7-15-2020

Diabetes Prevention: Your Role as a Healthcare Professional (July 15, 2020)

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PHILADELPHIA

DIABETES PREVENTION

COLLABORATIVE

Welcome

- Webinar is being recorded and shared
- Please keep yourself on mute
- Enter questions in chat box

Welcome and Introductions

American Medical Association

Neha Sachdev, MD, Director of Health Systems Relationships

Health Promotion Council of Southeastern Pennsylvania

Gina Trignani, MS, RD, LDN, Director, Training and Capacity Building
Susanne Trexler, CHES, Program Manager, Training and Capacity Building

Thomas Jefferson University & Health System

Alexis Skoufalos, EdD, Associate Dean, College of Population Health
Mitch Kaminski, MD, MBA, Program Director, Population Health, College of Population Health
Neva White, DNP, CRNP, CDE, Senior Health Educator, Center for Urban Health

Agenda

8:00 am	Philadelphia Diabetes Prevention Collaborative
	AMA Overview and Background on Philadelphia Focus
	Prediabetes Screening, Testing, and Referring
	Testimonial from a local Master Lifestyle Coach
	DPP Landscape in Southeastern PA
	Questions & Answers
9:00 am	Closing

Objectives

1. State the prevalence of prediabetes in SEPA to understand the public health urgency.
2. State the risk for type 2 diabetes.
3. Describe the guidelines for screening and testing of patients for prediabetes.
4. Discuss the history of the development of the National DPP and the evidence behind the program.
5. Identify and make appropriate referrals to National DPP lifestyle change programs.

Philadelphia Diabetes Prevention Collaborative

Alexis Skoufalos, EdD

Philadelphia Diabetes Prevention Collaborative

- The DPP Philadelphia Concept City project was officially initiated in July 2019
- Multi-stakeholder collaborative to prevent diabetes by identifying and referring those with prediabetes to a CDC-recognized Diabetes Prevention Program

www.Jefferson.edu/PreventDiabetesPHL

Philadelphia Diabetes Prevention Collaborative

Our goal:

2000 in 2020

Half from physician referral

National Partners

American Diabetes Association®

AMA AMERICAN MEDICAL ASSOCIATION

CDC CENTERS FOR DISEASE CONTROL AND PREVENTION

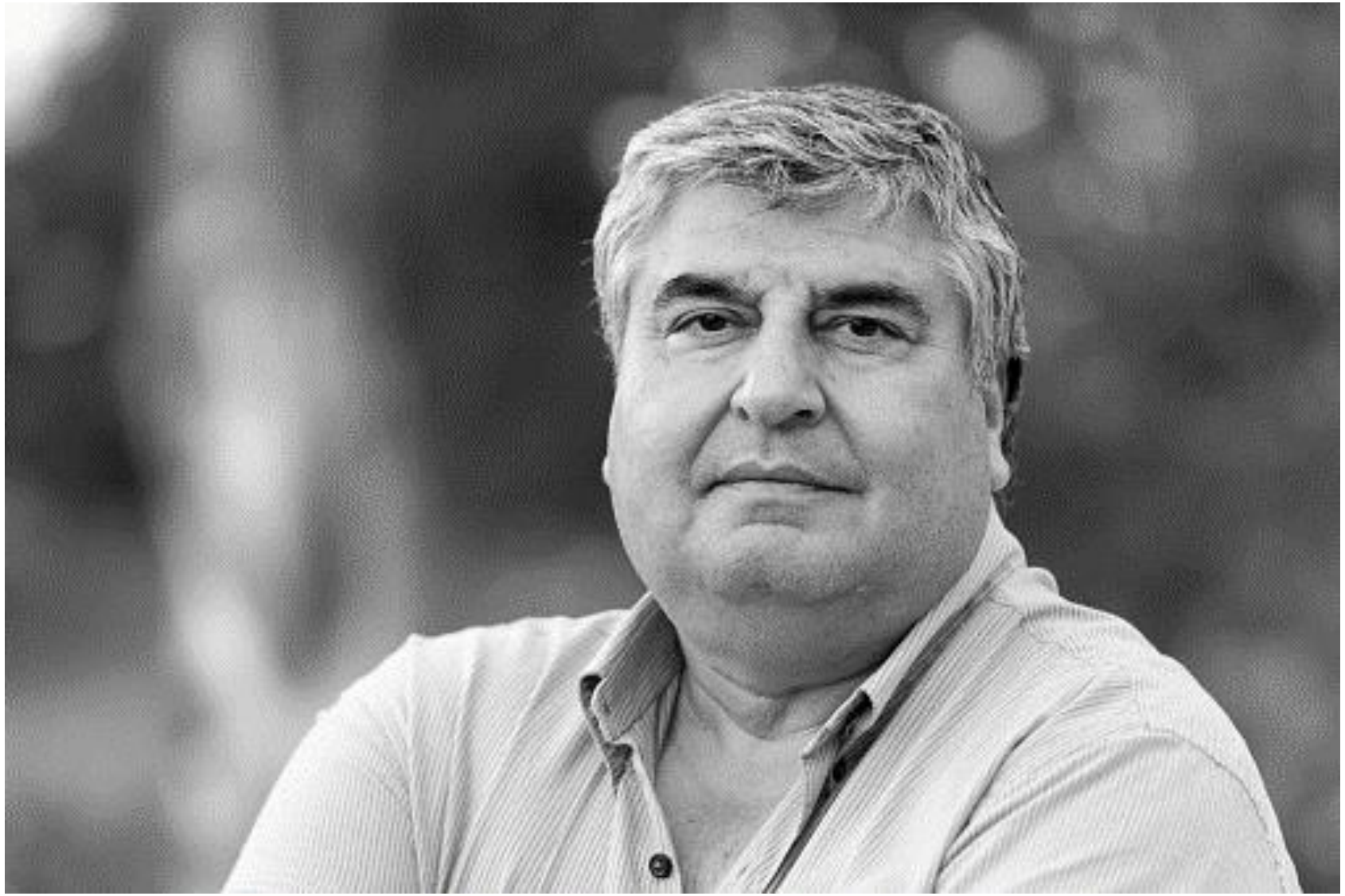
American Heart Association®

Local Stakeholder Collaborators

Geographic Target

AMA
AMERICAN MEDICAL ASSOCIATION

Prioritizing Diabetes Prevention



Type 2 diabetes affects millions of Americans — and thousands of Philadelphians

Nationally…. 13.0% of all US adults aged 18 years or older had diabetes

Locally…. In annual surveys, an estimated 11.4% of adults in Philadelphia had diabetes

Centers for Disease Control and Prevention. *National Diabetes Statistics Report, 2020*. Atlanta, GA: Centers for Disease Control and Prevention, US Department of Health and Human Services; 2020.

Philadelphia Department of Public Health. Diabetes Prevalence and Impact on Philadelphia. *CHART* 2019;3(5):1-6.

Diagnosed diabetes is associated with a significant cost burden

Estimated economic cost of diabetes - 2017

$327

BILLION

$237B in direct medical costs

$90B in reduced productivity

Estimated individual cost of diabetes

$9,600/yr. avg. medical expenses attributed to diabetes

2.3X higher expenses than those w/o diabetes

American Diabetes Association. Economic Costs of Diabetes in the US in 2017. *Diabetes Care*. 2018; 41(5): 917-928. https://doi.org/10.2337/dci18-0007

Diabetes and COVID-19

- Current evidence suggests that diabetes is a risk factor for more severe COVID-19
- Uncertainty remains
- Effects of COVID-19 include changes to health care and daily lives

Centers for Disease Control and Prevention. Coronavirus Disease 2019 (COVID-19): People of Any Age with Underlying Medical Conditions. https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html. Accessed 7/14/20.

