



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR DISEASE CONTROL AND PREVENTION



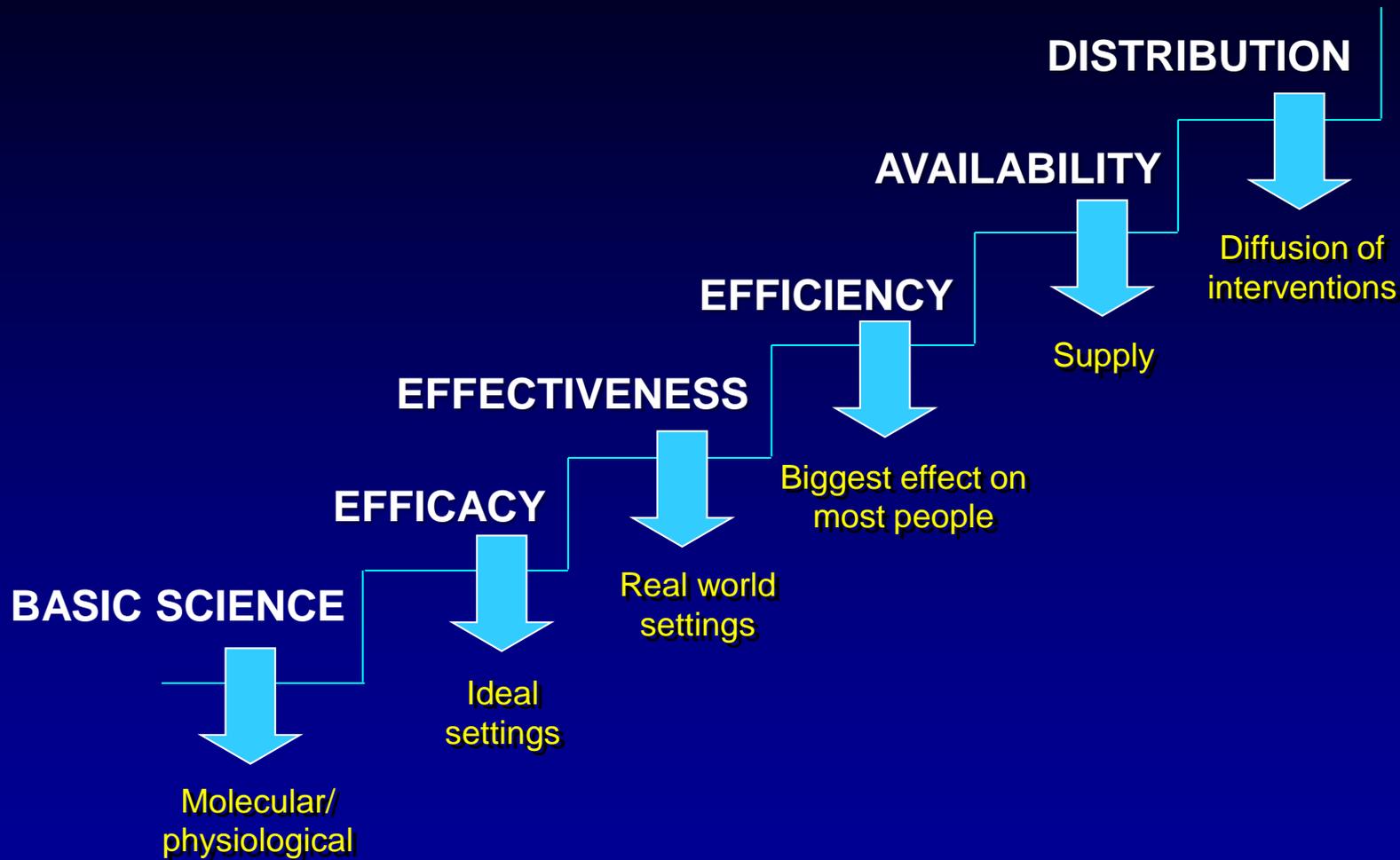
# Scaling and Sustaining a Public Health Program for Population Health Improvement

