



Michigan Diabetes Prevention Network Virtual Meeting

Thursday, November 16, 2023
10 a.m.

www.Michigan.gov/Diabetes



Welcome and Updates





Welcome!

- Thank you for coming!
- We encourage breaks and activity during the meeting.
- Brief MI Diabetes Prevention Network (DPN) background.
- Diversity, Equity, and Inclusion is important to us.



Meeting Format

Offer and Ask

- Offer up information, then ask for input.
- Discussion time before next topic.
- Feel free to comment or ask questions at any time – raise a hand or use chat.



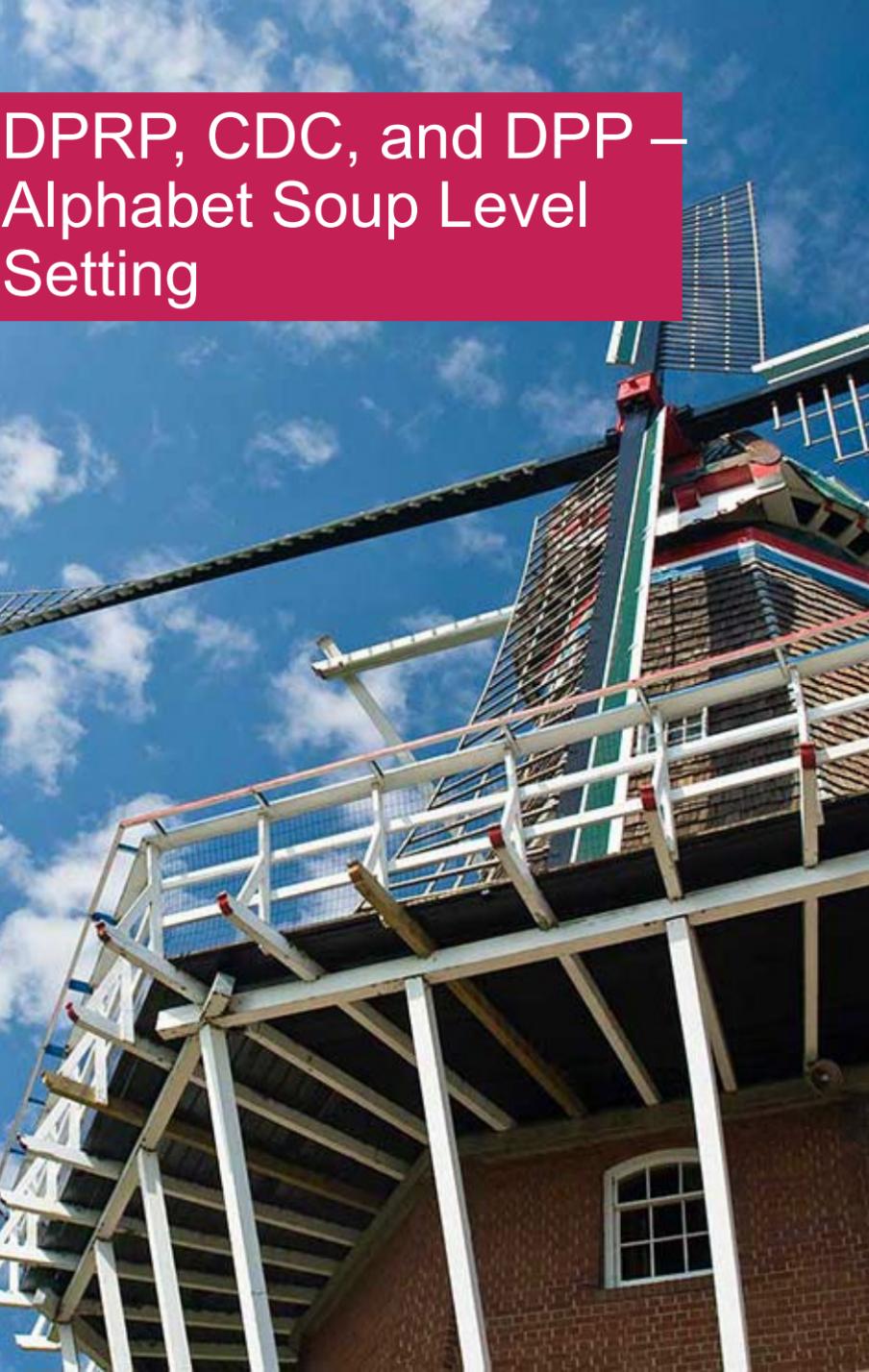
Housekeeping

- Mute
- Closed captioning
- Questions
- Slides will be shared via email
- Join our DPN email list – email DavenportA1@Michigan.gov
- Evaluations and making this group better