Hartmann-Boyce J, Morris E, Goyder C, et al. Diabetes and COVID-19: risks, management, and learnings from other natural disasters. *Diabetes Care*. June 16, 2020. https://doi.org/10.2337/dc20-1192.

AMA mission: Improve the health of the nation

1 **Representing** physicians with a unified voice

2 **Driving** the future of medicine

Physicians' powerful ally in patient care

3 **Removing** obstacles that interfere with patient care

4 **Leading** the charge to confront public health crises

Improving Health Outcomes

1 No new preventable cases of type 2 diabetes

2 Everyone with hypertension has their blood pressure at goal

88 MILLION AMERICAN ADULTS HAVE PREDIABETES

Centers for Disease Control and Prevention. *National Diabetes Statistics Report, 2020*. Atlanta, GA: Centers for Disease Control and Prevention, US Department of Health and Human Services; 2020.

Physicians, care teams and health care organizations play an essential role in diabetes prevention

✓ We believe **everyone** with prediabetes should be aware of the condition and be able to take action to reduce their risk of developing diabetes.

Prediabetes Screening, Testing, and Referring

Mitch A. Kaminski, MD, MBA

U.S. Preventive Services Task Force (USPSTF) abnormal glucose recommendation

Grade B recommendation

- Screen all adults ages 40-70 AND who have a BMI ≥ 25
- Screen with a fasting glucose, hemoglobin A1C or oral glucose tolerance test

USPSTF standards suggest testing patients every 3 years

Final Recommendation Statement: Abnormal Blood Glucose and Type 2 Diabetes Mellitus: Screening. U.S. Preventive Services Task Force. April 2018. https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/screening-for-abnormal-blood-glucose-and-type-2-diabetes. Accessed February 14, 2020.

USPSTF abnormal glucose recommendation

Consider testing adults of a lower age or BMI if risk factors are present

Family history
Family history of type 2 diabetes includes first-degree relatives (a person's parent, sibling or child)

Medical history
Gestational diabetes
Polycystic ovary syndrome

Racial & ethnic minorities
African Americans
American Indians
Alaskan Natives
Asian Americans
Hispanics or Latinos
Native Hawaiians or Pacific Islanders

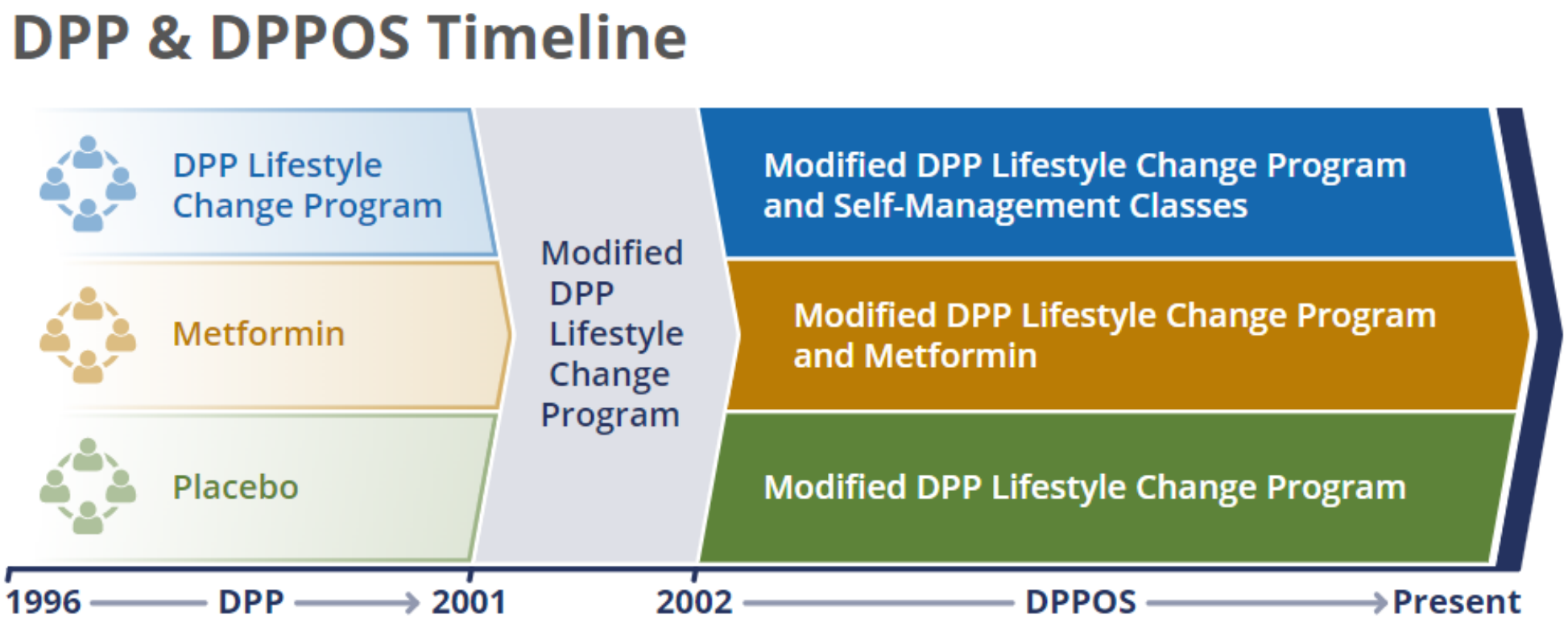
Final Recommendation Statement: Abnormal Blood Glucose and Type 2 Diabetes Mellitus: Screening. U.S. Preventive Services Task Force. April 2018. https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/screening-for-abnormal-blood-glucose-and-type-2-diabetes. Accessed February 14, 2020.

USPSTF abnormal glucose recommendation

Offer or refer patients with abnormal glucose to intensive behavioral counseling interventions to help promote a healthy diet and physical activity

Final Recommendation Statement: Abnormal Blood Glucose and Type 2 Diabetes Mellitus: Screening. U.S. Preventive Services Task Force. April 2018. https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/screening-for-abnormal-blood-glucose-and-type-2-diabetes. Accessed February 14, 2020.

Historical starting point: DPP study



2010: National DPP created
2018: CMS covers participation

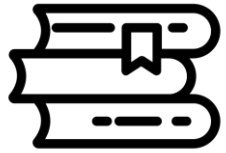
The DPP Program

- ✓ **Year-long hour-length classes**
  - months 1-6: at least 16 classes offered
  - months 7-12: at least 6 classes offered
  - make-up classes offered
- ✓ **In-person, virtual, distance learning, or combination**
- ✓ **Weight, activity minutes tracked**

The structure, group support and learning are the "secret formula" in the DPP program…

Understanding the National DPP Lifestyle Change Program

Trained lifestyle coaches teach group classes



Programs deliver a CDC-approved curriculum

Emphasis on prevention and empowerment through a personal action plan

Quality assurance through the Centers for Disease Control and Prevention (CDC); programs are required to submit data on participant outcomes

