

Case for Coverage of the National DPP Lifestyle Change Program: Medicaid Presentation Outline

This Presentation Outline is to be used as a supplement alongside the Presentation Template for Medicaid, which can be accessed on the [Medicaid Case for Coverage](#) page of the Coverage Toolkit. This outline is organized based on the slide numbers of the presentation templates. It contains tips for presenting, and additional information, statistics, and graphics that can supplement the content in the presentation templates.

*The **Building Capacity for Public and Private Payer Coverage of the National DPP Lifestyle Change Program** project is supported by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling **\$3.2 million for grant year 4** with 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.*

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Slide 1: Title Slide

To-Do

- Insert agency/organization logo, title, and presenter name

Slide 2: Outline of Presentation

Presentation Tips

- Know your audience and focus on what matters most to them (e.g., costs, health outcomes, ease of program delivery, member/employee satisfaction, etc.)
- Use data-driven information that is up-to-date and credible. If possible, include state and local data specific to the organization and information from similar types of organizations as examples of implementation.

Additional Resources

Additional topics that could be included in this presentation can be found in the [Medicaid Coverage](#) section and the [Cost and Value](#), and [Evidence](#) pages of the Coverage Toolkit.

Slides 3-11: Set the Stage: Prediabetes, Type 2 Diabetes, and Medicaid

Presentation Tips

In the “Set the Stage” slides present the **need** for coverage of the National Diabetes Prevention Program (National DPP) lifestyle change program by describing the impact of prediabetes and type 2 diabetes on the state and its Medicaid beneficiaries.

Be sure to describe the issues that are relevant to the agency, including how their members may be impacted by prediabetes and type 2 diabetes (such as disease incidence rates, costs of medication, and the burden of complications).

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Add additional information including statistical data to your slides to make it more relevant to the agency and include local and state specific data (available below).

Additional Information for Setting the Stage

National Statistics

According to CDC's [National Diabetes Statistics Report](#):

Diabetes

- **Total:** 40.1 million people have diabetes (12.0% of the US population)
- **Diagnosed:** 29.1 million people, including 28.8 million adults
- **Undiagnosed:** 11.0 million people (27.6% of adults are undiagnosed)

Prediabetes

- **Total:** 115.2 million people aged 18 years or older have prediabetes (43.5% of the adult US population)
- **65 years or older:** 31.3 million people aged 65 years or older (52.1%) have prediabetes

In addition:

- Diabetes was the 8th leading cause of death in the U.S. in 2020
- Diabetes in adults has **doubled** in the past two decades; it is estimated that 1 in 3 adults in the US could have diabetes by 2050.^{1, 2}
- Diabetes is the **costliest** of the 155 most common diseases in the country, at \$237 billion in direct medical costs and \$90 billion in indirect costs (e.g., reduced productivity and absenteeism) in 2017—an **increase of 60%** from 2007.^{3, 4}
- Annual medical expenditures for people diagnosed with diabetes is \$16,750 per year—**2.3 times as much as those without diabetes.**⁵

¹ Boyle Jp, Thompson Jt, Gregg Ew, Et Al. Projections of the Year 2050 Burden of Diabetes in the US Adult Population: Dynamic Modeling of Incidence, Mortality, and Prediabetes Prevalence. *Popul Health Metr* 2010;8:1–29.

² Rowley WR, Bezold C, Arian Y, et al. Diabetes 2030: Insights from Yesterday, Today, and Future Trends. *Popul Health Manag.* 2017;20(1):6-12.

³ Dieleman JL, Baral R, Birger MI, et al. U.S. spending on personal health care and public health, 1996–2013. *JAMA.* 2016;316:2627–2646.

⁴ American Diabetes Association. Economic costs of diabetes in the U.S. in 2017. *Diabetes Care.* 2018;41:917–928.

⁵ Bardenheier BH, Lin J, Zhuo X, et al. Disability-free life-years lost among adults aged ≥50 years, with and without diabetes. *Diabetes Care.* 2016;39:1222–1229.

