National Diabetes Prevention Program

Lessons Learned for Primary Care Associations (PCAs) and Health Centers

Wednesday, October 14, 2020 at 1:00 pm ET (10:00 am PT)

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a PHMC affiliate

AAPCHO

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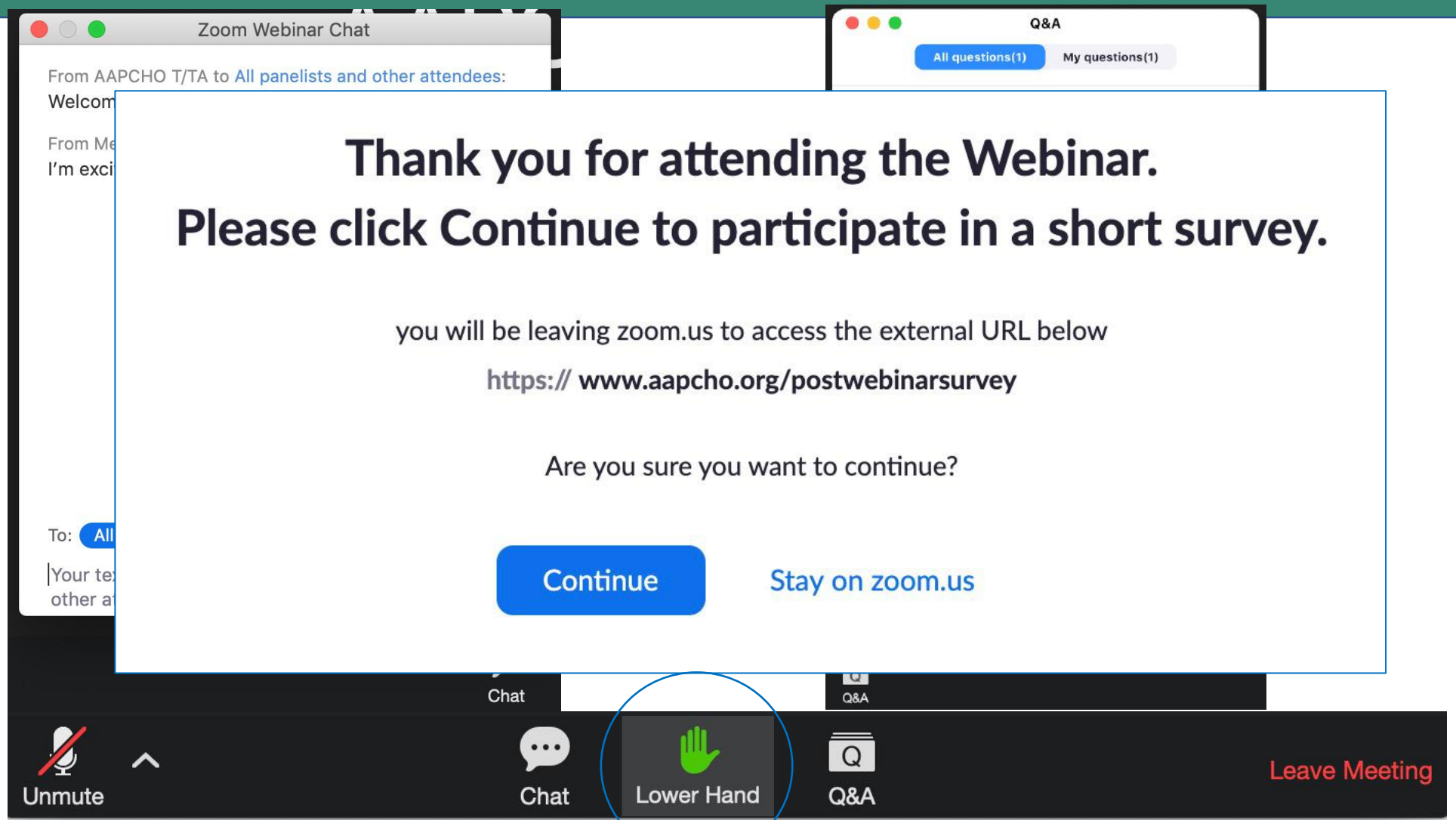
HOUSEKEEPING



AGENDA

- ✓ Introductions (10 minutes)
- ✓ Opening Remarks from HRSA (10 minutes)
- ✓ The CDC Umbrella Program (15 minutes)
- ✓ Umbrella Program Perspective: Hawaii Primary Care Association (20 minutes)
- ✓ Umbrella Program Perspective: Health Promotion Council (20 minutes)
- ✓ Q&A & Conclusion (15 minutes)

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LEARNING OBJECTIVES

1. **To review key elements of HRSA's Diabetes Quality Improvement Initiative at health centers and its relationship to the CDC's National Diabetes Prevention Program.**
2. To provide an overview of the CDC National Diabetes Prevention Program (DPP) Umbrella Hub Arrangement, in particular, how CDC-recognized organizations can access a sustainable financial model to pay for program costs.
3. To share lessons learned from the 2019 National DPP Learning Collaborative and how health centers and PCAs can help move the needle on diabetes quality improvement and prevention efforts.

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POLL

What is your organization's experience with the National Diabetes Prevention Program (DPP)? [Multiple Choice - Attendees can select more than one choice]

-We are currently offering it in our health center
-We are supporting others in offering the National DPP
-We are referring to outside partners
-No experience
-Other (type in Chat box)

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HRSA
Health Resources & Services Administration

The Evolving Diabetes Quality Improvement Initiative

National Nurse-Led Care Consortium & the Association of Asian Pacific Community Health Organizations

October, 14, 2020

CAPT Tracy Branch
Senior Advisor Strategic Partnerships Division, Office of Quality Improvement
Bureau of Primary Health Care (BPHC)

Vision: Healthy Communities, Healthy People

2019 Health Center Diabetes Facts

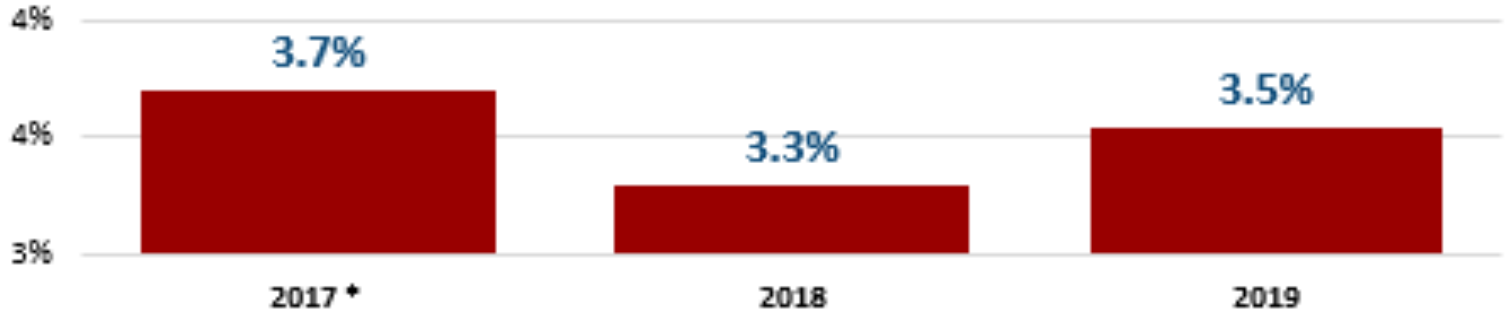
2019 Diabetes Fast Facts

2.6M → Total number of patients diagnosed with type 1 or type 2 diabetes, an increase from 2.6M in 2018.

15.28% → Percentage of adult health center patients with diabetes, an increase from 14.98% in 2017, compared to the 9.4%† of American adults with diabetes.

32% → Percentage of adult patients with uncontrolled diabetes, decrease from 33% 2017.

