Nevada's Implementation Plan to

Scale and Sustain the National Diabetes Prevention Program 2018 – 2020



- Awareness
- Availability
- Screen/Test/Refer
- Coverage

Introduction

The National Diabetes Prevention Program – or National DPP – is a partnership of public and private organizations working to prevent or delay type 2 diabetes. The Centers for Disease Control and Prevention (CDC) have invested significant resources in state health departments and other organizations to build momentum for a national movement to prevent type 2 diabetes based on scientific evidence. With CDC's support, the National Association of Chronic Disease Directors (NACDD) collaborated with the Nevada Division of Public and Behavioral Health (DPBH) to plan and implement a State Engagement Meeting focused on scaling and sustaining the National DPP across Nevada. This meeting brought together a diverse group of organizations from across the state to acknowledge current stakeholders for their diabetes prevention efforts and to engage new partners. Participants learned about national efforts to promote the National DPP, and Nevada's successful evidence-based diabetes prevention activities were showcased. The meeting offered key Nevada partners an opportunity to provide input into the development of a stakeholder-driven implementation plan to prevent type 2 diabetes through scaling and sustaining the National DPP in Nevada.

The time is now to achieve a collective impact in Nevada to prevent type 2 diabetes. Together, we can make a huge difference to prevent type 2 diabetes.

Intended Audience

Stakeholders and partners.

Pillars

The following pillars are important for scaling and sustaining the National DPP in Nevada; each of these pillars was addressed during the State Engagement Meeting.

- Increase awareness of prediabetes;
- Increase the availability of and enrollment in CDC-recognized lifestyle change programs;
- Increase clinical screening, testing, and referral to CDC-recognized lifestyle change programs under the National DPP; and
- Increase insurance coverage for the National DPP's lifestyle change program.

All work in these pillars should be aimed at achieving the overarching diabetes prevention goal:

Decrease new cases of diabetes among people with prediabetes and those at highest risk by increasing enrollment in CDC-recognized lifestyle change programs by 30 percent (or from 528 participants in 2018 to 685 participants in 2020).

Awareness of prediabetes and the effectiveness of the CDC-recognized lifestyle change program (National DPP)

CDC estimates eighty-four million (1 out of 3) American adults have prediabetes, a condition that puts them at high risk of developing type 2 diabetes. Of those eighty-four million, 9 out of 10 don't know they have prediabetes. With numbers like this, it's important for everyone – consumers, employers, payers, health care providers, etc. – to learn about prediabetes and act to improve outcomes.

Timeline	Key actions to achieve priorities	Metrics	Resources	Lead organization (bolded organizations volunteered to lead the activity)	Progress
October 1, 2018 – September 30, 2019	 Identify and assess resources (tools, data, campaigns targeting provider and/or patient groups, communication channels/reach, and funding sources) available in Nevada to increase awareness of prediabetes. Nevada Statewide Quality and Technical Assistance Center (QTAC) will maintain an updated Marketing Plan identifying specific target audience supported by research of successful methods to reach various groups QTAC will work with identified key partner organizations to support and disseminate awareness messages per the Marketing Plan 	Resources identified and assessed, by type Marketing Plan updated annually List of key partner organizations identified Prediabetes awareness messages disseminated per Marketing Plan	 Existing: University of Nevada, Reno (UNR) & University of Nevada, Las Vegas (UNLV) Southern Nevada Health District (SNHD) Clinical/Hospital data National DPP evidence of Return On Investment (ROI) in Medicaid populations Neilson rating system 	Volunteers in Medicine of Southern Nevada (VMSN), Nevada DPBH Chronic Disease Prevention and Health Promotion Section (CDPHP), Washoe County Health District (WCHD), Carson City Health & Human Services (CCHHS), Sanford Center for Aging at University of Nevada, Reno (UNR-SCA),	

