## West Virginia Department of Health and Human Resources, Bureau for Public Health, Division of Health Promotion and Chronic Disease

## 2017 Diabetes Prevention and Management Programs Offered in West Virginia

| 201/ Diabetes Prevention and Management Programs Offered in West Virginia Department of Department o |  |   |  |  |   |  |
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| Health Human Resources BUREAU FOR PUBLIC HEALTH Division of Health Promotion and Chronic Disease   | National Diabetes Prevention Program (NDPP)  Accredited by the Centers for Disease Control and Prevention (CDC).   | Diabetes Education Accreditation Program (DEAP) Accredited by the American Association of Diabetes Educators (AADE).  | Education Recognition Program (ERP) Accredited by the American Diabetes Association (ADA). | Everyone with Diabetes Counts Program (EDC) Supported by Quality Innovation Network (QIN)-Quality Improvement Organizations (QIOs) Insights.   | Stanford University Diabetes Self-Management Program (DSMP) Accredited by Stanford University.  | Public Employee Insurance Association<br>(PEIA) Face To Face Program   |
| Program Type   | Prevention   |   |  | Management   |   |  |
| Program Eligibility  | <ul> <li>Current age ≥ 18 years and</li> <li>Most recent BMI ≥ 24 (≥22 if Asian) and</li> <li>A positive lab test result within previous 12 months:         <ul> <li>HbA1C 5.7-6.4% or</li> <li>FPG 100-125 mg/dL or</li> <li>OGTT 140-199 mg/dL or</li> </ul> </li> <li>High-risk for pre-diabetes using CDC or AMA Screening test or</li> <li>History of gestational diabetes (may be self-reported)</li> </ul>  | Individuals diagnos ed with diabetes .  |  | Individuals diagnos ed with diabetes .   | Individuals diagnos ed with diabetes .  | Individuals diagnos ed with dia betes<br>and insured by PEIA.  |
| Program Description  | <ul> <li>Program Overview:</li> <li>An evidence-based lifestyle intervention supporting a 58% reduction in the number of new cases of diabetes overall and a 71% reduction in new cases for those over age 60.</li> <li>Results are a chieved through improved nutrition and increased physical activity resulting in weight loss of 5-7%.</li> <li>The program empowers patients with prediabetes to take charge of their health and well-being.</li> <li>A lifestyle coach leads the group meetings by sharing new skills, encouraging goal attainment, and maintaining motivation.</li> <li>No provider referral is required.</li> <li>Content areas include:</li> <li>Incorporating healthier eating and moderate physical activity, problem solving, stress-reduction, and coping skills into participants' lives.</li> </ul> | Program Overview:  Focus es on increasing knowledge and skills to improve diabetes control.  Led by a licensed health professional (i.e., nurse, dietitian, pharmacist, and/or a certified diabetes educator).  Emphasizes the medical management of the disease and seven self-care behaviors including healthy eating, being active, monitoring, taking medication, problems olving, healthy coping, and reducing risks.  Content areas include:  Diabetes disease process and treatment options.  Incorporating nutrition management, physical activity, and appropriate medication treatments.  Proper blood glucose monitoring and using results to improve glucose control to prevent diabetes-related complications.  Goals etting and problem solving.  Integrating psychosocial adjustment preconception care and management during pregnancy (if applicable). |  | <ul> <li>Program Overview:         <ul> <li>Incorporates the needs, goals, and life experiences of the person with diabetes and is guided by evidenced-based standards.</li> <li>Designed to improve health outcomes and quality of life among disparate and underserved Medicare populations.</li> <li>Uses either the Diabetes Empowerment Education Program (DEEP) or Stanford's Diabetes Self-Management Program (DSMP).</li> </ul> </li> <li>Content areas include:         <ul> <li>DEEP classes focus on understanding the human body, risk factors, and complications — monitoring your body, eating for health, medications and medical care, and get up and move — living with diabetes.</li> <li>DSMP classes include techniques to deal with symptoms of diabetes, nutrition, physical activity, a ppropriate use of medications, working with your provider, and more.</li> </ul> </li> </ul> | <ul> <li>Program Overview:         <ul> <li>Participants will make weekly action plans, share experiences, and help each others olve problems they encounter in creating and carrying out their self-management program.</li> <li>Each participant in the workshop receives a copy of the companion book, Living a Healthy Life with Chronic Conditions.</li> </ul> </li> <li>Content areas include:         <ul> <li>Techniques to deal with the symptoms of diabetes, fatigue, pain, hyper/hypoglycemia, stress, and emotional problems such as depression, anger, fear, and frustration.</li> <li>Appropriate exercise for maintaining and improving strength and endurance.</li> <li>Healthy eating.</li> <li>Appropriate use of medication.</li> <li>Working more effectively with health care providers.</li> </ul> </li> </ul> | <ul> <li>Program Overview:</li> <li>Participants attend regularly scheduled appointments with Face to Face (F2F) provider and physician.</li> <li>Provide hemoglobin A1c to F2F provider at initial appointment and thereafter up to 4 times per year.</li> <li>Participants actively engage in improving health by learning a bout diabetes, medications, nutrition, monitoring, and being a ctive.</li> <li>F2F provider (pharmacist) works with physician and patient to ensure the best patient diabetes self-management.</li> </ul> |
| Cost to Patient<br>(subject to change)   | Organizations in WV currently provide the NDPP as a public health service, although, Medicare expects to begin reimbursing in 2018 for eligible beneficiaries.   | Medicare reimbursement allows for 10 hours (1-2 hours individual counseling and 8-9 hours in a group).  |  | Free to Medicare, Medicare/Medicaid (dual) or<br>Medicare Advantage beneficiaries.   | No cost to patient.   | Program is free and once pharmacy deductible is met, diabetes supplies become free.  |
| Duration   | A yearlong program consisting of 16 weekly sessions and 6-8 monthly follow-up sessions.  | 1 hour individual and 9 hours group 1 <sup>st</sup> year then 2 hours each following year.  |  | Approximately 2 hours once a week for 6 weeks.   | Approximately 2 hours once a week for 6 weeks.  | Once a month for 3 months, then once every 3 months for 1 year, and then every 6 months for 1 year. Program is 2 years total.  |
| Туре   | Group  | Individual and Group  |  | Group  | Group   | Individual   |
| Website  | http://www.cdc.gov/diabetes/prevention/index.html  | https://www.diabetese<br>ducator.org/   | http://professional.diabe<br>tes.org/  | http://www.qualityinsights-<br>qin.org/Initiatives/Diabetes-Care.aspx  | http://patienteducation.stanford.edu/<br>www.greenbriercountyhealthalliance.org   | www.peiaf2f.com  |
| Program Contact<br>Information   | https://nccd.cdc.gov/DDT_DPRP/Programs.aspx  | 1-800-338-3633 or<br>deap@aadenet.org   | 1-888-232-0832 or<br>ERP@diabetes.org/   | Na ta lie Tappe: 304-346-9864<br>nta ppe@qualityi nsights.org  | Sally Hurst: 304-793-6554<br><u>shurst@osteo.wysom.edu</u><br>Richard Crespo: 304-634-6706<br><u>crespo@marshall.edu</u>  | Member enrollment/issues:<br>Robin Duncan: 304-558-7850<br>robin.g.duncan@wv.gov   |

www.wvchronicdisease.org Revised August 30, 2017