% of HRSA Health Centers that Met the HP2020 Goal (<16.2%) for Uncontrolled Diabetes



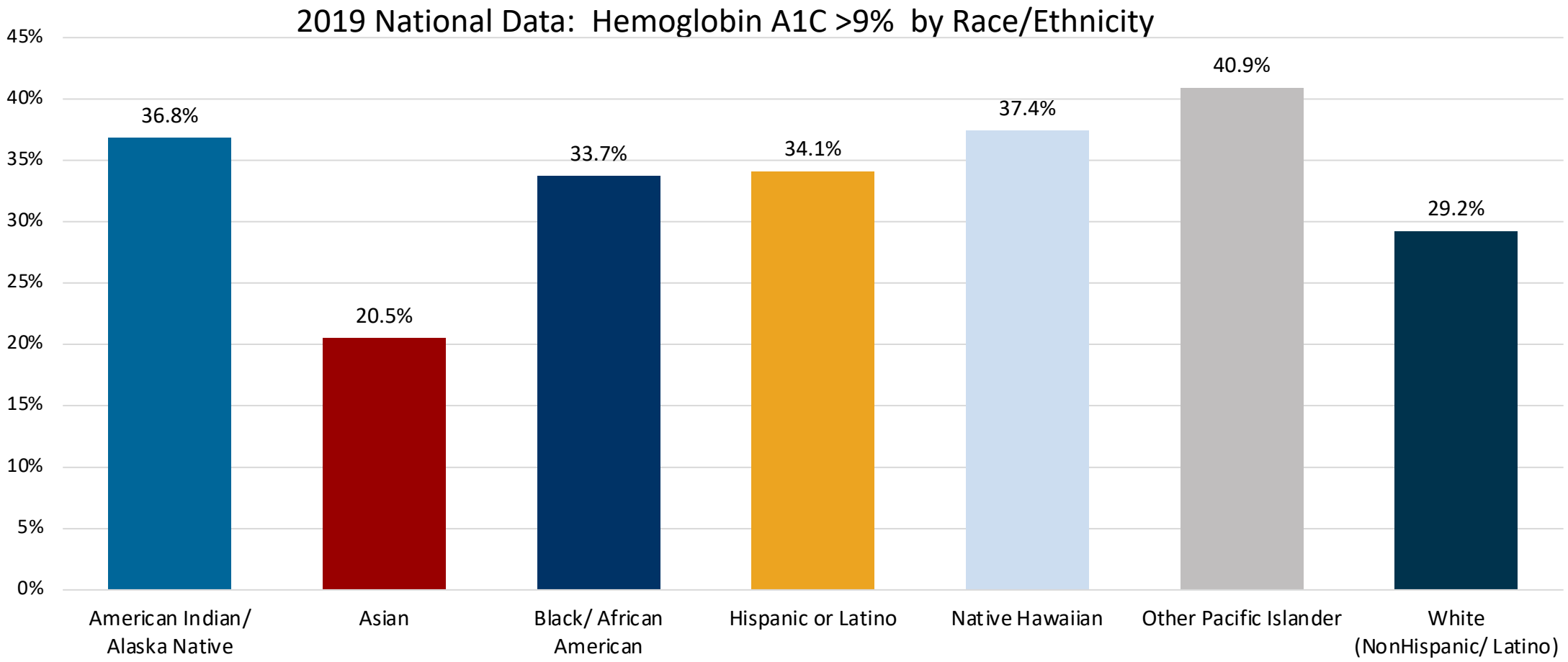
*Operational definition changed in 2016.

† https://www.cdc.gov/media/releases/2017/p0718-diabetes-report.html

Source: Uniform Data System 2017 - 2019 - Table 6A and 7

HRSA Health Center Program

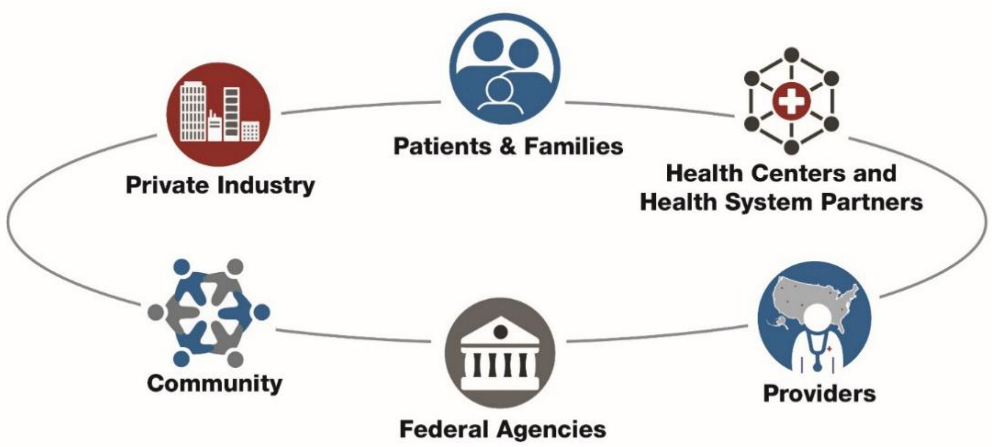
Uncontrolled Diabetes: Health Disparities



Source: Uniform Data System 2019 - Table 7

Health Center Program Diabetes QI Initiative Goals

- Improve diabetes treatment and management
- Increase diabetes prevention efforts
- Reduce health disparities



Diabetes QI Initiative: Learning Health System

Health Center Needs

- Care Coordination/ Patient Follow Up
- Diabetes Prevention Programming
- Diabetes Self-Management Training
- Increase Patient Use of Technology
- Provider Training / Development of clinical protocols, evidence-informed treatment guidelines
- Improve Patient Health Literacy
- Improve Behavioral Health Integration into Diabetes Management
- Population Health Management – registries, protocols, algorithms

Health Center Diabetes Quality Improvement Plan

- Improve HbA1C Control
- Improve Blood Pressure Control
- Promote and Support Tobacco Cessation
- Weight Screening and Overweight and Obesity Interventions
- Cardiovascular Risk Prevention
- Increase Prevention Efforts
  - Identify, Track, and Provide Interventions for Pre-Diabetes
  - Eye Exams
  - Renal Exams
  - Foot Exams

HRSA Health Center Program

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The National Diabetes Prevention Program

Umbrella Hub Arrangements

Program Implementation Branch
Division of Diabetes Translation
National Center for Chronic Disease Prevention and Health Promotion
Centers for Disease Control and Prevention

Background: Convening → Vision

Administrative functions identified to support CBOs in accessing payment systems included:

- MDPP Supplier Application Support
- Regulatory and Compliance Support
- Payer Contracting Services
- Referral Sources

- Insurance Verification
- Billing, Revenue Cycle, and Claims Submission
- Data Management and Reporting Solutions
- CDC Recognition Maintenance

What is an Umbrella Hub?

Umbrella hub organizations are designed to connect community-based organizations (CBOs) with healthcare payment systems to achieve sustainable reimbursement.

Who's Involved in a Hub?

Hub organizations – have the reach and resources to convene community-based organizations (CBOs), provide administrative services, and coordinate stakeholders.

Affiliates – specialize in delivering the National DPP lifestyle change program in their communities.

Billing platform – aggregates data, submits claims and facilitates reimbursements.

Stakeholders – may include state health departments, payers, and foundations.

