Diabetes Prevention in Wisconsin: Payer State Engagement Meeting

www.PreventDiabetesWI.org

Welcome

Mary Pesik
Supervisor, Chronic Disease Prevention Program
Wisconsin Department of Health Services, Division of Public Health

What is Diabetes?

- Chronic (long-lasting) health condition that affects how your body turns food into energy
- Body doesn’t make enough insulin or can’t use it as well as it should
- When there isn’t enough insulin or cells stop responding to insulin, too much sugar stays in your bloodstream
- Over time, diabetes can cause serious health problems, such as heart disease, vision loss, and kidney disease

Centers for Disease Control and Prevention: https://www.cdc.gov/diabetes/basics/diabetes.html

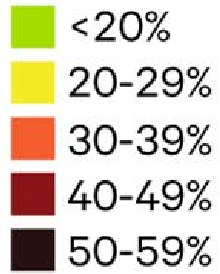
What is prediabetes?

- Blood glucose (sugar) levels are higher than normal—but not high enough to be diagnosed as diabetes
- Prediabetes can lead to heart disease, stroke, and type 2 diabetes, the most common form of diabetes.
- **Prediabetes can often be reversed**

Centers for Disease Control and Prevention: https://www.cdc.gov/diabetes/prevention/about-prediabetes.html

Nearly half of Americans will have obesity by 2030

U.S. Obesity rates, 1990-2030



1990

Childhood Obesity Intervention Cost-Effectiveness Study

Ward ZJ, Bleich SN, Cradock AL, Barrett JL, Giles CM, Flax CN, Long MW, Gortmaker SL. Projected U.S. State-Level Prevalence of Adult Obesity and Severe Obesity. N Engl J Med. 2019;381:2440-50. doi: 10.1056/NEJMsa1909301

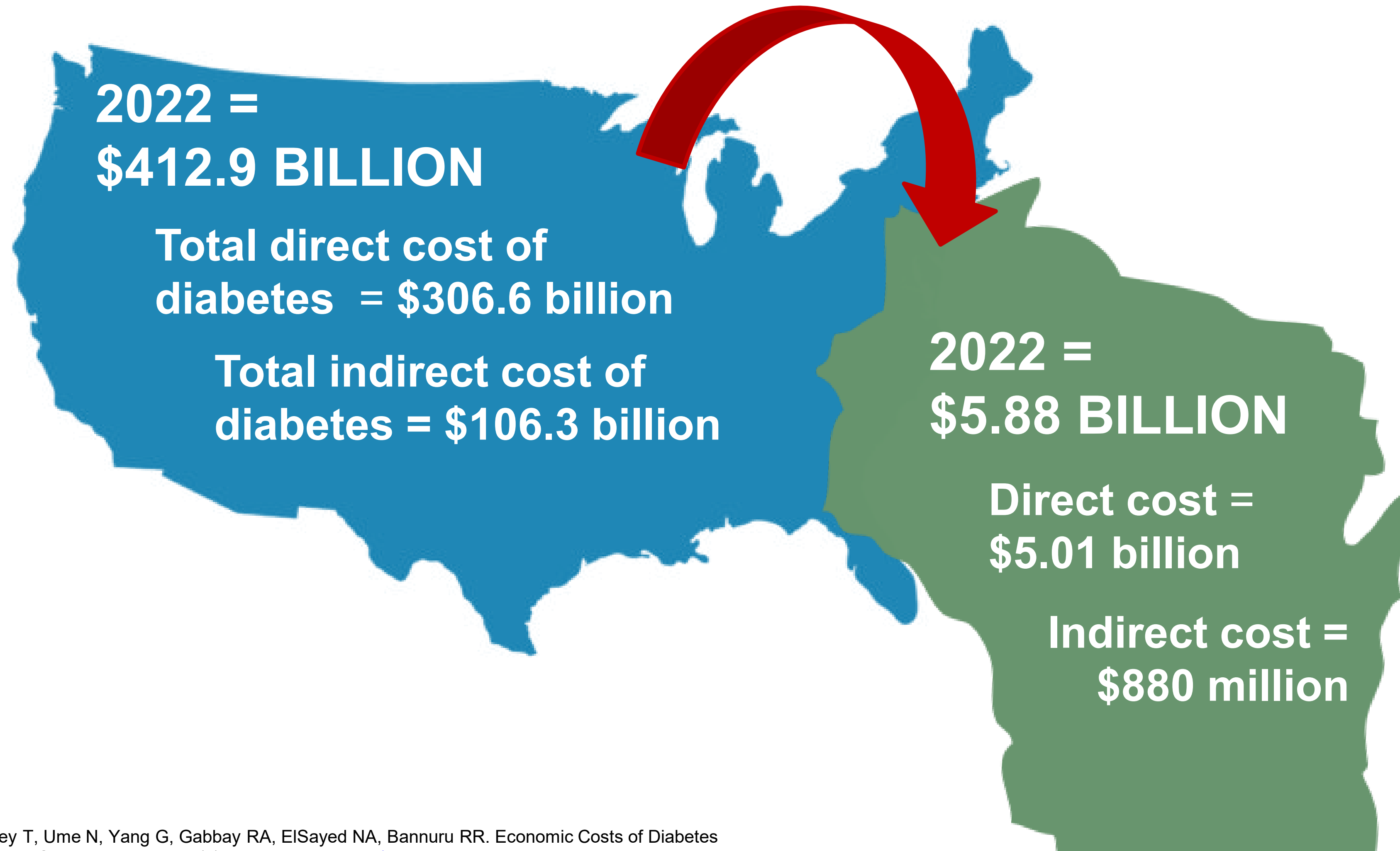
In Wisconsin, Adults Age 18+

573,625 with diabetes

1.5 million with prediabetes

https://nccd.cdc.gov/Toolkit/DiabetesImpact/Dashboard
https://gis.cdc.gov/grasp/diabetes/DiabetesAtlas.html

Economic Impact



Parker ED, Lin J, Mahoney T, Ume N, Yang G, Gabbay RA, ElSayed NA, Bannuru RR. Economic Costs of Diabetes in the U.S. in 2022. Diabetes Care. 2024 Jan 1;47(1):26-43. doi: 10.2337/dci23-0085.

Economic Impact

- Care for people diagnosed with diabetes accounts for **1 in 4 health care dollars** in the U.S., 61% of which are attributable to diabetes.
- On average people with diabetes incur **annual medical expenditures** of $19,736, of which approximately **$12,022 is attributable to diabetes**.

Parker ED, Lin J, Mahoney T, Ume N, Yang G, Gabbay RA, ElSayed NA, Bannuru RR. Economic Costs of Diabetes in the U.S. in 2022. Diabetes Care. 2024 Jan 1;47(1):26-43. doi: 10.2337/dci23-0085.

Economic Impact *continued*

- People diagnosed with diabetes, on average, have **medical expenditures 2.6 times higher** than what would be expected without diabetes.
- People with diabetes have a higher number of **missed workdays** statistically—ranging from 0.5 to 3.9 additional days missed per year by demographic group, or **1.9 days on average**.

Parker ED, Lin J, Mahoney T, Ume N, Yang G, Gabbay RA, ElSayed NA, Bannuru RR. Economic Costs of Diabetes in the U.S. in 2022. Diabetes Care. 2024 Jan 1;47(1):26-43. doi: 10.2337/dci23-0085.

Economic Impact *continued*

- Multiple recent studies report that individuals with diabetes display **higher rates of presenteeism** than their peers without diabetes.
- Economic burden associated with reduced labor force participation: people with diabetes have a **1.8% higher rate of being out of the workforce** and receiving disability payments in comparison with their peers without diabetes.

Parker ED, Lin J, Mahoney T, Ume N, Yang G, Gabbay RA, ElSayed NA, Bannuru RR. Economic Costs of Diabetes in the U.S. in 2022. Diabetes Care. 2024 Jan 1;47(1):26-43. doi: 10.2337/dci23-0085.

Economic Impact *continued*

- In Wisconsin each year, **diabetes is the principal diagnosis** on average for:
    - **12,300** emergency department visits.
    - **9,500** inpatient hospitalizations.
- In 2022, **33% of the hospitalizations** (7,200) were for those **under 45 years old** with an average hospital **stay of 3 days**.
- Diabetes is the **eighth leading cause of death** in Wisconsin.

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National Diabetes Prevention Program (DPP) Support in Wisconsin

NEW SUPPLIERS

Provide technical support to help organizations build capacity and become CDC-recognized organizations.

SQS SUPPORT

CDC-trained National DPP State Quality Specialist (SQS) provides 1:1 and group technical assistance to National DPP and Medicare DPP suppliers.

COACH TRAINING

Provide basic and advanced coach training to help lifestyle coaches build capacity for successful delivery of program.

COVERAGE

Collaborate with payers to establish coverage for National DPP and Medicare DPP and ensure sustainability of program.

MARKETING

Develop and provide materials to build awareness of prediabetes and National DPP and Medicare DPP while helping suppliers reach audiences most at risk.

REFERRALS

Collaborate with health systems, clinics, and community-based organizations to build screening, testing, and referral systems.

www.PreventDiabetesWI.org

Today's Ask

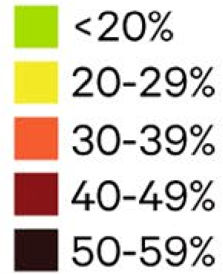
- Help us reach primary care providers with message that National DPP is a prescriptive program for treating people with prediabetes and those at risk.
- Commit to helping workforce stay healthy by using evidence-based, high-engagement interventions.
- Join the LPBN to provide National DPP coverage for your members.

Diabetes: National and State Landscape

Tim Bartholow, MD
Consultant, Chronic Disease Prevention Program
Wisconsin Department of Health Services, Division of Public Health

Nearly half of Americans will have obesity by 2030

U.S. Obesity rates, 1990-2030



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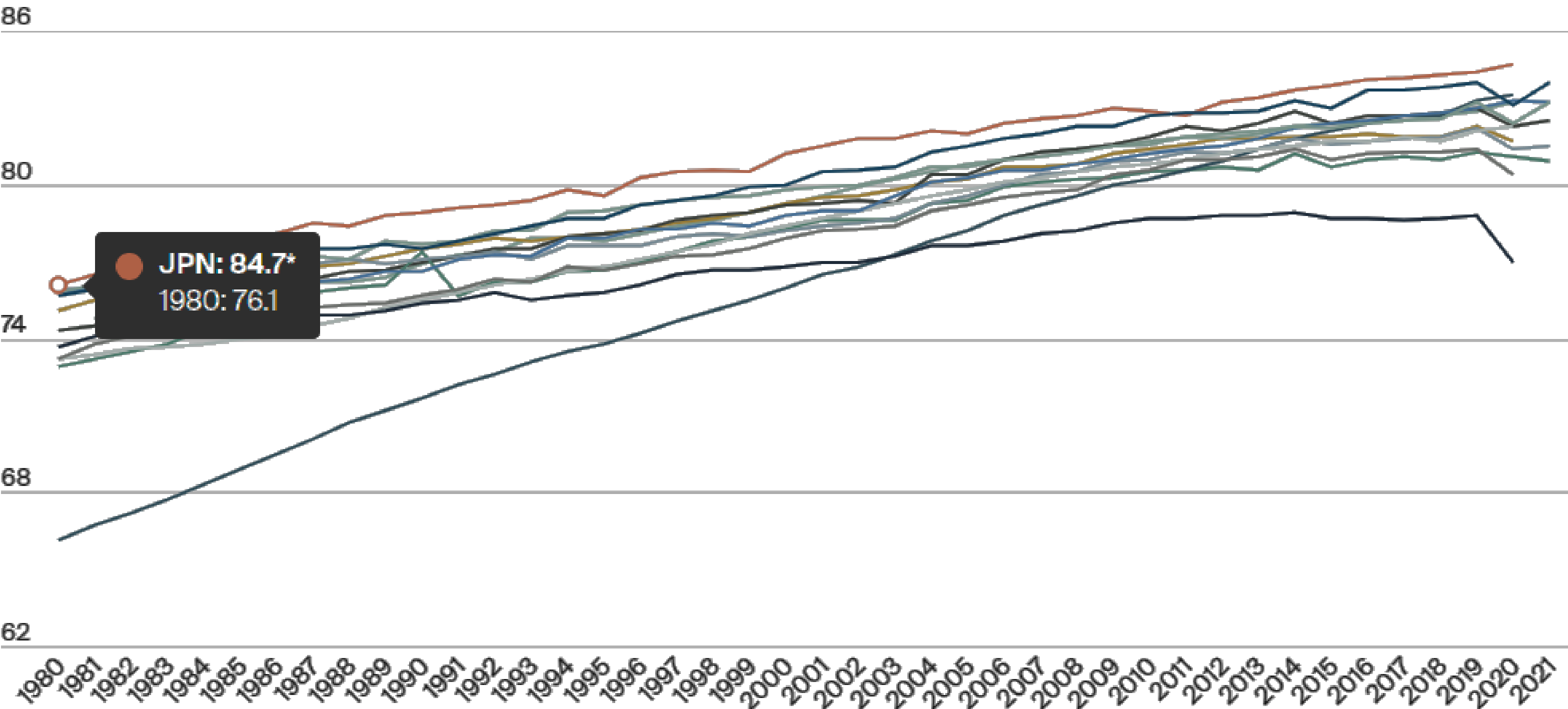
U.S. life expectancy at birth is three years lower than the OECD average.



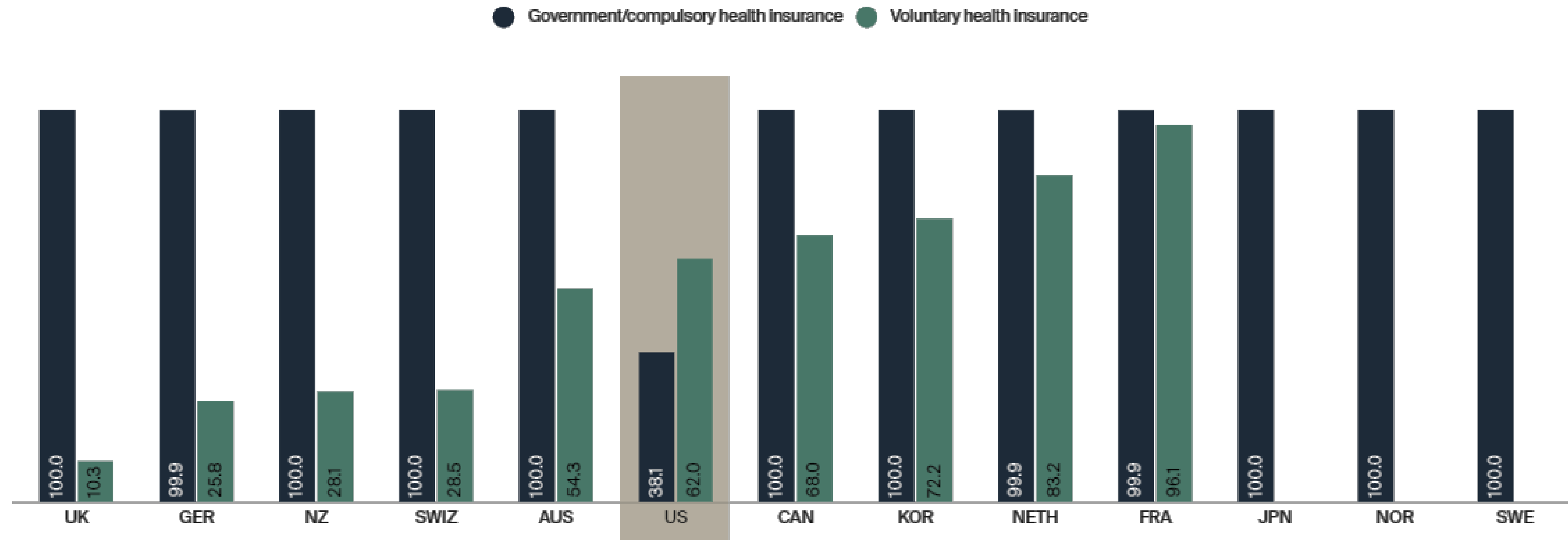
Note: * 2020 data. Total population at birth. OECD average reflects the average of 38 OECD member countries, including ones not shown here. Because of methodological differences, JPN and UK data points are estimates.

Data: OECD Health Statistics 2022.

Source: Munira Z. Gunja, Evan D. Gumas, and Reginald D. Williams II, *U.S. Health Care from a Global Perspective, 2022: Accelerating Spending, Worsening Outcomes* (Commonwealth Fund, Jan. 2023). https://doi.org/10.26099/8ejy-yc74

The U.S. is the only high-income country that does not guarantee health coverage.

Percent of total population with health insurance coverage

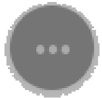


Notes: Government/compulsory health insurance data: 2021 data for AUS, CAN, FRA, NZ, and NOR; 2020 data for GER, KOR, NETH, SWE, SWIZ, UK, and US; 2019 data for JPN. Voluntary health insurance coverage data: 2021 data for AUS, CAN, and NZ; 2020 data for GER, KOR, NETH, and US; 2019 data for UK; 2017 data for FRA and SWIZ. Government health insurance refers to public benefit basket covering a minimum set of health services. Voluntary health insurance refers to payments for private insurance premiums, which grant coverage for services from private providers. See more information on definitions here: https://www.oecd.org/health/Spending-on-private-health-insurance-Brief-March-2022.pdf.