Agenda



- Welcome & Updates
- Partnership Showcase – Southeastern MI Hospital Collaborative
- Break
- Using Incentives in DPP
- Medicaid DPP Pilot Results
- MI-Specific DPP Connections
- Wrap-Up



DPRP, CDC, and DPP –
Alphabet Soup Level
Setting

- DPRP = the Diabetes Prevention Recognition Program.
- Operated by the U.S. Centers for Disease Control and Prevention (CDC). The national entity that makes sure Diabetes Prevention Programs across the country are operated properly.
- The MDHHS Diabetes & Kidney Unit, which operates the state's Diabetes Prevention & Control Program, considers the Diabetes Prevention Program (DPP) to be the gold standard evidence-based program to manage prediabetes.

An aerial photograph of a river flowing through a dense forest with vibrant autumn foliage in shades of orange, yellow, and red. The river features a small waterfall with white water cascading over a rocky ledge. The background shows a vast expanse of forest stretching towards the horizon.

2024 DPRP Standards Update

- CDC DPRP updates national standards every 3 years.
- New standards take effect May 1, 2024.
- In a recent DPRP “Office Hours” call (3rd Tues at 2p EST), they gave a preview of what we can expect.
- They are expected to be open for 60 days for public comment late November.

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- If you want a copy of the proposed standards, you will need to formally request via the contact information (TBD); they won't be in the Federal Register.
- We listened in and we'll let you know highlights of what we expect – Please note nothing is guaranteed to make it to the proposed document.

Top 4 changes we noticed:

1. Delivery mode options expanded – including widened definition of “combination.”
2. No expiration for “preliminary” or “full” – but no long-term “fullplus.”
3. Paths to “preliminary” – 3 new ways to get this recognition status.
4. Adjusted data collection to include zip, more demographics, SDOH.

This information is not final – it may change.

More detail from their presentation at end of PPT.

Top 4 changes we noticed:

1. Will allow Medicare DPP suppliers to offer distance (virtual live) delivery through December 31, 2027 – 4 more years.
2. No limit on # of virtual sessions.
3. Updated fee schedule – Changing to fee-for-service schedule with both attendance-based payments and risk reduction payments.
4. It goes live January.



What's Next for 2024 DPRP Standards

- Published in Federal Register and open for 60 days for public comment soon – expected late November.
- CDC DPRP will offer options for transition to new standards, cushion for data submission, and new standards webinar.
- Standards go live 5/1/2024.
- Questions? NationalDPPAsk@cdc.gov.

CMS Medicare DPP Fee Schedule

Changes to MDPP Payment Structure to include Attendance-Based Service Payments and Diabetes Risk Reduction Performance Payments

HCPCS G-Code	Payment Description*	CY 2024
GXXX0	Behavioral counseling for diabetes prevention, in-person, group, 60 minutes	\$25
GXXX1	Behavioral counseling for diabetes prevention, distance learning, 60 minutes	\$25
G9880	5 percent weight loss (WL) Achieved from baseline weight	\$145
GXXX2**	Maintenance 5 percent WL from baseline in months 7-12	\$8
G9881	9 percent WL Achieved from baseline weight	\$25
G9890	Bridge Payment	\$25
	Subtotal Maximum Attendance-Based Payment	\$550
	Total Maximum Payment	\$768

**Medicare pays up to 22 sessions billed with codes GXXX1 and GXXX0, combined, in a 12-month period:*

Months 1-6: 1 in-person or distance learning session every week (max 16 sessions)

Months 7-12: 1 in-person or distance learning session every month (max 6 sessions)

*** Suppliers must submit claim for 5 percent weight loss (GXXX2) prior to submitting claims for the maintenance 5 percent weight loss (WL) from baseline in months 7-12.*

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What's Next for CMS Medicare DPP Fee Schedule

- It goes live January 1, 2024.
- Attendance-based codes are now billed each time a participant attends.
- Medicaid DPP in Michigan will likely follow this fee schedule, but we anticipate a delay (*for now, billing follows previous structure*).
- Consider joining the quarterly Medicaid + Medicare community of practice calls to have space to discuss these updates.
- We will share help resources as we get them.