Benefits of Umbrella Hub Arrangements

- Increase collective impact of CBOs
- Operate as one MDPP Supplier
- Share CDC DPRP recognition status
- Obtain business and administrative support
- Streamline billing and administrative support
- Scale and achieve sustainability

Tell Me More About Umbrella Hubs

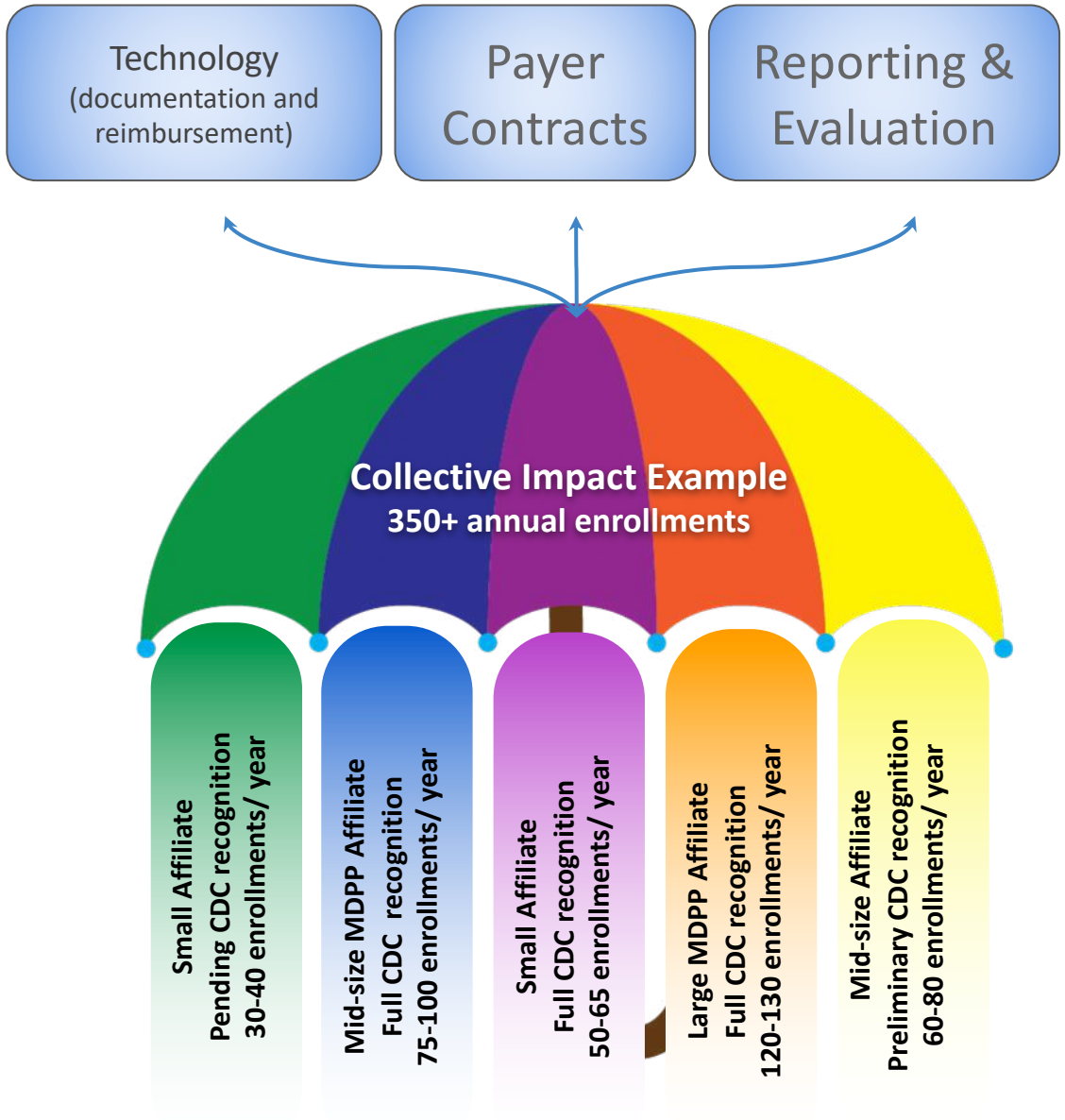
Why Join a Hub?

- Join other mission-aligned organizations
- Receive support with reporting, claims, and administrative tasks
- Achieve benefits of scale
- Pursue sustainable reimbursement
- Focus on delivering the National DPP lifestyle change program

Why Become a Hub Organization?

- Elevate your organization's profile and involvement in the effort to prevent diabetes
- Serve as a critical partner to support CBOs in your region
- Advance health equity by increasing access to the National DPP lifestyle change program

Collective Impact



Umbrella Hub Demonstration

Convening → **Umbrella Hub Demonstration.**

The Demonstration hub organizations include:

Hawaii Primary Care Association

Statewide network of 15 Community Health Centers (CHCs); provides technical assistance and advocacy support.

Health Promotion Council

Pennsylvania non-profit addressing chronic disease prevention & management through direct service, capacity-building, and policy & systems-change programs.

Marshall University

University based in West Virginia that supports coalitions, offering a variety of evidence-based programs, across Appalachia and multiple states.

PREVENTING DIABETES AT HAWAIʻI'S COMMUNITY HEALTH CENTERS

HPCA
HAWAIʻI PRIMARY CARE ASSOCIATION

JERMY DOMINGO | BRYAN JUAN

LEARNING OBJECTIVE 3

To share lessons learned from the 2019 National DPP Learning Collaborative and how health centers and PCAs can help move the needle on diabetes quality improvement and prevention efforts.

DPP JOURNEY

with Hawai'i's Community Health Centers

DP-1422 CDC Prevention Grant

- Developed systems to screen, identify, and refer to DPPs
- 8 CHCs with DPPs
- 2 CHCs with Full Recognition

In-Person, virtual, hybrid delivery of DPP

1815 CDC Grant

- 4 CHCs with DPPs
- 3 CHCs with Full Recognition
- Develop a payment model for DPP

In-Person delivery of DPP

DPP Umbrella Hub Organization

- 4 CHCs
- 6 CHCs with DPPs
- Organize as a network of DPPs to support administrative tasks of program delivery
- HPCA Umbrella received Full Recognition

In-Person and virtual delivery of DPP

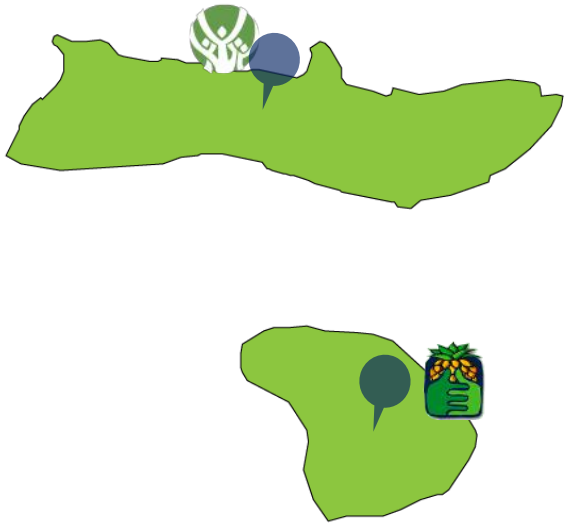
DP-1422 CDC PREVENTION GRANT

- From August 2015 to September 2018
- Goal was to prevent diabetes and heart disease
- Partnership with Hawai‘i State Department of Health, Hawai‘i Public Health Institute, University of Hawai‘i Office of Public Health Studies Hawai‘i Primary Care Association, and Community Health Centers

Nine Participating Health Centers

Hāmākua-Kohala Health*
West Hawai‘i Community Health Center*

Kokua Kalihi Valley Comp Family Services*
Ko‘olauloa Health Center*
Waikiki Health*
Waimānalo Health Center*
Wai‘anae Coast Comp Health Center*



Moloka‘i Community Health Center*
Lāna‘i Community Health Center

*implemented DPP on-site

HPCA'S ROLE
IN DPP IMPLEMENTATION

Overview of 1815

Public Health grant (priority population focused)

- Hypertension, Diabetes, Cholesterol
- Team-based care
- DPP Payment Discussions

Engagement Strategy: Alignment with Existing Work

- HRSA Diabetes Initiative
- Patient-Centered Medical Home Core Requirements
    - *QI Worksheets*
    - *Team participation in QI initiatives*
    - *Team-based care*
- Reduce burden of duplication efforts
- HPCA transition to practice facilitation

HPCA UMBRELLA HUB ORGANIZATION DEMONSTRATION

Working Towards Sustainability

OUR PARTNERS

NATIONAL ASSOCIATION OF CHRONIC DISEASE DIRECTORS
Promoting Health. Preventing Disease.

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

LEAVITT PARTNERS

WELLD HEALTH

KO'OLAULOA HEALTH CENTER
Be Well, Stay Well.