Data: OECD Health Statistics 2022.

Source: Munira Z. Gunja, Evan D. Gumas, and Reginald D. Williams II, *U.S. Health Care from a Global Perspective, 2022: Accelerating Spending, Worsening Outcomes* (Commonwealth Fund, Jan. 2023). https://doi.org/10.26099/8ejy-yc74

The U.S. obesity rate is nearly double the OECD average.



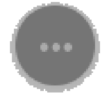
Percent of total population that is obese

Notes: Obese defined as body-mass index of 30 kg/m² or more. Data reflect rates based on measurements of height and weight, except NETH, NOR, SWE, SWIZ, for which data are self-reported. (Self-reported rates tend to be lower than measured rates.) 2021 data for NZ; 2020 data for KOR, NETH, and SWE; 2019 data for CAN, JPN, NOR, UK, and US; 2017 data for AUS, FRA, and SWIZ; 2012 data for GER. OECD average reflects the average of 23 OECD member countries, including ones not shown here, which provide data on obesity rates.

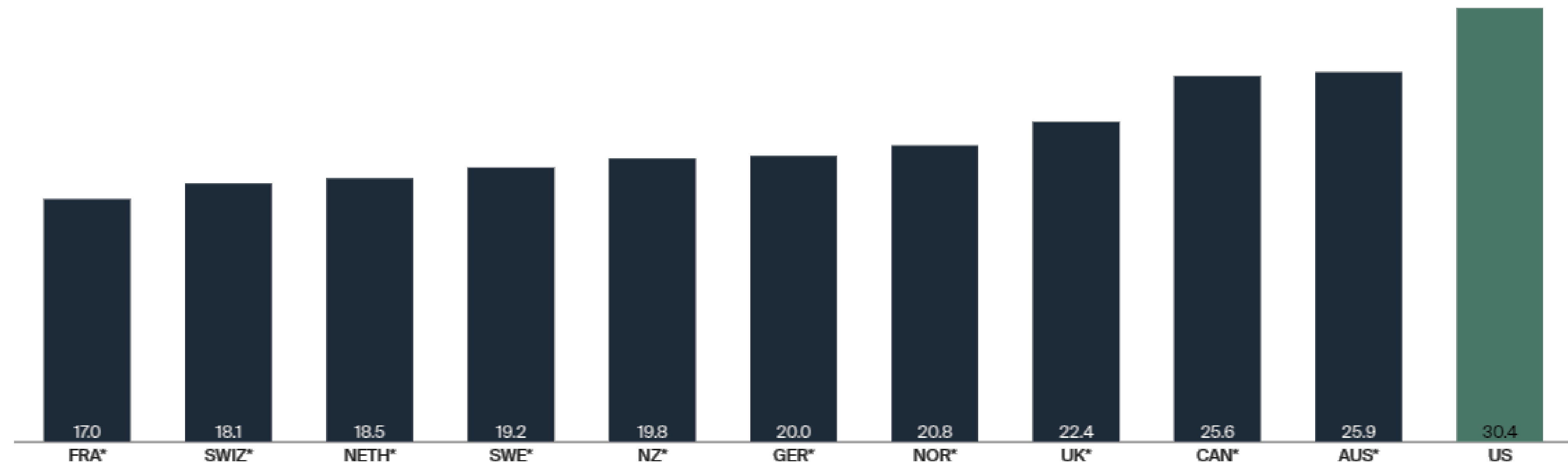
Data: OECD Health Statistics 2022.

Source: Munira Z. Gunja, Evan D. Gumas, and Reginald D. Williams II, *U.S. Health Care from a Global Perspective, 2022: Accelerating Spending, Worsening Outcomes* (Commonwealth Fund, Jan. 2023). https://doi.org/10.26099/8ejy-yc74

Adults in the U.S. are the most likely to have multiple chronic conditions.



Percent of adults age 18 and older who have multiple chronic conditions



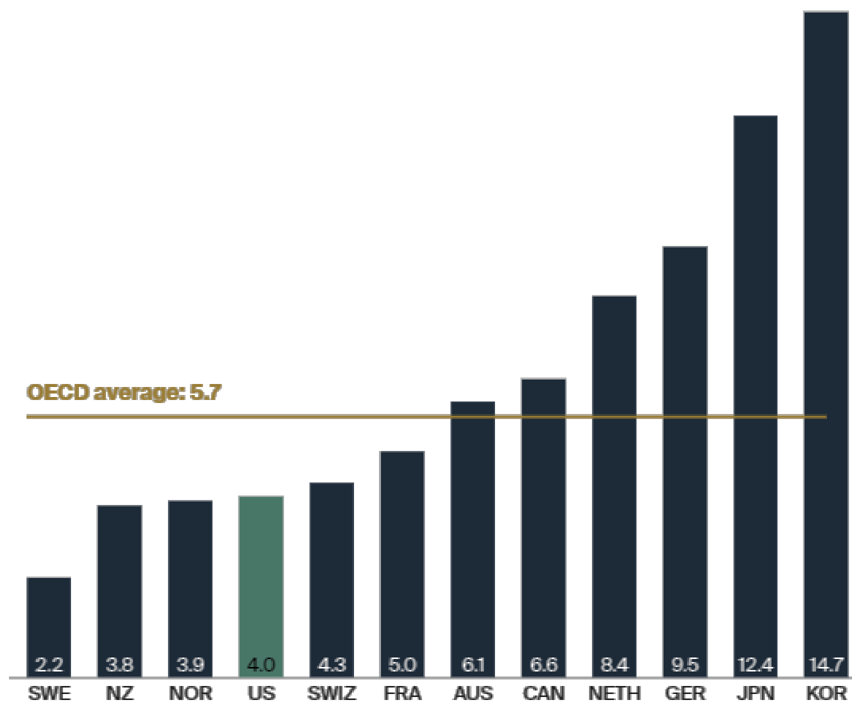
Notes: Chronic disease burden defined as adults age 18 years and older who have ever been told by a doctor that they have two or more of the following chronic conditions: asthma or chronic lung disease; cancer; depression, anxiety or other mental health condition; diabetes; heart disease, including heart attack; or hypertension/high blood pressure. Data reflect 11 countries which take part in the Commonwealth Fund's International Health Policy Survey.

* Statistically significant differences compared to US or comparator bar at $p<.05$ level.

Data: Commonwealth Fund International Health Policy Survey, 2020.

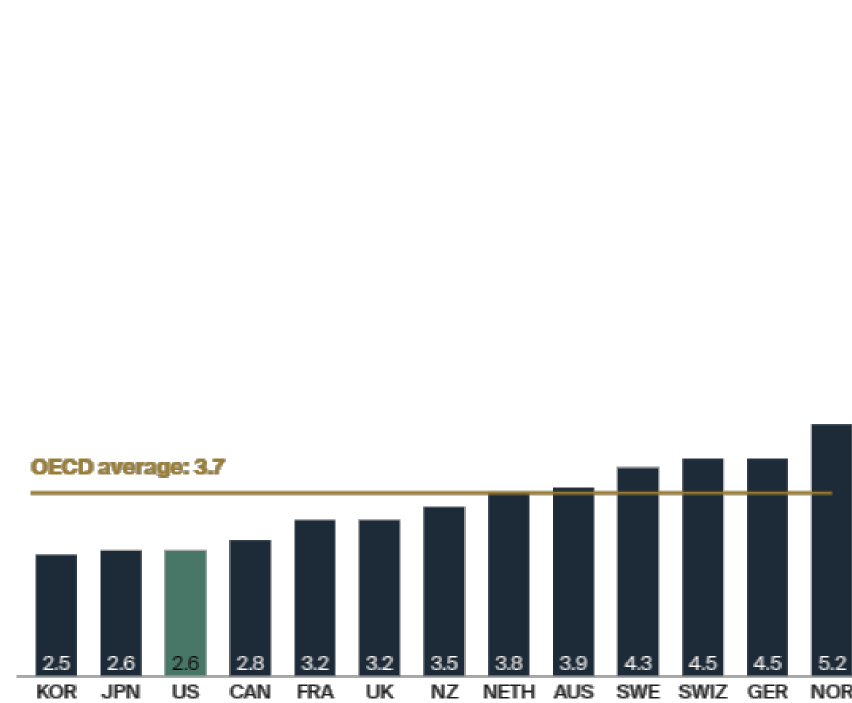
Source: Munira Z. Gunja, Evan D. Gumas, and Reginald D. Williams II, *U.S. Health Care from a Global Perspective, 2022: Accelerating Spending, Worsening Outcomes* (Commonwealth Fund, Jan. 2023). https://doi.org/10.26099/8ejy-yc74

The U.S. has among the lowest rates of physician visits and practicing physicians.



Notes: Data for UK not available. 2021 data for AUS and NOR; 2020 data for FRA, GER, KOR, NETH, and SWE; 2019 data for CAN and JPN; 2017 for NZ and SWIZ; 2011 data for US. OECD average reflects the average of 37 OECD member countries, including ones not shown here.

Data: OECD Health Statistics 2022.

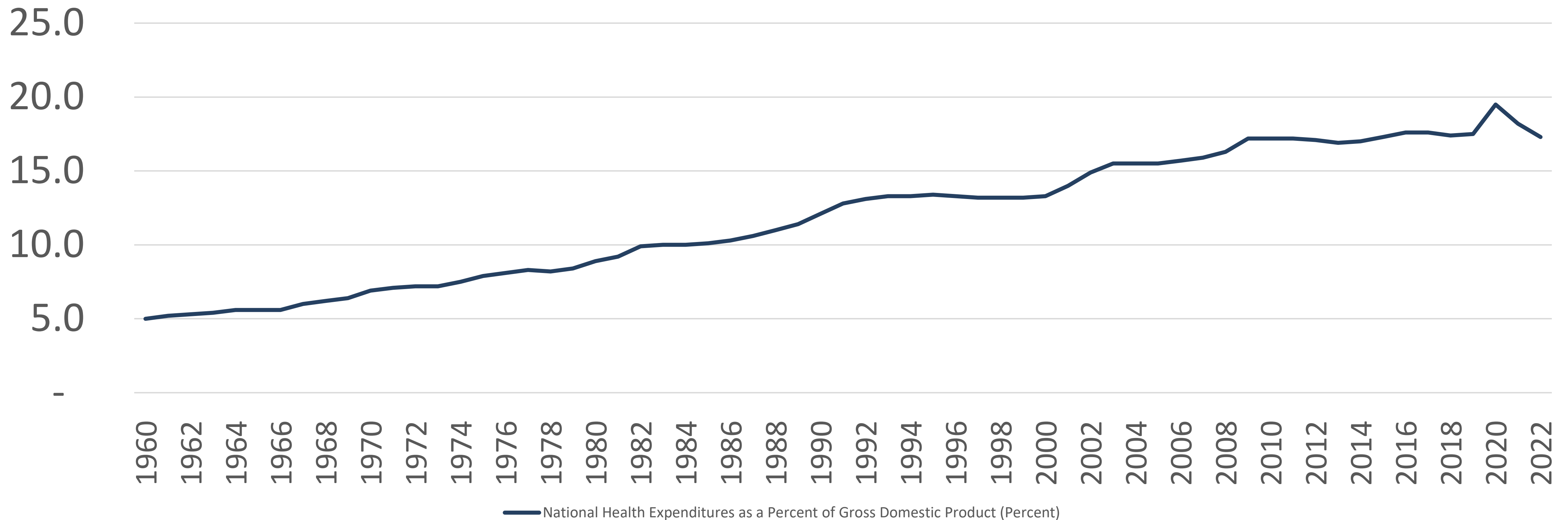


Notes: 2021 data for CAN, GER, NZ, NOR, SWIZ, and UK; 2020 data for AUS, FRA, JPN, KOR, and NETH; 2019 data for SWE and US. OECD average reflects the average of 31 OECD member countries, including ones not shown here.

Data: OECD Health Statistics 2022.

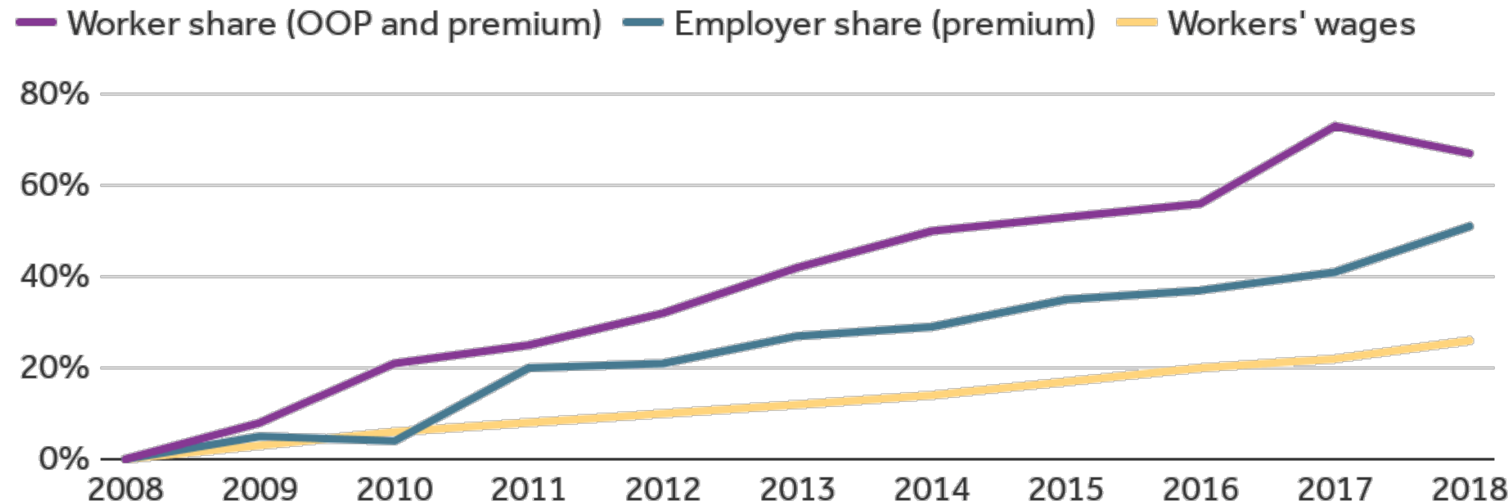
Source: Munira Z. Gunja, Evan D. Gumas, and Reginald D. Williams II, *U.S. Health Care from a Global Perspective, 2022: Accelerating Spending, Worsening Outcomes* (Commonwealth Fund, Jan. 2023). https://doi.org/10.26099/8ejy-yc74

National Health Expenditures as a Percent of Gross Domestic Product (%), 1960–2022



https://www.commonwealthfund.org/publications/issue-briefs/2023/jan/us-health-care-global-perspective-2022

Health Care Costs For Families Growing 3x Faster Than Wages, *Discouraging* Chronic Care

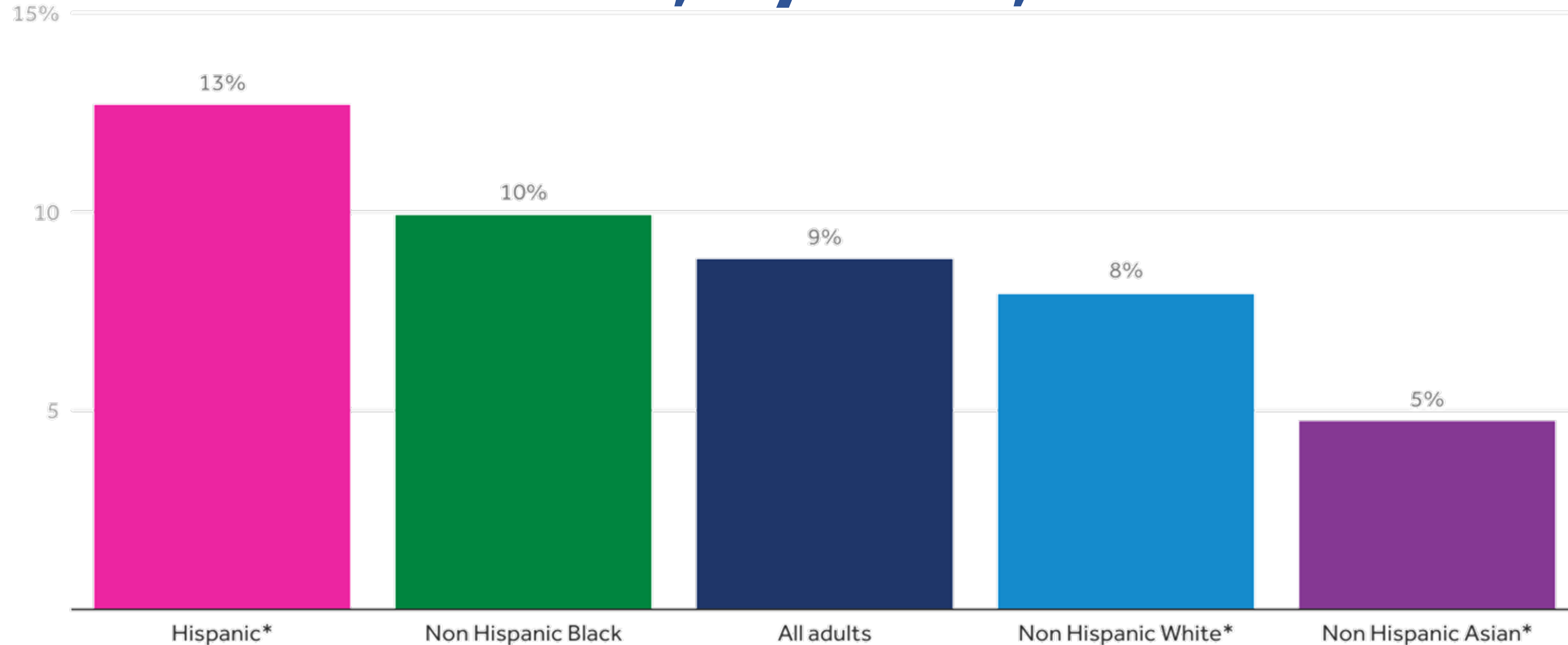


Note: Out-of-pocket (OOP) costs are inflated from 2017 to 2018 because data are not yet available. Large employers are those with one thousand or more employees.

