



# Together2Goal<sup>®</sup>

AMGA Foundation  
National Diabetes Campaign



# Monthly Campaign Webinar

## November 15, 2018

# Today's Webinar

- Together 2 Goal® Updates
  - Webinar Reminders
  - National Day of Action
  - Diabetes Bundle Collaborative
- Diabetes Prevention Program
  - Tony Hampton, M.D., of Advocate Medical Group
- Q&A
  - Use Q&A or chat feature



# Webinar Reminders

- Webinar will be recorded today and available the week of November 19<sup>th</sup>
  - [www.Together2Goal.org](http://www.Together2Goal.org)
- Participants are encouraged to ask questions using the “Chat” and “Q&A” functions on the right side of your screen



# National Day of Action



## *T2G Talk & Taste*



- Thanks so much to those who participated in the National Day of Action!
- We're excited to extend the opportunity to participate throughout the month of November.
- You can access all the supporting materials in our [T2G Talk & Taste kit](#).

# Diabetes Bundle Learning Collaborative



- It provides additional resources to AMGA members who are enrolled in the Together 2 Goal® campaign
- It will focus on improving the diabetes bundle measure, providing an opportunity to augment quality improvement work, and accelerate the pace of improvement.
- **Due date: December 19**



# Today's Featured Presenter



Tony Hampton, M.D.



Regional Medical Director  
Trinity Hospital Service Area  
Advocate Medical Group

# Diabetes Prevention Program

Tony Hampton, MD, MBA, ABOM, CPE  
Regional Medical Director Trinity Hospital Service Area  
Vice Chair Governing Council  
Author: Fix Your Diet, Fix Your Diabetes  
November , 2018



Today, you will learn  
about the Diabetes  
Prevention Program that  
is moving organizations  
to a model of primary  
prevention and wellness

I'm excited because it gives our borderline diabetics both awareness and a path to preventing diabetes

# Objectives

## OBJECTIVE 1

Learn the basics of the Diabetes Prevention Program (DPP)

## OBJECTIVE 2

Learn how to effectively engage DPP participants

## OBJECTIVE 3

Learn some of resources available to implement and sustain a DPP

# Comparisons

## Comparison 1

Diabetes Prevention Program: Like Apple Mac computer ready to deliver a great experience out the box.

## Comparison 2

Engagement: Like having a good coach to help lead you through your journey

## Comparison 3

Resources: Knowledge is like a garden: If it is not cultivated, it cannot be harvested.

# The “Buckets” of Prevention Framework



Auerbach, J. (2016). The 3 buckets of prevention. *Journal of Public Health Management and Practice*, 22(3), 215-218.  
<http://www.cdc.gov/policy/hst/hi5/>