Communities of Practice

- **Every-Other-Month General MI DPP Community of Practice (Virtual)**
 - Need to schedule new days/times – you get first dibs at end of this meeting!
 - Mondays at 3 p.m.
 - Tuesday at 10 a.m.
 - Thursdays at 1 p.m.
 - Call for planning committee volunteers
- **Quarterly Medicare + Medicaid DPP Community of Practice (Virtual)**
 - Next call: 12/7 @ 2 p.m.
- **Other ideas? Please share!**

Quick Poll

Partnership Showcase: **Southeast Michigan Hospital Collaborative**

Keoshia Banks, MPH, CHES

Project Manager
Center for Health Equity Practice
Michigan Public Health Institute

Break





Incentives for Improving Diabetes-Related Health Behaviors

Lynn Foucrier, PhD, MPH

MDHHS Diabetes Evaluation Consultant

November 16, 2023



Systematic review and meta-analysis

CDC. (2023). Incentives can improve diabetes health measures [Infographic]. Centers for Disease Control and Prevention. CS336939-A.

Hulbert, L. R., Michael, S. L., Charter-Harris, J., Atkins, C., Skeete, R. A., Cannon, M. J. (2022). Effectiveness of incentives for improving diabetes-related health indicators in chronic disease lifestyle modification programs: A systematic review and meta-analysis. *Preventing Chronic Disease*, 19:220151. DOI: <http://dx.doi.org/10.5888/pcd19.220151>

CDC. (2021). [A Guide for Using Incentives to Enroll and Retain Participants in the National Diabetes Prevention Program Lifestyle Change Program](#)

Incentives can improve diabetes health measures

On average, participants in a lifestyle modification program who received an incentive reduced their...



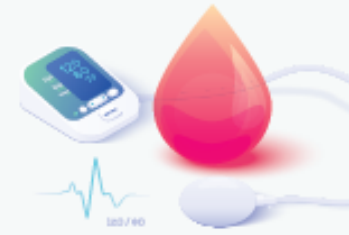
Weight by
4.1 lb



Body Mass Index (BMI)
by **0.47 kg/m²**



Systolic Blood
Pressure by
2.59 mmHg



Diastolic Blood
Pressure by
2.62 mmHg

MORE THAN participants who did not receive an incentive.



Incentive Design

Incentive Design: Format

The type of incentives provided to participants.



Cash



Noncash
Financial



Non-financial

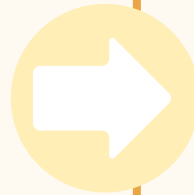


Mixed

Waterfall Chat #1

Use the chat function:

01. What type of incentives have you offered?
02. Please describe the type of incentive (e.g., scale, grocery giftcard, etc.)



Cash

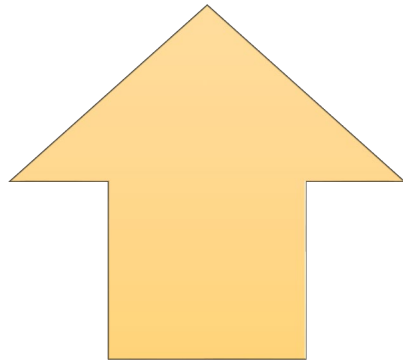
**Noncash
Financial**

Non-Financial

Mixed

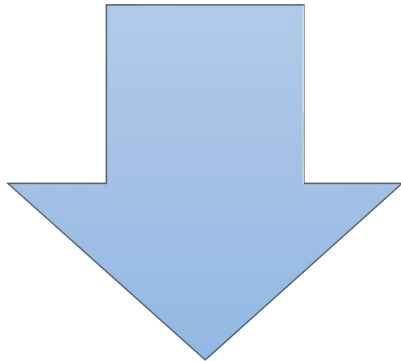


Incentive Design: Monetary Value



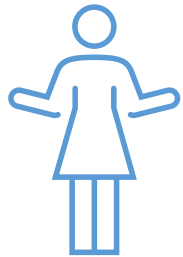
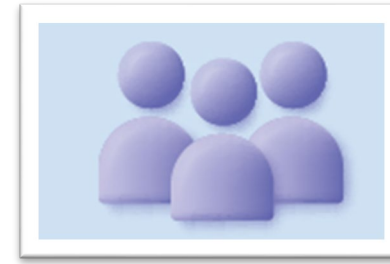
High

