NATIONAL DIABETES PREVENTION PROGRAM

What, Why and How?
Diagnosis of Diabetes and Prediabetes

**Diabetes**
Hemoglobin a1c level of 6.5% or greater
Fasting plasma glucose (FPG) level of 126mg/dL or greater
2-hour PG level of 200mg/dL or greater
Classic symptoms and random glucose of 200 or greater

**Prediabetes**
Hemoglobin A1c level of 5.7% to 6.4%
FPG level of 100 mg/dL to 125mg/dL
2-hour PG level of 140mg/dL to 199mg/dL

Program Eligibility

• 18 years of age or older and have a body mass index $\geq 25$ kg/m$^2$ or $\geq 23$ kg/m$^2$, if Asian American
  AND
• Fasting glucose of 100 to 125 mg/dl OR
• Plasma glucose measured 2 hours after a 75 gm glucose load of 140 to 199 mg/dl OR
• A1c of 5.7 to 6.4 OR
• Clinically diagnosed gestational diabetes mellitus during a previous pregnancy (may be self-reported for CDC), but not for Medicare beneficiaries OR
• Positive screening based on the CDC Prediabetes Screening Test (not option for Medicare beneficiaries)
ADA Paper Verification

1. How old are you?
   - Less than 40 years (0 points)
   - 40-49 years (1 point)
   - 50-59 years (2 points)
   - 60 years or older (3 points)

2. Are you a man or a woman?
   - Man (1 point)
   - Woman (0 points)

3. If you are a woman, have you ever been diagnosed with gestational diabetes?
   - Yes (1 point)
   - No (0 points)

4. Do you have a mother, father, sister, or brother with diabetes?
   - Yes (1 point)
   - No (0 points)

5. Have you ever been diagnosed with high blood pressure?
   - Yes (1 point)
   - No (0 points)

6. Are you physically active?
   - Yes (0 points)
   - No (1 point)

7. What is your weight status?
   - See chart at right

   If you scored a 5 or higher:
   You are at increased risk for having type 2 diabetes. However, only your doctor can tell for sure if you do have type 2 diabetes or prediabetes (a condition that precedes type 2 diabetes in which blood glucose levels are higher than normal). Talk to your doctor to see if additional testing is needed.

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**Height (in.)**  | **Weight (lbs.)**
---|---|---
4' 10" | 119-142 | 143-190 | 191+
4' 11" | 124-147 | 148-197 | 198+
5' 0" | 128-152 | 153-203 | 204+
5' 1" | 132-157 | 158-210 | 211+
5' 2" | 136-163 | 164-217 | 218+
5' 3" | 141-168 | 169-224 | 225+
5' 4" | 145-173 | 174-231 | 232+
5' 5" | 150-179 | 180-239 | 240+
5' 6" | 155-185 | 186-246 | 247+
5' 7" | 159-190 | 191-254 | 255+
5' 8" | 164-196 | 197-261 | 262+
5' 9" | 169-202 | 203-269 | 270+
5' 10" | 174-208 | 209-277 | 278+
5' 11" | 179-214 | 215-285 | 286+
6' 0" | 184-220 | 221-293 | 294+
6' 1" | 189-226 | 227-301 | 302+
6' 2" | 194-232 | 233-310 | 311+
6' 3" | 200-239 | 240-318 | 319+
6' 4" | 205-245 | 246-327 | 328+

(1 Point)  (2 Points)  (3 Points)

You weigh less than the amount in the left column (0 points)

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Lower Your Risk

The good news is that you can manage your risk for type 2 diabetes. Small steps make a big difference and can help you live a longer, healthier life. If you are at high risk, your first step is to see your doctor to see if additional testing is needed. Visit diabetes.org or call 1-800-DIABETES for information, tips on getting started, and ideas for simple, small steps you can take to help lower your risk.
TAKE THE TEST—KNOW YOUR SCORE!

Answer these seven simple questions. For each "Yes" answer, add the number of points listed. All "No" answers are 0 points.

