FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CLINIC TO COMMUNITY LINKAGES TO IMPROVE PATIENT OUTCOMES

MATT LONGJOHN, MD MPH
NATIONAL HEALTH OFFICER
VP, EVIDENCE BASED HEALTH INTERVENTIONS
YMCA OF THE USA

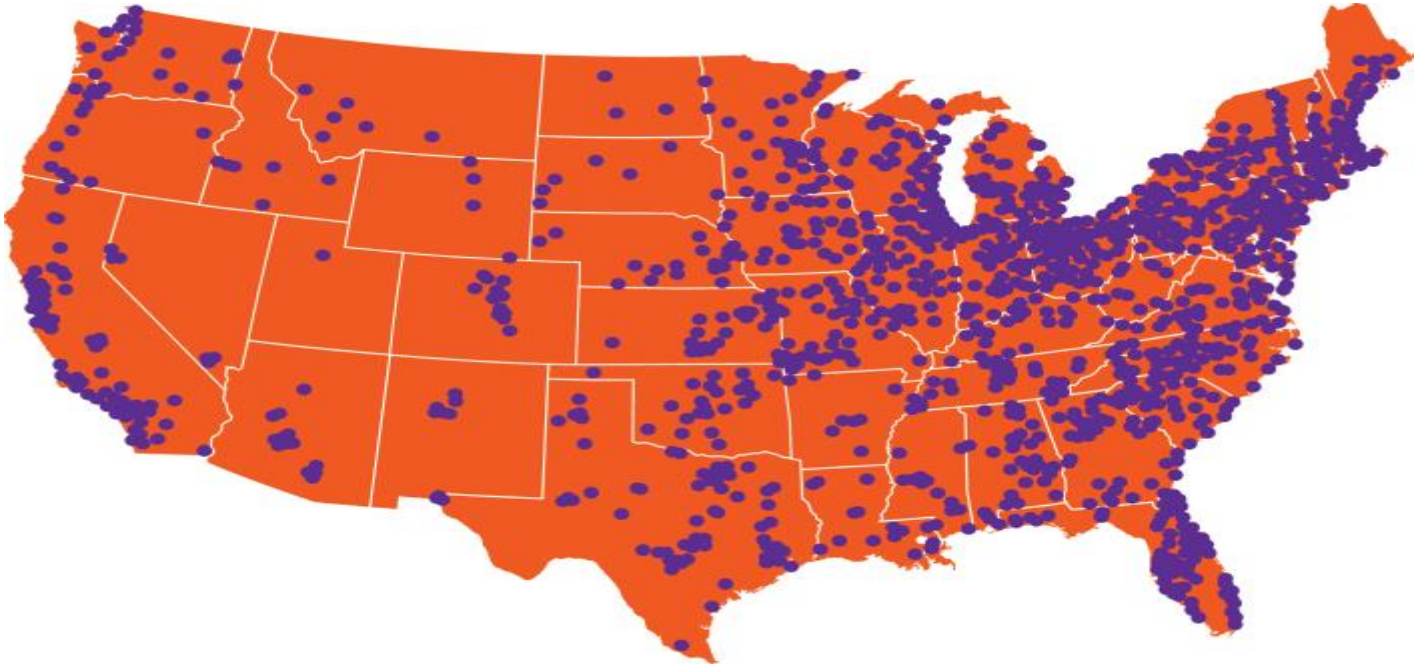
TCP*i* Webcast with AMA

May 5, 2016

TODAY'S PRESENTATION CONTENTS

- **Background information**
- **History behind the YMCA's DPP, and the CDC's National DPP**
- **Summary of results from the Y's CMMI-sponsored health care innovation award**
- **The AMA's role in that project, and key learnings for health care providers**
- **Thoughts on broader ramifications for TCPi providers**

