The Case for Covering the National DPP Lifestyle Change Program

NACDD General Member Webinar

June 27, 2019
3:00 – 4:30 pm ET
Welcome

Marti Macchi, MEd, MPH
Senior Director of Programs, NACDD
NACDD: All Things Chronic Disease Prevention
30 Years Strong!

State Health Departments
(7,000+ Members)

Disease Specific and Addressing Risk Factors

SME Consultants Remotely Located

Staff Headquarters in Decatur, GA
NACDD’s Diabetes Team

Strategic leadership

Coordinated action

Expanding and sustaining proven strategies

National DPP Coverage *
State Engagement Meetings *
Technical Assistance & Support *
Communities of Practice *
National DPP for Priority Populations *
National DPP Convening Project *
Communications *
Evaluation
Today’s Webinar: Objectives

• Define frequently used concepts applied to analyzing the overall costs and benefits of covering the National DPP lifestyle change program.

• Identify different public and private payer perspectives on creating a value proposition when making the case for covering the program.

• Describe ways that public health can work together with public and private payers to promote coverage for the National DPP lifestyle change program.
Scaling and Sustaining The National Diabetes Prevention Program

Pat Shea, MPH, MA
Senior Advisor, Program Implementation Branch
Division of Diabetes Translation
National Center for Chronic Disease Prevention and Health Promotion
Centers for Disease Control and Prevention
National Diabetes Prevention Program

Largest national effort to mobilize and bring an evidence-based lifestyle change program to communities across the country!
National DPP Strategic Goals

- Increase coverage among public and private payers
- Increase referrals from health care providers
- Increase the supply of quality programs
- Increase demand for the National DPP lifestyle change program among people at risk
National DPP Strategic Goals

Demand From Participants

Increase demand for the National DPP among people at risk
Increase Demand for the Program Among People at Risk

Cumulative Number of Individuals Enrolled in the National DPP Lifestyle Change Program

373,079 participants have enrolled as of June 24, 2019
National DPP Strategic Goals

Increase the supply of quality programs
Increase the Supply of Quality Programs

CDC-Recognized Organizations Across the U.S.

![Graph showing increase in CDC-recognized organizations across the U.S. from June 2013 to June 2019.](image-url)
Partnerships, Mergers, Consolidations

- **Benefits of Combining/Leveraging Efforts**
  - Makes it easier to share infrastructure costs and scale services
  - Increases efficiency in the contracting process with payers
  - Increases the leverage that Community-Based Organizations (CBOs) have with their payer/managed care/accountable care partners
National DPP Strategic Goals

Increase coverage among public and private payers
Goal: Secure All-Payer Coverage

Working with all public and private payers and employers to eliminate cost barriers for participants and sustain program delivery organizations long-term

Private Sector
- Self Insured Employers
- Health Plans
- >100 in various markets

Public Sector: State/Local
- State/Public Employee Benefit Plans
- 20 states covering >3.8 million employees and dependents

Public Sector: Federal
- CMS: Medicare & Medicaid
- ~150 MDPP Suppliers operating in >600 locations
- Ten states have Medicaid coverage
Goal: Facilitate Uptake of Coverage

**Phase 1: Intelligence Gathering - January – March, 2019**
- Document need for cost-effective administrative, business, legal, data processing and technology services
- Inventory services available to CBOs that meet or one or more needs

**Phase 2: National Convening - April 4, 2019**
- SMEs, visionary and creative thinkers, third party organizations, and vendors

**Phase 3: Work with Stakeholders on Solutions – Ongoing**
- Resource Directory and Service Provider Matching
- Work with other National Partners promoting Community Integrated Health
- Facilitate Partnerships through Implementation of CDC Umbrella Recognition and Supporting Network Pilots
Cost and Value of Covering the National DPP

Discussion using resources found on the coveragetoolkit.org website
Cost & Value of Covering the National DPP

Wendy Childers
Public Health Consultant, NACDD

Eric Johnson
Consulting Manager, Leavitt Partners
Program Returns and Value
Cost & Value

- Analyzing costs of coverage
- All-payer model
- Budget & Impact Tools
- Return on Investment
- Secondary benefits
- Costs of type 2 diabetes
- Evidence for cost effectiveness of prevention

https://coveragetoolkit.org/about-national-dpp/economic-impact/
Understanding Value

