



2021 CKAHU Virtual Symposium



KENTUCKY DIABETES NETWORK, INC.

Terry Gehrke, M.Ed., MCHES
Patricia Benson, M.Ed.



Introduction to Kentucky's Diabetes Prevention Program
June 9, 2021

Pre-Diabetes

**PREVENT
TYPE 2 DIABETES**

If you have prediabetes, losing weight by:

-  **EATING HEALTHY**
-  **BEING MORE ACTIVE**

&

can cut your risk of getting type 2 diabetes in half

HALF

Category	Prevalence
TYPE 2 DIABETES	6.5% or higher
PREDIABETES	5.7% to 6.4%
NORMAL	Below 5.7%

Hemoglobin A1C, a long-term measure of blood sugar, is the easiest way to test for diabetes.

Source: Adapted from [cdc.gov/diabetes/library/socialmedia/infographics.html](https://www.cdc.gov/diabetes/library/socialmedia/infographics.html).

Prevalence in Kentucky

Over 1.1 million Kentuckians—and likely a growing number of your employees—are estimated to have prediabetes, putting them at risk for Type 2 diabetes, which in turn increases their risk for more dangerous and debilitating comorbid conditions, including the novel threat of COVID 19.

Prediabetes

1 in 9 or
331,335 (11.8%)
adults have
diagnosed
prediabetes



812,000 adults
are estimated
to have
prediabetes but
are undiagnosed

**1.1 million
(1 in 3) with
diagnosed and
undiagnosed
prediabetes**

**7 of 10
don't know it**

- ◆ Diabetes can be associated with complications such as heart disease, stroke, blindness, kidney failure, lower-limb amputation and ketoacidosis. These can reduce length and quality of life.
- ◆ In 2017, Kentucky had the 5th highest death rate (27.7) in the nation due to diabetes. This is an increase from 14th in 2014. Diabetes is the 6th leading cause of death by disease in Kentucky and in the United States. It is the 3rd leading cause of death by disease for African Americans in Kentucky (2017)⁴.
- ◆ Kentucky hospitals had 11,078 inpatient hospital discharges with a primary diagnosis of diabetes (2018).
- ◆ 47% (25,239) of hospital visits for cardiovascular disease listed diabetes as a secondary diagnosis (2018).
- ◆ Kentucky inpatient hospital discharge data, where diabetes is listed as the primary diagnosis, shows other specified manifestations (includes hypoglycemia) and diabetic ketoacidosis (DKA) as the most frequent reasons for hospitalization (2018).
- ◆ In 2018, there were 15,902 emergency department encounters with diabetes coded as the primary reason for admission. These cases generated billed charges of more than \$74.6 million⁵.
- ◆ Kentuckians with diabetes are more likely to have other chronic conditions and risks as shown below.

Diabetes Status and Co-existing Condition or Risk
2018 Kentucky Behavioral Risk Factor Survey

Diabetes Diagnosis	No Leisure Time Activity	Obese	Smoking	Hypertension (2017 Data)	High Cholesterol (2017 Data)	Coronary Heart Disease	All Natural Teeth Extracted	Depression	Arthritis	Asthma
Yes	52.0%	58.2%	19.5%*	77.8%	66.5%	18.2%	29.5%	33.2%	58.6%	19.0%
No	29.3%	33.1%	24.0%	33.6%	33.1%	4.4%	22.8%	22.4%	29.3%	10.3%

*Measures noted in green ink indicate the value is an improvement for that measure from previous data available from the same source.

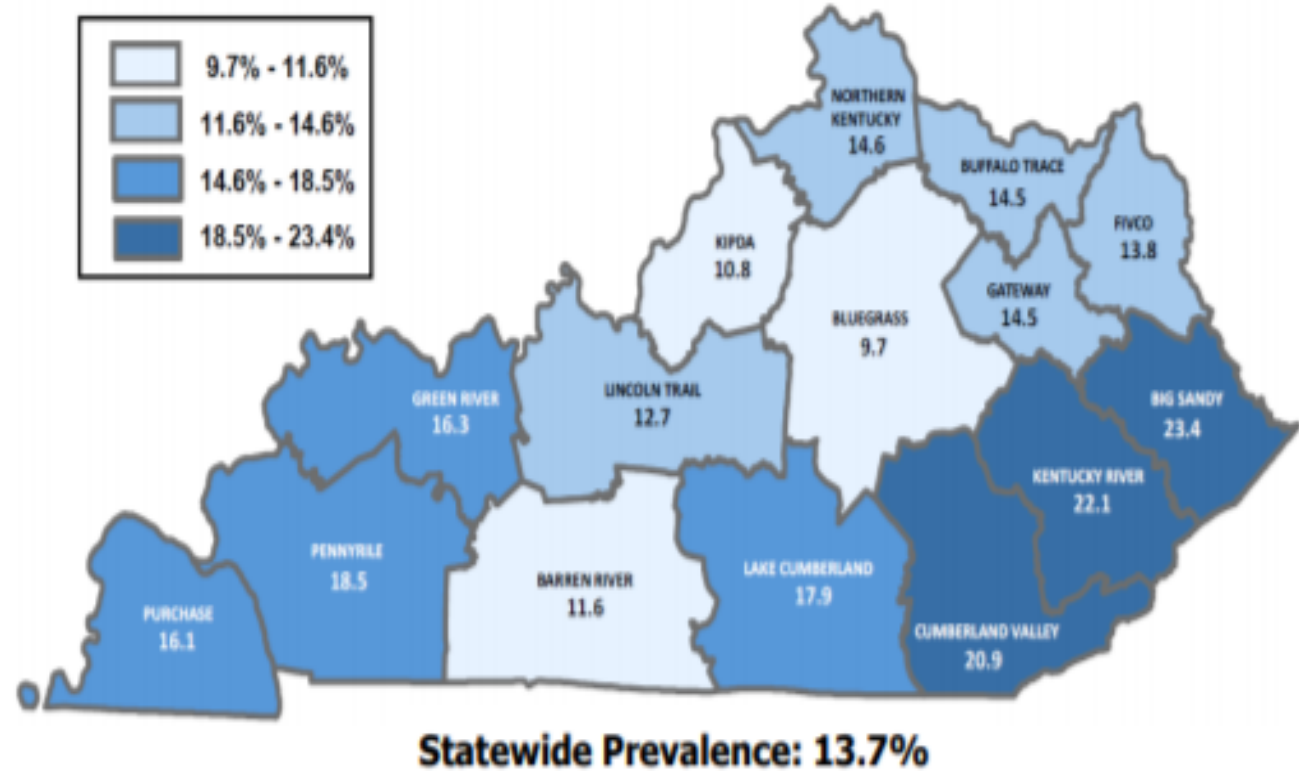
<https://chfs.ky.gov/agencies/dph/dpqi/cdpb/dpcp/diabetesfactsheet.pdf>

