

## **Glossary of Terms for Completing National DPP Evaluation Forms**

Public reporting burden of this collection of information is estimated to vary between 5 and 7 hours with an average of 6 hours per affiliate delivery site response, and between 3 and 5 hours with an average of 4 hours per grantee response. This includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1090).

**Alumni champion:** Alumni champions are individuals who have completed the year-long National Diabetes Prevention Program (National DPP) lifestyle change program or are in the maintenance phase (last six months) of the lifestyle change program. Champions have a unique and powerful influence on others who may benefit from the lifestyle change program through the positive impact of social networks and word of mouth endorsements. A good champion has certain qualities such as: serving as a good role model for making lifestyle changes and overcoming barriers; being a good listener and clear communicator; being willing to share his or her story about the lifestyle change program; and being seen as a trusted member of the community.

**AMA/CDC Prevent Diabetes STAT (Screen, Test, Act Today) toolkit:** A toolkit (including flyers, risk tests, and algorithms) developed by CDC and the American Medical Association (AMA) that provides information and guidance to health care professionals on prediabetes, patient screening and testing, and referral to the National DPP lifestyle change program. (Downloadable at <http://www.PreventDiabetesSTAT.org>, or from the National Diabetes Prevention Program website at: [http://www.cdc.gov/diabetes/prevention/pdf/STAT\\_Toolkit.pdf](http://www.cdc.gov/diabetes/prevention/pdf/STAT_Toolkit.pdf))

**AMA Diabetes Prevention Cost Savings Calculator:** A tool developed by the American Medical Association (AMA) that organizations can use to determine the potential cost effectiveness or cost savings of providing the National DPP lifestyle change program over a 3-year period. (Link: <https://ama-roi-calculator.appspot.com/>)

**Bi-directional referral system:** A bi-directional referral system considers both the information going from the health care system/health care provider to the referred community program or resource (e.g., a CDC-recognized lifestyle change program) and the information returning from that program to the health care system/health care provider. Ideally, the bi-directional referral system will be integrated within an electronic health record (EHR) system, and will facilitate electronic bi-directional feedback between the community program and the health care system/health care provider.

**Community-Clinical Linkages (CCL) Guide:** The CCL Guide provides information to public health practitioners on key strategies to link community organizations or community-based programs and

services to health care organizations. (Link: <https://www.cdc.gov/dhdsp/pubs/docs/ccl-practitioners-guide.pdf>)

**CDC PreventT2 marketing resources for health care professionals (HCPs):** These resources were created by CDC to encourage HCPs to refer at-risk patients to a National DPP lifestyle change program. These resources help educate HCPs about the program and offer them tools for easy referrals. (Link: <https://www.cdc.gov/diabetes/prevention/lifestyle-program/resources/professionals.html>)

**CDC's Diabetes Prevention Impact Toolkit:** This toolkit is available for state health departments, employers, and insurers to use in estimating program costs and the cost effectiveness or cost benefit of the National DPP lifestyle change program. The toolkit reports the following estimates: 1) total cost of delivering the lifestyle change program; 2) total health benefit obtained from the program as measured by cases and years of diabetes prevented, life years gained (LYG), and Quality-Adjusted Life Years (QALYs) saved; 3) cost effectiveness of the lifestyle change program measured as the cost per diabetes case prevented, cost per diabetes year delayed, cost per LYG, or cost per QALY saved; and 4) return on investment of the lifestyle change program, if applicable. Employers and insurers can enter data on their employee/beneficiary populations and customize results. (Link: <https://nccd.cdc.gov/Toolkit/DiabetesImpact>)

**CDC's National DPP Welcome Video:** The National DPP Welcome Video presents a brief overview of the Diabetes Prevention Recognition Program, or DPRP, which is the quality assurance arm of the National DPP. It encourages viewers to use and apply the welcome kit guide within their organization to achieve program success by adhering to evidence-based standards. It can help viewers understand keys to quality program delivery in an effort to achieve full CDC recognition. (Link: <https://www.cdc.gov/diabetes/prevention/lifestyle-program/keys-to-success/index.html>)

**CDC's DPRP Submit for Success Webinar:** The National DPP Data Entry Webinar: Using the 2018 DPRP Data Spreadsheet, and Submit for Success!" gives CDC-recognized organizations an overview of the data entry and submission process. In addition to getting information on reporting timelines, organizations will be shown detailed steps on how to enter data into a collection spreadsheet, how to save the spreadsheet in the correct file format, and how to upload the file to the CDC's DPRP data submission website. Tips for avoiding common data errors and getting help with data questions are also provided. (Link: [https://nccd.cdc.gov/DDT\\_DPRP/SessionData.aspx](https://nccd.cdc.gov/DDT_DPRP/SessionData.aspx))

**CDC's National DPP Coverage Toolkit:** The toolkit is a resource for public and private payers/health plans that are ready to offer and provide coverage for the National DPP lifestyle change program. It provides answers to questions payers and purchasers ask about the program, such as how to determine eligibility, how to code and bill, how to contract with CDC-recognized organizations, and how to attain Medicaid coverage. (Link: <https://coveragetoolkit.org/>)

**Commitment contract:** An agreement intended to promote lifestyle change that is voluntarily signed by a participant to demonstrate their willingness to participate in the National DPP.

