



# Michigan DPP Community of Practice Call

2/8/2024



# Welcome!



# Community of Practice (COP) Purpose

The COP is meant for lifestyle coaches, program coordinators, and others interested in the Diabetes Prevention Program (DPP) offerings in Michigan.

Monthly calls will begin with a presentation and then offer an open Q&A session. Barring unforeseen circumstances, at least one representative from the MDHHS-Diabetes & Kidney Unit will attend to help answer questions and/or work to get them answered after the meeting.



## About the Community of Practice

- Optional.
- Direction guided by Planning Committee (open to all).
- Format:
  - Similar to national CDC DPRP Office Hours (3<sup>rd</sup> Th of the month at 2p).  
<https://cdc.zoomgov.com/j/1610691757?pwd=L0VGS0dnTEZ3am5obndYdGNyTUFvUT09>
  - Starts with presentation and then opens for Q&A.
  - Informal.

An aerial photograph of a river flowing through a dense forest with vibrant autumn foliage in shades of orange, yellow, and red. The river features a small waterfall with white water cascading over a rocky ledge. The sky is not visible, focusing the view on the natural landscape.

## Community of Practice Call Schedule

- Calls held monthly and alternate between:
  - 2nd Monday of the month at 3p.
  - 2nd Thursday of the month at 1p.
- Zoom or call-in.
- 50 minutes long.
- Presentation part of the call can be recorded but discussion will not be.
- Quarterly Medicare + Medicaid calls offer in-depth discussion specific to these topics; next call 3/7 @ 3p (email [DavenportA1@Michigan.gov](mailto:DavenportA1@Michigan.gov)).

Planning Committee  
– Thank you!



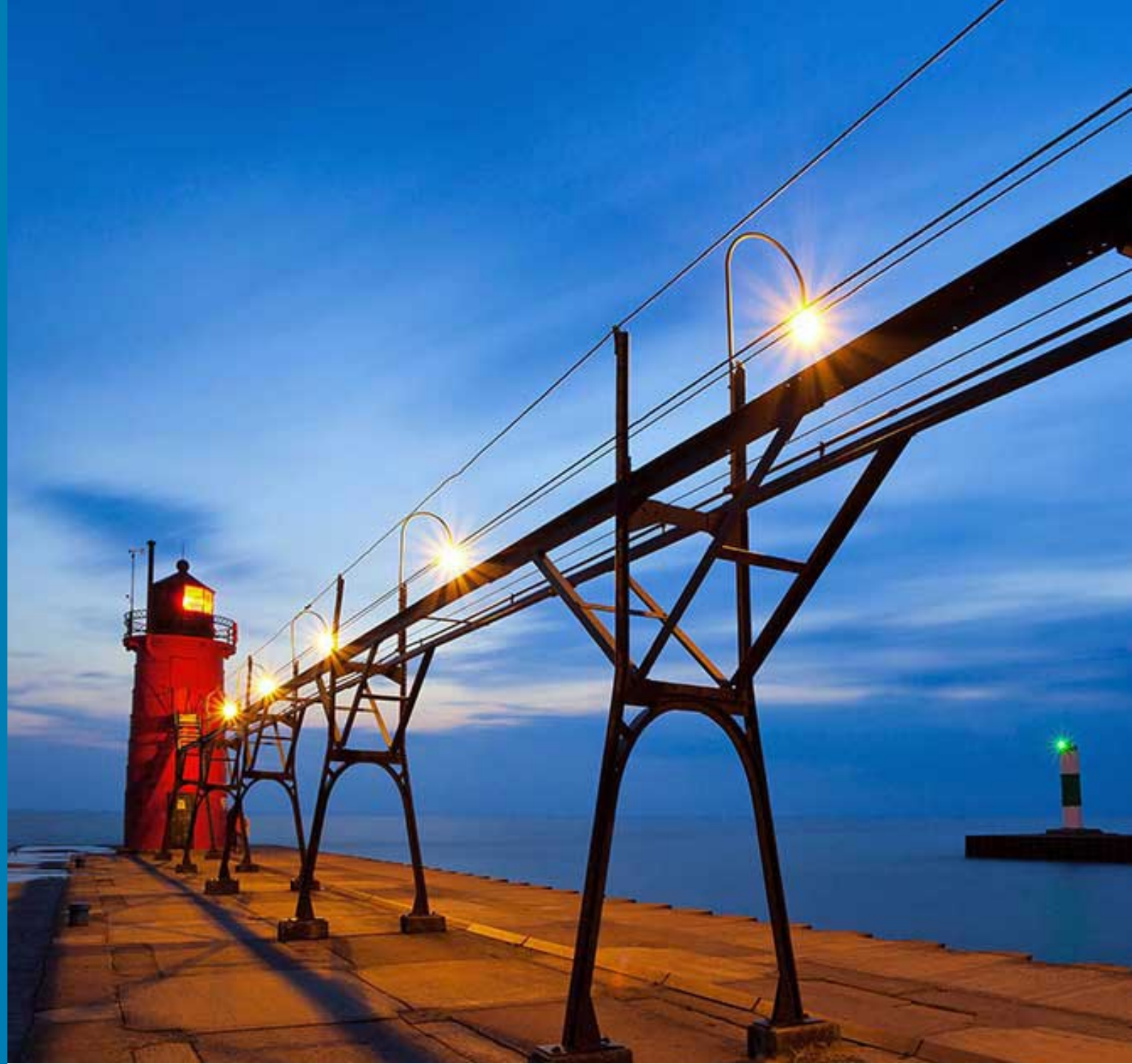
- Fenise – Henry Ford Health
- Caitlin – National Kidney Foundation of MI
- Joe – Electronic Services Technologies
- Dani – Community Health & Social Services Ctr
- Tamah – MDHHS Diabetes Team
- Adrienne – MDHHS Diabetes Team
  
