Developing a diabetes prevention strategy

American Medical Association - Improving Health Outcomes

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Disclosure

I have no relevant financial relationships with commercial interests to disclose.
Learning Objectives

• Describe the trends in type 2 diabetes and prediabetes

• Review the components of a diabetes prevention strategy

• Demonstrate the AMA’s digital resource for developing an implementation strategy to prevent diabetes for your patient population
We strive for these goals because type 2 diabetes and hypertension are major risk factors for developing cardiovascular disease.
Trends in type 2 diabetes and prediabetes
Type 2 diabetes is a growing health problem

30+ MILLION
Americans have diabetes

23.8% U.S. adults undiagnosed
 Patients with diabetes are **more likely** to experience complications . . . and have longer stays in the hospital or ICU\(^2\)

- **26%** were readmitted within three months of initial hospitalization—87% of those were unscheduled\(^3\)
- **15%** visiting an emergency room present with complications\(^4\)
- **53%** of the lifetime costs of diabetes care can be attributed to treating complications\(^5\)
The cost of diagnosed diabetes places a significant burden on individuals, employers, and health systems.

Total est. cost in 2017

$327 BILLION

$237B in direct medical costs
$90B in reduced productivity

People with diagnosed diabetes

$16,750/yr avg. Medical expenses
$9,600/yr avg. Diabetes expenses

2.3X higher expenses than those w/o diabetes

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Good news

We can take steps to help prevent type 2 diabetes.
Preventing type 2 diabetes: For the AMA it begins with identifying prediabetes

84 MILLION ADULTS HAVE PREDIABETES

1 IN 3 ADULTS HAS PREDIABETES

9 OF 10 DON’T KNOW IT¹
Physicians, care teams and health care organizations play critical roles in identifying and managing those at risk for type 2 diabetes.

**Identify individuals** at risk for type 2 diabetes
✔ Inform and educate those with prediabetes about their diagnosis

Engage in **shared-decision making** and provide an evidence-based treatment
✔ Includes referral to the National DPP lifestyle change program, medical nutrition therapy, and/or prescribing medication

**Support individuals** in their treatment plan
✔ Promote self-management and monitor risk

We believe everyone with prediabetes should be aware of the condition and be able to take action to reduce their risk of diabetes.
National Diabetes Prevention Program lifestyle change program

The National DPP lifestyle change program helps participants make sustainable, healthy lifestyle changes and achieve weight loss to lower their risk of developing type 2 diabetes.

Key standard for a program to achieve CDC recognition:

- Minimum average weight loss of 5% within 12 months
- Program maintains compliance with oversight and quality standards

Core curriculum
Participants attend 16 weekly sessions during the first six months.

Follow-up phase
Participants attend one session a month (minimum of 6 sessions).
Benefits of the National DPP lifestyle change program

- Trained lifestyle coaches facilitate group classes of up to 20 participants
- Program curriculum is approved by the CDC
- Program emphasizes empowerment through a personal action plan
- Program providers are required to follow national standards and submit data on participant outcomes to the CDC
Now

is the time to focus on prevention
The AMA catalyzes diabetes prevention

Since 2013, the AMA has activated health care organizations across the U.S. to help them identify and manage more people at risk for type 2 diabetes.

Our approach

- **Engage health systems across the U.S.** in type 2 diabetes prevention with a comprehensive assessment and guided process that helps improve patient outcomes

- **Link clinical practices to the evidence-based National Diabetes Prevention Program lifestyle change program**

- **Develop, test and disseminate relevant tools and resources to support planning and implementation of a diabetes prevention strategy**
The AMA helps drive environmental change to support type 2 diabetes prevention

Our approach

- **Increase public awareness through partnerships** (e.g., Centers for Disease Control and Prevention, Ad Council)
- **Shape the health care ecosystem to facilitate delivery of preventive services** including digital health solutions, payment models and quality measurement
- **Advocate for policy and funding** that allows for access and participation in National DPP lifestyle change programs
Challenges faced by health care organizations in implementing diabetes prevention

- Effective management of population health
- Competing priorities
- Lack of payment incentives for diabetes prevention
- Lack of registries or system-wide reporting focused on diabetes prevention
- Lack of quality or performance measures related to diabetes prevention
Challenges faced by practicing physicians and care teams

