You Don’t Have to Get Diabetes

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Jefferson College of Population Health

You Don’t Have to Get Diabetes

Department of Family and Community Medicine Resident Grand Rounds

Mitch Kaminski, MD, MBA
Neva White, DNP, CRNP, CDCES

July 30, 2020
Tip of the Iceberg

US Pre-Diabetes
88 M (>35%)
74 M un-dx (84%)

US Diabetes*
34.2 M (10.5%)
2.8 M un-dx (8.2%)

* 2018 ADA data, 13% of adults
What is your favorite color?
You are seeing a patient whose BMI is 36. His/her first hemoglobin A1c is 5.9
At this point, what word comes to mind?
How likely is this patient to develop diabetes?

20%
50%
70%
nearly 100%
Do you feel like you are mopping the floor?
Turn off the faucet!
Today’s objective:

You will tell this patient, with full confidence

“You Don’t Have to Get Diabetes”
How much higher are medical costs for a patient with diabetes?

10.1x higher
5.2x higher
2.3x higher
50% higher
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

Diabetes and COVID-19

• Current evidence suggests that diabetes is a risk factor for more severe COVID-19

• Indirect effects of COVID-19 include changes to health care and daily lives


What can a family physician do?

• Would you prescribe a medicine, taken once a week, that could delay or even avoid your patient’s progression to type 2 diabetes?

• There would be no out-of-pocket cost to your patient, but potential side effects include increased patient self-efficacy and self-esteem, and an opportunity for greater community interaction.
Introducing...
The National Diabetes Prevention Program (DPP)
Historical starting point: DPP study

DPP & DPPOS Timeline

- **1996**: DPP
- **2001**: Modified DPP Lifestyle Change Program
- **2002**: Modified DPP Lifestyle Change Program and Self-Management Classes
- **2002**: Modified DPP Lifestyle Change Program and Metformin
- **2002**: Modified DPP Lifestyle Change Program
- **Present**: Placebo
- **2010**: National DPP created
- **2018**: CMS covers participation

Philadelphia Diabetes Prevention Collaborative
#PreventDiabetesPHL
The DPP Program Itself

- 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
- Emphasis on prevention and empowerment through a personal action plan
- Programs deliver a CDC-approved curriculum
- 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%.*
Prediabetes Screening, Testing, and Referring
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**

USPSTF abnormal glucose recommendation

Consider testing adults of a lower age of 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

Offer or refer patients with abnormal glucose to intensive behavioral counseling interventions to help promote a healthy diet and physical activity.
Who qualifies for the National DPP Lifestyle Change Program?

5.7%-6.4% HbA1c
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
The AMA can help you prevent type 2 diabetes

Approximately one in three adults has prediabetes, and 90 percent of people with prediabetes are unaware.

The American Medical Association offers a comprehensive assessment and guided process to support your health care organization with implementing a diabetes prevention strategy, including access to an evidence-based diabetes prevention lifestyle change program.

Get started today.

Take the first step toward developing a free customized diabetes prevention strategy.

Your Name

Your Email

By signing up you agree to the terms of service.

Get started
Prioritizing Diabetes Prevention

my practice after I drank the (sugar free) Kool-aid
Lose Weight and Prevent Diabetes

Center for Urban Health
Diabetes Prevention Program Local Master Trainer

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 Curriculum

<table>
<thead>
<tr>
<th>Module Topic</th>
<th>Theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Get Active to Prevent T2 Track Your Activity</td>
<td>Skill</td>
</tr>
<tr>
<td>Eat Well to Prevent T2</td>
<td></td>
</tr>
<tr>
<td>Get Support Take Charge of Your Thoughts</td>
<td>Emotions</td>
</tr>
<tr>
<td>Shop and Cook to Prevent T2 Eat Well Away from Home</td>
<td>Environment</td>
</tr>
<tr>
<td>Keep Your Heart Healthy</td>
<td>Health and Wellness</td>
</tr>
</tbody>
</table>

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

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

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 |
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 Training for each participant new to Zoom)
• Regular Email/ Phone Reminders
Distance Learning Using Zoom
Closing the Digital Divide

• February 2020 (Cohort 1)
• 32 enrolled
• 5 alumni enrolled
• Currently 97% participation
• 100% alumni still active
• July 15, 2020 (Cohort 2)
• 31 enrolled
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
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.

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

**DPP Provider / Supplier**
- 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

**Patient completes one-year program**
- Ideally, DPP provider communicates completion to HCP provider
- Patient shares experience with HCP
In EPIC “Orders” type “Center for Urban Health”
Sign Order for Referral
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
Only Together Can We Prevent Type 2 Diabetes
Questions?