Diabetes Prevention in Massachusetts: The Diabetes Prevention Program



Diabetes Prevention and Control www.mass.gov/dph/diabetes

Massachusetts Department of Public Health



Overview

- National Diabetes Data
- MA Diabetes Statistics
- Prediabetes Prevalence and Awareness
- Evidence Behind Diabetes Prevention Program
- Diabetes Prevention Program Features
- Prevent Diabetes STAT
- MA Diabetes Prevention Priorities
- Next Steps



29 million with Diabetes

86 million with Prediabetes

Only 11% are aware they have prediabetes.

Current Projections of Cases of Diabetes in the United States by 2030



Trends in Diabetes Prevalence in Massachusetts



- Adults (18+) only.

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Personal Healthcare Expenditures for Diabetes in Massachusetts (2012)



- Source: Medical Expenditure Panel Survey (MEPS), Agency for Healthcare Research & Quality (AHRQ).
- Data based on payments, not charges.
- DM supplies (e.g., syringes) included in the 'Medication' category.

Age-Adjusted Mortality Due to Any Diabetes by Race & Ethnicity in Massachusetts (2013)



- Source: CDC Wonder (Vital Statistics).
- -95% confidence interval.
- Age adjustment based on US population in 2000. -Deaths among all ages.
- NH=Non-Hispanic.
- American Indian, NH data is suppressed.
- ICD 10 codes E10 E14.

MA Diabetes Statistics Take Aways

- Higher Diabetes Prevalence in MA for:
 - Males
 - Low SES population
 - Low educational attainment
 - 65+ age group
 - Urban and rural populations
 - Racial and ethnic minorities

MA Prediabetes Prevalence and Awareness

In Massachusetts, **1.8** million adults or **35%** of the population have prediabetes.

Only 7% are aware of their condition.

Possible Reasons for Prediabetes Knowledge Gap

- Lack of patient awareness
- Lack of provider awareness
- Lack of screening
- Lack of testing



- Lack of communication between patient and provider
- Lack of systems for coding/payment

Patient Awareness



www.DolHavePrediabetes.org

Statewide Campaign



Provider Awareness

Increasing Awareness of Prediabetes: Screening, Prevention & Treatment

PREDIABETES

Definition, Prevalence and Risk Factors

- Prediabetes is a condition in which an individual's blood glucose levels are higher than normal but not high enough to be classified as type 2 diabetes.
- Fasting blood glucose: 100-125 mg/dL
- Oral Glucose Tolerance Test: 140-199 mg/dL
- HbA1c: 5.7-6.4%
- · The three primary risk factors for diabetes include:
- Being overweight
- Over the age of 45
- Family history of diabetes
- Without making the lifestyle changes noted below, 11% of adults with prediabetes will develop type 2 diabetes within 3 years; 15-30% will go on to develop type 2 diabetes within 5 years:
- Improvements in diet
- Increased physical activity
- Smoking cessation
- Stress reduction

Screening and Diagnosis

 Medical providers can conduct clinical screenings that effectively detect prediabetes such as fasting plasma glucose (FPG), Hemaglobin A1c (HbA1c), and/or oral glucose tolerance testing (OGTT), especially in people with BMI levels denoting overweight/obese (BMI ≥ 25kg/m²; if Asian, BMI ≥ 23kg/m²).

In the United States, 86 million adults or

37% of the population have prediabetes.

In Massachusetts, 1.8 million adults or

35% of the population have prediabetes.

Only 11%

are aware

of their

condition.

Only 7%

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of their

condition.

- Non-clinical screening tools, based on self-identified risk assessments, have been promoted and made available through the National Diabetes Prevention Program (<u>http://www.cdc.gov/diabetes/prevention/pdf/prediabetestest.pdf</u>).
- The ICD-10 includes a more prevalent billable code (R73.09) that can be used to indicate a diagnosis of prediabetes (or other abnormal glucose). This new code is expected to make it easier for providers and health plans to identify patients with prediabetes and intervene to improve health status over time.