Median = \$270



Low

Incentive Design: Recipient



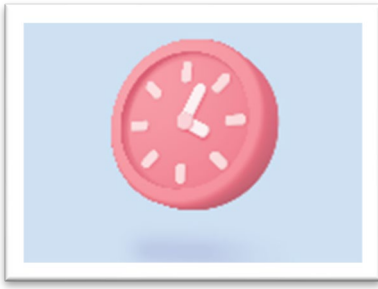
Individual



Group



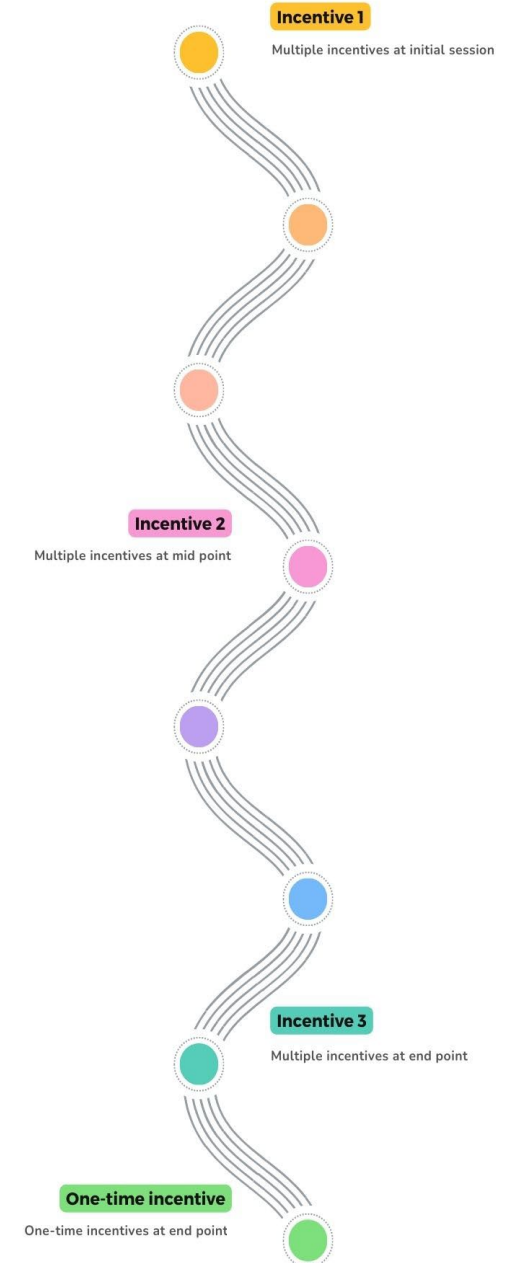
Mixed



Incentive Design: Frequency

How often the incentive was provided to recipient.

Timeline

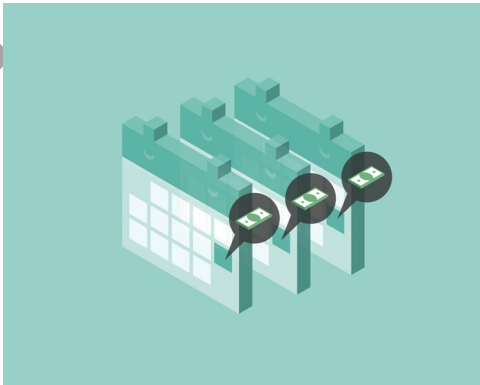


Incentive Design: Attainment Certainty

How sure participants were that they would receive an incentive.

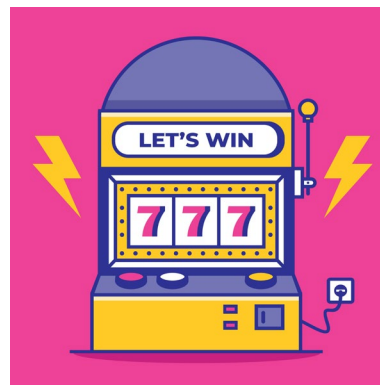
Guaranteed

- Provided regardless of criteria being met
- Criteria-based guaranteed – provided after completing an activity or meeting a milestone