- The growing burden of chronic disease
- Lack of time to effectively deliver the intensive counseling needed for lifestyle changes
- The impact of social determinants of health on a patient’s health
- Lack of adequate information about resources for diabetes prevention
Components of a diabetes prevention strategy

- Identify project team
- Select program offering
- Identify eligible patients
- Identify communication and messaging
- Establish patient referral process
- Conduct physician engagement
- Set-up bidirectional feedback loop
- Determine evaluation process
Identify project team

• Your team should include members who:
  • Are involved in clinical practice change
  • Have continued support/buy-in from system leaders
  • Are responsible for overseeing the planning and organizing of the tasks to implement the initiative
  • Can navigate across the departments/business units in the health care organization
Select program offering

Option 1: External National DPP lifestyle change program

• External National DPP lifestyle change programs include community-based lifestyle change programs
  • YMCA, a social service agency, or faith-based institution
• Or a virtual lifestyle change program offered through a digital health company

Option 2: Internal National DPP lifestyle change program

• Offered by your health care organization or physician practice and responsible for
  • recruiting and training coaches
  • class registration
  • facilitation of CDC-approved curriculum
  • tracking participant progress
  • submitting data to the CDC for program recognition
  • and delivering participant progress reports to the referring physician
Identify eligible patients

Point of Care

Occurs during your patient’s routine office visit. This provides your practice with the ability to engage with your patients face to face, and refer to a course of treatment while your patient is in the office.

Care Management

Uses the EHR to create a report based on risk factors and/or lab values to identify patients who meet the criteria for prediabetes.
Identify communication and messaging
Establish patient referral process

- Create a National DPP lifestyle change program referral form or electronic order
- Create a National DPP lifestyle change program referral process that mirrors your standard process
Conduct physician engagement

9 out of 10 adults who have prediabetes don't know they have it.

Prediabetes awareness poster for the exam room

U.S. Diabetes Prevention Program Study and Diabetes Prevention Program Outcomes Study

Evidence brief for clinical team education

Practical AMA resources to prevent type 2 diabetes while earning CME

CME activities available through the AMA’s Ed Hub™
Set up a bidirectional feedback loop

Refer patient to the lifestyle change program

Update EHR with enrollment status

Update EHR with enrollment status, if desired, intervene

Update EHR with progress; Outreach to patient to celebrate success or intervene, as needed

Receive referral and outreach to the patient about enrolling into the DPP *

Notify clinical team that the patient enrolled or declined the DPP

Update EHR, if accessible

Notify clinical team of patient’s status **

Track patient progress and send feedback to clinical team at weeks 4, 9 and 16 including weight, physical activity minutes and attendance

Decline

Enroll

Drop out of the program

Participate in weekly and monthly sessions
Determine evaluation process

<table>
<thead>
<tr>
<th>Quantitative data</th>
<th>Qualitative data</th>
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<tbody>
<tr>
<td>• CDC evaluation data: attendance, weight loss, physical activity minutes,</td>
<td>• A1C changes— how do post-program A1C levels compare to pre-program A1C levels?</td>
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<tr>
<td>• Other evaluation data: Number of physicians that referred to the lifestyle</td>
<td>• How many participants are no longer in the prediabetes range?</td>
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<tr>
<td>change program; number of patients screened, number of referrals, A1c levels,</td>
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<td>blood pressure measurements, medication being taken, etc.</td>
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<tr>
<td>• Program Operation data; cost, time spent on program, etc.</td>
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<tr>
<td>• Progress toward the goals you established for your program (meet all CDC</td>
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<td>DPRP standards and requirements, X% of adults who are identified as having</td>
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<td>pre-diabetes will enroll in a lifestyle change program, decrease # of patients</td>
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<td>who develop type 2 diabetes by X%)</td>
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The AMA’s website and digital resources
Target audience:

This website is of value to any health care organization looking to implement a diabetes prevention strategy or advance an existing strategy.
Target audience:

Health care organizations who are interested in creating a diabetes prevention strategy which includes providing their patients with access to a National DPP lifestyle change program.
Enter quick demo of the website & digital experience
What’s the next step?

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References


