

Ten Steps to Help 1422 Grantees and Subawardees Offer the National Diabetes Prevention Program to Priority Populations

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National Center for Chronic Disease Prevention and Health Promotion



Subawardee Focus on Priority Populations

- **The 1422 subawardees have a very specific role to help make the National DPP available to priority populations**
- **This is an important and challenging role**
- **“While disparate populations have a disproportionate burden of risk, the organizations that serve disparate populations may have fewer initial resources to invest in programs that could substantially reduce that burden. Using 1422 funds to build and initially deliver CDC recognized lifestyle change programs for priority populations and/or to identify opportunities to enroll priority populations in existing CDC recognized lifestyle change programs is critically important to the elimination of disparities.” (CDC Guidance Document)**

New Roles for Subawardees

- **Payer/Insurer**
 - Use funds to enroll priority populations in CDC-recognized lifestyle change programs
- **“Venture Capitalist”**
 - Use funds to start new CDC-recognized lifestyle change programs and help them become sustainable
- **Marketing Specialists**
 - Tailor marketing materials for priority populations
- **Quality Assurance Consultants**
 - Help new organizations achieve full recognition from CDC

Strategy 1.6 – Scale and Sustain the National DPP
Implement evidence-based engagement strategies to build support for lifestyle change

- Goal is to recruit and enroll priority populations, including Medicaid beneficiaries, in CDC-recognized Lifestyle Change Programs (LCPs)
- Grant funds can be used to pay for this for up to two years
- The two year limit applies to individual organizations, and may be initiated at any time during the 4 year funding period

Strategy 1.6 – Scale and Sustain the National DPP
Implement evidence-based engagement strategies to build support for lifestyle change

- **Minimum Expectation for Year 1/Early Year 2:**
 - At least one cohort (~10 participants) must be enrolled in either an existing or new CDC-recognized LCP in each of the subawarded communities (in person or virtual)
 - Either the state or the subawardee must budget for this intervention or otherwise show how they will meet it (i.e. CDC-recognized LCPs provided at no cost by partners)
 - Subawardees may define the priority populations (Medicaid, FQHCs, public housing, geography, etc.)

Strategy 1.6 – Scale and Sustain the National DPP

Implement evidence-based engagement strategies to build support for lifestyle change

- **There are two ways to implement Strategy 1.6**
- **First and best way: find a CDC-recognized lifestyle change program (LCP) and pay the costs to enroll priority populations**
 - The only cost that is paid is the enrollment fee
- **Second (if there are no available programs): find new organizations willing to pursue CDC recognition and pay their start-up/operational costs for up to two years**
 - This option must include enrollment of a negotiated number of participants at no additional cost during the two year period

Step 1 – Identify CDC-recognized organizations

- **First and Best Choice: find organizations with full or pending recognition from CDC and determine if they have the capacity and willingness to serve priority populations**
- **Which organizations should be prioritized?**
 - CDC-recognized LCPs that have support from a 1212 national organization (Y-USA, AADE, BWHI, or Optum)
 - Not all Ys have recognition or are supported by the Y-USA through 1212
 - CDC-recognized LCPs that have made at least one data submission to the DPRP

Step 2 – Negotiate a Payment Rate

- **Negotiate a payment rate**
 - The 1422 grantee or subawardee is the payer
- **CDC does not specify payment rates**
 - Average costs for the year long program are about \$500
 - Ask about volume discounts or sliding scale fees
 - Consider a pay for performance model (pay at intervals based on continued participation)

Step 3 – Negotiate Data Requirements

- **The Diabetes Prevention Recognition Program (DPRP) collects some data**
 - The DPRP will continue to collect the data necessary to ensure that recognized LCPs meet the required standards, but they do not collect data on payment source
 - Intent is not to set up a data collection system that duplicates the DPRP
 - But grantees need information to ensure that payment is made correctly

Step 3 – Negotiate Data Requirements

- **Data requirements associated with payment**
 - At a minimum, include data on aggregate enrollment for participants enrolled with 1422 grants funds as part of the negotiation
 - May include other data as part of the negotiation (i.e. completion data needed for a pay for performance model)
 - Any information on individual participants must be de-identified

Step 4- Negotiate Billing/Payment Mechanisms

- **Negotiate billing and payment mechanisms**
 - Can be at the state or local level
 - Arrangements may vary by CDC-recognized LCP
 - Simple vouchers may be acceptable
 - Some grantees are issuing competitive bids
 - Can include contracting with a Third Party Administrator, but this is not required