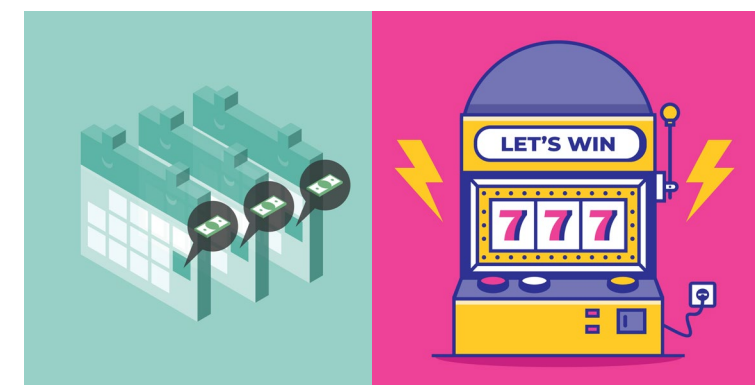
Lottery

- Uncertain chance of receiving an incentive
- Criteria-based complete an activity, task or milestone lottery to become eligible for an incentive lottery



Mixed

- Combination of 2 or more strategies



Incentive Design: Schedule

The variation in incentive amount.



Fixed

- Received the same amount each time no matter what they did or achieved



Variable

- Varying incentives amounts



Mixed

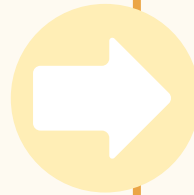
- Combination of both



Waterfall Chat #2

Use the chat function:

01. Discuss incentive design element(s) you included or considered (i.e., monetary value, frequency, certainty, schedule).



Monetary Value

Frequency/ Schedule

Once, Multiple/
Fixed, Variable, Mixed

Attainment Certainty

Guaranteed: Criteria-
based certainty after
meeting milestone

Lottery

Recipient

Individual, group mixed



Findings

Effective Incentive Types

Incentives were effective for reducing weight and BMI, even when they varied by:



Incentive Format -
The type of incentive



Monetary Value -
The worth of the
incentive



Attainment Certainty -
How sure participants were that
they would receive an incentive



Incentive Schedule -
The variation in
incentive amount



“

Future studies could consider effectiveness of various types of incentives for specific populations, culture,...certain settings to determine whether incentives could reduce disparities in outcomes of lifestyle change programs.



Thank You

Lynn Foucrier, PhD, MPH

foucrierl@michigan.gov

Medicaid DPP Pilot Results



Tamah Gustafson, MPH
Lynn Foucrier, PhD, MPH



Michigan Medicaid Beneficiaries Achieve Risk Reduction Through the Diabetes Prevention Program

The Michigan Department of Health and Human Services partnered with a major health system, Corewell Health, and a nonprofit health organization, National Kidney Foundation of Michigan (NKFM), to engage four Medicaid Managed Care Organizations (MCOs) in a state-supported pilot of the National Diabetes Prevention Program (DPP), a year-long lifestyle change program established by the Centers for Disease Control and Prevention (CDC).



Populations Reached
Of 112 participants, 47% were Black, 40% White, 6% Asian, 3% Hispanic, 2% American Indian/Alaska Native, and 4% unknown.



Session Attendance
76% of participants completed 8 sessions in the first 6 months of the program.



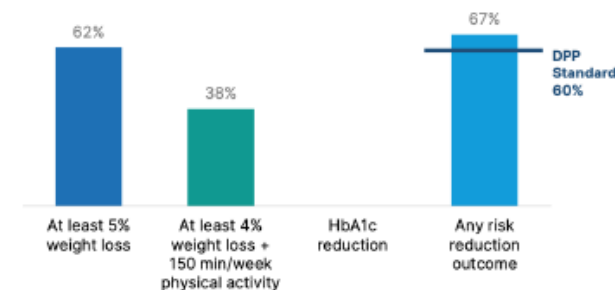
Program Completion
38% of participants completed at least 8 sessions in 9 months.



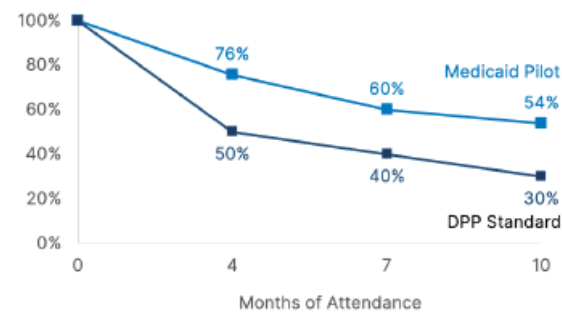
Participant Retention
67% of program completers achieved a risk reduction outcome.