HAMAKUA HEALTH CENTER INC

West Hawaii Community Health Center

WAIMĀNALO HEALTH CENTER

UMBRELLA HUB

PROJECT GOALS

Sustainability

CMS reimbursement

Other health plans (future)

Recognition / Data

Aggregate Data

Full Recognition

Cohort flexibility for each CHC

Network Infrastructure

Share infrastructure costs

Share administrative functions

Quality Improvement

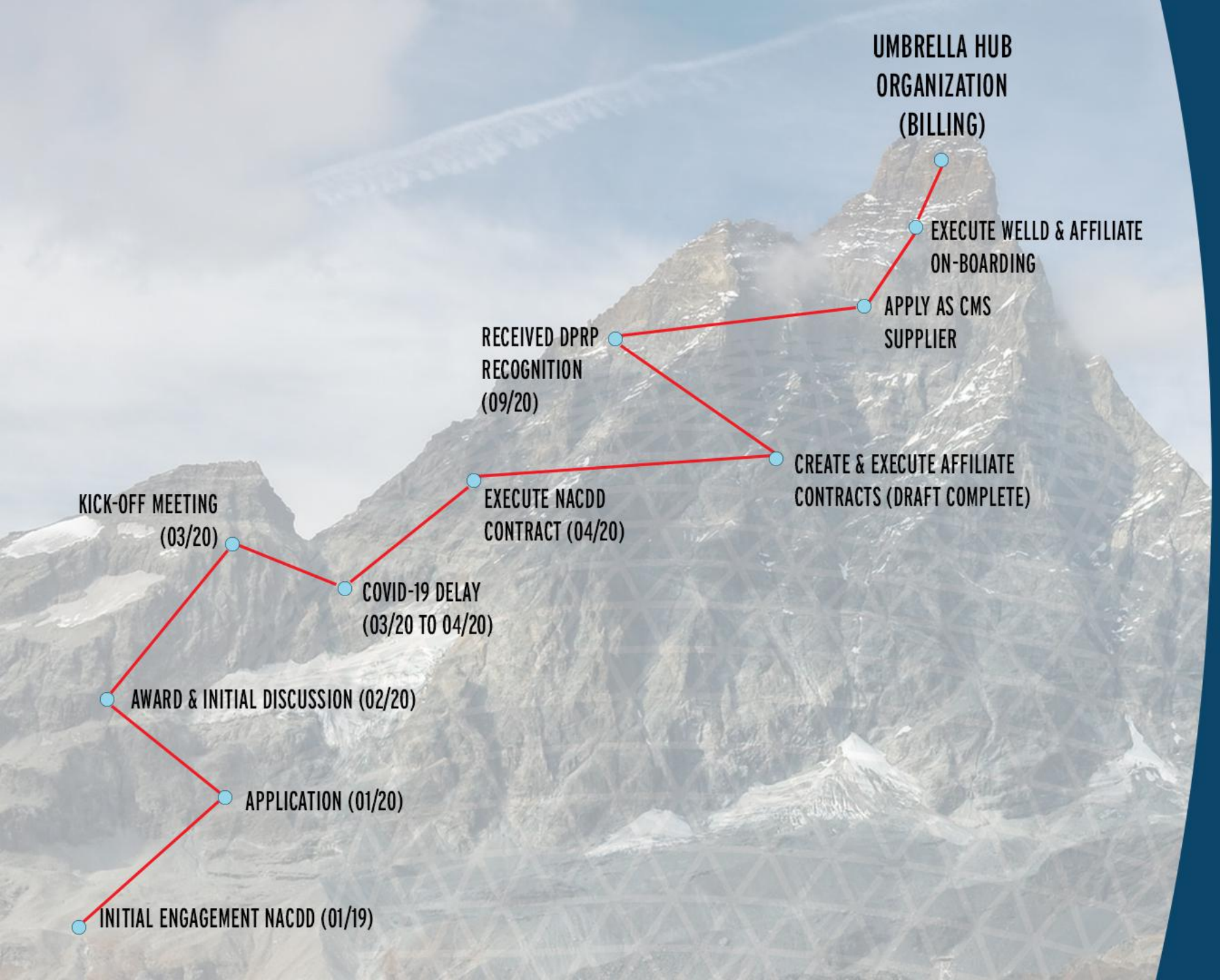
Share best practices

Training and Tehnical Assistance

CHC focus on delivery

THIS IS A DEMONSTRATION

a unique learning opportunity



Progress to Date

HPCA UMBRELLA HUB

RESPONSIBILITIES

UMBRELLA HUB ORGANIZATION

FUTURE GOALS

How might we expand this to other chronic disease prevention and management services?

What does this mean for network development?

Umbrella Hub Challenges

Steep Learning Curve

- CMS requirements
- MDPP model structure
- Navigating process as a non-delivery site

Revisit existing infrastructure and finding gaps

- Privacy and security policies
- Insurance requirements
- Contract developoment health centers

Umbrella Hub sustainability structure (next step)

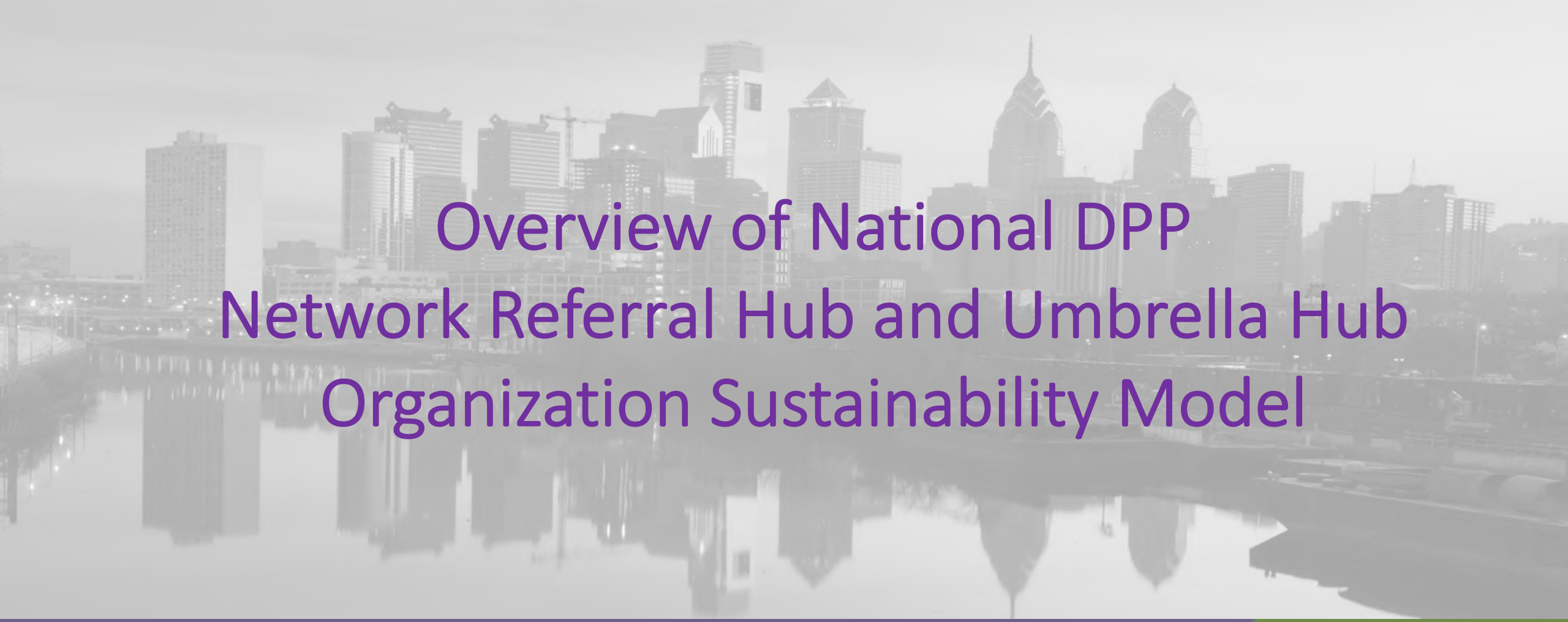
Moving the needle on diabetes quality improvement and prevention efforts

