

Case for Coverage of the National DPP Lifestyle Change Program: Commercial Plan and Employer Presentation Outline

This Presentation Outline is to be used as a supplement alongside either the Presentation Template for Employers or the Presentation Template for Commercial Plans, which can be accessed on the [Case for Coverage for Commercial Plans and Employers](#) page of the Coverage Toolkit. This outline is organized based on the slide numbers of the presentation templates. It contains tips for presenting, and additional information, statistics, and graphics that can supplement the content in the presentation templates.

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Slide 1: Title Slide

To-Do

- Insert organization logo, title, and presenter name

Slide 2: Outline of Presentation

Presentation Tips

- Know your audience and focus on what matters most to them (e.g., costs, health outcomes, health equity, ease of program delivery, member/employee satisfaction, etc.)
- Use data-driven information that is up-to-date and credible. If possible, include state and local data specific to the organization and information from similar types of organizations as examples of implementation.

Additional Resources

Additional topics that could be included in this presentation can be found on the [Case for Coverage for Commercial Plans and Employers](#) page of the Coverage Toolkit.

Slides 3-9: Set the Stage: Prediabetes and Type 2 Diabetes

Presentation Tips

In the “Set the Stage” slides present the **need** for coverage of the National Diabetes Prevention Program (National DPP) lifestyle change program by describing the impact of prediabetes and type 2 diabetes on the organization and its members/employees.

Be sure to describe the issues that are relevant to the organization, including how their members/employees may be impacted by prediabetes and type 2 diabetes (such as disease incidence rates, absenteeism, costs of medication, and the burden of complications).

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Add additional information including statistical data to your slides to make it more relevant to the organization and include local and state specific data (available below).

Additional Information for Setting the Stage

National Statistics

According to CDC's [National Diabetes Statistics Report](#):

Diabetes

- **Total:** 38.4 million people have diabetes (11.6% of the US population)
- **Diagnosed:** 29.7 million people, including 29.4 million adults
- **Undiagnosed:** 8.7 million people (22.8% of adults are undiagnosed)

Prediabetes

- **Total:** 97.6 million people aged 18 years or older have prediabetes (38.0% of the adult US population)
- **65 years or older:** 27.2 million people aged 65 years or older (48.8%) have prediabetes

In addition:

- Diabetes was the 8th leading cause of death in the U.S. in 2020
- The number of US adults with diagnosed diabetes **quadrupled** from 5.5 million in 1980 to 21.9 million in 2014; it is estimated that 2 in 5 adults in the US could have diabetes by 2060.¹
- Diabetes is the **costliest** of the 155 most common diseases in the country, at \$306.6 billion in direct medical costs and \$106.3 billion in indirect costs (e.g., reduced productivity and absenteeism) in 2022.^{2,3}

¹ Lin J, Thompson TJ, Cheng YJ, Zhuo X, Zhang P, Gregg E, Rolka DB. Projection of the future diabetes burden in the United States through 2060. *Popul Health Metr*. 2018 Jun 15;16(1):9

² Dieleman JL, Baral R, Birger MI, et al. U.S. spending on personal health care and public health, 1996-2013. *JAMA*. 2016;316:2627-2646.

³ American Diabetes Association. Economic costs of diabetes in the U.S. in 2022. *Diabetes Care*. *Diabetes Care* 2 January 2024; 47 (1): 26–43

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- Annual medical expenditures for people diagnosed with diabetes is \$19,736 per year – **2.6 times as much as those without diabetes.**³
- **Diabetes increases the risk of physical disability;** People with diabetes have a 1.8 percentage point higher rate of being out of the workforce and receiving disability payments in comparison to their peers without diabetes.³
- Diabetes **doubles the risk of physical disability;** adults with diabetes who are ≥50 years of age lose independence 6 to 7 years before their peers without diabetes.⁴

Additional Resources for Setting the Stage

Estimated prediabetes and diabetes rates for each state, as well as the direct and indirect costs of diabetes in each state, are available [here](#). Additional state level data can be found in the [Diabetes State Burden Toolkit](#).

To find more information about the costs associated with type 2 diabetes, visit the [Cost and Value](#) page of the Coverage Toolkit.

For more information on the current prediabetes and type 2 diabetes rates in the United States, including rates broken down by age, gender, and ethnicity, see the [National Diabetes Statistics Report](#).