Impact Summary

This pilot program exceeded DPP standards in all categories, demonstrating how investing in diabetes prevention services could have a positive impact on the many Michigan adults who may not be able to afford healthcare without Medicaid.

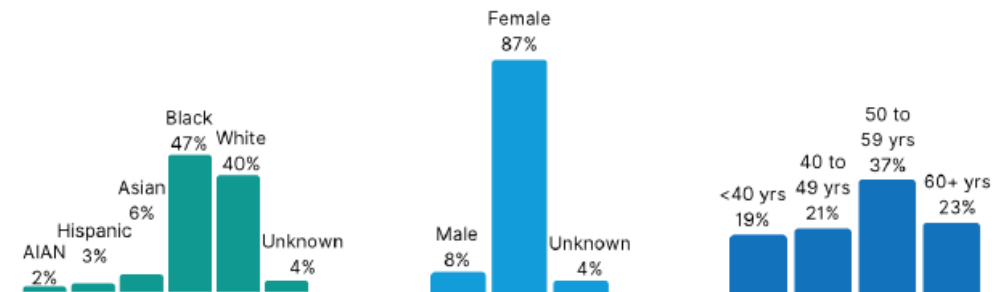


Approximately 76% of participants were retained into the fourth month, 60% of participants were retained into the seventh month, and 54% of participants were retained into the tenth month of the program, exceeding DPP standards.

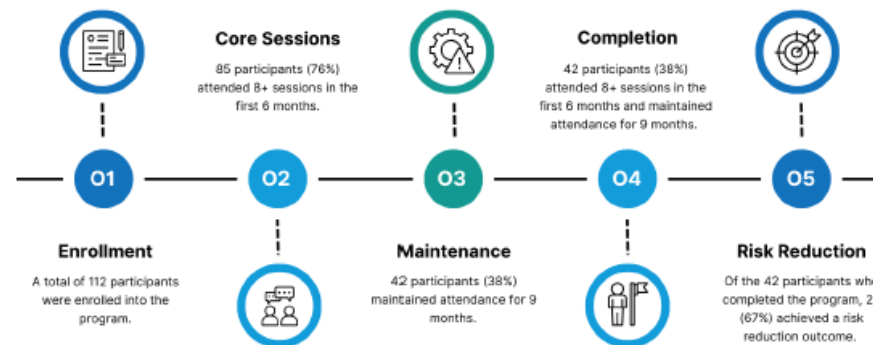


Populations Reached

The following graphs illustrate demographics for participants enrolled. No differences were found between those who enrolled versus completed.



Outcomes Summary



For information about this project, please contact: Lauren Neely at NeelyL1@michigan.gov. We would like to acknowledge Corewell Health and National Kidney Foundation of Michigan for their contributions to this project. This project was supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$1,916,04.00 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. The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group on the basis of race, national origin, color, sex, disability, religion, age, height, weight, familial status, partisan considerations, or genetic information. Sex-based discrimination includes, but is not limited to, discrimination based on sexual orientation, gender identity, gender expression, sex characteristics, and pregnancy.

Michigan-Specific DPP Connections



Adrienne Davenport, MPH, RDN
Public Health Consultant
MDHHS – Diabetes & Kidney Unit



DPP Map Locator

www.Michigan.gov/Diabetes

1. Click “DPP Delivery Organizations.”
2. Click “Visit the DPP Map.”



DPP Delivery Organizations

Whether you are an existing CDC- recognized DPP or are interested in applying to become a recognized program, below are resources for organizations delivering the Centers for Disease Control and Prevention (CDC) recognized National Diabetes Prevention Program (DPP).

*If you are a person with prediabetes looking for information, please visit our [People with Prediabetes](#) page

For a map of current DPP Delivery Organizations, [visit the DPP Map](#). If your organization is interested in have your CDC-recognized DPP listed, or would like your program information updated, contact gustafsonT2@michigan.gov.

DPP Map Locator

www.Michigan.gov/Diabetes

MDHHS Diabetes Prevention Program Administrative Locations
Contact Providers Directly for Class Details

Find address or place

Map locations represent administrative locations only, most organizations offer classes in multiple locations including online/virtual which typically offer classes statewide. **Contact organizations directly for more details.** This map compliments the national [Find a Program](#) feature, managed by the U.S. Centers for Disease Control and Prevention (CDC). The CDC also maintains



State Quality Specialist Support

- Tamah and Adrienne have been trained by CDC as “State Quality Specialists” for DPP in Michigan.
- If you coordinate a DPP, please stay “opted in” to the SQS support.
 - If you do not wish us to have access, you can “unassign” SQS staff. You can “reassign” SQS staff at any time.
- SQS have read-only access to reports and ability to see trends and contact info.



