represented roughly 20 percent of that office's population. He sent an email to the office announcing the event and linking to an online scheduling tool that allowed personnel to reserve 10-minute screening appointments. Half the slots were reserved within four hours of sending the email. "The rapid response rate exceeded our expectations," Goldberg said. In the end, all the appointments were filled.

To ensure all participants with HbA1c values greater than normal had immediate access to support and resources, Latham set up a private consultation room near the screening area where personnel could meet with a nurse who was also a trained lifestyle coach. The nurse enrolled individuals in the pilot program or provided other suggestions or referrals as appropriate.

Ultimately, of the 120 people screened, just over 40 turned out to have HbA1c scores in the prediabetes range, consistent with the CDC's estimates that one-third of the U.S. population has prediabetes. Approximately 25 of those people enrolled in the program, while others either chose not to participate or did not meet the additional BMI requirement. The results in Los Angeles were similar.

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Program success, follow-up and lessons learned

After the pilot's 16 weekly "core" sessions, halfway through the "post-core" portion of the program, Latham & Watkins gave participants the option to have their HbA1c level re-tested. Of the 15 who chose to re-test, 10 no longer fell in the prediabetes range, while two others had medical conditions that were believed to affect their results. This was quite encouraging, and Latham plans to offer similar re-testing opportunities to participants in Los Angeles.

The firm has not yet implemented an after-program support phase, but does plan to create an alumni group with quarterly meetings for past participants.

Among the many lessons learned from the initial pilot in New York is that some participants can derive benefit from the National DPP lifestyle change program even if they were unable to complete the full,

year-long program. Employees learned key skills and behavior change in the core sessions. Latham & Watkins continues to refine ways to maximize participation throughout the program. Likewise, the firm has found that the on-site HbA1c test alone can prompt behavior change. “We recently heard of one employee who took the HbA1c test, found out he had diabetes, and went straight to his doctor,” Goldberg said. The employee ended up making changes on his own, losing 40 pounds through diet and exercise, and bringing his blood sugar levels into a healthy range. “That’s a success story for simply promoting and offering screenings.”

“Another employee had such a high HbA1c level that the medical center personnel advised him to go back to his desk and immediately call his doctor to schedule an appointment,” continued Goldberg. “Again, that’s a life we were able to positively impact simply through the on-site screenings.”

On the flip side, the team was surprised by the attendance challenges they encountered. “Even those who were engaged and committed to the program often had work conflicts that prevented them from coming to class,” Goldberg said. His advice to others: “Be prepared for attendance challenges, and have a plan for class make-ups as well as one-on-one follow-up by the lifestyle coach, as necessary.”

According to Goldberg, selecting a program partner, contracting and start-up were extremely time intensive, but he also acknowledged that partnering with leading medical institutions gave the program an elite feel with a lot of credibility. One drawback of using major medical centers was that such institutions tend to prefer fee-for-service billing rather than the pay-for-performance approach upon which many programs are modeled. Goldberg granted that it would have been easier, and possibly less expensive, to use community partners such as the YMCA, but still felt that working with top-tier medical institutions was the best approach for his firm.

The National Association of Chronic Disease Directors (NACDD), recipient of a CDC cooperative agreement to help promote and expand the National DPP, offered tremendous assistance to Latham in building an understanding of the program, identifying potential program providers, and developing the relationships necessary to get the initiative started. In Goldberg’s words, “They taught us the essentials of the National DPP, helped us figure out how to build the program, approached the medical centers on our behalf, and really helped to grease the wheels.”

Latham is now working with a medical center in Chicago to get a program up and running in that city, as well as exploring online National DPP offerings for its offices around the globe.

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UNIVERSITY OF MICHIGAN



The decision to implement

The University of Michigan (UM) self-insures 105,000 members across three campuses and an academic medical center. UM was the first employer in Michigan to offer a CDC-recognized lifestyle change program as a covered medical benefit in an employee health plan.

UM has a strong health and wellness program, known as MHealthy, which has long been focused on chronic disease self-management and prevention. It also has physicians and internal experts on staff with an awareness of the type 2 diabetes epidemic. With this backdrop, it wasn't difficult to gain support for the launch of the National DPP lifestyle change program.

To illustrate the financial aspects of the program, plan sponsors created a break-even analysis using a recent National DPP case study and adjusting some figures and assumptions to fit the UM population. "We were relatively certain that the National DPP would demonstrate ROI, we just didn't know how many years it would take," says Marsha Manning, manager of Medical Benefits and Strategy for UM. "Ultimately, our projections showed that we would break even on our investment in five years and show positive returns after that time."

UM's medical benefits advisory committee was quick to get on board with the National DPP, recommending a three-year pilot which would include offering a CDC-recognized lifestyle change program as a covered service through UM's largest health plan, UM Premier Care (UMPC) and its plan administrator, Blue Care Network (BCN). UM has roughly 60,000 adult members in UMPC, of which 16,000 were estimated to be at risk for type 2 diabetes. It was clear that this would provide value to UM members.