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- Diabetes **doubles the risk of physical disability**; adults with diabetes who are ≥ 50 years of age lose independence 6 to 7 years before their peers without diabetes.⁴

State Specific Data

Estimated prediabetes and diabetes rates for each state, as well as the direct and indirect costs of diabetes in each state, are available [here](#). Additional state level data can be found in the [Diabetes State Burden Toolkit](#).

Top of Mind Issues for Medicaid Leaders

A shift to a prevention-mindset can address a number of top-of-mind issues for Medicaid leaders. Increasingly, leaders are looking to address rising costs, promote value over volume of services, reform managed care, address social determinants of health, and improve delivery and payment systems. The National DPP lifestyle change program can engage key partners, including public health, Medicaid, managed care organizations, and community-based organizations to address these and other health care and payer issues.

Additional Resources for Setting the Stage

To find more information about the costs associated with type 2 diabetes, visit the [Cost and Value](#) page of the Coverage Toolkit.

For more information on the current prediabetes and type 2 diabetes rates in the United States, including rates broken down by age, gender, and ethnicity, see the [National Diabetes Statistics Report](#).

Graphics for Setting the Stage

More diabetes and prediabetes infographics produced by CDC can be found [here](#).

Slides 12-16: Present the Solution

To-Do

- Indicate whether the program is offered in other languages in your state
- Insert locations in the state offering the program or virtual delivery options

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Presentation Tips

Explain how the National DPP lifestyle change program helps to address the issues described in the previous slides. Including overall ROI and VOI information from the [Cost and Value](#) page and calculators included in the Coverage Toolkit would be most appropriate here.

Additional Information and Statistics for Presenting the Solution

- The National DPP lifestyle change program is built on a [framework for prevention](#), which brings together partners from the public and private sectors to prevent or delay type 2 diabetes in the United States. This includes a foundation of an all-payer model involving Medicare, Medicaid, state health plans, commercial health plans, and employers.
- Adult Medicaid beneficiaries are more likely to develop type 2 diabetes than their non-Medicaid counterparts, and states that have expanded Medicaid have seen their diabetes rates increase in their Medicaid populations.
- About the [National DPP lifestyle change program](#)
 - Evidence-based, supported by National Institutes of Health (NIH) [Diabetes Prevention Program \(DPP\) clinical trial](#)
 - National effort with quality assurance through [CDC's Diabetes Prevention Recognition Program \(DPRP\)](#)
 - Year-long, group-based program for adults focused on helping people lose 5% of their body weight through healthier eating and 150 minutes of physical exercise a week
 - Consists of 16 weekly sessions during the first six months and monthly sessions during the second six months
 - Designed for people 18 years or older who have prediabetes or are at-risk for type 2 diabetes, but who do not already have diabetes
 - Program delivered [in-person, online, through distance learning, or through a combination approach](#)
 - Taught by trained lifestyle coaches (health professionals or non-licensed personnel)
 - Includes group support (recommended group size ranges between 10 and 25 participants but online groups may be larger)
 - Organizations offering the National DPP lifestyle change program can use a [curriculum](#) developed or approved by CDC, develop their own