Are you a woman who has had a baby weighing more than 9 pounds at birth?

Do you have a sister or brother with diabetes?

Do you have a parent with diabetes?

Find your height on the chart. Do you weigh as much as or more than the weight listed for your height?

Are you younger than 65 years of age and get little or no exercise in a typical day?

Are you between 45 and 64 years of age?

Are you 65 years of age or older?

Add your score and check the back of this page to see what it means.

AT-RISK WEIGHT CHART

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<th>Height</th>
<th>Weight (Pounds)</th>
<th>Height</th>
<th>Weight (Pounds)</th>
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Program Structure

- 1 year program
- 16 weekly classes (core)
- 8 monthly classes (post-core)
- Weekly weigh-in
- Self-monitoring
  - Food intake
  - Physical activity
Core Topics (First 17 Sessions)

Approximately Once A Week for First Six Months

Session 0 – Program Overview Year-Long Process, Get Contract Signed for Commitment
Session 1 – Introduction to the Program
Session 2 – Get Active to Prevent T2
Session 3 – Track Your Activity
Session 4 – Eat Well to Prevent T2
Session 5 – Track Your Food
Session 6 – Get More Active
Session 7 – Burn More Calories Than You Take In
Session 8 – Shop and Cook to Prevent T2
Core Topics
(First 17 Sessions)

Session 9 – Manage Stress
Session 10 – Find Time for Fitness
Session 11 – Cope with Triggers
Session 12 – Keep Your Heart Healthy
Session 13 – Take Charge of Your Thoughts
Session 14 – Get Support
Session 15 – Eat Well Away from Home
Session 16 – Stay Motivated to Prevent T2

Weaning Process: last two or three sessions of post-core spread out classes to every other week.
Once a Month for 6 Months – Choice of Topic or May Use a Cord Module

When Weight Loss Stalls
Take a Fitness Break
Stay Active to Prevent T2
Stay Active Away from Home
More About T2
More About Carbs
Have Healthy Food You Enjoy
Get Enough Sleep
Get Back on Track
Prevent T2 for Life

Post Core Topics
CDC Outcome Requirements

• 5-7% reduction in weight
• 150 minutes-per-week of physical activity

Reach goal in first 6 months. Maintain for remaining 6 months.
Screened 158,177
OGTT – Run in phase

Randomized 3819

Lifestyle
n=1079
7→5% wt loss
58% risk reduction

Metformin
n=1073
3% wt loss
31% risk reduction

Placebo
n=1082
Diabetes rate 11% per year

TZD
n=585
~10 months f/u
23% risk reduction*

2002;346:393-403
Diabetes Prevention Program
15 Year Post-Program Study

Lifestyle Program (NDPP) – 27% reduction in risk for diabetes

Metformin – 18%
Recognition Standards & Reporting

Pending:
• Must begin classes within 6 months of applying for recognition
• Must use approved curriculum
• No more than 35% of eligible population may paper verify
• Up to 100% of eligible population may lab verify
• Must use proper table to document ethnicity, verification method, etc
• Must use same table to document weekly progress on weight and activity
• Table sent to HHS every 6 months. Pending status maintained after first report. Flipped to “recognized” after second report if your class average met standard requirements. 36th month limit to reach preliminary or full recognition
Recognition Standards & Reporting

Preliminary Recognition awarded after full 12 months of classes.

Recognition Standards:

Attendance: 60% + of class must attend at least 9 sessions in months 1-6, and 60% + attendance in 3 sessions in months 7-12.

Weight loss: must document at least 80% of sessions for all participants that attend at least 3 sessions. Average weight loss must be greater than 5% across all participants.

Physical Activity: must document at least 60% of sessions for all participants that attend at least 3 sessions.

Must remain fully recognized for 4 consecutive 6 month data reporting submissions (2 years). Must achieve by 36 months. If withdrawal or loss of recognition, must wait 6 months before reapplying.
Value to Referring Physician

Referring physician can be assured that program curriculum is evidence-based and monitored by CDC.