***Key standard for CDC recognition: Average participant body weight loss of 5%.**

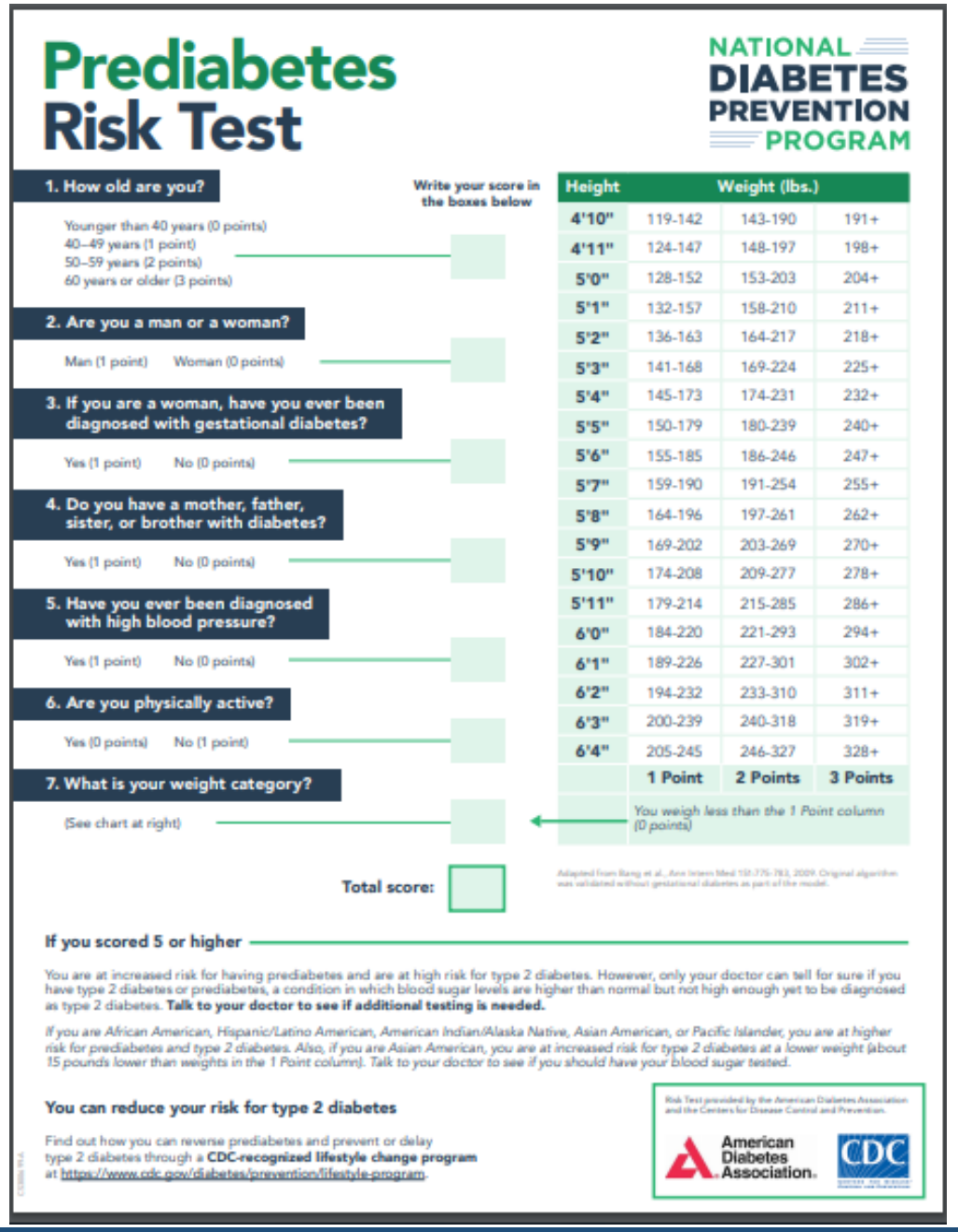
Who qualifies for the National DPP Lifestyle Change Program?

5.7%-6.4%

HbA1c

≥ 25

BMI



Prediabetes Risk Test

NATIONAL DIABETES PREVENTION PROGRAM

1. How old are you? — Write your score in the boxes below

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)

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)		

Total score:

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

Enrolling in the National DPP Lifestyle Change Program

Participants must meet ALL the following:

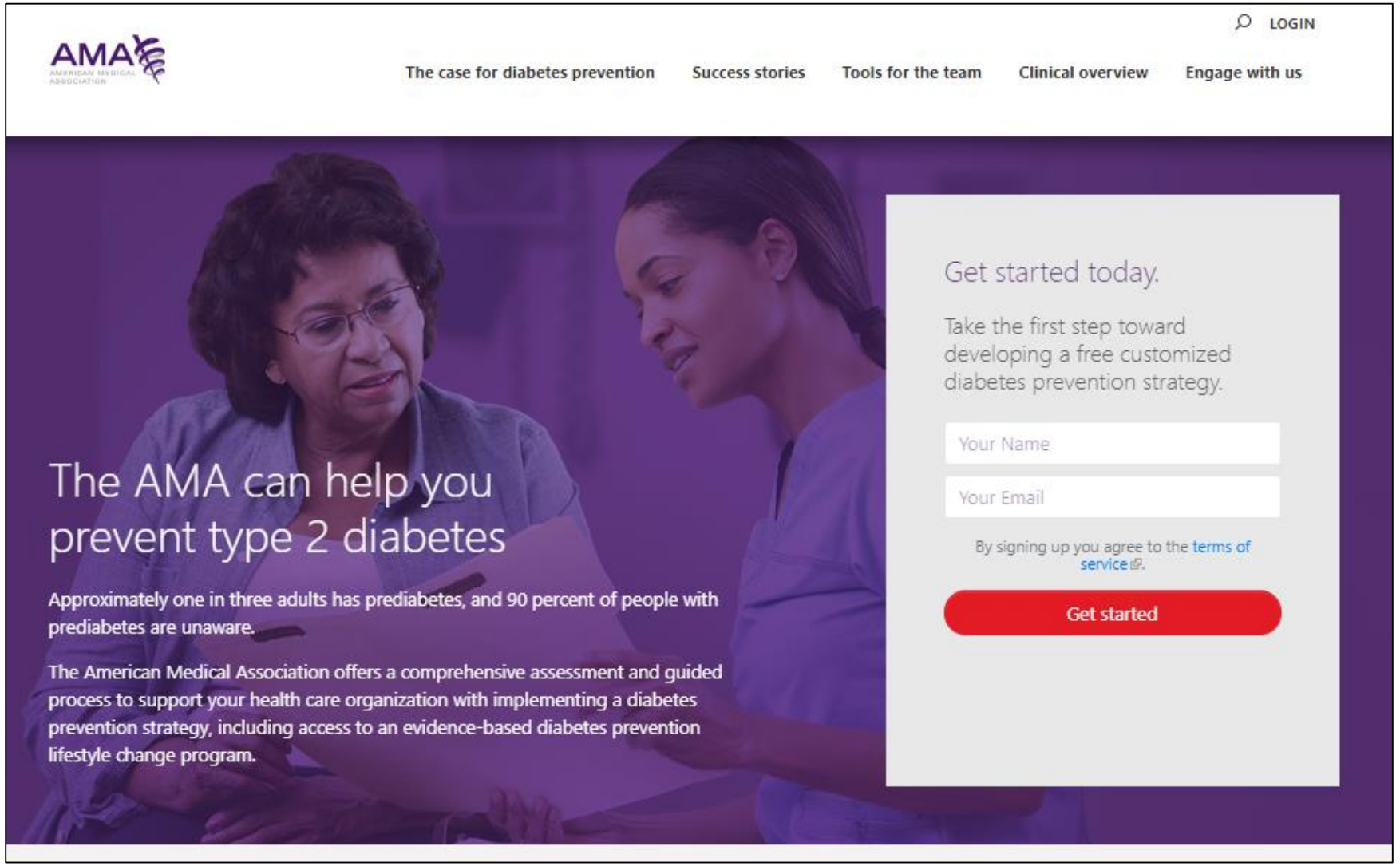
- ✓ Be 18 years or older
- ✓ Overweight or obese
- ✓ Not diagnosed with diabetes
- ✓ Not pregnant

