



# Insurance Providers Reduce Diabetes Risk Through CDC Program

## ISSUE BRIEF

JULY 2018

### KEY TAKEAWAYS



86 million Americans—1 in 3 adults—have pre-diabetes.



Studies show that losing 5 to 7 percent of body weight reduced risk of developing types 2 diabetes by 58 percent.



Health plans deliver the Diabetes Prevention Program for diverse population in convenient settings and are helping people improve their health.

## Background

Diabetes is a growing problem in America. Approximately 29.1 million Americans—one out of every 11 people—have been diagnosed with diabetes.<sup>1</sup> Another 86 million Americans—one in three adults—have prediabetes.

Diabetes can dramatically decrease a person's quality of life and can lead to a higher likelihood of other serious health issues. Diabetes has been associated with higher rates of heart disease, stroke, kidney failure, lower-limb amputations, and adult-onset blindness.

Data indicates that the risk of death for adults with diabetes is 50 percent higher than for those without diabetes.<sup>2</sup>

Additionally, in 2017, diabetes cost an estimated \$266 billion in total medical costs and lost work and wages.<sup>3</sup>

It is clear that we need new approaches to address the considerable damage this chronic health condition can cause. That is why AHIP engaged in a cooperative agreement with the Centers for Disease Control and Prevention (CDC). Between 2012 and 2017, several of our member insurance providers offered the National Diabetes Prevention Program (DPP) and its CDC-developed curriculum to their members and consumers.

## The National Diabetes Prevention Program

Before someone is diagnosed with type 2 diabetes, he or she may have pre-diabetes. This means the person's blood glucose levels are higher than normal—but not high enough to be diagnosed with type 2 diabetes.<sup>4</sup> It is estimated that 90 percent of those with the condition do not know they have prediabetes.<sup>5</sup>

To address the widespread issues associated with diabetes, CDC created the DPP, a public and private collaboration to prevent or delay type 2 diabetes. The DPP was based on numerous studies that tied weight loss with reduced risk of developing type 2 diabetes.<sup>6</sup> The studies showed that modest behavior changes helped participants lose 5 to 7 percent of their body weight, which reduced the risk of developing type 2 diabetes by 58 percent in adults with prediabetes. For people with prediabetes over 60 years old, this weight loss

reduced the risk of developing type 2 diabetes by 71 percent.<sup>7</sup>

To help participants achieve these behavior changes, the program includes:

- group sessions offered in-person or online by trained lifestyle coaches using CDC-approved curriculum;
- practical strategies for eating healthier and for adding physical activity to daily routines; and
- strategies to cope with triggers of unhealthy behavior.

Program participants signed up for a year-long course and were expected to attend at least 22 meetings over this period. The CDC curriculum recommends attending a session at least weekly in the first 16 weeks of the program, every other week in weeks 17 to 20, and once a month for weeks 21 to 26.

## Insurance Providers Reduce Risk of Diabetes Through CDC Program

CDC recruited health insurance providers, community organizations, employers, health care providers, faith-based organizations, government agencies, and others throughout the United States to implement the DPP. These organizations sought to build a workforce of trained lifestyle coaches to deliver the program to help participants lose weight and maintain weight loss throughout the duration of the program and beyond.

### Health Plan Delivery of the DPP

Throughout the five-year CDC cooperative agreement, AHIP engaged with seven health insurance providers delivering the DPP—Anthem, Cigna, Denver Health, EmblemHealth, Florida Blue, Health Net, and Molina Healthcare. The insurance providers worked to prevent or delay the progression of prediabetes into diabetes for the people they served.

Across the participating health insurance providers, there were 189 in-person courses and eight virtual/online programs that delivered the DPP. A total of 4,400 people participated in in-person classes and another 4,000 participated in virtual programs under the cooperative agreement.

**Anthem, Inc.** delivered the DPP for a regional employer group, with both on-site and virtual classes through a contract with a DPP vendor. Anthem enrolled nearly 100 participants in classes in Indiana, starting in July 2017. Anthem tested the viability of a flexible program, with both on-site and virtual classes, including an on-site “kiosk” where participants could further engage in the program. Anthem will use best practices from this experience to guide future expansion of the DPP within the plan’s national footprint.