Y STRUCTURE: ASSOCIATIONS & BRANCHES



OUR REACH

FACTS

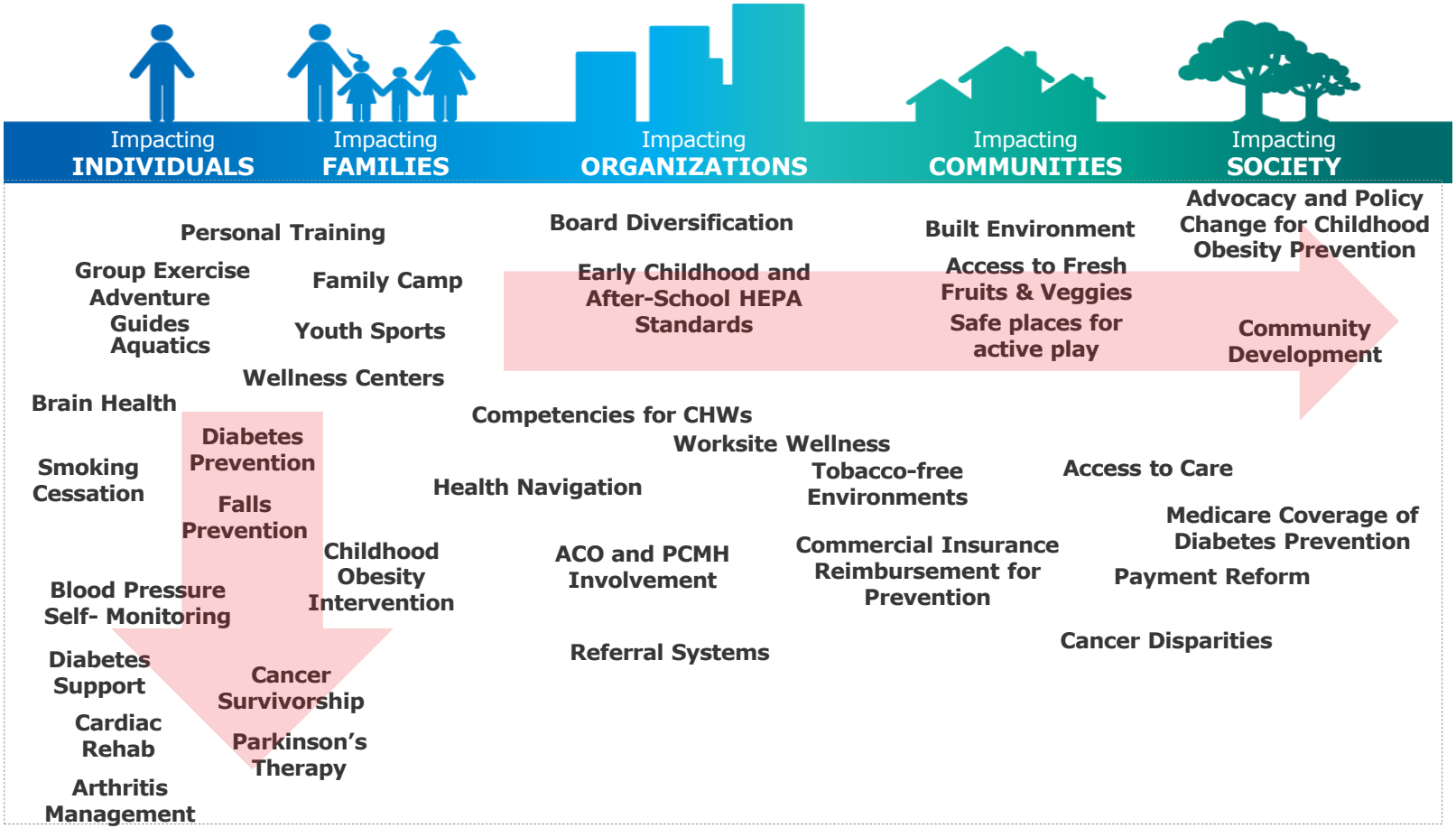
YMCAs
2,700

YMCAs IN COMMUNITIES WHERE HOUSEHOLD INCOME IS BELOW THE NATIONAL AVERAGE
58%

COMMUNITIES SERVED
10,000

STATES
50 plus
District of Columbia and Puerto Rico

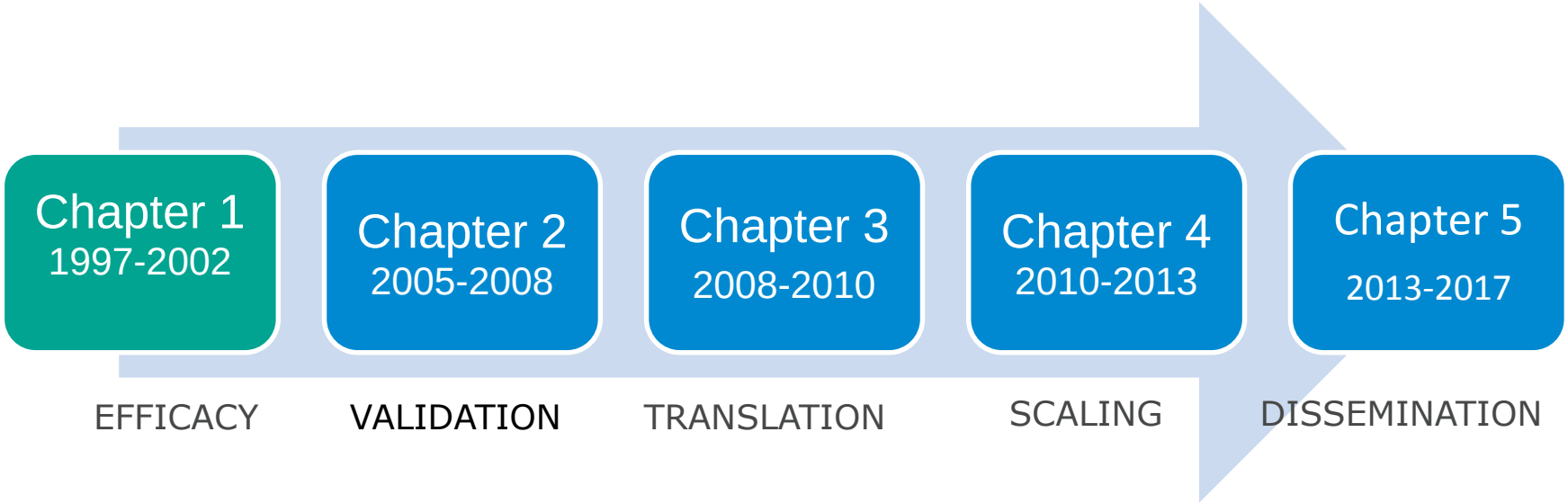
THE Y'S HEALTHY LIVING FRAMEWORK



YMCA'S DPP: THE BASICS

Who?	• Overweight Adults (18+) with prediabetes • Confirmed via one of 3 blood tests • Or 9+ score on risk assessment
What?	• 12 month program: includes a 16 weekly sessions followed by monthly maintenance sessions • 1 hour sessions • 8-15 people in group based, classroom setting
When? Where?	• Anytime, anywhere (classroom-type setting)
How?	• Weigh-in at every session • Weight recorded within 24 hours via a HIPAA-compliant online tracking system • Facilitated by YMCA-certified Lifestyle Coach

THE DEVELOPMENT OF THE YMCA'S DPP

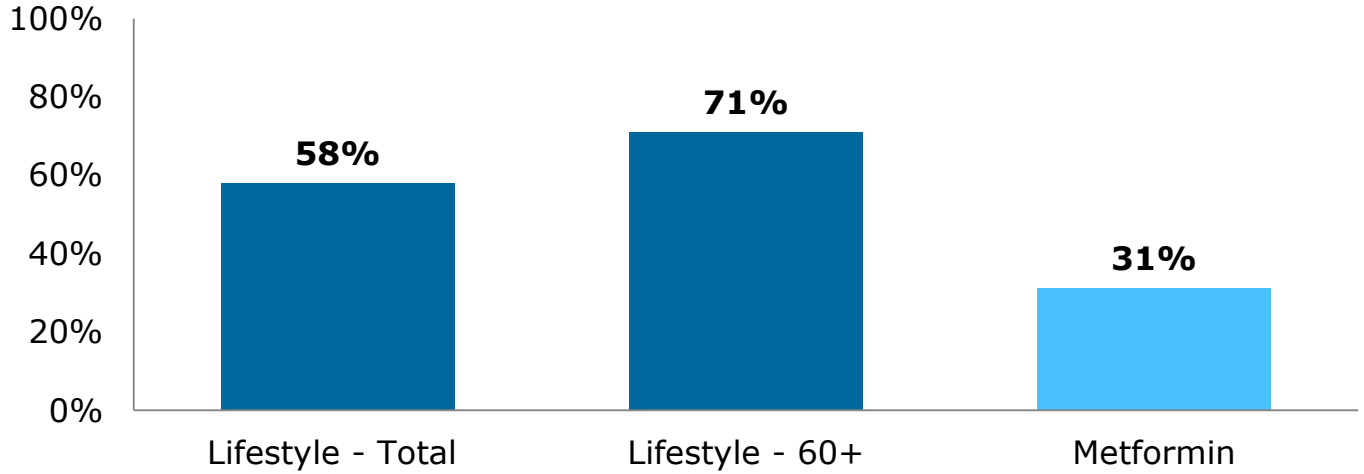


EFFICACY:

$200 Million NIH-led DPP Trial

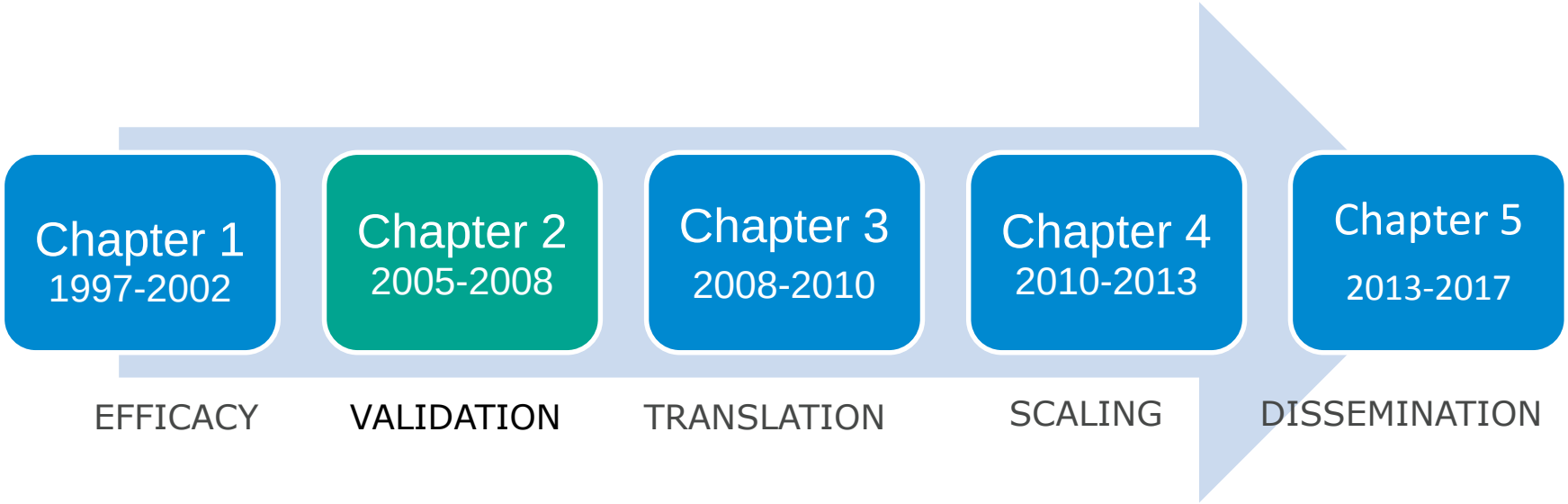
Q: What's more effective at preventing Type 2 diabetes – a 1-1 delivered lifestyle intervention or Metformin?

A: 1-1 Lifestyle intervention by reducing body weight by at least 5%.



New England Journal of Medicine, 2002

THE DEVELOPMENT OF THE YMCA'S DPP

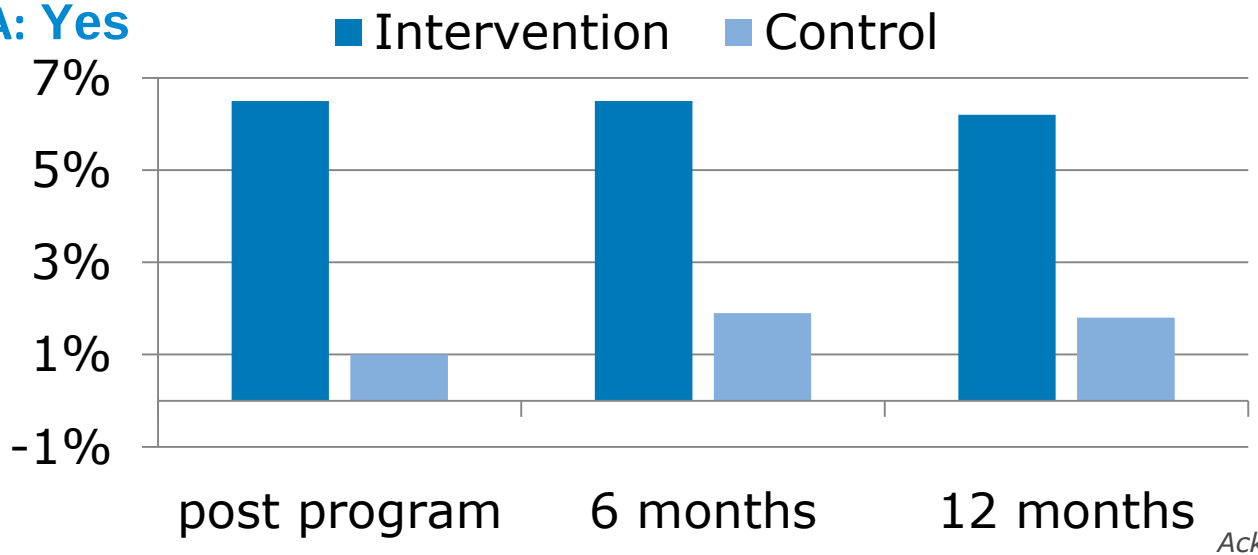


VALIDATION

NIH-Funded
Indiana University School of Medicine and YMCA of Greater Indianapolis