Source: KFF analysis of IBM MarketScan Commercial Claims and Encounters Database and KFF Employer Health Benefits Survey, 2018; Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 1999-2017

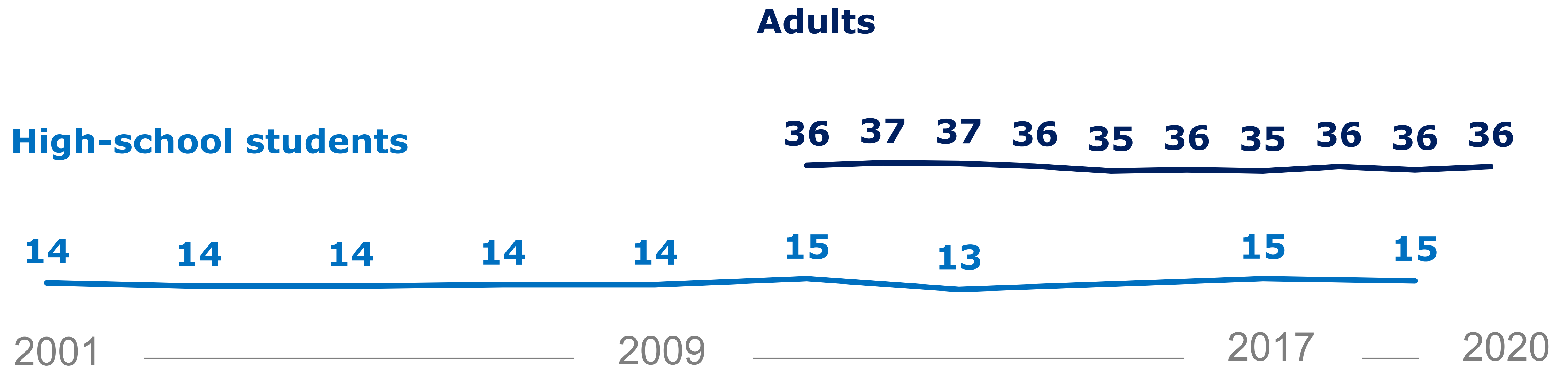
Peterson-KFF **Health System Tracker**

Percent of Adults Who Reported Delaying and/or Going Without Medical Care Due to Costs, by Race, 2020



Percent overweight BMI classification

We want to decrease



YRBSS, BRFSS

Percent overweight BMI classification

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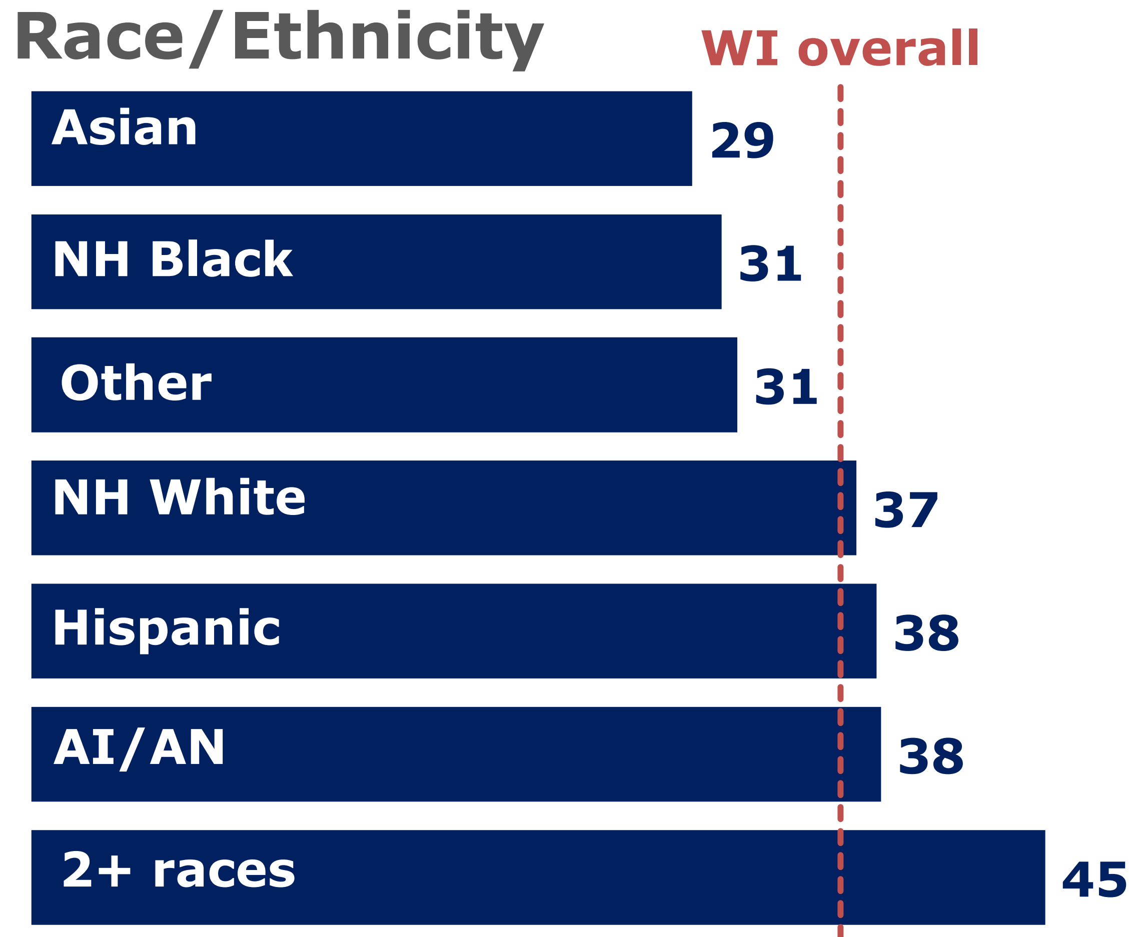

BRFSS 2020

Percent Overweight BMI Classification

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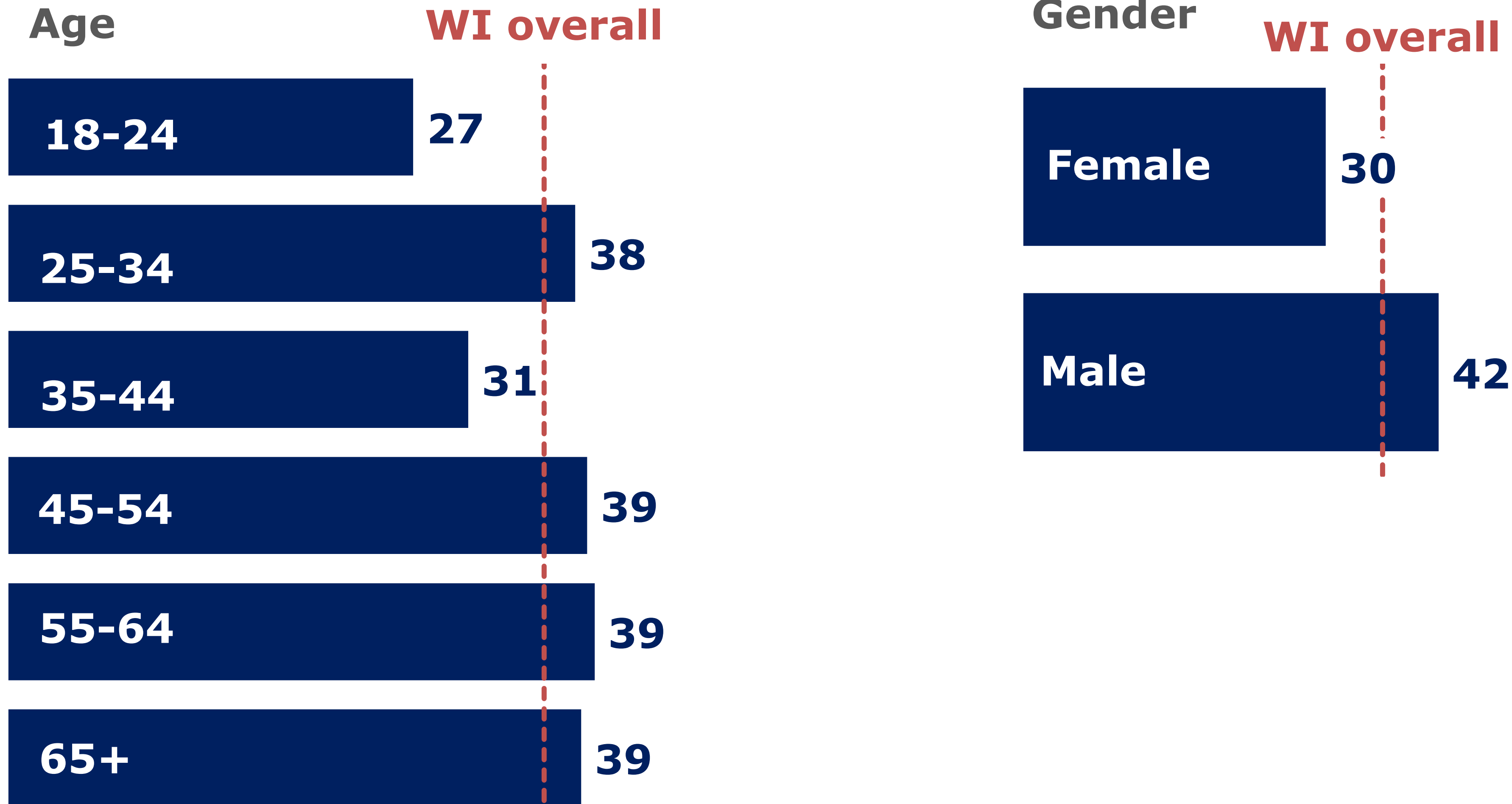

BRFSS 2020

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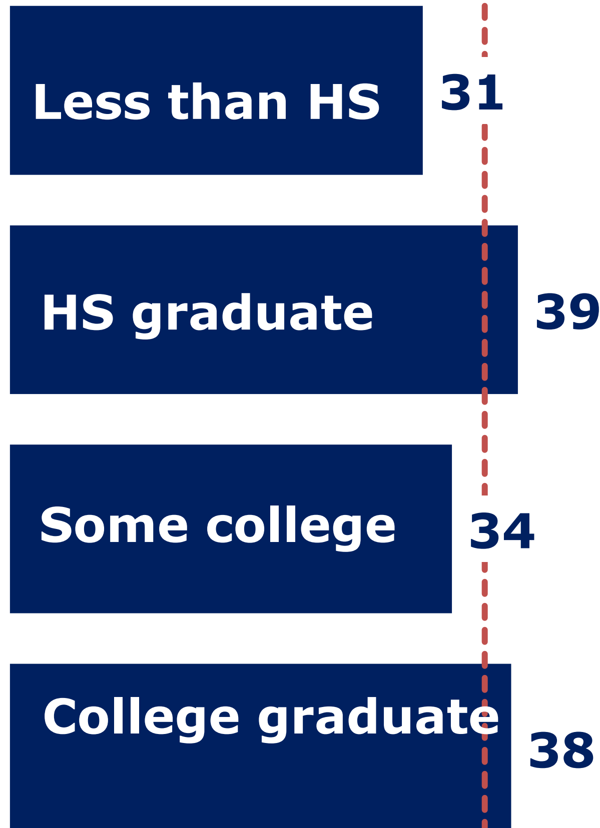

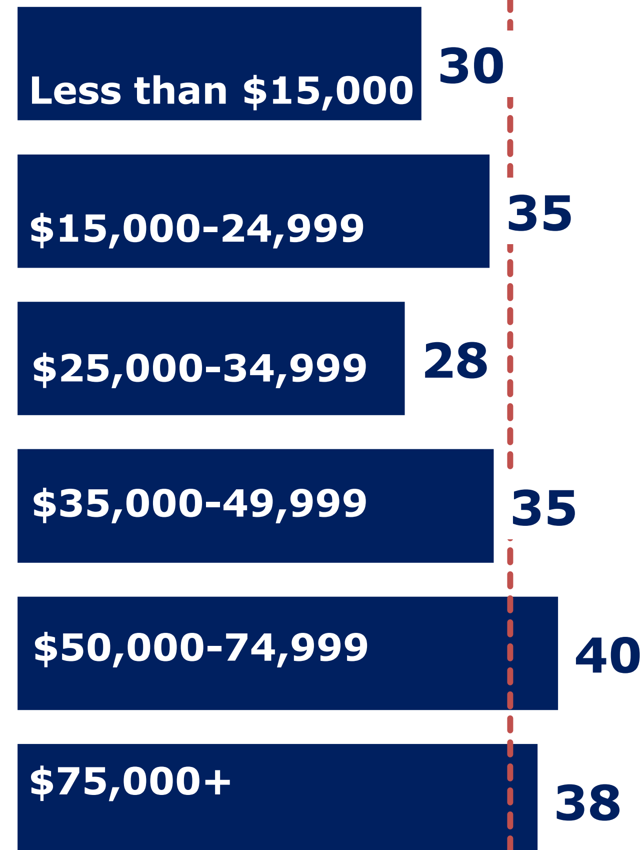

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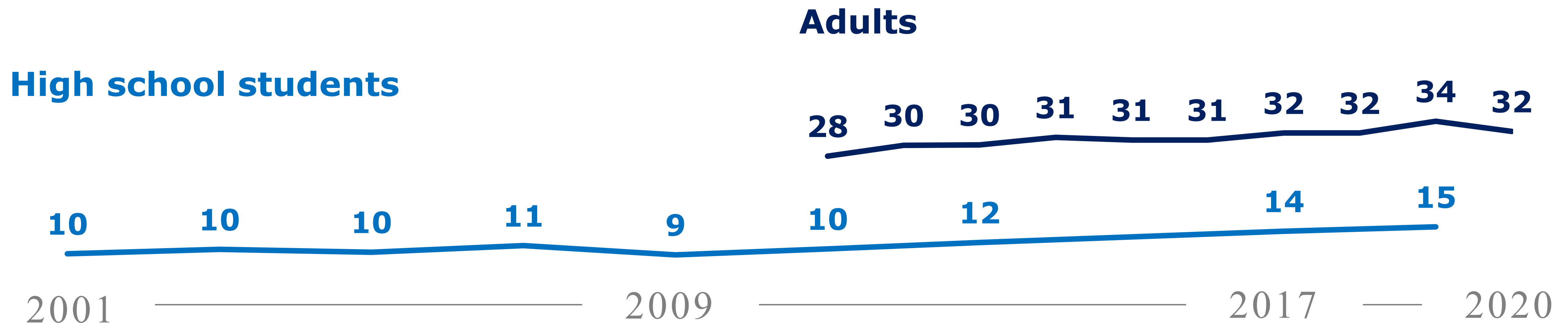