	Timeline	Key actions to achieve priorities	Metrics	Resources	Lead organization (bolded organizations volunteered to lead the activity)	Progress
				 Needed: More National DPP providers and funding Better data sources Rural outreach Buy-in at high levels, i.e. organization leaders Employer buy-in Grant funding (NV Energy, Hospital and Community Benefit, and/or Pharma) 	QTAC, D.P. Video, SNHD	
2	October 1, 2018 – September 30, 2019	 Create an outreach plan to increase awareness of prediabetes and the National DPP among Nevada's health care providers QTAC will host a statewide summit to convene National DPP Providers, partners, stakeholders, and pending recognition providers in Nevada to 	Provider outreach plan developed and implemented Statewide Summit held in Northern Nevada	 Existing: Partnerships Publications and resources from credible organizations (American Medical 	CCHHS, QTAC, VMSN, CDPHP, Three Square Food Bank (Three Square), SNHD, UNR- SOM, Renown Health	

Timeline	Key actions to achieve priorities	Metrics	Resources	Lead organization (bolded organizations volunteered to lead the activity)	Progress
	 develop networking opportunities, work on combined efforts for promotion, and address other joint interests CDPHP, SNHD & other partners will provide training to at least 25 health care providers on CDC-recognized lifestyle change programs, National DPP, and best practices for screening, diagnosing, coding, and referring prediabetic patients UNR School of Medicine (UNR-SOM) via Project ECHO will provide lecture series on the National DPP and diabetes prevention to health care providers statewide Renown Health will design and implement a strategy to increase enrollment into CDC-recognized lifestyle change programs by working with its Medical Group CDPHP will work with the Nevada Business Group on Health (NVBGH) to provide trainings on Diabetes Self- Management Education and Support (DSMES) programs 	Training provided to ≥ 25 health care providers Lecture series provided by UNR- SOM via Project ECHO to health care providers Strategy designed and implemented by Renown Health Medical Group to increase enrollment in lifestyle change programs Training on DSMES programs provided by NVBGH	Association, CDC, NACDD, etc.) 1815 Cooperative Agreement 1817 Grant Funding		

	Timeline	Key actions to achieve priorities	Metrics	Resources	Lead organization (bolded organizations volunteered to lead the activity)	Progress
3	October 1, 2018 – September 30, 2019	 Develop and implement an outreach plan, including a social media campaign, to increase awareness of prediabetes and the National DPP among those at high risk or diagnosed with prediabetes QTAC will market CDC-recognized lifestyle change programs to increase prediabetes awareness among high-risk populations through at least one (1) English and one (1) Spanish-targeted social media campaign, and at least one (1) targeted health fair per geographic location (Northern, Southern, and rural Nevada) CCHHS will conduct at least four (4) prediabetes screening events at community locations in three (3) counties (Carson City, Douglas, and Lyon) and will refer those eligible to CDC-recognized lifestyle change programs CCHHS will work with community partners to identify appropriate outreach methods for populations at risk or diagnosed with prediabetes 	Prediabetes Outreach Plan developed and implemented Social media campaign developed and implemented Four (4) prediabetes screening events conducted in three (3) counties	 Existing: Partnerships Publications and resources from credible organizations (American Medical Association, CDC, NACDD, etc.) 	QTAC, CCHHS, VMSN, CDPHP, UNR-SCA, WCHD, Three Square, UNR- SOM, Renown Health, D.P. Video	

	Timeline	Key actions to achieve priorities	Metrics	Resources	Lead organization (bolded organizations volunteered to lead the activity)	Progress
4	October 1, 2018 – September 30, 2019	 Develop an evaluation plan to monitor progress towards implementing the Implementation Plan Determine process and outcome evaluation measures Collect the measures identified Analyze and report on the measures collected 	Evaluation plan developed, implemented, and results reported	 Existing: CDPHP Evaluators CDC Framework for Program Evaluation guide Web-based resources 	CDPHP, QTAC	

Availability and Support of National DPP

Currently, there are hundreds of publicly-available <u>lifestyle change programs</u> across the United States. These include in-person and online options, as well as programs that are a combination of both. The growing demand for CDC-recognized lifestyle change programs also needs to be addressed to ensure program availability meets program demand. This requires building an effectively trained workforce to implement the lifestyle change program ensuring program quality and standardized reporting.