Diabetes is COMMON in Kentucky

- ◆ From 2000 to 2018, diagnosed diabetes in Kentucky adults has doubled from 6.5% (198,052) to 13.7% (474,456 or 1 in 7). Kentucky ranks 8th highest in the U.S. for diabetes prevalence¹. (Nationwide median: 10.5%)
- ◆ An estimated 158,200 adult have diabetes but are undiagnosed (based on national rate)².
- ◆ In Appalachia, the adult rate for diagnosed diabetes is 16.8% compared to 12.5% in non-Appalachian counties¹.
- ◆ 3,352 youth had a diabetes diagnosis claim in the Kentucky Employees' Health Plan (278) and Medicaid (3,074)³.

Prevalence of Diagnosed Diabetes by Kentucky Regions

2018 Kentucky Behavioral Risk Factor Survey

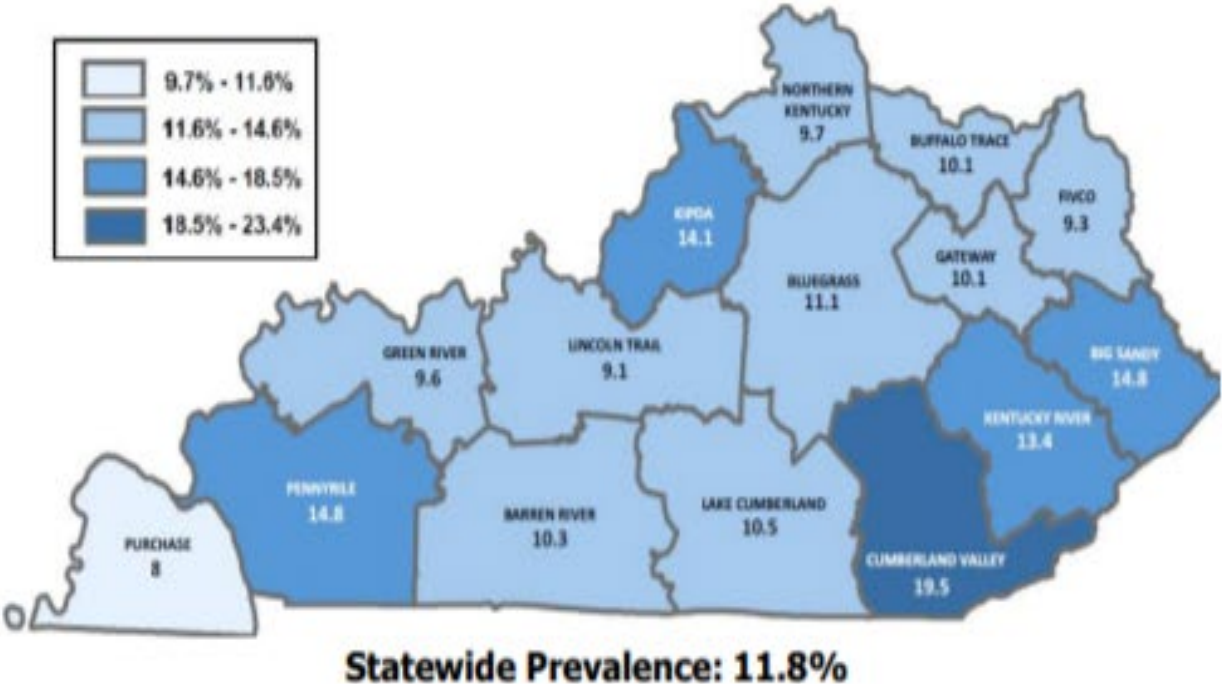


Growth of Diabetes in Kentucky

<https://chfs.ky.gov/agencies/dph/dpqi/cdpb/dpcp/diabetesfactsheet.pdf>

Prevalence of Diagnosed Prediabetes by Kentucky Regions

2018 Kentucky Behavioral Risk Factor Survey



- ◆ Prediabetes occurs when blood sugar levels are higher than normal but not high enough for a diabetes diagnosis. It is a major risk factor for type 2 diabetes.
- ◆ As of 2018, 11.8% (331,335) Kentucky adults had diagnosed prediabetes (up from 10.2% in 2017)¹.
- ◆ 812,000 adults are estimated to have prediabetes but are undiagnosed (based on national rate)².
- ◆ An estimated 1 in 3 adults (34.5% or 1.1 million) have diagnosed or undiagnosed prediabetes².
- ◆ Gestational diabetes, a risk factor for prediabetes, was present in 6.3% (3,371) of Kentucky live births in 2018, and 10% (2,703) of Medicaid births in 2017¹¹.