Costs

- It is estimated that in the U.S., \$44 billion is attributed to medical expenses for prediabetes.
- Prediabetes and lifestyle change interventions could potentially save the U.S. \$539 billion in medical costs and create \$992 billion in non-medical benefits by extending years of employment for affected individuals over a 10-year period. Such dramatic savings highlight the need to make the promotion of prediabetes awareness, screening, and lifestyle change a priority on the state and national levels.

DIABETES PREVENTION PROGRAM

- Developed by the CDC, the Diabetes Prevention Program (DPP) is an evidence-based intervention for preventing type 2 diabetes. DPP is a year-long program where people with prediabetes learn to make sustainable lifestyle changes. It has been shown to reduce the risk of developing type 2 diabetes by 58% (70% for adults over 60).
- DPP is delivered by trained and certified lifestyle coaches at local YMCAs, health care facilities, and other community settings throughout the U.S. Organizations offering DPP are formally recognized by the CDC.
- In July of 2015, the national Community Preventive Services Task

Force published a recommendation statement (<u>http://www.thecommunityguide.org/diabetes/combineddietandpa.html</u>) supporting the use of combined diet and physical activity promotion programs to deter progression to type 2 diabetes in individuals at increased risk.

Long-term outcomes studies

of the DPP have shown a

34% reduction in the

incidence of type 2 diabetes

over a 10-year period.

- "Prevent Diabetes STAT" (<u>http://www.cdc.gov/media/releases/2015/p0311-diabetes-STAT.html</u>), a tool kit jointly
 produced by the CDC and AMA, connects health care providers and individuals with screening, testing, and referral
 information for DPPs. This site also provides recommendations to employers, insurers, community-based organizations,
 health systems, and medical associations about how to prevent diabetes.
- A new CPT code (0403T), available as of January 2016, can be used for the purpose of reporting provision of services in a diabetes prevention program.





Prepared for the Massachusetts Department of Public Health For more information: www.mass.gov/dph/preventdiabetes



Screening

- USPSTF supports screening as part of a CV risk assessment in all adults aged 40-70 who are overweight or obese.
- ADA recommends screening for all adults 45 and older OR
- Adults 18 or older who are overweight or obese and have at least 1 risk factor

ARE YOU AT RISK FOR TYPE 2 **DIABETES?** American Diabetes Association

Diabetes Risk Test

0	How old are you?		Write your score		Height		Weight (lbs.)		
	Less than 40 ye	ars (0 points)			4' 10"	119-142	143-190	191+	
	40—49 years (1	point)			4' 11"	124-147	148-197	198+	
	50—59 years (2	points)	1 1		5' 0"	128-152	153-203	204+	
	60 years or olde	er (3 points)			5' 1"	132-157	158-210	211+	
മ	Are you a man or	a woman?			5' 2"	136-163	164-217	218+	
9	Man (1 naint)	Waman (0 natata)	1 1		5' 3"	141-168	169-224	225+	
_	Man (1 point)	woman (v points)			5' 4"	145-173	174-231	232+	
8	If you are a woman, have you ever been				5' 5"	150-179	180-239	240+	
	diagnosed with g	estational diabetes?			5' 6"	155-185	186-246	247+	
	Yes (1 point)	No (0 points)			5' 7"	159-190	191-254	255+	
4	Providence and the data states				5' 8"	164-196	197-261	262+	
	brother with diak	other, rather, sister, or setes?			5' 9'	169-202	203-269	270+	
	Ver /1 noint)	No (0 points)	1 1		5' 10"	174-208	209-277	278+	
	res (i point)	No (0 points)			5' 11"	179-214	215-285	286+	
Ø	Have you ever be	en diagnosed with high			6' 0"	184-220	221-293	294+	
-	blood pressure?				6' 1"	189-226	227-301	302+	
	Yes (1 point)	No (0 points)			6' 2"	194-232	233-310	311+	
6	A				6' 3"	200-239	240-318	319+	
ల	Are you physical	y active?	1 1		6' 4"	205-245	246-327	328+	
	Yes (0 points)	No (1 point)				(1 Point)	(2 Points)	(3 Point	
2	What is your wei (see chart at right	ght status? t)		.		You weig ir	gh less than the n the left colum (0 points)	e amount nn	
fy ou low lon jluce our	ou scored 5 o are at increased risk ever, only your doo ave type 2 diabete that precedes type cose levels are highe doctor to see if ad	r higher: k for having type 2 diabetes tor can tell for sure if you s or prediabetes (a condi- 2 diabetes in which blood er than normal). Talk to ditional testing is needed.	Add up your score.		Lower The good new	Adapted from 8: 151:775-783, 200 Original algorith gestational diabs	ng et al., Ann Int 9. m was validated vites as part of the Risk	tern Med without a model.	
Type Latin	2 diabetes is more os, American India	common in African Americ ns, and Asian Americans an	ans, Hispanics/ d Pacific Islanders.		and can help y If you are at his	s. Small steps ou live a long	make a big c er, healthier	rour risk f lifference life.	
ligh ans of th	er body weights in are at increased dia e general public (a	crease diabetes risk for ever abetes risk at lower body w bout 15 pounds lower).	yone. Aslan Ameri eights than the res	t	Visit diabetes of 2383) for inform	additional te g or call 1-80	sting is need 0-DIABETES (see your ed, (1-800-342	
-	more informa	tion visit us at diah	etes org/alert		lours for simple,	small steps u	getting star	ted, and	