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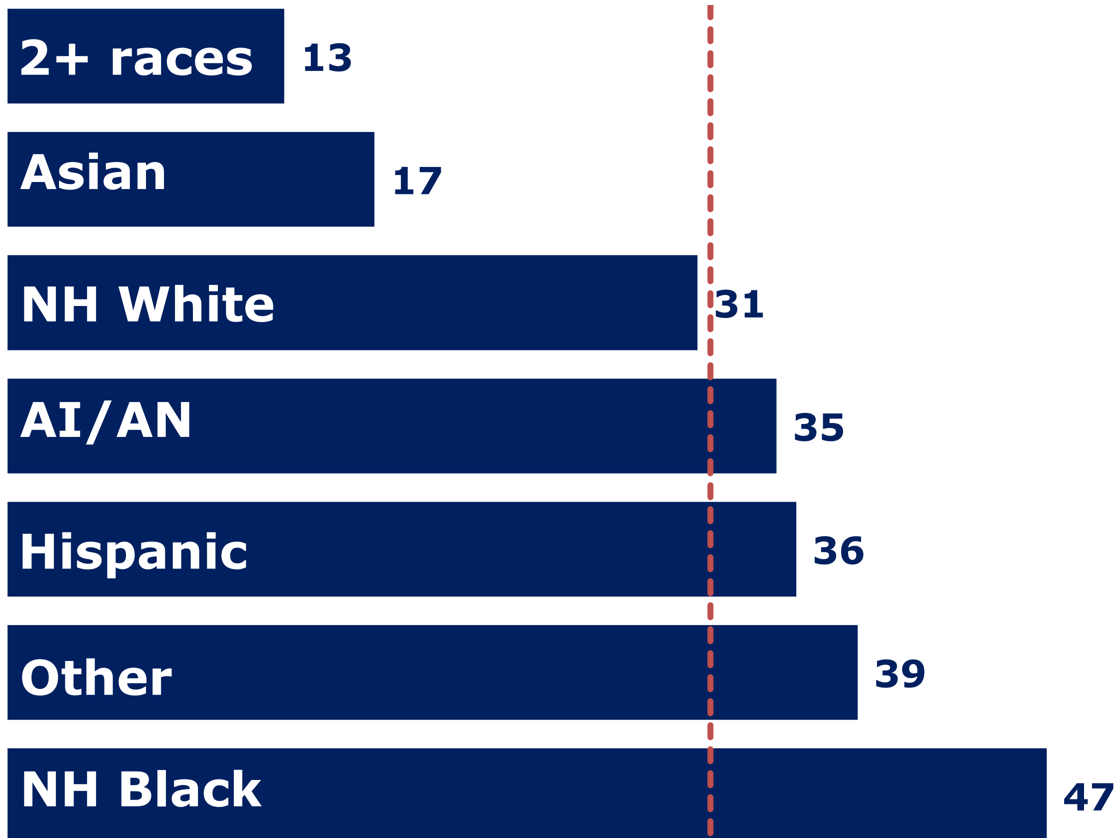

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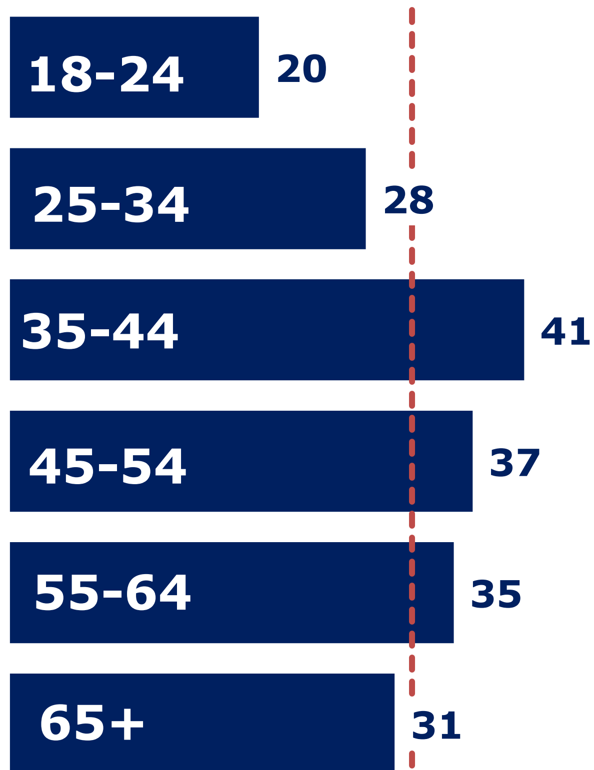

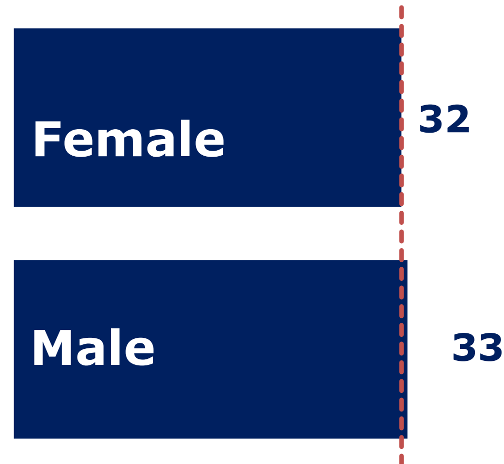

BRFSS 2020

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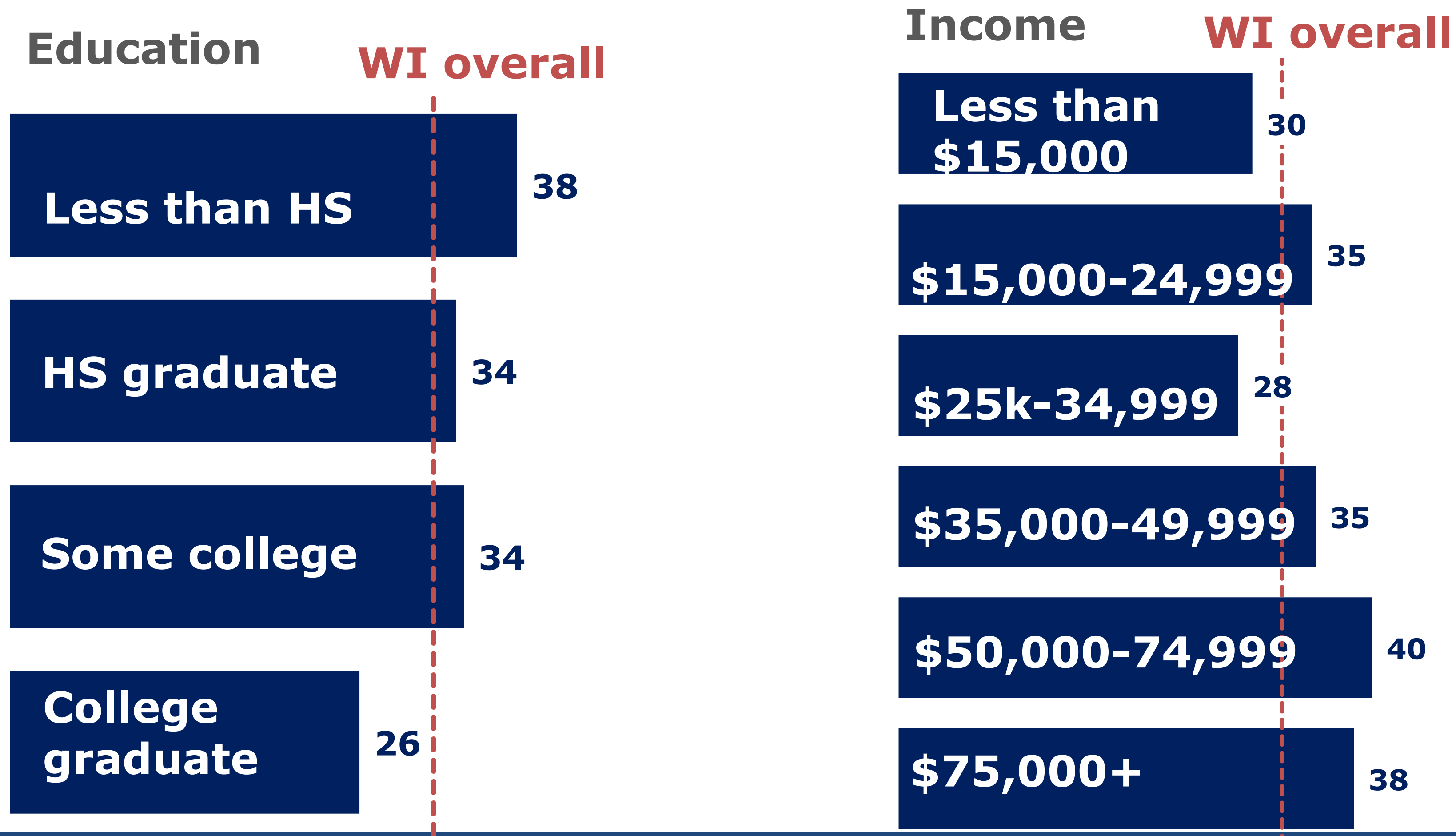
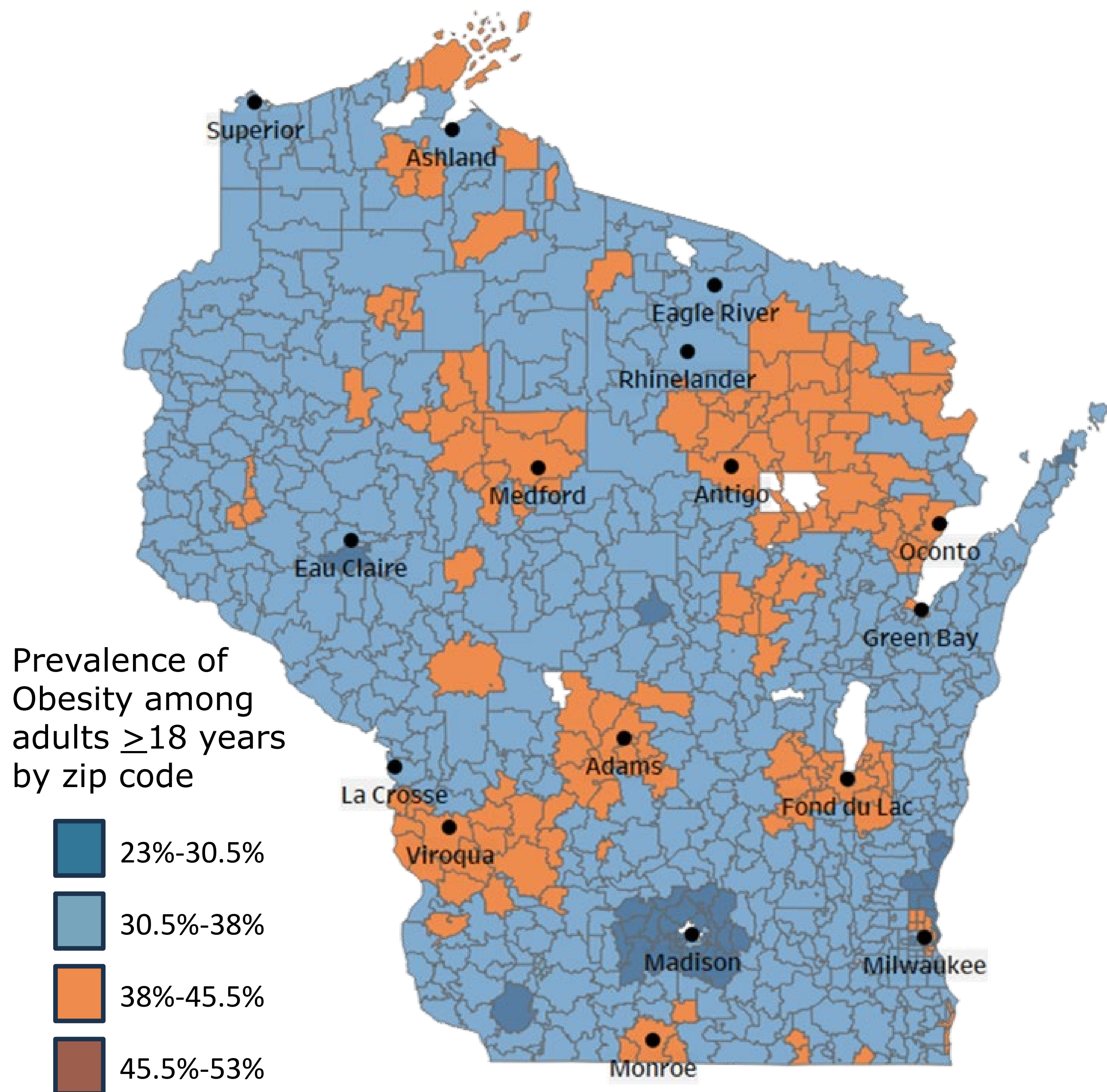


BRFSS 2020

Obesity Prevalence, Adults ≥18 years

Obesity in WI**

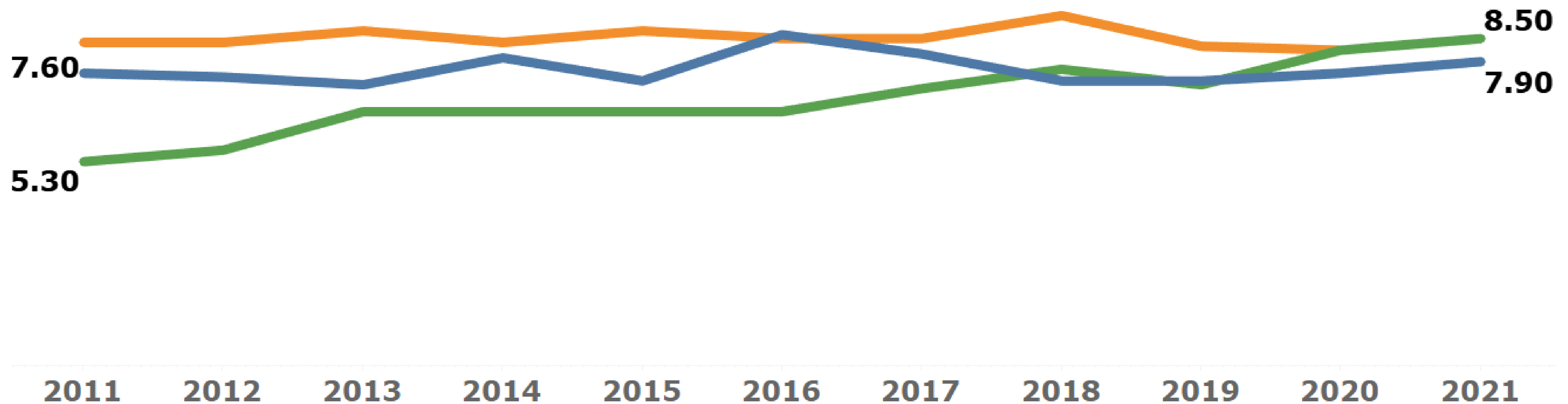
- Age-adjusted prevalence of obesity among WI adults is estimated to be 34.1%. This is a 2% increase from 2019
- Groups with the highest obesity rates include:
  - Males.
  - Non-Hispanic Black.
  - Ages 45-64.



Data source: CDC BRFSS 2021*,CDC BRFSS 2022**

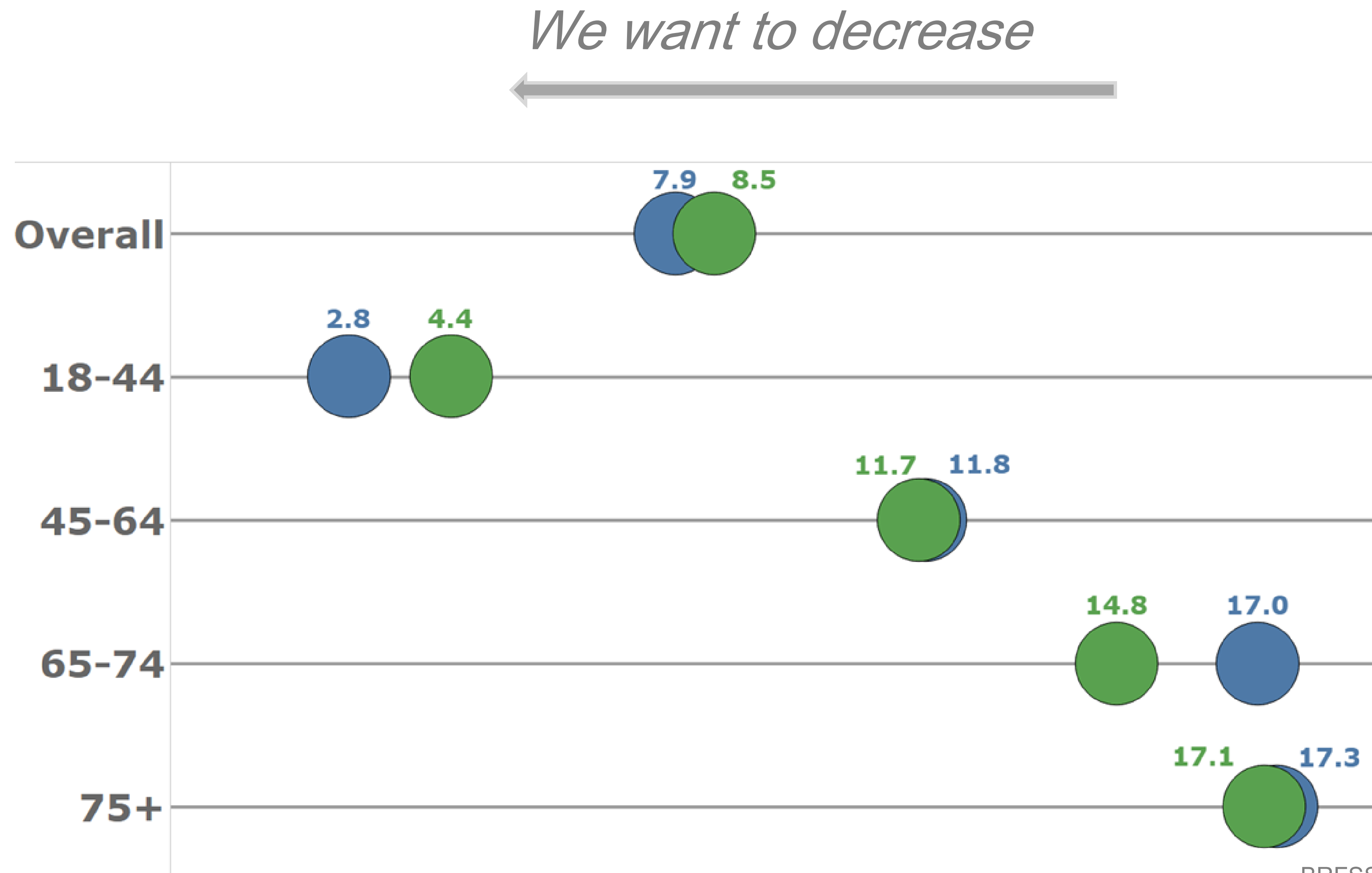
There was a 3.2% increase in prediabetes prevalence over the last 10 years