<https://chfs.ky.gov/agencies/dph/dpqi/cdpb/dpcp/diabetesfactsheet.pdf>

2020 Statistics – Increase of death/diabetes

Table. Number of Deaths for Leading Causes of Death, US, 2015-2020^a

Cause of death	No. of deaths by year					
	2015	2016	2017	2018	2019	2020
Total deaths	2 712 630	2 744 248	2 813 503	2 839 205	2 854 838	3 358 814
Heart disease	633 842	635 260	647 457	655 381	659 041	690 882
Cancer	595 930	598 038	599 108	599 274	599 601	598 932
COVID-19 ^b						345 323
Unintentional injuries	146 571	161 374	169 936	167 127	173 040	192 176
Stroke	140 323	142 142	146 383	147 810	150 005	159 050
Chronic lower respiratory diseases	155 041	154 596	160 201	159 486	156 979	151 637
Alzheimer disease	110 561	116 103	121 404	122 019	121 499	133 382
Diabetes	79 535	80 058	83 564	84 946	87 647	101 106
Influenza and pneumonia	57 062	51 537	55 672	59 120	49 783	53 495
Kidney disease	49 959	50 046	50 633	51 386	51 565	52 260
Suicide	44 193	44 965	47 173	48 344	47 511	44 834

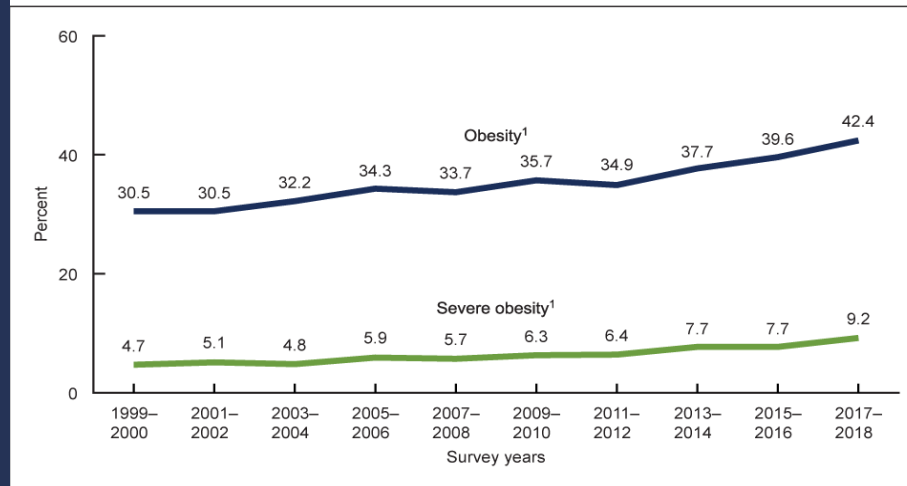
^a Leading causes are classified according to underlying cause and presented according to the number of deaths among US residents. For more information, see the article by Heron.⁴ Source: National Center for Health Statistics. National Vital Statistics System: mortality statistics (<http://www.cdc.gov/nchs/deaths.htm>). Data for 2015-2019 are final; data for 2020 are provisional.

^b Deaths with confirmed or presumed COVID-19, coded to *International Statistical Classification of Diseases and Related Health Problems, Tenth Revision* code U07.1 as the underlying cause of death.



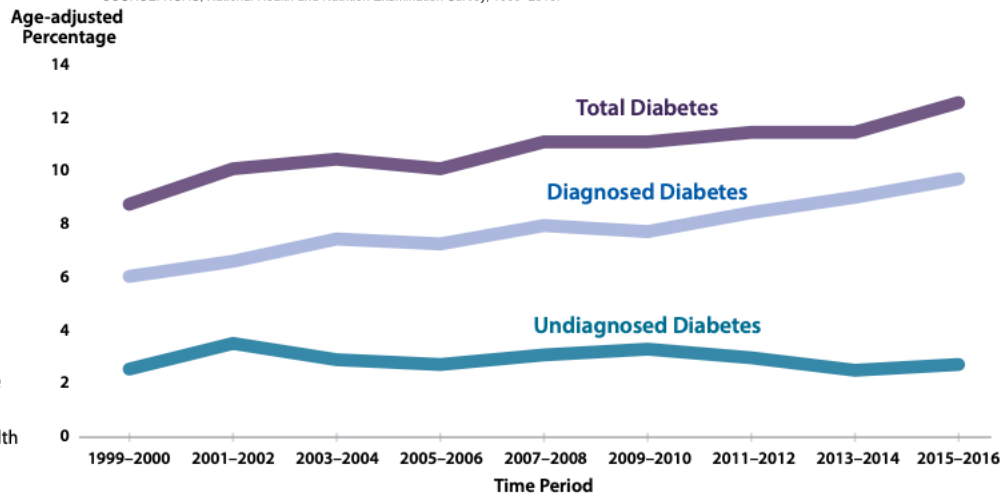
Overweight, Obesity and Diabetes

Figure 4. Trends in age-adjusted obesity and severe obesity prevalence among adults aged 20 and over: United States, 1999–2000 through 2017–2018



¹Significant linear trend.
 NOTES: Estimates were age adjusted by the direct method to the 2000 U.S. Census population using the age groups 20–39, 40–59, and 60 and over. Access data table for Figure 4 at: https://www.cdc.gov/nchs/data/databriefs/db360_tables-508.pdf#4.
 SOURCE: NCHS, National Health and Nutrition Examination Survey, 1999–2018.

