

Pathway to Coverage of the National DPP Lifestyle Change Program for Employers

Coverage of the National Diabetes Prevention Program (National DPP) lifestyle change program is an important step in preventive health care and population health. Providing coverage will assist with program sustainability, fostering improvements in population health by preventing type 2 diabetes and its related complications in those at greatest risk. Coverage is expanding in Medicare and Medicaid, and it is critical that commercial health plans and employers keep pace. If this is your first time learning about the National DPP lifestyle change program, please see coveragetoolkit.org for information about the program.

The following phases are a general recommendation of how employers in the field move from awareness to coverage of the National DPP lifestyle change program. Please note, some of the steps might not occur in the order listed and may even occur simultaneously.

Phase I: Information Gathering

Phase II: Make the Business Case

Phase III: Plan and Design the Benefit

Phase IV: Implement and Roll Out your Benefit

Phase 1: Information Gathering

During this phase, employers can expect to gather key knowledge and information necessary to determine if the National Diabetes Prevention Program may be a fit for their organization.

Action 1a: Learn about the potential benefits of and research surrounding the National DPP lifestyle change program.

- **Step 1:** Understand the [program](#), including its structure (frequency and duration).
- **Step 2:** Research the [evidence](#) supporting the program and potential benefits for those at high risk for type 2 diabetes.
- **Step 3:** Review the [quality metrics](#) that ensure program fidelity to evidence-based standards.
- **Step 4:** Learn from [examples of other employers](#) that have designed and implemented the program benefit.

Action 1b: Understand the impact of prediabetes and type 2 diabetes on your workforce, and how the National DPP lifestyle change program could help.

- **Step 1:** Understand the burden of diabetes in your population, and what these statistics could be projected to look like if no action is taken.
 - Review existing sources of data, including medical, pharmacy, and disease management claims costs with type 2 diabetes as a primary or secondary diagnosis.
 - Talk to your program and data vendors. What additional information can they tell you about the impact of type 2 diabetes on your workforce?
- **Step 2:** Use existing [ROI calculators](#) to estimate your 3- to 5-year cost avoidance for your organization.
 - Understand what data points you will need, depending on which calculator you use. You can use the "[Making the Most of the ROI Calculators](#)" document to assist with this.
 - Gather data elements specific to your population. If you prefer, use these [data collection worksheets](#).

- Run the calculators and save your results.
 - Consider running multiple calculations, as you can increase certain variables, such as the number of employees screened and enrolled, by using a strong benefit design.
 - Remember, if you focus on higher risk populations, you will see a higher ROI. To learn more about risk stratification, visit the [Screening and Identification](#) page of the Coverage Toolkit.
- Consider the impact of the program on [indirect costs](#) (e.g., productivity, absenteeism, etc.).

Action 1c: Learn which CDC recognized organizations have programs available in your market.

- **Step 1:** Check the [DPRP registry](#) to identify CDC recognized in-person and virtual program providers.
- **Step 2:** Contact your State Health Department to learn about opportunities that may be under way to expand program availability.
- **Step 3:** Speak with health plans in your market to understand their offerings.
 - Review the “[Key Questions for Employers to Ask their Health Plan](#)” document.
 - Learn about who has the largest commercial market share and consider prioritizing [these health plans](#).
 - Visit the [Participating Payers](#) page of the Coverage Toolkit to see a national snapshot of some of the plans that are covering the program.
 - Contact your account manager or other leadership to discuss their offerings, if any.
- **Step 4:** Consider reaching out to any other key partners (local universities, health systems, anyone else?).

Action 1d: Complete the [Readiness Assessment Part 1](#) to confirm you have gathered information you need. These results simply help to gauge where a payer is in the process of information gathering and can help indicate if you are ready to move on to the next phase.

Phase II: Make the Business Case

During this phase, employers can expect to prepare and make the internal case for coverage of the National DPP lifestyle change program for employees. Part of making the case is identifying the decision-makers or potential advocates within an organization who may have leverage or interest in pursuing coverage of the National DPP lifestyle change program. For employers, the individual responsible for benefits and/or wellness typically plays a critical role in making or evaluating the case for coverage.

