

# Northern Michigan Diabetes Prevention Program Collaborative

## Minutes from Monday, May 1, 2017 Meeting

**Time: 1:30 – 3:00 PM; new member orientation 3-3:30 PM**

**Attendance:** Elaine Lober, Roberta Besey, Tara Rybicki, Sandra Parker, Stephanie Villarreal, Teri Lamia, Beth Langenberg, Lizabeth Hardy, Lauren Czarnowczan, Katie Daman, Amanda Woods, Kim Chandler, Susan Affholter, Cindy Goddard, Sylvia Darga, Tanya Janes, Kandi Jezak, Jill Stark, Laura Anderson, Tamah Gustafson, Deb Erber, Darcia Brewer, Barb Robbins

### Agenda

1. **Welcome!**
2. **Background & 3. Purpose of today's meeting** – Susan Affholter provided background information on the purpose of the NM DPP Collaborative and why it was formed. See page 6 for the NM DPP Collaborative's purpose, coordinators' roles and members' roles. This collaborative will meet quarterly with the next two upcoming meetings being held on July 31 and October 30, 2017. See page 5 for more information.
4. **Lifestyle coach training Thursday and Friday, May 11-12, 2017 at the U Center in Gaylord, 8:30 – 5 pm** – There are still a few spots left so if you know of someone in the NM CHIR region who is interested in getting trained, please have them contact Susan Affholter ([s.affholter@nwhealth.org](mailto:s.affholter@nwhealth.org)) ASAP.
5. **Update – CDC Registry of DPP providers / applying for CDC recognition** – Amanda Woods discussed Munson's experience when submitting data for CDC recognition:

- a. CDC counts post-core attendance beginning at 7 months from the first core class date, not a day sooner. Example: first core class is January 15<sup>th</sup>, first post core class will not count until on or after July 15<sup>th</sup>. Amanda, the DPP Standards document says on page 6 that "during the first six months (weeks 1-16) of the lifestyle intervention, all 16 sessions of these curriculum topics must be covered."

Post-core month 7 can start on July 17, 2017; month 12 ends by January 14. On page 7, the Standards says that "the last six months must include at least one session delivered in each of the six months (for a minimum of six sessions). Therefore, going by the Standards document, Session 17 needs to be offered between Monday, July 17, 2017 and Sunday, August 13, 2017.

See more of the CDC's response at page 7.

- b. Also, if a participant starts after the first class (say class 2 or 3) their timeline to the 7-month post core class starts for whatever their official start date was. For example, if using January 15 as the start, participant who misses first class, and gets a make-up on January 20<sup>th</sup>, post-core phase would start after July 20<sup>th</sup> for this participant.
- c. CDC recommends weaning participants from weekly to monthly classes. Here is a direct quote from the CDC's DPRP:

*You may note that 16 consecutive weekly sessions actually only takes 4 months. CDC recognizes that because of holidays, illness, inclement weather, etc. your organization may not be able to offer 16 consecutive weekly sessions, which is why we say organizations must offer a minimum of 16 weekly sessions over the first 6 months of the*

*program. If your organization is successful in offering 16 weekly sessions in less than 6 months, we would suggest you offer bi-weekly classes for the remainder of the first 6 months before starting monthly classes in months 7-12. This also helps participants transition from meeting weekly to meeting monthly.*

You can ask the participants what topics they would like to review, but keep the focus on the topics that were covered during the 16 core sessions. In other words, don't jump ahead with topics that are going to be offered during the post core.

- d. Please contact CDC if you have any questions at [DPRPask@cdc.gov](mailto:DPRPask@cdc.gov). They are very helpful and are willing to provide you with data reports at any time throughout the year should you request those.

CDC Diabetes Prevention Program registry: [https://nccd.cdc.gov/DDT\\_DPRP/Programs.aspx](https://nccd.cdc.gov/DDT_DPRP/Programs.aspx)

*Note: This is a list of providers who have received full recognition status and those who have applied and are in the process of seeking recognition.*

There are currently nine fully recognized programs in Michigan.

We strongly encourage all organizations who offer the DPP to apply for recognition through the CDC. A major reason for this is that only CDC recognized programs will be eligible for reimbursement from Medicare. It is possible, though, that Medicare may reimburse programs that are in the process of being recognized. This is an area they are still reviewing.

Priority Health - - and other health plans - - are likely to align themselves with Medicare. In the meantime, programs seeking reimbursement from Priority Health must submit data for a demonstration phase and have a signed contract with Priority Health specific to the DPP.

Seeking CDC recognition is about a two to three year process and requires a program to submit data related to nine areas including the following: participant attendance (core and post core), weight loss, physical activity minutes, and eligibility factors (e.g., elevated glucose levels).

