

Kentucky Diabetes Prevention Program (DPP) Quarterly Conference Call

April 22, 2020 from 2:00pm – 3:30pm (Eastern) Conference Call Minutes

32 Attendees (~50 users noted on Adobe Connect)

DTTAC Facilitators: Mallory Stasko, Mackenzie Leonard, Sarah Piper

DPP Hot Topic Presenters: Sarah Brokaw, Sheri Setser-Legg, Heather Norman Burgdolf, Angela Forfia,

KY Facilitators and Staff: Andrea Doughty, Theresa Renn, Karen Cinnamon, Abby Hoffman

Attendees: Ann, April Sandlin, Ashley Lillard, Ashley Wilks, Beth Ackerman, Brooke Hudspeth, Cara Castleberry, Carolyn Kerr, Heather, Jamie Lee, Jane Myers, Janet Cowherd, Jenna, Jennifer Nachreiner, Jennifer Robinson, Jessie Morgan, Jim DeMasters, Julie Brown, Julie Steber, Kelly Dawes, Lauren, Leann, Matt Presley, Melina Osbourne, Melissa Gaither, Michelle Osborne, Michelle Hansen, Rhonda, Sandra Clark, Shelby, Troy Sutherland, Vicky Albertson.

If you attended the call and are not listed, please notify: theresa.renn@ky.gov

Attachments for Conference Call: Umbrella Arrangements Hot Topic PDF, KY Sponsored Webinars Flyer 2020, Lifestyle Change Tips from Home, KY DPP Meeting Minutes 1.22.2020, Resource List, Technology Tips for Virtual Facilitation of National DPP Sessions, Lists and rankings – APR, Umbrella Guidance 1.29.20, DTTAC_VLCT Flyer_Spring+Summer_KY

WELCOME / INTRODUCTION

- **Welcome** – Andrea Doughty welcomed everyone on the call and wished everyone a productive and safe working environment during the COVID-19 pandemic.
- **DPP Hot Topic and Business Meeting Recording / Link (for those who were unable to join live):** <http://emory.adobeconnect.com/p2379jwnkx29/>

DPP HOT TOPICS PRESENTATION / DISCUSSION

- **DPP Hot Topic Presentation “Umbrella Arrangements for National DPP”** – Mallory introduced the presentation topic and the four **DPP Hot Topic** presenters: Sarah Brokaw with the National Association of Chronic Disease Directors, Sheri Sester-Legg and Heather Norman Burgdolf with the University of Kentucky, and Angela Forfia with the Association of Diabetes Care & Education Specialists
- **Sarah Brokaw, National Association of Chronic Disease Directors**
 - o The title of Sarah’s presentation is “Joining Forces for Quality and Sustainability” as this is the bottom line for the purpose of the umbrella arrangement from CDC’s perspective.
 - o Sarah checked in with those on the call regarding their awareness of the umbrella arrangement and reiterated that a lot of the umbrella arrangement information is new.
 - o Sarah provided an overview and purpose of umbrella arrangements. An umbrella arrangement is structure that allows CDC-recognized National DPP organizations to form a hub and spoke model. DPP delivery organizations may be interested in forming or joining an umbrella arrangement because it allows National DPP organizations to collaborate on administrative tasks, CDC recognition, and sustainable coverage and reimbursement.
 - o The current umbrella organization was created due to the current context and challenges: small programs (most in-person organizations in the CDC DPRP registry serve less than 30 participants per year), data limitations (struggle in meeting data requirements for CDC recognition and/or Medicare), quality (desire CDC DPRP recognition status), administrative burden (lack of administrative infrastructure to submit claims for covered benefits), limited capacity (lack resources to add administrative capacity) and sustainability (desire increased reimbursement potential).
 - o The solution proposed by CDC is the hub and spoke model which is a partnership between an established CDC-recognized organization with full or preliminary recognition (the hub) and one to give additional CDC-recognized organizations with pending, preliminary, or full recognition

(the subsidiaries)