Ann Albright, PhD, RD

Director, Division of Diabetes Translation  
Centers for Disease Control and Prevention

*The findings and conclusions in this presentation are those of the author and do not necessarily represent the views of the CDC.*

**SAFER • HEALTHIER • PEOPLE™**

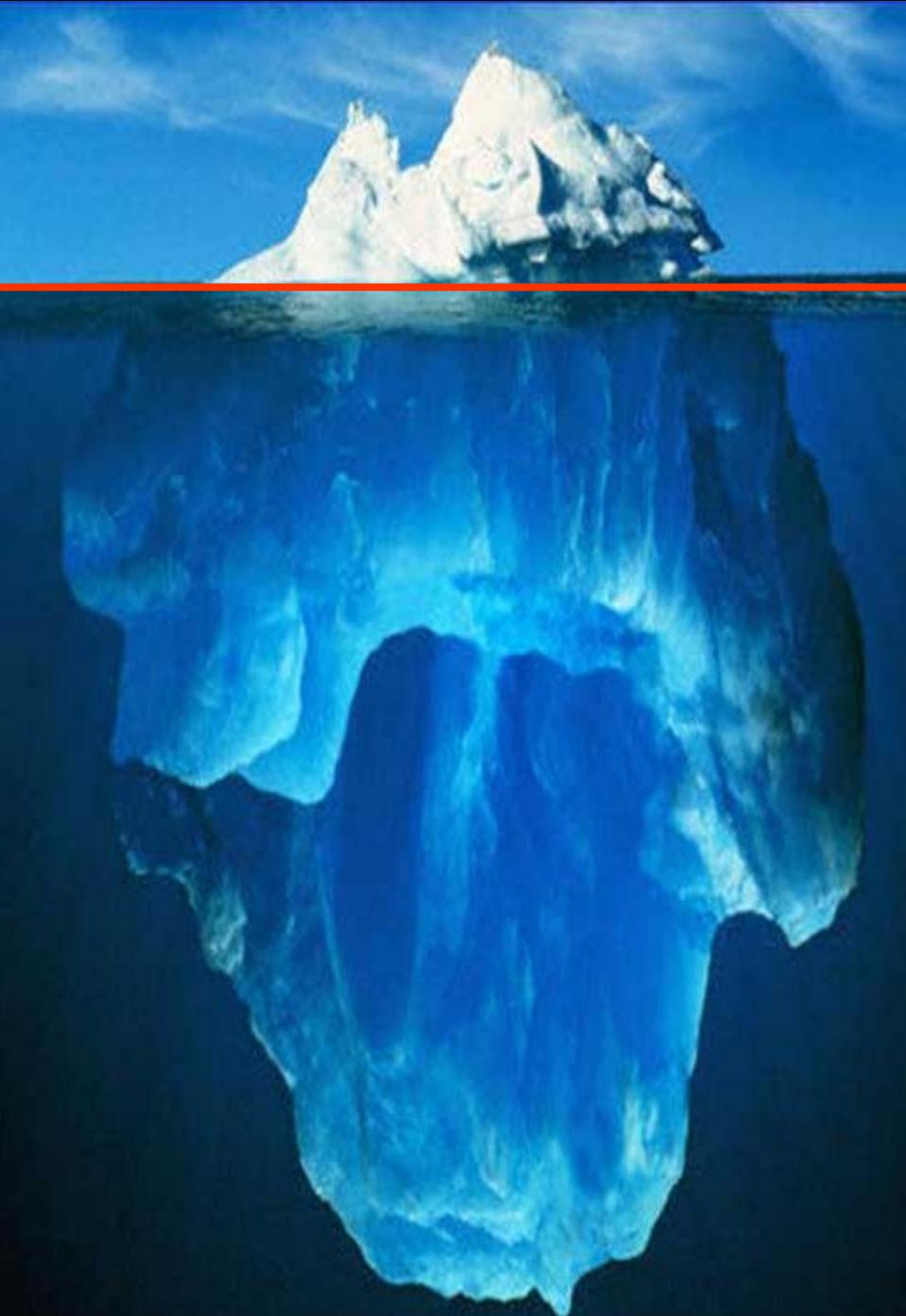


Adapted from information in Sinclair JC, et al. N Engl J Med. 1981;305:489-494.  
and Detsky AS, et al. Ann Intern Med. 1990;113:147-154.

