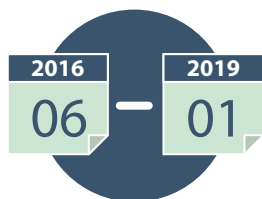


Medicaid Coverage for the National Diabetes Prevention Program — A Demonstration Project

Retention

The National Diabetes Prevention Program (National DPP) lifestyle change program prevents or delays type 2 diabetes by helping participants make lasting lifestyle changes like eating healthier, increasing physical activity, and increasing coping skills. The National DPP lifestyle change program is covered by Medicare, many commercial payers, and Medicaid in some states (coveragetoolkit.org/participating-payers).

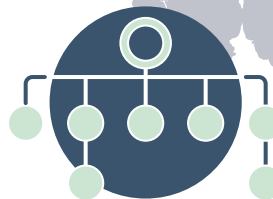
Medicaid Demonstration Project



June 2016–January 2019



Funded by CDC's Division of Diabetes Translation



Managed by the National Association of Chronic Disease Directors



Implemented in Maryland and Oregon



Goal

To demonstrate how state Medicaid agencies, in collaboration with state health departments, can implement delivery models for the National DPP lifestyle change program for Medicaid beneficiaries at high risk for type 2 diabetes through managed care organizations (MCOs) or accountable care organizations (ACOs)

Outcomes



19*
AVERAGE NUMBER OF
SESSIONS ATTENDED



AVERAGE WEIGHT LOSS
4.5%
OF BODY WEIGHT*



OLDER ADULTS WERE MORE LIKELY
TO ATTEND MORE SESSIONS THAN
YOUNGER ADULTS



FOR EVERY ADDITIONAL SESSION
ATTENDED, PARTICIPANTS ON
AVERAGE LOST AN ADDITIONAL
0.11% OF THEIR WEIGHT

** Among people attending three or more sessions in the first 6 months and remaining in the program for at least 9 months (n = 129 for average number of sessions attended; n = 122 for average weight loss)*

Participant Perspective



PARTICIPANTS REPORTED BENEFITS SINCE STARTING PROGRAM:

- Improved overall health
- Increased likelihood to visit medical provider
- More frequent exercise
- Positive changes in eating habits



MAIN REASONS FOR DISCONTINUING INCLUDED:

- Time constraints
- Technology issues
- Family commitments
- Classes being held at inconvenient times
- Lack of reliable transportation
- Lack of reliable internet
- Perception of inability to achieve goals



ODDS OF RETENTION INCREASED WHEN PARTICIPANTS:

- Were referred from a healthcare provider
- Received program support tools, such as pedometers, scales, or athletic gear or clothing
- Reported excellent or good health

Strategies implemented to increase participant retention through MCOs/ACOs and CDC-recognized organizations

MCOs/ACOs

- Address the needs of Medicaid beneficiaries, including transportation vouchers, ride-shares, and free or reduced-price child care.
- Conduct direct and frequent outreach to participants not regularly attending classes, through telephone calls, emails, and text messages.
- Offer to identify participants who missed a class (those without a claim in monthly claims reports) and manage participant contact and engagement.

CDC-Recognized Organizations



Enhance program delivery to meet the needs of Medicaid beneficiaries.

- Incorporate low-budget recipe suggestions and culturally relevant food and exercise strategies.
- Adapt supplementary materials, such as handouts and telephone call scripts, for lower literacy levels.
- Use visual aids such as pictures and props to support cultural context and literacy levels of participants.
- Hold classes in locations familiar to participants, such as community-based organizations, clinics, social service agencies (e. g., community-based clinics), and local churches.



Foster group support in and outside the classroom to create accountability and group cohesion among participants.

- Encourage social support and peer-to-peer learning from fellow program participants to help participants overcome setbacks, such as not losing weight.
- Coordinate group outings such as fitness classes, group walk/runs, local grocery store tours, and trips to local farmers' markets.

For further information, see: cdc.gov/diabetes/prevention and coverage toolkit.org.

Information contained in this brief is from the Evaluation of the Medicaid Coverage for the National Diabetes Prevention Program Demonstration Project Report, November 2018, prepared by RTI International for the National Association of Chronic Disease Directors under Cooperative Agreement Number 5NU38OT000225-04, funded by the Centers for Disease Control and Prevention.



Allow for program flexibility.

- Implement flexible make-up sessions by holding them individually, in small groups, and over the phone.
- Allow participants to bring family members or caregivers to class.