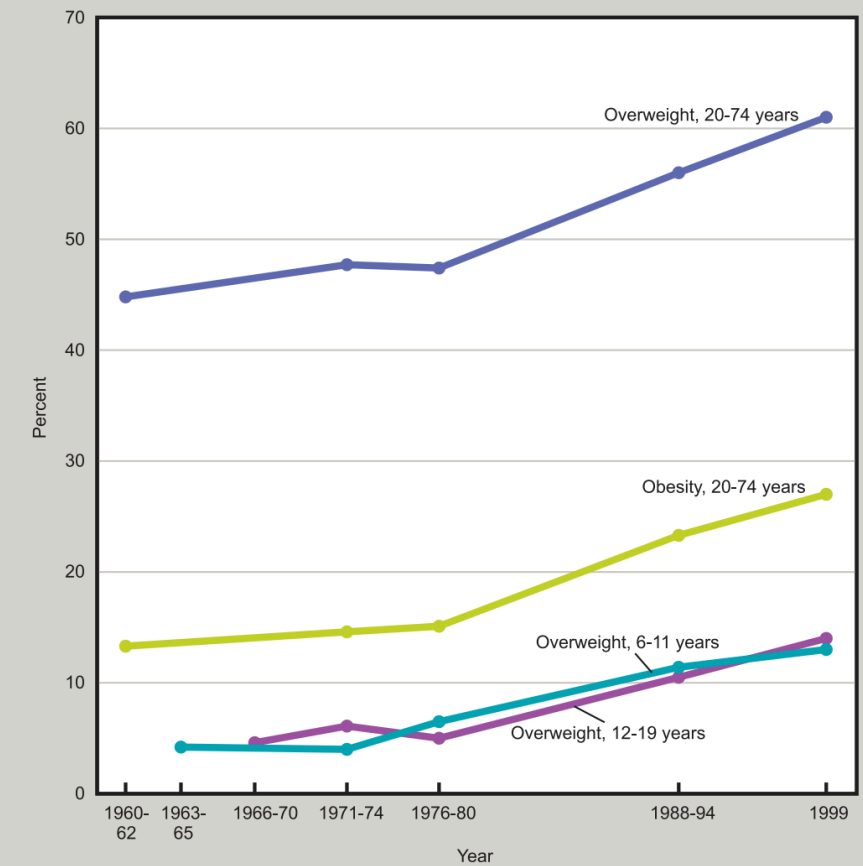
Figure 1. Trends in age-adjusted prevalence of diagnosed diabetes, undiagnosed diabetes, and total diabetes among adults aged 18 years or older, United States, 1999–2016.



Notes: Diagnosed diabetes was based on self-report. Undiagnosed diabetes was based on fasting plasma glucose and A1C levels among people self-reporting no diabetes.

Data source: 1999–2016 National Health and Nutrition Examination Surveys.

Figure 8. Overweight and obesity by age: United States, 1960–99



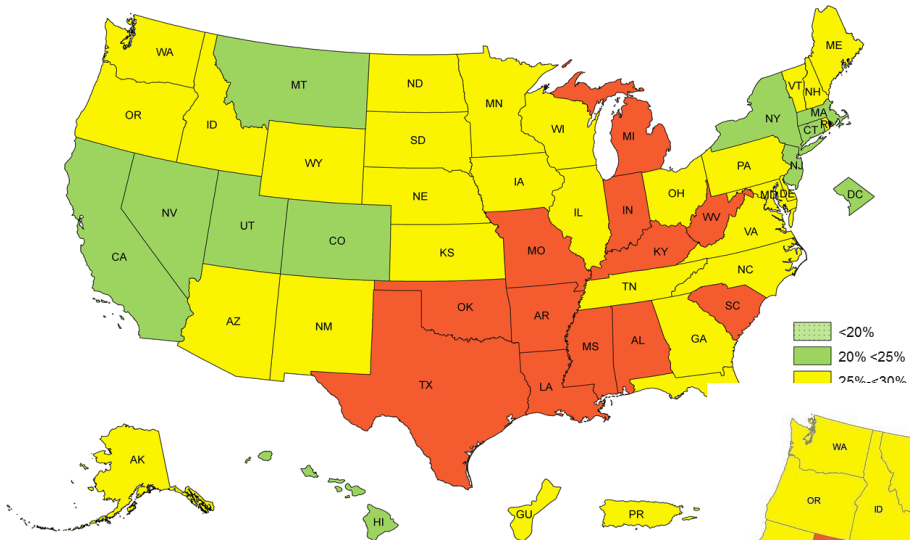
Chartbook on Trends in the Health of Americans. Health, United States, 2002

Trends in Diabetes and Pre-Diabetes, 2020

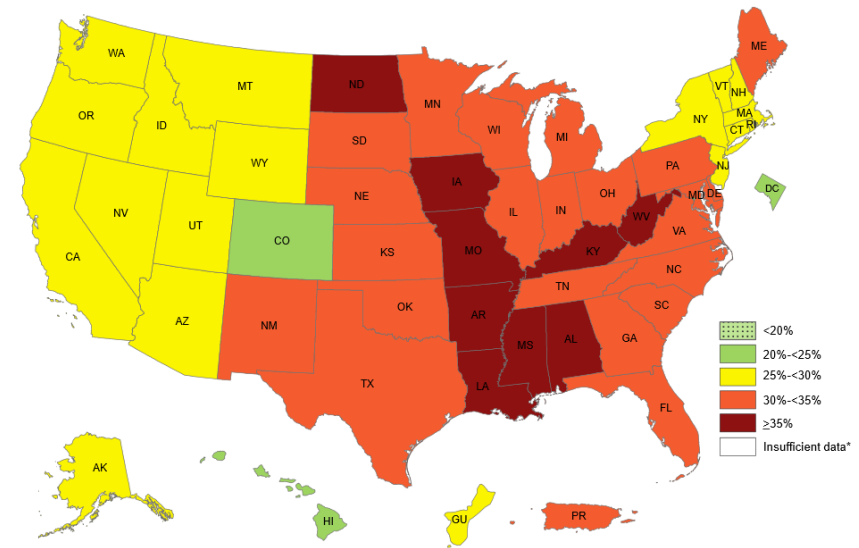
Prevalence¹ of Self-Reported Obesity Among U.S. Adults by State and Territory, BRFSS



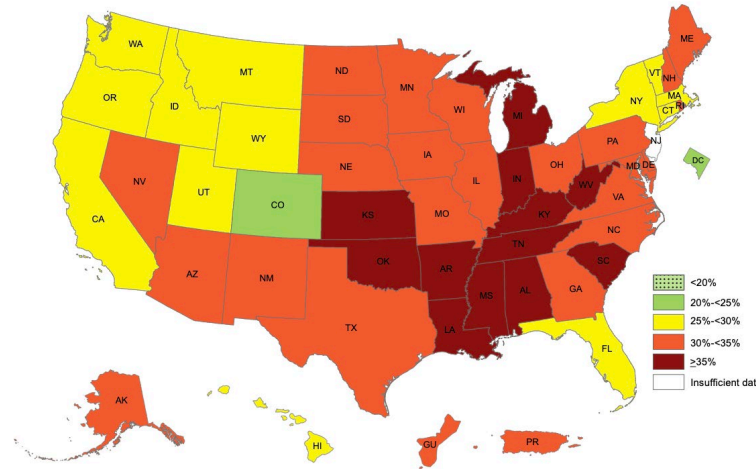
¹ Prevalence estimates reflect BRFSS methodological changes started in 2011. These estimates should not be compared to prevalence estimates before 2011.