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- curriculum and submit it to CDC for approval, or receive permission to use another organization's curriculum as long as it is CDC approved
- There are thousands of [CDC-recognized organizations](#) delivering the National DPP lifestyle change program across the 50 states and Washington, D.C.
- Benefits of the National DPP lifestyle change program
 - The National DPP is proven to reduce the risk of developing type 2 diabetes by 58% in adults (the risk of developing type 2 diabetes is reduced by 71% in adults over 60)
 - A reduction in rates of type 2 diabetes correlates to [reduced medical claims/health care costs](#)
 - Benefits extend beyond direct financial benefits to additional benefits such as avoided and delayed chronic illness and disability, increased satisfaction with health plan, and improved overall quality of life, etc.
- National DPP lifestyle change program [participation eligibility](#)
 - Be at least 18 years old, and
 - Be overweight (body mass index ≥ 25 ; ≥ 23 if Asian), and
 - Have no previous diagnosis of type 1 or type 2 diabetes, and
 - Have a blood test result in the prediabetes range within the past year:
 - Hemoglobin A1C: 5.7%–6.4%, or
 - Fasting plasma glucose: 100–125 mg/dL, or
 - Two-hour plasma glucose (after a 75 gm glucose load): 140–199 mg/dL, or
 - Be previously diagnosed with gestational diabetes, or
 - Score 5 or higher on the [CDC/ADA Prediabetes Risk Test](#)
- National DPP lifestyle change program [coverage landscape](#)
 - Covered nationally by Medicare; in an increasing number of states by Medicaid; and by many commercial plans, employers, and state and public employers

Additional Resources for Presenting the Solution

The Coverage Toolkit contains multiple pages that can be used to supplement slides on presenting the solution:



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- The [National Diabetes Prevention Program Overview](#) page provides basic information on how the program is structured.
- The [Evidence](#) page contains multiple studies demonstrating the efficacy of the National DPP lifestyle change program, including evidence of efficacy when it is delivered online or through distance learning. This page also has studies demonstrating additional health benefits beyond the prevention of type 2 diabetes that result from the program.
- The [Cost and Value](#) page contains information on the return on investment (ROI) and VOI of the program, as well as multiple budget and project impact tools and calculators.
- The [Who Covers the National DPP Lifestyle Change Program?](#) page provides a list of payers who are currently covering the National DPP lifestyle change program, including commercial health plans, employers, state-public employee coverage, state Medicaid coverage, and Medicare coverage. The page contains multiple visuals and maps that can be copied into a presentation.

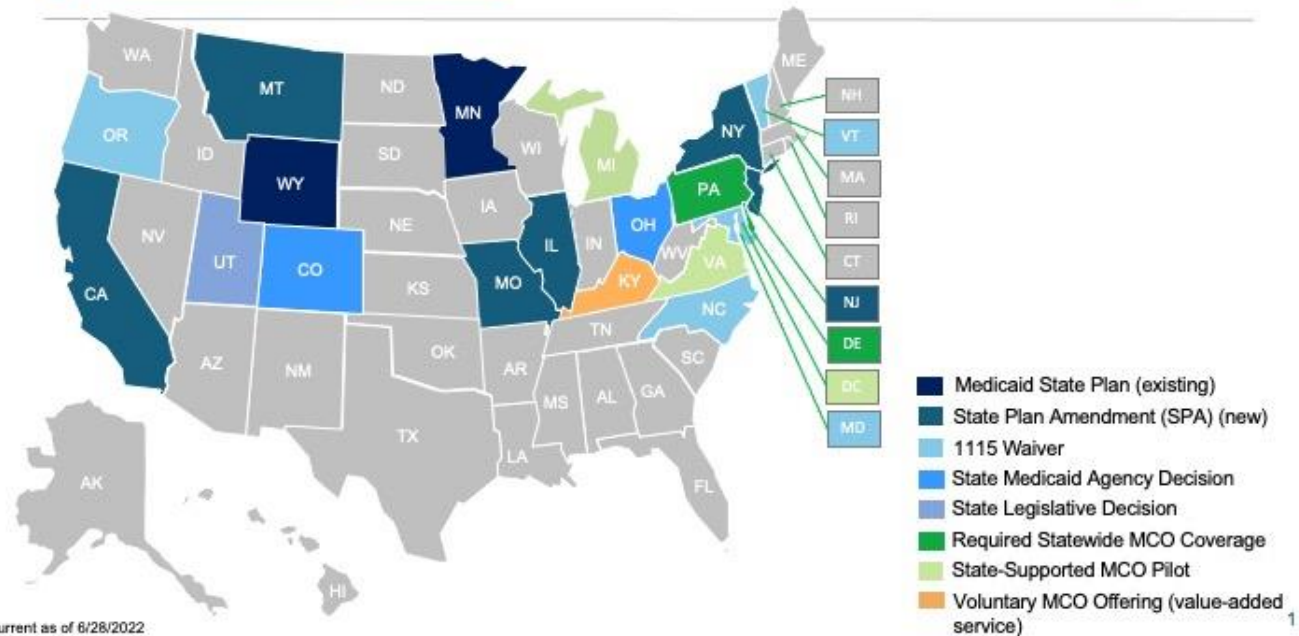
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Additional Graphics for Presenting the Solution