# Necessary Steps

- Public health issue
- Sound evidence base
- Partnership and coordination
- Quality assurance
- Business model
- Technology
- Participant engagement and reach
- Policies

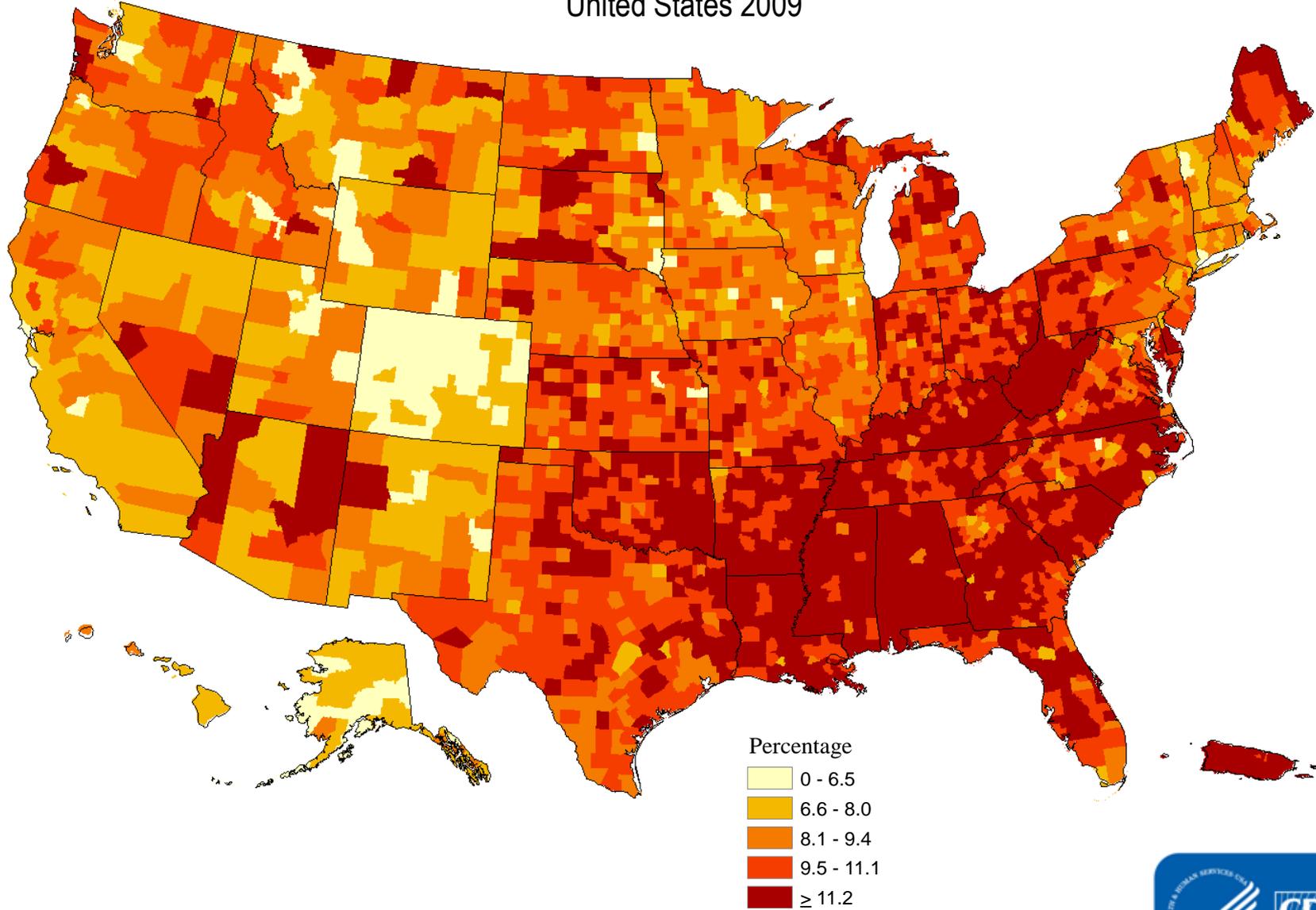