	Timeline	Key actions to achieve priorities	Metrics	Resources	Lead organization (bolded organizations volunteered to lead the activity)	Progress
	October 1,	Collaborate with existing CDC-recognized	List of existing CDC-	Existing:	QTAC, CDPHP,	
1	2018 –	organizations.	recognized	 QTAC's current 	Carson Tahoe	
-	September	 Provide opportunities for CDC- 	organizations	relationship with	Health, NyE	
	30, 2019	recognized organizations, and other		three (3) of six (6)	Communities	

Timeline	Key actions to achieve priorities	Metrics	Resources	Lead organization (bolded organizations volunteered to lead the activity)	Progress
	organizations that are interested in becoming recognized, to network through QTAC Advisory Council Meetings, Quality Circle Meetings, and/or other meetings. • In collaboration with DHCFP (Nevada Medicaid), CDPHP will lead efforts related to the CDC "6/18 Initiative" to expand access to the National DPP in Nevada.	identified and contacted List of organizations interested in becoming CDC- recognized identified and contacted # of new CDC- recognized organizations	CDC-recognized organizations in Nevada Needed: • Communication/ contact with 3 additional currently recognized organizations • Communication/ contact with organizations interested in becoming recognized	Coalition (NyECC), NACDD, Nevada Medicaid, Access to Healthcare Network (AHN)	

	Timeline	Key actions to achieve priorities	Metrics	Resources	Lead organization (bolded organizations volunteered to lead the activity)	Progress
2	October 1, 2018 – September 30, 2019	 Identify funding sources and opportunities Identify grant/funding opportunities for CDC-recognized organizations to support access to National DPP Identify stipend opportunities for organizations and/or Lifestyle Coach Training Identify funding or scholarship opportunities for National DPP participants 	List of funding sources and opportunities identified for organizations, training, and participants	 Existing: Grants.gov Reimbursement for National DPP (Insurers, Medicare, etc.) American Association of Diabetes Educators (AADE) Lifestyle Coach Scholarship Program 	CDPHP & QTAC	
3	October 1, 2018 – September 30, 2019	 Identify six (6) potential organizations interested in becoming recognized National DPP providers by the CDC Diabetes Prevention Recognition Program(DPRP) CDPHP will work with community partners to identify potential organizations, including: Renown Health, NyECC, AHN, UNR-SCA, and Northern NV HOPES. 	List of organizations interested in becoming CDC- recognized identified and contacted Increased utilization of telehealth and videoconferencing	 Existing: Partnerships QTAC as the statewide technical assistance center 	QTAC, CDPHP, NyECC, AHN, N. NV HOPES, Renown Health, UNR-SCA	

	Timeline	Key actions to achieve priorities	Metrics	Resources	Lead organization (bolded organizations volunteered to lead the activity)	Progress
		 Increase partnerships' utilization of telehealth: NyECC will pilot the National DPP via videoconference offering the services to residents in Nye County and other rural counties. Renown Health will telehealth the National DPP and assist health care providers in rural counties to systematically identify and refer patients. Provide technical assistance (TA) to both 	# of patients/clients identified and referred to the National DPP QTAC providing TA	Existing:	QTAC & CDPHP	
4	October 1, 2018 – September 30, 2020	 new and existing CDC-recognized DPPs in Nevada: Identify organizations needing TA in both rural and urban counties; Gain buy-in from leadership at identified organizations; Work with the following organizations to offer the National DPP statewide: QTAC NyECC UNR-SCA AHN Renown Health 	to identified DPRP sites on agreed- upon timelines Documented leadership support from DPRP sites (via MOU or other mechanism) National DPP being provided in rural and urban counties (# of classes by county)	 Nevada-specific preventive health websites Needed: Website organization and regular updates 		