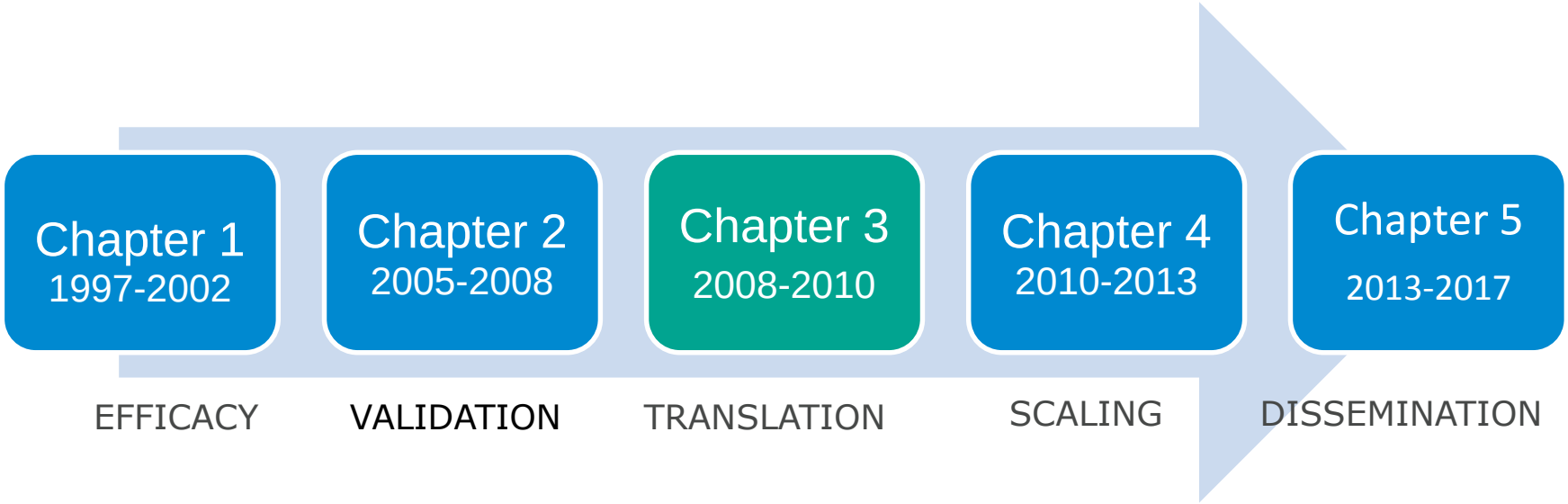
Q: Could a group-based adaptation of the DPP lifestyle intervention achieve the 5% weight loss of the DPP for a fraction of the cost?

A: Yes



Ackermann RT et al. AJPM; Oct 2008

THE DEVELOPMENT OF THE YMCA'S DPP



National Diabetes Prevention Program

COMPONENTS

Training: Increase Workforce

Train the workforce that can implement the program cost effectively.

Recognition Program: Assure Quality

Implement a recognition program that will:

- Assure quality.
- Lead to reimbursement.
- Allow CDC to develop a program registry.

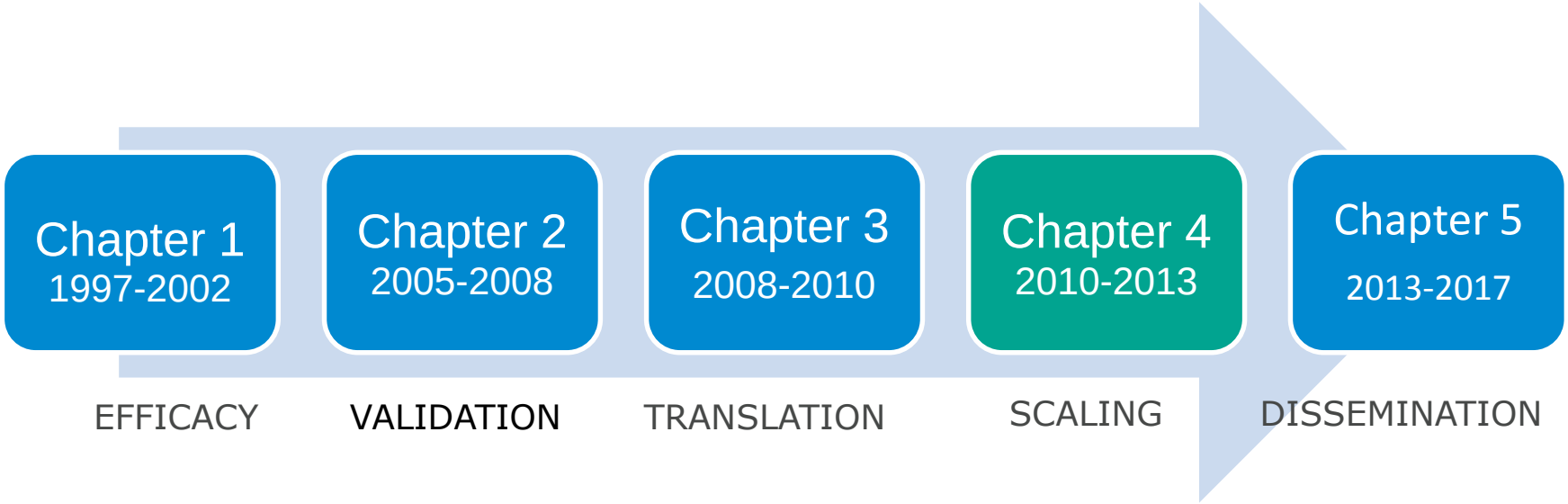
Intervention Sites: Deliver Program

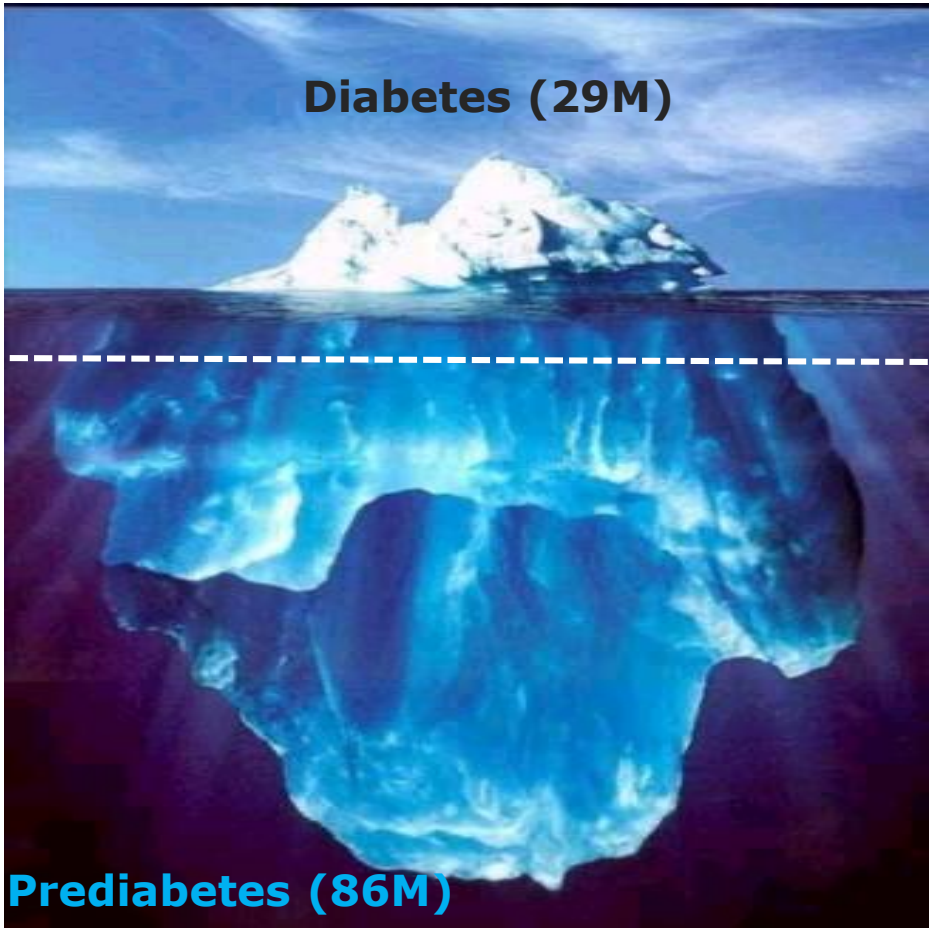
Develop intervention sites that will build infrastructure and provide the program.

Health Marketing: Support Program Uptake

Increase referrals to and use of the prevention program.

THE DEVELOPMENT OF THE YMCA'S DPP

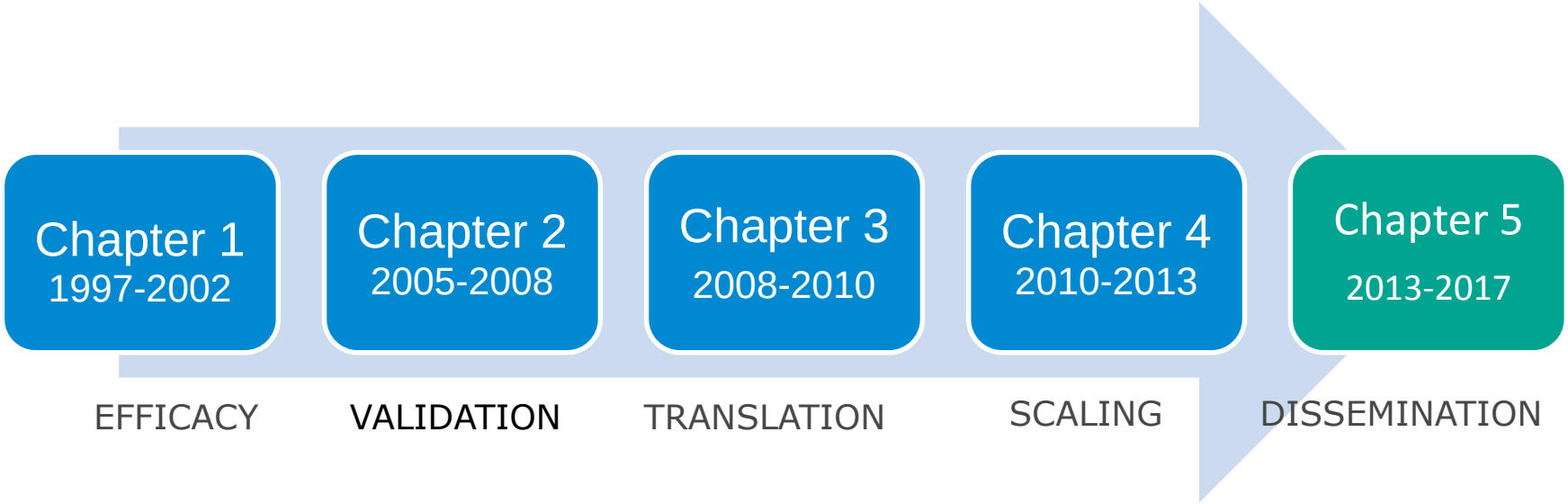




BY THE NUMBERS (THROUGH MARCH 2016)

