Carolina Diabetes & Kidney Center

“Hey Y’all!”

Innovative Strategies for Keeping your DPP Funded and Full Over the Long Haul

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PRISMA HEALTH®

Disclosures

- I have no conflicts no disclosures

Objectives

Identify key strategies….

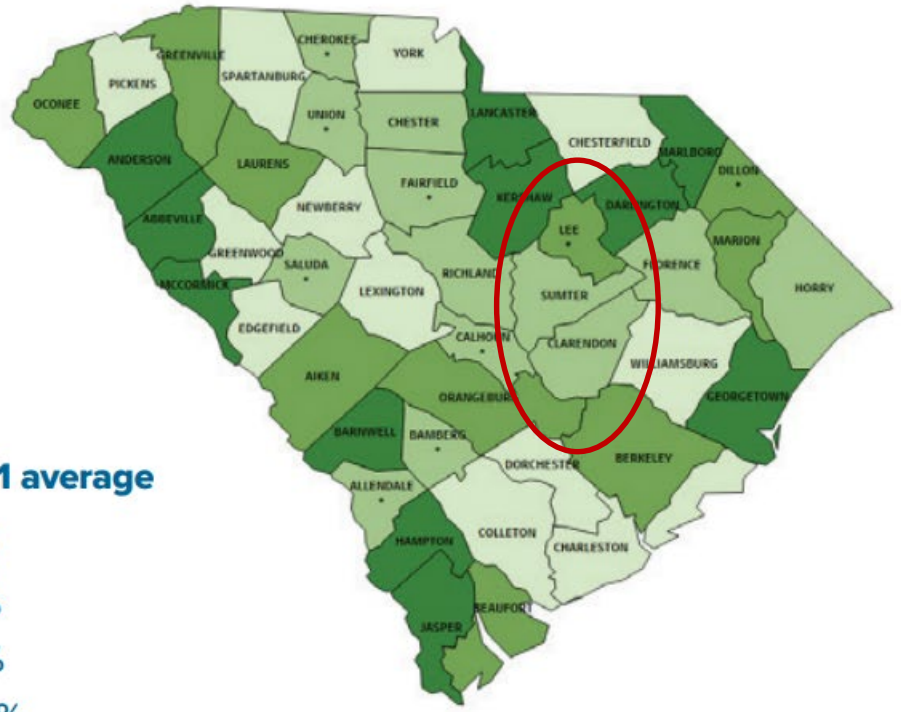
- To increase enrollment in a DPP
- To engage providers for recruitment
- To increase participant retention through 12-month program
- To build financial sustainability through varied funding sources

PREDIABETES IN SOUTH CAROLINA

dhec
Healthy People. Healthy Communities.

Diagnosed Prediabetes Prevalence

Percent of Adults by County, 2017–2018, 2021



2017 - 2018, 2021 average

- 7.5% – 10.0%
- 10.1% – 10.7%
- 10.8% – 12.1%
- 12.2% – 20.2%

SC DHEC BRFSS
*Regional estimates were used due to small number of responses in the county.