And ONE of the following:

- ✓ Blood test within the past year:
- ✓ Previous diagnosis of gestational diabetes
- ✓ An elevated score on a prediabetes risk test/questionnaire

Standards and Operating Procedures. *Centers for Disease Control and Prevention Diabetes Prevention Recognition* Program www.cdc.gov/diabetes/prevention/recognition. March 1, 2018

AMAPreventDiabetes.org



JOIN IN THIS NATIONAL EFFORT

Everyone can play a part in preventing type 2 diabetes

RAISE AWARENESS of prediabetes

SHARE INFORMATION about the National DPP

ENCOURAGE PARTICIPATION in a local lifestyle change program

PROMOTE the National DPP as a covered health benefit

Find out how to get involved with the National Diabetes Prevention Program

www.cdc.gov/diabetes/prevention

Lose Weight and Prevent Diabetes

Center for Urban Health
Diabetes Prevention Program Local Master Lifestyle Coach

Neva White DNP, CRNP, CDE

Virtual Lifestyle Coach Training

- The Diabetes Prevention Programs are led by certified Lifestyle Coaches, trained by CDC approved training entities
- Two Day – 8 hour training

Virtual Diabetes Prevention Program
Lose weight and Prevent Diabetes

Centers for Disease Control National Diabetes Prevention Program

Full Recognition Program

Prevent T2 curriculum

PREVENT T2

A PROVEN PROGRAM TO PREVENT OR DELAY TYPE 2 DIABETES

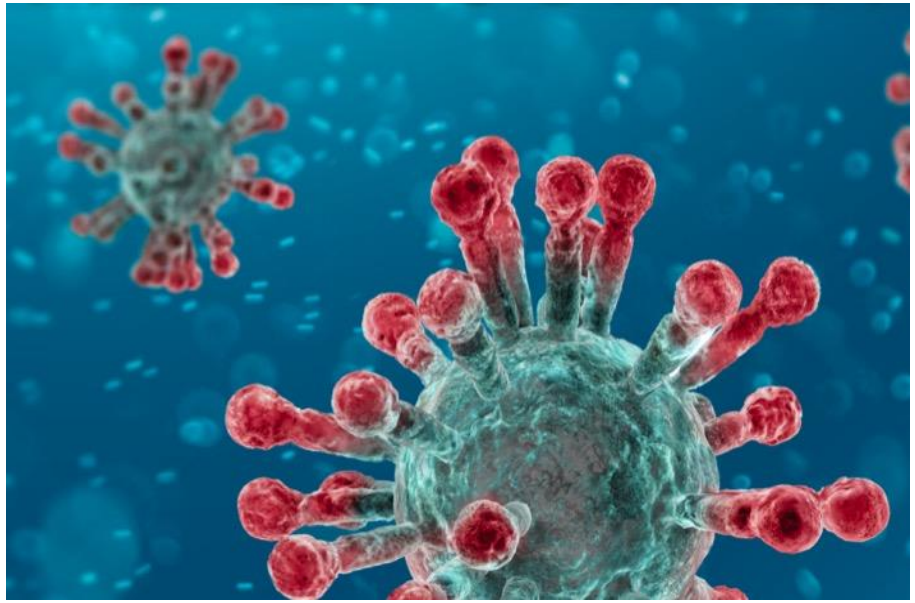
Prevent T2 Curriculum

Module Topic	Theme
Get Active to Prevent T2 Track Your Activity Eat Well to Prevent T2	Skill
Get Support Take Charge of Your Thoughts	Emotions
Shop and Cook to Prevent T2 Eat Well Away from Home	Environment
Keep Your Heart Healthy	Health and Wellness

The lifestyle change program curriculum emphasizes self-monitoring, self-efficacy, and problem-solving; provides for coach feedback; includes participant materials to support program goals; and calls for participant weigh-ins to track progress.

Virtual Program Delivery in the Time of Covid-19

- Facilitated Program: the virtual program is consistent with the in-person CDC recognized curriculum
- Better retention rate and improved engagement
- Rich discussions
- No Travel
- No concerns about the weather
- Easier to secure Guest Speakers
- A way to stay connected to the outside world!



Distance Learning Using Zoom
Closing the Digital Divide

- Selecting a Platform
  - Zoom (Jefferson Approved)
- Training
  - (One on One Zoom Training for each participants new to zoom)
- Regular Email/ Phone Reminders

Distance Learning Using Zoom
2018-2019 Pilot Outcomes (Jefferson data)

Enrollment	A total of enrolled 25
DPP Retention	84% (n=21) of individuals enrolled, attended at least 5 core sessions (month 1-6; 16 sessions) 65% (n=15) completed at least 5 core sessions and 5 post core (month 7-12; 6-12 sessions)

Of the 15 individuals who completed the program:

Weight Loss	87% (n=13) lost at least 5% of their starting body weight
Physical Activity	87% (n= 13) achieved over 150 minutes per week of physical activity

Distance Learning Using Zoom
Closing the Digital Divide

- Current Program
- Started February 2020
- 32 enrolled
- 5 alumni enrolled
- Currently 97% participation
- 100% alumni still active

How to Refer to National Diabetes Prevention Programs in Southeastern Pennsylvania

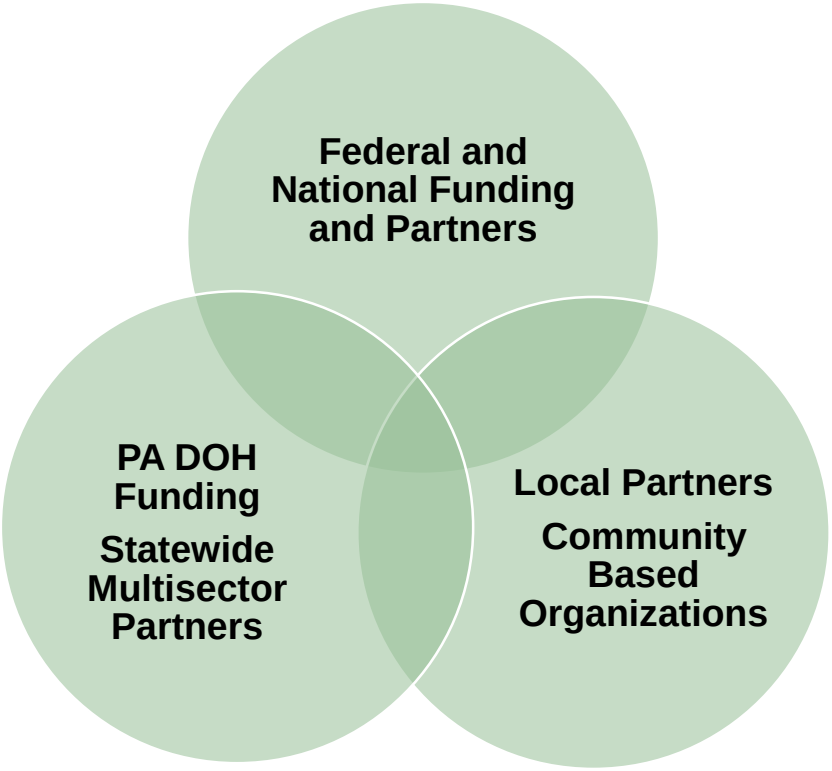
Gina Trignani, MS, RD, LDN, Director
Susanne Trexler, CHES, Program Manager
Training and Capacity Building

HEALTH PROMOTION COUNCIL
a PHMC affiliate

About Health Promotion Council

HPC is a non-profit organization whose mission is to promote health, prevent and manage chronic diseases, especially among vulnerable populations through community-based outreach, education, and advocacy.