Participants attending at least one session	43,183
Completer's average year-end weight loss	5.5%
Y associations delivering program	223
States where the program is available	45
Total program sites	1,512

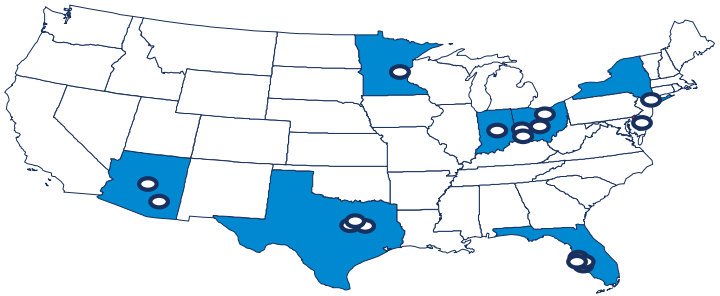
THE CONTINUING DEVELOPMENT OF THE YMCA'S DPP



Y-USA'S CMMI-FUNDED HEALTH CARE INNOVATION AWARD PROJECT

The YMCA's award

- **YMCA of the USA and its partners worked to engage nearly 8,000 Medicare beneficiaries with prediabetes in the YMCA's Diabetes Prevention Program.**
  - **-The intervention was delivered by 17 Ys in 8 states**
  - **-Claims were "reimbursed" using 2011 fee schedule from commercial market**
  - **-About 1/3 of these participants were covered by Medicare Advantage plans**



- **Participants had to be overweight and have a qualifying blood value within the prediabetes range in one of the following tests:**
  - **-A1c values: 5.7% - 6.4%**
  - **-FPG values: 100 - 125 mg/dL**
  - **-GTT values: 140 – 199 mg/dL**
- **Individuals with a diagnosis of diabetes did not qualify for the project**

[1]Hamman RF, Wing RR, Edelstein SL, et al. Effect of weight loss with lifestyle intervention on risk of diabetes. *Diabetes Care*. 2006;29:2102–2107

PROJECT DATA

The data on the following slides represent progress within the project as of December 31, 2015 for participants who have completed the weekly portion of the project.

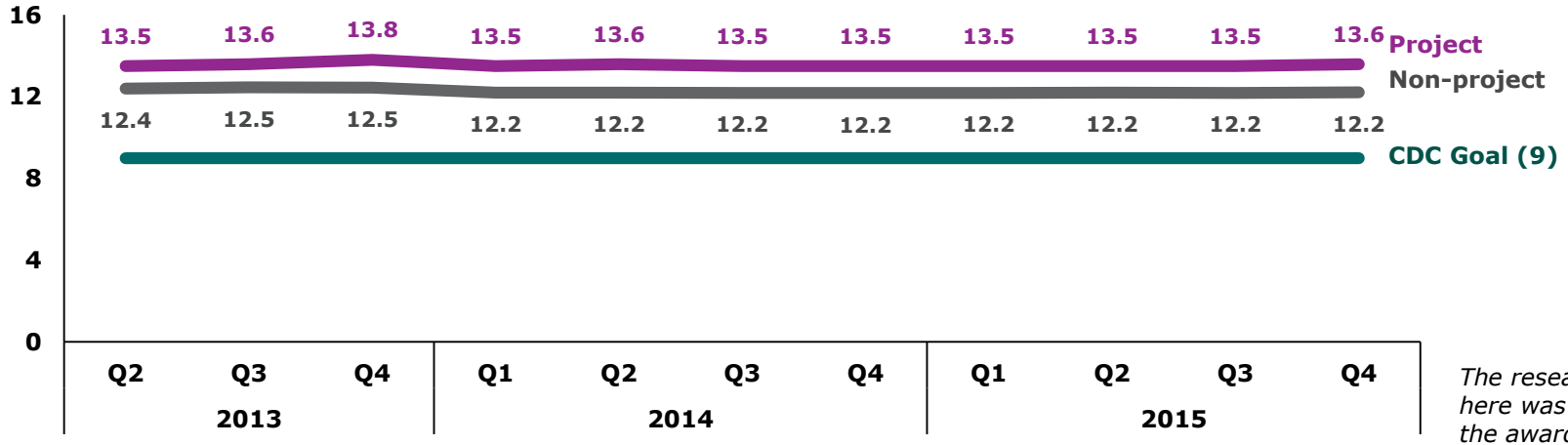
YMCA of the USA selected 17 communities nationwide to offer the YMCA's Diabetes Prevention Program at no cost to qualifying Medicare beneficiaries. This project is made possible by Grant Number 1C1CMS330965 from the Department of Health and Human Services, Centers for Medicare & Medicaid Services. The contents of these materials are solely the responsibility of the authors and do not necessarily represent the official views of the U.S. Department of Health and Human Services or any of its agencies.

The research presented here was conducted by the awardee. These findings may or may not be consistent with or confirmed by the independent evaluation contractor.

SESSION ATTENDANCE

As of 12/31/15, higher attendance was observed among HCIA participants than in general population.

Average number of sessions attended during weekly portion of the program for participants meeting enrollment criteria

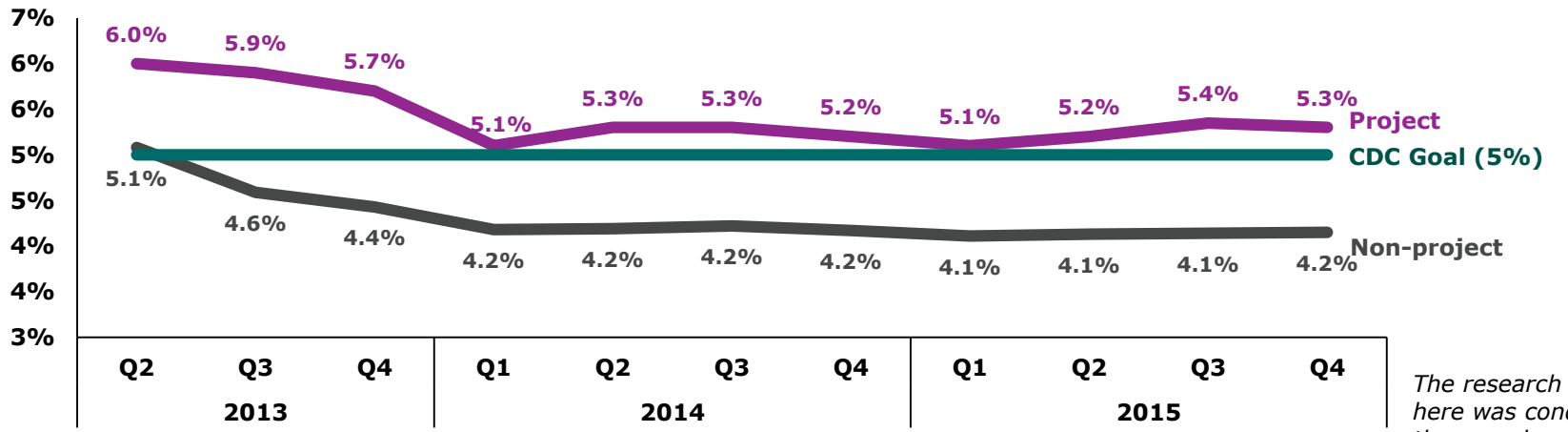


The research presented here was conducted by the awardee. These findings may or may not be consistent with or confirmed by the independent evaluation contractor.

WEIGHT LOSS

As of 12/31/15, higher weight loss was observed among HCIA participants than in general population.

Average percent weight loss at end of weekly portion of program for those meeting completion criteria



The research presented here was conducted by the awardee. These findings may or may not be consistent with or confirmed by the independent evaluation contractor.

RECRUITMENT PARTNERS

It takes a village:

- Health care systems and physicians
- Senior centers
- Community organizations
- Health plans
- Faith-based or
- Media

17% yield from health care referrals

IT STARTS WITH DPP BECAUSE OF ITS EVIDENCE AND ITS DOCUMENTED ROI TO PAYORS

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Feds mull Medicare changes after big success in YMCA's diabetes program

Jayne O'Donnell, USA TODAY 11:17 a.m. EDT March 24, 2016

(Photo: Dawn Villella for USA TODAY)

3955 CONNECT | TWEET | 142 LINKEDIN | 4 COMMENT | EMAIL | MORE

WASHINGTON — People at high risk of developing diabetes lost about 5% of their body weight in a YMCA program that federal regulators said Wednesday was successful enough to expand.