We want to decrease



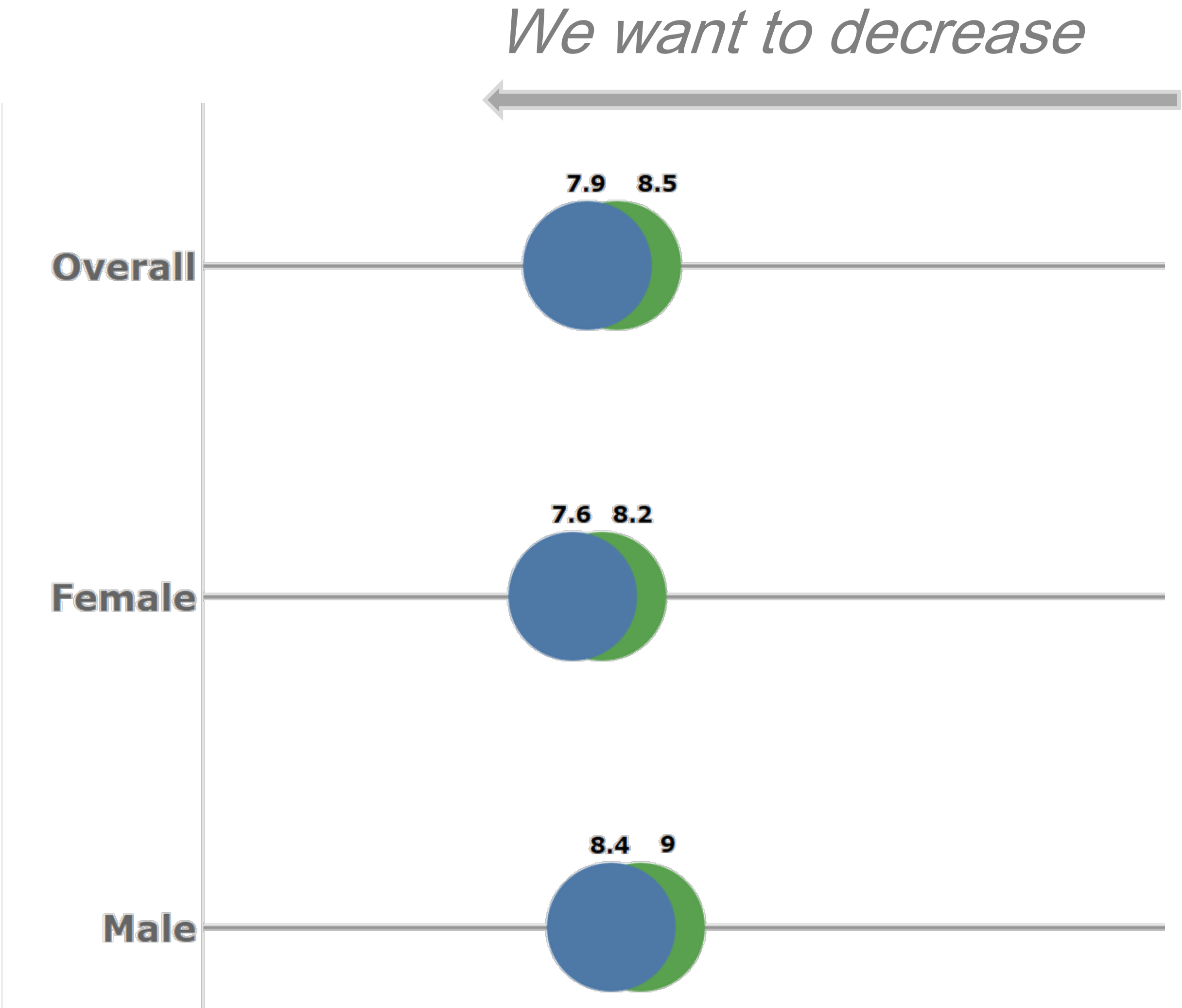
BRFSS– CDI, Diabetes Atlas

Older Populations Have a Higher Prevalence of Prediabetes and Diabetes



BRFSS– Diabetes Atlas (2021)

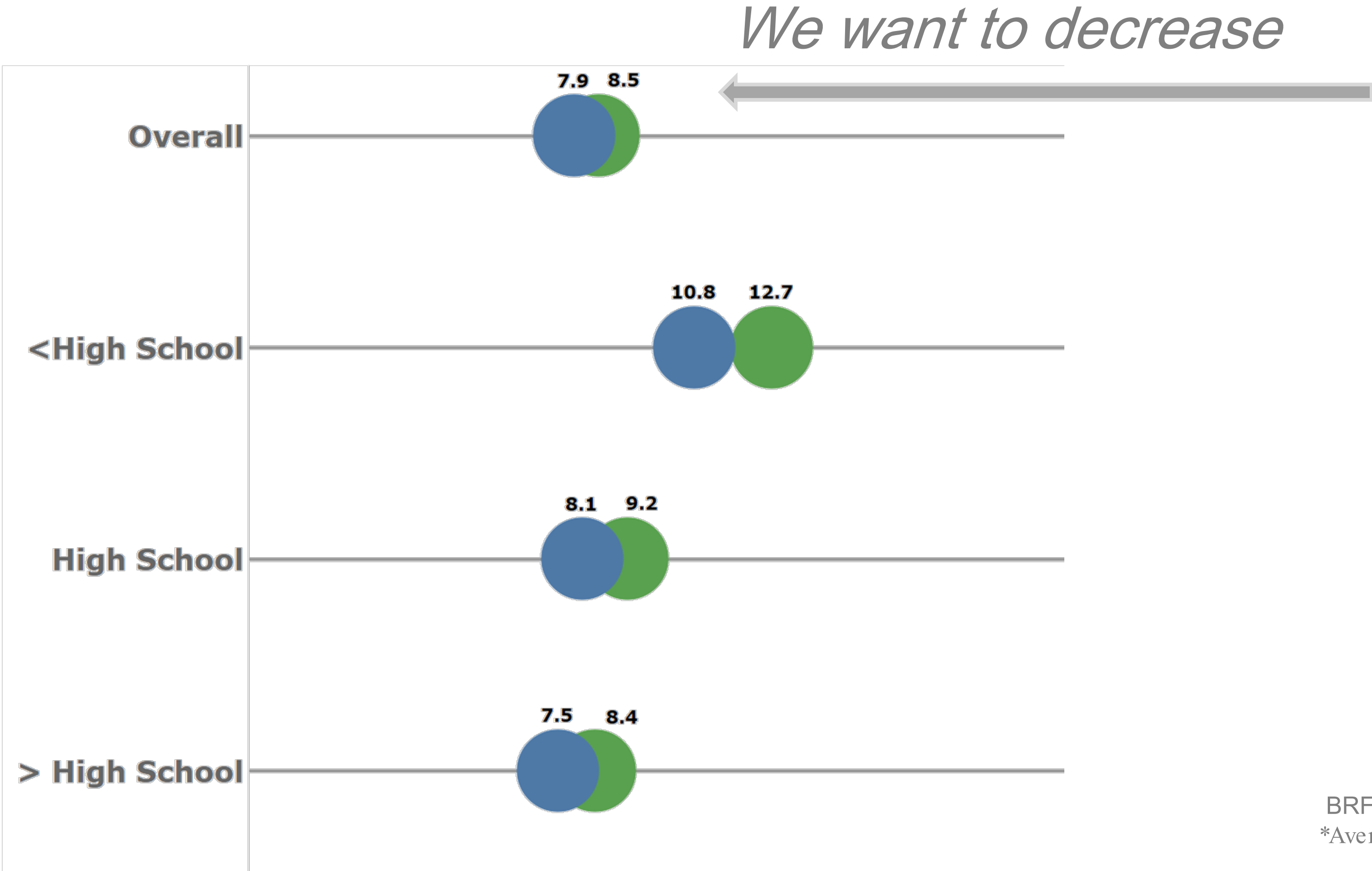
Males have a slightly higher prevalence of prediabetes and diabetes than females



BRFSS– Diabetes Atlas (2021)

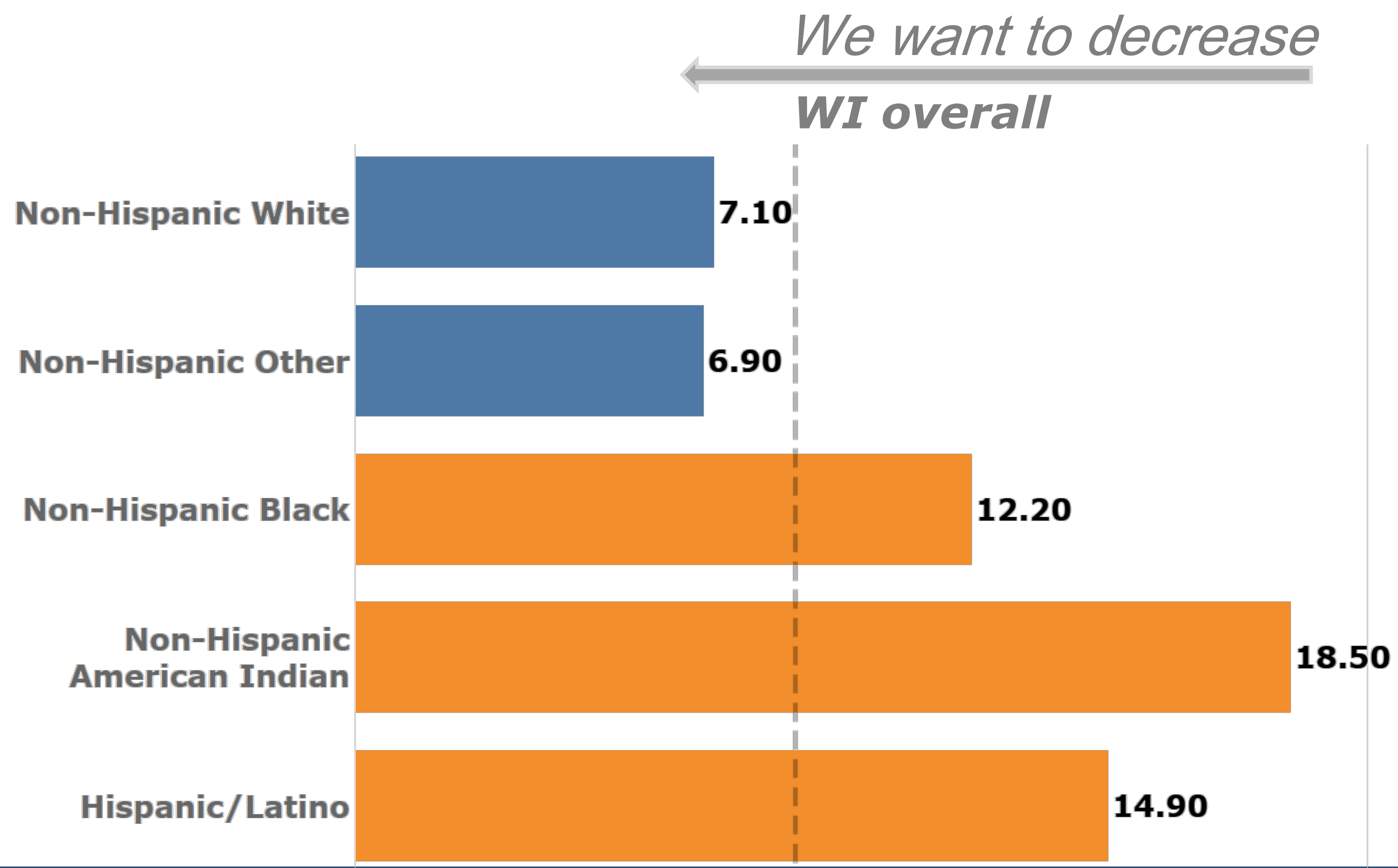
People with **Less Than a High School Education/GED** are Almost **1.5 times** More Likely to be Diagnosed with **Prediabetes** or **Diabetes** Compared to all Adults in Wisconsin.

We want to decrease



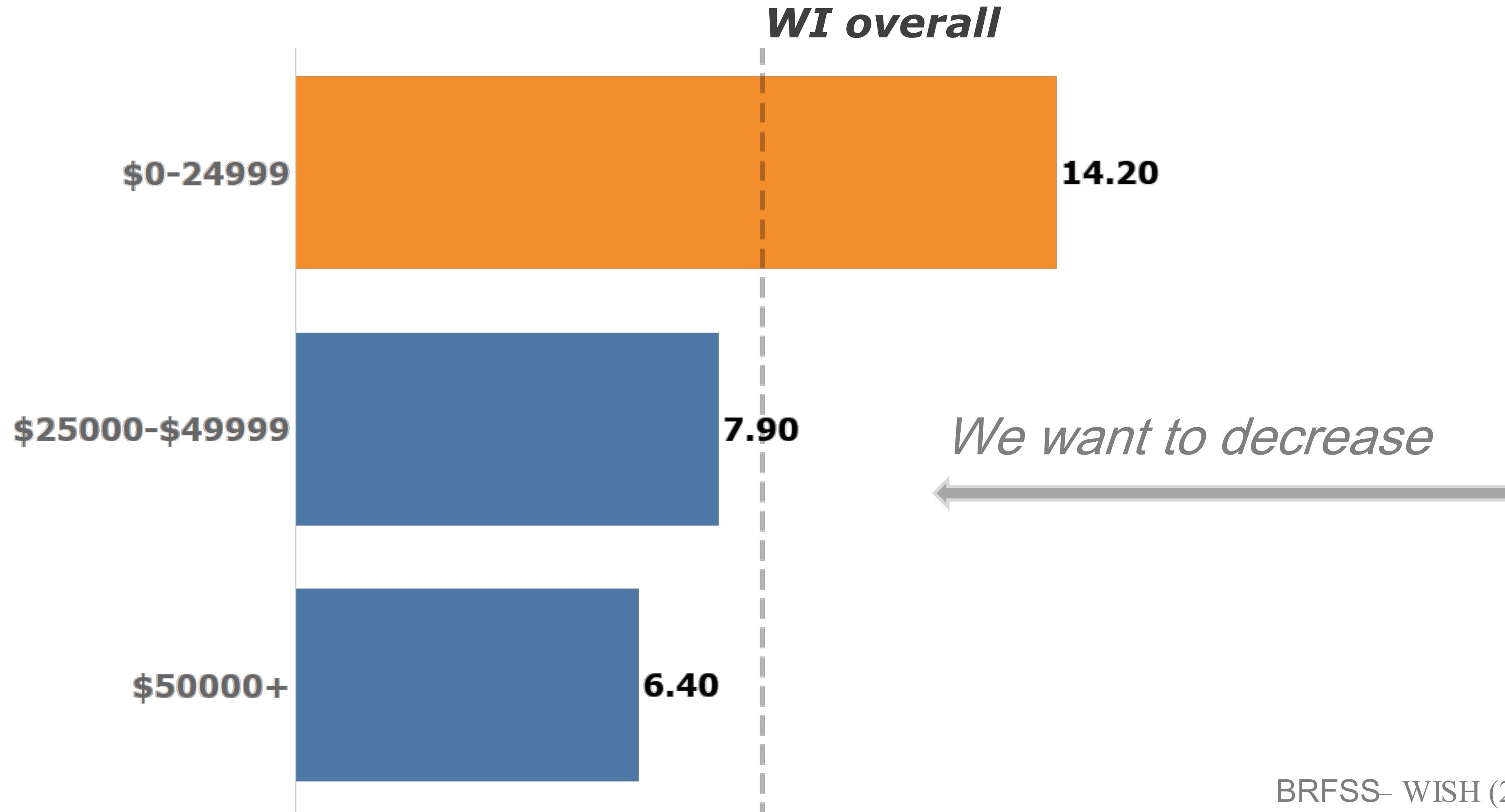
BRFSS– Diabetes Atlas (2021)
*Average rate of available years

The Non-Hispanic Black, Non-Hispanic American Indian and Hispanic/Latino Populations All Had Diabetes Prevalence Rates Greater Than the Overall Prevalence For All Adults in Wisconsin



BRFSS– WISH (2019-2021)

People with Income Below $25K are More Than 2 Times More Likely to be Diagnosed with Diabetes Compared to Those with Income Higher Than $25K



BRFSS– WISH (2019-2021)