A subsidiary of Public Health Management Corporation (PHMC), a Public Health Institute in Pennsylvania.



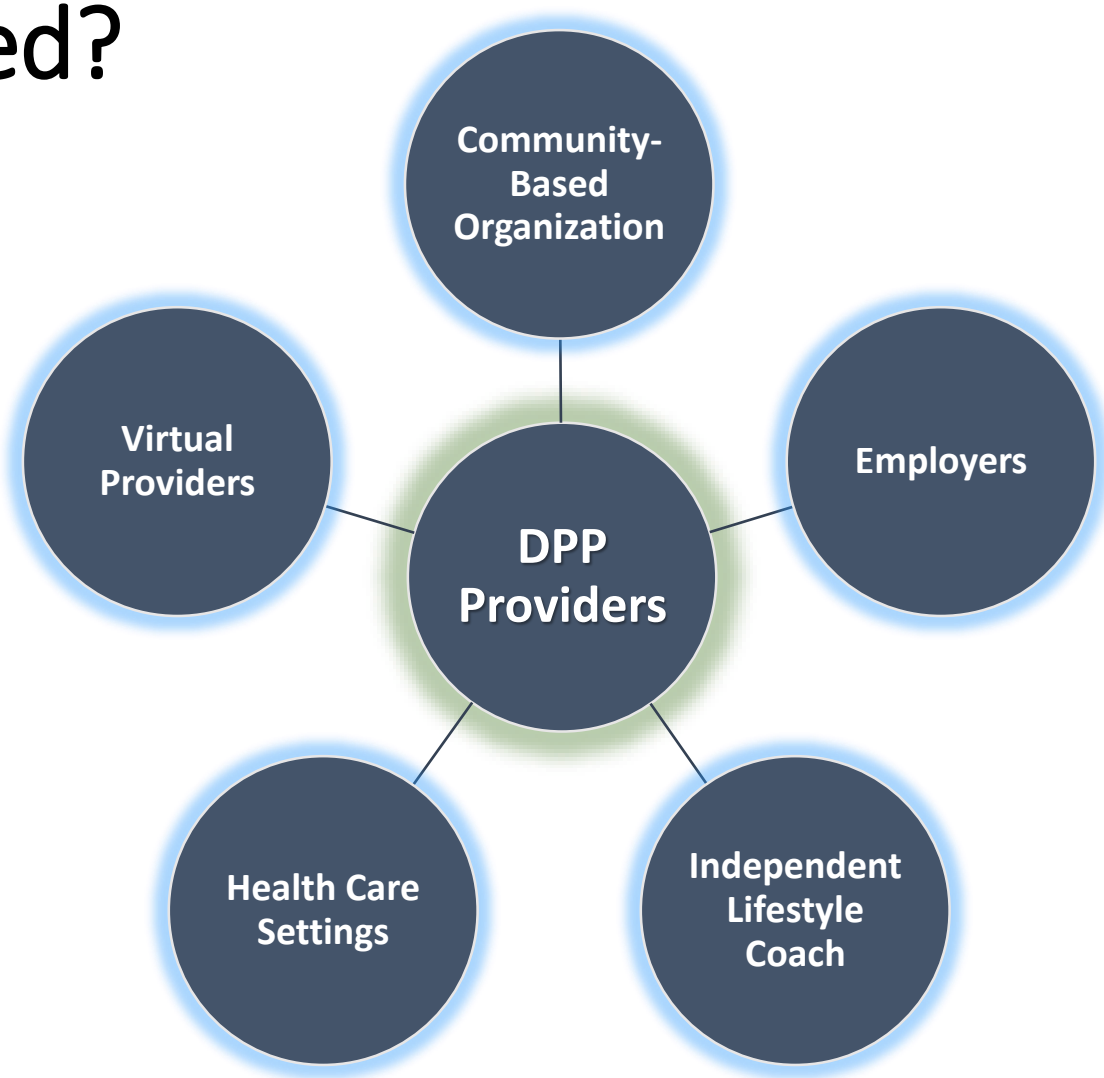
HPC has been working to the build capacity of the National DPP delivery in Pennsylvania since 2014 in partnership with the Pennsylvania Department of Health.

Our work focuses on the four pillars for National DPP sustainability

Availability	Awareness	Referrals	Coverage

Where is DPP being delivered?

- Anywhere a group of eligible participants can convene – typically 10-20 participants
- Currently, due to COVID19, all programs are virtual
- Delivery sites and partners are continually evolving
- Programs are initiated when sufficient registration is achieved



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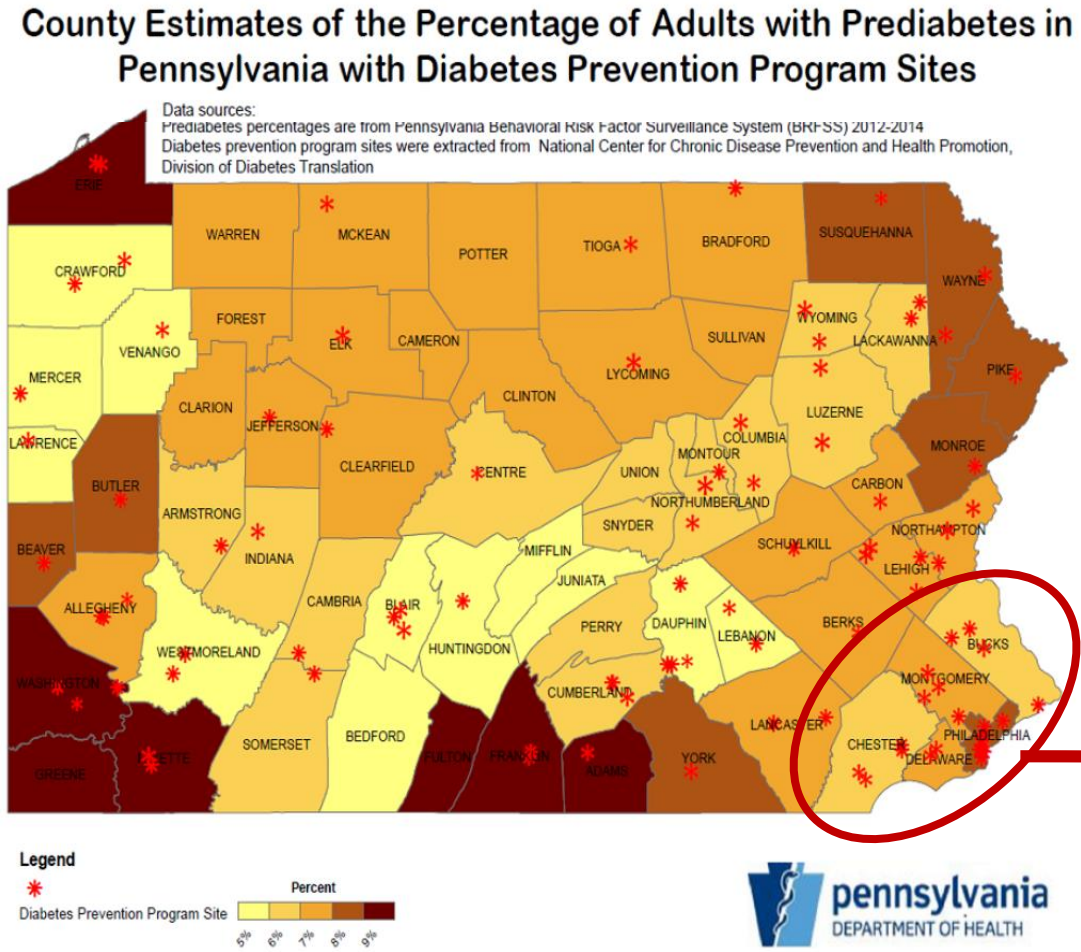
National DPP in Southeastern Pennsylvania – Recognized Program Providers