	Timeline	Key actions to achieve priorities	Metrics	Resources	Lead organization (bolded organizations volunteered to lead the activity)	Progress
		 CDPHP will establish a statewide tracking system for the National DPP; CDPHP & QTAC will establish a centralized referral center for the National DPP in Nevada by developing streamlined online registration, a 24/7 registration hotline, and a master calendar for trainings and workshops; QTAC will provide continued TA, quality assurance, fidelity monitoring, and program evaluation to improve access to and participation in CDC- recognized lifestyle change programs; QTAC will provide TA to current and/or future DPRP organizations to facilitate billing for the National DPP. QTAC will review existing NV-specific websites and systematically organize information and links and identify missing information. Existing websites include: <u>http://nvhealthyliving.org/</u> <u>https://nevadawellness.org/</u> 	Statewide tracking system established Centralized referral center for the National DPP in Nevada in established and maintained National DPP online registration developed, including a 24/7 hotline/help desk NV-specific websites organized and updated at least quarterly			
5	October 1, 2018 –	Provide trainings and support to lifestyle coaches in Nevada:	Lifestyle Coach training provided	Existing:	QTAC, CDPHP, AADE	

Timeline	Key actions to achieve priorities	Metrics	Resources	Lead organization (bolded organizations volunteered to lead the activity)	Progress
September 30, 2020	 QTAC will be the master trainer, facilitating the establishment of a statewide training infrastructure and establishing a centralized and coordinated referral system; QTAC will deliver Lifestyle Coach Trainings at least twice each year; Trainings will address the needs of lifestyle coaches to successfully deliver the National DPP in Nevada; and QTAC will implement Quality Circle Meetings for National DPP Lifestyle Coaches Quality Circle Meetings will serve as a hub for lifestyle coaches where they can share experiences, challenges/barriers, and successes. 	by QTAC at least twice each year TA provided to Lifestyle Coaches upon request # of Quality Circle Meetings held and # of attendees at each	 QTAC as Nevada's training facility 		

Clinical Screening, Testing, and Referral to National DPP

Health care providers and delivery systems are overwhelmed by the growing number of patients with diabetes. Tools are available to help providers screen, test, and refer at-risk patients to lifestyle change programs to prevent their progression to type 2 diabetes. Referring patients to these evidence-based programs can help meet regulatory, state licensing, and board recertification requirements. The recognition requirements allow providers to confidently refer their patients from the clinic to community resources such as the National DPP.

	Timeline	Key actions to achieve priorities	Metrics	Resources	Lead organization (bolded organizations volunteered to lead the activity)	Progress
1	October 1, 2018 – September 30, 2019	 Implement systems to facilitate bi- directional e-referral between health care systems and National DPP Providers: CDPHP with QTAC and Nevada Health Centers (NVHC) will pilot the NACDD's Community e-Connect to establish bi- directional e-referral between health care systems and National DPP providers. CDPHP, UNR-SCA, Renown Health, and NVHC will implement a systematic process to identify adults with prediabetes and refer them to National DPP workshops. 	Bi-directional e- referral system utilizing the NACDD's Community e- Connect platform implemented between health care systems and National DPP Providers in Nevada # of patients identified by partnering organizations and referred to the National DPP	 Existing (National) STAT Toolkit CDC emerging documents CDC and American Diabetes Association (ADA) screening tool Utah Toolkit and referral form Existing (State) QTAC NV Diabetes Resource Directory Local Health Authority (LHA) and state public health websites Nevada Community Health Workers Association (NVCHWA) 	QTAC, NVHC, NACDD, UNR- SCA, Renown Health, CDPHP	

	Timeline	Key actions to achieve priorities	Metrics	Resources	Lead organization (bolded organizations volunteered to lead the activity)	Progress
				 Improving Diabetes and Obesity Outcomes(iDo) Coalition State/county medical societies Needed: Funding Buy-in from all partners' leadership Local Champions Full-scale media campaign Success stories widely shared 		
1a	October 1, 2018 – September 30, 2019	CDPHP and SNHD will launch the start-up for SNHD's bi-directional e-referral system between their electronic health record (EHR) system (e-Clinical Works) and existing National DPP Programs at QTAC or other CDC-recognized sites.	 Bi-directional e- referral system implemented in SNHD # of e-referrals made to National DPP Programs 	 Existing: QTAC as the statewide technical assistance center 	SNHD , CDPHP, QTAC	