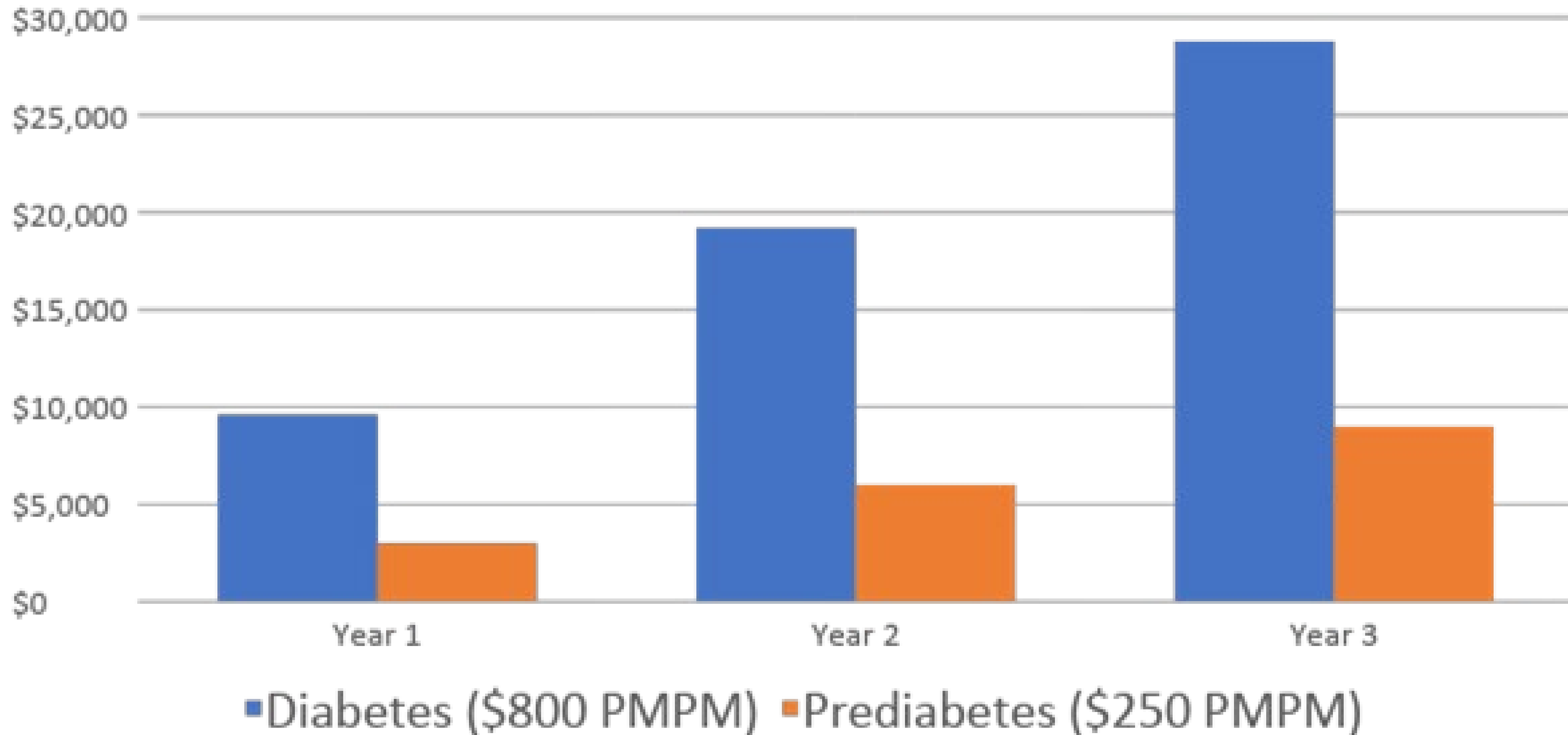
Persons with Diabetes Have Intense Needs – What if we Could Delay or Prevent People from Acquiring Type 2 Diabetes?

- We **manage, but cannot turn back** the clock on:
  - Catastrophic risk – manage the hospitalization has already occurred
  - Unpredictable Acute Care – steer to right site of service for events that have already
  - Chronic illness, including established diabetes with comorbidities
- **Prediabetes**: What if we were able to delay or prevent diabetes with evidence-based education?

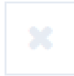
Prediabetes is the one place where we have a possible intervention

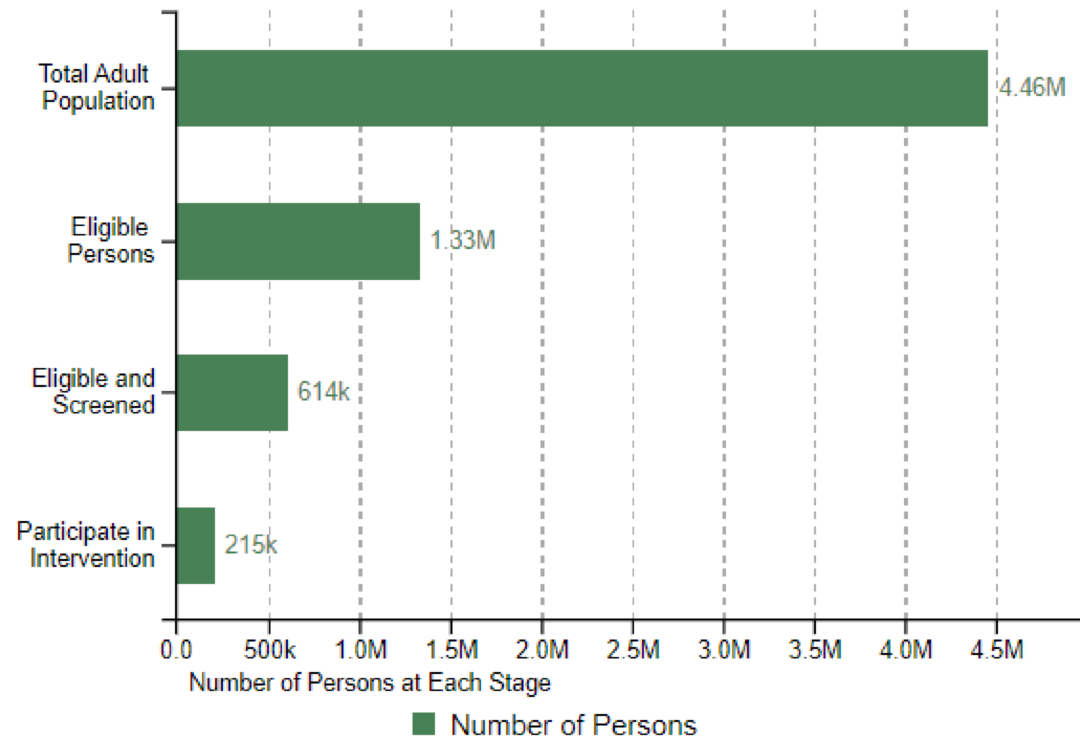
Diabetes Costs in 3 Years vs. Prediabetes

A missed opportunity over the last 20 years?



In Wisconsin, How Many are Likely to be Affected?





Intervention Population Categories	Number of Persons
Total Adult Population	4,459,989
Eligible Persons	1,334,114
Eligible and Screened	613,692
Participate in Intervention	214,792

- HIDE DATA TABLE

In any group of 100K population: You know the age, gender, HTN status, and likely some BMI

https://nccd.cdc.gov/Toolkit/DiabetesImpact/Dashboard

National Diabetes Prevention Program (National DPP)

Marilyn Hodgson
Quality Initiatives Coordinator, Chronic Disease Prevention Program
Wisconsin Department of Health Services, Division of Public Health

Diabetes Prevention Program Research Study

Major multicenter national clinical research study for a lifestyle change program intervention focused on reducing calories and increasing physical activity to at least 150 minutes per week

Diabetes Prevention Program Research Group. Reduction in the Incidence of Type 2 Diabetes with Lifestyle Intervention or Metformin. N Engl J Med 2002; 346:393-403, doi: 10.1056/NEJMoa012512.

Diabetes Prevention Program Research Study *continued*

- Study results showed that this structured lifestyle change program participants could achieve:
  - 5%–7% weight loss from starting weight (10 to 14 pounds for a person weighing 200 pounds).
  - Risk reduction of developing type 2 diabetes by 58% in adults at high risk for the disease, 71% if aged 60+.
- In comparison, metformin reduced risk less dramatically by 31%.

Diabetes Prevention Program Research Group. Reduction in the Incidence of Type 2 Diabetes with Lifestyle Intervention or Metformin. N Engl J Med 2002; 346:393-403, doi: 10.1056/NEJMoa012512.

USPSTF Declares DPP Effective Intervention

United States Preventive Services Task Force (USPSTF) Prediabetes and Type 2 Diabetes Screening Guidelines (Grade: B)

- **Screening** for prediabetes and type 2 diabetes in adults aged 35 to 70 years who have overweight or obesity
- **Referring** patients with prediabetes to effective preventive interventions
- **Calls out National DPP as effective intervention**

USPSTF) Prediabetes and Type 2 Diabetes Screening Guidelines: https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/screening-for-prediabetes-and-type-2-diabetes.

CMS Declares DPP Cost-Effective Intervention

Centers for Medicare & Medicaid Services (CMS)

- **March 23, 2016**: the Department of Health and Human Services (HHS) announced that the CMS Office of the Actuary (OACT) certified that the National DPP lifestyle change program would “reduce net-Medicare spending”
- **January 1, 2018**: MDPP suppliers began enrolling in Medicare
- **April 1, 2018**: MDPP suppliers began furnishing MDPP services and billing Medicare for MDPP services

National DPP Coverage Toolkit: Medicare Basics: https://coveragetoolkit.org/medicare/mdpp-basics/

Cost-Effective Intervention

- MDPP builds on success of CDC's National DPP
- Tested in Medicare population through an Innovation Center-funded DPP Model Test with Y-USA
  - Assessed DPP effectiveness among Medicare population
  - Showed group-based community sessions can lead to beneficiary weight loss and Medicare savings

CY 2024 Physician Fee Schedule Updates to MDPP: https://www.cms.gov/files/document/mdpp-cy24-pfs-webinar-slides.pdf

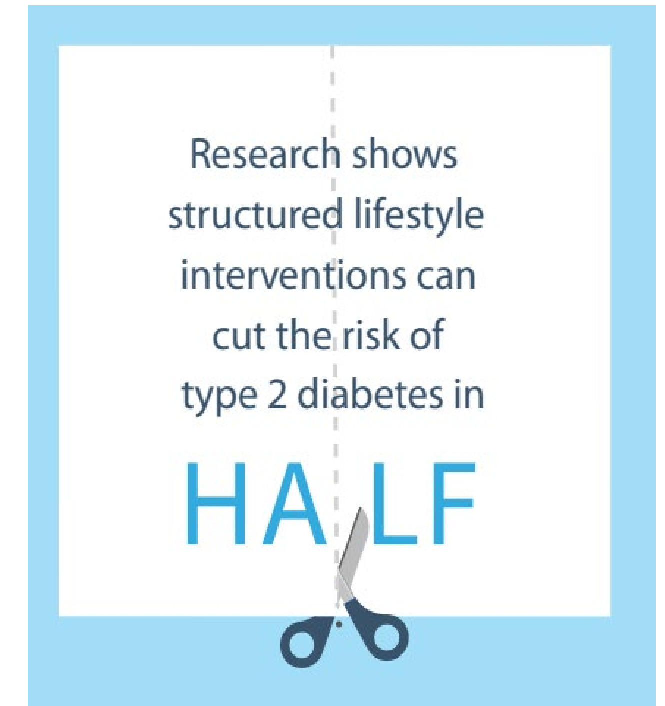
Cost-Effective Intervention *continued*

- ***All* Medicare beneficiaries must have access to MDPP services**. There are two ways in which Medicare beneficiaries can receive these benefits:
  - Through original **Medicare Part B** (outpatient medical services)
  - Through **Medicare Part C**, also known as **Medicare Advantage**

CY 2024 Physician Fee Schedule Updates to MDPP: https://www.cms.gov/files/document/mdpp-cy24-pfs-webinar-slides.pdf

National Diabetes Prevention Program (National DPP) Overview

- CDC-approved curriculum established in 2010
- Evidence-based, low-cost intervention
- One-year group program led by trained Lifestyle Coaches
    - 16 weekly sessions
    - Two to six bi-weekly sessions
    - Six monthly sessions



National Diabetes Prevention Program (National DPP) Overview *continued*

Delivery modes:

- Synchronous (group setting)
  - In-person
  - Distance Learning
- Asynchronous (independent study)
  - Online
- Combination

Program Eligibility

- 18+ years old
- Overweight
- No previous diagnosis of type 1 or type 2 diabetes
- Plus, one or more of the following:
  - Blood test result in the prediabetes range within the past year
  - Previously diagnosed with gestational diabetes
  - Score 5 or higher on the CDC/ADA [Prediabetes Risk Test]

Prediabetes Risk Test

NATIONAL DIABETES PREVENTION PROGRAM

Write your score in the boxes below

1. How old are you?

Younger than 40 years (0 points)
40–49 years (1 point)
50–59 years (2 points)
60 years or older (3 points)

2. Are you a man or a woman?

Man (1 point) Woman (0 points)

3. If you are a woman, have you ever been diagnosed with gestational diabetes?

Yes (1 point) No (0 points)

4. Do you have a mother, father, sister, or brother with diabetes?

Yes (1 point) No (0 points)

5. Have you ever been diagnosed with high blood pressure?

Yes (1 point) No (0 points)

6. Are you physically active?

Yes (0 points) No (1 point)

7. What is your weight category?

(See chart at right)

Total score:

Height	Weight (lbs.)		
4'10"	119-142	143-190	191+
4'11"	124-147	148-197	198+
5'0"	128-152	153-203	204+
5'1"	132-157	158-210	211+
5'2"	136-163	164-217	218+
5'3"	141-168	169-224	225+
5'4"	145-173	174-231	232+
5'5"	150-179	180-239	240+
5'6"	155-185	186-246	247+
5'7"	159-190	191-254	255+
5'8"	164-196	197-261	262+
5'9"	169-202	203-269	270+
5'10"	174-208	209-277	278+
5'11"	179-214	215-285	286+
6'0"	184-220	221-293	294+
6'1"	189-226	227-301	302+
6'2"	194-232	233-310	311+
6'3"	200-239	240-318	319+
6'4"	205-245	246-327	328+
	1 Point	2 Points	3 Points

You weigh less than the 1 Point column (0 points)

Adapted from Bang et al., Ann Intern Med 151:775-783, 2009. Original algorithm was validated without gestational diabetes as part of the model.

If you scored 5 or higher

You are at increased risk for having prediabetes and are at high risk for type 2 diabetes. However, only your doctor can tell for sure if you have type 2 diabetes or prediabetes, a condition in which blood sugar levels are higher than normal but not high enough yet to be diagnosed as type 2 diabetes. **Talk to your doctor to see if additional testing is needed.**

If you are African American, Hispanic/Latino American, American Indian/Alaska Native, Asian American, or Pacific Islander, you are at higher risk for prediabetes and type 2 diabetes. Also, if you are Asian American, you are at increased risk for type 2 diabetes at a lower weight (about 15 pounds lower than weights in the 1 Point column). Talk to your doctor to see if you should have your blood sugar tested.

You can reduce your risk for type 2 diabetes

Find out how you can reverse prediabetes and prevent or delay type 2 diabetes through a **CDC-recognized lifestyle change program** at https://www.cdc.gov/diabetes/prevention/lifestyle-program.

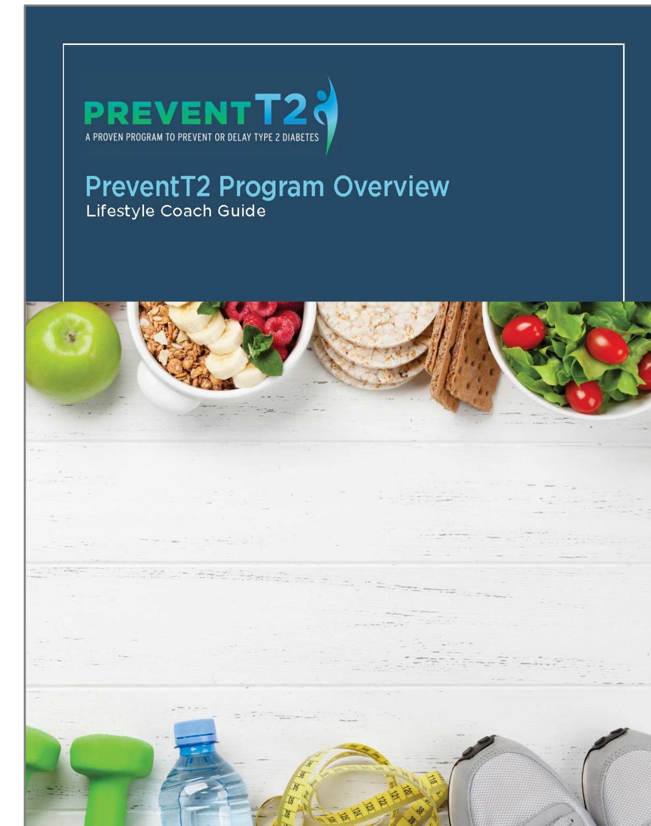
Risk Test provided by the American Diabetes Association and the Centers for Disease Control and Prevention.