Additional Graphics for Setting the Stage

More diabetes and prediabetes infographics produced by CDC can be found [here](#). Additionally, the following graphics could also be added to a presentation:



Slides 10-12: Present the Solution

To-Do

- Indicate whether the program is offered in other languages in your area
- Insert locations in the local community offering the program or virtual delivery options

Presentation Tips

Explain how the National DPP lifestyle change program helps to address the issues described in the previous slides. Including overall ROI and VOI information from the [Cost & Value](#) page and calculators included in the Coverage Toolkit would be most appropriate here.

Additional Information and Statistics for Presenting the Solution

- About the [National DPP lifestyle change program](#)
 - Evidence-based, supported by National Institutes of Health (NIH) [Diabetes Prevention Program \(DPP\) clinical trial](#)
 - National effort with quality assurance through [CDC's Diabetes Prevention Recognition Program \(DPRP\)](#)
 - Year-long, group-based program for adults focused on helping people lose 5% of their body weight through healthier eating and 150 minutes of physical exercise a week
 - Consists of 16 weekly sessions during the first six months and six monthly sessions during the second six months
 - Designed for people 18 years or older who have prediabetes or are at-risk for type 2 diabetes, but who do not already have diabetes
 - Program delivered [in-person, online, through distance learning, or through a combination approach](#)
 - Taught by trained lifestyle coaches (health professionals or non-licensed personnel)
 - Includes group support (recommended group size ranges between 10 and 25 participants but online groups may be larger)

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- Organizations offering the National DPP lifestyle change program can use a [curriculum](#) developed by CDC, develop their own curriculum and submit it to CDC for approval, or receive permission to use another organization's curriculum as long as it is CDC approved
- There are thousands of [CDC-recognized organizations](#) delivering the National DPP lifestyle change program across the 50 states and Washington, D.C.
- Benefits of the National DPP lifestyle change program
 - The National DPP is proven to reduce the risk of developing type 2 diabetes by 58% in adults (the risk of developing type 2 diabetes is reduced by 71% in adults over 60)
 - A reduction in rates of type 2 diabetes correlates to [reduced medical claims/health care costs](#)
 - Benefits extend beyond direct financial benefits to additional financial benefits such as better job performance, decreased absenteeism, increased job satisfaction, etc. (see the [value on investment](#) (VOI) graphic below)
- National DPP lifestyle change program [participation eligibility](#)
 - Be at least 18 years old, and
 - Be overweight (body mass index ≥ 25 ; ≥ 23 if Asian), and
 - Have no previous diagnosis of type 1 or type 2 diabetes, and
 - Have a blood test result in the prediabetes range within the past year:
 - Hemoglobin A1C: 5.7%–6.4%, or
 - Fasting plasma glucose: 100–125 mg/dL, or
 - Two-hour plasma glucose (after a 75 gm glucose load): 140–199 mg/dL, or
 - Be previously diagnosed with gestational diabetes, or
 - Score 5 or higher on the [CDC/ADA Prediabetes Risk Test](#)
- National DPP lifestyle change program [coverage landscape](#)
 - Covered nationally by Medicare; in an increasing number of states by Medicaid; and by many commercial plans, employers, and state and public employers

Additional Resources for Presenting the Solution

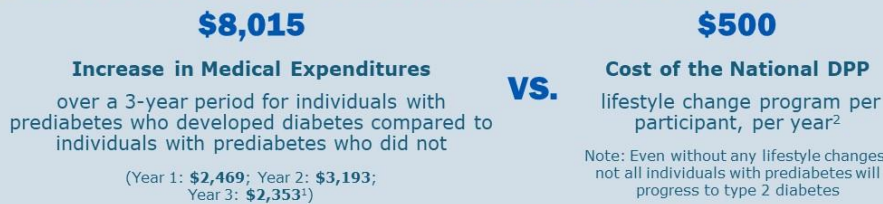
The Coverage Toolkit contains multiple pages that can be used to supplement slides on presenting the solution:

- The [National Diabetes Prevention Program Overview](#) page provides basic information on how the program is structured.
- The [Evidence](#) page contains multiple studies demonstrating the efficacy of the National DPP lifestyle change program, including evidence of efficacy when it is delivered online or through distance learning. This page also has studies demonstrating additional health benefits beyond the prevention of type 2 diabetes that result from the program.
- The [Cost and Value](#) page contains information on the return on investment (ROI) and VOI of the program, as well as multiple budget and project impact tools and calculators.
- The [Who Covers the National DPP Lifestyle Change Program?](#) page provides a list of payers who are currently covering the National DPP lifestyle change program, including commercial health plans, employers, state-public employee coverage, state Medicaid coverage, and Medicare coverage. The page contains multiple visuals and maps that can be copied into a presentation.