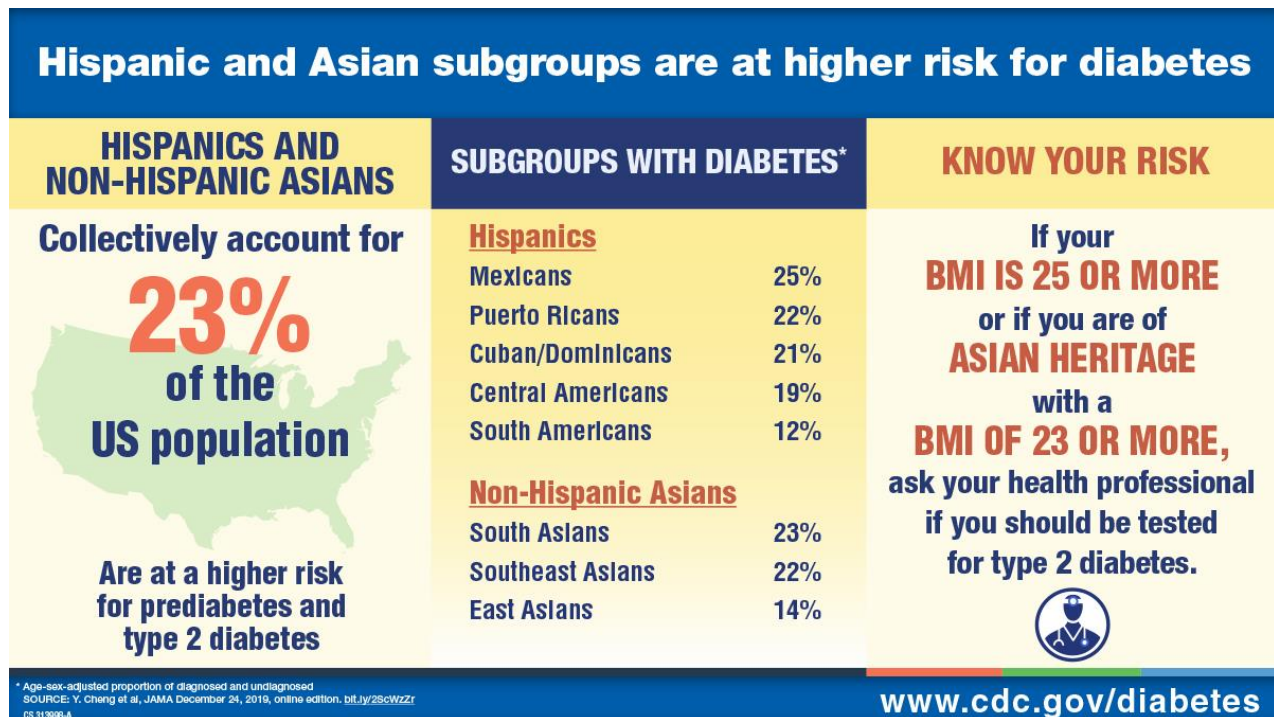
The State Medicaid Coverage Map below is accurate as of July 15, 2022. For the most up-to-date version of this map and other payer maps, visit the [Who Covers the National DPP Lifestyle Change Program?](#) page of the Coverage Toolkit.



