



Medicare Diabetes Prevention (MDPP) Enrollment Project

Shared Learnings: Turning Referrals into Enrollment

The Medicare Diabetes Prevention Program (MDPP) Enrollment Project is a technical assistance and funding opportunity for MDPP suppliers that want to increase enrollment in their programs. The opportunity is funded and supported by the Centers for Disease Control and Prevention (CDC) Division of Diabetes Translations and the National Association of Chronic Disease Directors.

The information and suggestions in this document are derived from technical assistance calls supporting MDPP suppliers to increase MDPP enrollment. Learnings and strategies are shared for [participant enrollment](#), [working with physicians](#), [administration efforts](#), and [program delivery](#). At the end of this brief, we have also included shared learnings from a program spotlight on the Granite YMCA in Manchester, New Hampshire.

Participant Enrollment Barriers and Strategies

MDPP suppliers may face enrollment barriers centered around communication with, identification of, and retention of potential participants. Specifically, when communicating with potential participants a significant amount of time is needed to educate, set expectations, and listen to and answer questions about the MDPP. Also, finding the right time to reach out to each eligible participant may be difficult, and some programs are finding that batch calling eligible participants from lists generated from electronic medical records (EMRs) does not result in increased enrollment.

There may be additional challenges with identifying Medicare beneficiaries within the larger populations that programs serve or in determining participant readiness once they have been identified. Other barriers to turning referrals into enrollment can include getting eligible beneficiaries to commit to the yearlong program and helping those that enroll remain committed to the program while experiencing personal life events. To help address barriers in communication, identification, and retention of MDPP participants, Suppliers might consider implementing one or more of the various strategies summarized below:



Communication

- Dedicate specific staff members to participant communications to alleviate any pressure felt with timing
- Reach out to eligible beneficiaries two weeks before a cohort start date
- Develop a consistent script for outreach efforts
- Connect with the right people for MDPP promotion (e.g., neighborhood councils)
- Promote the MDPP with testimonials from previous participants

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Turning Referrals into Enrollment



Identification

- Utilize health care providers, have them recommend the program to potential participants before conducting program outreach
- Utilize health care provider names in outreach letters
- Dedicate time to identifying and expanding partnerships with medical practices that specifically serve Medicare beneficiaries
- Offer virtual information sessions that are promoted through social media and in various newsletters
- Spend time at welcome desks and within different departments at health care organizations to identify eligible participants and develop early relationships
- Conduct text campaigns promoting the MDPP



Retention

- Conduct pre-cohort visits or a Session 0 to set expectations, determine readiness, and check eligibility
- Hold one-on-one meetings with each potential participant to develop trust
- Select a single staff member as the main point of contact for referral and enrollment processes, consider having them attend the first session to serve as a familiar face
- Have consistency in staffing for cohorts – additionally, staff cohorts with culturally competent staff who can motivate potential participants and beneficiaries
- Offer incentives (i.e., snacks, graduation dinner, box of food to take home, cooking classes, fitness bands, physical activity books, pedometers, etc.)

Working with Physicians: Challenges and Potential Solutions

MDPP suppliers may also face challenges in working with physicians to obtain referrals and increase enrollment. Beyond the challenge of finding and forming trusting relationships with physicians, keeping the MDPP top of mind for physicians, retaining their referrals, and even establishing processes to ensure that the referrals being sent are eligible for the MDPP is complicated. To mitigate these challenges various ideas for solutions to help form trusting relationships with physicians or health care providers are summarized below:

- **Shared Decision Making:** Practice shared decision making with providers about the best referral options for eligible participants.
- **Individualized Referral Systems:** Communicate directly with the owner or office manager of each collaborating organization to set up a referral system that will work for them. The more comfortable providers are with the referral system, the more likely they are to refer.
- **Provider Referral Follow-up:** Following-up with providers about patients they refer is a great way to develop trust, garner support to receive more referrals, and take steps to provide participants with more comprehensive care.

Turning Referrals into Enrollment

- **Consistent Outreach Script:** Utilize a consistent script for outreach when setting up initial relationships with physicians or providers and consider conducting lunch and learns or similar staff events to educate about and promote the MDPP.
- **MDPP Champion:** Identify a MDPP champion who can be a contact for all things MDPP at each collaborating organization. Consider working with a nurse or front-line worker that interacts regularly with potential participants.
- **Warm Hand-offs:** Implement processes to facilitate a warm hand-off from physicians or providers to lifestyle coaches to make eligible participants more comfortable.

Administrative Barriers and Strategies

Administrative burden is a significant barrier preventing many MDPP suppliers from focusing on increasing enrollment. Gathering the needed data for eligible participants can take up a lot of time and potentially create delays in the enrollment process. Also, the pace of receiving referrals can vary greatly and it is hard to anticipate when a large influx of referrals will be received and will need attention. Possible strategies to help overcome these barriers are summarized below:



Create a Referral Portal

Develop a referral portal where all referral information can be stored. This can assist staff members in knowing where to focus their time. A referral portal can also simplify and speed up the referral process for providers.



Dedicated Administrative Staff

Dedicate specific staff members to administrative processes. Have an outreach and communications specialist to coordinate with participants or an intake receptionist who can focus on helping with the complexities of enrollment.



