



DISCUSSION NOTES

MI Diabetes Prevention Network Meeting

September 24, 2019

12:00 p.m. – 3:00 p.m.

Note: Key discussion notes are listed below according to discussion question number. There were seven discussion questions total. This is by no means an exhaustive list of possibilities but rather captures what was discussed during the live meeting. Notes from dial-in participants is included.

Question 1: What is the best way for MDHHS to proactively contact “pending” DPP providers and provide support?

Responses:

- Technology Help
 - Ask when DPP providers’ 6-month reports are due to CDC and reach out with electronic/calendar reminders
 - Analytic support on reporting outcomes measuring and ongoing quality improvement supports TA based on feedback report
 - DREMS – CDC data management system documentation/reporting pilot that automatically includes monitoring of % weight loss, attendance, PA
 - Provide a free data entry system similar to [DAPS](#) for agencies seeking recognition
 - State used to offer a free data entry system – not sure why they stopped?
 - If agency doesn’t have dedicated funding for DPP and program isn’t bringing in money, it likely can’t afford the \$500/year fee for [DAPS](#)
 - Entering and analyzing DPP data is very hard without trained data analyst, which most programs don’t have
- Mentorship
 - Leverage existing DPN members in mentorship/peer support pairings
 - Provide stipend for CDC recognized sites to serve as “Mentor Sites” for others seeking recognition
 - Mentoring is adding more work to already overloaded plates, especially since DPP often doesn’t generate revenue
 - Provide incentive/stipend to make mentorship worthwhile
- State-Level Assistance
 - Prevention TA – quick YouTube snippets, tricks, tips – 10 minutes or less
 - Offer application consultation services for agencies seeking Medicare reimbursement
 - Have someone at State level that understands the MDPP application fully and can speak in plain language to the local agencies working on their MDPP application
 - It’s complicated, intimidating, and requires staff time and financial commitment to apply

- State could partner with AMA in its efforts to provide education to providers on DPP to help increase referrals to the program
 - State could organize statewide education efforts for providers

Question 2: What is the best way for MDHHS to do exit surveys for DPP providers that lose recognition?

Responses:

- Focus on Being Proactive
 - Focus should be more on being proactive and reaching folks before they lose recognition
- If Recognition is Partially or Fully Lost
 - CDC usually does an “exit interview” with DPPs that lose recognition, but too late and this information isn’t shared with the state
 - 1 on 1 phone call, personal contact
 - Find out why they lost recognition
- Info gathering
 - What are other states doing?

Question 3: How do your doctor-DPP or doctor-CHW-DPP relationships work?

Responses:

- Key Factors
 - Making it easy for physician to refer
 - Team-based approach for referrals
 - Business approach to treating prediabetes at the physician/office level – use flow charts (physicians prefer these)
 - Make sure providers talk about prediabetes first
 - Providers’ knowledge of prediabetes
- What’s one thing you need to make the relationship better?
 - Patience
 - Slow, steady effort
 - See above

Question 4: What is at least one “win” from your own screen, test, refer experience for diabetes prevention?

Responses:

- Use paper risk assessment first; integrate into new and existing patient paperwork packets
 - A1c can be expensive/prohibitive
 - Paper risk assessment first helps filter first round of potential DPP enrollees

Question 5: What are some of your top challenges or misses from your own screen, test, refer experiences for diabetes prevention? List at least 3 possible solutions.

Responses:

- Set clear expectations (e.g., wait times based on cohorts)
- During wait times, use existing resources (<http://www.MiHealthyPrograms.org/> D-PATH / Review resources / Self-study options)
- Collaborators or competitors?
- Training and information sharing on website
- Increase collaborations
- Increased outreach of mihealthyprograms.org

Question 6: How can we find other key stakeholders to join DPN? Are there any individuals or groups we are missing?

Responses:

- Community mental health groups
- CHWs
- Providers/physicians/care teams
- Training programs
- Lifestyle population
- Membership categorization (status) (e.g., sales pitch)
- Insurers (private)
- Pharmacists, pharmacy students
- Past DPP participants
- Employers
- State of MI HR (DPP not covered by State of MI)
- DHHS - WISEWOMAN
- DHHS – HDSP
- DHHS – HIV

Question 7: What questions should MDHHS ask in its upcoming coverage and reimbursement and screen, test, refer employer group survey?

Responses:

- Who represents the employer?
- Business and ROI perspective – Will need to be a focus and make sure address
 - Lower costs, \$ saved, incentives for employees
- Compare those referred vs. enrolled