Together2Goal
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 19th
  – 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

Traditional Clinical Prevention
1. Increase the use of evidence-based services

Innovative Clinical Prevention
2. Provide services outside the clinical setting

Total Population or Community-Wide Prevention
3. Implement interventions that reach whole populations

Health Care
Public Health

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

Diagnosed Diabetes
29.1 million

Estimated Prediabetes
86 million
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/initiatives/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†

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

Advocate Health Care
Tomorrow starts today.
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)
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 ≥ 25 (≥ 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/m2 and 23 kg/m2 for Asian
Fasting plasma glucose 110 – 125 mg/dL

National DPP
BMI 24 kg/m2 and 22 kg/m2 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

<table>
<thead>
<tr>
<th>Name of Cohort</th>
<th>Beverly AMG Christ Medical Center 1</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Indicators</strong></td>
<td><strong>CDC Baseline</strong></td>
</tr>
<tr>
<td>Total Participants</td>
<td>2017 Standards - no min</td>
</tr>
<tr>
<td></td>
<td>2018 Standard - min of 5</td>
</tr>
<tr>
<td>Eligible Number of Participants</td>
<td>2017 Standards - no min</td>
</tr>
<tr>
<td>based on reporting requirements</td>
<td>2018 Standard - min of 5</td>
</tr>
<tr>
<td>Average number of core-sessions</td>
<td>9</td>
</tr>
<tr>
<td>attended in months 1-6</td>
<td></td>
</tr>
<tr>
<td>Average weight loss across all</td>
<td>5%</td>
</tr>
<tr>
<td>participants</td>
<td></td>
</tr>
<tr>
<td>Participants that met weight</td>
<td>NA</td>
</tr>
<tr>
<td>loss goal from baseline weight</td>
<td></td>
</tr>
<tr>
<td>Sessions where body weight</td>
<td>&gt;80%</td>
</tr>
<tr>
<td>was recorded</td>
<td></td>
</tr>
<tr>
<td>Sessions where physical activity</td>
<td>&gt;60%</td>
</tr>
<tr>
<td>minutes were reported.</td>
<td></td>
</tr>
</tbody>
</table>
### Advocate Medical Group Outpatient Clinic Beverly

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

- When to use the ER
- When to go to your Primary Care Doctor
- Healthy Foods
- Medications
- Palliative Care
- Pulmonary Rehab
- Smoking Cessation
# Summit Commitment Form

## Food & Diet

<table>
<thead>
<tr>
<th>Today, I commit to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Eating one less serving of a high sugar/carb food every day.</td>
</tr>
<tr>
<td>[ ] Eating one more serving from the recommended foods list every day.</td>
</tr>
<tr>
<td>[ ] Drinking one more glass of water every day.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I need:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information about accessing food in my community.</td>
</tr>
<tr>
<td>To understand more about SNAP benefits.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question(s):</th>
</tr>
</thead>
</table>

## Smoking Cessation

<table>
<thead>
<tr>
<th>Today, I commit to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Setting a date to quit smoking. <strong>/</strong>/___</td>
</tr>
<tr>
<td>[ ] Joining the ‘Courage to Quit’ program.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question(s):</th>
</tr>
</thead>
</table>

## Staying Active

<table>
<thead>
<tr>
<th>Today, I commit to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Starting an exercise program.</td>
</tr>
<tr>
<td>[ ] Signing up for Silver Sneakers.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question(s):</th>
</tr>
</thead>
</table>

## Vaccination

<table>
<thead>
<tr>
<th>I need:</th>
</tr>
</thead>
<tbody>
<tr>
<td>To understand my vaccination status.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question(s):</th>
</tr>
</thead>
</table>

## Next Steps

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

<table>
<thead>
<tr>
<th>Circle the appropriate number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
</tbody>
</table>

**How confident are you, that if you do decide to make these lifestyle changes, that you could do it?**

<table>
<thead>
<tr>
<th>Circle the appropriate number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
</tbody>
</table>

The BEST time of day for my Coach to call me is between: 9am-12pm | 12pm-5pm | 5pm-8pm.
## Summit Data

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

**Total COPD Seminar Participants: 22**

**March 1, 2016 - May 31, 2016 Advocate ED Visits: 11**

8 Unique Patients

<table>
<thead>
<tr>
<th>Total</th>
<th>CMC</th>
<th>SSH</th>
<th>TRI</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>ED Visits Admitted to Inpatient</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>System Cost</td>
<td>$15,900</td>
<td>$0</td>
<td>$15,900</td>
<td>$31,800</td>
</tr>
<tr>
<td>ED Visits Admitted to Observation</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>System Cost</td>
<td>$0</td>
<td>$2,400</td>
<td>$2,400</td>
<td>$4,800</td>
</tr>
<tr>
<td>ED Visits Discharged Home</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>System Cost</td>
<td>$1,160</td>
<td>$580</td>
<td>$1,160</td>
<td>$2,800</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$17,060</td>
<td>$2,980</td>
<td>$19,460</td>
<td>$39,500</td>
</tr>
</tbody>
</table>

**March 1, 2017 - May 31, 2017 Advocate ED Visits: 0**

Advocate ED Utilization Reduction: 100%

**Total Projected Cost Savings**

$39,500

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Data Sources: Clinicare, Care Connection, Allegro
COPD Seminar Participants selected by direct PCP referral, potential COPD diagnosis and interest in seminar.
System Cost based on data from AMG Finance and CMC Finance
NDPP Resources: Centers for Disease Control and Prevention’s National Diabetes Prevention Program


<table>
<thead>
<tr>
<th>General Information...</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. About Prediabetes &amp; Type 2 Diabetes</strong></td>
</tr>
<tr>
<td>Prediabetes is a serious condition affecting 1 out of 3 American adults—that's more than 84 million people!</td>
</tr>
<tr>
<td><a href="#">More &gt;</a></td>
</tr>
</tbody>
</table>

| **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 >](#) |
Prevent Diabetes STAT

https://preventdiabetesstat.org/toolkit.html

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

DOWNLOAD THE PREVENT DIABETES STAT TOOLKIT

Use the resources below to help your patients Prevent Diabetes STAT

DOWNLOAD A COMPLETE TOOLKIT
NDPP ROI Calculator

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

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 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.
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 CDC

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
Questions?
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