Provider may lose recognition if they do not maintain outcome requirements.

DECM sends a completion report to physician.
Remote and Web-based Options

Several on-line/distance learning providers (sample):

*DECM* – live webinar and recorded - $399/year

*Naturally Slim* – video based – approx. $800/year if full completion. Money back guarantee if do not meet goals.

*Omada* – cellular scale, live webinar and recorded – approx. $800/year if full completion
Program Use for Other Disease Conditions

Weight Loss – Preferred marketing technique

Metabolic Syndrome

Diabetes – Caution emphasis on calories and not carbs. Not a bad class for those with A1c < 7/newly diagnosed

Reporting limited to those that meet eligibility standards.
According to the Centers for Disease Control and Prevention (CDC), approximately 131,000 Nebraskans surveyed in 2015 report having been diagnosed with diabetes (HbA1c 6.5 percent or higher), and one in three adults is estimated to have prediabetes (HbA1c 5.7 to 6.4 percent). This toolkit has been designed to help medical providers navigate the standards of care for diabetes prevention and management. See list of prediabetes and diabetes billing codes at: https://assets.ama-assn.org/pub/prevent-diabetes-stat/downloads-commonly-used cpt-iCD-codes.pdf

**National Diabetes Prevention Program (National DPP)**

For people with prediabetes (HbA1c 5.7 to 6.4 percent).

- **National DPP** is a year-long program approved by the CDC. These programs are based on research showing that a year-long structured lifestyle change intervention reduced the incidence of diabetes by 58 percent among adults with prediabetes and 71 percent in those aged 60 years or older. Participants meet with a trained lifestyle coach in a small group setting in order to work towards and achieve two main goals of the program: (1) lose 5 - 7% of their body weight, and (2) increase their physical activity level to 150 minutes per week.
  - *Must be at least 18 years old AND*
  - *Be overweight (BMI > 24, > 22 if Asian) AND*
  - *Have no previous diagnosis of diabetes AND*
  - *A score of 5 or greater on the American Diabetes Association Diabetes Risk Test (next page), OR*
  - *Have a blood test result within the past year of: Hemoglobin A1c 5.7 to 6.4 percent, OR*
  - *Fasting plasma glucose: 100-125 mg/dL, OR*
  - *Two-hour plasma glucose (after a 75 gm glucose load): 140-199 mg/dL OR*
  - *Prior diagnosis of gestational diabetes.*

The CDC regulates the training and recognition for the program. To receive full recognition, attendance, weight loss and activity standards must be met.

**Coverage:**

Currently there is no coverage for National DPP in Nebraska. Medicare has announced that they will be covering National DPP if provided by a recognized provider in 2018. Coverage range in price from $500 to $1,500 for the full year. Several businesses are starting to offer coverage of this program for employees. There are more than 300 approved and recognized companies through Nebraska as well as online programs throughout the nation. For a complete list of Nebraska National DPP providers, go to www.partnerhealth.org.

**Diabetes Self-Management Education (DSME)**

For people who diagnosed with diabetes (HbA1c 6.5 percent or higher).

- **Currently there are 56 health care facilities throughout Nebraska that have met the National Standards for Diabetes Self-Management Education. DSME programs are regulated by the AACE and ADA. The standards for recognition identify seven areas that are essential for successful management of diabetes. These seven areas include:**
  - *Healthy Eating*
  - *Being Active*
  - *Monitoring*
  - *Taking Medication*
  - *Problem Solving*
  - *Healthy Coping*
  - *Reducing Risk*

All recognized providers must also build in additional standards such as completion of a patient assessment, behavior management plan, follow-up assessment, oversight of an advisory council, qualified personnel and oversight by a program coordinator. Programs that meet this standard are typically eligible to bill insurance providers for services once a contract has been established with the payer.