- o To get started, organizations would need to complete an application. The application process consists of 2 parts. The first part needs to be completed by the hub and the second part needs to be completed by the subsidiaries. The hub then compiles and sends the application to CDC for review at DPRPApply@cdc.gov. Then the hub would hear a response from the CDC to set up a call to discuss the proposed arrangement. Under normal circumstances this wait time is 15 days but not sure of the timeline given COVID-19.
- o Once the arrangement is in effect, the Hub agrees to several conditions: agrees to serve in this role for at least 2 years, it can charge for the service, it can set performance standards for the subsidiaries, it can remove subsidiary that underperforms or doesn't adhere to rules, and it cannot lose full recognition by agreeing to be hub. The DPRP data process occurs at the hub level with a couple of possible exceptions for the subsidiaries. The subsidiaries submit their data on a timeline aligned with the hub. The hub can submit data on behalf of the subsidiaries but the subsidiaries also have the option of submitting their own data under their own organization code. No matter how the data is submitted, the data set is aggregated at the hub level and each subsidiary receives the recognition status of the hub. Finally, the DPRP evaluation report is produced for the aggregated data set at the hub level, unless an evaluation report is requested for the subsidiaries separately.
- o There are three key areas where organizations can benefit. The first is administration through shared costs of administrative costs between the organizations, having an aggregated data set and centralized ability to process ongoing claims submission and receipt. The second is achieving CDC-recognition status and the Medicare DPP supplier status by joining together. Lastly, sustainability by continued program availability and access for your population by keeping your doors open, by being financially sound, and having that reimbursement to keep you sustainable.
- o When you're considering whether this is a model that makes sense for you, Sarah would pose these questions: (1) How could this setup help address gaps in capacity, recognition, coverage and availability in Kentucky? (2) What are the advantages of this arrangement for your organization? (3) Which organizations would serve as a hub or subsidiary?
- o To get started, Sarah would encourage everyone to read the CDC guidance and application (in the handouts) to understand the structure and process. When considering who would participate, Sarah encourages you to list out your health system affiliates/partners organizations that are National DPP providers to identify possible hub and subsidiary options. You can check their recognition status by going to the CDC DPRP registry to view the current list of recognized programs. Kentucky currently has over 20 organizations that could serve as a hub based on recognition status. You can check their MDPP supplier status by going to the CMS MDPP supplier registry to view the current list of organizations furnishing MDPP services.
- o Check out the following resources to learn more and ask further questions:
 - CDC Resources
 - [Umbrella Arrangements for CDC-Recognized Organizations](#)
 - [DPRP Umbrella Application for CDC-Recognized Organizations](#)
 - CDC DPRP Registry
 - https://nccd.cdc.gov/DDT_DPRP/Registry.aspx
 - CMS MDPP Supplier List
 - <https://innovation.cms.gov/innovation-models/medicare-diabetes-prevention-program/mdpp-map>
 - State of Wellness (CDC approved lifestyle coach training entity) blog post
 - [National DPP Umbrella Organization Opportunity: Let's Begin to Unpack This!](#)
 - Questions
 - NationalDPPAsk@cdc.gov
- **Sheri Setser-Legg & Heather Norman-Burgdolf, University of Kentucky**
 - o Sheri and Heather are both with the University of Kentucky but work with different entities. Heather is an Assistant Professor in the Department of Dietetics and Human Nutrition and also serves as the state level extension specialist for food and nutrition. Heather works within the cooperative extension service system where she serves as a resource for chronic disease prevention for the county level educators. She helps support the extension agents and educators who deliver community-based programs. Heather became interested in NDPP back in 2017 when she was looking for evidence-based programming to support the county agents because diabetes

prevention and education is a high need at the county level. She was exploring a pilot to train extension agents as lifestyle coaches to implement the program and become their own supplier as cooperative extension service. Through conversations with Barnstable Brown, Sheri and Heather decided that this would be a great opportunity to bridge community-based delivery with the healthcare system that has the infrastructure to handle the administrative side of this. At extension, they have traditionally offered DPP free of charge, but would be unable to do so if a separate entity was billing. So, working with Barnstable Brown as the administrator side of the project would allow them to provide the billing infrastructure. Over a year ago, they were presented an opportunity to obtain external funding and now are in the middle of a pilot study.