American Diabetes Association. CDC

Program Content

First half of the program:

- Eating healthy using foods you love
- Adding physical activity to your life
- Dealing with stress
- Coping with challenges
- Getting back on track



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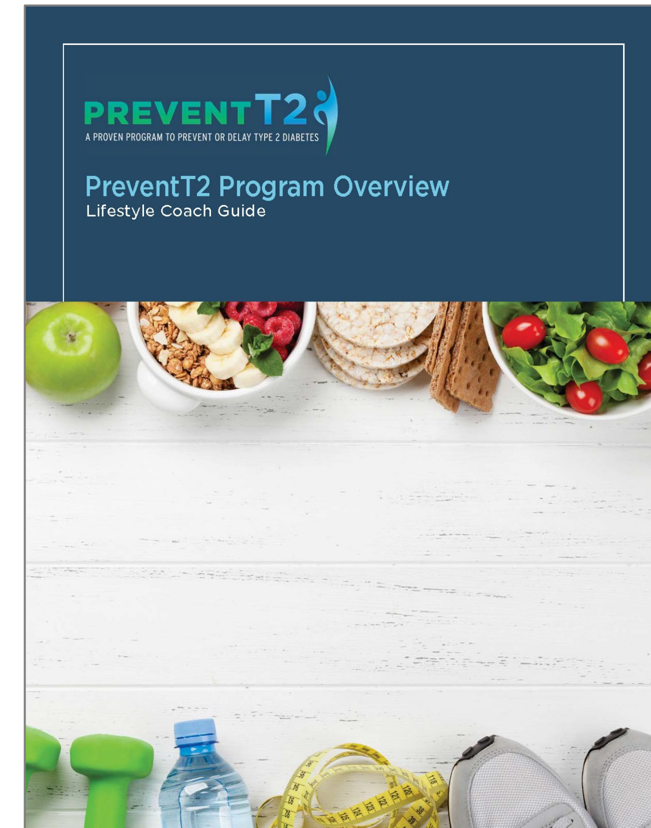
Program Content *continued*

Second half of the program:

- Enhances learned skills
- Reviews key ideas such as tracking food, setting goals, staying motivated, and overcoming barriers
- Continues group support



Program Experience

- Identified with prediabetes or other risk factors
- Enrolls in program
- Led by trained Lifestyle Coach
- Supported by group of people
- Guided by CDC-approved curriculum
- Gains knowledge and skills to adopt new health habits
- Improves health, well-being, and quality of life
- Maintains new healthy habits throughout life

Fidelity

Two levels:

- Adherence to Diabetes Prevention Recognition Program (DPRP)
- Payment compliance for Value-Based Reimbursement Payment Structure

DPRP Standards and Operating Procedures: https://nationaldppcsc.cdc.gov/s/article/DPRP-Standards-and-Operating-Procedures

Adherence

- Diabetes Prevention Recognition Program (DPRP)
- *DPRP Standards and Operating Procedures*, updated every three years

DPRP Standards and Operating Procedures: https://nationaldppcsc.cdc.gov/s/article/DPRP-Standards-and-Operating-Procedures

Diabetes Prevention Recognition Program (DPRP)

Three key objectives:

- Assure program quality, fidelity to scientific evidence, and broad use of the National DPP LCP throughout the United States
- Develop and maintain a registry of recognized delivery organizations
- Provide technical assistance to delivery organizations to assist in achieving and maintaining recognition status

DPRP Standards and Operating Procedures: https://nationaldppcsc.cdc.gov/s/article/DPRP-Standards-and-Operating-Procedures

Diabetes Prevention Recognition Program (DPRP) *continued*

Three levels of recognition:

- **Pending**: complete application indicating curriculum, intervention duration, and intervention intensity
- **Preliminary**: meet requirements for pending recognition plus retain at least five completers in the evaluation cohort

DPRP Standards and Operating Procedures: https://nationaldppcsc.cdc.gov/s/article/DPRP-Standards-and-Operating-Procedures

Diabetes Prevention Recognition Program (DPRP) *continued*

- **Full/+**: meet requirements for pending and preliminary recognition plus
  - Show risk reduction that at least 60% of all completers achieved **at least one** of the following outcomes:
    a) at least 5% weight loss 12 months after the cohort began or
    b) at least 4% weight loss and at least 150 minutes/week on average of physical activity 12 months after the cohort began or
    c) at least a 0.2% reduction in HbA1C
  - Show 35% or more completers were eligible for the program based on either a blood test indicating prediabetes or a history of gestational diabetes mellitus (GDM)

DPRP Standards and Operating Procedures: https://nationaldppcsc.cdc.gov/s/article/DPRP-Standards-and-Operating-Procedures

Payment Compliance

- Value-Based Reimbursement Payment Structure
  - Initial enrollment: first session attended
  - Session attendance: each session attended
  - Ongoing Engagement: fourth and ninth session attended
  - Weight loss from starting weight: 5% and 9%
- National DPP/MDPP suppliers are only reimbursed when milestones are met. Evidence shows when milestones are met change is made.

Diabetes Prevention Program Research Group. Reduction in the Incidence of Type 2 Diabetes with Lifestyle Intervention or Metformin. N Engl J Med 2002; 346:393-403, doi: 10.1056/NEJMoa012512.

History of DPP in Wisconsin

1996

NIH and CDC initiate **randomized clinical trial** evaluating effectiveness of lifestyle intervention compared to medication intervention on effect of reducing incidence of type 2 diabetes

1999

The **Wisconsin Chronic Disease Quality Improvement Project (CDQIP) convenes**, a collaborative effort between DHS, Diabetes Advisory Group, and health plans

2002

DPP Research Group published findings from its randomized clinical trial in *New England Journal of Medicine*, and **substantiates structured lifestyle program reduced incidence of diabetes in high-risk individuals by 58%**

2008

Ackermann, et al., publishes study in *American Journal of Preventive Medicine* **identifying YMCA as a "promising channel" for disseminating a lower-cost lifestyle intervention** based on randomized clinical trial but uses a group (vs. individual) coaching model

2013

Technical assistance begins to **help organizations build capacity** for successful delivery of DPP

2015

Technical assistance begins to help health systems build **screening, testing, and referral protocols** and procedures

2015

USPSTF issues recommendation on diabetes screening in asymptomatic adults, reinforcing importance of lifestyle change program

2016

Webpages and promotional resources developed for partner use to increase awareness of prediabetes and DPP

History of DPP in Wisconsin *continued*

2017

June: CDQIP hosts day-long meeting to educate health plans about **DPP Coverage Toolkit**

October: Multi-sector **Diabetes Prevention State Engagement Meeting** attended by over 200 stakeholders, including members of CDQIP

2018

April: **Medicare coverage begins**, suppliers begin applying for Medicare DPP provider status

September: **Second State Engagement Meeting** focused on screening, testing, and referrals

2019

Wisconsin Insurer Community of Practice convened from members of CDQIP

2020

Development of **Lifestyle and Prevention Benefits Network (LBPN)** begins

2021

Community pharmacy and YMCA **Umbrella Hub Organizations (UHOs) form**

2022

Wisconsin DHS Division of Medicaid Services agrees to participate in "Building a Case for Coverage" Learning Lab

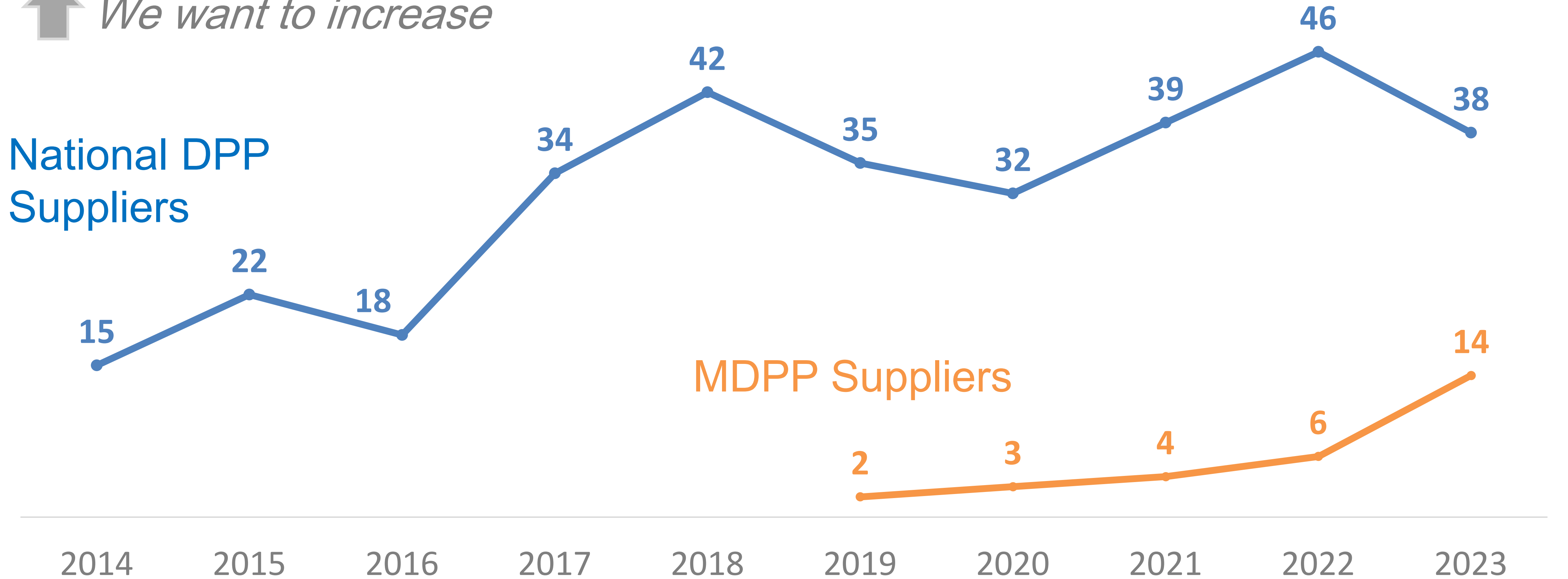
2024

January: **State employees receive National DPP benefit** as part of wellness program

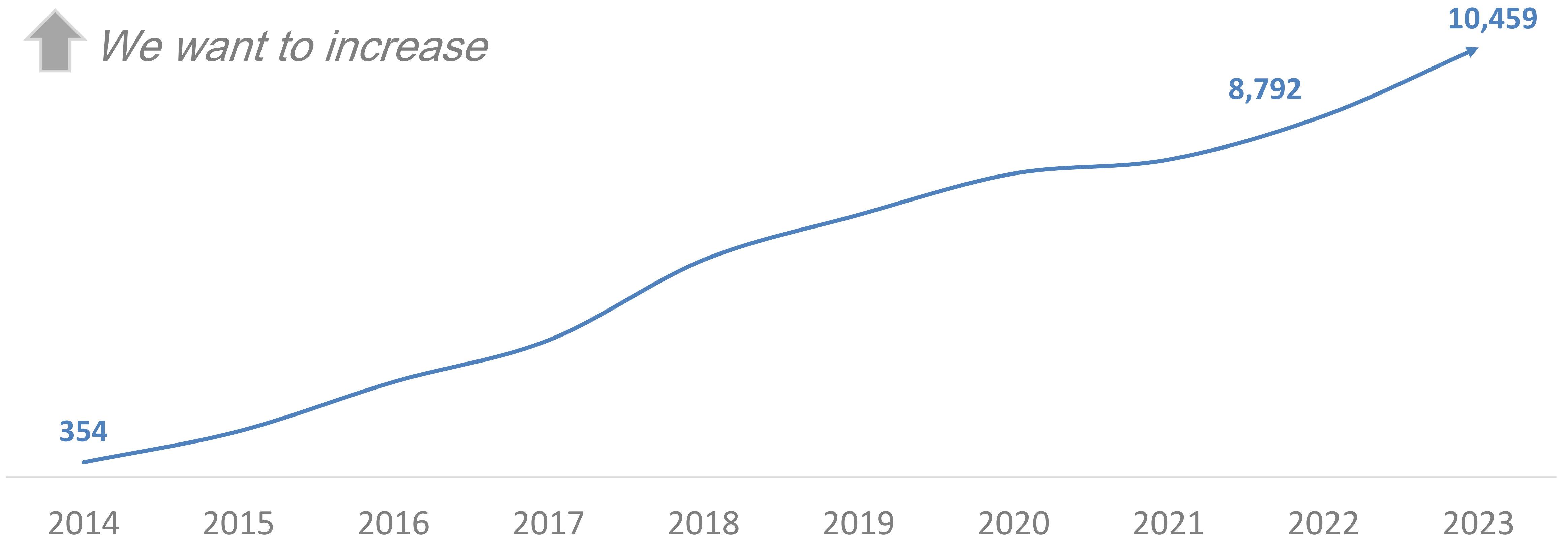
February: **First LPBN payer contract signed**

April: **Third Diabetes Prevention State Engagement Meeting** focused on reimbursement

National DPP CDC-recognized Organizations



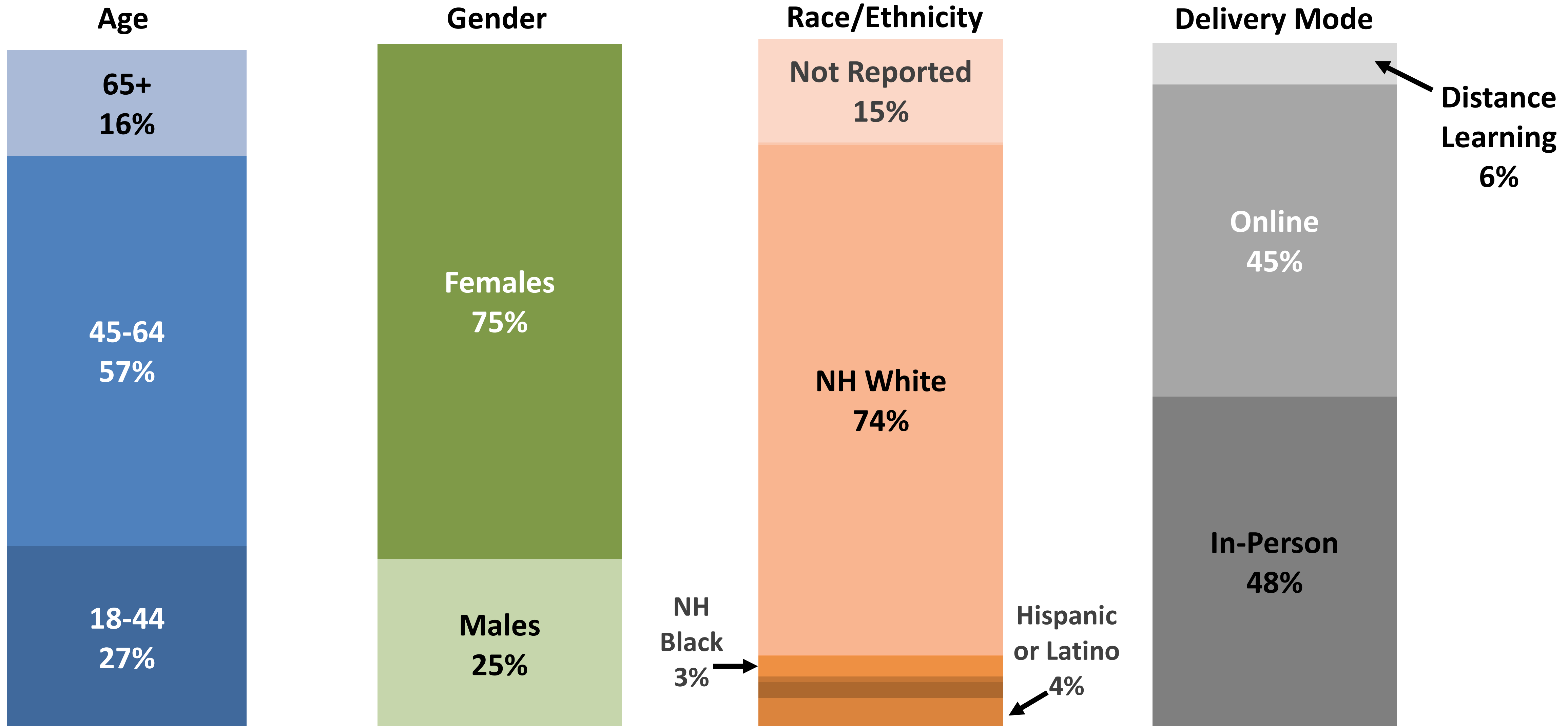
National DPP Participants Increased by Over 2,000 in the Last Year



DPRP State-Level Reports

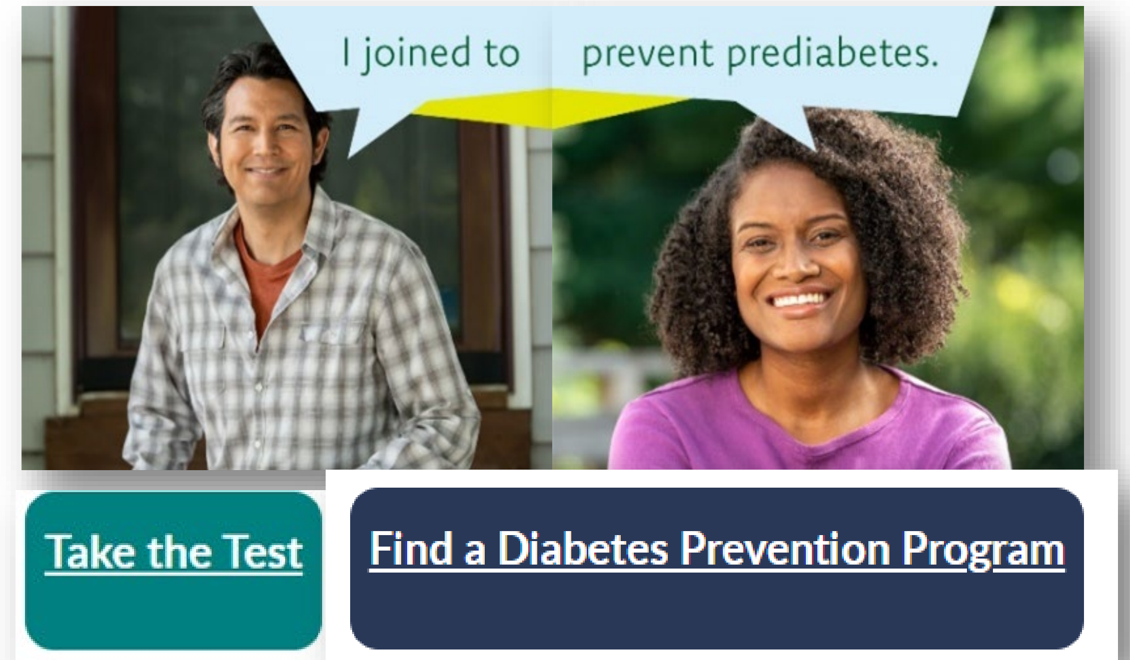
National DPP Participants

We want to increase



Marketing Materials

- Turn-key promotional materials
- Increase awareness of prediabetes
- Increase awareness of National DPP/MDPP
- DHS Prediabetes webpage



Referral Processes

- CDPP works with health systems to build referral processes for National DPP:
  - **Screening**: CDC/ADA Prediabetes Risk Test
  - **Testing**: Fasting Plasma Glucose or A1C to confirm prediabetes via blood diagnosis
  - **Referral**: to a National DPP/MDPP supplier
- Connected health systems with American Medical Association (AMA) to participate in AMA's *Services and Support for Diabetes Prevention* project.