Testing

- Retest every 3 years if normal
- Confirm diagnoses with 2 tests taken on separate days
- Retest every 6-12 months
 after a diagnosis

	are prediab.	etes lae	intinee	luon				
MEA	SURE If patient is age ≥18 and do (CDC Prediabetes S If self-screening	es not have diabe creening Test or A test reveals risk, pr	tes, provide se DA Diabetes F roceed to nex	elf-screening test Risk Test) t step				
R	Review medical record to determine if BMI >24* (>22 if Asian) or history of GDM**							
		pro	gram eligibili	ty requirements				
	Determine if a HbA1C, FPG or OGTT was performed in the past 12 months							
		o Hem o Fasti o Oral	ne of the test oglobin A1C (ng plasma glu glucose tolera	ts below: (HbA1C) Icose (FPG) ance test (OGTT)				
	YES RESULTS							
Diag	gnostic test	Normal	Prediabe	tes Diabetes				
НЬА	1C(%)	< 5.7	5.7-6.4	≥ 6.5				
Fast	ing plasma glucose (mg/dL)	< 100	100-125	≥ 126				
Oral	glucose tolerance test (mg/c	L) <140	140-199	≥ 200				
ACT								
Enco	ourage patient to ntain a healthy lifestyle.	Refer to diabetes program, provide	prevention brochure.	Confirm diagnosis; retest if necessary.				
Enco main Con	ourage patient to ntain a healthy lifestyle. tinue with exam/ sult. Retest within three	Refer to diabetes program, provide Consider retestin to check for diab	prevention brochure. g annually etes onset.	Confirm diagnosis; retest if necessary. Counsel patient re: diagnosis.				
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Part Con visit Aag pred * Som Prever * Hat According to the prever * Hat	ourage patient to ntain a healthy lifestyle. titinue with exam/ sult. Retest within three rs of last negative test. TNER mmunicate with your local di- titact patient about progress a diabetes prevention program pro is diabetes prevention program pro diabetes identification and intervention at diabetes prevention program pro sub or GGM = eligibility for diabetes j Prevent Diabe	Refer to diabetes program, provide Consider retestin to check for diab abetes prevention t issues with enroll in d encourage con porithm. New York State D porithm. New York State D porithm. New York State D porithm. Rew York NY De voides require a BMU ty requirements. prevention program etces STAT	prevention : brochure. g annually etes onset. program. ment or partici- tinued partici- abetes Pevention partment of Health ≥25. Please che Screen / Test / A	Confirm diagnosis; retest if necessary, Counsel patient re: diagnosis. Initiate therapy. ipation. At the next pation in the program. Nogram (NYSDP); (2012. ck with your diabetes cc Today. ⁶	CDC			

Diagnostic test	Normal	Prediabetes	Diabetes
HbA1C(%)	< 5.7	5.7–6.4	≥ 6.5
Fasting plasma glucose (mg/dL)	< 100	100–125	≥ 126
Oral glucose tolerance test (mg/dL)	<140	140–199	≥ 200

Communication and Referral

Prediabetes? That's a thing?