# Prediabetes

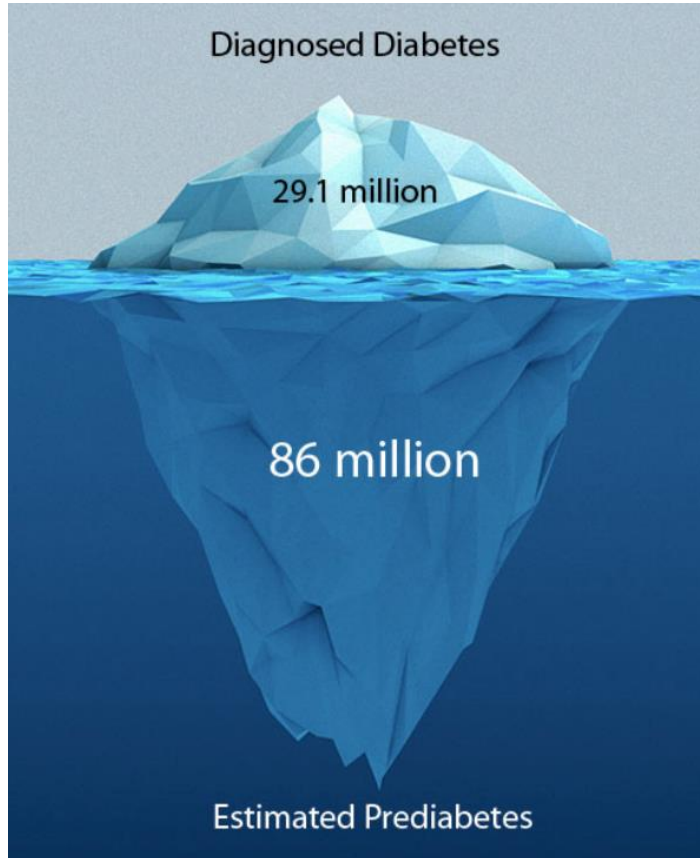
## **Prediabetes:**

**A reversible cardio metabolic risk factor in which plasma glucose levels are above normal but not high enough to diagnose type 2 diabetes.**

**It is defined as having an initial A1c result between 5.7 and 6.4%, or other blood tested noted below and no prior diabetes diagnosis †,‡**

**3-5 times higher risk of developing type 2 diabetes\*  
Increased risk of cardiovascular disease and death**

# CDC statistics report, 2014



# National Diabetes Prevention Program (NDPP)

**Year-long, evidenced-based lifestyle change program  
FACILITATED by a trained Lifestyle Coach**

**16 one-hour weekly classes held over 26- weeks  
Minimum of six one-hour monthly classes**

**Topic areas related to healthy eating, increased activity,  
identifying and addressing barriers**

**Goal: weight loss of 5-7% from starting weight, 150  
hours of exercise, and dietary changes.**



# National Diabetes Prevention Program

## COMPONENTS



### **Training: Increase Workforce**

Train the workforce that can implement the program cost effectively.



### **Recognition Program: Assure Quality**

Implement a recognition program that will:

- Assure quality.
- Lead to reimbursement.
- Allow CDC to develop a program registry.



### **Intervention Sites: Deliver Program**

Develop intervention sites that will build infrastructure and provide the program.

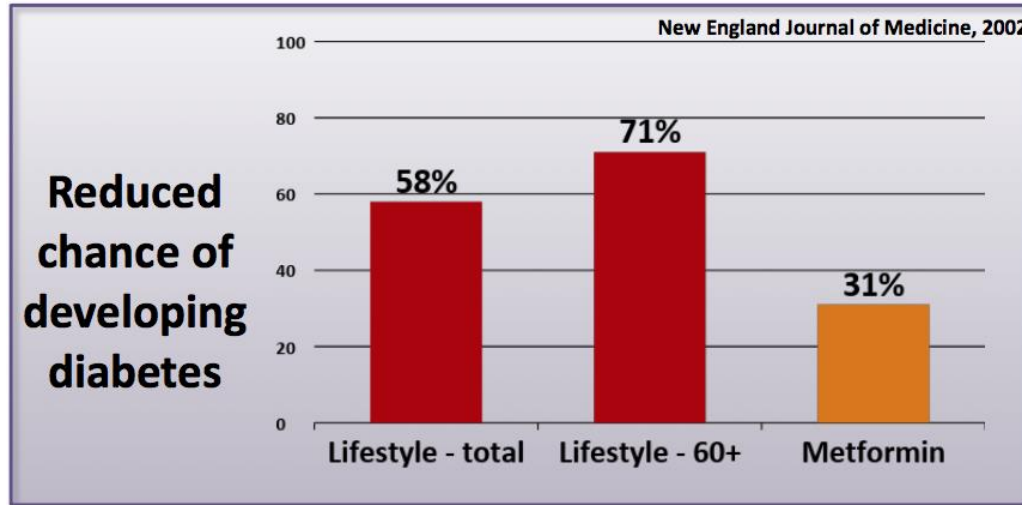


### **Health Marketing: Support Program Uptake**

Increase referrals to and use of the prevention program.