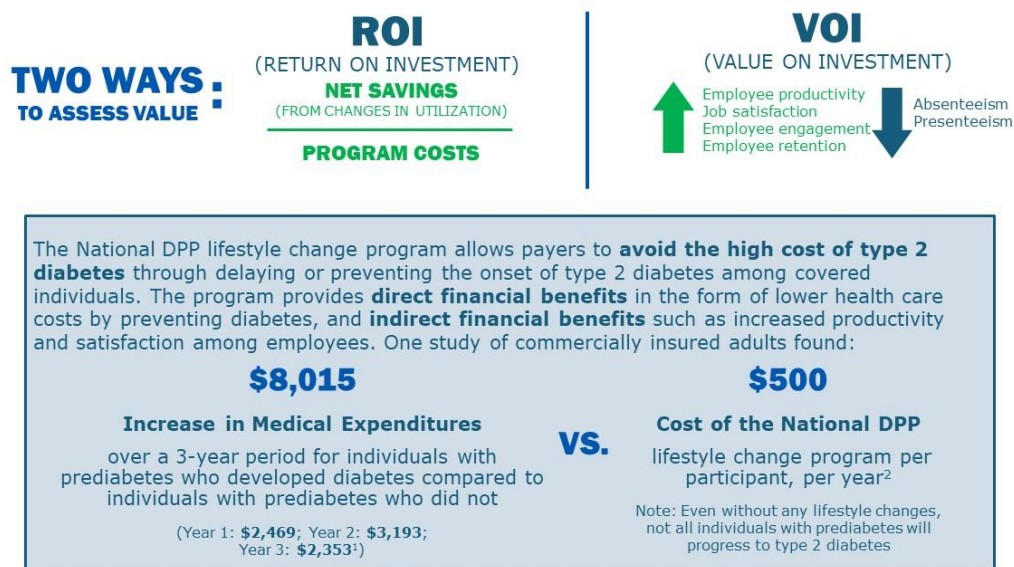
Participating Payers: National DPP Medicaid Coverage



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Source: [CDC Diabetes Infographics](#)



SOURCES: 1. Kahn, T., Tsipias, S., Wozniak, G., [Medical Care Expenditures for Individuals with Prediabetes](#), Population Health Management, 2017. | 2. CDC, [How Type 2 Diabetes Affects Your Workforce](#), 2018.

Source: [Cost and Value](#), Coverage Toolkit

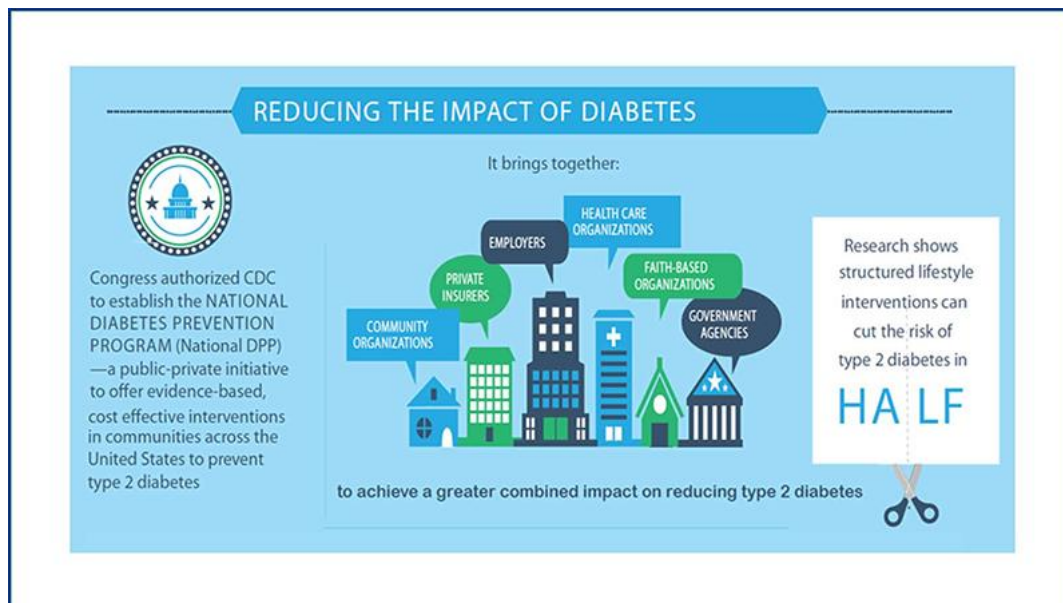
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ROI: National DPP