The Centers for Medicare and Medicaid Services (CMS) gave YMCAs nearly $12 million in 2011 to launch the program, which includes nutrition and fitness counseling and lifestyle coaching for Medicare recipients.

The funding was provided by the Affordable Care Act, which also marked its 6th anniversary Wednesday. Speaking at a YMCA here as the Supreme Court heard oral arguments in yet another Supreme Court challenge to the law, Department of Health and Human Services Secretary Sylvia Burwell said it was a fitting day to talk about going from "treating the sick to preventing the illness." About 20 million

Sylvia Burwell @SecBurwell

With help from @AmerMedicalAssn @AmDiabetesAssn @NCLR @ymca @American_Heart, we're working to #stopdiabetes.

MORE STORIES

Clinical-Community Linkages for Diabetes Prevention

Omar Hasan, MD, MPH
American Medical Association

AMA
AMERICAN MEDICAL ASSOCIATION

Annals of Internal Medicine

CLINICAL GUIDELINE

Screening for Abnormal Blood Glucose and Type 2 Diabetes Mellitus: U.S. Preventive Services Task Force Recommendation Statement

Albert L. Siu, MD, MSPH, on behalf of the U.S. Preventive Services Task Force

Ann Intern Med. 2015;163(11):861-868.

Population	Adults aged 40 to 70 years who are overweight or obese.
Recommendation Grade: B	Screen for abnormal blood glucose. Offer or refer patients with abnormal glucose to intensive behavioral counseling interventions to promote a healthful diet and physical activity.
Risk Assessment	Risk factors include overweight and obesity or a high percentage of abdominal fat, physical inactivity and smoking.
Screening Tests	Hemoglobin A1c or fasting plasma glucose or an oral glucose tolerance test.

Annals of Internal Medicine REVIEW

Combined Diet and Physical Activity Promotion Programs to Prevent Type 2 Diabetes Among Persons at Increased Risk: A Systematic Review for the Community Preventive Services Task Force

Ethan M. Balk, MD, MPH; Amy Earley, BS; Gowri Raman, MD, MS; Esther A. Avendano, BA; Anastassios G. Pittas, MD, MS; and Patrick L. Remington, MD, MPH

Ann Intern Med 2015;163(6):437-451.

Conclusion: Combined diet and physical activity promotion programs are effective at decreasing diabetes incidence and improving cardiometabolic risk factors in persons at increased risk. More intensive programs are more effective.

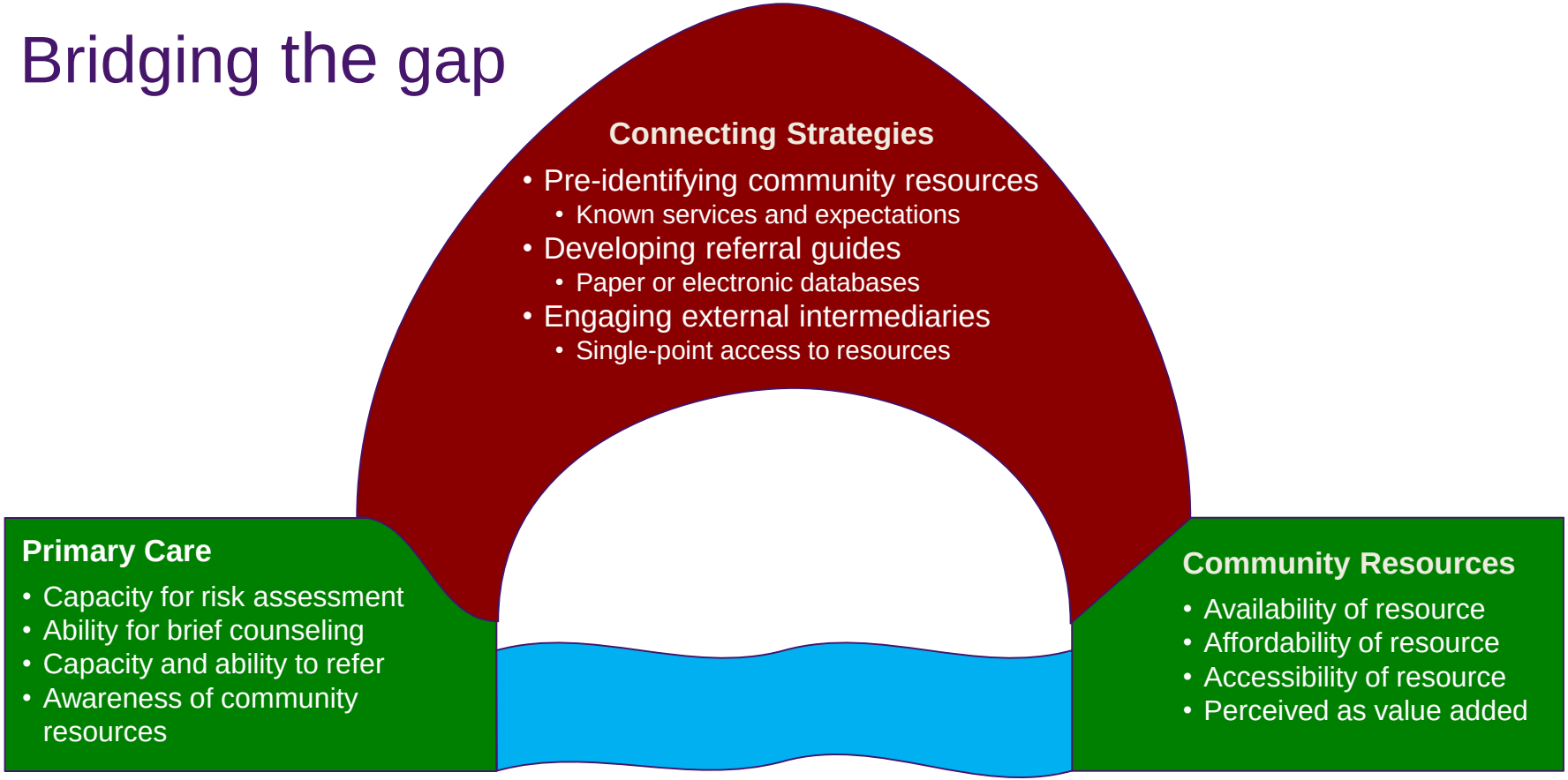
The Community Preventive Services Task Force recommends combined diet and physical activity promotion programs for people at increased risk of type 2 diabetes based on strong evidence of effectiveness in reducing new-onset diabetes.

Clinical-community linkages

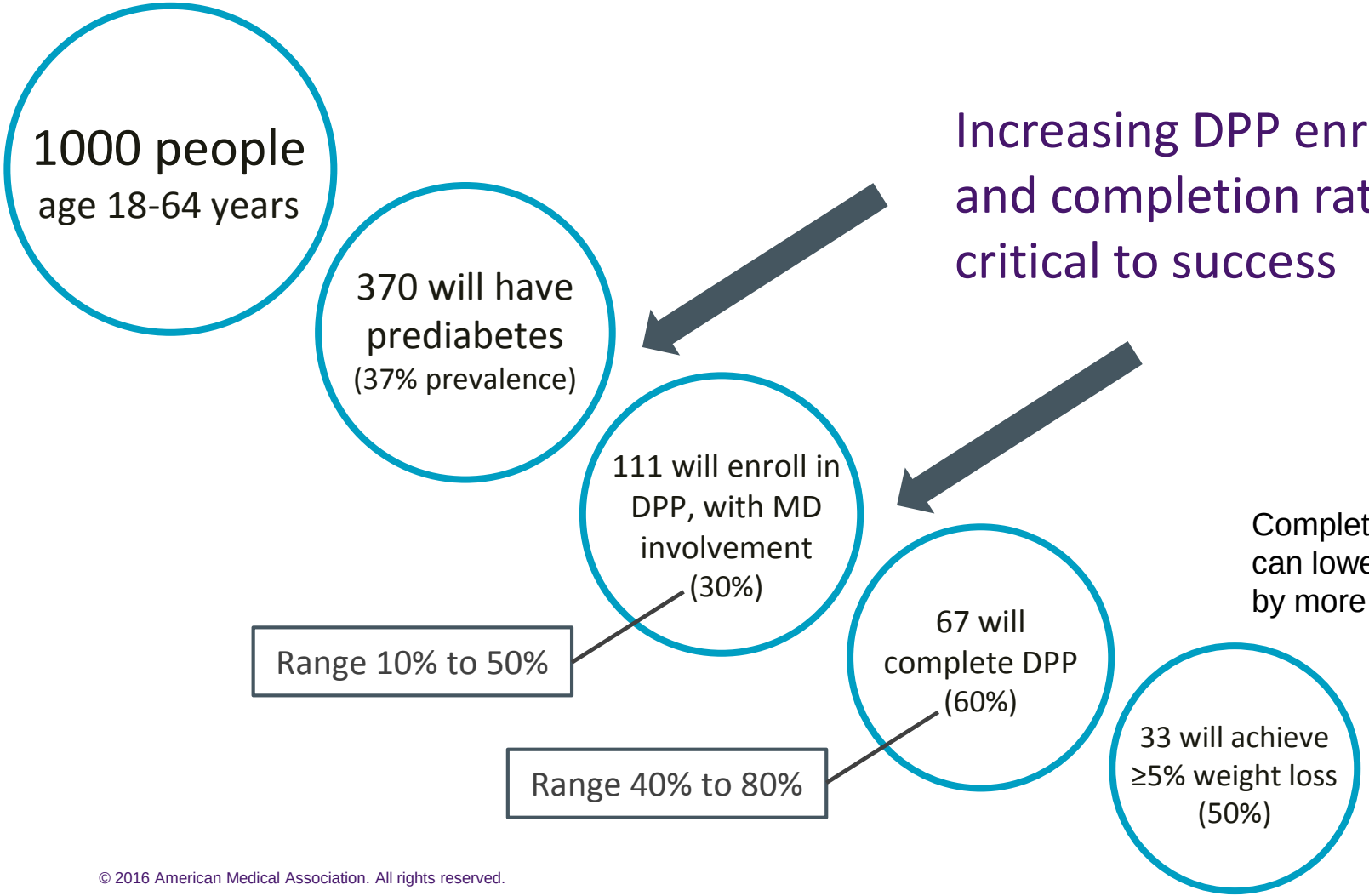
Types of Linkage Interventions
Training for medical providers by community organizations to improve medical provider practices
Referral of patients from clinical practice to community partner
Referral of patients by clinical practices to health resources
Referral of patients from community partner to clinical practice
Volunteer work by clinical partners at community organizations

From: Porterfield DS, Hinnant LW, Kane H, et al. Linkages between clinical practices and community organizations for prevention: a literature review and environmental scan. Am J Public Health. 2012;102 (Suppl 3):S375-S382.