2011



2018



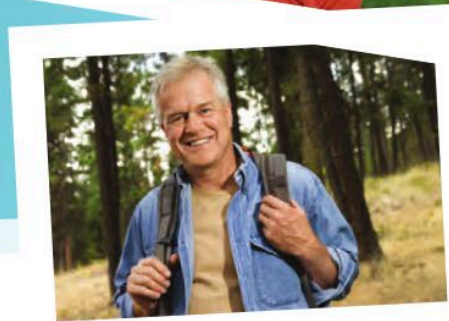
2019

1970 – 15%
 2000 – 30.5%
 2018 – 42.4%
 2019 -
 2020 - Estimated

*Sample size <50 or the relative standard error (dividing the standard error by the prevalence) ≥ 30%.

The National Diabetes Prevention Program

You Can Prevent
Type 2 Diabetes
with the
PreventT2 Program



A SOLUTION:

The National Diabetes Prevention Program
Lifestyle Change Program



**Can prevent or delay
type 2 diabetes by 58%**



**Costs about \$500-\$700
per participant**



Cost-effective and cost-saving⁸



A full year of support



Easy-to-access



**Quality and adherence to
scientific standards monitored
by CDC**

WHAT EMPLOYERS ARE SAYING:

“As the largest employer in Minnesota, we are committed both to providing our members with quality health care programs and to controlling cost. Chronic diseases like diabetes impact our employees, our health plan, and our bottom line. Prevention is the key to helping our members remain healthy and lead productive lives, and the National Diabetes Prevention Program is standard-of-care for individuals with prediabetes.”

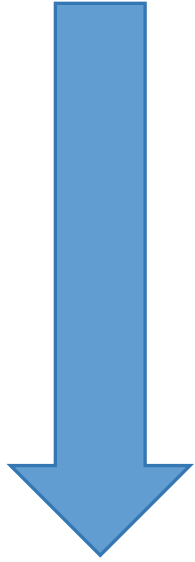
– Beth Lundholm, Manager,
State Employees Group Insurance Program (SEGIP),
Minnesota Management & Budget

58%



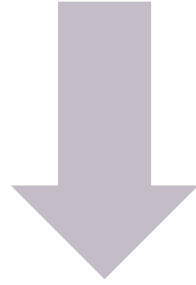
Weight Loss of 5-7% of total body weight led to a 58% reduction in the incidence of Diabetes

71%



This incidence reduction was as high as 71% in those over 60.

34%



After 10 years, NDPP participants had 34% lower incidence of Diabetes

The National Diabetes Prevention Program



CDC-Recognized Diabetes Prevention Lifestyle Change Programs are based on science, and they are part of the National Diabetes Prevention Program, or National DPP—a nationwide effort to reverse the trend of prediabetes and type 2 diabetes in the United States.

This program is cost-effective and cost-saving through reductions in health care spending.

Resources, Supports and Program Design

Key components of the program include:

- *CDC-approved curriculum* with lessons, handouts, and other resources to help you make healthy changes.
- *A lifestyle coach, specially trained to lead the program,*
- *A support group of people with similar goals and challenges.*

During the first 6 months of the program, groups meet about once a week.

- **During the first half of the program,** participants learn to:
 - Eat healthy without giving up all the foods you love
 - Add physical activity to your life, even if you don't think you have time
 - Deal with stress
 - Cope with challenges that can derail your hard work—like how to choose healthy food when eating out
 - Get back on track if you stray from your plan—because everyone slips now and then

During the second 6 months, groups meet once or twice a month

- **In the second half of the program, participants** will enhance the skills learned so they can maintain the changes made. These sessions will review key ideas such as tracking food and physical activity, setting goals, staying motivated, and overcoming barriers. The lifestyle coach and small group will continue to support.
- list of all the [topics covered in the program.](#)

All CDC-recognized lifestyle change programs follow a CDC-approved curriculum and discuss the same topics over the year. But **your lifestyle coach will adapt the sessions to match your group's background, interests, and needs**

Evidence-based effectiveness of DPP

- Improve the health of at-risk employees by preventing or delaying the onset of type 2 diabetes
- National DPP is an evidence-based intervention focused on reversing prediabetes based on a proven curriculum, but it is not a didactic, “one size fits all intervention”.
- DPP’s positive impact on multiple aspects of health and wellness (CVD, hypertension, obesity, diabetes, stress management, etc.)
- Importance on emphasizing adaptability of program to community/ workplace culture needs.
- DPP addresses major tenants of wellness and behavior change (that are important to employee wellness decision makers)
- Benefits of the program to participants and their families (through behavior change)

Comes From:

- Multi year Research Trial
- DPPR registered Network
- Standardized Curriculum and Coach Training

RANDOMIZED CONTROLLED TRIAL RESULTS¹

DPP Research Study: People with prediabetes who took part in a structured lifestyle change program reduced their risk of developing type 2 diabetes (at average follow-up of 3 years) compared to placebo. And the lifestyle change program was nearly twice as effective as metformin.