**Coverage:**

Most private health plans cover services such as group education and one-on-one consultation by licensed medical nutrition therapists. Medicare offers two hours of coverage a year. Medicaid is currently covering any DSME. Most low-income and Medicaid-eligible patients are provided care at Federally Qualified Health Centers or community service programs. For a complete list of Nebraska DSME providers go to www.partnerhealth.org.
Nebraska Health Care Provider Toolkit


4 pages

Page 1 – Explanation of DSME vs. National DPP

Page 2 – ADA Risk Assessment

Page 3 – Diagnosis and treatment flow chart

Page 4 – Sample letter from medical provider to patient to encourage enrollment
Thanks for Joining Us Today

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According to the Centers for Disease Control and Prevention (CDC), approximately 131,000 Nebraskans surveyed in 2015 report having been diagnosed with diabetes (HbA1c 6.5 percent or higher), and one in three adults is estimated to have prediabetes (HbA1c 5.7 to 6.4 percent). This toolkit has been designed to help medical providers navigate the standard of care for diabetes prevention and management. See a list of prediabetes and diabetes billing codes at: https://assets.ama-assn.org/sub/prevent-diabetes-stat/downloads/commonly-used-cpt-icd-codes.pdf

### National Diabetes Prevention Program (National DPP) For people with prediabetes (HbA1c 5.7 to 6.4 percent)

National DPP is a year-long program approved by the CDC. These programs are based on research showing that a year-long structured lifestyle change intervention reduced the incidence of diabetes by 58 percent among adults with prediabetes and 71 percent in those aged 60 years or older. Participants meet with a trained lifestyle coach in a small group setting in order to work towards and achieve two main goals of the program: (1) lose 5 – 7% of their body weight, and (2) increase their physical activity level to 150 minutes per week.

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- Have no previous diagnosis of diabetes AND
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- Have a blood test result within the past year of:
  - Hemoglobin A1c; 5.7 to 6.4 percent, OR
  - Fasting plasma glucose: 100-125 mg/dL, OR
  - Two-hour plasma glucose (after a 75 gm glucose load): 140-199 mg/dl OR
- Previous diagnosis of gestational diabetes.

The CDC regulates the training and recognition for the program. To receive full recognition, attendance, weight loss and activity standards must be met.

**Coverage:**

Currently there is no coverage for National DPP in Nebraska. Medicare has announced that they will be covering National DPP if provided by a recognized provider in 2018. Classes range in price from free to $500 for the full year. Several businesses are starting to offer coverage of this program for employees. There are more than 30 pending and fully recognized programs throughout Nebraska as well as online programs throughout the nation. For a complete list of Nebraska National DPP providers, go to www.partnersnhealth.org. For a list of CDC-registered diabetes prevention programs, visit: nccd.cdc.gov/DDT_DPRP/Registry.aspx?STATE=NE

### Diabetes Self-Management Education (DSME)

For people with diagnosed diabetes (HbA1c 6.5 percent or higher)

Currently there are 56 health care facilities throughout Nebraska that have met the National Standards for Diabetes Self-Management Education. DSME programs are regulated by the AADE and ADA. The standards for recognition identify seven areas that are essential for successful management of diabetes. Those seven areas include:

- **Healthy Eating**
- **Being Active**
- **Monitoring**
- **Taking Medication**
- **Problem Solving**
- **Healthy Coping**
- **Reducing Risk**

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Most private health plans cover services such as group education and one-on-one consultation by licensed medical nutrition therapists. Medicare offers two hours of coverage a year. Medicaid is not currently covering any DSME. Most low-income and Medicaid-eligible patients are provided care at Federally Qualified Health Centers or community service programs. For a complete list of Nebraska DSME providers go to www.partnersnhealth.org.
Risk Assessment
ARE YOU AT RISK FOR TYPE 2 DIABETES?