**Coverage benefit:** A policy (whether made by the legislature, an employer, or an insurance company) that allows payment for participation in the National DPP lifestyle change program.

**Delivery mode:** CDC-recognized organizations may offer the program through the following delivery modes:

- o **In-person:** Yearlong lifestyle change program delivered 100% in-person for all participants by trained Lifestyle Coaches; meaning, participants are physically present in a classroom or classroom-like setting. Lifestyle Coaches may supplement in-person sessions with handouts, emails, or reminder texts. Organizations that conduct make-up sessions online, via some other virtual modality, or over the phone are still considered to be delivering the program in-person.
- o **Online:** Yearlong lifestyle change program delivered 100% online for all participants; meaning, participants log into course sessions via a computer, laptop, tablet, or smart phone. Participants also must interact with Lifestyle Coaches at various times and by various communication methods, including online classes, emails, phone calls, or texts.
- o **Distance learning:** Yearlong lifestyle change program delivered 100% by trained Lifestyle Coaches via remote classroom or telehealth (i.e., conference call or Skype) where the Lifestyle Coach is present in one location and participants are calling in or video-conferencing from another location.
- o **Combination:** Yearlong lifestyle change program delivered as a combination of any of the previously defined delivery modes (see above) for all participants by trained Lifestyle Coaches.

**Diabetes Prevention Recognition Program (DPRP) Standards:** An evidence-based set of evaluation requirements for a lifestyle change program to effectively deliver the program with fidelity to prevent or delay type 2 diabetes (<https://www.cdc.gov/diabetes/prevention/pdf/dprp-standards.pdf>).

**Financing/reimbursement for the National DPP lifestyle change program:** A formalized procedure or policy that is established to cover the full or partial cost of lifestyle change program participation. Examples include an insurance company offering the program as a covered benefit or an employer establishing an employee wellness program that discounts or fully reimburses the cost of the program for eligible employees.

**Fully-insured employers:** Employers that pay an insurance company to assume full financial risk for their employees (i.e., the employees' health care claims are both underwritten and paid for by the insurance company).

**Government building (non-community center) as a class location:** A space in a government-owned facility where the lifestyle change program is made available to individuals in the community and local residents who are at risk of developing type 2 diabetes. In cases where a government facility or building is used to deliver the lifestyle change program to government employees, the class location should be designated as an employee worksite.

**Grantee-developed marketing materials/campaigns (as a participant recruitment method):** Brochures, pamphlets, posters, referral forms, or any other materials used to direct or recruit potential eligible participants to the lifestyle change program that are developed and distributed by the grantee. Since these materials are not developed or provided by CDC, they may include grantee-specific branding or messaging.

**Health care provider:** an individual providing health care as a primary care provider or specialist (e.g., MD, DO, PA, NP, or other staff at the provider's office) and other health professionals (e.g., pharmacist, dietitian).

**Health care systems:** Health care delivery organizations that include:

- o Accountable Care Organizations (ACOs)
- o Federally Qualified Health Centers (FQHCs)
- o Health Center Controlled Networks (HCCNs)
- o Health Maintenance Organizations (HMOs)
- o Health plans
- o Independent Physician Associations (IPAs): An independent group of physicians and other health-care providers that are under contract to provide services to members of different HMOs, as well as other insurance plans, usually at a fixed fee per patient.
- o Indian Health Service or tribal clinics or hospital systems
- o Pharmacies/Pharmacists
- o Rural Health Centers (RHCs)
- o State or local government responsible for providing clinical care
- o Other clinical groups operating within the state

**Health fair:** Event where organizations share health information with the public and/or provide health screenings. Health fairs are often co-sponsored by multiple organizations and can last from hours to days long.

**Marketing channels:** Marketing channels are specific ways to reach your audience, such as broadcast media (radio, TV), web content (web pages, banner ads, videos, pdfs), newspapers/newsletters, social media (Facebook, Twitter), print materials, billboards, bus or bus shelter ads, interpersonal contact or events (health fairs, health screenings, talks, group meetings, sermons, 1-1 or small group discussions). A marketing strategy (see below) may use multiple individual channels.

**Marketing strategies:** Marketing strategies are general categories of marketing activities or approaches to accomplish your behavior change objectives, such as advertising, public relations, digital marketing, interpersonal approaches (talking with people individually or in groups), using champions, or working through healthcare providers or employers. For a marketing strategy to be effective, a program will need to use multiple channels. For example, a program may determine through their formative research that they can best reach and motivate their audience by using interpersonal strategy along with a healthcare provider strategy. Interpersonal channels might include health fairs, presentations at community centers, and visits from community health workers. Healthcare provider channels could include posters and handouts in the doctor's office, calls or mail from healthcare providers to patients, or physician referral.