Return on Investment
• Financial calculation
• Compares the amount of money invested against the gain or loss achieved over time

Return on Value
• Considers items beyond the financials
• Includes items such as employee retention, engagement, and activity
Calculating ROI

• Measures the cost of an investment against the direct economic benefits it produces
• One of many factors an organization may consider
• Important calculation considerations:
  – Determining which costs are tied directly to the intended audience
  – How quickly is the ROI achieved
  – Savings may extend beyond direct financial benefits

Simplified ROI Equation:

\[
ROI = \frac{\text{Net Savings (from Changes in Utilization)}}{\text{Program Costs}}
\]
Key Concepts

• **Return on investment (ROI)** measures the cost of an investment against the direct economic benefits it produces.

• **Cost-effectiveness** quantitative assessment of an input’s effectiveness or benefit in relation to its cost.

• **Cost-benefit analysis** compares the costs of running a program with the overall benefits accrued from that program’s outcomes.

• **Cost savings** identifies a quantifiable reduction in expenses related to a specific input; impact a company’s bottom line.

• **Cost avoidance** refers to actions taken to avoid potential future expenses.
Tools for Cost Analysis

- Budget Projection Template
- Impact Toolkit (CDC)
- Cost Savings Calculator (CDC, AMA)
- State Burden Toolkit (CDC)
# Value: National DPP

<table>
<thead>
<tr>
<th>Source</th>
<th>Details</th>
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<tbody>
<tr>
<td>Institute for Clinical and Economic Review (ICER)</td>
<td>• Estimated savings of $1,146 per participant for in-person individual programs; $618 for online (5 year horizon)</td>
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<tr>
<td>CMS Office of the Actuary (OACT)</td>
<td>• Certification Report: National DPP would reduce (or not increase) net Medicare spending</td>
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</table>
| Online Delivery of the National DPP ROI | • 2,371 individuals with prediabetes  
• Simulated 3-year ROI break-even point  
• Simulated 5-year ROI of $1,565 |
| Commercially Insured Population | • Annual expenditures nearly 1/3 higher for those who develop diabetes; average difference $2671 per year  
• 3-year ROI estimated up to 42% |
Secondary Benefits

May be difficult to quantify, but still impactful

- Prevention or improved management of chronic disease symptoms
- Improved quality of life and general wellbeing
- Increased productivity
- Satisfaction with the program
National DPP: All Payer Model

✓ Medicaid
✓ Medicare
✓ State health plans
✓ Commercial health plans
✓ Employers
Case for Coverage
Making the Case for Commercial Payers

Five Stages:

• Stage 1: Assessing Readiness
• Stage 2: Preparing the Case for Coverage
• Stage 3: Planning the Benefit
• Stage 4: Assessing Success and Scalability
• Stage 5: Post-Program Launch

https://coveragetoolkit.org/case_commercial/
Barriers to Coverage

Provides answers several questions including:

• Why can’t this be a “one size fits all” program for all my members and/or employees?
• A year is a long time; can we shorten the program?
• How long does it take to see a return on investment (ROI)?
• How do I calculate this ROI?
Making the Case to Leadership

Presentation Template (PowerPoint)

Case for Coverage of the National Diabetes Prevention Program

*Insert date, organization name, presenter information*

Presentation Outline (Word Document)
Resources to Help Make the Case

- Step-by-step guide to using the Toolkit
- Presentation template
- Presentation outline
- Barriers & solutions
Making the Case in Medicaid

Five Steps:

- Step 1: Build Relationships and Maintain Communication between Public Health and Medicaid
- Step 2: Gather Data and Create a Budget Projection
- Step 3: Assess Coverage Options
- Step 4: Engage Leadership and Influence Decision Making
- Step 5: After Coverage is Achieved: Operationalize and Sustain the Benefit

https://coverage toolkit.org/medicaid-agencies/case-for-coverage/
Budget Projection Template

- Staying within budget is critical for Medicaid Agencies
- Determining accurate cost projections for coverage is important
- Instructions for using the template are provided
Resources

Resources Developed for the Toolkit

- Shared Work Plan
- State Coverage Survey
- Process Flow
  - National DPP
  - Lifestyle Change Program
- Budget Projection Workbook
- Budget Projection Template

Additional Resources

- Expanding Health Insurance Coverage in California for the National Diabetes Prevention Program 2017
Payer & Provider Panel