Umbrella Hub Arrangements

- CDPP has built two Umbrella Hub Arrangements (UHAs)
- Allows for new or lower recognition status to have immediate access to reimbursement
- UHA lead organizations support affiliates to ensure quality delivery of the program standards
- UHA lead organization is responsible for CDC data submissions and filing of claims for reimbursement

Lifestyle and Prevention Benefits Network

- Reimbursement = Sustainability
- How can we ease the administrative burden of reimbursement for the National DPP/MDPP?
- One platform. One contract. One invoice.

Wisconsin's Lifestyle and Prevention Benefits Network

One Platform. One Contract. One Invoice.

Pamela Geis
Diabetes Program Coordinator, Chronic Disease Prevention Program
Wisconsin Department of Health Services, Division of Public Health

Thoughtful Approach

- Create awareness of prediabetes and National DPP
- Build screening-testing-referral systems
- Increase availability of National DPP suppliers
- Establish reimbursement pathways

Reimbursement Equals Sustainability

Chronic Disease Quality Improvement Project

- Established in 1998 as a project of the Wisconsin Diabetes Advisory Group
- Unique partnership between health plans, health care providers, Wisconsin's Chronic Disease Prevention Program
- Adopted and operationalized *Wisconsin Diabetes Mellitus Essential Care Guidelines*

Chronic Disease Quality Improvement Project *continued*

- Originally was diabetes-specific but over the years its scope expanded to include other chronic diseases and their risk factors
- Share information, population-based strategies, and evidence-based approaches to improve care
- Annual reports based on : HEDIS® health care quality measures

Convening Reimbursement Partners

- Diabetes Prevention State Engagement Meeting (StEM) in October 2017
- National DPP Insurer Community of Practice, January 2019–November 2021

Prediabetes State Engagement Meeting (StEM)

Call to Action held in October 2017

- Attended by insurers, employers, academia, health systems, community, National DPP suppliers, and public health
- Developed Wisconsin Diabetes Prevention Action Plan focused on four "pillars"

Prediabetes State Engagement Meeting (StEM) *continued*

Four "pillars"

- Create awareness.
- Build screening, testing, and referral.
- Increase availability.
- Establish coverage.

2017 StEM Coverage Pillar

- **Long-Term Priority**: Ensure all Wisconsin adults at high risk for developing diabetes have access to the National DPP as a covered benefit through their employer or insurance provider
- **Key actions** to achieve priority:
  - Identify insurers and self-insured employers.
  - Conduct readiness assessment of insurers and employers.
  - Convene insurers and employers ready to work toward coverage.

Wisconsin National DPP Insurer Community of Practice

- Convened in January 2019
  - Arise Health Plan/WPS
  - Network Health
  - Quartz
  - Security Health Plan
  - WEA Trust
- Met for 23 months

Wisconsin National DPP Insurer Community of Practice *continued*

Meetings included deep dive into:

- Evidence.
- National DPP/MDPP.
- Delivery modes.
  - Synchronous (in-person, distance learning in a group setting)
  - Asynchronous (online independent study)
- Program fidelity.
- Payment compliance. (value-based payment structure)

Wisconsin National DPP Insurer Community of Practice *continued*

- Conclusion:
  - Program was vital to impacting insurers' population health
  - Contracting was going to be a nightmare
- Solution:
  - Wisconsin needed a National DPP benefits network
  - Payers could sign just one contract to use all of Wisconsin's National DPP suppliers

Wisconsin National DPP Insurer Community of Practice *continued*

Concept of Wisconsin Lifestyle and Prevention Benefits Network was born

Finding "The Bridge"

- Opportunity to solve administrative burden problem of reimbursement for National DPP/MDPP
- One platform. One contract. One invoice.
- Who could help make this happen?

Welld Health: The Bridge

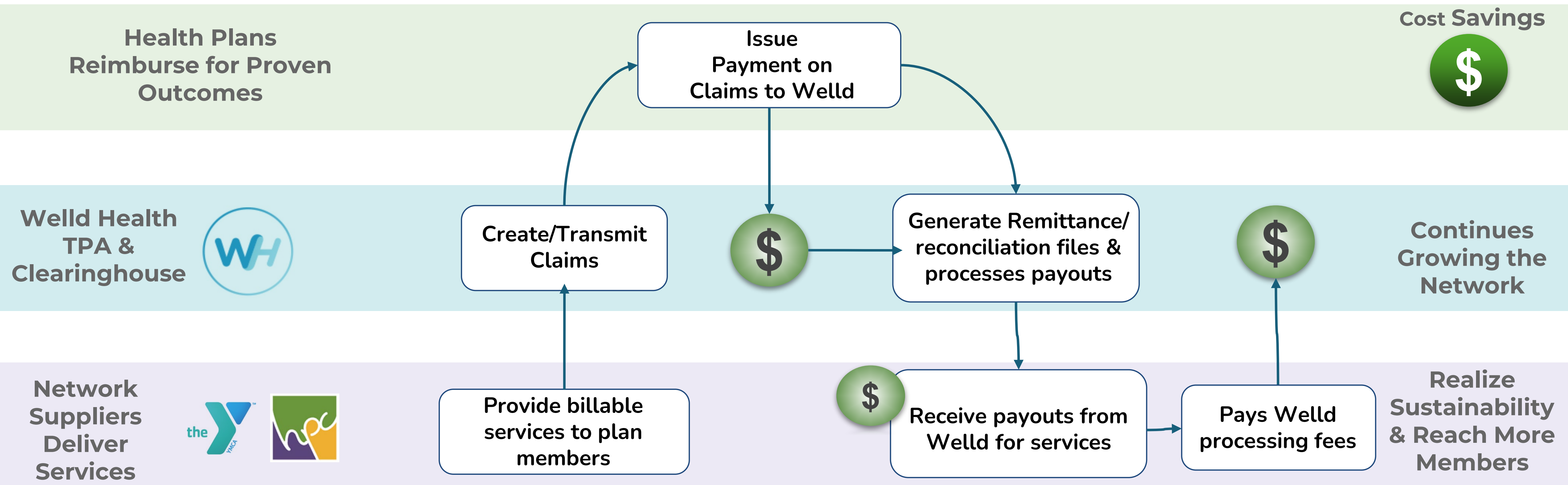
- Electronic Health Record (EHR) and Electronic Wellness Record (EWR) built specifically for needs of community-based organizations such as health clubs, gyms, and YMCAs
- Connects organizations to health care continuum to provide preventative and chronic care services for their populations
- Three primary components:
  - Program/data management
  - Referral management
  - Claims engine

Lifestyle and Prevention Benefits Network

- National DPP suppliers ➔➔ Welld Health ➔➔➔ Payers
- Developing contract language
- Onboarding National DPP suppliers

How it works: Payments

One platform. One contract. One Invoice.



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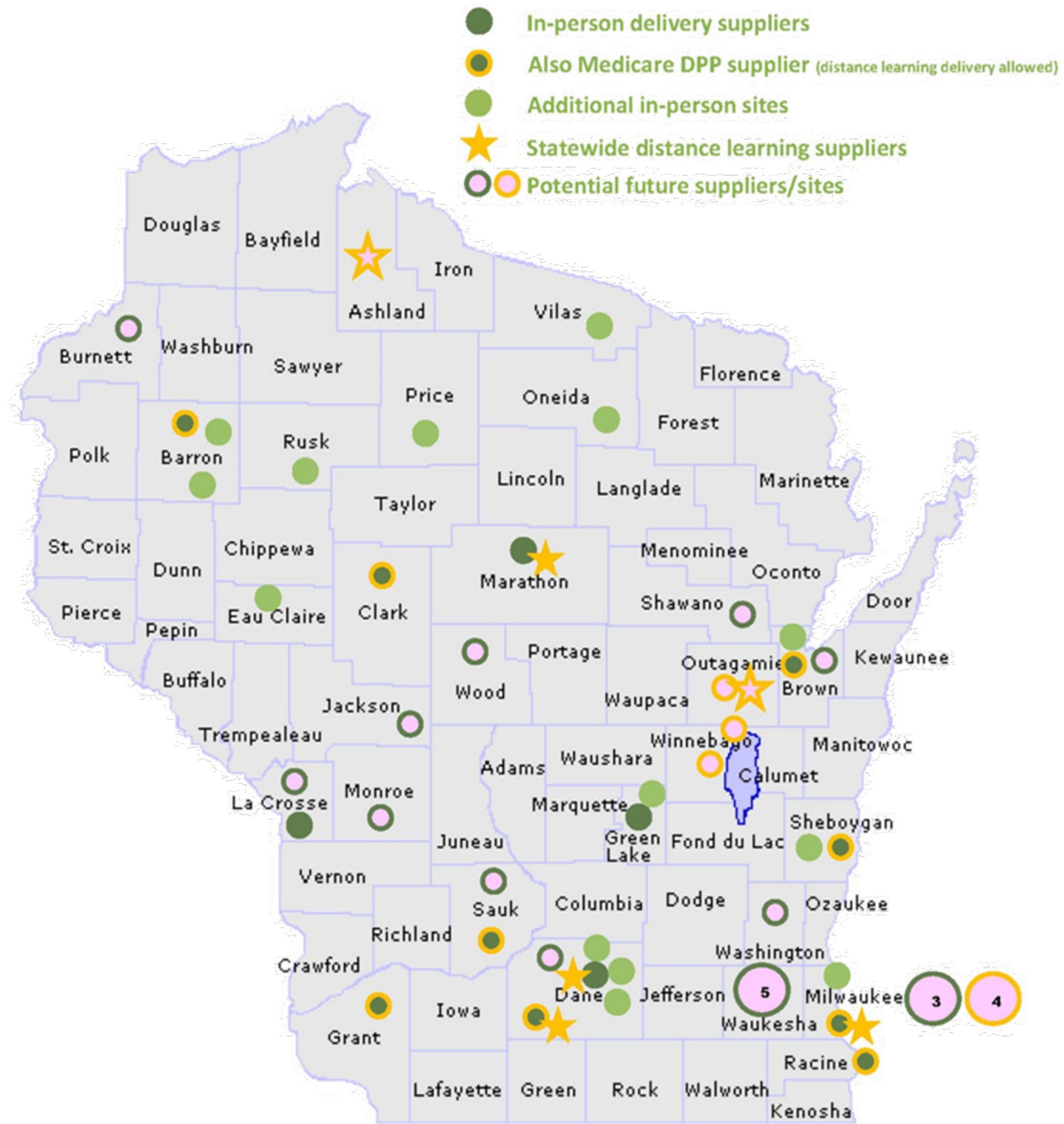
Lifestyle and Prevention Benefits Network

March 6, 2024



Importance of Hyper-Local Network

- Lifestyle coaches
  - Live, work, and play in their service areas
  - Know the resources in their area to address barriers to enrollment and retention
- Care dollars stay in Wisconsin

Annual Fee and Fee Schedule

- Annual Network Access Fee: $2,500
- Payments, either:
  - Attendance-based service and diabetes risk reduction performance payments
  - One-time payment at enrollment

Annual Fee and Fee Schedule *continued*

Milestone	Description	Commercial Line	MA Plans	# of Times Billable
Initial Enrollment	First National DPP core session attended by a participant	$20	$0	Once per enrollment
Behavioral counseling for diabetes prevention, group, 60 minutes	Each in-person or distance learning weekly or monthly session attended by a participant	$25	$25	Maximum 16 core sessions; 6 post-core sessions
Ongoing Engagement	Fourth Session Ninth Session	$50 $150	$0 $145	Once per enrollment

Annual Fee and Fee Schedule *continued*

Milestone	Description	Commercial Line	MA Plans	# of Times Billable
5% Weight Loss	Participant achieves 5% weight loss from starting weight at first session	$20	$0	Once per enrollment
5% Weight Loss	Each session participant maintains 5% weight loss during months 7–12	$10	$8	Maximum 6 post-core sessions
9% Weight Loss	Participant achieves 9% weight loss from starting weight at first session	$25	$25	Once per enrollment
Total Possible Reimbursement		**$1,000**	**$768**	

Annual Fee and Fee Schedule

Don’t want the hassle of Attendance-Based Service and Diabetes Risk Reduction Performance Payments?

- One-time payment at enrollment
- $750

Lifestyle and Prevention Benefits Network

It's an "and"

Two Contracts

Maximum Options

Value-Added, ***coming soon***

- Screening for health-related social needs
- Claims data prediabetes risk model

Health Related Social Needs

- Assessment – Tools
  - PRAPARE
  - Accountable Health Communities (AHC)
- Referral Process
  - Direct
  - Indirect (211, Find Help, Unite Us, Aunt Bertha, others)

Health Related Social Needs *continued*

- Data management
  - Third party system(s)
  - CBO HIPAA compliance and staff training
- Payment stream
  - For assessment, program and intervention delivery, and case management
  - Shared

Coming Soon: Claims Data Prediabetes Risk Model

- Value-added incentive to payers using LPBN
- Collaboration between:
  - YMCA of Metropolitan Milwaukee
  - Wisconsin Health Information Organization (WHIO)
  - In partnership with:
    - National Association of Chronic Disease Directors (NACDD)
    - Wisconsin Department of Health Services, Chronic Disease Prevention Program

Coming Soon: Claims Data Prediabetes Risk Model

- Evaluate interdependence of:
  - Diagnoses
  - Tests
  - Services rendered
  - Race
  - Economic status
- Stratify by risk level from highest to lowest

Coming Soon: Claims Data Prediabetes Risk Model

Apply risk model to a payer's WHIO data to identify members likely to have prediabetes but are not diagnosed, creating a "push list"

Why Does It Matter? Employer and Insurer Prospectives

Lisa Coombs-Gerou
Chief Operating Officer
YMCA of Metropolitan Milwaukee

Our Panel

- **Cassie Vanderwall, PhD, RDN, CDCES, CPT, FAND**
  senior director, Population Health & Innovation
  Quartz
- **Molly Dunks**
  Disease Management & Wellness Program manager
  Strategic Health Policy
  Wisconsin Department of Employee Trust Funds

Small Group Discussion

Tim Bartholow, MD
Consultant, Chronic Disease Prevention Program
Wisconsin Department of Health Services, Division of Public Health

Planning for a National DPP Benefit

Who is your dream team?

- Senior leadership
- Underwriting
- Product
- Enterprise Data Management (Eligibility Configuration)
- IT (Electronic Data Interchange)
- Claims/Administration Configuration
- Marketing
- Launch
- Other?

Consider While Building Your Dream Team

- Who are the decision makers you need to include within each of the previously mentioned areas?
- What is the information and guidance you need them to bring to the table?
- What resource will you and they need?

Small Group Report Out

Tim Bartholow, MD
Consultant, Chronic Disease Prevention Program
Wisconsin Department of Health Services, Division of Public Health

Wrap Up

Tim Bartholow, MD
Consultant, Chronic Disease Prevention Program
Wisconsin Department of Health Services, Division of Public Health

Today's Ask

- Help us reach primary care providers with message that National DPP is a prescriptive program for treating people with prediabetes and those at risk.
- Commit to helping workforce stay healthy by using evidence-based, high-engagement interventions.
- Join the LPBN to provide National DPP coverage for your members.

Thank You

2024 National DPP Payer State Engagement Meeting

Questions?