



## Medicare Diabetes Prevention (MDPP) Enrollment Project

### Barriers and Solutions to Obtaining Referrals

The Medicare Diabetes Prevention Program (MDPP) Enrollment Project is a technical assistance and funding opportunity for MDPP suppliers that are ready and able to focus efforts to increase enrollment in their programs but may be lacking the administrative and/or billing infrastructure to facilitate claims submission. In addition to providing access to a data management and billing and claims platform, this project provides access to technical assistance to help with provider referral support and communication and marketing support. 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 (NACDD) with technical assistance support from the American Medical Association (AMA).

On May 18, 2021, NACDD, CDC and the AMA held a webinar for project awardees that focused on helping MDPP suppliers overcome barriers in patient identification, referrals, and clinical care team engagement. Breakout rooms were organized for community-based organizations (CBOs) and health care organizations (HCOs) to share general and specific challenges and solutions. This resource captures salient learnings from the webinar.

### Time Commitment and Physician Communication

MDPP suppliers experience a variety of challenges when working to obtain referrals. Many barriers are consistent across suppliers, while others are specific to each individual type of organization. The table below captures specific challenges and possible solutions for CBOs and HCOs that are MDPP suppliers.

Community Based Organizations (CBOs)	Health Care Organizations (HCOs)
<b>Organizational Barriers</b>	
<p><b>Time commitment:</b> Representatives from CBOs that are MDPP suppliers mentioned having trouble finding time to incorporate all the necessary components to successfully run the MDPP. Time and effort are required to accomplish project tasks such as building relationships with physicians, credentialing and reporting, billing and claims submission, and subcontracting with delivery partners.</p>	<p><b>Clinical care team communication:</b> Representatives from HCOs discussed difficulty in navigating communication efforts with clinical care teams to obtain referrals. Barriers mentioned included:</p> <ul style="list-style-type: none"> <li>● catering to providers’ individual referral preferences</li> <li>● building relationships with providers and a creating a referral system that is built into the clinical care team process</li> <li>● staying consistently involved with providers to ensure the MDPP is top of mind for referrals.</li> </ul>

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# Barriers and Solutions to Obtaining Program Referrals

Proposed Solutions	
<ul style="list-style-type: none"> <li>Participants offered suggestions for reducing the time commitment for running the MDPP in the long run. Ideas such as generating a <a href="#">generic referral form</a> to be distributed among providers or finding a health plan champion rather than a clinical champion to assist with the MDPP referrals were mentioned.</li> <li>Additionally, forging relationships with larger health systems to generate an increase in referrals and paying for a care management coordinator for a health system were shared.</li> </ul>	<ul style="list-style-type: none"> <li>One suggested solution for clinical care team to scale to additional sites with the HCO and take a population health approach to diabetes prevention.</li> <li>Working with clinics throughout a HCO (and not just one), while using bulk efforts like sending out <a href="#">letters</a> to eligible beneficiaries and <a href="#">referral strategies at a beneficiary's point of care</a> is another method for addressing this barrier.</li> <li>Sharing/establishing recruitment and enrollment goals with referring providers so that the MDPP supplier and the HCO are working toward the same outcome. Also establishing a feedback loop for referrals to keep providers informed and involved in the process and participant outcomes.</li> </ul>

## Referrals, Clinical Champion, and Staffing<sup>1</sup>

Suppliers engaged in discussion and shared strategies to tackle the issues they are currently experiencing, including obtaining Medicare-specific referrals, leveraging a clinical champion, and program staffing to manage enrollment and retention.

- Obtaining Medicare-specific referrals:** Many programs described challenges with obtaining referrals for eligible participants covered by Medicare. Strategies to locate eligible Medicare beneficiaries included:
  - talking to Medicare Advantage (MA) plans about best practices in receiving referrals
  - creating a best practice advisory<sup>2</sup> (BPA) for Medicare within an [electronic health record](#)
  - working with a state aging agency (such as an Area Agency on Aging, Division of Aging Services, or State Aging Unit) to identify potential Medicare beneficiaries.
  - Once beneficiaries are identified, programs may use the list to invite them to an informational workshop or session zero to educate them about the benefits of enrolling into the MDPP.
  - To help engage the Medicare population, participants suggested having concise [talking points](#) to introduce the program.
- Identifying a clinical champion:** Identifying a clinical champion is an effective way to engage with the clinical care team and establish a steady referral stream. Webinar participants discussed the hardships COVID-19

### Medicare Referral Strategies

“There is an ability to refer as a point of care referral in the electronic medical record and even with that there are some physicians that would just prefer a letter be sent out to those who may have been identified with having prediabetes... Looking at our Medicare world, do we even know what that looks like, how big is that world and are we getting the right people? That is where the thought about maybe looking at a community assessment to look at that Medicare population or develop best practice alerts that are specifically geared toward that Medicare population. Having the IT department identify those Medicare patients could give you an idea of what that world looks like.

- *MDPP Supplier*

<sup>1</sup> The AMA’s [Diabetes prevention toolkit](#) and the [CDC’s Customer Service Center](#) contain many health care provider resources and templates that may be used for the MDPP.

<sup>2</sup> A best practice advisory (BPA) notifies a health care provider within an EHR system, typically to encourage or require a specific action related to the care of a patient.

## Barriers and Solutions to Obtaining Program Referrals

presented in terms of working with an MDPP champion but offered various strategies to help mitigate the challenges.

- The first strategy is educating providers in how and why to refer to the MDPP; this can be done by sharing information and an [evidence brief](#) on the clinical outcomes of the MDPP with providers. AMA also has a video, [Preventing Diabetes in Your Medicare Population](#), which can be shared with providers.
- Building relationships with provider clinics and attending existing in-person and virtual events to (1) build awareness of prediabetes, (2) educate on the MDPP as a treatment option and (3) educate the clinical care team on the process to identify and refer into the MDPP.
- Standing [clinical care team meetings](#) also present an opportunity for education and collaboration; inclusion of a care coordinator or other care team members who could serve as a champion can help form a comprehensive identification referral team.
- An additional strategy is to utilize health coaches within payer entities, when applicable, as patients can be referred to a health coach who can then refer the patient to the MDPP and support them through their journey in the program.
- **Staffing and Resources:** Staffing with resource shortages along with hiring qualified staff (such as those trained in motivational interviewing and skilled at outreach and communication) to help with enrollment and retention efforts was communicated as a current issue that is difficult to resolve.
  - One suggestion to help mitigate this was to work collaboratively with other MDPP suppliers to pool resources. These efforts can help to alleviate shortages and open doors for communication about how to recruit and refer to the program.
  - Additionally, suppliers could consider working with a state health department or similar entity to coalesce around what is needed to provide MDPP services to beneficiaries.

### Staffing Considerations and Receiving Clean Referrals

“With staffing considerations one person said that when they hired marketing and outreach personnel it made a really big impact and they’ve had a lot more referrals coming into the system than they did before. The time that it takes for the staff to weed through these maybe not so well filled out referrals was also an issue. One solution that came up was kind of what Kaiser does, they send people to a health coach who goes through all of their health issues and helps to make sure that it’s a clean referral when we get it and that saves us a lot of time.”

- *MDPP Supplier*

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