- More are welcome!

## Contact Sheet



- After each call, Adrienne will circulate a contact sheet.
- If you wish to be added to the contact sheet or edit your information, email Adrienne ([DavenportA1@Michigan.gov](mailto:DavenportA1@Michigan.gov)).
- You can use to call on each other without the State getting involved!

# 2024 DPRP Standards & Discussion





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## What We'll Cover

- 2024 DPRP Standards basics
  - Overview
  - Highlight key changes
  - Open discussion:
    - What are your top questions about the new Standards?
    - How might the changes affect you and your organization?
    - What would you like to focus on for our next COP meetings?
- Adrienne will collect comments and questions
- Open Q&A

# 2024 DPRP Standards



**DPRP Standards** = The Center for Disease Control and Prevention (CDC) Diabetes Prevention Recognition Program (DPRP) Standards and Operating Procedures. The official guidance for operating the Diabetes Prevention Program (DPP) and maintaining eligibility as a DPP and as a lifestyle coach able to lead DPP cohorts/classes.

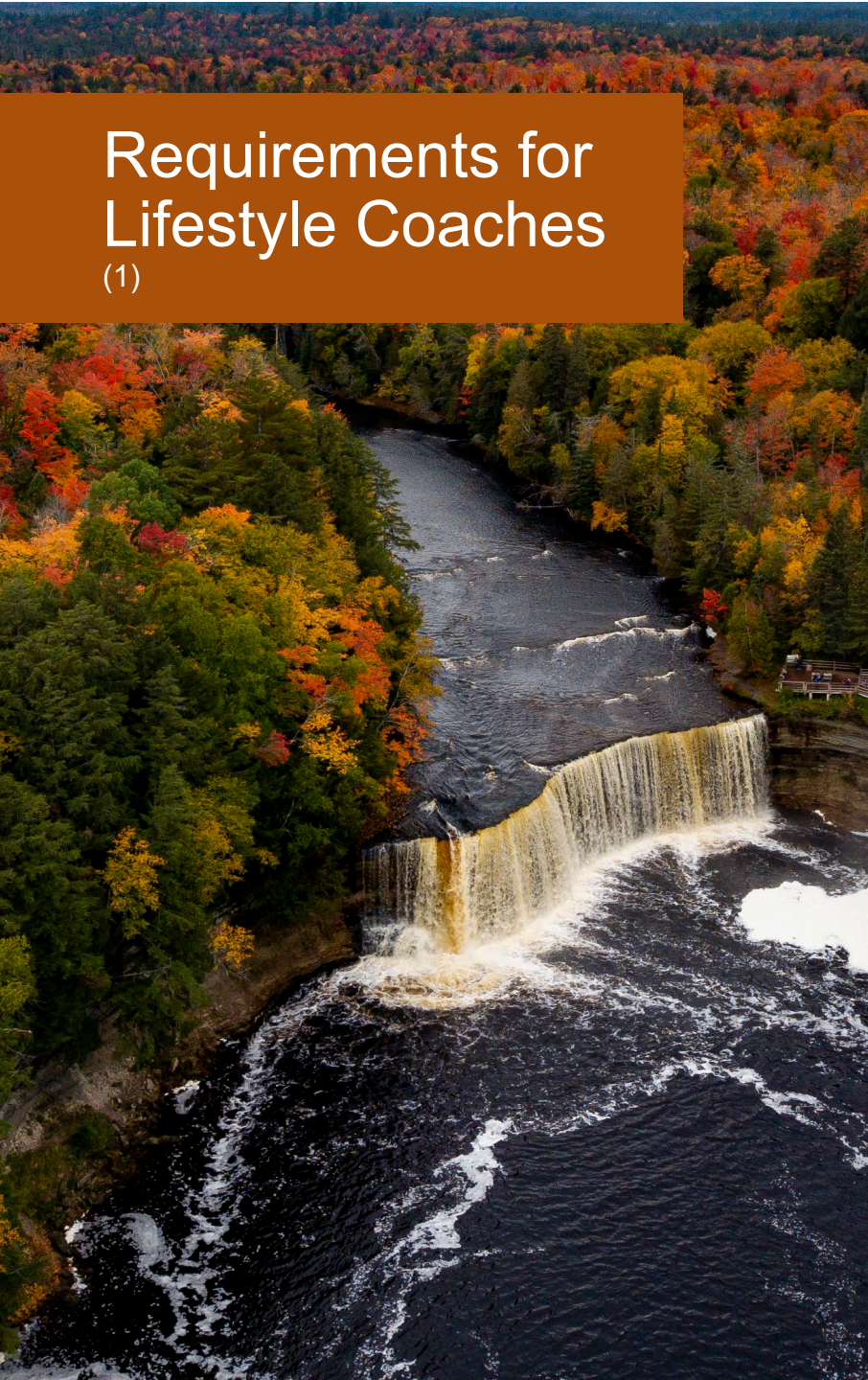


## 2024 DPRP Standards

- The DPRP recognizes organizations that have demonstrated ability to effectively deliver the Diabetes Prevention Program (DPP), a national evidence-based lifestyle change program.
  - Oversees DPP quality, fidelity, collects data, and offers assistance to DPPs and lifestyle coaches.
  - Operates online registry, “Find a DPP,” Customer Service Center website, and online portal for DPPs to enter data.
  - Standards offered in English and Spanish.
- Standards and Operating procedures updated every 3y.
- 2024 Standards, take effect May 1, 2024.

# Requirements for Lifestyle Coaches

(1)



- Complete initial lifestyle coach certification training (12h+) offered by CDC-approved org or Master Trainer.
- Lifestyle coaches and program coordinators required to get 2 hours of advanced lifestyle coach training each year (CDC has a list of approved training providers).
- Keep proof of training on file; not required to submit unless requested.

# Requirements for Lifestyle Coaches

(2)



- Collect and submit data at each DPP session to Program Coordinator or other planned contact.
- Tips:
  - Check with your DPP to see if they offer this type of training or offer discounts.
  - MDHHS Diabetes Team often offers this type of training for free.