Additional Graphics for Presenting the Solution



The National DPP lifestyle change program allows payers to **avoid the high cost of type 2 diabetes** through delaying or preventing the onset of type 2 diabetes among covered individuals. The program provides **direct financial benefits** in the form of lower health care costs by preventing diabetes, and **indirect financial benefits** such as increased productivity and satisfaction among employees. One study of commercially insured adults found:



SOURCES: 1. Kahn, T., Tsipis, S., Wozniak, G., *Medical Care Expenditures for Individuals with Prediabetes*, Population Health Management, 2017. | 2. CDC, *How Type 2 Diabetes Affects Your Workforce*, 2018.

ROI: National DPP

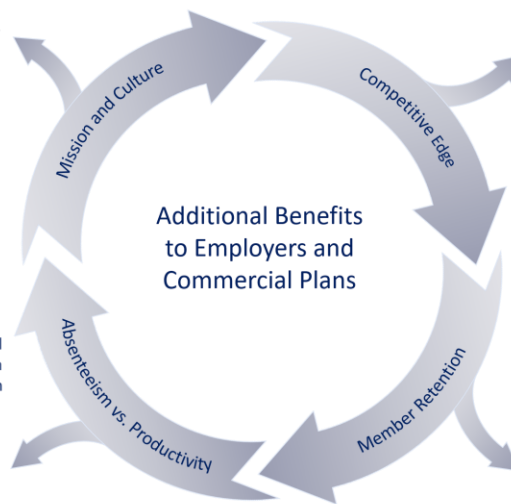


CMS Office of the Actuary (OACT)	<ul style="list-style-type: none"> A model based on Medicare beneficiaries found the National DPP lifestyle change program would reduce (or not increase) net Medicare spending
Commercially Insured Population ROI	<ul style="list-style-type: none"> In a group of commercially insured adults, estimated an \$8,015 increase in medical expenditures of over a 3-year period for individuals with prediabetes who develop diabetes compared to individuals with prediabetes who do not develop diabetes Estimated a 3-year ROI of up to 42% in this population
CPSTF Report	<ul style="list-style-type: none"> Estimated median ICER of combined diet and physical activity promotion programs to be \$13,761 per quality-adjusted life year (IQI: \$3,067 to \$21,899); economic review, 16 studies
Institute for Clinical and Economic Review (ICER)	<ul style="list-style-type: none"> Estimated savings of \$1,146 per participant for in-person individual programs; \$618 for online with human coaching (5-year horizon)
Medicare FFS Claims Analysis	<ul style="list-style-type: none"> Estimated savings of \$278 per member per quarter (3-year horizon) Estimated per quarter decrease of 9 inpatient stays and 9 emergency department visits per 1,000 members (5-year horizon)
Online Delivery of the National DPP ROI	<ul style="list-style-type: none"> 2,371 individuals with prediabetes Simulated 3-year ROI break-even point Simulated 5-year ROI of \$1,565

Source: [Cost and Value](#), Coverage Toolkit

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Commercial plans and employers may also be interested in knowing how the National DPP lifestyle change program aligns with and strengthens the organization's culture and public image.