Step 5- Identify New Organizations to Offer the Program

- **Use “*Decision Tree*” Approach**
 1. **The 1212 national organizations that have indicated to CDC their interest in expanding to a subawarded community**
 2. **Other CDC-recognized LCPs in the state with an interest in expanding to a subawarded community**
 3. **Organizations with an existing infrastructure/experience (i.e. ADA/AADE DSME programs, health care systems, managed care organizations, cooperative extension agencies, etc.)**
 4. **Local health departments that have developed a plan demonstrating how they will achieve long-term financial sustainability**

Step 6 – Negotiate Terms for Start-up Costs

- **Ensure that new organizations understand the terms associated with accepting grant funds for start-up costs**
 - Funds can be provided for up to two years with a sustainability plan
 - Organizations must apply for and receive pending recognition from the DPRP before start-up costs may be paid
 - Organizations must agree to serve a negotiated number of priority population participants at no additional cost during the two year time period
 - Organizations may serve other populations and charge an enrollment fee

Step 7 – Negotiate Start-up Costs/Participant Enrollment

- **Determine what start-up costs will be paid and what documentation is required**
- **Determine how many priority population participants will be enrolled during the start-up period (up to two years)**
- **Allowable start-up costs include:**
 - Training lifestyle coaches
 - Hiring and paying staff
 - Space rental
 - Marketing and advertising to recruit and enroll participants
 - Training materials and supplies

Step 7 – Negotiate Start-up Costs/Participant Enrollment

- **Considerations to ensure success**
 - Invest in helping organizations that have a high likelihood of success to achieve full recognition from the DPRP
 - Make sure that the number of participants enrolled during the first two years is reasonable given the amount of start-up/operational costs provided during that time
 - \$5000-\$7500 in start-up costs should cover at least one cohort in year one
 - 10 people X \$500 = \$5000
 - There should be more than one cohort in year 2 since fixed costs will decrease

Step 8 – Review Allowable Participant Incentives

- **Remove barriers to participation for priority populations**
 - Childcare or transportation vouchers may be covered
- **Provide teaching tools and class materials**
 - Items such as scales, plates, measuring cups, etc., may be purchased for the class, but not for individual program participants
- **Grants funds cannot be used for cash incentives**
- **Work with community partners to provide non-cash incentives**
 - Partners may provide items such as pedometers, Calorie King books, or discount vouchers for footwear

Step 9 – Tailor Marketing Efforts to Priority Populations

- **Develop a locally tailored marketing plan**
- **During year 1, the 1422 state grantees will develop a statewide marketing plan**
- **Subawarded communities should tailor the marketing plan for priority populations**
 - Focus Group Participants may receive a small cash incentive
- **Additional guidance will be provided on engagement strategies in year 2**

Step 10 – Ongoing Monitoring and Technical Assistance

- **Work closely with new organizations to ensure their success**
 - Know the DPRP Recognition Standards and help the new organizations understand the required metrics
 - Work with health systems to help drive traffic to the new programs
 - Work with Medicaid to identify potential participants

Step 10 – Ongoing Monitoring and Technical Assistance

- **Work closely with new organizations to ensure their success - continued**
 - Create support networks for lifestyle coaches
 - Work with community partners to provide incentives for recruitment and retention
 - Ensure that participants in the CDC lifestyle change programs have access to healthy food options and safe opportunities for physical activity (Strategies 1-4 in Component 1)

Step 10 – Know the DPRP Recognition Standards

- **The DPRP will provide technical assistant to any organization with full or pending recognition, but they can use your help!**
- **Routine Data Monitoring is Critical**
 - Session attendance, documentation of weight and physical activity minutes, weight loss
- **Metrics are based on averages for all program participants who complete at least 4 sessions**
 - Average session attendance of 9 (out of 16) in months 1-6
 - Average session attendance of 3 (out of 6) in months 7-12

Step 10 – Know the DPRP Recognition Standards

- **Physician referrals are a critical factor in success**
 - Eligibility on the basis of a blood test can be self-reported
- **The standards represent a minimum number of sessions**
 - Organizations offering more than the minimum generally have better outcomes
 - Special attention should be paid to the transition between weekly sessions in months 1-6 and monthly sessions in months 7-12

Questions