CMS Office of the Actuary (OACT)	A model based on Medicare beneficiaries found the National DPP lifestyle change program would reduce (or not increase) net Medicare spending
Commercially Insured Population ROI	- In a group of commercially insured adults, estimated an \$8,015 increase in medical expenditures of over a 3-year period for individuals with prediabetes who develop diabetes compared to individuals with prediabetes who do not develop diabetes - Estimated a 3-year ROI of up to 42% in this population
CPSTF Report	Estimated median ICER of combined diet and physical activity promotion programs to be \$13,761 per quality-adjusted life year (IQI: \$3,067 to \$21,899); economic review, 16 studies
Institute for Clinical and Economic Review (ICER)	Estimated savings of \$1,146 per participant for in-person individual programs; \$618 for online with human coaching (5-year horizon)
Medicare FFS Claims Analysis	- Estimated savings of \$278 per member per quarter (3-year horizon) - Estimated per quarter decrease of 9 inpatient stays and 9 emergency department visits per 1,000 members (5-year horizon)
Online Delivery of the National DPP ROI	2,371 individuals with prediabetes - Simulated 3-year ROI break-even point - Simulated 5-year ROI of \$1,565

Source: [Cost and Value](#), Coverage Toolkit



Source: [Cost and Value](#), Coverage Toolkit

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Slides 17-18: Examples and Testimonials

To-Do

- Insert examples of like organizations and/or testimonials from like organizations/participants

Additional Resources for Examples and Testimonials

As your state CDC-recognized organizations if they have testimonials from participants, especially from lower socioeconomic or racial/ethnic groups that are represented within your state's Medicaid program.

[Written and video testimonials](#) from former program participants can be found on the CDC National DPP website.

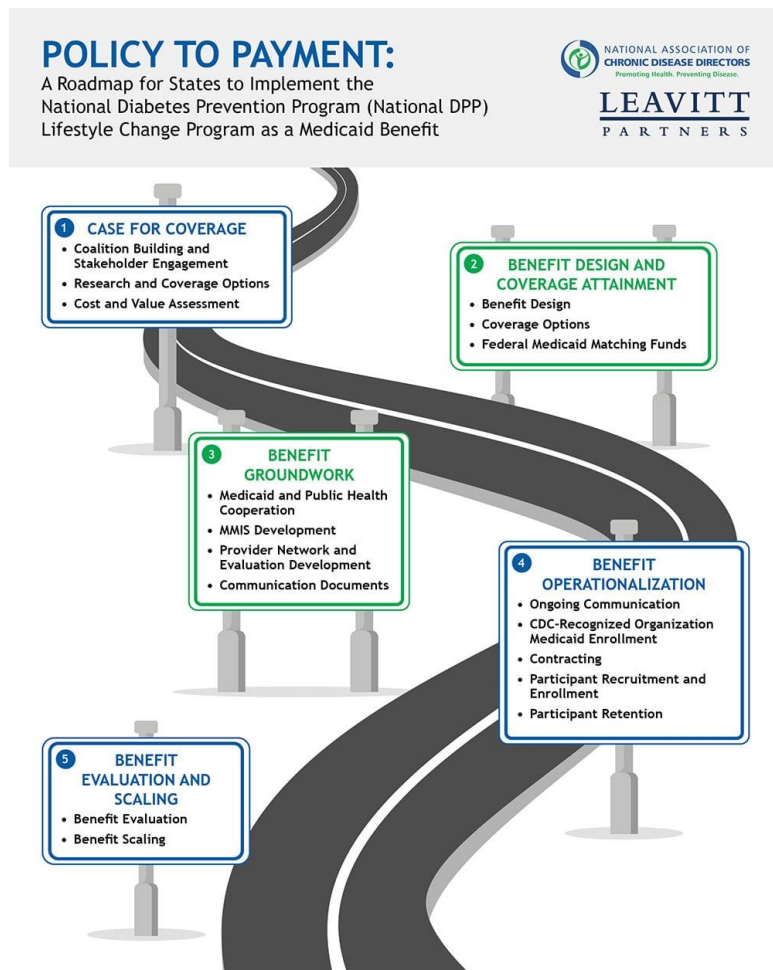
Slides 19-21: What Can You Do?