Bridging the gap



From: Etz RS, Cohen DJ, Woolf SH, et al. Bridging primary care practices and communities to promote healthy behaviors. Am J Prev Med. 2008;35 (Suppl 5):S390-S397.

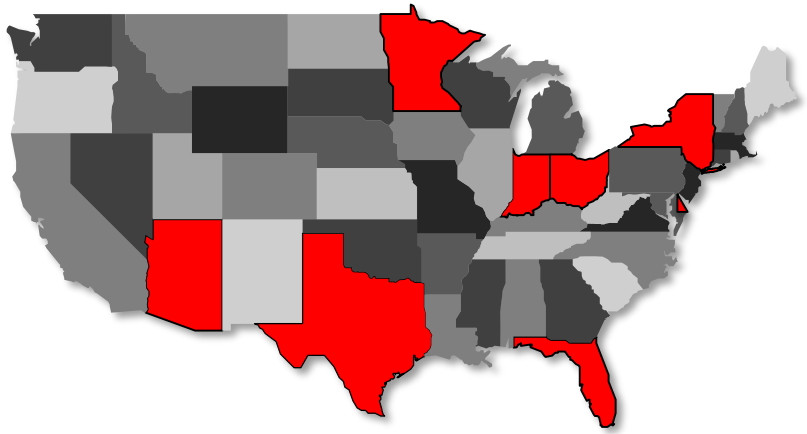


Increasing DPP enrollment and completion rates is critical to success

Completing the program can lower diabetes risk by more than a third

AMA collaboration with YMCA under CMMI award

- Helped connect 26 clinical practices to local YMCA-based programs
- Helped refer 5640 patients with prediabetes → 1050 enrolled (18.6%)
- Supported clinical practices with screening, testing and referral
  - Worked closely with state and local medical societies
- Clarified DPP structure, expectations



AZ, DE, FL, IN, MN, NY, OH, TX

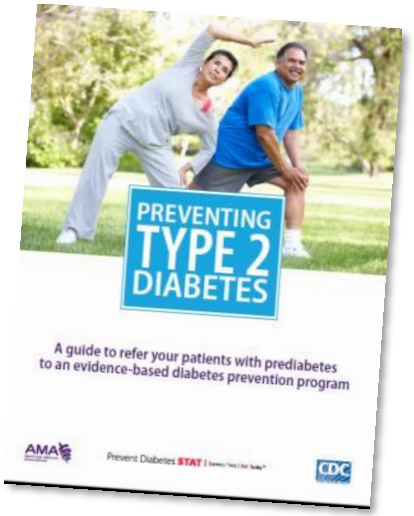
- Strengthened existing relationships between practices and local Ys
  - YMCA role in boosting enrollment and completion rates

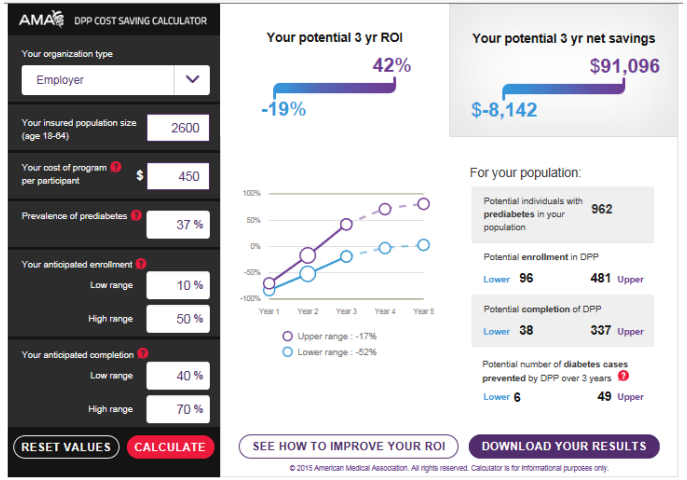
Tools for primary care:

- Engage health care teams
- Identify high-risk patients
- Educate and engage patients
- Refer to local programs
- Clarify program structure and expectations
- CME, PI-CME and MOC

For DPP providers and health insurers:

- Category III CPT code
- Cost savings calculator





Alignment with NCQA PCMH standards

- The Practice Team
- Population Health Management
  - Must-Pass: Use data for population management
  - Critical-Factor: Implement evidence-based decision support
- Care Management and Support
  - Critical-Factor: Identify patients for care management
  - Support self-care and shared decision making
- Performance Measurement and Quality Improvement
  - Measure clinical quality performance

Lessons from CMMI award

- Integrating screening/referral into practice workflow is key to success
  - Teamwork is important: medical assistants can perform many tasks
  - Community-based organization staff can be part of the extended care team
- Querying the EHR to generate lists of patients with prediabetes and contacting them via phone/email can increase program enrollment
  - Secondary outreach from community-based organization staff is helpful
- EHR alerts that prompt clinicians to screen patients when eligibility criteria are met can increase referrals
- Two-way communication between the practice and community-based organization can boost completion rates

Building a bridge

Omar Hasan, MD, MPH

Vice President, Improving Health Outcomes

omar.hasan@ama-assn.org

COMMUNITY INTEGRATED HEALTH CARE

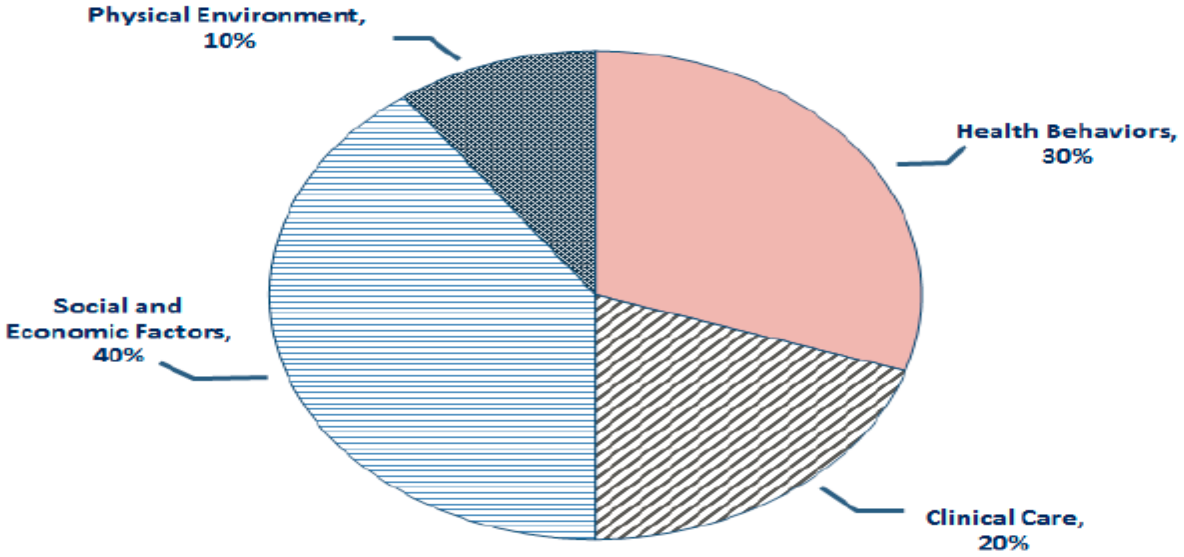
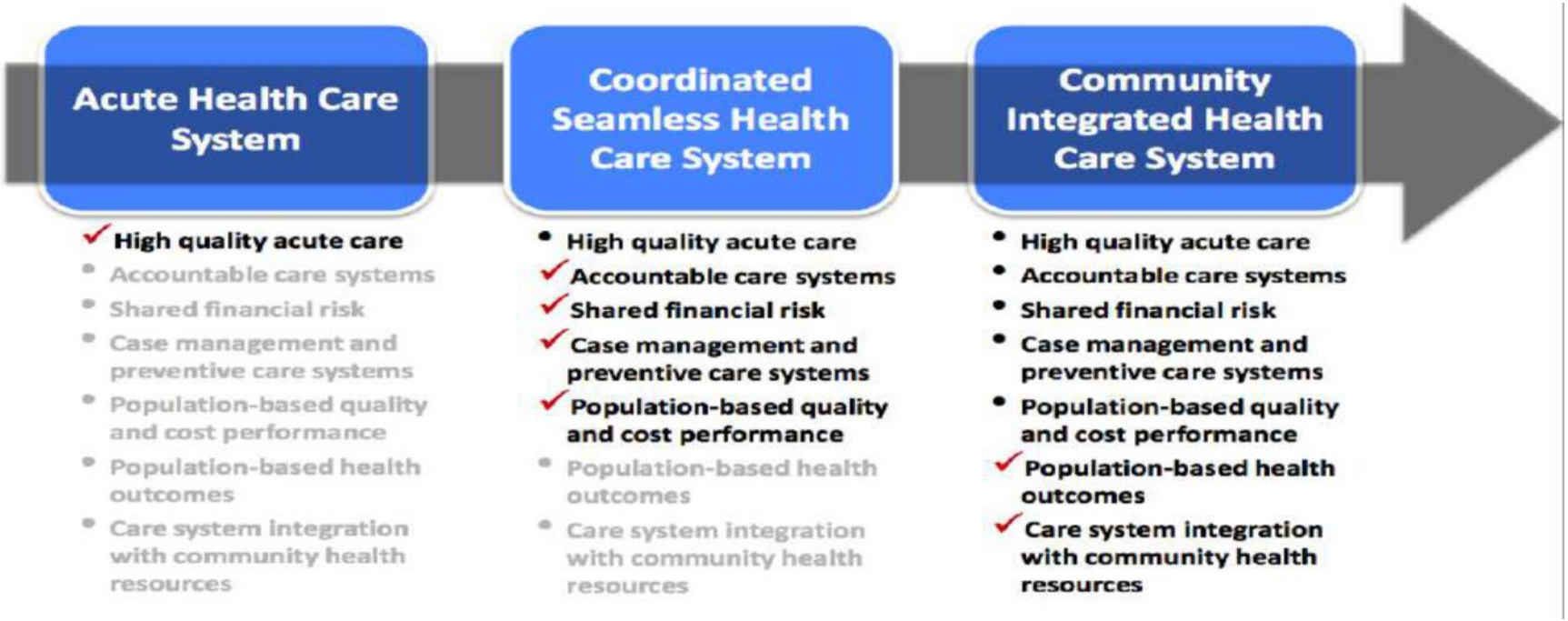