- o Sheri's role as the coordinator of the DPP program at Barnstable Brown was to bring the extension sites under their umbrella. The first thing they did was have the agents be trained as lifestyle agents. They also had a separate meeting to go over the rules of DPP, how Barnstable Brown's program works, and shared all of their forms/supplemental materials to be cohesive across the groups. Then, they started using DAPS (Data Analysis of Participants System) for coaches to input their data all in one place. So far, they have one site that is in the middle of a cohort, another site that had started a cohort at the beginning of COVID that is on hold, and a few others that are in the recruiting process. It worked out well to be able to offer to these groups and extend the reach to counties that didn't have as many DPP resources. Originally, they were focusing on counties that didn't have a DPP supplier in that county but have also been able to work on an MOU and have all materials co-branded through this partnership. Some of the data they are seeing so far is very successful.
- **Angela Forfia, Association of Diabetes Care & Education Specialists**
 - o Angela reiterated that umbrella arrangements are about joining forces which can happen in a very structured way with agreements, hubs/spokes, and 2-year contracts or you can do it an informal, "parasol" model which is just a group of sites working together in community. All of these ideas require groups to have something in common or complimentary with the other providers. You might be serving the same priority population/community, such as migrant farm worker, or you might be doing your program in the same type of setting, such as faith-based centers.
 - o One of the umbrella organizations that Angela works with is the Choctaw Nation of Oklahoma, as part of their 1212 CDC Cooperative Agreement. They started working together in 2013, and by 2019 they had full CDC recognition. The CDC invited them to become a hub for other tribes and other tribal-serving organizations that were doing the DPP that were struggling with small numbers of participants, having to deal with the data, and having the administrative burden. Something important to remember is that not all organizations have to deliver the same curriculum in the same way – you can still allow for cultural tailoring and community responsiveness at the community level.
- **Question and Answer**
 - o Q: Will you clarify and/or repeat what you said concerning Medicare DPP supplier status recognition? In other words, do subsidiary organizations still have to be MDPP Suppliers in order to provide MDPP services, even if they are part of a Hub that is an MDPP Supplier? This is what seems a tad unclear in either CDC or CMS documents we find.
 - A: Sarah Brokaw – It sounds like that's one of the benefits that CDC is promoting. MDPP requires you to have preliminary recognition and this umbrella arrangement would help you to achieve that. In terms of being an MDPP supplier, I'm not sure if the subsidiaries benefit from the status of the hub. That's a little bit unclear for me as well. I would recommend emailing CDC directly at NationalDPPAsk@cdc.gov to ask that question.
 - o Q: How would an organization that is the spoke get paid through Medicare if the hub has the status and is submitting claims? Would they broker some sort of financial agreement for payments?
 - A: Sarah Brokaw – I would envision that if the claims are being submitted and processed at the hub level, then they would collect the revenue and then have to distribute it through some sort of financial arrangement with their subsidiaries
 - A: Andrea Doughty – CMS also has a Q&A email for application questions. CMS billing resources <https://innovation.cms.gov/webinars-and-forums/mdpp-billing-claims-overview>
 - A: Sarah Brokaw – One other piece of information that I can share is that there is an umbrella hub demonstration project underway that involves a hub that is serving solely

in the administration role (so they're not delivering services). Two organizations are doing this with some support from NACDD. This not currently the CDC approved structure but it's something that is being piloted and they're considering it in the future. One other piece of information that I can share is that the CDC was describing alternatives to the umbrella arrangement that do not require establishing a billing and claims infrastructure so some of the examples they provided were joining with a network of community providers that had contracted with an ACO or SCO that could provide the DPP services for a negotiated rate or partnering with a healthcare delivery organization that agrees to bill for the services, provide it at the community location so you have that billing and claims expertise at the healthcare system about a community based delivery or you could similarly deliver the program as a class location for a larger CDC recognized organization. So, there's the formal umbrella arrangement and then there are other ways to model it that operate differently.