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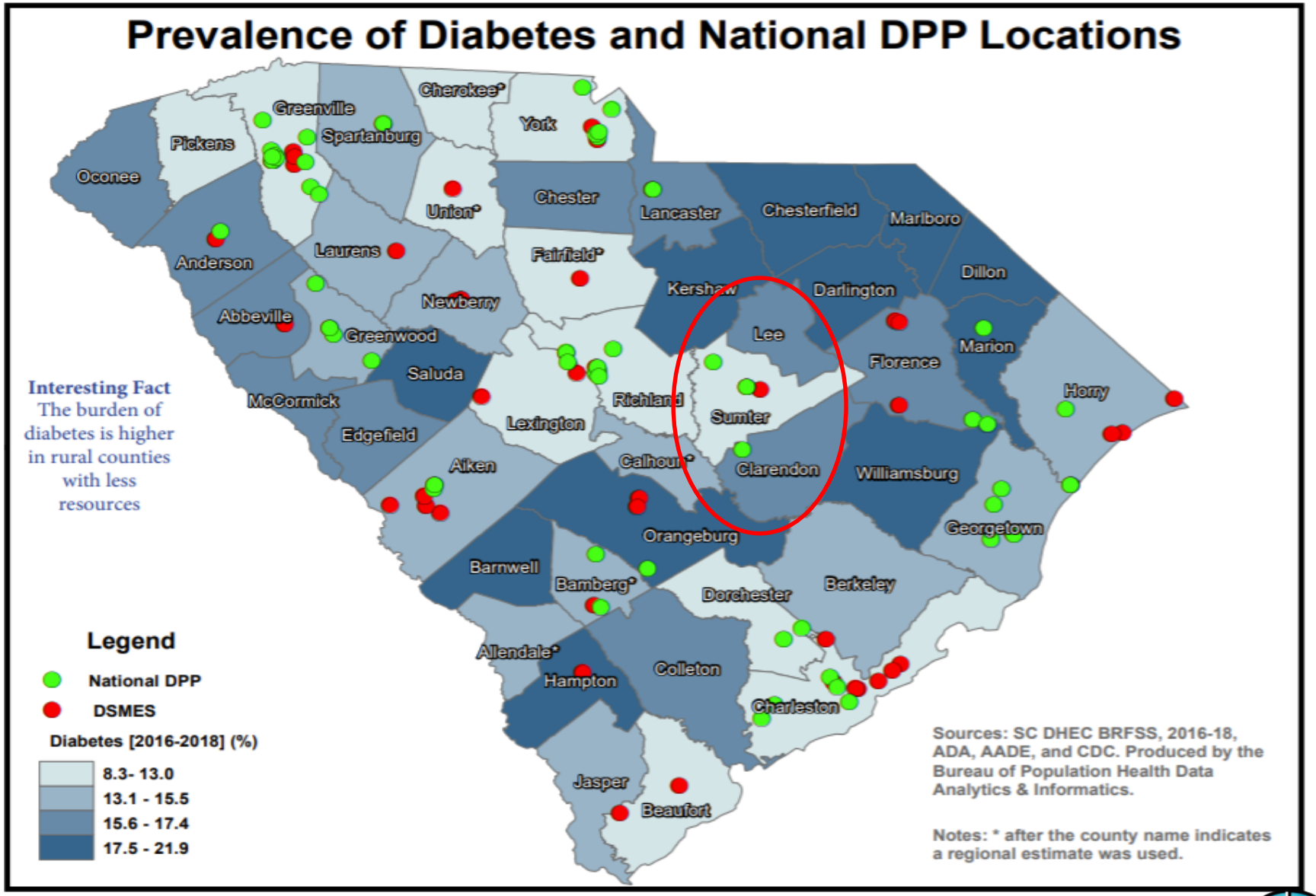
Prevalence of Diabetes and National DPP Locations



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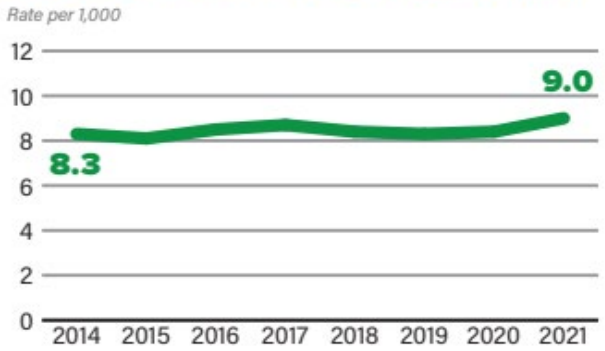
Diabetes in South Carolina

1,757 South Carolina residents died from diabetes in 2021.[1]

Diabetes was the **9TH** leading cause of death in South Carolina, more than chronic liver disease, suicide, or homicide.[1]

Newly diagnosed diabetes has slightly increased IN RECENT YEARS[5]



Diabetes disparities exist

The prevalence of diabetes is higher among non-Hispanic Black adults (17.4%) than among non-Hispanic Whites (12.9%), and non-Hispanic Blacks had **2.5X** higher age-adjusted death rate compared to non-Hispanic Whites.[1,2]

More than **560,000** adults in South Carolina are estimated to have been diagnosed with diabetes.[2]

For every **10** adults diagnosed with diabetes, only **5** have taken a class to manage their diabetes.[2]

In 2021, the total amount of hospital charges related to diabetes diagnoses were **$889 MILLION** in South Carolina. This was higher than asthma.[3]

The estimated cost of care for people in South Carolina with diabetes is **$5.89 BILLION**, including $4.25 billion in medical and $1.64 billion in indirect costs.[4]