## Recommendations & Requirements for DPPs

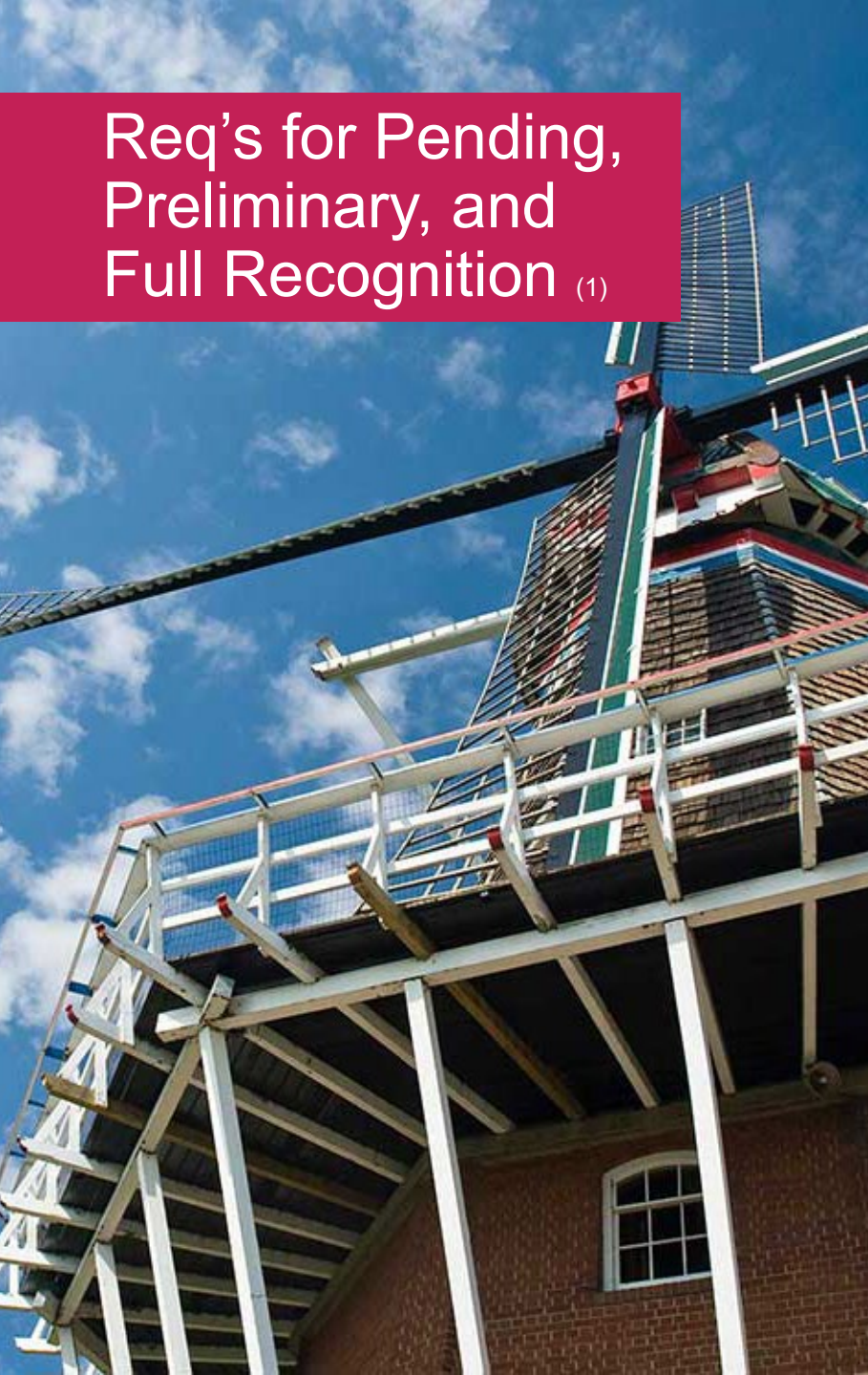


- Complete capacity assessment before applying; consider periodically re-taking it.
- Deliver DPP according to Standards.
- Submit data every 6 months in SAMS according to schedule set by DPRP when originally approved.
- To remain active DPPs, have at least 5 completers each 6 months.
  - Completer = An eligible participant who attended at least 8 sessions in months 1-6 and whose time from first to last is at least 9 full months.

## 2024 Changes <sup>(1)</sup>



- New DPPs offered immediate advancement to Preliminary CDC recognition IF they serve in areas of the U.S. identified as having high social vulnerability based on the Social Vulnerability Index.
  - Based on org. zip code.
  - App. Asks if org wants to be considered for “immediate advancement”
  - CDC/ATSDR Social Vulnerability Index (SVI).
- Allows these organizations to apply for Medicare DPP (and MI allows for Medicaid DPP) supplier status immediately.
- *Q: How does this impact Pending orgs. that have already applied?*