For Health Centers

- Take time to set up all systems (workflows, referrals, tracking, training)
- Leverage Health IT to support efforts
- Build in a sustainability plan from the beginning
- Partner with other organizations to support efforts tailored to your community

For Primary Care Associations

- Be responsive to health center needs (e.g., DPP cost calculator, Lifestyle Coach Refresher Trainings, Feel Good Educational Initiative)
- Support health centers via coaching and practice facilitation
- Convene health centers regularly to facilitate sharing of successes and lessons learned
- Find alignment with existing initiatives
- Collaborate with local partners
- Always looking ahead: Opportunities for sustainability



Overview of National DPP Network Referral Hub and Umbrella Hub Organization Sustainability Model

Presented by

Gina Trignani, Director

Kimberly Labno, Assistant Director

Training and Capacity Building Team

HEALTH PROMOTION COUNCIL
a PHMC affiliate

Overview

- Background on HPC – The organization and the TCAP Department with respect to National DPP and Chronic Disease Self-Management & Prevention
- Review the Role and Process of a Network Referral Hub
- National DPP Umbrella Hub Organization Financial Sustainability and Business Model

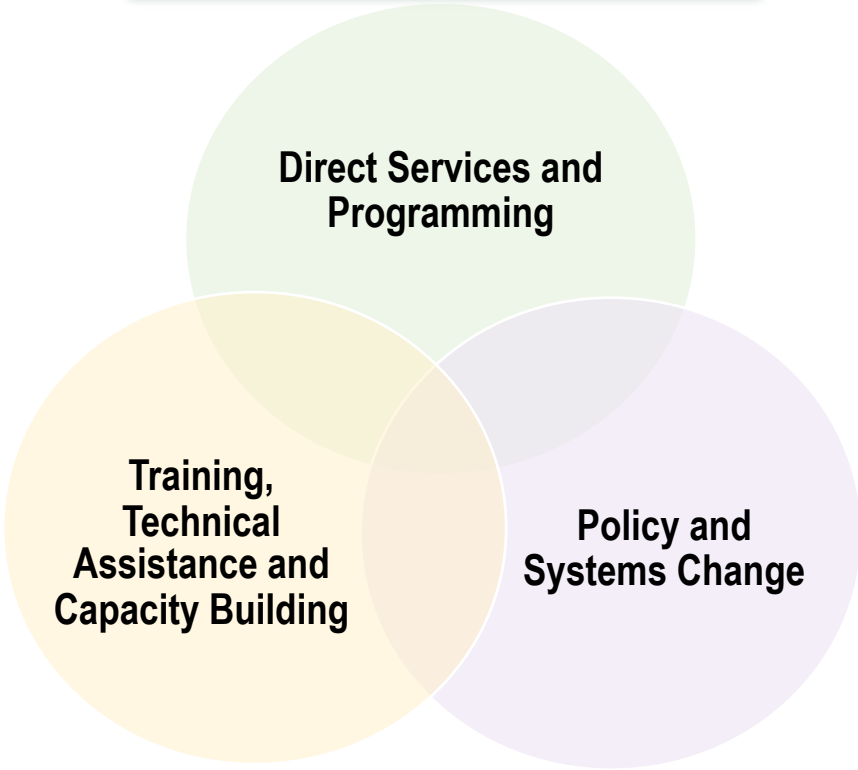
About Health Promotion Council

- In 1985, formed as a non-profit organization whose mission is to promote health, prevent and manage chronic diseases, especially among vulnerable populations through community-based outreach, education, and advocacy.
- In 1991, joined as a subsidiary of Public Health Management Corporation (PHMC), Pennsylvania's Public Health Institute.
- Since 2014, HPC has been building capacity of National DPP in Pennsylvania in partnership with the Pennsylvania Department of Health and other stakeholders.
- ACL grant recipient, 2015-2018 for DSMP delivery; 2020-2023 Chronic Disease and Chronic Pain Self-Management Programs

HPC has four key departments

Nutrition and Active Living	Tobacco, Substance Abuse and Violence Prevention	Family Services	Training and Capacity Building

HPC's fulfills its mission in 3 primary ways:



Training and Capacity Building Department

Fulfills HPC's mission through:

- **D**irect services, **T**echnical Assistance and Training, **P**olicy and Systems Change efforts to impact health outcomes and quality measures.
- Increasing access to sustainable, evidence-based chronic disease and prevention programs and services by testing and implementing innovative solutions, new strategies, best and promising practices.
- Building capacity within HPC / PHMC and partnering organizations by:
  - Delivering **evidence-based** programs and services
  - Collecting and sharing **best and promising practices** from literature and national experts.
  - Serving as a neutral convener and thought leader to promote growth and opportunity for HPC and its partners.

Partnerships

- National - Funders and Partners
- Statewide - Multisector, Public, Private Partners
- Local - Southeastern PA: County / City / CBOs and NGOs

National Diabetes Prevention Program Subject Matter Experts

- HPC's work focuses on the four pillars for National DPP sustainability

Availability	Awareness	Referrals	Coverage

Timeline of Partnerships and Program Development

PA DOH Partnerships
- Be A Bridge
- PAcAARds!

PA DOH Block Grant Funding
Diabetes Prevention Programs – funding DPP cohorts through Regional Primary Contractors – HPC SEPA

2017-2020 NACDD /PADOH – Pennsylvania Statewide Engagement Meeting (StEM)
Diabetes Prevention Action Plan (DPP Action Plan)
Awareness, Availability, Referral Coverage
Health Plan / Coverage Workgroup

2017 Presentation to DHS MCO Medical Directors Meeting with PA DOH

2017 –Present CDC 1705 NACDD Funding
DPP in Rural Counties / Reaching Pops living with disAbilities – Health Systems in Rural PA

Philadelphia Diabetes Prevention Collaborative (Network Referral Hub) (2019-2020) – Jefferson College of Pop Health, American Medical Association, CDC Funding

2020-2021 NACDD (CDC Funding) Umbrella Hub Demonstration Pilot
Hub for collective DPRP and MDPP Supplier status, Claims submission and Reimbursement. Medicare focused with expansion for Medicaid and private payers
*Health Plan Convening (7/24/20)
*Sustainable Financial Modeling

Negotiating use of HALT platform – NACDD ProVention Health Foundation

2007 2013 2014 2015 2017 2018 2019 2020

PA DOH - CDC 1305 Funding Technical Assistance to Diabetes Self-Management Education and Diabetes Prevention Programs

AmeriHealth Medicaid MCO Contract (2017-2020)
DPP Network Hub Referral and Reimbursement Pilot

2019-2020 Walk With Ease Remote Delivery – Network Hub for Recruitment, Enrollment and program delivery. NACDD, Private Employer Partner, GPBCH, MedWorks

Administration for Community Living (ACL) (2015-2018) Network Hub Development Centralized services for Peer Led Diabetes Self-Management Program (DMSP) Partnered with Pennsylvania Department of Aging

PA DOH - CDC 1815 Funding Technical Assistance to Diabetes Self-Management Education and Diabetes Prevention Programs

2020-23 ACL Funding – Empowering Communities
Network Hub – Walk With Ease; CDSMP, CPSMP - CBH – other partners