1. How old are you?
   - Less than 40 years (0 points)
   - 40-49 years (1 point)
   - 50-59 years (2 points)
   - 60 years or older (3 points)

2. Are you a man or a woman?
   - Man (1 point) Woman (0 points)

3. If you are a woman, have you ever been diagnosed with gestational diabetes?
   - Yes (1 point) No (0 points)

4. Do you have a mother, father, sister, or brother with diabetes?
   - Yes (1 point) No (0 points)

5. Have you ever been diagnosed with high blood pressure?
   - Yes (1 point) No (0 points)

6. Are you physically active?
   - Yes (0 points) No (1 point)

7. What is your weight status? (see chart at right)

If you scored a 5 or higher:
You are at increased risk for having type 2 diabetes. However, only your doctor can tell for sure if you do have type 2 diabetes or prediabetes (a condition that precedes type 2 diabetes in which blood glucose levels are higher than normal). Talk to your doctor to see if additional testing is needed.

Type 2 diabetes is more common in African Americans, Hispanics/Latinos, American Indians, and Asian Americans and Pacific Islanders.

For more information, visit www.diabetes.org or call 1-800-DIABETES

Lower Your Risk
The good news is that you can manage your risk for type 2 diabetes. Small steps make a big difference and can help you live a longer, healthier life. If you are at high risk, your first step is to see your doctor to see if additional testing is needed. Visit diabetes.org or call 1-800-DIABETES for information, tips on getting started, and ideas for simple, small steps you can take to help lower your risk.
Diagnosis and Treatment Flow Chart

Prediabetes Diagnosis (HbA1c 5.7-6.4%)

BMI
(>25; >22 if Asian)

- No
  Patient does not currently meet NDPP program eligibility requirements. Monitor and refer to program if their status changes.

- Yes
  Does the patient meet any of the following standards?
  - HbA1c 5.7 – 6.4%
  - FPG 100-125 mg/dL
  - OGGT: 140-199 mg/dl
  - ADA Risk Test with a score of > 5

  - No
    Patient does not currently meet NDPP program eligibility requirements. Monitor and refer to program if their status changes.

  - Yes
    Refer patient to CDC recognized NDPP program. Schedule follow up appointment to monitor patient progress.

Diabetes Diagnosis (HbA1c 6.5% or more)

Refer to recognized DSME program (listing on partnersnhealth.org)

Schedule follow up appointment to monitor patient progress

If there are no DSME programs in your area, consider referring to community-based Diabetes Self-Management Classes. For more information, visit: PartnersNhealth.org

Schedule follow up appointment to monitor patient progress
Dear Mr./Ms. <<PATIENT LAST NAME>>, 

Thank you for being a patient of the <<PRACTICE NAME HERE>>. We are writing to tell you about a service to help improve your health.

Based on our review of your medical records, you have a condition known as <<PREDIABETES/DIABETES>>.

<<PATIENTS WITH PREDIABETES>> That means your blood sugar is higher than normal which increases your risk for developing serious health problems including Type 2 diabetes, as well as heart disease and stroke. We have good news. You are eligible to participate in a class through our partner <<NAME PROGRAM PROVIDER>>. This program is proven to reduce your risk of developing diabetes and other health problems. We have sent a referral to <<NAME PROGRAM PROVIDER>> and someone will call you to discuss the program and answer any questions you may have. Please seriously consider enrolling in this class as it is essential to reverse the risk associated with prediabetes.

<<PATIENTS WITH DIABETES>> That means your body is having difficulty using the sugar in your body for energy. Diabetes can be a difficult disease to manage and can have serious complications if not controlled. Those complications include loss of vision, amputations, complications with other diseases such as heart disease and stroke amongst other issues. The good news is that diabetes can be managed with regular medical care, proper use of medication, and changes in lifestyle. Diabetes is a complex and your dedication to learning as much as possible about your disease is critical to your quality of life. I urge you to participate in diabetes education through our partner <<NAME PROGRAM PROVIDER>>. A referral has been sent to <<NAME PROGRAM PROVIDER>> on your behalf and someone will call you to discuss their services in the near future. Of times these services are covered under your health plan. Please seriously consider enrolling in a service to better manage your diabetes.

We look forward to helping you on your health journey.

Sincerely,

<<PHYSICIAN NAME>>