	Timeline	Key actions to achieve priorities	Metrics	Resources	Lead organization (bolded organizations volunteered to lead the activity)	Progress
			 # made to other recognized sites 			
1b	October 2018 – September 30, 2020	Engage community health workers (CHWs) at both community and clinical organizations to conduct outreach, referral, and follow-up with adults with prediabetes.	Outreach efforts documented, # of referrals completed, # of follow-ups completed	Existing:NVCHWAPartnerships	AHN, NyECC, Renown, CDPHP, QTAC, NVCHWA	
2	October 1, 2018 – September 30, 2020	Conduct outreach, training, and follow-up activities with health care providers to enhance knowledge about clinical screening, testing, and referring to the National DPP.	Outreach efforts documented, # of trainings conducted, and # of follow-up activities completed	Existing:Partnerships	QTAC , UNR-SCA, UNR Project ECHO, CDPHP, CCHHS	
2a	October 1, 2018 – September 30, 2020	Conduct prediabetes screening events in the community and refer clients to appropriate clinical care.	# of prediabetes screening events conducted statewide, by county	Existing:Partnerships	QTAC , CDPHP, LHAs	
2b	October 1, 2018 – September 30, 2020	Provide education to physicians and health care providers on prediabetes screening, testing, and referring to CDC-recognized lifestyle change programs utilizing UNR Project ECHO.	# of prediabetes education sessions provided to physicians	Existing:Partnerships	CDPHP, UNR Project ECHO	
2c	October 1, 2018 –	Send monthly reminder emails to health care providers regarding open DPP classes and when classes start.	Reminder emails sent to health care	Existing:	QTAC	

	Timeline	Key actions to achieve priorities	Metrics		Resources	Lead organization (bolded organizations volunteered to lead the activity)	Progress
	September 30, 2020		providers per schedule	•	QTAC as Nevada's training facility		

Coverage of the National DPP) by Employers and Insurance Plans

Prediabetes and type 2 diabetes are growing concerns for America's workforce. These conditions affect the health and quality of life of millions of U.S. adults and cost employers and insurers billions of dollars each year in lost productivity and medical expenses. Evidence shows lifestyle change programs can lower a person's risk of developing type 2 diabetes by half and reduce the risk of other serious conditions associated with prediabetes. Obtaining insurance coverage for the National DPP's lifestyle change program for public and private employees as well as Medicaid beneficiaries is a critical driver for scaling and sustaining the Program.

	Timeline	Key actions to achieve priorities	Metrics	Resources	Lead organization (bolded organizations volunteered to lead the activity)	Progress
1	October 1, 2018 – September 30, 2019	 Meet with leadership within identified organizations to start conversations about piloting the National DPP: CDPHP will finalize and disseminate Nevada's Implementation Plan to Scale and Sustain the National DPP 2018-2020 to leadership, stakeholders, and partners; 	 # of meetings held with leadership, by organization Nevada's Implementation Plan to Scale and Sustain the National DPP 	 Existing: Info from Medicaid demonstration states (MD and OR) Maryland's Handbook 	CDPHP , DHCFP, CDC, NACDD, AHN, NVBGH	

Timeline	Key actions to achieve priorities	Metrics	Resources	Lead organization (bolded organizations volunteered to lead the activity)	Progress
	 CDPHP will assist partners in implementing identified strategies and activities by coordinating between public health, health systems, insurers, and community partners to achieve expanded availability of the National DPP as a covered benefit; CDPHP will identify and assign a Team Lead to build a team to guide the pilot projects; CDPHP will foster consumer advocate involvement by presenting at a Medicaid Care Advisory Committee; CDPHP staff will attend quarterly meetings with Medicaid Managed Care Organizations (MCO), the employer, and the commercial plan implementing the pilots. In collaboration with Nevada Medicaid, CDPHP will lead efforts related to the CDC "6/18 Initiative" to expand access to the National DPP in Nevada. AHN will engage insurance payers to expand availability of the National DPP and convene meetings with insurer leadership to discuss opportunities. 	2018-2020 finalized and disseminated (e.g., list of receiving organizations) List of identified strategies implemented by partners (show which partners used which strategies) Pilot project team lead identified and assigned # of presentations to the Medicaid Care Advisory Committee # of quarterly meetings attended with partners implementing Pilot Project	 Info from states already covering the National DPP in Medicaid (MN and MT) Other state examples of employer pilots (CO) NVBGH employer members National DPP Coverage Toolkit CDC resources 		