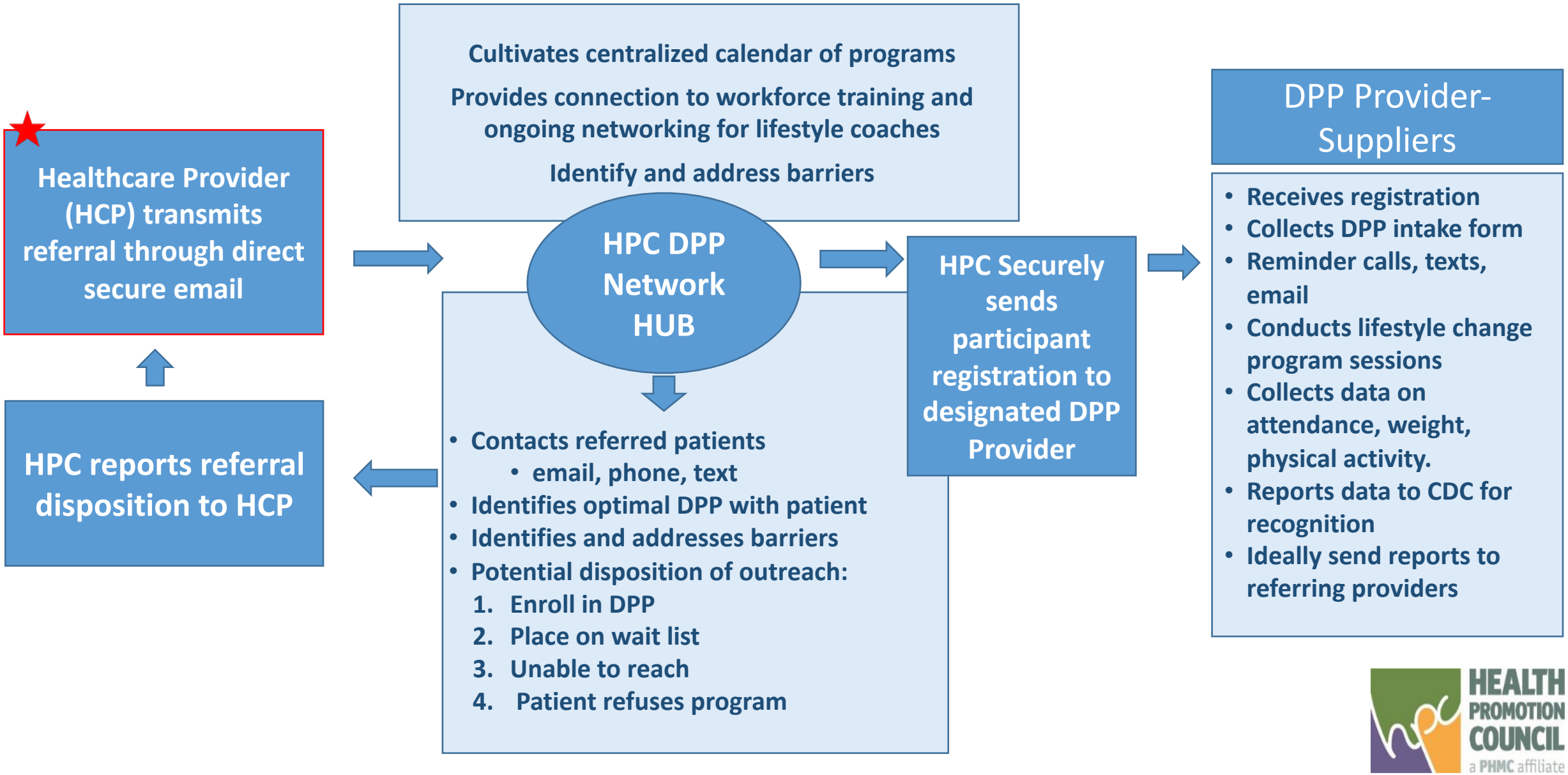
Who and Where are DPP Partners?

- Anywhere a group of eligible participants can convene – typically 10-20 participants
- Currently, due to COVID19, all programs are virtual
- Delivery sites and partners are continually evolving
- Programs are initiated when sufficient registration is achieved

Poll Questions

How many attendee organizations have referral prompts established in the Electronic Health Record for National Diabetes Prevention Program patient referrals?

HPC National DPP Network Hub (Recruitment & Referrals)



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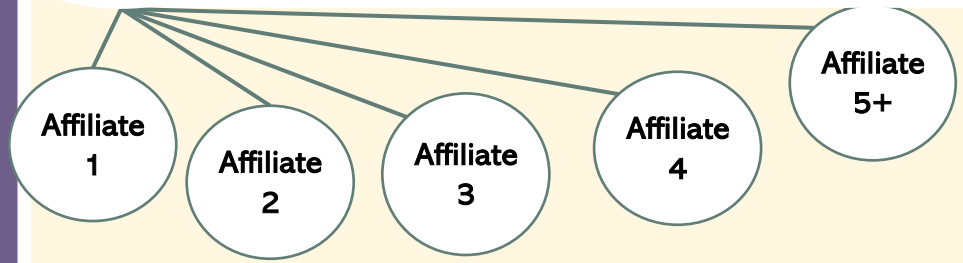
Umbrella Hub Arrangement

HUB

- Holds CDC-DPP Recognition status
- Registers with CDC as an Umbrella Hub Organization (UHO)
- Medicare DPP Supplier
- Aggregates Affiliate data
- Contracts with Affiliate National DPP Providers (3rd Party Administrator)
- Performs quality assurance on claims data before submission to billing vendor
- Disburses reimbursement to Affiliates

Payers
CMS
Health Plans
Employers

Billing Claims Vendor



Affiliates

Pending, Full or Preliminary CDC-Recognized DPP Organization

- ✓ Delivers DPP to participants
- ✓ Continues to submit data to CDC – per HUB recognition date / schedule
- ✓ Data is aggregated under the HUB
- ✓ Data is submitted through HUB for claims submission and reimbursement

HPC Umbrella Hub Organization (HUB) Process

1

DPP Supplier "Affiliates"

1. **Health System**
2. **Local County Government Agency**
3. **Community-based nonprofit Agency**

Additional partners to be recruited – goal is at least 5 affiliates

Roles and responsibilities:

- Recruits participants through community outreach, clinical referral, and Plan member marketing
- Conducts intake and consent protocols for reimbursement
- Delivers lifestyle change program sessions to enrolled participants
- Retains through reminder email, phone call, and texts
- **Enters participant data into cloud-based billing vendor software (Welld)**

2

Data Management and Billing Vendor **Welld Health**

- HIPAA Secure Billing / Claims Platform
- DPP Suppliers enter and maintain participant data and cohort records in Welld platform

- **Reviews Affiliate data for quality** to comply with CDC and claims object requirements.***
- **Coaches DPP Suppliers** on **quality improvement** measures to increase **straight through processing*****
- **Compares reimbursement in Welld to receipt of payments*****

submits data to CDC to meet recognition data submission requirements

3

***Revenue Cycle Management (Optional)** – *provides efficient assurance that claims data are correct and match payer reimbursement codes and diagnoses before claim is released to electronic interchange. Corrections are made before releasing claim.*

4

Releases claim to Ability for electronic data interchange submission to payer

5

Payer

- Process claims
- Remits payment to HPC HUB
- Unpaid claims logged in Ability for correction
- Reports enrollment or claims to PA DHS

6

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HUB

7

Reimbursement is **dispersed to DPP Suppliers (Affiliates)**

Medicare Reimbursement Model

Performance Payment per Beneficiary		
Performance Goal	Reimbursement without weight loss ($)	Reimbursement with weight loss ($)
Core DPP Sessions (Months 1 to 6)		
Session 1 – "enrollment"	$26	$26
4 Total sessions attended	$52	$52
9 Total sessions attended	$94	$94
Core Maintenance Sessions (Month 7 to 12)		
2 sessions attended in months 7-9	$15	$63
2 sessions attended in months 10-12	$15	$63
5% weight in months 1-12		$168
Total reimbursement	$202	$466

- Medicare reimbursement rate does not cover the cost of promotion, outreach, and recruitment.
- Number of insured participants per cohort must be maximized to ensure sustainability.

Initial Assumptions for Hub Financial Sustainability Model Development

- 12-month period of programming
- HPC costs to operate an Umbrella Hub
- Affiliate costs to deliver DPP
- Third party data and claims processing vendor charges for infrastructure establishment and claims processing:
  - Affiliate Start up Fee of $500
  - Annual Fee of $1,200 for revenue cycle management feature
  - Service rate of $10 per participant upon DPP enrollment regardless of insurance coverage
  - One time Claims Processing Fee of $35 per participant for first claim (first session)
  - Uses current Medicare DPP Rates
- Medicare reimbursement rates do not cover cost of recruitment and full administration of the program.