Additional Information and Statistics for “What Can You Do?”

- The pathway to Medicaid coverage for the National DPP lifestyle change program can be organized into five stages: case for coverage, benefit design and coverage attainment, benefit groundwork, benefit operationalization, and benefit evaluation and scaling. Medicaid-public health collaboration is key, with both agencies bringing important expertise to the table.
- The [Policy to Payment Roadmap](#) on the Coverage Toolkit is an interactive resource that contains links to additional information and resources on each of the five stages.
- Consider next steps, such as:
 - How can an agency initiate planning or expand efforts for establishing coverage of the program?
 - Who will be the point person for this work?
 - What additional information is needed and who needs it to make the ultimate “go or no go” decision to roll out coverage?
 - What is a reasonable timeline for rolling out coverage?
 - What other resources are available?

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Additional Resources for “What Can You Do?”



Source: [Policy to Payment Roadmap](#), Coverage Toolkit

Visit the [Case for Coverage](#) page to review the [Barriers to Coverage FAQ](#) document, and the steps to make the case for coverage in Medicaid.

Visit the [Cost and Value](#) page of the Coverage Toolkit for more tools and resources related to calculating the ROI and VOI and budgeting the program.

The [Who Covers the National DPP Lifestyle Change Program?](#) page of the Coverage Toolkit provides a list of payers who are currently covering the National DPP lifestyle change program, including commercial health plans, employers, state-

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public employee coverage, state Medicaid coverage, and Medicare coverage. The page contains multiple visuals and maps that can be copied into a presentation.

Case studies and other examples can also be a helpful way to convey the path to coverage of the National DPP lifestyle change program to decision-makers and generate interest in the program. For example, the [State Stories of Medicaid Coverage](#) page describes the approaches many states took to achieve coverage and can help other states think through how they could cover the National DPP lifestyle change program for Medicaid. Additionally, the [Medicaid Coverage for the National DPP Demonstration Project](#) page describes a multi-year project that was carried out in two states, Maryland and Oregon, to work through and develop solutions for the real-world challenges of Medicaid coverage for the National DPP lifestyle change program.

CDC has created the following [marketing and recruitment materials](#) to make it quick and easy to outreach to eligible participants about the National DPP lifestyle change program.

Additional promotional materials for recruiting program participants created by CDC can be found [here](#), and the “Do I Have Prediabetes?” ad campaign can be found [here](#).

The [Recruitment and Referral](#) page of the Coverage Toolkit contains examples of how organizations have outreached to members or employees.

Slides 22-25: For More Information, Questions, and Sources Cited

To-Do

- Insert contact information

Presentation Tips

This is a great opportunity to answer any questions and reaffirm next steps.

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Additional Resources

CDC's National DPP Customer Service Center includes many resources for [marketing and recruitment](#) for the National DPP lifestyle change program, including adaptable promotional materials (in English and Spanish), videos, testimonials, and marketing strategies.

Additional resources and infographics are available on [CDC's diabetes media](#) page.

Please contact us with any questions about the content on the Coverage Toolkit at coveragetoolkit@chronicdisease.org.