**Medicare Diabetes Prevention Program (MDPP):** The Medicare Diabetes Prevention Program expanded model is a structured intervention with the goal of preventing type 2 diabetes in individuals with an indication of prediabetes. The clinical intervention consists of a minimum of 16 intensive "core" sessions of a Centers for Disease Control and Prevention (CDC) approved curriculum furnished over six months in a group-based, classroom-style setting that provides practical training in long-term dietary change, increased physical activity, and behavior change strategies for weight control. After the completing the core sessions, less intensive follow-up meetings furnished monthly help ensure that the participants maintain healthy behaviors. \_

**Medicare Diabetes Prevention Program (MDPP) Supplier's:** CDC recognized organization that registers as an MDPP supplier and can bill and receive payment from the Centers for Medicare and Medicaid Services (CMS) for eligible Medicare beneficiaries enrolled in their lifestyle change program.

**Medicaid State Agencies:** State Agencies that pay for covered services provided to Medicaid beneficiaries. Payments may be made directly to health care providers or through contracts with Medicaid Managed Care Organizations (MCOs) or Patient-Centered Medical Homes (PCMHs).

**Medicaid managed care organizations (MCOs):** MCOs that agree to provide all Medicaid covered services to enrolled Medicaid beneficiaries for a capitated rate (a set per member per month payment.)

**Motivational Interviewing training:** Training for lifestyle coaches that builds the skills necessary to elicit and strengthen an individual's motivation for change. Motivational Interviewing uses people's own goals and values to increase their intrinsic motivation by exploring and resolving ambivalence about changing their behavior.

**National Provider Identifier (NPI):** A unique 10-digit identification number issued to health care providers in the United States by the Centers for Medicare and Medicaid Services (CMS).

**Other government entity (as a referral source):** A government entity (distinct from a state or local health department) from whom individuals at risk of developing type 2 diabetes, who are not government employees, are informed about the National DPP and/or encouraged to enroll in the lifestyle change program. Where a government facility or building is used primarily to recruit government employees for the National DPP, the recruitment location should be considered an employee worksite.

**Pay for outcomes model (also pay for performance or value-based payment model):** These payment models provide reimbursement for participation in the National DPP lifestyle change program tied to attendance or weight loss outcomes. For example, if a payment is associated with the completion of 4 sessions, a National DPP provider will not receive any reimbursement for participants who complete less than 4 sessions. The reimbursement model for the Medicare Diabetes Prevention Program is an example of a pay for outcomes model.

**Participant recruitment:** Activities by staff at the affiliate delivery site, grantee location, or class location intended to encourage community members or individuals to participate in the lifestyle change program.

**Priority population:** Populations that have been under-enrolling in the National DPP lifestyle change program relative to their disease burden and risk factors. These populations include: Medicare beneficiaries, men, African-Americans, Asian-Americans, Hispanics, American Indians, Alaska Natives, Pacific Islanders, and people with visual impairments or physical disabilities.

**Private payers:** Private payers offering fully-insured plans for employer groups (e.g., BlueCross BlueShield, United Healthcare, Aetna, Cigna, Humana, Kaiser).

**Public payers:** Medicare; Medicaid; Veteran's Administration; TRICARE; and state, city, county, or other municipal governments.

**Private employers covering the National DPP lifestyle change program:** Non-government employers covering the National DPP lifestyle change program as a health benefit for their employees either directly (self-insured) or through employer-sponsored coverage through a private payer, or offering the National DPP lifestyle change program through pilot classes or wellness programs.

**Public employers covering the National DPP lifestyle change program:** Federal, state, or local government employers covering the National DPP lifestyle change program as a health benefit for employees, or offering the National DPP lifestyle change program through pilot classes or wellness programs.

**Referral:** A recommendation by a health care provider or staff member from a health care organization, public health organization, insurer, employer, or community organization for an individual to participate in the National DPP lifestyle change program on the basis of a high score on a paper risk test or a blood test indicating prediabetes.

**Return on Investment (ROI) analysis:** A financial metric for evaluating the financial consequences of investments and actions.

**Self-insured employers:** Employers that accept financial risk and administer their own health insurance plans (i.e., the employees' health care claims are underwritten and paid for by the employer).

**Session Zero or Introductory Session:** An introductory "pre-class" session used to engage and enroll participants in the yearlong lifestyle change program.

**Site (affiliate delivery site):** Organizations with pending, preliminary, or full CDC recognition that may deliver the National DPP lifestyle change program at different class locations. The organization is directly responsible for program delivery, which may include recruiting individual participants, securing class space and materials, and deploying lifestyle coaches and must submit participant data to the DPRP.

**Third Party Administrator (TPA):** An organization used by a commercial plan or self-insured employer to assist with program administration. This could include developing networks of CDC-recognized organizations, processing claims, and/or handling billing.

**Wellness program:** A program intended to improve and promote health and fitness that is usually offered by employers in the work place. Insurance plans can also directly offer wellness programs for their enrollees/members.