- Public Health Issue



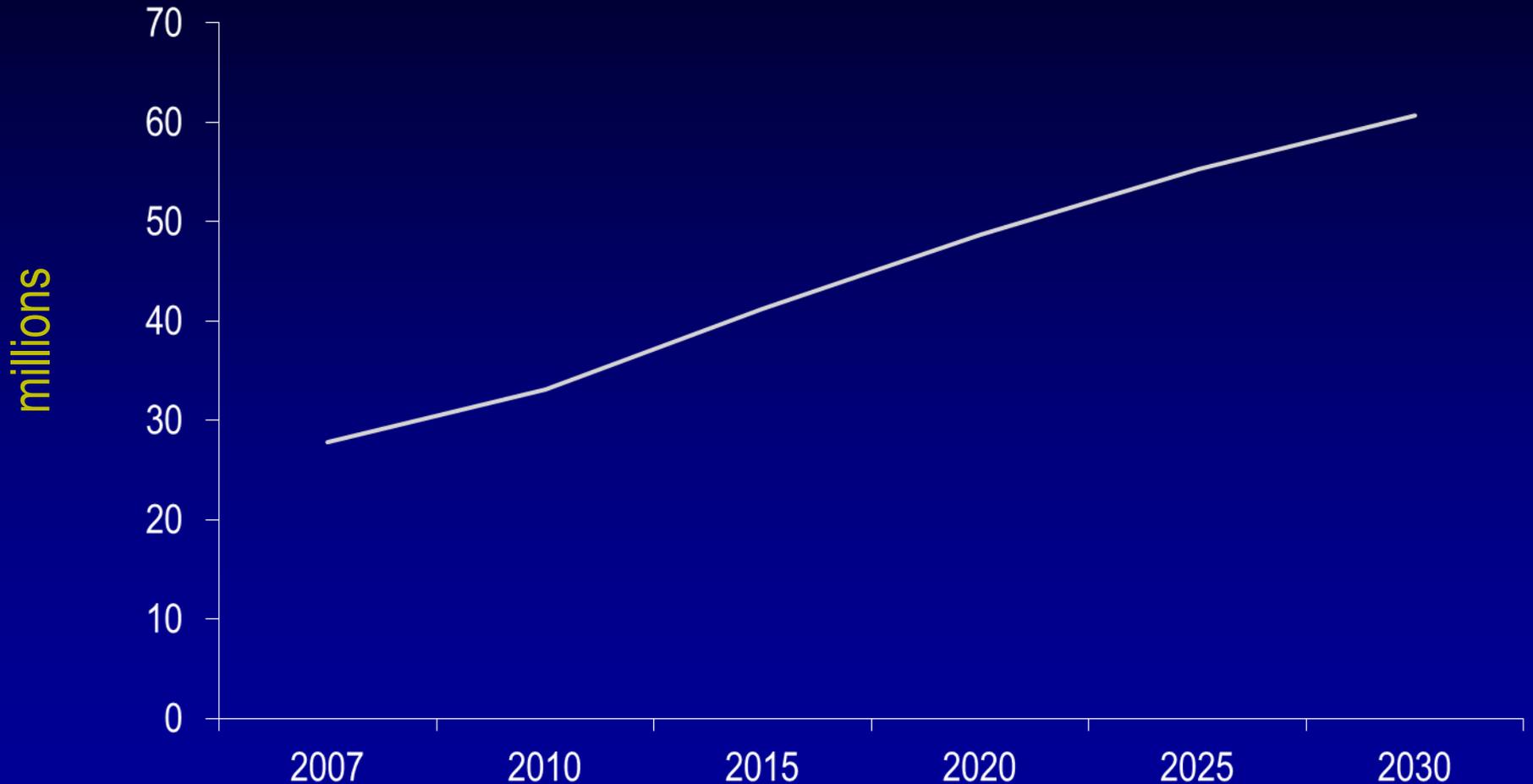
**26 million  
with Diabetes**

**79 million  
with Prediabetes**

Estimates of Diagnosed Diabetes Among Adults Aged  $\geq 20$  Years –  
United States 2009