Philadelphia Diabetes Prevention Collaborative Focuses on 5 Counties of SEPA Region

- **Bucks**
- **Chester**
- **Delaware**
- **Montgomery**
- **Philadelphia**

National DPP Recognized Providers in SEPA to date

http://www.health.state.pa.us/diabetesmap/dpp-map.aspx

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Standard Referral Process

A primary goal is to make the referral and enrollment process as simple and seamless as possible for the healthcare provider, patient, and DPP provider/supplier.

<u>Healthcare Provider (HCP)</u>

- Screen, Test, Refer
- Counsel patient on reason for referral – *very important*
- Provider or patient identifies a program location

<u>DPP Provider / Supplier</u>

- Receives referral from HCP by mail, fax, secure email or EHR or secure FTP
- Contacts patient to enroll
- Tracks weight and attendance
- Ideally, notifies HCP of enrollment

<u>Patient completes one-year program</u>

- Ideally, DPP provider communicates completion to HCP provider
- Patient shares experience with HCP

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a PHMC affiliate

Assumption for Referrals to DPP Lifestyle Change Programs

1. If you have existing successful referral pathways – continue to use them.
2. Best practices for referrals to lifestyle change programs are evolving.
3. One size does not fit all – a variety of programs are needed to serve diverse populations.
4. Social determinants play a significant role in successful enrollment and retention in, and completion of DPP.
5. COVID-19 has created a significant shift in program delivery.

Goal - streamline the steps required to make referrals to and enroll in DPP

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Making the Referral
DPP Network Referral Hub Pilot in Select Philadelphia Zip Codes

Pilot zip codes: (North Phila) 19140, 19120, 19124, 19134; (South Phila); 19145, 19148

Purpose of Referral Hub Pilot

- Test the efficacy of a single point of referral
- Streamlines the administrative burden of making multiple outreach attempts.
- Centralizes readiness assessment of participants and program matching.
- Centralizes communication of referral disposition to PCP.
- Facilitates identification and possible resolution of barriers to attendance due to social determinants.

Function of DPP Referral Hub

- PCP sends referral through HealthShare Exchange - Direct Secure Messaging platform
- HPC receives referral
- HPC trained team conducts patient interview
- Registers patient into program based upon patient needs and preferences
- HPC sends list of participants to each DPP Provider via secure communication channel.
- HPC sends HCP referral status report

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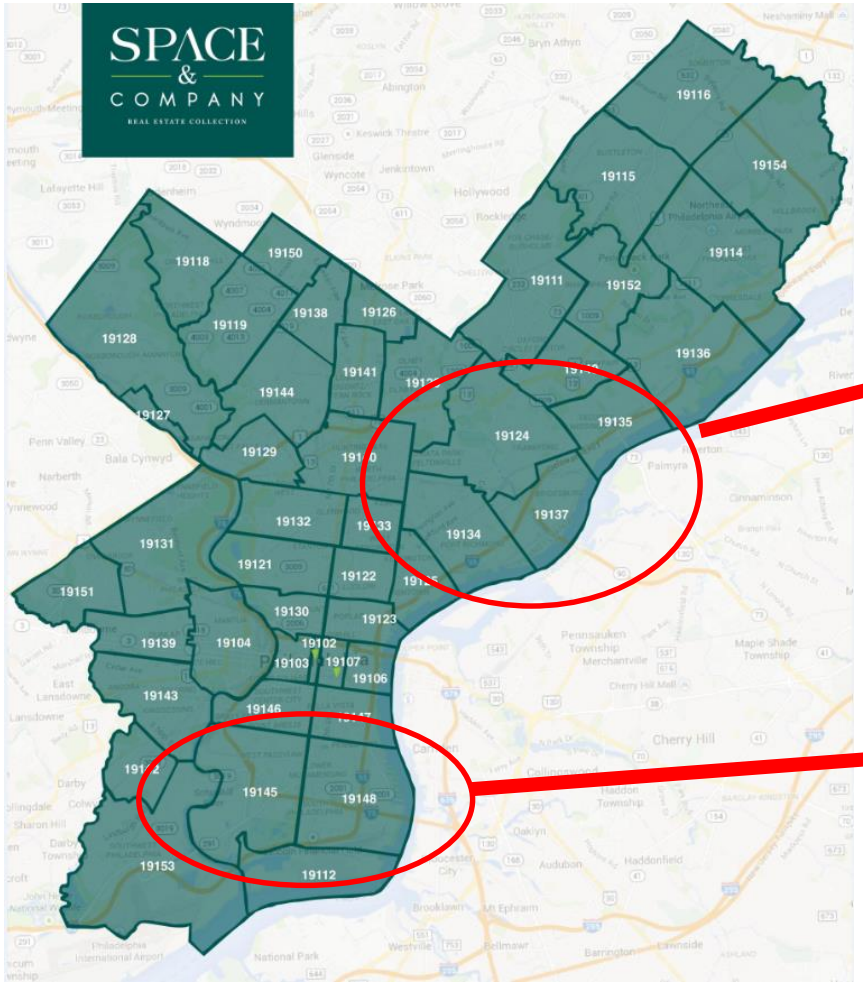
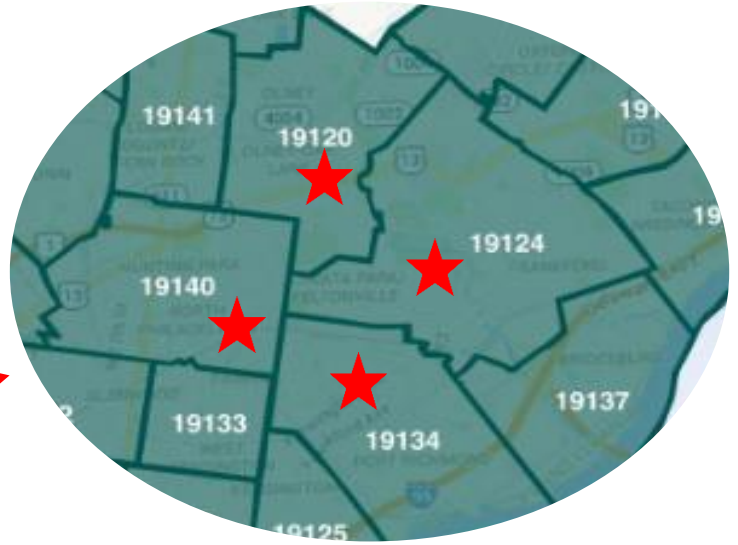
Making the Referral – Health Promotion Council
DPP Referral Hub Pilot in Select Philadelphia Zip Codes





Pilot zip codes:

(North Phila)
19140, 19120, 19124, 19134

Pilot zip codes:

(South Phila)
19145, 19148

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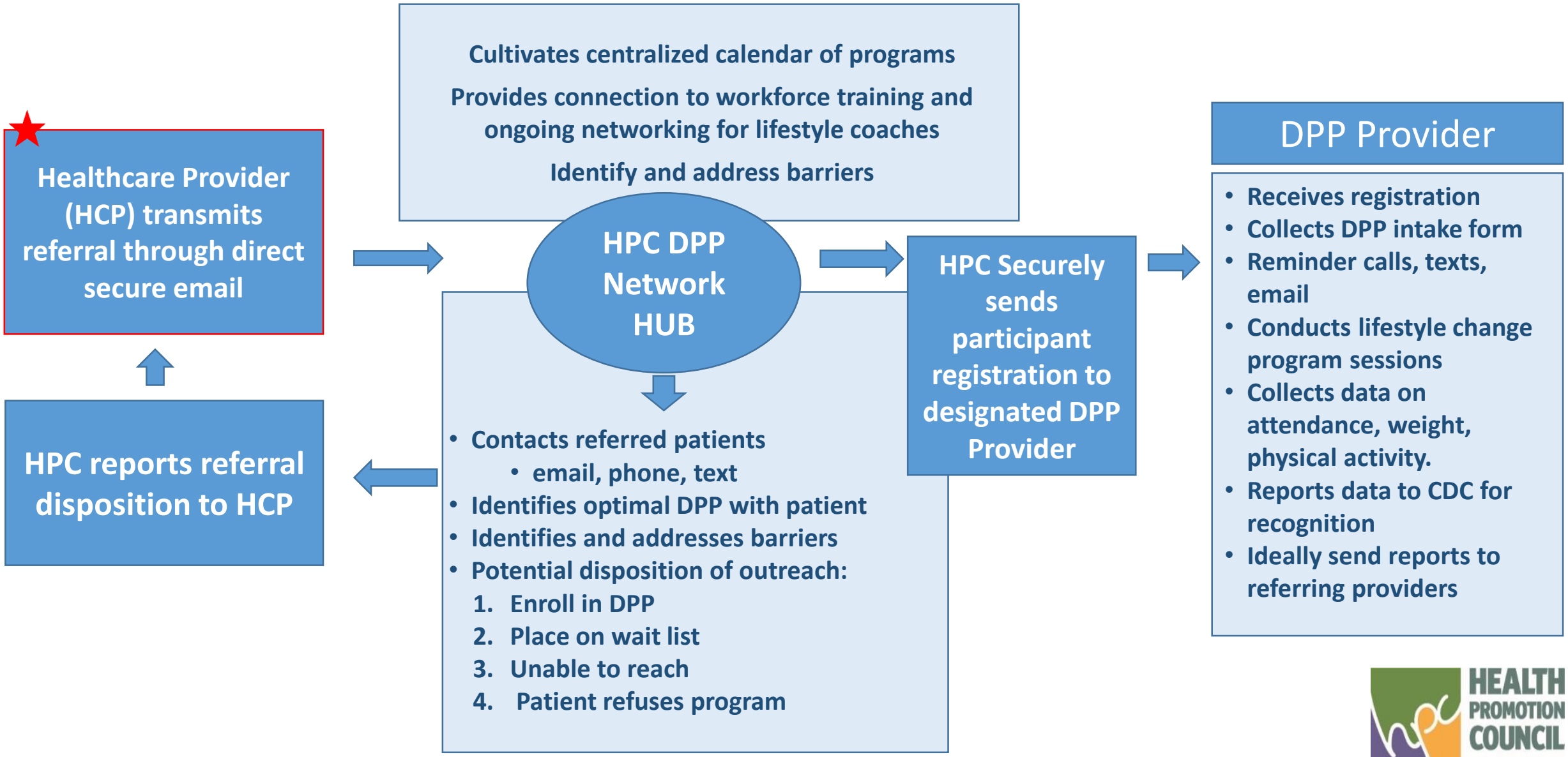
Philadelphia DPP Network Referral Hub Pilot



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How to Find and Refer to a DPP Lifestyle Change Program in Bucks, Chester, Delaware, Montgomery and Philadelphia Counties

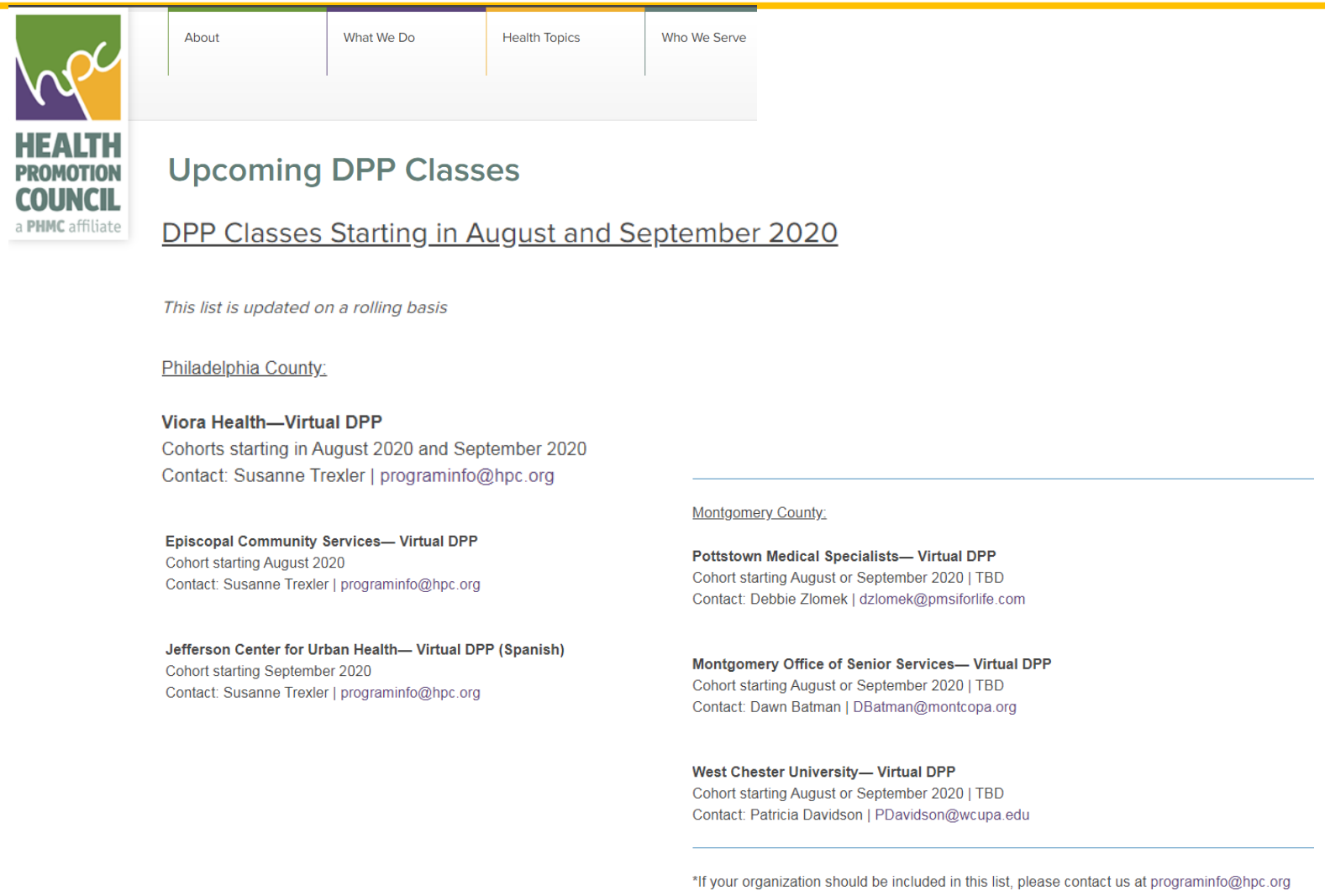
- DPP Network Referral Hub – Pilot zip codes only
- Direct to DPP provider referral – See Upcoming Class on HPC website