# What were the DPP Study Findings



**Lifestyle intervention sharply reduced the chances of developing type 2 diabetes (58%)**

**71% for aged 60+**

**Metformin group reduced their risk but not as much as the lifestyle intervention group (31%)**

# Medicare Coverage

**Beginning January 1, 2018**

**CMS will sign up providers in late 2017**

**Tiered payment approach based on outcomes.**

**For more information:**

**[Innovation.cms.gov/intitatives/medicare-diabetes-prevention-program/](http://Innovation.cms.gov/intitatives/medicare-diabetes-prevention-program/)**

# National Diabetes Prevention Program

**Based on the NIH-funded research, the CDC-approved, evidence-based National Diabetes Prevention Program aims to slow and prevent the development of Type 2 diabetes in the US population**

**Lay and health professional lifestyle coaches teach in-person or virtual group classes of 8-15 participants**

**Core phase (6 months) = 16 sessions  
Maintenance phase (6 months)**

# Benefits of offering the National DPP

**Offering the National DPP helps achieve better clinical and financial results over 3 years (after program completion).**

**Based on the outcomes from DPP research studies reaching 100 adults with prediabetes: 58% reduction in incidence of diabetes\*  
25% reduction in medication use for hypertension and hyperlipidemia‡  
1-2% reduction in absenteeism (missed work days) and productivity loss†**

\*Knowler WC, Barrett-Connor E, Fowler SE, et al. Diabetes Prevention Program Research Group. Reduction in the incidence of type 2 diabetes with lifestyle intervention or metformin. N Engl J Med. 2002;346(6):393-403.

† Dall, Timothy M., et al. "Value of Lifestyle Intervention to Prevent Diabetes and Sequelae." American journal of preventive medicine 48.3 (2015): 271-280.

‡ Ratner R, Goldberg R, Haffner S, et al. Impact of intensive lifestyle and metformin therapy on cardiovascular disease risk factors in the diabetes prevention program. Diabetes Care. 2005;28(4):888- 894.

# National Diabetes Program

## National Diabetes Prevention Program



### Required curriculum:

- In-person
- Lasting changes
- BMI measurement
- Use CDC's curriculum
- Submit other curriculum for review
  - 16 core topics
  - 15 post-core topics

# Skills and Tools: Sessions 1-7

## **Self-monitoring skills and tools:**

**Food intake**

**Fat grams**

**Weight**

**Physical activity**

**(Session 5)**

# Controlling the External Environment Sessions 8-10:

## **Contextual factors:**

**Ways to deal with elements in one's environment that can influence food and physical activity habits**

**Eating out**

**Food and activity cues**

**Identify problems, develop effective coping strategies**



# Psychological and Emotional Sessions 11-16

**Internal and external influences related to emotions,  
stress, and motivation**

**Negative thoughts**

**Overcoming slips**

**Prevention and coping**

**How to make these influences  
support lifestyle change**

# CDC Diabetes Prevention Recognition Program

**The DPRP has three key objectives:**

**To assure the quality, consistency, and broad dissemination of the lifestyle intervention.**

**To develop and maintain a registry of organizations that are recognized for their ability to deliver an effective lifestyle program to people at high risk for type 2 diabetes.**

**To provide technical assistance to organizations that have applied for recognition to help them deliver an effective lifestyle program and achieve and maintain recognition status.**

# MDPP program element

**CDC-preferred or approved curriculum**

**Sessions “approximately one-hour in duration”**

**Weigh-in every core and maintenance session**

**Limited duration of maintenance sessions (TBD/2-3 years)**

# MDPP Program Coverage/Cost

**Program coverage/cost**

**Medicare cost-sharing will not apply to MDPP services because it is considered prevention**

# MDPP Eligibility

**Enrolled in Medicare Part B**

**No previous diagnosis of type 1 or type 2 diabetes with the exception of gestational diabetes (self-reported)**

**Do not have end-stage renal disease (ESRD)**

**Body Mass Index (BMI) or at  $\geq 25$  ( $\geq 23$  if self-identified as Asian)**

**Blood test results indicating diabetes risk**

# MDPP Testing Criteria

**Blood test required: only fasting plasma glucose test and oral glucose tolerance test are currently covered by Medicare**