Susan Affholter suggested (from her own experience) that you apply for recognition about 6 weeks before you are scheduled to start your first class. That is, the CDC requires you to start a program within 6 months after applying for recognition. Therefore, you will want to have some time to market the DPP to your organization and community, to recruit participants, and to have some degree of certainty that you will be able to launch a DPP when you apply for recognition.

CDC offers monthly orientation calls to help new organizations (and those just looking for a refresher) better understand the recognition and data submission process. These calls are held on the following days:

- 2<sup>nd</sup> Tuesday of the month – CDC orientation
- 3<sup>rd</sup> Tuesday of the month – CDC orientation to data
- Phone number to participate: 1-855-644-0229, passcode: 2455605

6. **Register DPP programs on the State of Michigan's new registration site** – The state has created a site where fully recognized or those pending recognition can register their upcoming DPP classes. PLEASE register your classes here and begin referring people to this site as a resource. Tamah Gustafson and others from the state have already begun referring providers to this site as a source for patient referrals, and we hope that you will, too.

Find a class: <http://www.mihealthyprograms.org/dpp-class-search.aspx>

Register your class: <http://www.mihealthyprograms.org/dpp-class-submission-form.aspx>

*Notes. You must be a recognized program or have pending recognition to register your program. Once registered with the CDC, the State will add you to their drop-down menu, and you will be able to register your program.*

7. **Update - State of Michigan DPP Action Plan 2016-2018** – Tamah Gustafson discussed what the state is doing related to the Diabetes Prevention Program Action Plan. The Screen/Test/Refer workgroup is in the process of developing an assessment for providers to see what they are currently doing related to referrals and utilizing electronic health records to identify patients who are eligible for the program.

The state media campaign around DPP has been going well. Tamah Gustafson reports that they are getting a good number of calls from people inquiring about the program. They have seen a 750% increase in website hits since the media campaign began.

Susan Affholter mentioned that HDNW & Munson are partnering to release a DPP media campaign in the northwest region this fall.

The next upcoming State of Michigan DPP Network meeting is Tuesday, July 25, 2017. Tamah Gustafson mentioned that the meeting time may start earlier and end earlier - - 10 a.m. to 3 p.m. - - with workgroup meetings taking place the first half of the day and the network meeting taking place the second half of the day. Stay tuned for the final meeting times.

8. **Participant registration and handling how you charge for the DPP** – Susan Affholter went over the NM DPP Reimbursement Schedule (attached). Billing for the DPP is something that can get a bit overwhelming but remember that we will soon be able to bill for this service. This is a **GREAT DEVELOPMENT** and will allow this program to be sustainable!

Along the lines of charging for our DPPs, the NM DPP Collaborative's goal is to have a consistent/similar charge for the program across our region.

At the same time, in order to reduce our program costs and increase our ability to sustain our programs, we should seriously consider the use of community health workers or non-professional individuals versus health care professionals.

9. **Sharing from DPP providers – successes, challenges, questions, concerns –**

- a. Working with health care providers to recruit participants has worked well
- b. Susan Affholter mentioned the “ask me about pre-diabetes” pin that the state designed. Have providers wear this in clinics to help encourage patients to start the discussion. Susan also suggested handing out the CDC Risk Test at the check-in desk of a provider's office and asking the patient to complete it prior to meeting with the provider. This would again provide an opportunity to start the discussion around pre-diabetes followed, hopefully, by a referral into the program.
- c. The Charlevoix Wellness Workshop has found that posting information in their office has worked well. People stop in just to see what's going since they are in a highly visible spot downtown. This wellness storefront seems less intimidating than a hospital or doctor's office setting. The Charlevoix Wellness Workshop noted that it has been difficult to get people motivated to exercise. They offer a free punch card for DPP participants to attend cooking classes and physical activity classes at their location.
- d. Tanya Janes from McLaren is working with the Petoskey YMCA to offer a DPP class. The YMCA is a nationally recognized DPP provider. Tanya asked how it would work if two organizations partnered to offer the class. That is, who gets to submit the data toward CDC recognition; who gets to bill; etc. Response: if the YMCA is recognized, they would be the ones who would bill. Susan and Amanda both agreed that only one organization could count/track the data. It was suggested that Tanya Janes contact the CDC and get their input on the partnership.