**Cigna Corporation** delivered the DPP for two employers—one large, national organization with multiple locations across the country and

### Diabetes: Type 1 vs. Type 2

TYPE  
1

Type 1 diabetes is an autoimmune disorder characterized by a person’s inability to produce their own insulin. Genetic factors and certain viruses may contribute to getting the condition. People with Type 1 diabetes make up 5 percent of all people with diabetes.

TYPE  
2

Type 2 diabetes occurs when the body cannot properly use insulin. Type 2 diabetes is common among older, overweight people and those with a family history of the disease. As many as one in three people may develop type 2 diabetes in their lifetime.

one local government. Cigna held 27 classes at 22 in-person sites, beginning in May 2017. Cigna used the cooperative agreement funding to launch the program and enroll over 230 participants across six states and the U.S. Virgin Islands. This effort will inform Cigna’s DPP future offerings, enabling the plan to gain experience on how to better address the clinical and behavioral needs of their employer customers and understand cultural diversity needed for future program expansion.

The DPP at **Denver Health** reached their members and patients at Denver Health clinics in the Denver metropolitan area. The program served low-income, predominantly Hispanic communities. Denver Health hosted DPP classes via its network of community health clinics. In 2017, the plan expanded classes to a new Denver Health clinic in southwest Denver. Over the five-year program, Denver Health offered 56 classes at eight sites with over 900 participants.

**EmblemHealth** was the first health plan to achieve “full recognition” status from CDC, which is based on achieving results benchmarks in attendance, weight-loss, and physical activity across all program

## Insurance Providers Reduce Risk of Diabetes Through CDC Program

participants. The plan offered 35 classes at 18 sites under the cooperative agreement with nearly 350 participants during the five-year program. The program was delivered at EmblemHealth Neighborhood Care locations around New York City. Classes were offered in English, Spanish, and Chinese, providing culturally-relevant curriculum for underserved populations.

Beginning in 2013, **Florida Blue** delivered the DPP to its commercial group members, self-insured members, Medicare Advantage members, and even its own employees. A primary goal was to ensure there were multiple options for members to participate in the DPP. The plan offered the DPP through Florida Blue-operated retail centers and physician practices and through contracted vendors. By the end of the cooperative agreement, Florida Blue had delivered the DPP to over 2,700 participants through in-person classes and over 3,800 participants through virtual technologies. Class locations were easily accessible throughout the state, including in-person and virtual classes. In 2018, Florida Blue achieved the desired “full recognition” status from CDC for its DPP offerings.

**Health Net, Inc.** contracted with a vendor to offer a virtual DPP for a subset of Preferred Provider Organization (PPO) members in mostly rural areas of California, because there was a high incidence of obesity and prediabetes within this region. Much of the insurance provider’s previous DPP experience was with large employer groups with high health maintenance organization (HMO) membership, so Health Net used this opportunity to gain experience with a different delivery modality, in additional lines of business, and within different populations.

**Molina Healthcare** offered the DPP to its employees and members at six in-person locations across New Mexico, California, and Wisconsin, in partnership with clinics and

provider practices, as well as a Federally-Qualified Health Center in San Diego. Molina leveraged lessons learned from delivering the DPP to encourage healthy lifestyle changes as part of the plan’s ongoing prevention and wellness programs. With a strong track record of scaling programs to prevent hypertension, stroke, and communicable diseases, Molina continues to support diabetes prevention through community efforts that promote healthy diet and exercise in lifestyle programs for its members.

### Scaling and Sustaining the Program

AHIP and the participating health insurance providers became involved with the DPP to improve the health of members nationwide and to engage participants in an innovative lifestyle change program. This program facilitates healthy behavior modification from which participants can experience improved health outcomes. Over the five years of the program, the participating insurance providers were encouraged by the results of the DPP and have worked to expand the program beyond the cooperative agreement.

AHIP supported participating health insurance providers as they worked toward scaling and sustaining the DPP and disseminated information about the DPP to health insurance providers beyond those participating in the cooperative agreement. Health insurance providers have made significant progress offering the DPP to more people, including those who are underserved, national and regional employer groups, Medicare, and other member populations. Insurance providers have also continued to expand the reach of the DPP-both geographically, ultimately delivering the program in 11 states and the U.S. Virgin Islands, including telehealth and virtual offerings.