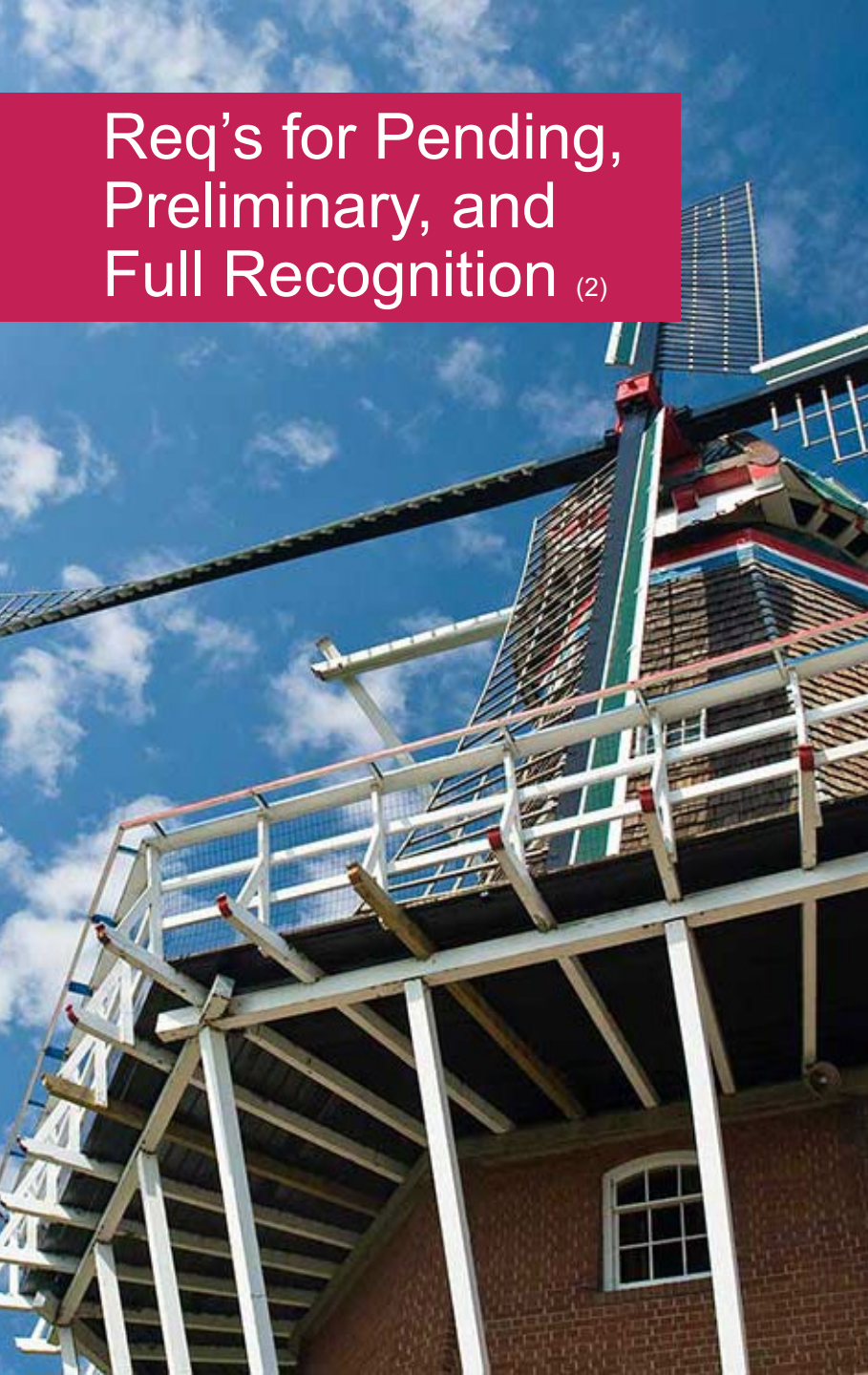


Req's for Pending,  
Preliminary, and  
Full Recognition <sup>(1)</sup>

## Preliminary: Now 3 paths to achieve this status.

1. Immediate advancement to Preliminary at the time of application approval if they are serving a population that resides in a county classified as having “high” vulnerability according to the CDC/ATSDR Social Vulnerability Index, OR
2. Orgs will move into Preliminary at the time of Sequence 1 (6 month) or Sequence 2 (12 month) data submission if records indicate that at least 10 eligible participants have attended at least 8 sessions, OR
3. Orgs will move into Preliminary when both criteria have been met (referred to **Requirement 5 (UPDATED)**):
  - The evaluation cohort includes at least 10 eligible participants and
  - At least 30% of eligible participants meet the definition of completers





Req's for Pending,  
Preliminary, and  
Full Recognition <sup>(2)</sup>

# UPDATED Full Recognition Requirements

- Must meet new requirement 5.
- Requirement 6 and 7 will only be calculated if Requirement 5 is met.
- Requirement 6: risk reduction. Orgs must show reduction in type 2 diabetes risk by 60% of completers achieve at least one of the following:
  - At least 5% weight loss at 12 months after cohort began.
  - At least 4% weight loss and have at least 8 sessions associated with an average of 150 minutes of physical activity.
  - At least 4% weight loss and have attended least 17 sessions.
  - At least a 0.2% decrease in HbA1c from baseline (recorded within 1 year of starting the program).

