Michigan Health Improvement Alliance

Regional Diabetes Prevention Program

May 5, 2016

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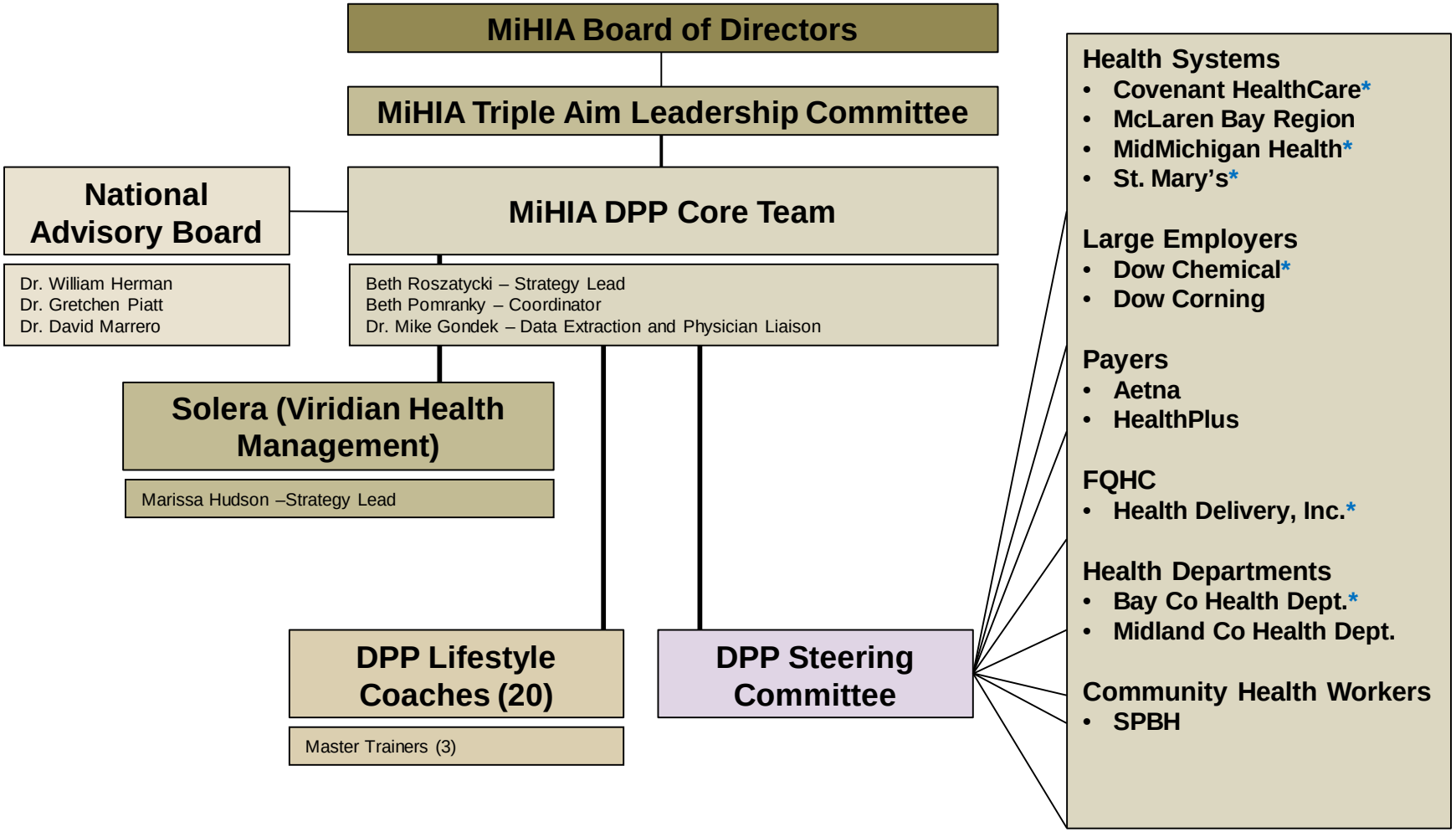
The Journey to Implementation