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



- Sound Evidence Base

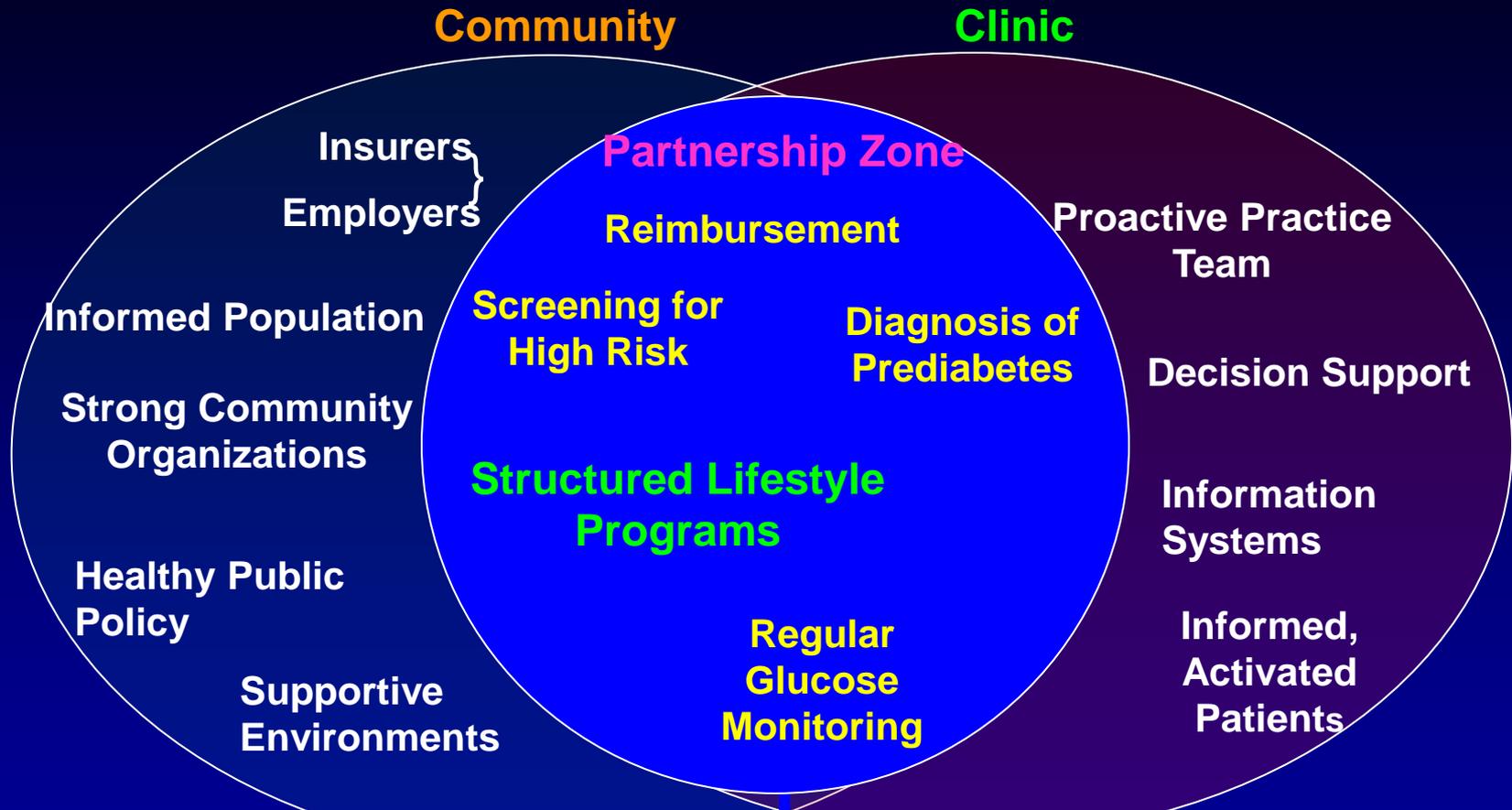
# Evidence for National Diabetes Prevention Program