Kelly McCracken, NACDD Facilitator

Sandra Kick
Maryland Medicaid

Patryce Toye
MedStar

Tara Sherman
Boeing

Linda Schoon
UCHealth
Maryland Medicaid

Sandra Kick, MSPH
Senior Manager, Medicaid
Office of Innovation, Research and Development
Maryland Department of Health
Sustainability in Maryland Medicaid

**FACTORS INFLUENCING SUSTAINABILITY**
- Evaluation from RTI (Received November 2018)
- Changes in Federal regulations and guidelines
- Return on Investment Evaluation
- Medicare and Commercial Payers
- Diabetes prevention capacity and network within Maryland
- State Budget

**POTENTIAL PATHWAYS TO COVERED BENEFIT**
- 1115 HealthChoice Waiver Amendment
  - Budget initiative / neutrality
  - Public process
- State Plan Amendment
  - Budget initiative
  - Rate Setting
- Value Add Service from MCO
Secondary Outcomes Study

**Purpose**
- Determine cost savings associated with National DPP participation

**Sample**
- Beneficiaries participating in National DPP demo

**Comparison Sample**
- Beneficiaries who may be eligible for National DPP but did not participate

**Timeline**
- 24 months prior to National DPP participation
- Duration of National DPP
- 12 months after National DPP
- Follow-ups at 24, 36, 48 and 60 months

**Outcomes**
- Emergency Room Utilization
- Hospital Admissions
- Medications
- Cost of Care
- Incidence of Diabetes

**Comparison Categories**
- Number of sessions attended
- Percent weight loss

**Institutional Review Board**
- Approved
Resources/Contact

• HealthChoice DPP Website: https://mmcp.health.maryland.gov/Pages/HealthChoice-DPP.aspx.

• HealthChoice DPP Email: MDH.MedicaidDPP@maryland.gov

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<thead>
<tr>
<th>Program Staff</th>
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<tbody>
<tr>
<td>Sandy Kick, MSPH</td>
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<tr>
<td>Senior Manager</td>
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<td>Office of Innovation, Research, and Development</td>
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National DPP Demonstration and MedStar Family Choice

• ~90,000 member Medicaid MCO that participated in the demonstration
• Recruited 150 enrollees to participate with >90% choosing virtual format over in person
• Key lessons:
  – Medicaid members can participate
  – Medicaid members can be successful
  – Be prepared to devote resources to recruitment and retention and SDOH (transportation and child care)
• As CMO, I planned to seek leadership approval for Extended Benefit under MFC
Making the Case: The Long Game
Population Health Strategy

Keeping people healthy
Managing members with emerging risk
Patient Safety
Outcomes across settings
Managing multiple chronic illnesses

~12,000 Mbrs
~4,000 Mbrs

NCQA PHM A 1,2

Knowledge and Compassion Focused on You
# April 2019 Pharmacy Report

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<thead>
<tr>
<th>Rank</th>
<th>GPI 4 Class Name Desc</th>
<th>Avg. Net Cost / Rx</th>
<th>Total Net Cost</th>
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<tr>
<td>1</td>
<td>INSULIN</td>
<td>$375-$400</td>
<td>$572,192</td>
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<tr>
<td>2</td>
<td>ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES</td>
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<tr>
<td>3</td>
<td>SYMPATHEOMIMETICS</td>
<td></td>
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<tr>
<td>4</td>
<td>INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)</td>
<td>$775-$800</td>
<td>$346,143</td>
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<tr>
<td>5</td>
<td>HEPATITIS AGENTS</td>
<td></td>
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<tr>
<td>6</td>
<td>ANTIPSORIATICS</td>
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<tr>
<td>7</td>
<td>MULTIPLE SCLEROSIS AGENTS</td>
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<tr>
<td>8</td>
<td>STEROID INHALANTS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</td>
<td>$450-$475</td>
<td>$151,359</td>
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<tr>
<td>10</td>
<td>DIAGNOSTIC TESTS</td>
<td>$125-$150</td>
<td>$149,305</td>
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<tr>
<td>15</td>
<td>SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS</td>
<td>$400-$425</td>
<td>$69,193</td>
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Weight Management Strategy

- Culture/Site and Social Support
- On-site Programs
- Individual Virtual Resources
- Weight Management Strategic Components
- Obesity Programming
- Behavioral Health Integration
- Shared Accountability Incentive Strategy

Reduce issues associated with high weight and obesity for employees and dependents through program offerings that address nutrition, physical activity, mental, social and emotional health.