**Beneficiary can have test completed by anyone, including MDPP provider**

**HbA1C finger prick can be used by MDPP (not covered)**

# MDPP Tasing Criteria (cont.)

**Medicare DPP (higher risk population)**

**BMI 25 kg/m<sup>2</sup> and 23 kg/m<sup>2</sup> for Asian**

**Fasting plasma glucose 110 – 125 mg/dL**

**National DPP**

**BMI 24 kg/m<sup>2</sup> and 22 kg/m<sup>2</sup> for Asian**

**Fasting plasma glucose 100 – 125 mg/dL**

# CMS intends to use CDC's Diabetes Prevention Recognition Program (DPRP)

**DPRP – current pathway to recognition**

**Pending Recognition ————— Full Recognition**



# Advocate Medical Group Outpatient Clinic Beverly

Name of Cohort	Beverly AMG Christ Medical Center 1		
Indicators	CDC Baseline	AMG	
Total Participants	2017 Standards - no min 2018 Standard - min of 5	18	
Eligible Number of Participants based on reporting requirements	2017 Standards - no min 2018 Standard - min of 5	16	
Average number of core-sessions attended in months 1-6	9	8.3	
Average weight loss across all participants	5%	5.30%	
Participants that met weight loss goal from baseline weight	NA	21%	
Sessions where body weight was recorded	>80%	87%	
Sessions where physical activity minutes were reported.	>60%	85%	

# Advocate Medical Group Outpatient Clinic Beverly

Participants who attended at least one session and entered by a blood test vs risk test	2017 Standard - 50% 2018 Standard - 35%	82%		
Average number of minutes of physical activity reported per person	150	212		
Average weight loss across all participants	NA	11lbs		
Total number of pounds lost	NA	146		
Median age (years)	NA	72		
Retention rates	NA	44%		
Participants with Physician Referral	2017 Standard - 50% 2018 Standard - 35%	100%		
Covered by Insurance	NA	0		

# Case study: Mrs. Sanders

**July 10, 2017: Diagnosed with Borderline DM**

**July 2017 weight: 189 Hemoglobin A1c 6.1**

**Entered NDPP at AMG Beverly**

**Trends from July 2017 - July 2018:**

**Hemoglobin A1c : 6.1 - 5.9 - 5.7 - 5.6 - 5.4**

**Weight: 189 - 177 - 170 - 169 - 166 - 166 - 165**

# Tips on maintaining patient engagement

## **Locally:**

Clinical team involvement in meetings

Phone calls to patients

Weekly emails

Home visits, give aways (awards for attendance, wt. loss goals, homework completion)

Increased session counts

# Tips on maintaining patient engagement

## **Locally:**

Aligning dietary changes with familiar foods

Simplicity of recommendations

Frequent calls and follow up

Additional education programs

Partnerships with local churches (Trinity United Church

Compassion Baptist church)

# Tips on maintaining patient engagement

## **Nationally:**

Virtual programs:

Using technology: FitBit and electronically scale

Omado Virtual Program and Hope 80/20


Apps: Example: Lark's Digital Diabetes Prevention Program is an award-winning coaching program developed with Stanford and Harvard health and behavior change experts,

# Population Health Summits



# Summit Commitment Form

**HEALTHY LIVING**  
a healthy outside starts from the inside.



NAME: \_\_\_\_\_ Print First & Last Name      PHONE: (    )    -    \_\_\_\_\_

## FOOD & DIET

**Today, I commit to:**  Eating one less serving of a high sugar/carb food every day.  
 Eating one more serving from the recommended foods list every day.  
 Drinking one more glass of water every day.

**I need:**  Information about accessing food in my community.  
 To understand more about SNAP benefits.

Question(s): \_\_\_\_\_

## SMOKING CESSATION

**Today, I commit to:**  Setting a date to quit smoking. \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Joining the 'Courage to Quit' program.