DPN Meetings What to Expect in 2024

- Meetings expected:
 - March (possibly in-person).
 - Summer.
 - Fall.
- We are open to:
 - Locations across the state, including regional meetings.
 - Virtual or in-person.
 - Your suggestions for locations and topics!

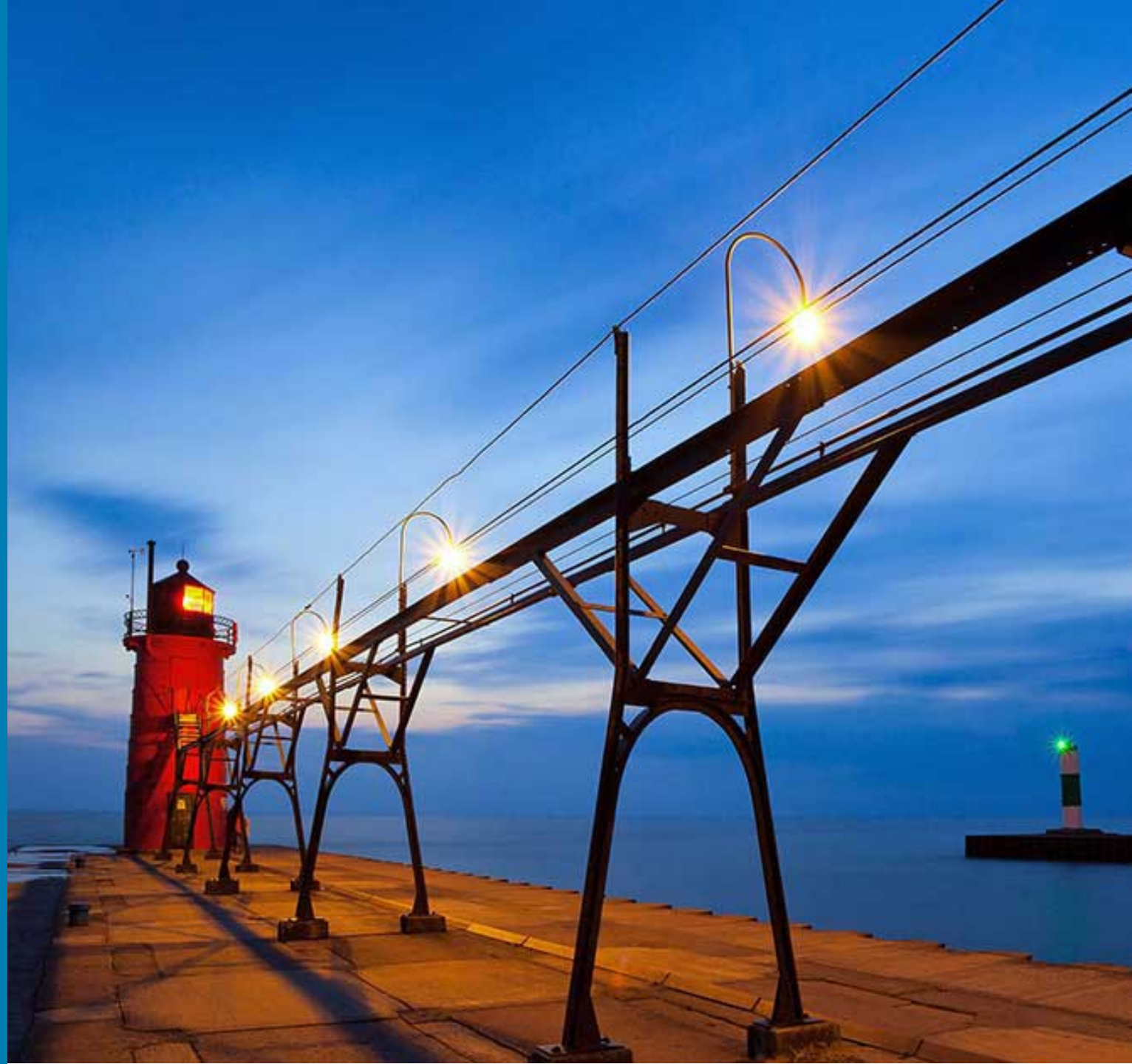
Quick Poll 2

Interested in joining the DPP planning committee?