- The DPP research study showed that structured lifestyle change program achieved modest weight loss of 5-7 percent and 150 min PA/wk reduced type 2 diabetes by 58% (71% in those over age 60) in those at high risk for type 2 diabetes
  - True for all participating ethnic groups and for both men and women
  - Blood pressure and lipids improved
  - 10-year f/u shows continued reduction in new cases of type 2 diabetes
- Translational studies demonstrate trained lay health workers are as effective in delivering the lifestyle change program as health professionals
- National DPP is 1/3 of the cost of DPP research study and demonstrates similar lifestyle change results

- Partnership and Coordination

# Prevention of Type 2 Diabetes

## The Community – Clinic Partnership Model



Total Population → Pre-diabetes → Diabetes → Complications

# National Diabetes Prevention Program

## COMPONENTS



### **Training: Increase Workforce**

Train the workforce that can implement the program cost effectively.



### **Recognition Program: Assure Quality**

Implement a recognition program that will:

- Assure quality.
- Lead to reimbursement.
- Allow CDC to develop a program registry.



### **Intervention Sites: Deliver Program**

Develop intervention sites that will build infrastructure and provide the program.



### **Health Marketing: Support Program Uptake**

Increase referrals to and use of the prevention program.

- Quality Assurance

# Quality Assurance

## CDC Diabetes Prevention Recognition Program

Purpose: Recognize organizations that can effectively deliver a lifestyle change intervention program

Objectives:

1. Assure program quality and fidelity to scientific evidence
2. Maintain a registry of recognized organizations
3. Provide technical assistance to programs to assist staff in delivery and problem-solving to achieve and maintain recognition
4. [www.cdc.gov/diabetes/prevention/recognition](http://www.cdc.gov/diabetes/prevention/recognition)

- Business Model and Technology

# Scalable Business Practices & Health Information Technology

## Plan Sponsor Services:

- Eligibility Management
- Risk Scoring/Data Mining
- Outreach/Engagement
- On-line Enrollment
- Screening/Testing
- Call Center Member Support
- Reporting and Measurement
- Claim based reimbursement