Question(s): \_\_\_\_\_

## STAYING ACTIVE

**Today, I commit to:**  Starting an exercise program.  
 Signing up for Silver Sneakers.

Question(s): \_\_\_\_\_

## VACCINATION

**I need:**  To understand my vaccination status.

Question(s): \_\_\_\_\_

## NEXT STEPS

How important do you feel it is for you to make the lifestyle changes reviewed today?  
*Circle the appropriate number*

Not at all important	1	2	3	4	5	6	7	8	9	10	Extremely important
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How confident are you, that if you do decide to make these lifestyle changes, that you could do it?  
*Circle the appropriate number*

Not at all confident	1	2	3	4	5	6	7	8	9	10	Extremely confident
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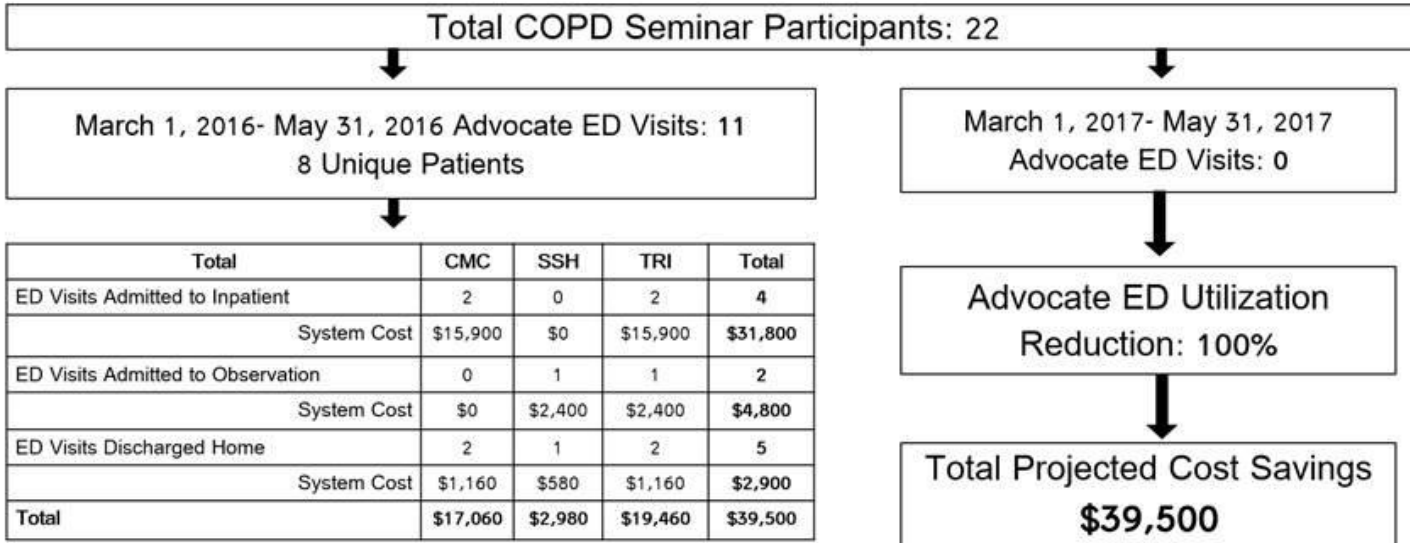
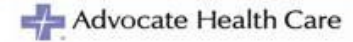
*Circle the best time to reach you.*  
The BEST time of day for my Coach to call me is between: 9am-12pm | 12pm-5pm | 5pm-8pm

AOS ADVOCATE ORTHOPAEDIC SERVICES      Advocate Health Care Transforming Health. Inspiring Living.



# Summit Data

## MA Patients With COPD Diagnosis and PCP at AMG Beverly



# NDPP Resources: Centers for Disease Control and Prevention's National Diabetes Prevention Program

<https://www.cdc.gov/diabetes/prevention/index.html>

## General Information...

### 1. About Prediabetes & Type 2 Diabetes



Prediabetes is a serious condition affecting 1 out of 3 American adults—that's more than 84 million people!