Program structure

For plan development, Manning garnered input from in-house experts as well as the network's team of doctors. UM wanted to avoid undue burden on their primary care network by creating an environment where a large number of members would need to come into primary care offices to get an HbA1c test to determine if they had prediabetes or diabetes.

The UM team focused the program on members with evidence of prediabetes, unlike the existing CDC model, which is inclusive of those at risk for prediabetes, even if clinical evidence of prediabetes is not present. Qualification for the benefit at UM includes being at least 18 years of age, not being eligible for Medicare, having a BMI of ≥ 24 kg/m² (or ≥ 22 kg/m² if Asian), and having a diagnosis of prediabetes as evidenced by HbA1c results.

Employees, their dependents, and non-Medicare retirees are eligible for the program. The benefit is free of charge to those eligible. Payment to CDC-recognized program providers is blended; it is partially a flat rate, and partially pay-for-performance based on participant engagement and weight loss.

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Provider section and course delivery

The UM program used four program providers with a mix of online offerings and face-to-face classes. Although it would have been easier to just use one vendor, the University prides itself on offering choices, and the National DPP is no exception. Organizers also felt that contracting with multiple vendors would help with program scalability.

The classes offered onsite at UM all take place in the evening. Offsite classes are not typically attended by UM employees during the workday, although this accommodation is acceptable if agreed to by the unit supervisor. Participants can find information about specific classes on UM's program website.

Vendors submit member-level data monthly to BCN, including information on weight loss, attendance, and physical activity minutes. The data are aggregated by BCN and reported to UM. There is also a designated BCN employee to answer member questions.



Population targeting and promotion

For the initial rollout, UM chose to simply call their program “The Diabetes Prevention Program.” The UM team felt that since a prediabetes diagnosis was a requirement of the program, it made sense to keep “diabetes” in the title.

They chose to take a very targeted and systematic approach to their communication rollout, focusing on high-risk members of their population first. Rollout began in the fourth quarter of 2015. Outreach has been by mail, since BCN is conducting member outreach and lacks all personal email addresses for members. The UM team has progressed slowly, taking time to measure results and learn from each phase.

They relied on their health plan administrator to identify at-risk individuals in three tiers:

1. Those already diagnosed with prediabetes. An initial data pull identified approximately 3,000 members with a prediabetes diagnosis. Subsequent data refreshes have identified an additional 3,700 members newly diagnosed with prediabetes. BCN mailed invitations to enroll in one of the four CDC-recognized programs directly to identified members. In addition, a follow-up letter was sent to those who did not act on the initial letter, and letters were also sent to primary care physicians (PCPs) to advise them of their at-risk patients. To date, 395 UM employees with prediabetes enrolled in a program.
2. Those who are at high risk for type 2 diabetes The second outreach included the use of a validated and published algorithm that uses administrative data (medical and prescription claim records and lab results) to stratify employees by their risk of developing type 2 diabetes. BCN applied the algorithm to population data to identify 2,500 of the highest at-risk members. BCN mailed these members information about the program and encouraged them to enroll in one of the CDC-recognized programs if an HbA1c test at their PCP's office confirmed prediabetes. To date, 360 had a follow up HbA1c test, 144 were found to have prediabetes, and 11 have enrolled in the program.
3. Broad rollout to total population. As the third tier, UM plans to roll out a National DPP education effort to its entire population in 2017, encouraging them to self-screen using the CDC Prediabetes Screening Test, and then get an HbA1ctest if the screening results are positive.

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This gradual rollout helped ensure that UM prioritized efforts toward employees at highest risk for type 2 diabetes, while avoiding an undue burden to its PCPs.



Lessons learned

The UM team has found that it is challenging to inspire members to participate. Of the members with prediabetes invited, roughly 6 percent have joined the program, which has been lower than original expectations. That said, those who do join generally stay engaged. The vendors are doing a good job of sustaining engagement, and there is great anecdotal information from successful completers.

Using four vendors to deliver the program also created some challenges. For example, providing equal access to each program with equivalent billing options was complicated, as was providing eligibility confirmation to four vendors. Receiving clean, timely data from four vendors in a uniform format has been challenging. UM brings the vendors together quarterly to review pilot progress and fine-tune their approach as needed. At times, they've had to shift participants between vendors to accommodate waiting lists.

UM will evaluate the program at the end of the pilot to determine next steps in program structure, eligibility, partners and other program attributes. Overall, the team feels encouraged by progress made, but is looking forward to testing new methods of outreach and engagement in future phases.

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CONCLUSION

Type 2 diabetes prevention is a worthy endeavor. Across the health landscape, very few diseases can be detected and prevented before they come to fruition. By promoting type 2 diabetes prevention, employers can make a real difference in their employees' lives and in the overall health of their workforce.

While the CDC has established some specific implementation guidelines, there are many variations in execution. As you can see from these three examples, every organization's approach is different. The one thing our featured employers share is a phased rollout approach.

Ready to launch your CDC-recognized lifestyle change program? Start with the end in mind. Structure your program to best appeal to your unique workforce, and to best achieve your corporate wellness goals.

Here's to making a difference!



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