- o Q: How many sites do you have at the University of Kentucky?
 - A: Sheri Setser-Legg – We have 2 extension sites right now and the potential for 3 more additional sites.
 - A: Heather Norman Burgdolf – One was about to start but as soon as we got the orders to stay at home, that was postponed because it was at an assisted living facility. So, 5 is the ultimate goal to have up and running within our pilot.
- o Please contact Andrea Doughty at Andrea.doughty@ky.gov if you are interested in being a hub or spoke!

GENERAL ANNOUNCEMENTS

- **KY Technical Needs Assessment**
 - o Andrea introduced that Karen Cinnamon and Abby Hoffman, who are Program Evaluators with the CHES Solutions Group, are working with the KY Department of Health and the Emory Centers for Training and Technical Assistance to conduct a technical needs assessment of NDPP providers in Kentucky. The purpose of the evaluation is to assess whether the actions the KY Department of Health has been taking to support NDPP providers (i.e. webinars, DPP Quarterly calls, sponsored trainings etc.) are beneficial and where there might be gaps/unmet needs. The information gathered will be used to drive future decisions. The first phase of the assessment will be one-on-one interviews with those that have some programmatic role in NDPP and the second phase of the assessment will be a wide-spread survey to the entire NDPP network. We look forward to your participation. If you are interested or have further questions, please contact Andrea Doughty at Andrea.doughty@ky.gov.
- **Minutes** from 1/22/20 sent with call documents
- **KY DPRP Organizations/Map**
 - o Feb/Mar listings set by email
 - o New customizable marketing materials and searchable app available for integration into local websites. The idea is to have materials that are the most up-to-date and specific for KY so that individuals can get connected (i.e. a registry similar to CDC's but for KY). This will look a little different now that we are using GIS for location data. If you are interested in projects around location data or need additional things for websites or presentations, please contact Andrea Doughty at Andrea.doughty@ky.gov.
 - o Please review your agencies listing(s) for accuracy
- **Reminder – DPP Support** Available through KDPCP
 - o KY DPP Quarterly Conference Calls with "Hot Topics"
 - o FREE DPP Webinars from DTTAC:
 - *Recordings still available through June 30th!* If you weren't able to watch these live, you can still listen to the recordings. Please take advantage of these.
 - *Brilliant Beginnings*
 - *Wait, Wait Don't Leave*
 - o National DPP Lifestyle Coach Training – 2020 are:
 - July 6th – July 31st
 - Oct. 5th – Oct. 30th

- *These are free of charge. Contact Andrea if you are interested in having a coach trained. There will also be additional dates coming soon.*
 - Meal and Activity Trackers/Calorie King Books
 - These are available and can be sent to you. The print copies might not be as useful right now but if you are planning a digital cohort and can think of sending something in the mail, please let Andrea know.
- **New Resources Available on Distance Learning and Response to COVID-10**
 - Andrea shared that there are a lot of resources that were compiled related to distance learning and responding to the current difficulties of the COVID virus, including a webinar that was done a couple of weeks ago with some KY coaches who had already been doing online or distance facilitation. Be on the lookout for an encore to the webinar where you can ask live questions. The resource list to help DPP programs transition to online that came from the webinar is attached to this meeting.
- **KY DPP State Engagement Meeting (StEM) – 2020 Plans**
 - Leadership Council & 4 Coverage Teams – Theresa shared that the KY Department of Health has contracted with the Emory Centers for Training and Technical Assistance to continue work from the StEM meeting on increasing coverage of DPP across the state. A 1-page strategic plan has been written and a Leadership Council and 4 workgroups (Medicaid, Medicare, Private Insurers, and Employers) will be implementing the plan. The leadership council has had 2 meetings so far to think through next steps for the workgroups and to refine/update the strategic plan based on the current context. Stay tuned on more information regarding upcoming workgroup meetings.
- **6|18 Initiative – 2020**
 - Andrea shared that the 6|18 initiative is targeting Medicaid reimbursement through a collaboration between the KY Medicaid and the Diabetes Prevention and Control Program/ Currently, Medicaid has developed a proposal to present to the commissioner on the NDPP why it should be covered as a reimbursable service. Depending on once that is presented and where the conversations go, it may include some work on state plan amendments and information on what sorts of provider types will be approved to provide that service. Some of that work is already done – there are already reimbursable DPP tracking codes for MDPP. Currently on hold with when next meetings will happen due to COVID-19.
- **DPP Awareness via Appalshop Project**
 - Julie Steber reiterated that KDPCP is in the second year of funding from CDC with activities to promote DPP programs and participation, specifically targeting Eastern KY. Parker from Appalshop shared last time that he has developed numerous PSAs and conducted many interviews to tell the story of DPP prevention. Some of the longer stories have been recorded and are stored in cloud which are accessible through <https://www.makingconnectionsnews.org/>. One story a month has been released since January. Feel free to download these stories and share the message. If you have any questions, contact Julie.