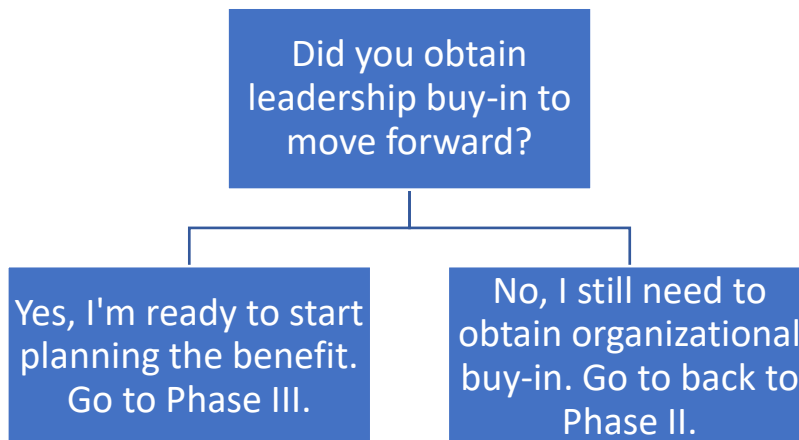
Action 2a: Determine who you need approvals from and what information they need to have to support coverage of the National DPP lifestyle change program.

- Please visit [Stage 2: Prepare the Case for Coverage](#) portion of the Case for Coverage for Commercial Payers page on the Coverage Toolkit for suggestions, tools, and resources.

Action 2b: Use info from Phase I to build a compelling story and prepare materials.

- Please visit [Stage 2: Prepare the Case for Coverage](#) portion of the Case for Coverage for Commercial Payers page on the Coverage Toolkit for suggestions, tools, and resources.

Action 2c: Make the pitch to decision makers



Phase III: Plan and Design the Benefit

During this phase, employers can expect to use the information from Phase I to define what success looks like, set goals, and develop an actionable strategy.

Action 3a: Identify and engage your internal team to assist with plan, design, and implementation of the benefit.

- Step 1: Look for available resources within your organization to engage, such as:
 - Previous experience internally with lifestyle change programs (wellness or covered benefit)
 - Employee health program or other offerings
 - Available internal champions
 - Additional ongoing health promotion activities (e.g., health screenings, campaigns and events, etc.)
- Step 2: Host a meeting to share the information you gathered in Phase I and talk about how each team member can assist.

Action 3b: Set goals for what you intend to achieve with the National DPP (that align with the return on investment (ROI) and value on investment (VOI) you hope to achieve).

- Step 1: Review the VOI examples on the “iceberg” graphic on the [Cost & Value](#) page of the Coverage Toolkit.
- Step 2: Determine which goals are most relevant to your organization, are a priority within your leadership, and that you have the capacity to collect.

Action 3c: Make key design decisions to assist you in achieving your goals.

- Step 1: Review [Stage 3: Planning the Benefit](#) section of the Case for Coverage for Commercial Payers page on the Coverage Toolkit.
- Step 2: Identify a CDC recognized organization that can help you achieve your goals to [contract](#) with. To find a program near you, [click here](#).
 - Talk to several CDC recognized organizations. Learn about their capabilities and flexibility to tailor to your population.
- Step 3: Evaluate various [delivery methods](#) to determine the best fit for your population.
 - Delivery Methods:
 - a) In person
 - b) Online
 - c) Distance learning
 - d) Combination
 - Become a CDC-recognized organization or contract with an existing CDC-recognized organization.
 - Decide whether to offer the program onsite or offsite.
- Step 4: Determine who you want to engage in the program.
 - Define your [eligible population](#) (list the 3 risk groups).
 - Confirm your roll-out approach (phased vs. full population).
 - Develop a strategy for outreaching to potential participants. View the [Recruitment and Referral](#) page on the Coverage Toolkit.

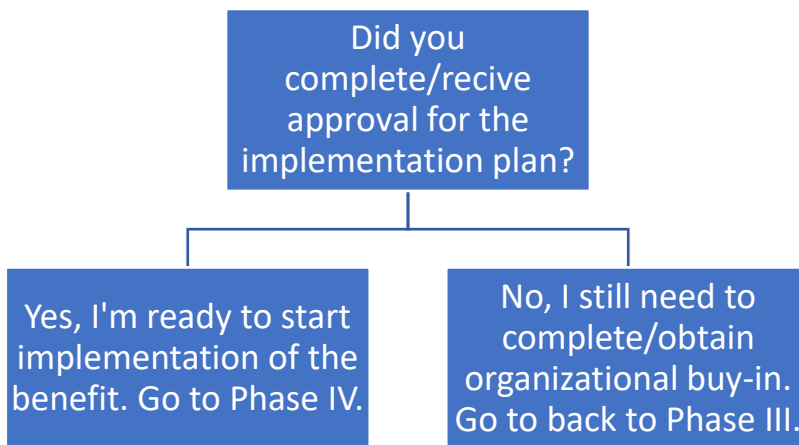
- **Step 5: Define Budget**
 - Determine where the budget will come from (covered medical benefit or wellness benefit).

