



## Medicare Diabetes Prevention Program (MDPP) Supplier Learning Series

# Scaling the MDPP with Populations of Focus:

### African American and Asian American Populations

#### May 10, 2022 Panelists and Presenters:

- Connie Lo, Centers for Medicaid and Medicare (CMS)
- Dr. Maya Venkataramani – Johns Hopkins School of Medicine; Associate Director, Community Program Implementation
- Tracy Newsome – Community Health Project Liaison, The Johns Hopkins Brancati Center
- Marlayna Bollinger – Executive Director, The Skinny Gene Project
- Dr. Winston Wong – Physician, Joshua Medical Center
- Leland Suyenaga – Managing Principal, Innovative Management Systems

The Medicare Diabetes Prevention Program (MDPP) Supplier Learning Series is an ongoing opportunity for MDPP suppliers and other stakeholders to learn from each other and subject matter experts (SMEs) on relevant MDPP topics. The MDPP Supplier Learning Series on May 10, 2022, was the first of a series titled, ***Scaling the MDPP with Populations of Focus*** and featured presentations on engaging with African American populations from the [Johns Hopkins Brancati Center](#) (Baltimore, MD) and engaging with Asian American populations from [The Skinny Gene Project](#) (San Diego, CA). The presenters and panelists from the Joshua Medical Center, an organization participating with The Skinny Gene Project, were also involved in a discussion regarding strategies to engage Asian American populations. This resource captures best practices discussed during this call. To listen to a recording of this and other MDPP webinars, please visit the [MDPP Implementation Resources](#) page on the National DPP Coverage Toolkit.

### Ways to Engage Populations of Focus



Recruit lifestyle coaches who live in the community or who have previously participated in the MDPP. Pairing the right staff, with the right services, at the right time, is a key to success.



Understand the populations you serve in depth. Take the time to go through community health records to understand the community landscape as well as to find which languages are most prominent in the area.



Conduct comprehensive readiness assessments to set participants up for success. Leverage the [stages of change model](#). If participants are not ready to enroll, maintain their information and engage with them again in the future.



Enlist community champions (e.g., faith-based leaders, etc.) to be part of the diabetes prevention community referral and utilize their knowledge about their community to achieve a ‘boots on the ground’ approach to engaging potential participants.



Engage participants where they live, work, play, and pray.