- MiHIA's mission and vision incorporates ALL aspects of the Triple Aim
- Board of Director Strategic Planning - priority to focus on chronic disease – specifically diabetes
- Conducted a 14-county environmental scan of regional actions to combat and prevent diabetes
- Developed a regional model for diabetes prevention engaging multiple stakeholders as a win-win plan
- Attempt at large federal grant for 14 counties; Scaled back to three counties and obtained local foundation funding

Overview

- 2 Year, 3-county implementation for 500 Participants via 20 Lifestyle Coaches funded from the Strosacker Foundation
- Establish regional processes for provider referrals and potential additional screening modalities.
- Frontload Identification of eligible candidates through extracts of EMR or claims databases to support invitations
- Utilize the proven effective National Diabetes Prevention program and train local individuals to deliver / build capacity and create system improvement.
- Goal: establish DPP as a functional part of the regional health infrastructure, demonstrate effectiveness and migrate to a fully sustainable funding model post grant.
- This grant would fit with broader (non-grant) efforts on obesity for population health improvement and our quality and cost of care efforts.

MiHIA DPP Structure



Health Systems

Organizations	Ask	Benefits
• Covenant Health System • MidMichigan Health System • McLaren Bay Health System • St. Mary's of Michigan Health System • Hospital Council of East Central Michigan • Health Delivery, Inc. – FQHC	• Support extract of EMR data to identify eligible participants • Outreach to invite eligible participants • Establish referral linkages/ processes for ongoing patient care • Become a DPP program location/ provider • Become a Master Trainer and consider training for existing personnel	• Develop capabilities in Population Health Improvement • New service lines • Move upstream in disease process • Improve reputation as leader in "health" • Improve our regional health system reputation and performance • Position new capabilities for population health risk management • Improve staff and patient satisfaction • Community Health Benefit

Payers

Organizations	Ask	Benefits
• Health Plus • Aetna • Local Health Plans	• Support extract of claims data to identify eligible participants • Outreach to eligible participants • Support coverage of DPP program in plans; Establish necessary codes/ adjudication processes • Promote DPP program to plan participants	• Improve health, quality of life, patient experience and cost of care • Support regional system improvement • Reputation for innovation and leadership in addressing health/system challenges • Improve value to clients

Health Departments

Organizations	Ask	Benefits
• Bay County Health Department • Midland County Health Department	• Incorporate DPP into their strategy for health improvement, screenings etc. • Promote DPP as advocate and its benefits to various stakeholders • Consider becoming a DPP program site	• Improve health system in the region • Improve county health rankings • Strengthen population health efforts • Improve regional reputation for innovation and excellence • Develop a new service line

Large Employers

Organizations	Ask	Benefits
• Dow Chemical • Dow Corning • Covenant • MidMichigan Health System • Universities	• Support extract of EMR data to identify eligible participants • Outreach to invite eligible participants • Establish referral linkages for patient care • Become a DPP program location/ provider • Consider training for existing personnel • Add this as a covered Benefit to their employees	• Positive Intervention for chronic disease • Improve health system in the region • Improve health of population • Decrease long term healthcare costs • Increase satisfaction of employees and reduce risk within the workplace.

Regional Value for This Project

- Aligned to MiHIA Mission and Vision and Business Plan
- Fills a significant gap in the overall health “system”
- Establishes a key sustainable regional capability to improve the Triple Aim
- Moves “upstream” in disease process with proven/ evidence base program
- Enables health systems with new service line capabilities
- Positions region to drive improved health outcomes and be effective in population health management
- Move towards behavior change, long-term benefit for the individual and family
- Brings PCMH practices new capabilities in population health
- Strengthen the residency programs & medical school training ground
- Builds research experience and capability

Project Details

- Designated Program leadership by MiHIA, monitoring timeline and milestones.
- Monthly Steering Committee Meetings, including Lifestyle Coaches
- Active coordination of regional partners
- Present business case model to payers and providers
- Utilize the pre-developed Software System (data import, referrals, reporting, scheduling)
- Centralized registration

Project Details (cont.)