Also available are:

- PA DOH DPP website
- CDC-recognized DPP registry

DPP Lifestyle Change Programs in Bucks, Chester, Delaware, Montgomery and Philadelphia Counties

- DPP providers will not start a program until they have a full roster of patients are registered for the series – ideally 15-20.
- Until the volume of referrals have a sustained increase – DPP providers are challenged with setting start dates.
- HPC is compiling DPP provider/supplier contact information to allow direct referral from HCP until referral hub can be expanded.



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About | What We Do | Health Topics | Who We Serve

Upcoming DPP Classes

DPP Classes Starting in August and September 2020

This list is updated on a rolling basis

Philadelphia County:

Viora Health—Virtual DPP
Cohorts starting in August 2020 and September 2020
Contact: Susanne Trexler | programinfo@hpc.org

Episcopal Community Services— Virtual DPP
Cohort starting August 2020
Contact: Susanne Trexler | programinfo@hpc.org

Jefferson Center for Urban Health— Virtual DPP (Spanish)
Cohort starting September 2020
Contact: Susanne Trexler | programinfo@hpc.org

Montgomery County:

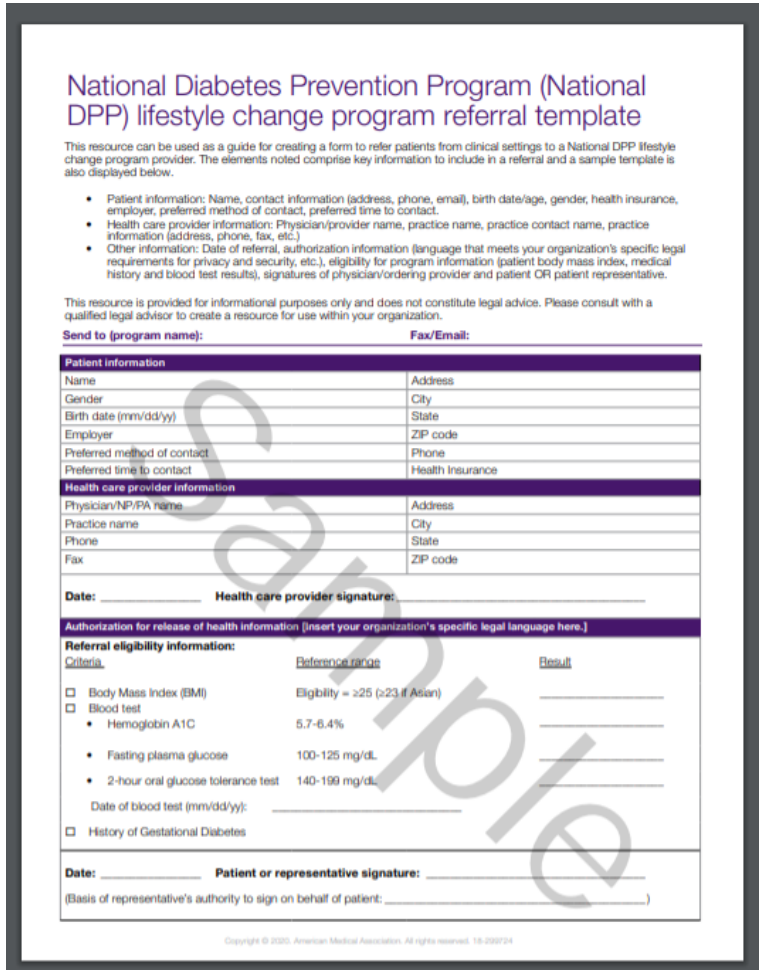
Pottstown Medical Specialists— Virtual DPP
Cohort starting August or September 2020 | TBD
Contact: Debbie Zlomek | dzlomek@pmsiforlife.com

Montgomery Office of Senior Services— Virtual DPP
Cohort starting August or September 2020 | TBD
Contact: Dawn Batman | DBatman@montcopa.org

West Chester University— Virtual DPP
Cohort starting August or September 2020 | TBD
Contact: Patricia Davidson | PDavidson@wcupa.edu

*If your organization should be included in this list, please contact us at programinfo@hpc.org

Making the Referral – Key considerations



National Diabetes Prevention Program (National DPP) lifestyle change program referral template

This resource can be used as a guide for creating a form to refer patients from clinical settings to a National DPP lifestyle change program provider. The elements noted comprise key information to include in a referral and a sample template is also displayed below.

- Patient information: Name, contact information (address, phone, email), birth date/age, gender, health insurance, employer, preferred method of contact, preferred time to contact.
- Health care provider information: Physician/provider name, practice name, practice contact name, practice information (address, phone, fax, etc.)
- Other information: Date of referral, authorization information (language that meets your organization's specific legal requirements for privacy and security, etc.), eligibility for program information (patient body mass index, medical history and blood test results), signatures of physician/ordering provider and patient OR patient representative.

This resource is provided for informational purposes only and does not constitute legal advice. Please consult with a qualified legal advisor to create a resource for use within your organization.

Send to (program name): **Fax/Email:**

Patient information	
Name	Address
Gender	City
Birth date (mm/dd/yy)	State
Employer	ZIP code
Preferred method of contact	Phone
Preferred time to contact	Health Insurance
Health care provider information	
Physician/NP/PA name	Address
Practice name	City
Phone	State
Fax	ZIP code

Date: _____ **Health care provider signature:** _____

Authorization for release of health information [insert your organization's specific legal language here.]

Referral eligibility information:

Criteria	Reference range	Result
☐ Body Mass Index (BMI)	Eligibility = ≥25 (≥23 if Asian)	_____
☐ Blood test		
• Hemoglobin A1C	5.7-6.4%	_____
• Fasting plasma glucose	100-125 mg/dL	_____
• 2-hour oral glucose tolerance test	140-199 mg/dL	_____

Date of blood test (mm/dd/yy): _____

☐ History of Gestational Diabetes

Date: _____ **Patient or representative signature:** _____

(Basis of representative's authority to sign on behalf of patient: _____)

Sample

- ✓ This is a sample referral from AMA – create a unique referral for your organization that includes your legal requirements
- ✓ Keep referral diagnostic criteria and data consistent
- ✓ If possible integrate referral into EHR workflow
- ✓ Ensure that HIPAA, legal, patient consents are in place
- ✓ Ensure the referral is transmitted securely to HPC and/or the DPP program provider/supplier
- ✓ Establish patient consent for sharing data for referral

https://amapreventdiabetes.org/sites/default/files/uploaded-files/amapreventdiabetes_Referral%20Form_0.pdf

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Only Together Can We Prevent Type 2 Diabetes

Thank you

HPC's Training and Capacity Building Department
– Philadelphia Diabetes Prevention Collaborative Team

Susanne Trexler, CHES, Program Manager
strexler@phmc.org

Gina Trignani, MS, RD, LDN, Director
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