Yes. 1 in 3 people have prediabetes, which means they have a much greater risk of developing Type 2 diabetes. Prediabetes happens when your blood sugar (glucose) level is higher than normal, but not high enough to be diagnosed as diabetes. In Massachusetts, 35% of adults have prediabetes, but most of them don't know they have it.

Health risks for prediabetes and diabetes include being overweight or obese, high blood pressure or cholesterol, and being inactive.

Take the Risk Test

See the reverse side for a prediabetes risk test. If your score shows you are at high risk, talk to your healthcare provider about getting tested for prediabetes. A blood test can diagnose prediabetes and diabetes.

What can I do to lower my risk?

By **improving your diet** and increasing **physical activity**, you can reverse prediabetes and reduce your risk of diabetes in the future. Making healthy food choices and getting regular physical activity can lower weight, blood pressure and cholesterol - and help you keep a normal blood sugar level. Programs that focus on diet and physical activity - like the **Diabetes Prevention Program** - are proven to reduce the risk of type 2 diabetes by up to 58% (71% reduction for those over age 60).

The Diabetes Prevention Program

The Diabetes Prevention Program (DPP) is a year-long, group program held at a local community or health center, such as a YMCA.

A trained lifestyle coach will help you learn:

- Practical ways to eat healthy
- How to add physical activity to your daily routine
- How to manage stress

Joining a DPP may be free or you may be eligible for financial assistance. Contact a local program to learn more: http://www.mass.gov/dph/ preventdlabetes

1"National Diabetes Prevention Program: For Healthcare Providers". Centers for Disease Control and Prevention. August 2015. http://www.cdc.gov/diabetes/prevention/resources_hcp.htm



Are you at risk for diabetes?

Prediabetes:

1 in 3 adults have it. Prediabetes is a condition where your blood sugar level is above normal.

Prediabetes means you have a higher risk for developing Type 2 diabetes.

Diabetes

Type 2 diabetes is the most common form of diabetes. This condition happens when a person's body doesn't make enough of the hormone insulin, or it doesn't use insulin correctly. If Type 2 diabetes isn't controlled, it can have serious health consequences, including blindness, kidney or heart disease.

Type 1 diabetes can happen at
any age, but commonly occurs
in children and young adults.

Studies of **Diabetes Prevention Program** showed that losing 5-7% of body weight, by reducing calories and increasing physical activity, **cuts the risk of developing diabetes by 58%** (70% for adults over 60). Risk factors that you can change are:

- Being overweight or obese
- Low activity level
- Unhealthy diet
- High blood pressure
- High cholesterol

Other risk factors that you can't change include:

- Age of 45 or above
- Race/ethnicity African American, Hispanic/Latino, American Indians, Asian Americans, Pacific Islanders
- Family history of diabetes
- History of Gestational Diabetes
- Having Polycystic Ovarian Syndrome

Ask your doctor about your risk for prediabetes or diabetes.

In Massachusetts, 35% of adults have prediabetes but only 7% know that they have it.*

Prevent Diabetes

You can help prevent diabetes through a healthy diet and physical activity. If you're at risk, ask your doctor about the **Diabetes Prevention Program** (**DPP**) - a one year program led by a trained lifestyle coach. This program provides a supportive group environment where you will:

- · Learn how to make healthy food choices
- Add physical activity into your daily routine
- Manage stress

This program may be free or offered at a reduced cost based on your income or the DPP location. Typically the program cost is \$400.

To learn more about preventing prediabetes and diabetes, visit mass.gov/dph/preventdiabetes.



*Diabetes Prevention Program Research Group. Reduction in the incidence of type 2 diabetes with lifestyle intervention of metformin. New England Journal of Medicine. 2002;346(6):393-403. http://www.ncbi.nlm.nih.gov/pubmed/11832527

Coding/Payment

 New ICD-10 code for prediabetes and abnormal glucose is R73.09

 Diabetes Prevention Program specific CPT code is 0403T (Category 3 so not yet a billable requirement)

National Diabetes Prevention Program Research Study

- A major multi-center, NIH sponsored national RCT (n = 3234)
- Representative sample of age, gender, and ethnicity
- Eligible participants were randomized to one of three interventions
 - Control
 - Metformin
 - Lifestyle Intervention