Session 0 and Templates

Hold a Session 0 where staff members can talk with eligible participants to gather enrollment information and answer any questions. Consider developing templates and scripts to help guide those enrolling through the process.

Program Delivery: Challenges and Potential Solutions

Historically, MDPP suppliers were required to provide the program in-person. Recently, due to the public health emergency (PHE) and the allowance of virtual delivery during the PHE, many MDPP suppliers have shifted to modified in-person or virtual delivery. Suppliers may experience challenges with virtual delivery as well as in-person delivery during the PHE and having to transition in and out of different delivery modalities. In addition to challenges with deciding and onboarding for different delivery modalities, another barrier to enrollment is not having frequent start dates that allow potential participants to enroll and begin sessions right away. When potential participants must wait for a cohort to start, it can result in their loss of interest in the program.

Solutions to help manage shifting delivery modalities as well as accommodating a variety of beneficiary schedules could include creating a virtual program delivery option that allows beneficiaries to enroll and begin sessions immediately so there isn't time to lose interest in participation. Reaching out to potential participants two weeks before a cohort is set to begin can assist in preventing potential participants from losing interest in enrolling. **A three-part strategy to consider is trying to over enroll cohorts to ensure they are full, creating a waitlist when in-between cohorts, and outlining exact dates for cohorts for potential participants.** Additionally, to mitigate the confusion of switching delivery modalities, an option is to

Turning Referrals into Enrollment

embrace all modalities and create the needed functions to start both in-person and virtual cohorts. This would result in a program that has capabilities in all modalities and give them the option of delivering a cohort in whatever modality is in highest demand at that time. When considering this option keep in mind that the permanence of a virtual delivery option is set to expire when the PHE is declared over. With in-person cohorts, take the needed precautions to ensure beneficiary health and safety. With distance learning cohorts, communicate early to ensure that technological needs can be met.

Other Considerations

Other considerations mentioned on various webinars to turn referrals into enrollment include:

- Ensure potential participants are hearing about the MDPP through their health care provider (HCP) or primary care provider before a lifestyle coach. Potential participants are more likely to trust a recommendation from their HCP, whom they are familiar with, rather than a lifestyle coach they have never met. HCP support also helps beneficiaries to remain engaged in the program.
- Implement a “contact us” form on a MDPP website for self-referrals.
- Conduct population-specific outreach campaigns in areas where eligible participants are likely to live.
- Employ interns as lifestyle coaches or in administrative positions when there are gaps that need to be filled in staffing.

For more information on other MDPP Implementation considerations, visit our MDPP section on the National DPP Coverage Toolkit: <https://coveragetoolkit.org/mdpp-implementation-resources/>

The spotlight below features information presented by Cindy Lafond about strategies and partnerships the Granite YMCA in Manchester, New Hampshire has implemented to increase enrollment.

MDPP Program Spotlight: Cindy Lafond – The Granite YMCA of Manchester, New Hampshire

Cindy Lafond shared recent success with enrollment in their evidence-based programs (EBPs) including the MDPP. In New Hampshire, all YMCAs operate under the Granite YMCA through a shared service agreement. This allows them to work as one system and integrate with all electronic medical record systems statewide to receive referrals.

The Granite YMCA has found that an essential element of enrollment success is good partnerships. In January 2020, they held a meeting with around 50 stakeholders to look at integrated health. Stakeholders agreed that communication and working together to provide each other with support was very important.

The meeting led to various partnerships that are summarized below:

- **State Public Health Department (SHD):** Through a relationship with the SHD, a connection was made with a group of brokers focused on Medicare and Medicaid populations. The YMCA was able to present about the EBPs they offer and received support from the group in finding ways to further promote the benefit for Medicare and Medicaid beneficiaries.
- **Hospitals:** Local hospitals also provided productive partnerships. The YMCA was able to set-up times when representative could spend a half-day in a hospital to meet with potential participants to discuss their options with EBPs. Additionally, the YMCA is considering a partnership with hospitals to recruit volunteers to help increase available staff members to support participant retention.
- **Massachusetts College of Pharmacy:** In another partnership, the YMCA worked together with the Massachusetts College of Pharmacy to educate students about EBPs. Through this effort, they hope

Turning Referrals into Enrollment

to create advocates who will take the knowledge learned to new organizations and new service areas.

In addition to recommendations for productive partnerships, Cindy provided **two strategies for increasing enrollment into the MDPP:**

- 1 Determining Readiness and Providing Consistent Follow-Up:** Have trained staff dedicated to talking with potential participants to gauge readiness. Maintain contact with those potential participants who are not ready and reengage them later. For participant outreach the YMCA uses the 1:3:2 method of one text, three phone calls, and two emails. Conduct outreach in that order and text the potential participant with information about when you will call. Once a name and contact information has been collected, follow-up monthly about readiness.
- 2 Marketing Through Direct Mailing and Facebook Ads:** Cindy recommended sending a ½ page postcard promoting EBPs to two groups: 1) People aged 65 and older, 2) People aged 64 and younger. (For the purposes of the MDPP, mailings may be targeted to the individuals aged 65 and older). Also, post ads on Facebook with contact information and/or 30 second videos explaining the benefit of the EBPs being offered.