- MiHIA Website / Share site for schedule/ program materials
- On-going Coaches Training to build and increase capacity within the region
- Communication Materials to all three stakeholder groups (prescribers, patients, community)
- Onsite and virtual training for Lifestyle Coaches
- Referral tracking/registering
- Continuous follow-up within each group after the 16 week course concludes; and on-going

The MiHIA Training Model

- Worked with provider sites to:
  - Identify personnel who were interested in becoming Lifestyle Coaches
  - Identify on-site Project Contact
- Use existing CDC approved Learning & Training Model
- Webinars conducted to educate Prescribers, CE's offered to participants
- Lifestyle Coaches host initial Information/Q&A session after contacts were made to patients

Foundation of Health at Dow Chemical

- Dow's existing Health Strategy has been in place since 2004
- 2015 – Dow introduced new 10-year goals, including: Total Worker Health
  - Healthy People
  - Healthy Culture

The Dow Training Model

- Identify personnel - Lifestyle Coaches
- Identify implementation coordinator
- Use existing Learning & Training Model
  - NOT a one and done approach!
- Awareness building– for Health Services Team
  - Why is this important?
  - How does this align to company priorities?
  - What does this mean to me in my role?
- In-depth training – for all Health Care Providers
- On-going follow-up

Delivering NDPP @ Dow

Dow's Onsite Program
The Participant Perspective

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- Gateways to learn about DPP:
  - General awareness Newsline
  - Onsite Info Session
  - Personal Health Review
  - Personal letter from Dow Health Counselor
  - Personal letter from Aetna and/or Primary Care Physician
- Enrollment:
  - Through Dow Health Services, or call 1-800 #
    - Qualification confirmed
    - Class preference selected
    - Referral to community classes if internal schedule did not meet their needs/timeline
- Lifestyle Coach introduction
- OR – another resource referral made

Dow's Onsite Program: *The Employer Perspective*

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- Overall ***Shared*** Model with MiHIA/Solera
  - Outreach, Qualification and Enrollment
- Internal Steering Team – oversight & coordination
  - HR/HS Leadership
  - HS Business Office
  - Communications/Public Affairs
- Systems integration
  - EMR, existing processes
- Integrated Communications Plan
  - Executive Leadership, HR/PA/HS staff, US Employees, Dependents, Retirees

Onsite DPP Classes in Midland

- 86 Participants, 6 classes
  - 2 classes finished 12-month program
  - 4 classes at phases within 12-month program
- Overall 57% participants achieved > 5% weight loss target
  - Average weight loss: 5.7%

Implementation Success Factors

- Solid health strategy
- Dow Steering Team
- Robust internal training & communication plan
- Organizational support systems
  - Outreach & promotion process
  - Program administration process
    - Application
    - Enrollment
  - On-going participant communication

Regional DPP – 2015 By The Numbers

- 14 MiHIA partner organizations supporting DPP efforts.
- 7 Providing sites implementing DPP classes.
- 295 Individuals enrolled in a DPP class.
- 24 DPP classes currently active.
- 15 Lifestyle Coaches delivering the MiHIA DPP Program.
- 3 Master Trainers within the Region
- 3.0% Average Percent BMI change per participant completing Core Phase.
- 5.3% Average Percent Weight Loss per participant completing Core Phase.
- 6.2% Average Percent Weight Loss per participant in Saginaw County.
- 1,367 Total Weight Loss by participants in Midland County.
- 80% Average Attendance Rate for participants attending DPP sessions.

Lessons Learned

- Organizational Leadership support is key
- Communication of the need and ROI is critical to regional support
- Integrate processes into existing systems
- Engagement of PCP's
- Team-based model of care
  - Provided strong platform for connecting team into program
- MiHIA coordination
  - Positive on-going connection with community providers
- "Prediabetes" – need for clear understanding and communications
  - Lifestyle health improvement program
- Timing
  - January, April and September - good times to launch

Sustainability

- Payment
  - Grant window first 500 participants
  - Interim funding using existing billable codes
  - Sustainable funding
- Program Hosts and Coaches
  - Regional master trainers
  - Certified coaches and programs
- Expanded geography in the region
- Expanded programs
- Additional Focus:
  - Utilization of DPP-specific code
  - Continue education and promotion of DPP
  - Continue Physician DPP awareness and education

Further Replication

Questions for the group:

How do you feel your organization could participate or replicate this model in your community?

What challenges would you face?

Brainstorm solutions to challenges

Q&A

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Q&A

Thank You!

- Closing Comments
- Learn More about MiHIA's DPP Project at www.mihia.org

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