Please send Adrienne an email via this QR code or email
DavenportA1@Michigan.gov.

Wrap Up & Evaluation



Questions?

- Enter them into chat or raise your hand!
- Reach out to DavenportA1@Michigan.gov with questions, suggestions, changes to your DPP information, or anything else!
- Medicaid questions? Contact MDHHS-Medicaid-DPP@Michigan.gov

Thank You!



- Please take our evaluation at: <https://www.research.net/r/YSRLRVX> or with the QR code.
- Feedback encouraged.
- Who are we missing?
- What are additional ways we could support diversity, equity, and inclusion in our work?

More Detail on Proposed 2024 DPRP Standards

The following information was taken from a recent “DPRP Office Hours” call. These are some proposed updates noted on the call. **This information is subject to change and should not be considered final.**

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4. Adjusted data collection to include zip, more demographics, SDOH.

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Delivery Mode Options

Organizations offering DPP will have 5 options:

1. In-person (this or #3 required for Medicare DPP).
2. Distance.
3. In-person with distance component (this or #1 required for Medicare DPP).
4. Online.
5. Combination – not live delivery (combination of in-person, distance, online).

Expanded Combination Possibilities

- It may be okay to:
 - Use one modality in core and another in maintenance at the participant-level.
 - Offer different delivery modalities for cohorts (e.g., 1 cohort in-person and another online).
 - Switch from week to week (a consistent delivery approach of modalities across each participant in a rotating manner).
 - Have some participants within a cohort using one delivery mode and some participants within the same cohort using another modality.

Online

- Requirements for live interaction (*Emails and texts may count as long as there is bi-directional communication*).
- No AI/machine learning can replace live coaching.
- Can use AI/machine learning to flag data outliers (e.g., weight or PA off-looking data).
- Track session completion dates for participants.
- Self-paced content should take about 1 hour to complete.
- Sessions don't have to be exactly 7 days apart, but should cover approx. 12 months.

Preliminary & Full Status – No Expiration

- Preliminary and Full recognition will no longer have expiration dates – as long as DPPs make data submissions every 6 months.
- Full Plus will expire after 6 months unless all requirements are met.

3 Paths to Preliminary

1. Serving high vulnerability based on CDC/ATSDR Social Vulnerability Index – DPPs can check this box when apply (DPRP will follow-up with a phone call).
2. At least 10 participants have attended at least 8 sessions at time of Sequence 1 (6 month) or Sequence 2 (12 month) data submission.
3. When submitting data, the evaluation cohort has at least 10 eligible participants **and** at least 30% of eligible participants meet definition of “completer” (This is Requirement #5).

Updated Full Recognition Requirements

- Must meet new requirement 5 (*listed on previous slide*).
- Requirement 6 and 7 will only be calculated if Requirement 5 is met.
- Requirement 6: risk reduction. Orgs must show reduction in type 2 diabetes risk by 60% of completers achieve at least one of the following:
 - At least 5% weight loss at 12 months after cohort began
 - At least 4% weight loss and have at least 8 sessions associated with an average of 150 minutes of physical activity
 - At least 4% weight loss and have attended least 17 sessions
 - At least a 0.2% decrease in HbA1c from baseline (recorded within 1 year of starting the program)
- Requirement 7: Organizations must show that a minimum of 35% of completers in the evaluation cohort are eligible based on either a blood test or a history of GDM.

Data Submission

- Option to submit participant intake info separately from session data so only need to upload 1x.
- Option to submit intake session and session info together in a single file (current process).
- If re-enroll, use new participant ID; CMS will only pay 1x for Medicare.

New/Adjusted Data Req's

- Zip code.
- More race/ethnicity fields, like: Hispanic, Middle Eastern/North African, Hawaiian or Pacific Islander, as well as option to allow participants to self-identify.
- SDOH data – if rec'd SDOH needs assessment (not req'd), can list up to 3 primary needs if follow-up was provided (not req'd).
- Disability status, including mobility.

What's Next

- Published in Federal Register and open for 60 days for public comment soon – late Nov?
- Will offer options for transition to new standards, cushion for data submission, and new standards webinar.
- Standards go live 5/1/2024.
- Questions? NationalDPPAsk@cdc.gov.