## 2024 Changes <sup>(2)</sup>

More drop-down options for title of staff in applications to become a DPP:

- Behavioral Health Specialist
- Community Health Worker
- Coordinator/Manager/Supervisor/Director
- Diabetes Educator
- Government Personnel
- Health educator – non-Diabetes
- Medical Director
- Nurse
- Nutritionist
- Other Healthcare Professional
- Pharmacist
- Registered Dietitian/Nutritionist
- Wellness or Fitness Instructor/Professional
- Other

# 2024 Changes <sup>(3)</sup>



## New Delivery Mode Available: In-Person with Distance Learning Component.

- Allows CDC and Medicare DPP to categorize which programs are fully live/in a synchronous manner.
- Participants have the option of attending sessions via remote live classroom (Zoom, telehealth, etc.)
- Live delivery.
- Video not required.

# 2024 Changes <sup>(4)</sup>



## Expanded Delivery Options for Combination:

- Program may be delivered as a combination of in-person, distance learning, and online components.
- Examples:
  - Entire cohorts conducted using different delivery modes (one cohort in-person and/or via distance learning and another cohort online).
  - Some participants within a cohort using one delivery mode and some participants within the same cohort using the other.
  - Participants choose from session to session which mode they wish to use.

## 2024 Changes <sup>(5)</sup>



When applying to become a DPP, submit projected start date.

- Will ask if you know your start date (Yes/No) and, if so, when that will be.
- DPRP will prioritize reaching out to orgs without a planned start date.

# 2024 Changes <sup>(6)</sup>



## Data Submission:

- Option to submit participant intake information separate from session data so it only has to be uploaded once or all in single file (current process).

## Evaluation Data Elements:

- Added “Program Champion” as option for enrollment motivation.
- Removing “Other” and adding payer sources of “Gov’t/Military” and “Venture Capital.”

## 2024 Changes <sup>(7)</sup>

### Evaluation Data Elements:

- Adding:
  - 6 variables on disability status related to hearing, vision, cognition and concentration ability, walking/climbing ability, dressing or bathing oneself, and ability to do errands alone.
  - Participant zip code.
  - Middle Eastern/North African do race/ethnicity option, as well as open write-in option.
  - 3 optional SDOH variables related to if SDOH assessments are done, top 3 needs identified, and if the org took action to meet 1 or more need.
  - Optional intake form will be provided for orgs to use which incur[orates all required questions to be asked of participants.

## 2024 Changes <sup>(8)</sup>



Changes are still technically proposed;  
they go live May 1, 2024.



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## Questions about new Standards?

- Examples:
  - How do DPPs plan to collect the optional SDOH data?
    - How do they plan to act on it?
    - How can we cross-reference between different programs or organizations?
  - What “combination” set-ups that you are planning to use (e.g., in-person year-round with Zoom dial-in for conflicts, in-person once a month and Zoom the other meetings, etc.)?
- The way asking for SDOH is tough – up front.
  - Trust takes time, as does how to figure out how to help
  - Can’t be at intake

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## Questions about new Standards?

- How are we reporting within 6-month period – including if started with old standards and continue with new standards
- Combo – in-person, snow birds
- More flexibility d/t weather, have tools available as needed, not pre-planned

## Concerns about new Standards?



- Examples:
  - How do we ask about disability status?
  - Are you planning to measure and/or take action on SDOH data?
  - How will you track on and record SDOH data?
  
- [Adrienne to record notes here]

## Concerns about new Standards?



- Concern and a joy – allowing more orgs to qualify but also moving away from original study – hope can keep fidelity at heart

# Open Q&A



# Thank you!

[www.Michigan.gov/Diabetes](http://www.Michigan.gov/Diabetes)

[DavenportA1@Michigan.gov](mailto:DavenportA1@Michigan.gov)

[MDHHS-Medicaid-DPP@Michigan.gov](mailto:MDHHS-Medicaid-DPP@Michigan.gov)