[More >](#)

### 2. Research-Based Prevention Program



A CDC-recognized lifestyle change program is a proven way to prevent or delay type 2 diabetes.

[More >](#)

### 3. Lifestyle Change Program Details



Learn what to expect when joining a CDC-recognized lifestyle change program to prevent type 2 diabetes.

[More >](#)

### 4. Testimonials from Participants



Hear from real people who benefited from a CDC-recognized lifestyle change program.

[More >](#)

### 5. Find a Class Location



Find a CDC-recognized lifestyle change class near you, or join one of the online programs!

[More >](#)

### 6. What Is the National DPP?



Learn about this national partnership to prevent or delay type 2 diabetes in the United States.

[More >](#)



**Advocate Health Care**  
Tomorrow starts today.

# Prevent Diabetes STAT

<https://preventdiabetesstat.org/toolkit.html>

Learn more about the AMA's commitment to preventing type 2 diabetes.

Prevent Diabetes **STAT**



DOWNLOAD THE  
PREVENT DIABETES STAT TOOLKIT

Use the resources below to help your patients Prevent Diabetes STAT

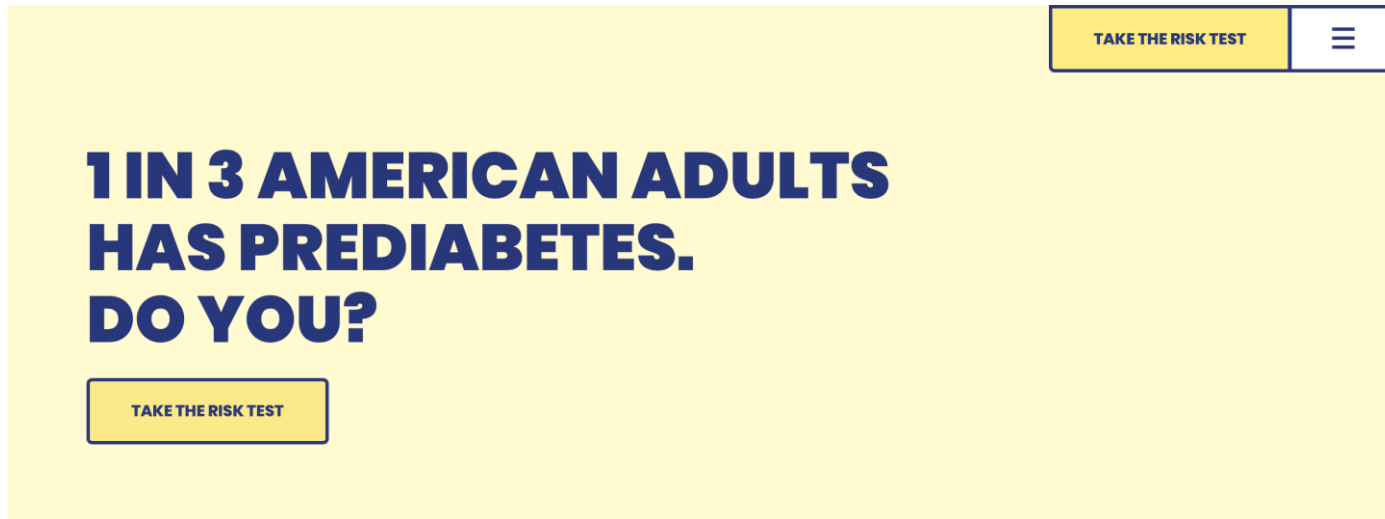
**DOWNLOAD A COMPLETE TOOLKIT**



Advocate Health Care  
Tomorrow starts today.