## Insurance Providers Reduce Risk of Diabetes Through CDC Program

Health insurance providers have taken steps towards sustaining their programs going forward. For example, in January 2017, Florida Blue began offering the DPP as a covered benefit for Medicare Advantage beneficiaries and as a wellness program for fully-insured commercial group members. The insurance provider also hopes to expand the program in the coming years. Future iterations of the program may also include incentives for participants to encourage long-term, sustainable lifestyle.

In their partnerships with employer groups during this project, Cigna found that employers were enthusiastic about offering the DPP to their employees and therefore took specific steps to upgrade systems to better support administering the DPP.

To ensure continued progress, Anthem, Denver Health, EmblemHealth, and Health Net have all committed to offer the DPP at no cost to their members into 2018 and beyond.

### Lessons Learned

With their experiences delivering the DPP to diverse populations, the health plans learned how best to sustain and scale the program, improve marketing, and achieve the desired results for participants.

Some common challenges included:

- Differences in employer or customer management styles, culture, and physical location that needed to be addressed;
- Long ramp-up times to launch the program or start a class in a new location;
- Difficulty with the time it takes to contract with vendors;
- Retaining talented staff such as lifestyle coaches;
- A shortage of CDC-recognized DPP providers, especially given the new Medicare coverage for the program starting in 2018;
- Identifying and recruiting potential participants for new classes; and
- Retaining participants in the program for the year-long duration to achieve the desired weight loss results which prevent or delay the onset of type 2 diabetes.

Health insurance providers created and implemented a variety of mitigation strategies.

- To address staffing challenges, insurance providers customized DPP delivery to meet program growth and build participant wait lists, offered virtual sessions for participants to make up classes, and provided compensation, benefits, and professional development opportunities to retain staff.
- When faced with enrollment challenges, participating health insurance providers recognized the difficulties associated with asking for a year-long commitment from program participants. To address some of these challenges, they adjusted messaging, offered convenient class locations and times, and expanded geographically and to different lines of business (i.e., Medicare beneficiaries, state exchange populations).
- If insurance providers encountered challenges with participant retention, they worked to adjust promotion and marketing messages, build management support for employer programs to mitigate employee concerns about participation, and adjust class times, locations, and promotions to optimize participation for the full program duration.
- To mitigate internal process challenges, insurance providers implemented

internal systems and process (e.g., communications) required to sustain successful, efficient DPP operations.

- If DPP participants had difficulties with weight loss, participating health plans leveraged data and resources (such as one-on-one coaching and access to registered dietitians) to help participants achieve the program goals.

### Conclusion

The CDC cooperative agreement provided a valuable opportunity for health insurance providers to gain experience delivering the DPP and testing approaches to prediabetes management. The participating plans and others have taken steps towards offering the DPP on an ongoing basis. Many plans have introduced the DPP to employer groups and are offering the program for Medicare beneficiaries, as required by the Centers for Medicare and Medicaid Services (CMS) starting in 2018.

Health insurance providers have established themselves as leaders in prevention and early intervention efforts for their members. Experiences from the DPP can be applied to new and more diverse groups of people, as insurance providers work with their members to improve their health.

### Endnotes

<sup>1</sup> <https://www.cdc.gov/diabetes/pubs/statsreport14/diabetes-infographic.pdf>

<sup>2</sup> <https://www.cdc.gov/diabetes/pubs/statsreport14/diabetes-infographic.pdf>

<sup>3</sup> <http://news.gallup.com/poll/221078/diabetes-costs-economy-estimated-266b-annually.aspx>

<sup>4</sup> <https://www.cdc.gov/diabetes/prevention/prediabetes-type2/index.html>

<sup>5</sup> <https://www.cdc.gov/diabetes/pubs/statsreport14/diabetes-infographic.pdf>

<sup>6</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1282458>

<sup>7</sup> [https://www.cdc.gov/diabetes/prevention/lifestyle-program/why\\_offer.html](https://www.cdc.gov/diabetes/prevention/lifestyle-program/why_offer.html)