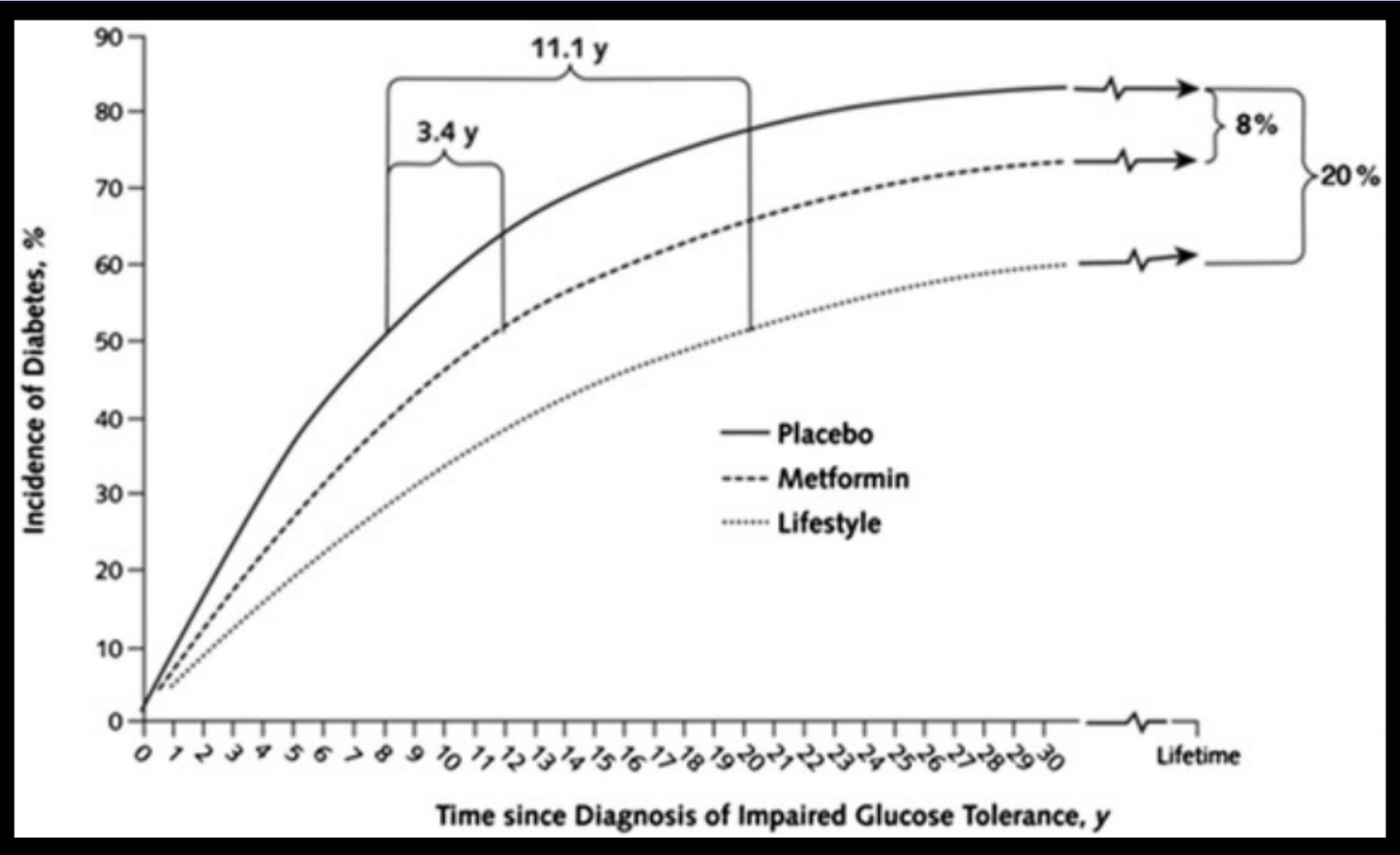
DPP
Intensive Lifestyle Change Program
(71% reduction for patients over age 60)



METFORMIN
Glucose Lowering Drug
(Currently, there is no FDA approval for metformin for the indication of diabetes prevention)

The Cost-effectiveness Of Diabetes Prevention

Results From The Diabetes Prevention Program and The Diabetes Prevention Program Outcomes Study



Herman WH. The cost-effectiveness of diabetes prevention: results from the Diabetes Prevention Program and the Diabetes Prevention Program Outcomes Study. *Clin Diabetes Endocrinol.* 2015;1:9. Published 2015 Sep 2. doi:10.1186/s40842-015-0009-1

Why Employers Choose to Cover DPP

Why are commercial plans or employers like mine choosing to cover the National DPP lifestyle change program?

- Cost avoidance or cost savings
- Impact of DPP: Prevention or delay of onset diabetes
- Proven evidence-based solution
- Implementation flexibility

Flexibility

Program Elements and Options for Employers

Delivery Method*	Onsite – at the worksite
	Online or distance learning
	Community partners – in the community
Coverage Method	Employer-offered benefit
	Insurance-covered benefit
Contracting Party	Contract directly with CDC-recognized organizations that provide the National DPP lifestyle change program
	Contract directly with a third-party administrator (TPA) that handles billing processes and/or network management. The TPA establishes contracts with CDC-recognized organizations for the employer.
Contract Type	Invoice method
	Claims processing method (if coverage method is insurance-covered benefit)

Employers that Cover Diabetes Prevention Program

*(MAY NOT BE INCLUSIVE OF
ALL EMPLOYERS)*

1199 Labor
Management

3M

ARUP

Ascension Wheaton
Franciscan

Associated Food
Stores

Baptist Health

Boeing

Costco

County of
Spartanburg

Disney

Dow Chemical
Company

Eastman Chemical
Co.