# Diabetes Risk Test

<https://doihaveprediabetes.org>



The screenshot shows a yellow banner for the Diabetes Risk Test. In the top right corner, there is a yellow button with the text "TAKE THE RISK TEST" and a white button with a hamburger menu icon. The main text in the center reads "1 IN 3 AMERICAN ADULTS HAS PREDIABETES. DO YOU?". Below this text is a yellow button with the text "TAKE THE RISK TEST".

# NDPP ROI Calculator

<https://ama-roi-calculator.appspot.com>

**AMA** DPP COST SAVING CALCULATOR

Your organization type  
Employer

Your insured population size (age 18-64) 2600

Your cost of program per participant \$ 450

Prevalence of prediabetes 37 %

Your anticipated enrollment  
Low range 10 %  
High range 50 %

Your anticipated completion  
Low range 40 %  
High range 70 %

RESET VALUES CALCULATE



## BEGIN THE CONVERSATION WITHIN YOUR ORGANIZATION:

Calculate your potential medical costs savings from providing the National Diabetes Prevention Program (National DPP) as a covered benefit.

By enabling individuals within your population who are at risk for diabetes to participate in a local or virtual National DPP, you can help them prevent type 2 diabetes and reduce your organization's health care spending.

Enter information unique to your population into this calculator to see potential cumulative and net savings over a 3-year period.\*

### [Assumptions and methodology](#)

*The results are derived from a statistical model that follows a fixed cohort of the population and does not account for new cases of diabetes or changes in the core population. Contact us at [ih-info@ama-assn.org](mailto:ih-info@ama-assn.org) for additional information. This calculator is provided to you by the AMA for informational purposes only. No return on investment or other results are guaranteed. ©2015, American Medical Association. All rights reserved. This calculator was not developed nor is it endorsed by the Centers for Disease Control and Prevention.*



**Advocate Health Care**  
Tomorrow starts today.

# Educational modules

<https://www.stepsforward.org/modules/prevent-type-2-diabetes>



The screenshot shows the top navigation bar with the AMA logo and the 'STEPSforward' logo. The navigation menu includes 'PRACTICE SUPPORT', 'RESOURCE LIBRARY', 'CONTACT US', and 'SHARE'. Below this, a secondary menu has 'HOME', 'MODULES' (with a dropdown arrow), 'EVENTS', and 'HOW IT WORKS'. The main content area has a blue background with a white geometric pattern. It features a headline, a sub-headline, a video player, and a CME credit badge.

AMA | **STEPS**forward

PRACTICE SUPPORT | RESOURCE LIBRARY | CONTACT US | SHARE ▾

HOME | MODULES ▾ | EVENTS | HOW IT WORKS


Help your patients find ways to prevent type 2 diabetes through education, screening and local referral programs.

## Preventing Type 2 Diabetes in At-Risk Patients

Namratha Kandula, MD, MPH  
AMA

AMA IN PARTNERSHIP WITH 

 Watch case study

 CME CREDITS: 1.0

# Recommended reading: Detonate by Goldbach and Tuff

- Explains how organizations build up bad habits that masquerade as “best practices” and suggests alternatives that can contribute to winning in the marketplace.
- It’s about blowing up old ways of thinking
- Hotel check in example
- Metrics: helping or hindering
- Four principles:
  - 1) Focus on activities that drive human behavior
  - 2) Bring a “beginners mind” to all that you do
  - 3) Embrace impermanence
  - 4) Build minimally viable moves to test and learn





# Bonus November Webinar

## Innovator Track CVD Cohort Webinar

- **Date/Time:** November 27, 2018  
from 1-2pm Eastern
- **Topic:** Cross-Functional Care Teams  
& Consensus for Implementing  
Change
- **Presenters:** Deb Templeton, Chief of  
System Support Services and Jon  
Brady, Pharm.D., Assistant Director  
of Ambulatory Clinical Pharmacy  
Programs



# January Webinar

- **Date/Time:** January 17, 2019 from 2-3pm Eastern
- **Topic:** ADA Standards of Care
- **Presenter:** The American Diabetes Association



# Questions