Figure 1. Modifiable Factors That Influence Health

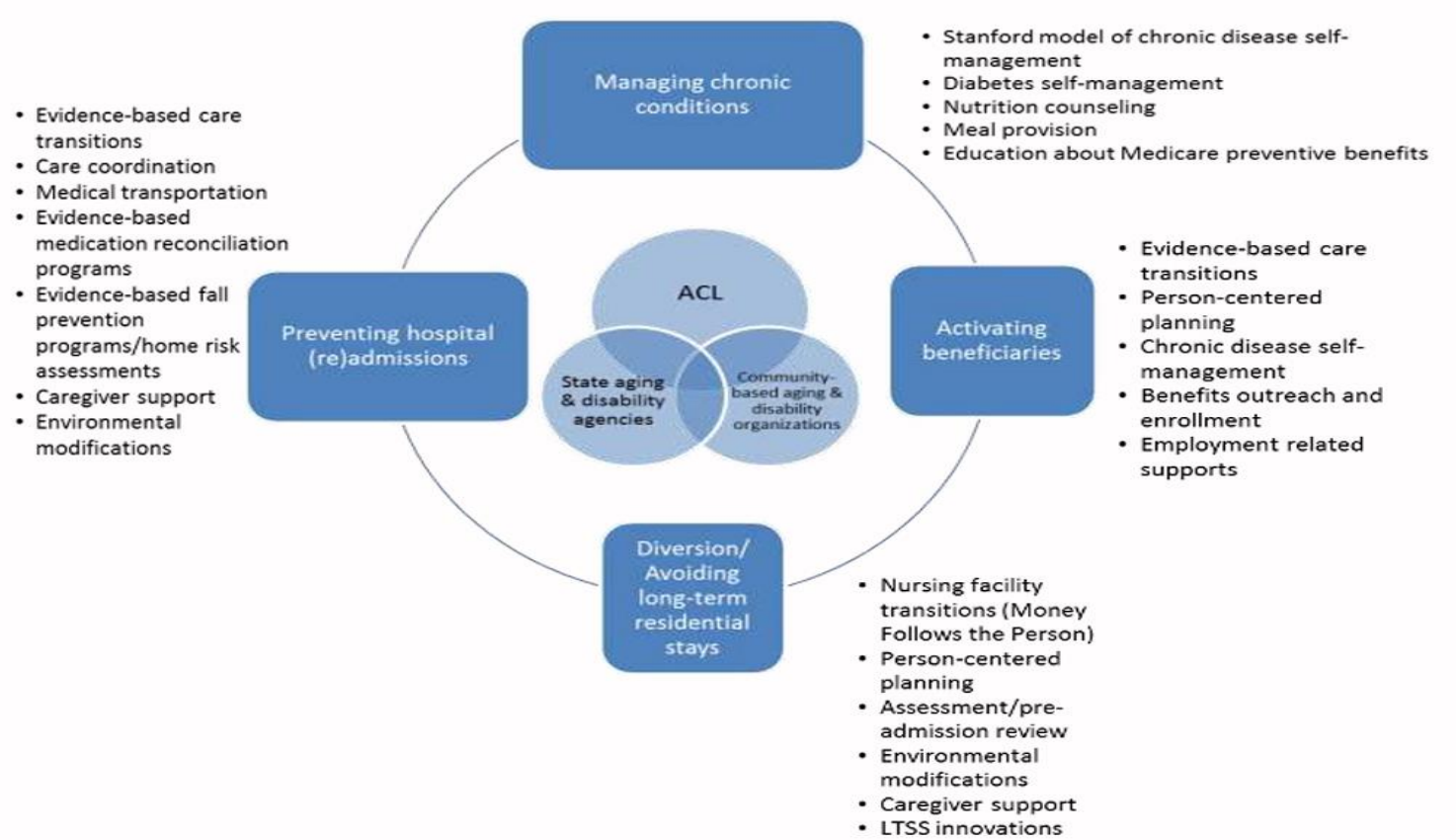
Hanleybrown, F., Kania, J., & Kramer, M. (2012). Channeling Change: Making Collective Impact Work. [Web log post.] *Stanford Social Innovation Review*. Retrieved from http://www.ssireview.org/blog/entry/channeling_change_making_collective_impact_work.

COMMUNITY INTEGRATED HEALTH CARE



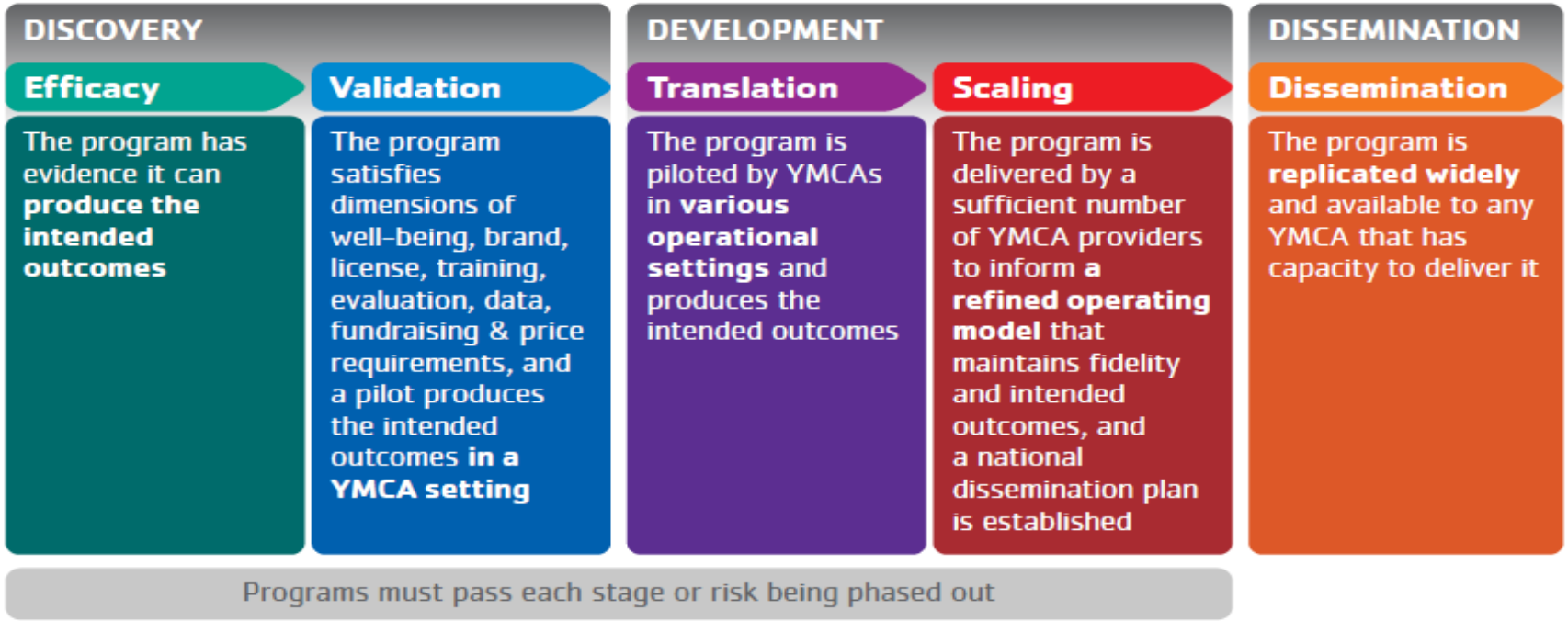
Halfon, N. *http://innovation.cms.gov/resources/State-Innovation-Models-Initiative-Overview-for-State-Officials.html*