Edward-Elmhurst
Hospital

Foster Farms

Franciscan Health

Harris Health System

Iron Mountain

Kenco

Kroger

Lafayette General
Medical Center

Latham and Watkins

Leavitt Partners

LLBean

Lowe's

Medical Mutual

National Life Group

Naviant Health System

Norton N Good Health
Dept

Omada Health

Oneida Comprehensive
Health Division

Physician's Mutual

Schwanns Food
Company

Sentara Healthcare

Signore Industrial

Standard Aero

South County Health

Southern Champion

Times Pharmacy

The Wonderful
Company

Wellmont Health
System/Ballad Health

Wells Fargo

Participating Health Plans (MAY NOT BE INCLUSIVE OF ALL HEALTH PLANS)

- Anthem Blue Cross Blue Shield (KY)
- Humana
- UnitedHealthcare
- Aetna Better Health of Kentucky
- Cigna

KEHP Case Study

DPP Pilot

- Implemented First Quarter 2014
- Started initially with Humana as the TPA and the YMCA as the sole provider.
- One of the first state health plans in the nation to offer free enrollment in the National Diabetes Prevention Program (DPP).
- Derived out of the knowledge that diabetes was a cost driver for the health plan.
 - *At least 85,000 members were at high risk of developing Type 2 diabetes (Source: KEHP Media Release)*

KEHP Success:

YES!

- The Ashland Pilot
 - Participants lost an average of 23 pound
 - Increased their physical activity to an average of 168 minutes a week
- 2nd KEHP Pilot
 - Lost an average of 13 pounds
 - Increased physical activity 180+ minutes/week
- In 2014, program expanded
 - Nine more locations in various counties
 - 31 classes available to 116 members
- Due to success of the pilot program, KEHP now offers the program to all qualifying members.

KEHP Success Factors: Integration and Collaboration

- Integration
 - The KEHP wellness program, LivingWell, utilizes the HumanaVitality™ platform to further incentivize participants
 - Rewarding 350 Vitality Points upon completion of the program. Vitality Points convert to bucks that are used to redeem rewards like gift cards, fitness devices and Apple™ products in the Vitality Mall.
- Collaboration
 - Collaboration among state and federal agencies, community-based organizations, employers, insurers, health care officials, and academia allows the proven program to reach people with prediabetes.

KEHP Testimony

- Husband and Wife team up to achieve wellness goals.
 - Howard Osborne, a retired superintendent and KEHP member, credits his participation in the DPP pilot with **adding years to his life.**
 - After **losing 50 pounds**, he is now **more mobile**, enjoys fishing, mowing the yard and taking vacations with family.
 - Spouse support contributing success factor:
 - “I am thankful for Linda’s support,” he said. “She wanted to read the program’s materials and follow the diet with me. **Together we have lost more than 80 pounds.** We’re living a healthier life and looking forward to watching our grandchildren graduate.”

Source: KEHP Media Release - Kentucky’s Largest Health Plan Adopts Diabetes Prevention Program

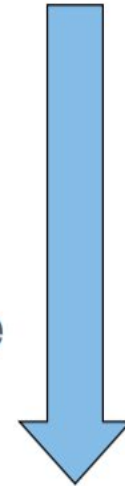
KEHP Diabetes Prevention Program (DPP) aggregate report – by the numbers*

242 Active KEHP Participants

35 Active DPP Classes**

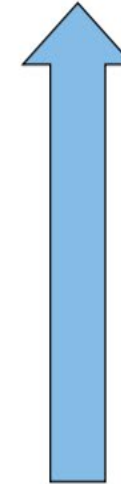
2,313.04 lbs.
Total Weight Loss

4% (9.56 lbs.)
Cumulative Average
Weight Loss



44,298 minutes
Total Physical Activity

183.05 minutes
Cumulative Average
Physical Activity



6.07 A1C Beginning Average

5.69 A1C Ending Average

*based on DPP provider completed data reports through June 2019
**classes in various stages within the program