*“Engaging participants where they live, work, play, and pray.”*

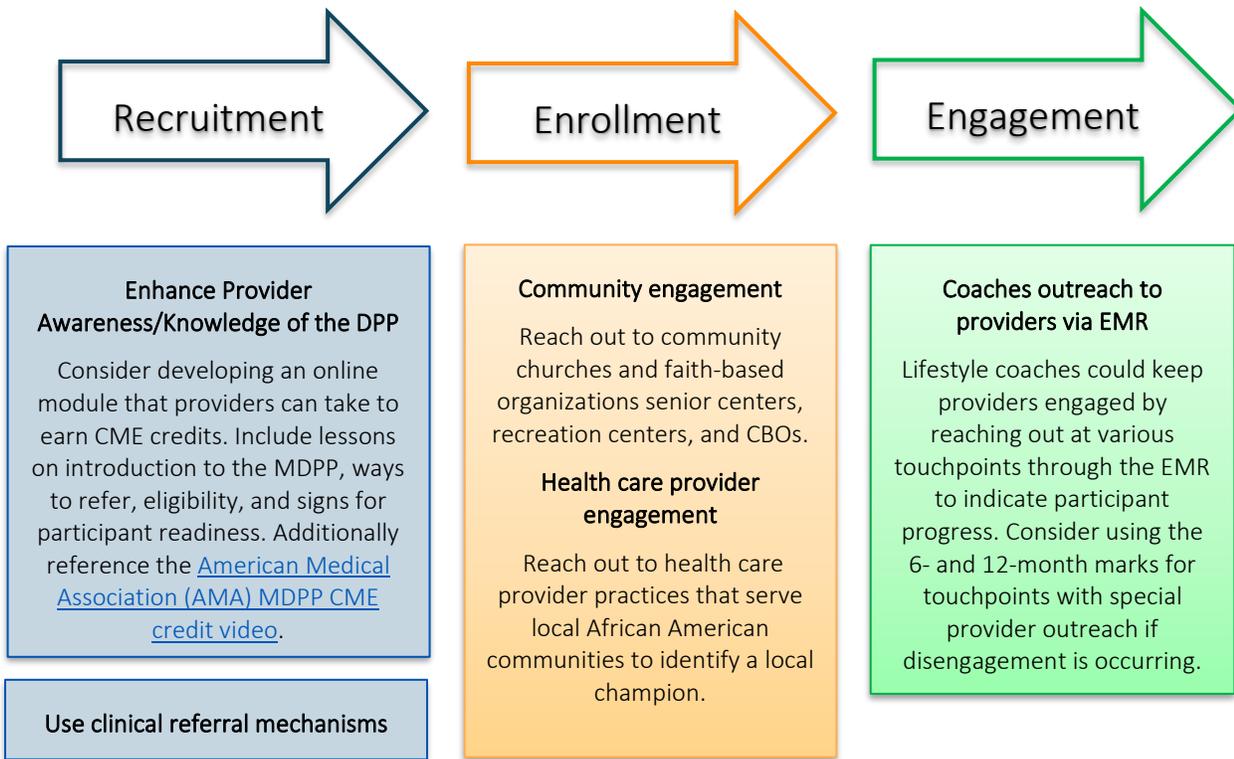
*The John Hopkins Brancati Center*





## Engaging African American Populations

Diabetes is a leading chronic disease in the United States and the MDPP exists to help prevent diabetes among the Medicare population. However, disparities in access to health care have underscored that populations of focus could benefit from enhanced engagement efforts for diabetes prevention. According to the American Diabetes Association (ADA), the prevalence of diabetes in African Americans is 11.7% whereas non-Hispanic Whites have a prevalence of 7.5%.<sup>1</sup> As you work to address these disparities with the MDPP, consider utilizing the steps and suggestions from the partnership model created by the John Hopkins Brancati Center (pictured below). This model was developed to engage health care providers to focus diabetes prevention efforts for the African American population they serve in Baltimore, Maryland. For additional information about the John Hopkins Brancati Center initiatives please review [this video](#).



*“Health care doesn’t just happen within the walls of the hospital, but it goes beyond those walls and into the communities.”*

– The John Hopkins Brancati Center

<sup>1</sup> <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=18>



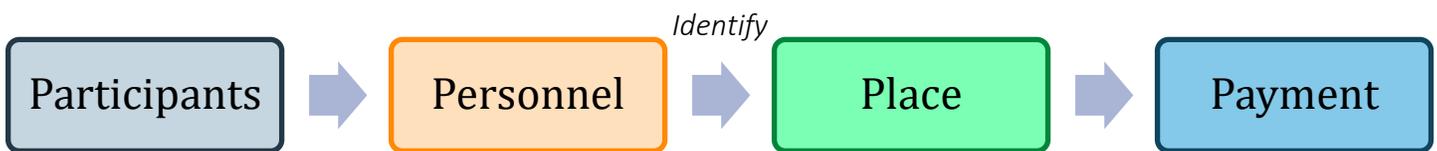
## Engaging Asian American Populations

“Through DPP we can put culture at the center of health.”

- The Skinny Gene Project

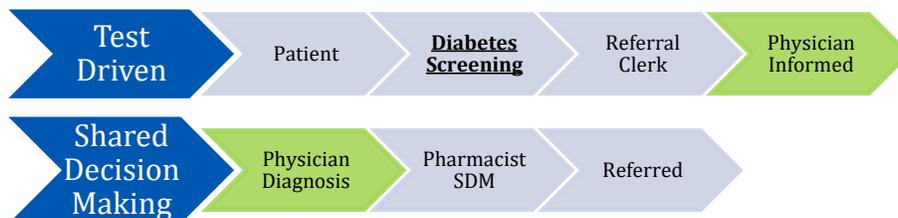
Asian Americans represent 5.9% of the United States population, and they have the highest proportion of undiagnosed diabetes, at 51%<sup>2</sup>. Contributing factors to this statistic include acculturation to the U.S. lifestyle resulting in a higher risk of obesity, developing diabetes at a lower BMI, increased insulin resistance, and language barriers. The Skinny Gene Project, located in San Diego, California, has focused efforts on engaging Asian American populations to reduce disparities and has utilized their 4 P’s model (pictured below) to launch an MDPP specific to the populations they focus on. To learn more about their approach, please review [this video](#).

### The 4 P’s Model



The Skinny Gene Project encourages partners to identify participants who are eligible to participate in the MDPP, personnel who can meet their needs, a place in the community where they can meet, and payment mechanisms for reimbursement. After identifying the needed components for the 4 P’s, The Skinny Gene Project launched their MDPP focused on engagement with Asian American populations. Lessons learned from their journey that could apply to other MDPP suppliers are as follows:

- **Physician Influence on Prevention** – Having a physician, health care provider, or care team involvement was found to be particularly important for Asian American populations. This does not mean that all the work falls on the providers, but rather that providers and their care teams, including lifestyle coaches, should work together to help participants succeed. Consider the ‘test driven’ and ‘shared decision-making’ (SDM) models of participant and provider engagement (pictured below) and determine what model works best for your organization to work jointly with providers as participants work through the program.



- **Separate not Siloed** – There are 30 different Asian nationalities and ethnicities, and it is important to ensure that these groups do not become siloed. Different classes can be held to accommodate language and cultural differences. It is important to help support cultural integration in health care practices among all nationalities and ethnicities.
- **Support Cultural Integration:** MDPP suppliers can help support individuals that are adapting to the cultural differences of a new country by providing clinical and social support for Asian immigrants and refugees. While providing support, MDPP suppliers are encouraged to review and understand findings from a National Institutes of Health (NIH) study focused on promoting healthy habits during integration<sup>3</sup>.