	Timeline	Key actions to achieve priorities	Metrics	Resources	Lead organization (bolded organizations volunteered to lead the activity)	Progress
		 The NVBGH will engage employers to pilot coverage for the National DPP among member businesses. 	 # of meetings held by AHN with insurance payers # of employers engaged by NVBGH to pilot coverage of the National DPP # of Pilot Projects 			
2	October 1, 2018 – September 30, 2019	Learn about the piloted demonstration projects to expand coverage of the National DPP implemented by other states:	implemented # of other States' National DPP coverage projects reviewed/analyzed List of steps NV can implement to conduct a successful pilot	 Existing: Info from Medicaid demonstration states (MD and OR) Maryland's Handbook Info from states already covering the National DPP in Medicaid (MN and MT) Other state examples of 	CDPHP , DHCFP, MCOs (Health Plan of Nevada, SilverSummit Health Plan, and Anthem), NVBGH, CDC, NACDD, Hometown Health (Renown)	

	Timeline	Key actions to achieve priorities	Metrics	Resources	Lead organization (bolded organizations volunteered to lead the activity)	Progress
				 employer pilots (CO) NVBGH employer members National DPP Coverage Toolkit CDC resources 		
3	October 1, 2018 – September 30, 2019	 Create a white paper and budget concept paper providing background information and proposals for coverage of the National DPP by Employers and Insurance Plans: Consider timelines (e.g., MCO contracting timelines, etc.) to include in a budget concept paper; Develop marketing strategies to disseminate these documents. 	White paper developed Budget concept developed White paper and budget concept paper disseminated to key stakeholders	 Existing: QTAC as the statewide technical assistance center Info from Medicaid demonstration states (MD and OR) Maryland's Handbook Info from states already covering the National DPP in Medicaid (MN and MT) Other state examples of 	CDPHP , DHCFP, NVBGH, Solera, MCOs (Health Plan of Nevada, SilverSummit Health Plan, and Anthem), Hometown Health (Renown)	

	Timeline	Key actions to achieve priorities	Metrics	Resources	Lead organization (bolded organizations volunteered to lead the activity)	Progress
				 employer pilots (CO) NVBGH employer members National DPP Coverage Toolkit CDC resources 		
4	October 1, 2018 – September 30, 2019	 Determine funding mechanism for the Pilot Project(s): Medicaid – state funding, federal match, grant funding (DHCFP, Solera) Employer – National Business Coalition on Health Obesity Prevention Grant 	Documentation of how pilot project funding was achieved	 Existing: Grants.gov 1815 Cooperative Agreement 1817 Grant Funding 	NVBGH	
5	October 1, 2018 – September 30, 2019	Find a public-sector champion to promote the National DPP (i.e. Governor, Senator, Assemblyperson, etc.).	Diabetes champion identified and actively promoting the National DPP	 Existing: Partnerships Info from states with success in identifying a public health champion 	QTAC & CDPHP	
6	October 1, 2018 – September 30, 2019	 Develop a Pilot Project Evaluation Plan: Determine evaluation methodology and process/outcome evaluation measures; 	Project Evaluation Plan developed	Existing:CDPHPEvaluators	CDPHP, SilverSummit Health Plan, Solera, DHCFP, Anthem	

Ті	imeline	Key actions to achieve priorities	Metrics		Resources	Lead organization (bolded organizations volunteered to lead the activity)	Progress
		 Identify project goals, objectives, and activities; Ensure project measures match National Committee for Quality Assurance (NCQA) and Healthcare Effectiveness Data and Information Set (HEDIS) measures and continue exploring to identify a prevention measure within Medicaid data. 		•	CDC Framework for Program Evaluation guide Web-based resources (NCQA.org, etc.)		