UPDATES / ANNOUNCEMENTS

- **KY Employees' Health Plan Coverage / Solera Health Updates**
 - Julie Brown with Anthem Blue Cross Blue Shield (medical administrators for KY Employee Health Plan) shared that the KY Employee Health Plan is the largest employer in the state of KY and offer the DPP as a member paid benefit. In September 2019, KEHP partnered with Solera to administer the DPP. Since September, the KEHP has seen a huge increase in enrollment in DPP. From September – March, there are 6,844 KEHP enrolled with one of their network providers that's actively participating in the DPP. KEHP and Anthem are really pleased with the results they've been seeing.
 - Matt Presley is the Vice President of Strategic Accounts for Solera. Matt reiterated that Soleras was brought in through Anthem to take the DPP to broaden the network and build on existing successes. They Define enrollment and engagement as members who have qualified through the CDC risk quiz, interacting in the program, and have started their coaching sessions. When members enter in the CDC risk screening tool, about 80% of the members who received a qualified result (are at risk for prediabetes) are moving on and actually enrolling in the program. This is compared to only about 50% outside of KEHP. Are seeing some changes as the program progresses. One positive change is that a higher percentage of people are starting to choose

community-based providers, which is good because typically they can deliver longer engagement or better weight-loss results. Preliminary weight loss is also looking good – people who have been in the program a shorter period of time (4-16 weeks) are seeing 2.5% weight loss and people who have been in the program for a longer period of time (26 weeks or so) are seeing 4.5% weight loss. The longer members stay in, the more weight they lose. The physical activity being reported out of the population is very strong to what they typically see. Employees at KEPH are averaging about 230 minutes of physical activity per work, compared to what is traditionally reported (150 minutes).

- o Q: Andrea Doughty - What is your most successful recruitment tool that you're using?
 - A: Matt Presley –One of the key reasons for success has been an executive/support letter that goes out and directs individuals to the CDC risk quiz. Another key reason for success has been the broad outreach strategy by Solera coupled with Anthem's clinically-based outreach. Solera uses primarily email and text messaging to engage any adult health member who is not already diagnosed with Type 2. The messaging focuses more on staying healthy/general health rather than diabetes-specific. Running alongside of this, Anthem runs a risk model to actively identify and conduct outreach to members who have exhibited a clinical risk through claims.
- **ADCES (Formerly AADE) Report**
 - o Angela Forfia added that ADCES has a single COVID-19 landing page on their website at <https://www.diabeteseducator.org/> with resources, webinars, and podcast about telehealth modalities for DPP and DSMES. There are also 20-minute, free podcasts available called "The Huddle: Conversation with the Diabetes Care Team" – one of which features a local KY celebrity champion!
- **KDN DPP Workgroup Report**
 - o Andrea shared on Beth Ackerman's behalf that the DPP workgroups for the KY Diabetes Network are focusing right now on increasing engagement with Medicare and becoming a Medicare recognized provider. Members of the workgroup will be reaching out to programs to have a conversation about enrolling as a recognized Medicare provider, where folks are in the process currently, and what supports the network could provide. Be on the lookout from calls from Beth.