<sup>2</sup> <https://www.nih.gov/news-events/news-releases/more-half-asian-americans-diabetes-are-undiagnosed#:~:text=Using%20newly%20available%202011%2D2012,among%20all%20ethnic%20and%20racial>

<sup>3</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4434074/>



### Final Tips to Engaging Populations of Focus

Developing trust with the communities you serve, and specifically with populations of focus, will allow you to form the relationships needed to receive referrals and connect with eligible MDPP participants. Understanding communities beyond the needs relating to the MDPP helps to foster that trust. MDPP suppliers can consider strategies and suggestions that were brought up during this call to garner trusting relationships and to motivate participants to succeed:

- ✓ Create an innovative and safe community where workers and participants can thrive.
- ✓ Remember that mutual support shared between participants, lifestyle coaches, and champion providers generates success.
- ✓ Practice discipline, not just moderation, with participants.
- ✓ Tackle diabetes prevention before branching into other lifestyle programs, preventing diabetes helps to prevent various other chronic conditions.
- ✓ Conduct a variety of education efforts, as you never know who or when individuals may benefit from the introductory information provided.

In addition to the ideas above, MDPP suppliers are encouraged to be flexible to when participants are available, be willing to change times and, if possible, location to help accommodate participants and their situational needs. Remember that each organization and population you serve will look different, and therefore programs should be willing to adapt where necessary. As you work to engage with populations of focus, aim to use strategies that have proven successful. Finally, consider incorporating at least one idea from the following list of suggestions when developing strategies to reach populations of focus in your community:

- Reach out to the faith community
- Train community members or previous participants as lifestyle coaches
- Conduct comprehensive readiness assessments
- Lead mixed cohorts where there is cultural commonality
- Find [trusted champions within the community](#) to promote your program
- Design a sustainability model
- Hold small road shows where initial efforts and outreach can occur
- Educate health care providers on the MDPP and its eligibility requirements

### Call-Out on Program Retention

Retention of participants is an important part of MDPP success. Consider any of the following to increase participant retention:

- Provide wrap around services that go beyond the MDPP to show investment.
- Involve the community in the progress of participants in the program (e.g., work with community churches to encourage and engage, etc.).
- Conduct readiness assessments to be sure potential participants are prepared to commit to program offerings and will respond to retention efforts.
- Consider involving the participant's health care provider during initial conversations with the participant to establish trust.
- Have regular touch points with the participant's health care provider to discuss the participant's progress and ways to mutually encourage them towards the achievement of their goals.





## MDPP Updates and Resources from CMS

*About the MDPP Supplier Learning Series:* The MDPP Supplier Learning Series is a partnership with the Centers for Medicare and Medicaid Services (CMS), the Centers for Disease Control and Prevention (CDC), and the National Association of Chronic Disease Directors (NACDD). NACDD implements the planning and facilitation of the series. Other stakeholders such as State Health Departments and the Medicare Administrative Contractors (MACs) may be invited to join the series as applicable.

- **2022 Physician Fee Schedule Changes:** On November 2, 2021, CMS issued the Calendar Year (CY) 2022 Physician Fee Schedule (PFS) final rule, which shortened services to one-year, increased attendance-based payments, and waived MDPP supplier enrollment fees. (Fact sheet [here](#), Full text [here](#))
  - **CY22 MDPP Payment Rates:** Updated MDPP payment rates can be found [here](#). Note that the payment structure is national. Medicare Advantage plans may have a different payment structure.
  - **1-Year Service Period:** The MDPP has a 1-year service period that started on January 1, 2022. This means that if a participant started the MDPP, as defined by the date of the first core session attended, on January 1, 2022, or later, their program is 1-year versus a 2-year program for those that enrolled in 2021 or earlier.
- **Public Health Emergency (PHE):** Once the PHE ends, all MDPP flexibilities described in the CY22 PFS will cease to be available and suppliers will be required to follow the MDPP supplier standards when delivering the MDPP, which includes an in-person format and limits on virtual make-up sessions. However, MDPP beneficiaries who begin the set of MDPP services virtually during the PHE will be allowed to continue the MDPP set of services virtually even after the PHE waiver event has concluded.
- **The Center for Medicare & Medicaid Innovation (the CMS Innovation Center) White Paper:** Last year, the CMS Innovation Center released a white paper detailing their strategy refresh that includes a goal for a health system that achieves equitable outcomes through high quality, affordable, person-centered care. Read the white paper [here](#).
- **Subscribe to the CMS MDPP listserv** [here](#).

**Webinar recordings and additional resources:** The recording of the May 10<sup>th</sup>, 2022, MDPP Supplier Learning Series call as well as other MDPP webinar recordings, guidance documents, and resources may be found on [CMS MDPP webpage](#) and the [MDPP Implementation Resources](#) page on the National DPP Coverage Toolkit.

For additional information about the John Hopkins Brancati Center and The Skinny Gene Project National DPP initiatives, please reference the following videos: The John Hopkins Brancati Center [video](#) and the Skinny Gene Project [video](#).

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

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