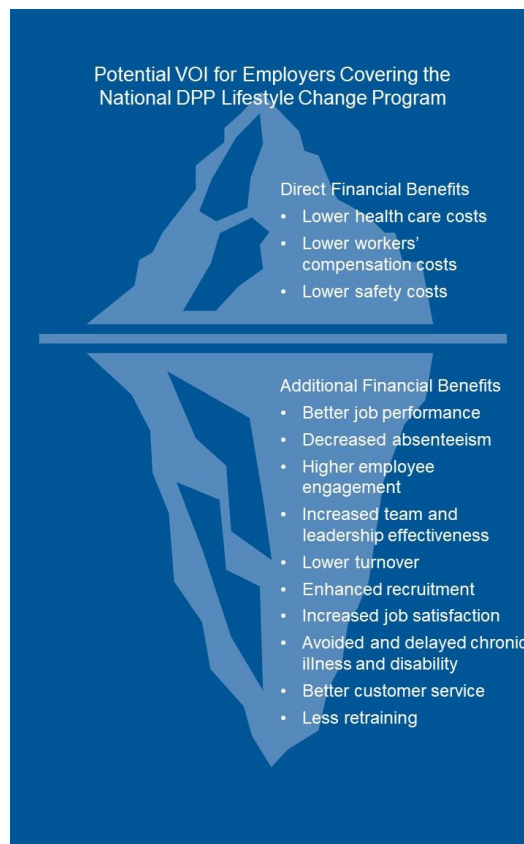


Offering the National DPP lifestyle change program may be attractive to individuals who are making employment or health plan selection decisions.

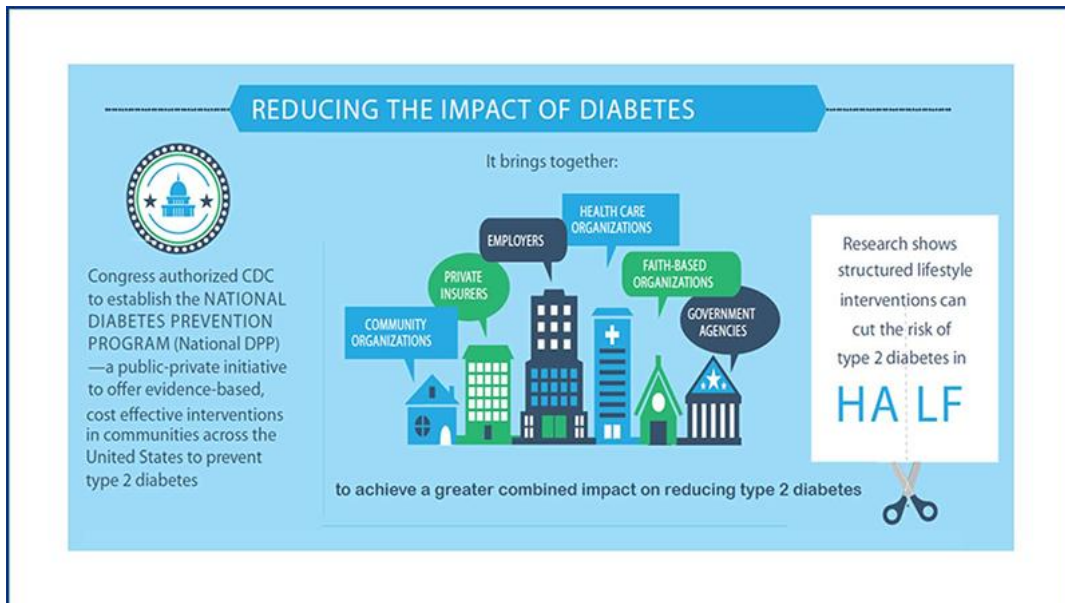
Employers are also likely to be interested in any data related to the effects of the National DPP lifestyle change program on absenteeism and productivity, which can be impacted both when employee health improves and when the health of an employee's family members improves. Employees with improved health may also interact more effectively with customers, causing customer satisfaction to increase.

Offering the National DPP lifestyle change program may help retain employees and members. Studies, such as the evaluation from the Medicaid Coverage for the National DPP Demonstration Project, indicate high levels of satisfaction with the program from those who have completed it. Individuals that participate in the program and have a positive experience, are likely to view their commercial health plan or employer favorably for covering the program and feel like that organization is invested in their health and wellbeing.

Source: [Case for Coverage for Commercial Plans and Employers](#), Coverage Toolkit



Source: [Cost and Value](#), Coverage Toolkit



Source: [Cost and Value](#), Coverage Toolkit

Slides 13-14: Examples and Testimonials

To-Do

- Insert examples of like organizations and/or testimonials from like organizations/participants

Additional Resources for Examples and Testimonials

Experiences from other commercial plans and employers offering the National DPP lifestyle change program can be found on the [Commercial Coverage Landscape](#) and the [Employer Coverage Landscape](#) pages of the Coverage Toolkit. Look at these pages to also see various organizations that cover the National DPP program. Consider reaching out to an organization that is a similar industry type, size, and/or location to see if they have suggestions.

