Navigating Your MDPP Through a Public Health Emergency

Medicare Diabetes Prevention Program (MDPP) Supplier Learning Series

The Medicare Diabetes Prevention Program (MDPP) Supplier Learning Series is an ongoing opportunity for MDPP suppliers to learn from each other and subject matter experts (SMEs) on relevant MDPP topics. The MDPP Supplier Learning Series on January 19, 2021 featured presentations from MDPP suppliers who have focused efforts on transitioning their programs to virtual delivery during the public health emergency (PHE) (please see the Final Physician Fee for Service rule on page 3 of this document). This resource captures best practices discussed during this call. To listen to a recording of this and other MDPP webinars, please visit the CMS MDPP website and navigate to the “MDPP Supplier Learning Events” portion of the page.

Transitioning to Virtual Delivery During the PHE

To better serve beneficiaries during the PHE, our presenters described how they transitioned their in-person programs to virtual delivery. The presenters explained how they first selected a HIPAA-compliant online video conferencing platform like Zoom or BlueJeans® by Verizon. These online platforms are sometimes new to participants and coaches alike and the presenters offered several strategies for how to approach using unfamiliar technology.

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<th>Shifting Focus</th>
<th>Materials Sent in Advance</th>
<th>Coach Support</th>
<th>Participant Support</th>
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<td>The Skinny Gene Project shared how they rewrote their mission statement to align more with delivery during the PHE. With a focus on upstream care, the program shared how they gauge the readiness of each participant before beginning services. This helps them to know how to best serve each beneficiary according to their situation during the PHE and allows the appropriate resources to be allocated to each participant.</td>
<td>The YMCA of the Metro Denver (Denver Y) area emailed handouts to participants 24 hours in advance of MDPP sessions to help ensure beneficiaries were ready to participate. They then created a physical location where beneficiaries could pick up the handouts and also obtain tools such as food trackers. The NKF mailed hard copies of materials to participants so coaches did not have to screen share during sessions and risk turning sessions into presentations rather than discussions and shared learnings.</td>
<td>The National Kidney Foundation (NKF) created a coordination team to assist with the transition to Zoom. The coordination team ensures coaches are comfortable with the platform and a member of the coordination team attends the first few MDPP sessions to help troubleshoot any challenges. Presenters also shared how to leverage in-person facilitation techniques, such as round robins and using silence, in a virtual setting. Encouraging coaches to attend webinars and other trainings can also empower coaches.</td>
<td>Western New York Integrated Care Collaborative, Inc. (WNYICC) holds 1:1 trainings with participants to walk through how to use the online platform and the etiquette involved, including how to mute/unmute and how to turn their videos on and off. The Denver Y holds a pre-session to allow participants to practice with the Zoom platform and provides participants with a handout on Zoom etiquette best practices.</td>
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January 19, 2021 Presenters:
- Aya Morihana and Marlayna Bollinger – Skinny Gene Project
- Arlene Guindon and Caitlin McEvilly-Rosenbach – National Kidney Foundation
- Caitlin Stackpool – YMCA of Metropolitan Denver
- Nikki Kmicinski – Western New York Integrated Care Collaborative, Inc.
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Adapting to a New Normal

The COVID-19 pandemic has caused MDPP programs to re-evaluate the way services are offered. Each presenter discussed how their organization is adapting to the new normal.

- **Connection is key:** Because the PHE stripped away previously available in-person supports for beneficiaries and further exposed racial and health inequities, Skinny Gene Project focused on equity, connection, and continuity of care. The Skinny Gene staff make phone calls to each participant to check in to ask how they are doing, if they have what they need, and if they are losing their connection to their health care provider or social services. Participants usually have phones even if they do not have any other form of technology.

- **More outreach:** The Denver Y shared that before the PHE, they reached out to beneficiaries about once per week, but during the PHE, they have increased communication via phone calls, texts, and emails depending on the needs of the beneficiary.

- **Make space to discuss the pandemic:** Several presenters emphasized the importance of making time to discuss the pandemic during the sessions as it is affecting everyone. Beneficiaries and coaches may have themselves become sick, experienced loss of family and friends, or experienced job changes or economic loss, and allowing time to discuss the hardships can aid healing generally and allow for focus on the MDPP.

> “COVID success and survival stories have also helped us in discussing the program - we had a participant survive COVID and he gave a testimonial about how he credits the National DPP/MDPP to surviving COVID.”
> – Caitlyn Stackpool, YMCA of Metro Denver

Thriving, not just Surviving

As Marlayna Bollinger from Skinny Gene Project mentioned on the call, it is important for people to attempt to thrive, not just survive this PHE. She along with other presenters shared how they have transitioned in-person programming to an online platform as well as assessed how their organizations can continue to meet beneficiaries’ needs amidst the PHE.

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<th>Preventive Medicine Physicians as Lifestyle Coaches</th>
<th>Vaccination Sites and MDPP Recruitment</th>
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<td>Skinny Gene Project wanted to attach their MDPP services to beneficiary’s health care services. As a lifestyle coach training center, Skinny Gene Project trained internal medicine physicians who were obtaining their preventive medicine certification at UC San Diego as lifestyle coaches. Skinny Gene then connected these physician lifestyle coaches to beneficiaries who had become disconnected from their providers.</td>
<td>The Denver Y shared how they plan to leverage the fact that their YMCA is a COVID-19 vaccination site, and hope to use this as an opportunity to conduct screenings for prediabetes and share information about their MDPP.</td>
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MDPP Updates

- **CMS geo-targeting campaign:** In November 2020, CMS launched a social media campaign to reach out and inform beneficiaries about the MDPP program in certain zip codes. CMS is continuing to add zip codes to the campaign and now have regional staff to help connect providers to the campaign to reach the maximum number of beneficiaries. If you would like your zip code added to this effort or if you have questions regarding the campaign feel free to reach out to CMS here: MDPP_Communications@cms.hhs.gov

- **Final Physician Fee for Service (PFS) rule:** On December 1, 2020, CMS issued the Calendar Year (CY) 2021 Physician Fee Schedule (PFS) final rule, which revises certain MDPP policies during the remainder of the COVID-19 Public Health Emergency (PHE) and any future applicable 1135 waiver event. View the Calendar Year (CY) 2021 Physician Fee Schedule (PFS) Final Rule MDPP Fact Sheet. Full text of the Calendar Year (CY) 2021 Physician Fee Schedule (PFS) Final Rule can be found here.

- **Questions?** Visit the Medicare Diabetes Prevention Program (MDPP) Supplier Support Center: https://cmsorg.force.com/mdpp/

- **Webinar Recordings and additional resources:** The recording of the January 19th 2021 MDPP Supplier Learning Series call as well as other MDPP webinar recordings, guidance documents and resources can be found on CMS MDPP webpage.

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Strategy call out: Recruiting during the PHE

Presenters explained that referrals from health care providers have decreased as providers focused their attention on COVID-19. Consequently, presenters shared how their organizations developed new ways of recruiting beneficiaries, including virtual information sessions, marketing efforts, and other grassroots tactics.