CBO VALUE IN HEALTH CARE

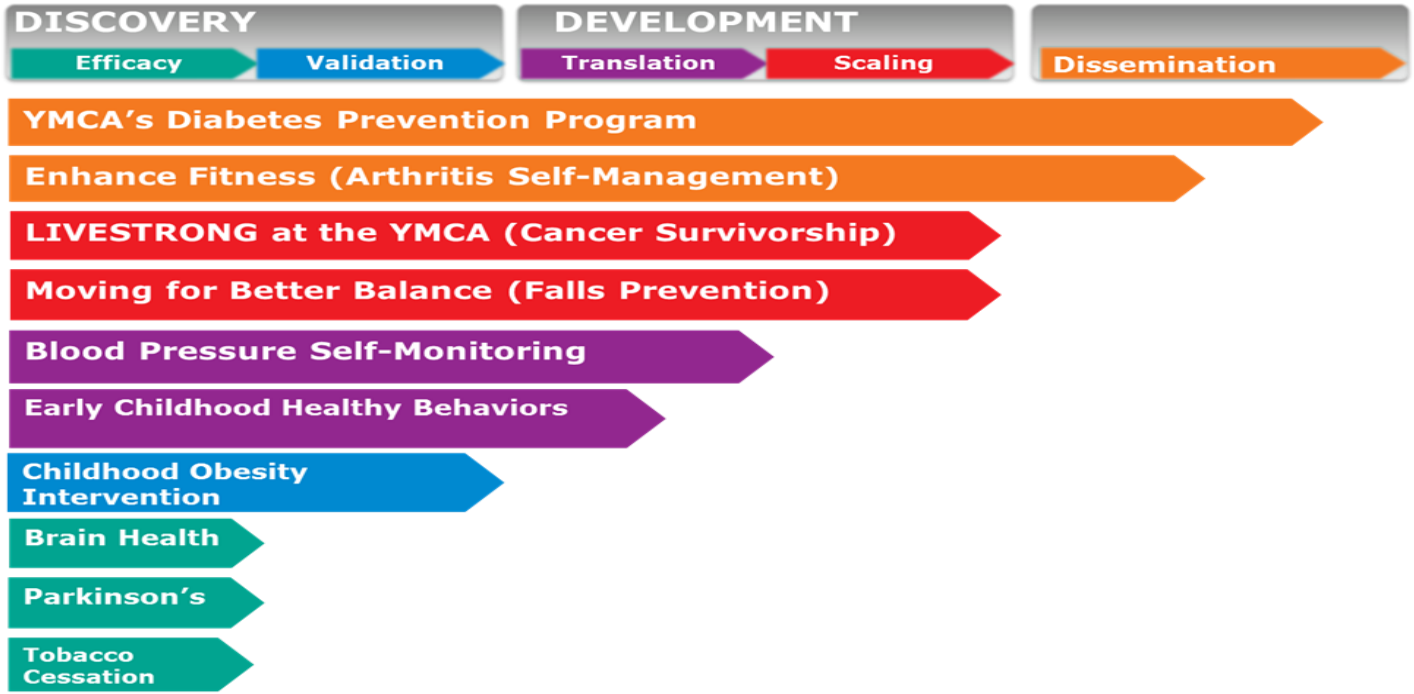


http://healthaffairs.org/blog/2015/07/10/how-community-based-organizations-can-support-value-driven-health-care/

HEALTHY LIVING PROGRAM DEVELOPMENT



NATIONAL EVIDENCE-BASED PROGRAMS



COMMUNITY-INTEGRATED HEALTH IN Ys

- **Healthy Communities Initiative (Collective Impact) Collaborations**

  Ys now Facilitate Community Health Needs Assessments; Convene Collaboratives; Develop Community (or State) Action Plans; and Implement Policy/Systems/Environmental Changes

- **Shared Physical Spaces**

  Ys are increasingly part of health campuses; serving as rehab centers and parts of PCMHs and quality cancer centers; renting/hosting "doc in the box" operations; forming joint ventures; and even sharing retail programming spaces with health care systems; clinical facilities at camps

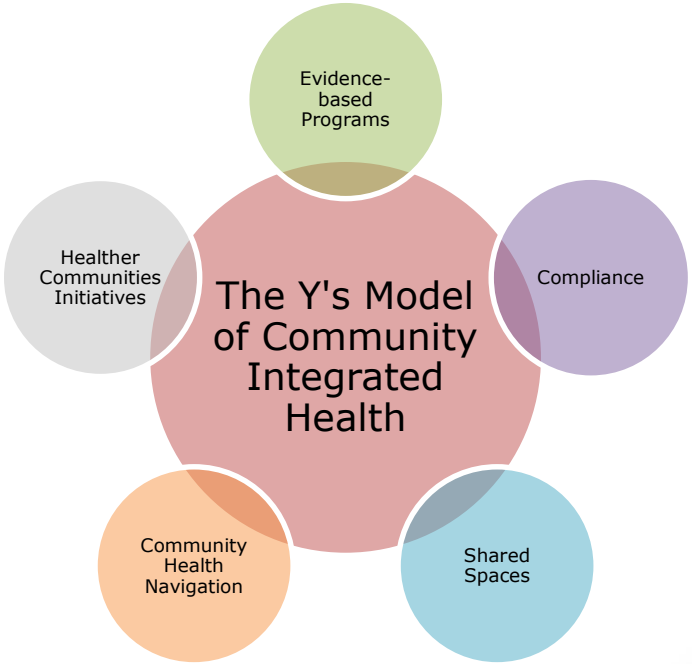
- **Navigational Supports**

  Ys are conducting home health visits; helping health-seekers become aware of and utilize recommended preventive services; and connecting people to exchanges/marketplaces

- **Evidence-Based Programs**

  Research-tested high-fidelity interventions led by lay health workers, producing triple aim outcomes; billed using CPT Codes; interoperable data systems; pay-for-performance models with the Y at risk for outcomes

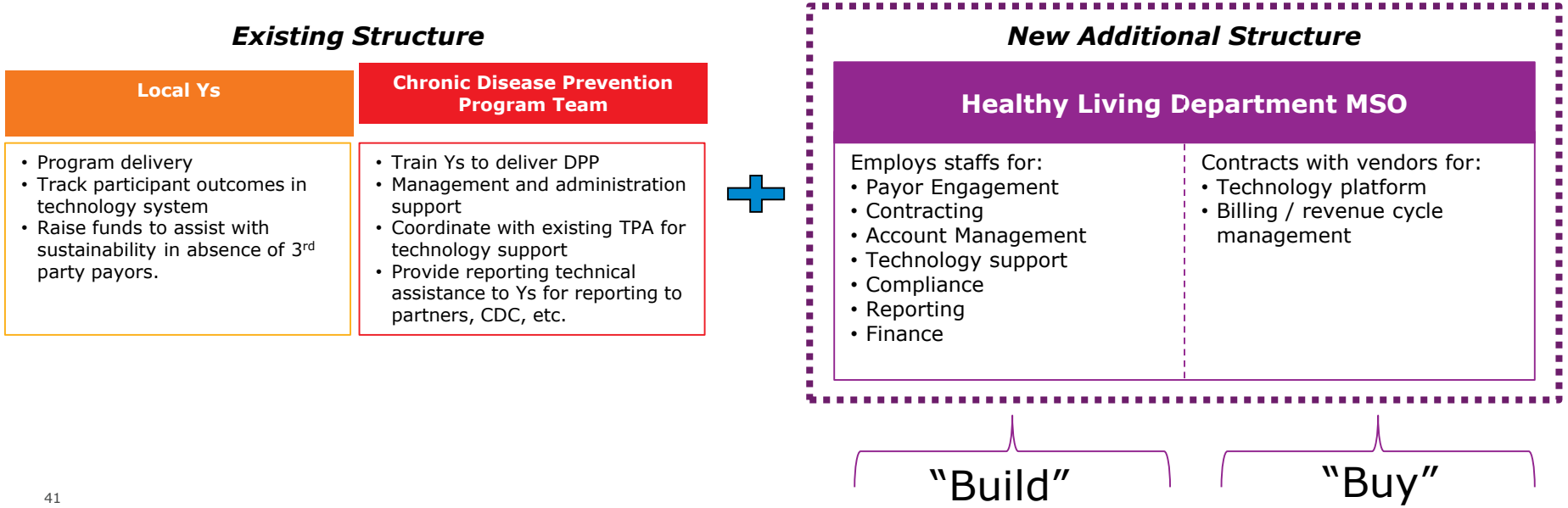
ONE MORE (PROVOCATIVE) MODEL FOR COMMUNITY INTEGRATED HEALTH



Robert Wood Johnson Foundation

Y-USA'S RECENT BOARD ACTION

Authorized plan for Y-USA to **assume functions of a Management Services Organization ("MSO") -- providing administrative, business, and technology services** to local Ys to enable them to receive third party payment for the delivery of the YMCA's DPP and other chronic disease prevention programs.



THANK YOU

Matt Longjohn, MD MPH
YMCA OF THE USA
(800) 872-9622
Matt.Longjohn@ymca.net