- e. Amanda Woods commented that Munson offered a Session zero class for the first time and found it was very useful in weeding out those participants who were not fully committed, while allowing participants who were committed to get started in the program.
- f. Cindy Goddard from Otsego Memorial Hospital in Gaylord partnered with their local Sportsplex and holds DPP classes there on occasion, and allows participants to try new classes like yoga and cardio drumming. This has been a win-win for both the DPP and the Sportsplex as it has generated new memberships.
- g. Susan Affholter mentioned a great resource called “Recipes for Healthy Kids.” This is a printable cookbook put out by the USDA that offers 30 healthy, kid friendly recipes. Find it at [www.teamnutrition.usda.gov](http://www.teamnutrition.usda.gov). You can copy these recipes and hand them out at your class. The recipes address the challenge of finding healthy recipes that kids like.

## 10. Capacity building and sustainability – improving marketing, outreach, retention while containing/lowering costs

We ended up not covering this topic to any extent, but we will continue to keep it on our agenda. Here are some things to think about:

- a. Consider what your capacity is today (number of patients and community members who are eligible for the DPP; number of lifestyle coaches and how many DPPs per year they can offer), and what you might want it to be in five years.
- b. Register your DPPs on the SOM website, which will help to make people aware of your DPP.
- c. How are you going to (continuously) market the DPP within your health system? To your patients/clients? To your community? Your efforts can’t end with your first DPP.
- d. Work with your local chamber of commerce to promote the DPP to employers; talk with employers in your area to offer the DPP as a benefit to their employees; develop a referral systems with employers.
- e. Lowering costs - tap DPP participants to become lifestyle coaches
- f. Lowering costs - use community health workers to deliver the DPP - -  
<https://www.thecommunityguide.org/content/community-health-worker-interventions-help-prevent-diabetes>

## 11. Announcements of upcoming DPPs in our area –

- a. Otsego Memorial – September 7<sup>th</sup>
- b. Munson Health Care, Traverse City – September 2017
- c. Spectrum Reed City Hospital – May 8<sup>th</sup>

## 12. Important dates to save for DPP related meetings

Northern MI DPP Collaborative Meetings (Teleconference) Time: 1:30-3 PM	SOM DPP workgroup and network meeting (Okemos, MI) Time: TBD	NM CDCN meetings (University Center ,Gaylord) Time:10-12 PM	Northern Michigan Chronic Disease Prevention Coalition (Big Rapids, MI or teleconference) Time: 10 AM-12 PM
<ul style="list-style-type: none"> <li>Monday, 7/31/17</li> <li>Monday, 10/30/17</li> </ul>	<ul style="list-style-type: none"> <li>Tuesday, 7/25/17</li> <li>Thursday, 10/12/17</li> </ul>	<ul style="list-style-type: none"> <li>Wednesday, 5/3/2017</li> <li>Wednesday, 8/2/2017</li> <li>Wednesday, 11/1/2017</li> <li>Contact: Susan Affholter at <a href="mailto:S.Affholter@nwhealth.org">S.Affholter@nwhealth.org</a></li> </ul>	<ul style="list-style-type: none"> <li>Meets first Friday of the month in Jan, March, May, June, Sept., and Nov.</li> <li>Please contact Donna Norkoli at <a href="mailto:dnorkoli@dhd10.org">dnorkoli@dhd10.org</a></li> </ul>

13. **DPP Resources** – Susan Affholter discussed some great resources related to DPP (see list below)

14. **Other announcements** – CDC grant funding opportunity

At first glance it does not appear that any of our local DPP providers would qualify for this funding because the grantor is requiring that applicants have affiliate sites in at least 3 states. Nevertheless, take a look at the funding and share it with any other partners that might fit the requirements.

<https://content.govdelivery.com/accounts/USCDC/bulletins/19416f2>

15. Adjournment – Thank you for participating – contact Kim, Amanda or Susan if you have any DPP related questions.

## **Resources Related to the National Diabetes Prevention Program**

- Northern Michigan Diabetes Initiative: <http://nmdi.org/>
- State of Michigan Diabetes Prevention Program: [www.michigan.gov/diabetes/](http://www.michigan.gov/diabetes/)
- State of Michigan Diabetes Prevention Network: <http://midiabetesprevention.org/index.html>  
(Like Common Ground, this website now has a lot of resources for the lifestyle coaches related to recruitment.)
- Register your upcoming DPP through the State of Michigan's website at [www.mihealthyprograms.org](http://www.mihealthyprograms.org)
- Help with your data entry and submission to the CDC – contact the State of Michigan's Bill Baugh at [baughw@michigan.gov](mailto:baughw@michigan.gov)
- CDC Diabetes Prevention Program – everything you want to know about the DPP:  
<https://www.cdc.gov/diabetes/prevention/>
  - Applying for CDC recognition (about six weeks in advance of starting your first DPP)
  - Posters, flyers, recruitment materials
  - And more!
- Common Ground, a website for lifestyle coaches: <http://lccommonground.org/>
- The Community Guide: <https://www.thecommunityguide.org/> (guide to evidence-based community preventive services, programs)