Evidence for National Diabetes Prevention Program

- The DPP research study showed that participants in a structured lifestyle change program (Lifestyle Intervention) who achieved:
 - Modest weight loss of 5-7 percent

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- Were able to:
 - Reduce type 2 diabetes by **58%** (**71% in those over age 60**)
 - Improve blood pressure and lipids (25% reduction in medication use)
- 10-year f/u shows continued reduction in new cases of type 2 diabetes (34%)
- Translational studies demonstrated that trained lay health workers are as effective in delivering the lifestyle change program at 1/3 of the cost, while achieving similar results

Diabetes Prevention Program

- Year long program
 - 16 weekly group sessions
 - 6-8 monthly follow-up sessions
- Delivered by trained lifestyle coaches
- Uses CDC approved curriculum
 - Participants learn healthy lifestyle skills like healthy eating, physical activity, problem solving, stress reduction and coping

- Offered in community locations
 - YMCAs, Wellness Centers, Churches etc.
- Group support (8-15 participants per class)
- Both in-person and virtual options available
- Adherence to CDC quality standards

DPP Eligibility Criteria

- 1) Be at least 18 years old; and
- 2) Be **overweight** (BMI greater than or equal to 25 kg/m2 ; greater than or equal to 23 kg/m2 if Asian.)
- 3) And have established risk factors for developing type 2 diabetes (ADA Risk Test)

OR have been **diagnosed with prediabetes**

(FBG 100-124 mg/dL, HbA1c 5.7-6.4%, OGTT 140-199 mg/dL)

OR have been previously diagnosed with **gestational diabetes**.



- Program costs range from \$400-\$600 per participant for a full year program
- A limited number of MA insurers cover or subsidize the cost
- Most DPP providers subsidize the cost for patients who can not afford it



Prevent Diabetes STAT Screen, Test, Act Today™

□ Launched by the AMA and CDC to:

- Raise awareness about prediabetes
- Communicate a sense of urgency
- Increase screening, testing and referrals to CDC-recognized diabetes prevention programs
- Rally front-line healthcare providers, community organizations, public health professionals, health systems, employers, insurers, the public to ACT today



What you can do!

- Screen
 - Asses your patients risk for diabetes using the ADA Diabetes Risk Test or Prediabetes Algorithm (http://main.diabetes.org/dorg/PDFs/risk-test-paper-version.pdf)
- Test
 - Diagnose your patients with prediabetes using HbA1c, FBG, or OGTT (ICD-10: R73.09)
- Act
 - Refer your eligible patients to the nearest DPP provider

How to locate and refer to DPPs in MA?

 1. Visit <u>www.mass.gov/dph/preventdiabetes</u> to find program info and contact directly



How to locate and refer to DPPs in MA?

 2. Visit <u>www.healthyliving4me.org</u> or call 1-978-946-1211 to get connected with a nearby program



MA DPP Priorities

- State Diabetes Prevention Network
- Increase coverage/reimbursement for DPP
- Increase awareness of prediabetes as a treatable condition
- Identify provider and employer champions
- Increase clinical prediabetes screening, testing, and referrals to DPPs
- Increase availability and capacity of DPP providers

Action Steps

- Use Prevent Diabetes STAT in your practice to Screen, Test and Act Today
- Talk to your patients about prediabetes
- Advocate on behalf of your patients by telling payers to cover DPP
- Become familiar with local DPP providers to refer patients to, or host one on site
- Be a DPP champion and spread the word to fellow programs and providers

AMA CME Credit – STEPS Forward[™] Module

- https://www.stepsforward.org/modules/prevent-type-2-diabetes
- Preventing type 2 diabetes in at-risk patients
- Offers 1.0 CME Credit; ends in June 2016

How will this module help me identify prediabetes and prevent the onset of diabetes?

- 1 Provide tools and resources on screening, testing and referral
- 2 Learn from practices that have successfully implemented prediabetes screening and education programs
- O Identify evidence-based prevention programs for patient referral
- 4 Get answers to commonly asked questions
- AMA also offers ICD-10 implementation resources and Performance Improvement tools

Thank You!

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