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

WEST VIRGINIA

2018 Diabetes Prevention and Management Programs Offered in West Virginia

Department of					
Health, Human Besources 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 Diaber Management Program (DS Accredited by Stanford University
Program Type	Prevention	Management			ent
Program Eligibility	 Current age ≥ 18 years and Most recent BMI ≥ 24 (≥22 if Asian) and A positive lab test result within previous 12 months: HbA1C 5.7–6.4% or FPG 100–125 mg/dL or OGTT 140–199 mg/dL or High-risk for pre-diabetes using CDC or AMA Screening test or History of gestational diabetes (may be self-reported) 	Individuals diagnosed with diabetes.		Individuals diagnosed with diabetes.	Individuals diagnosed
Program Description	 Program Overview: 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. Results are achieved through improved nutrition and increased physical activity resulting in weight loss of 5-7%. The program empowers patients with prediabetes to take charge of their health and well-being. A lifestyle coach leads the group meetings by sharing new skills, encouraging goal attainment, and maintaining motivation. No provider referral is required. Content areas include: Incorporating healthier eating and moderate physical activity, problem solving, stress-reduction, and coping skills into participants' lives. 	 Program Overview: Focuses 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, problem solving, 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. Goal setting and problem solving. Integrating psychosocial adjustment preconception care and management during pregnancy (if applicable). 		 Program Overview: Incorporates the needs, goals, and life experiences of the person with diabetes and is guided by evidenced-based standards. Designed to improve health outcomes and quality of life among disparate and underserved Medicare populations. Uses either the Diabetes Empowerment Education Program (DEEP) or Stanford's Diabetes Self-Management Program (DSMP). Content areas include: 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. DSMP classes include techniques to deal with symptoms of diabetes, nutrition, physical activity, appropriate use of medications, working with your provider, and more. 	 Program Overview: Participants will make wee share experiences, and he problems they encounter carrying out their self-man Each participant in the wee copy of the companion be <i>Life with Chronic Condition</i> Content areas include: Techniques to deal with th diabetes, fatigue, pain, hy stress, and emotional pro- depression, anger, fear, and Appropriate exercise for m improving strength and en Healthy eating. Appropriate use of medications Working more effectively providers.
Cost to Patient (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 Medicare Advantage beneficiaries.	No cost to pat
Duration	A yearlong program consisting of 16 weekly sessions and 6-8 monthly follow-up sessions.	1 hour individual and 9 hours group 1 st year then 2 hours each following year.		Approximately 2 hours once a week for 6 weeks.	Approximately 2 hours once
Туре	Group	Individual and Group		Group	Group
Website	http://www.cdc.gov/diabetes/prevention/index.html	https://www.diabetese ducator.org/	http://professional.diabe tes.org/	<u>http://www.qualityinsights-</u> <u>qin.org/Initiatives/Diabetes-Care.aspx</u>	http://patienteducation www.greenbriercountyho
Program Contact Information	https://nccd.cdc.gov/DDT_DPRP/Programs.aspx	1-800-338-3633 or <u>deap@aadenet.org</u>	1-888-232-0832 or <u>ERP@diabetes.org/</u>	Natalie Tappe: 304-346-9864 ntappe@qualityinsights.org	Sally Hurst: 304-7 <u>shurst@osteo.wv</u> Richard Crespo: 304 crespo@marsh

otion and Chronic Disease Virginia

betes Self- (DSMP) [:] sity.	Public Employee Insurance Agency (PEIA) Face To Face Diabetes Program			
ed with diabetes.	Individuals diagnosed with diabetes and insured by PEIA.			
weekly action plans, help each other solve ter in creating and nanagement program. workshop receives a book, <i>Living a Healthy</i> <i>tions</i> . h the symptoms of hyper/hypoglycemia, problems such as , and frustration. or maintaining and d endurance. dication. ely with health care	 Program Overview: Participants attend regularly scheduled appointments with Face to Face (F2F) provider and physician. Provide hemoglobin A1c to F2F provider at initial appointment and thereafter up to 4 times per year. Participants actively engage in improving health by learning about diabetes, medications, nutrition, monitoring, and being active. F2F provider (pharmacist) works with physician and patient to ensure the best patient diabetes self-management. 			
patient.	Program is free and once deductible is met, generic, preferred-brand medications and some supplies are zero co-pay.			
ice a week for 6 weeks.	Once a month for first 3 months, then quarterly for first year of enrollment. Second year is based upon current HbA1c.			
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ion.stanford.edu/ yhealthalliance.org	www.peiaf2f.com			
4-793-6554 <u>wvsom.edu</u> 304-634-6706 r <u>shall.edu</u>	Member enrollment/issues: Amber Harper: 304-558-7850 <u>amber.d.harper@wv.gov</u>			