Weight management programs across the continuum of care provide employees and dependents access to Best in Class solutions.
Omada 2017 Outcomes

WEEK 16
n = 814
37% Lost >5%
4.1% Average Weight Loss
8.8 lbs Lost on Average

WEEK 26
n = 721
37% Lost >5%
4.2% Average Weight Loss
9.1 lbs Lost on Average

WEEK 52
n = 391
32% Lost >5%
3.5% Average Weight Loss
7.8 lbs Lost on Average
Omada 2018 Outcomes

**Week 16**
- N = 3,142
- 27% Lost >5%
- 3.05% Average Weight Loss
- 6.65 Lbs Lost on Average

**Week 26**
- N = 2,921
- 29% Lost >5%
- 3.13% Average Weight Loss
- 6.86 Lbs Lost on Average

**Week 52**
- N = 1,058
- 30% Lost >5%
- 3.12% Average Weight Loss
- 7.1 Lbs Lost on Average
Learnings and the Future

- Different programs work for different people; consider resources
- Family involvement provides support and can improve outcomes
- Initial excitement draws high engagement; year over year drop
- Skin in the game for supplier is key
- Keep up with the market; some overlap may be okay
- Re-consider location specific needs
- Balance technology and human interaction
National Diabetes Prevention Program
UCHealth Poudre Valley Hospital
Linda Schoon, RD CDE, Coordinator

Spring 2015 – Offered CDC 1212 grant via AADE promotion and expansion of NDPP
  Received go ahead from PVH leadership to start DPP within the DSME dept.
May 2015 – PVH registered program with CDC
September 2015 – First yearlong cohort started at PVH
Since then – 6 Lifestyle coaches, 8 locations, 31 cohorts, and over 300 participants

Achieved CDC Full Recognition – June 2018, June 2019
Became Approved MDPP supplier – April 2018
First class with Medicare Participants – Sept 2018
Poudre Valley Hospital DPP Program

Hospital Leadership Support:

- UCHealth Leadership has valued diabetes services over 25 years
- Diabetes Prevention fits into forward thinking for population health management
- AADE Grant did not cover costs, but was good foundation for start
- Other reimbursement sources – Self pay, Third Party Administrator

MDPP Opportunities and Challenges:

- Opportunity to bill for service with large population coverage
- System had billed DSME but MDPP rules were different
- Multiple G codes - paradigm shift from fee for service to performance based payment
- Is it worth the work? – Billing, coding, compliance, registration, EMR, contracting
- Cost Analysis - Totaled all costs related to providing program – Personnel, Handouts, Supplies, and Incentives then calculated cost per participant
- Presented results to leadership - if Medicare participants met goals, reimbursement would cover costs
- AND Underlying premise that preventing diabetes would lower overall health care costs
Poudre Valley Hospital DPP Program

Benefits of Providing the National DPP

Expanded Role in Disease Management
- Prevention vs. Education only
- Collaboration with Community Health

Increased visibility with leadership
- First hospital in Colorado to be approved for MDPP
- “From the basement to the spotlight”

Future Reimbursement
- Relationship with contracting department
- Open doors with Commercial Payers
Facilitated Discussion
How have Medicaid, Public Health, and Managed Care Organizations (MCOs) collaborated around establishing coverage for the National DPP in Maryland?
How has MedStar, a Medicaid MCO, prepared for this benefit, and what systems changes were required?
How can the National DPP lifestyle change program support existing wellness goals or be tied into the overall culture of an organization?
What does **participant satisfaction** with the National DPP lifestyle change program look like and how could this satisfaction or success provide value to an employer or other payer offering the benefit?
How was the **value proposition** for covering the National DPP made within your organization?
How did you identify or build your network of CDC-recognized providers to deliver the program to your members?
What is the role of a champion or advocate for establishing coverage of the National DPP lifestyle change program at a state or organizational level?
What other **advice or final words** would you have for other organizations making the case for covering the National DPP?
Audience Q & A
Thank you & Next Steps

• Evaluation

• National DPP Coverage Toolkit: https://coveragetoolkit.org

• Email Kelly McCracken with questions: kmccracken@chronicdisease.org