Initial Assumptions for Hub Financial Sustainability Model Development

Factors that impact the reimbursements to DPP Suppliers:

- Number of participants per cohort (maximum number is 20-25)
- Number of cohorts per year provided by affiliates
- Participant attendance and weight loss performance factors
- Participant health plan coverage
- Cohort insurance mix
- CMS rules on remote delivery

Medicaid MCO Payment versus Cost of DPP

This chart comes from the CDC's Medicaid Coverage for the NDPP Project Demonstration Program 2016-2019

Payments vs. Costs	Average Payment per participant	Average Cost per participant
Established CDC-recognized organizations	$595	$1,529
New CDC-recognized organizations	$595	$1,704
Online CDC-recognized organizations	$350	$556

Medicare Payment per participant for one year completion with 5% weight loss is $466

https://coveragetoolkit.org/medicaid-coverage-for-the-national-dpp-demonstration-project-the-evaluation/

More Information Needed for Hub Financial Sustainability Model Development

Health Promotion Council model refinement based on:

- Number of affiliates and program delivery capacity to support the Hub administration and program delivery costs
- Cost study outcomes and other lessons learned from the Umbrella Hub Demonstration Pilot
- Affiliate variable costs to provide the NDPP program (staffing model; outreach and recruitment; use of technology; logistics)
- Reimbursement rates and SDOH supports provided by MCOs

GOAL: Create Standard Reimbursement Model and Approach to Create and Sustain an Umbrella Hub for National DPP.

Current Status of the Umbrella Hub Demonstration Pilot

1. **Three affiliates** contracted with HPC; Two affiliates will be recruited in Year 2
2. **Project Charter established** - outlines the collective purpose and commitment to the achieving a sustainable DPP delivery and payment model.
3. **Claims Vendor (Welld)** contracting completed; trainings in process; test claims to be submitted.
4. **Financial Sustainability – Business Plan Model** - Draft being vetted with affiliates and health plans.
5. **UHO Demonstration Pilot Funding Continuation** - Initiation of contracting with NACDD for Year 2 Funding August 1, 2020 – July 31, 2021
6. **CDC DPRP Full Recognition Established and registered with CDC as an Umbrella Hub Organization**
7. **Medicare DPP Supplier and Medicaid Promise ID Applications in process**

Only Together Can We Prevent Type 2 Diabetes

Training and Capacity Building Department Team

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www.hpcpa.org/dpp

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Learning Collaborative

The National Diabetes Prevention Program

- Module 1: What does it take to offer National DPP for PCAs and Health Centers?
  - Thursday, October 10 at 12pm PT/3pm ET
- Module 2: Models of Success - Examining the PCA and Health Center Role in Implementation
  - Thursday, October 24 at 12pm PT/3pm ET
- Module 3: National DPP Referrals - Partnering With Your Community
  - Thursday, November 7 at 12pm PT/3pm ET
- Module 4: Funding and Resources - Reimbursement 101
  - Thursday, November 21 at 12pm PT/3pm ET

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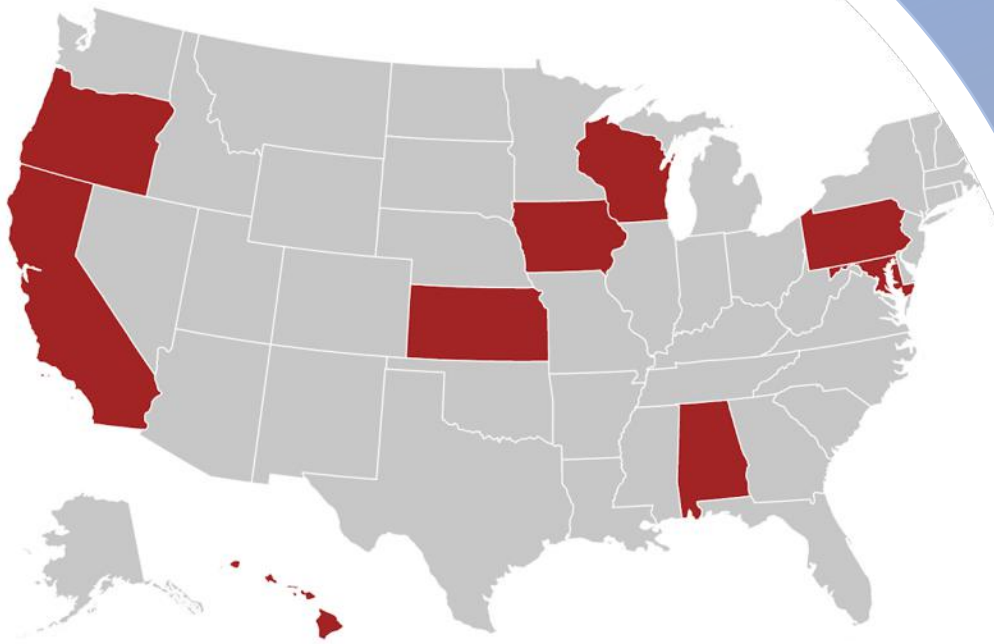
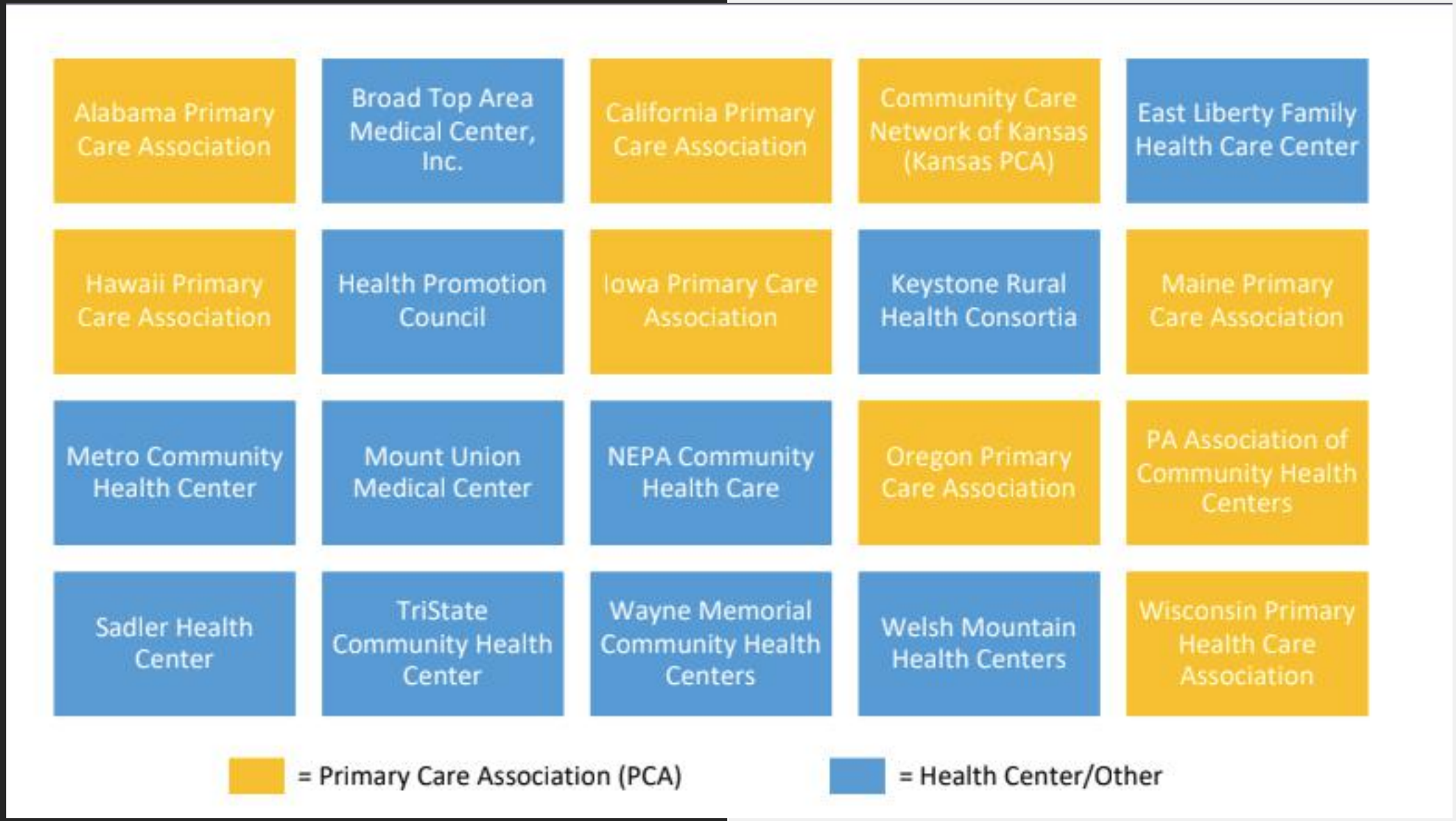