## Adjunct Provider Services:

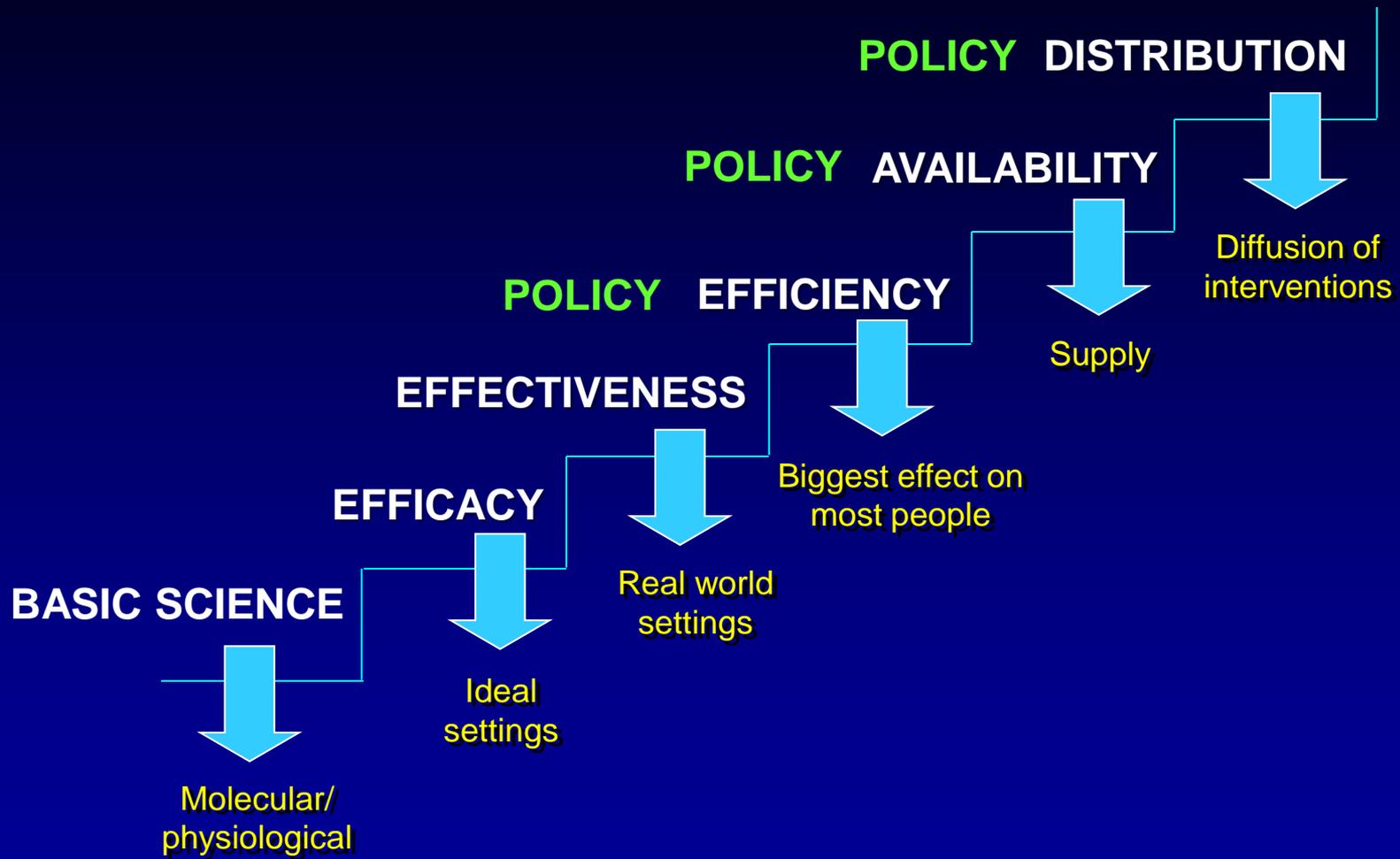
- *Billing/Claims*
- *Scheduling*
- *Intervention Workflow/Class Tracking*
- *PCP Provider Portal – Referrals*
- *Reporting & Measurement*
- *Call Center – Tech Support*
- *Data Security*

- Participant Engagement

# Participant Engagement

- 89% of people with prediabetes do not know they have it
- Awareness and testing campaigns
- Minimize the steps from identification to enrollment
- Make access as easy as possible
- Engage multiple channels of outreach: employers, insurers, providers and directly to consumers