Wellness Programs vs. Covered Benefits	
<p><u>Wellness Programs:</u></p> <ul style="list-style-type: none"> ▪ Used to promote health and fitness ▪ Often offered through a workplace, not the participant's health insurance, at low or no cost to the participant ▪ Often tied to a reward for the employee, such as health insurance premium discounts, cash rewards, or other incentives ▪ Programs or options may be added or removed at any time ▪ Examples of wellness programs include: <ul style="list-style-type: none"> ▪ Smoking cessation ▪ Weight loss ▪ Preventive health screenings 	<p><u>Covered Health Insurance Benefits:</u></p> <ul style="list-style-type: none"> ▪ Health care items or services covered under a health insurance plan ▪ Costs to the participant are associated with the health insurance (e.g., premiums, deductibles, co-payments, etc.) ▪ Used to treat sickness or injury generally, but may also have programs to improve health in the absence of acute sickness or injury <ul style="list-style-type: none"> ▪ E.g., can have benefits for preventive care and/or population health ▪ Benefit options are generally stable (won't change more frequently than yearly)

- Understand potential implementation costs and use existing tools to create your program budget (view the [Budget and Impact Tools](#) on the Case for Coverage page of the Coverage Toolkit).

Action 3d: Create an implementation plan.

- **Step 1:** Consider [recruitment and referral](#) best practices, and [retention](#) and implementation best practices.
- **Step 2:** Define your engagement and marketing strategy for employee uptake and enrollment into the program. Review the [Outreaching to Employees or Members](#) section of the Case for Coverage for Commercial Payers page on the Coverage Toolkit.
- **Step 3:** Work with your team to determine roles and timelines for key activities that will help you meet your defined goals.



Phase IV: Implement the Benefit

During this phase, employers will launch their benefit to their employees. There are still additional considerations and steps in order to ensure this is successful.

Action 4a: Implement

- Step 1: Start the benefit including marketing, referrals, and enrollment into the program.

Action 4b: Evaluate

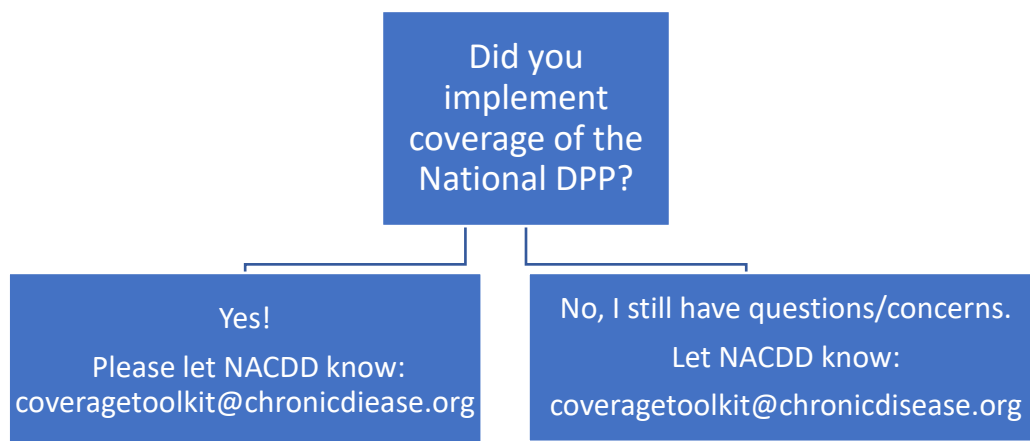
- Step 1: Review [Stage 4: Assessing Success and Sustainability](#) section of the Case for Coverage page of the Coverage Toolkit.
- Step 2: Obtain feedback to improve the delivery of the National DPP lifestyle change program.
- Step 3: Gather data that demonstrates the value and effectiveness of the program.
- Step 4: Measure changes over time against a baseline.

Action 4c: Consider collecting additional data points, related to:

- Biometrics- A1C's, lowering/decreasing medications, other biometric measurements (blood pressure, lipids, etc.)
- Satisfaction – Were employees positive about the programming and did they believe they benefited?
- Efficiency – Did the program operate within the specified budget and timelines?
- Knowledge – What did participants learn about diabetes prevention?
- Outcomes – Have participants changed their behavior and are health indicators improving? How has this affected productivity, absenteeism, and/or customer satisfaction?
- Claims— How have medical claims been affected (lower hospital admittance/ incidences)?

The [Program Measurement & Evaluation Guide: Core Metrics for Employee Health Management](#) from the Health Enhancement Research Organization and Population Health Alliance describes metrics that can be applied to any program intended to improve the health of a population, including the National DPP lifestyle change program.

For employers, there will likely be employee confidentiality considerations when gathering data. Employers should collect individual-level data anonymously and report it in the aggregate, and may choose to do so through a third-party organization.



We invite employers to ask questions and provide feedback as they move through these phases in order for NACDD to continue to support streamlined and effective coverage in the field. Please feel free to provide questions, comments, or success stories to coveragetoolkit@chronicdisease.org.