[Written and video testimonials](#) from former program participants can be found on the CDC's National DPP website.

Slides 15-17: What Can You Do? (Employer Template Slides 15-16; Commercial Template Slides 15-17)

Additional Information and Statistics for “What Can You Do?”

- Consider next steps, such as:
 - How can an organization initiate planning or expand efforts for establishing coverage of the program?
 - Who will be the point person for this work?
 - What additional information is needed and who needs it to make the ultimate “go or no go” decision to roll out coverage?
 - What is a reasonable timeline for rolling out coverage?
 - What other resources are available?

Additional Resources for “What Can You Do?”

Visit the [Case for Coverage](#) page to review the [Barriers to Coverage FAQ](#) document.

Visit the [Cost and Value](#) page of the Coverage Toolkit for more tools and resources related to calculating the ROI and VOI and budgeting the program.

The [Who Covers the National DPP Lifestyle Change Program?](#) page of the Coverage Toolkit provides a list of payers who are currently covering the National DPP lifestyle change program, including commercial health plans, employers, state-public employee coverage, state Medicaid coverage, and Medicare coverage. The page contains multiple visuals and maps that can be copied into a presentation.



CDC has created the following [customizable templates](#) to make it quick and easy for employers or members to outreach to employees about the National DPP lifestyle change program. The templates include email, phone call script, “business case” information, poster, fact sheet, guidance document, and postcards.

Additional promotional materials for recruiting program participants created by CDC can be found [here](#), and the “Do I Have Prediabetes?” ad campaign can be found [here](#).



The [Recruitment and Referral](#) page of the Coverage Toolkit contains examples of how organizations have outreached to members or employees.

Additional Graphics for “What Can You Do?”

Address Common Barriers and Concerns

BARRIER 	SOLUTION 
<ul style="list-style-type: none"> ✗ The employer believes wellness programs don't have a great track record for success nor provide a return on investment. ✗ The employer is concerned employees will not engage with the program. ✗ Employees are not interested in worksite wellness or prefer not to have their employer overly involved in their health. 	<ul style="list-style-type: none"> ✓ Share the evidence behind the National DPP to convey its potential impact. ✓ Survey employees to learn who would be interested in a program and pilot the program at a time when they are available. Allowing employees to attend “on the clock” can also make it easier for them to engage. ✓ Promote the National DPP at work and coordinate with health plans who can outreach to eligible participants and refer employees to off-site program providers.

Address Common Barriers and Concerns

BARRIER 	SOLUTION 
<ul style="list-style-type: none"> ✗ The employer offers a program that is not recognized by the CDC. ✗ The company has multiple locations and employees are not centrally located; or, employees do not have a 9-5 schedule. ✗ CDC-recognized program providers are not available in their region. 	<ul style="list-style-type: none"> ✓ Explain why the National DPP is preferred by the CDC (i.e., it is evidence-based). ✓ Work with a CDC-recognized online program provider so employees can engage with the program anytime, anywhere. For large employers, consider having a lifestyle coach present at each site or during each shift. ✓ Suggest vendors who offer the program online. For large employers, share information about how they can become a recognized site and train their own employee(s) as a lifestyle coach.

Additional barriers and FAQs are discussed on the Coverage Toolkit.

Source: NACDD

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Program Elements and Options for Employers	
Delivery Method*	Onsite – at the worksite
	Online or distance learning
	Community partners – in the community
Coverage Method	Employer-offered benefit
	Insurance-covered benefit
Contracting Party	Contract directly with CDC-recognized organizations that provide the National DPP lifestyle change program
	Contract directly with a third-party administrator (TPA) that handles billing processes and/or network management. The TPA establishes contracts with CDC-recognized organizations for the employer.
Contract Type	Invoice method
	Claims processing method (if coverage method is insurance-covered benefit)

Source: [Case for Coverage for Commercial Plans and Employers](#), Coverage Toolkit

Slides 17-20: For More Information, Questions, and Sources Cited (Employer Template Slide 17-19; Commercial Template Slide 18-20)

To-Do

- Insert contact information

Presentation Tips

This is a great opportunity to answer any questions and reaffirm next steps.

Please contact us with any questions about the content on the Coverage Toolkit at coveragetoolkit@chronicdisease.org.