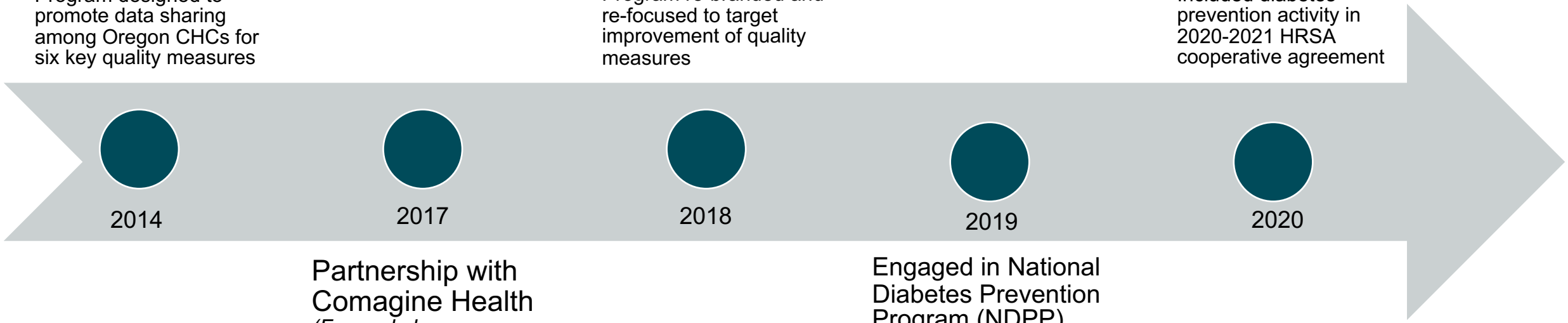
Participating States

1. Alabama
2. California
3. Hawaii
4. Iowa
5. Kansas
6. Maine
7. Maryland
8. Oregon
9. Pennsylvania
10. Wisconsin



Participating Organizations

Historical Context



2014 — Data Transparency Project

- Program designed to promote data sharing among Oregon CHCs for six key quality measures

2017 — Partnership with Comagine Health

(Formerly known as HealthInsight)

- Diabetes Self-Management Programs and National Diabetes Prevention Programs with systems across Oregon, including FQHCs

2018 — Oregon Quality Improvement Collective + Diabetes Learning Collaborative

- Program re-branded and re-focused to target improvement of quality measures

2019 — Engaged in National Diabetes Prevention Program (NDPP) PCA Learning Collaborative

- Prioritized new and existing quality measures in alignment with other organizational programs and HRSA requirements

2020 — Upstream focus on diabetes prevention as aligned with HRSA Diabetes Improvement Initiative

- Included diabetes prevention activity in 2020-2021 HRSA cooperative agreement

HRSA 2020-2021 Cooperative Agreement

The 3-year (2020-2023) goal is to advance health center clinical quality and performance in quality care with the *objective of improving the performance of health centers in the state on diabetes clinical quality measure*.

Activity

- Partner with Comagine Health, a local quality improvement organization, to conduct an environmental and readiness scan related to FQHC involvement in NDPP

Expected Outcome

- Identify a minimum of (2) trends and partnership opportunities as related to identified health center needs, particularly in rural health settings
- Inform 2021-2022 TA offerings

Note: One of the goals within HRSA Diabetes Initiative is to reduce new diagnoses by 5%. Diabetes prevention efforts are directly related to this goal.

RESOURCES AND NEXT STEPS

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RESOURCES

- National Diabetes Prevention Program:
  https://www.cdc.gov/diabetes/prevention/index.html

- American Medical Association
  https://amapreventdiabetes.org

- HRSA Diabetes Quality Improvement Initiative
  https://bphc.hrsa.gov/qualityimprovement/clinicalquality/diabetes.html

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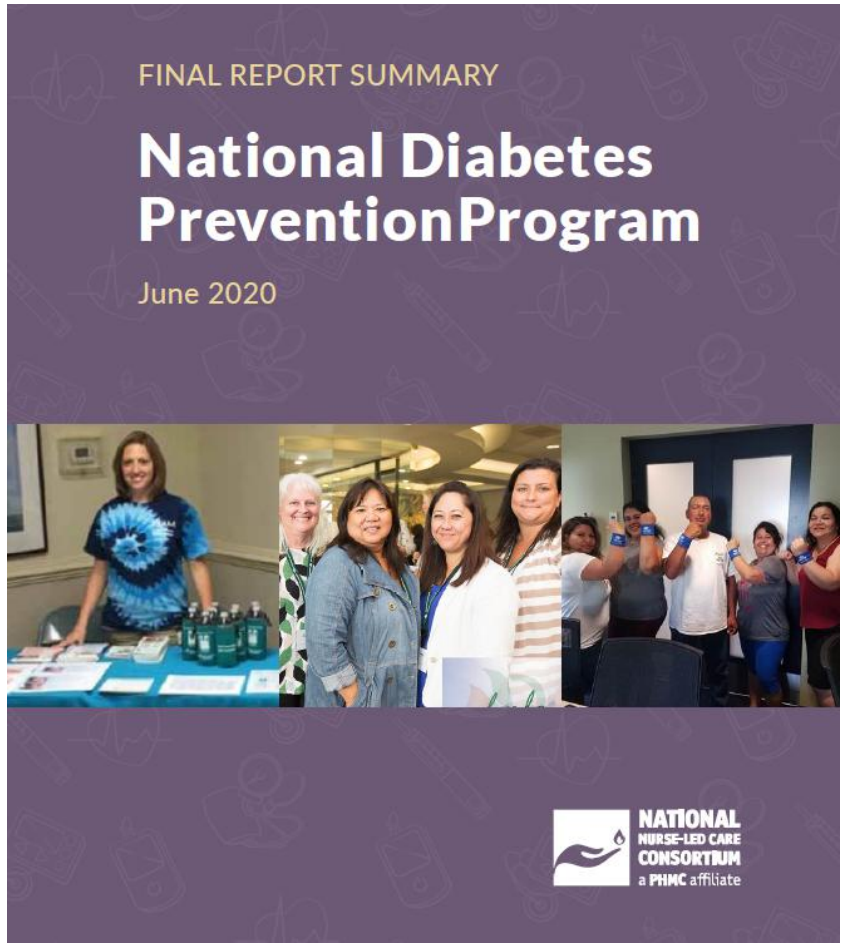
COMING SOON!



Key Elements of Successful Implementation:

1. Workflow and Infrastructure
2. Recruitment and Retention
3. External Partnerships
4. Reimbursement
5. Modalities

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Q&A

Please type your questions into the Q&A box. You can “upvote” and comment on other attendees’ questions.

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Session Evaluation

Once you leave the Zoom session, please take our 1-2 minute evaluation to provide your feedback about today's webinar.

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THANK YOU!

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