# NM DPP Collaborative Purpose Statement

The Northern Michigan Diabetes Prevention Program (NM DPP) Collaborative ensures the coordination of DPP providers to achieve the best outcomes for our region. The collaborative will accomplish this through the following:

1. Working with the State of Michigan on its DPP Action Plan;
2. Sharing DPP updates;
3. Providing technical assistance, such as how to do data entry;
4. Coordinating DPP scheduling to ensure even regional coverage;
5. Sharing lifestyle coach tips for success and best practices; and
6. Communicating through meetings, emails, and other avenues as appropriate.

## Coordinators' Role

The coordinators will act as the point of contact with the State of Michigan/DPP Action Plan and will share DPP program and action plan updates. Also, the coordinators will engage members to address action plan strategies, as appropriate, such as advocating for health plan reimbursement or working with local providers to develop a referral system.

The coordinators will maintain a member roster/listserv, develop meeting agendas (with input), schedule and facilitate meetings, and communicate between meetings through email and other appropriate communication channels. The coordinators will work to identify all DPP providers in our northern Michigan region, and will invite them to join this collaborative.

The coordinators will keep track of the DPP courses that are underway, track on upcoming courses and ensure that these courses register on the State of Michigan DPP registration website at <http://www.mihealthyprograms.org/>. The coordinators will map out DPP capacity and arrange for lifestyle coaching training, as needed.

## Members' role

Members will offer DPP classes and make an effort to coordinate with other nearby DPP providers to ensure that participants have convenient and regular options for taking the DPP.

In addition to coordinating with any CDC, State of Michigan, and the NM DPP Collaborative marketing of the DPP, members will use their own communications channels to market the DPP consistently and regularly.

Members will use/distribute the AMA's/CDC's online provider toolkit *Preventing Type 2 Diabetes* to reach out to providers to develop referrals. Lifestyle coaches will report to providers on participant progress in the DPP (referral-feedback-DPP promotion loop).

Members, as appropriate, will ensure data mining of their patient electronic health records (and/or other records) to identify eligible participants.

In 2017 members will consider what their organization's capacity is to offer the DPP (1 DPP/year? Two?), and will consider what the capacity could be in a few years.

Members will attend the NM DPP Collaborative meetings as possible, and will share best practices and lessons learned.

## CDC Response to questions about start and end dates for months 1-6, months 7-12, etc.

You should always follow the guidelines described in the 2015 DPRP Standards and Operating Procedures. [Note: You can find this document on the CDC DPP website: <https://www.cdc.gov/diabetes/prevention/lifestyle-program/requirements.html>]

Organizations are expected to offer a minimum of 16 weekly sessions during months 1-6 and a minimum of 6 monthly sessions during months 7-12, for a total of at least 22 sessions over the 12 month lifestyle change program.

You may note that 16 consecutive weekly sessions actually only takes 4 months. CDC recognizes that because of holidays, illness, inclement weather, etc. your organization may not be able to offer 16 consecutive weekly sessions, which is why we say organizations must offer a minimum of 16 weekly sessions over the first 6 months of the program.

If your organization is successful in offering 16 weekly sessions in less than 6 months, we would suggest you offer bi-weekly classes for the remainder of the first 6 months before starting monthly classes in months 7-12.

This also helps participants transition from meeting weekly to meeting monthly.

In months 5 and 6 your organization can repeat/ reinforce any of the phase 1/core sessions. SAff: In other words, do not start to offer the topics from sessions 17-22.

Q: If a DPP has a start date of, for example, Tuesday, January 10, 2017, what is the earliest date Session 17 (the first post core session) can start?

A: July 10th ends your first 6 months. **[SAff: Therefore, Tuesday, July 11 begins month seven. Presumably, a session 7 could be scheduled on or after July 11 up through August 10. Right?]**

A: The end of Phase 1/Core sessions is calculated exactly 6 months from the first session's date. [26 weeks]

A: If January is the 1st month in the program, July is the 7th month in the program and the beginning of phase 2/ post core. (Phase 2 = months 7-12; also 26 weeks)

A: Session 17 is offered in the 7th month of the program. Session 22 must be offered in the 12th month of the program.

A: The 365 days of the program is January 10th to January 9th. The lifestyle program is 12 months [52 weeks].

Q: What is the date that the DPP can end or should offer the last post core session?

A: The lifestyle program is 12 months [52 weeks].

A: If organizations choose to continue interventions for a period longer than one year, only the first 12 months - 365 days - of data from each intervention will be analyzed to determine recognition.