- Policies



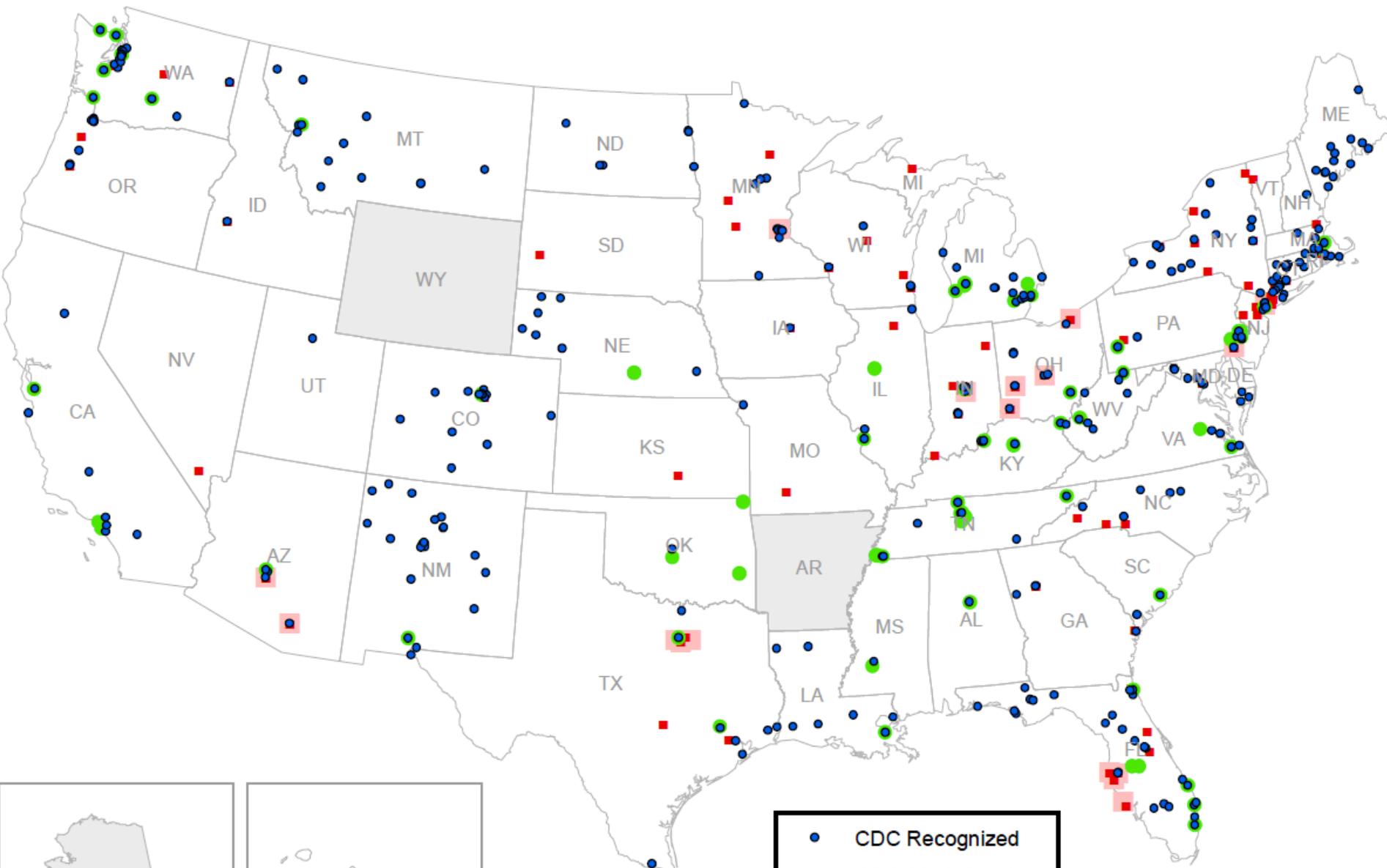
Adapted from information in Sinclair JC, et al. N Engl J Med. 1981;305:489-494.  
and Detsky AS, et al. Ann Intern Med. 1990;113:147-154.

# Policies

- In 2010 Congress authorized CDC to lead the National DPP
- Proposed Federal legislation to provide program coverage for Medicare beneficiaries
- Provide mechanisms (technology, administrative support, quality assurance) for community-based providers to provide services which extend the reach of primary care
- Policies to support healthy environments and choices

# Recent Accomplishments

- Over 1400 lifestyle coaches are trained to conduct the lifestyle change program
- Over 320 organizations awarded CDC recognition (pending)
- Five private insurers and 280 self-funded employers covering the lifestyle change program
- Work with CMS for coverage of National DPP lifestyle change program
- AMA passed resolution supporting National DPP
- 6 National CDC grantees



- CDC Recognized
- CDC 2013 Grantees
- CMMI YMCA
- YMCA



# Model for Social Change

- Collective Impact
  - Common agenda
  - Shared measurement systems
  - Mutually reinforcing activities
  - Continuous communication
  - Backbone organization

Kania and Kramer, 2011

# Vision

World free of the devastation of diabetes



# Music