CALL TO ACTION

Motivators for Employers and Commercial Payers to cover National DPP

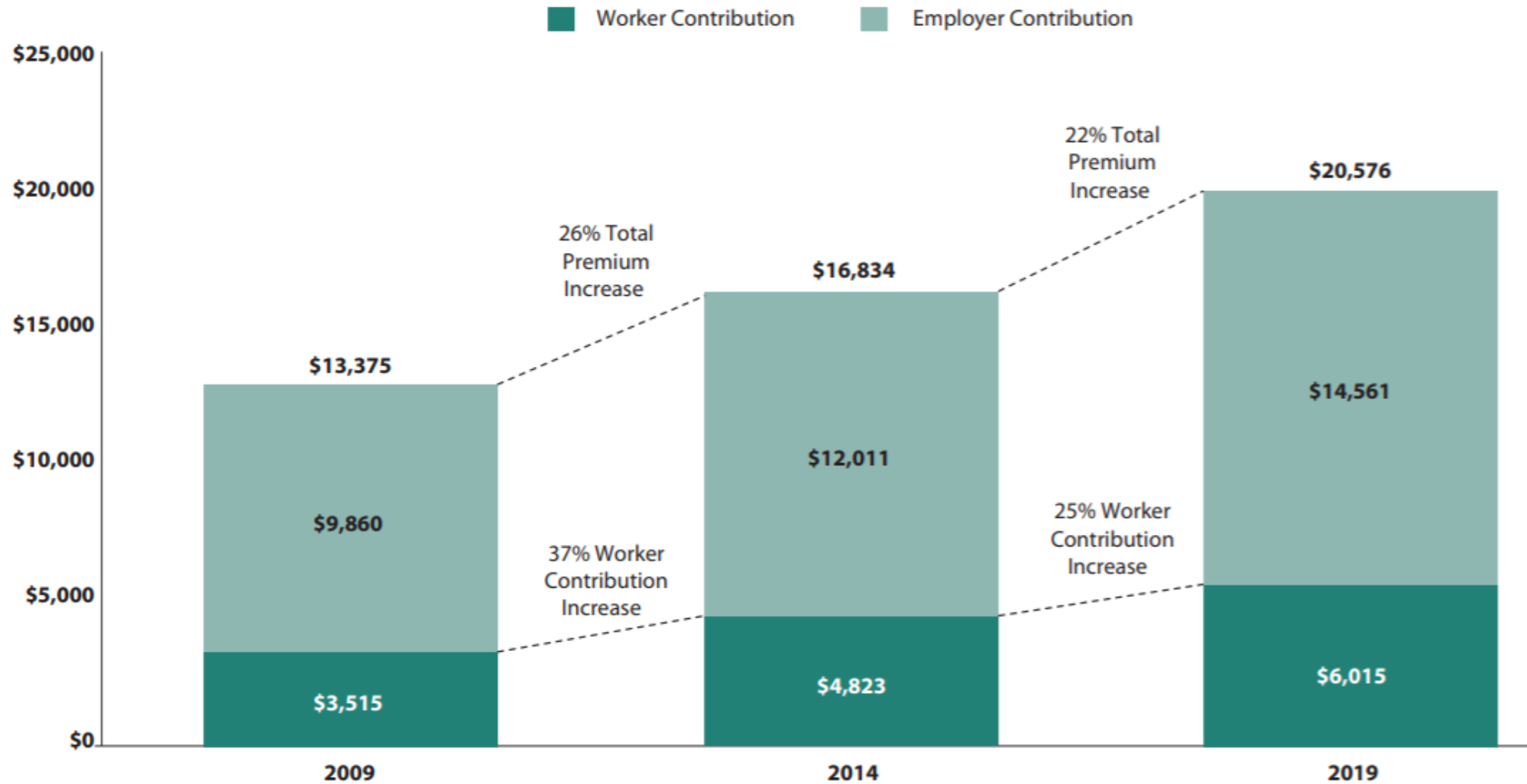
Top Motivators

- Medical cost savings
- Reduction of employee health risks
- Reduction of overall health care costs
- Improvement of employee productivity

Other Motivators

- Manage/reduce disability claims
- Improve employee job satisfaction
- Impact business performance metrics and profitability
- Improve employee daily health decisions at work
- Attract or retain talented employees
- Reduce the number of sick days
- Reduce absenteeism
- Improve employee morale

Average cost of employer-sponsored health insurance



SOURCE: KFF Employer Health Benefits Survey, 2019; Kaiser/HRET Survey of Employer Sponsored Health Benefits, 2009 and 2014

Key Point: Benefits Consultants/Brokers

- Consultants are an important resource to understand healthcare spending.
- The National DPP lifestyle change program is competing with other disease management programs.
- Integrating into a comprehensive, strategically implemented wellness strategy.

Community Partners

DPRP Recognition is a Quality Building Process. Each Recognition level Includes the tenants of the previous plus additional demonstrated quality

Pending

Allen Co Health Department
Barren River District Health Department
Floyd County Health Department
Humana
Humana
Kroger Pharmacy
Lexington Fayette County Health Department
Madison County Health Department
Sharp Image Fitness
Taylor Regional Hospital

Preliminary

Franklin County Health Department
Lexington Fayette County Health Dept.
Rockcastle County Health Department
Rockcastle Regional Hospital and Respiratory Care Center, Inc.
YMCA of Central Kentucky

Fully Recognized Organizations

Adair County Health Department
Balanced Wellness LLC
Baptist Health LaGrange
Baptist Health Lexington
Casey County Health Department
Clinton County Health Department
Coach Shellie's Healthy Lifestyle Program
Diabetes Resource Center of Hopkinsville
Graves County Health Department
Green County Health Department
Johnson County Health Department
Juniper Health- Elliott County, Lee County, Wolfe County, Breathitt County, Morgan County
Kentucky River District Health Department
Knott County Health Department
Knox Co. Coop Ex - Part of the Barnstable Brown Diabetes Center Program
Kroger Pharmacy
Lake Cumberland District Health Department
Lawrence County Health Department
Lee County Health Department

Leslie County Health Department
Letcher County Health Department
McCreary County Health Department
Owensboro Health
Owsley County Health Department
Perry County Health Department
Pulaski County Health Department
Russell County Health Department
Taylor County Health Department
Todd County Health Department
Tri Health Rehabilitation Hospital
UKY HealthCare Barnstable Brown Diabetes Center
ULP Diabetes and Obesity Center
Washington Co. Coop Ex - Part of the Barnstable Brown Diabetes Center Program
Wayne County Health Department
Whitley Co. Coop Ex - Part of the Barnstable Brown Diabetes Center Program
Wolfe County Health Department

Mindset of Prevention

-
- Promotes well being within the workforce and enables families and individuals to thrive.
 - Participation based programs build a culture of trust between the employer/employee relationships.
 - Supports a positive framework and foundation for positive health outcomes within the organization.

Solution

The NDPP program can deliver this to your worksite through proven program design while including the ability to adapt to your company's unique culture.

Ready to get started?

- Fully Funded – Carrier/Benefit Consultant
- Level and Self Funded – Community Partners/Benefit Consultant
- Self-assessment testing www.doihaveprediabetes.org

Closing Remarks and Thank You

Terry Gehrke, M.Ed., MCHES

Patricia Benson, M.Ed.



RESOURCES

RELATED TO EMPLOYER COVERAGE OF THE NATIONAL DPP



Kentucky Diabetes Network



Current handouts from KDN can be found on the CKAHU Symposium website under this session

National DPP Coverage Toolkit

- Step-by-Step Guide to Using the toolkit for Commercial Payers
- Coverage in Practice
- Case for Coverage
- Delivery
- Reimbursement
- Contracting
- Coding & Billing
- Data & Reporting

<https://coveragetoolkit.org/commercial-plans/>

Commercial Health Plans & Employers

This section provides resources about covering the National Diabetes Prevention Program (National DPP) lifestyle change program by commercial health insurance plans and employers.



Step-by-Step Guide to Using the Toolkit for Commercial Payers

Download a step-by-step (PDF) summary of how commercial plans and self-insured employers can implement the National DPP lifestyle change program.



Coverage in Practice

Coverage in Practice

This page describes how commercial payers typically cover the National DPP lifestyle change program. It provides examples of organizations that are currently covering the program and some suggested best practices.



Case for Coverage

Step-by-Step Guide to Using the National Diabetes Prevention Program (National DPP) Coverage Toolkit for Commercial Payers and Employers:

How to get started and what payers need to know for success

The information in this document, as well as additional information about the National DPP lifestyle change program, is available from <https://coveragetoolkit.org/>

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