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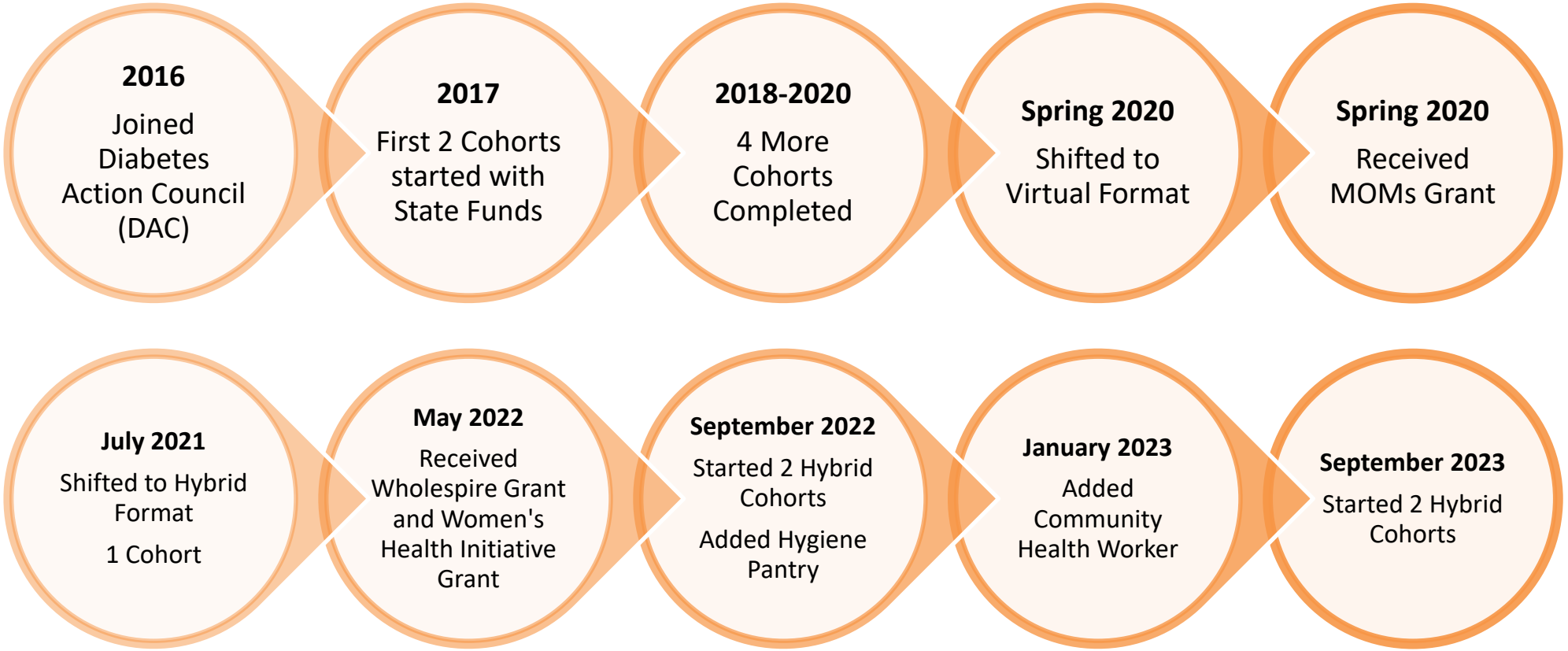
Our DPP History

- **2017**: CDC recognized program established in Sumter, SC
- **Counties served:** Sumter, Lee, and Clarendon
  - Populations with higher than average rates of:
    - Prediabetes (10-12%)
    - Overt diabetes (13-17%)
    - Diabetes in pregnancy (6-9% of pregnancies)
- **Cohorts served to date:** 10
- **Lifestyle Coaches:** 1
- **Primary population:** Age 65 and older
- **2022**: Shifted focus to recruiting women of childbearing age or with hx of gestational diabetes

Our DPP History



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	Average Loss 12m (%)	Average Activity (min)	Average Attendance	Average Pre A1C (%)	Average Post A1C (%)	% Diff A1C
1 (n=26)	2.1	256	18	5.98	5.93	0.01
2 (n=20)	5.0	295	17	5.94	5.94	0.00
3 (n=19)	4.4	354	24	6.04	6.02	0.00
4 (n=12)	8.0	255	22	6.01	6.05	-0.01
5 (n=7)	6.6	235	19	6.01	6.0	-.01
6 (n=12)	6.3	283	24	6.08	5.93	0.02
7 (n=12)	6.1	191	20	6.16	6.04	.02
8 (n=8)	5.2	164	22	5.90	5.81	-.09
9 (n=18)	4.3	101	18	6.01	5.91	-.10
All (n=134)	**5.3%**	**267.63**	**21.36**	**6.01**	**5.95**	**-0.02**

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RECRUITMENT STRATEGIES

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Recruitment – At Large

- Community screenings with DRA
- ICD-10 reports within your organization
- Practice visits
- Promote Program
  - Flyers/Brochures/Posters
  - QR Codes In-Room
  - Social Media
  - Newspaper
  - Little Libraries
  - Local Coalitions
  - Radio
  - Churches

Recruitment - Individual

- Contact referred patients multiple ways, multiple times
  - Check-in at time of referral
  - Check-in 4-6 weeks prior to program start
    - Letter
    - Email
    - Phone Call
    - Additional reminder 1 week prior and 1 day prior to session zero
    - Offer session zero
    - Offer flexible environment for attendance

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PROVIDER ENGAGEMENT STRATEGIES

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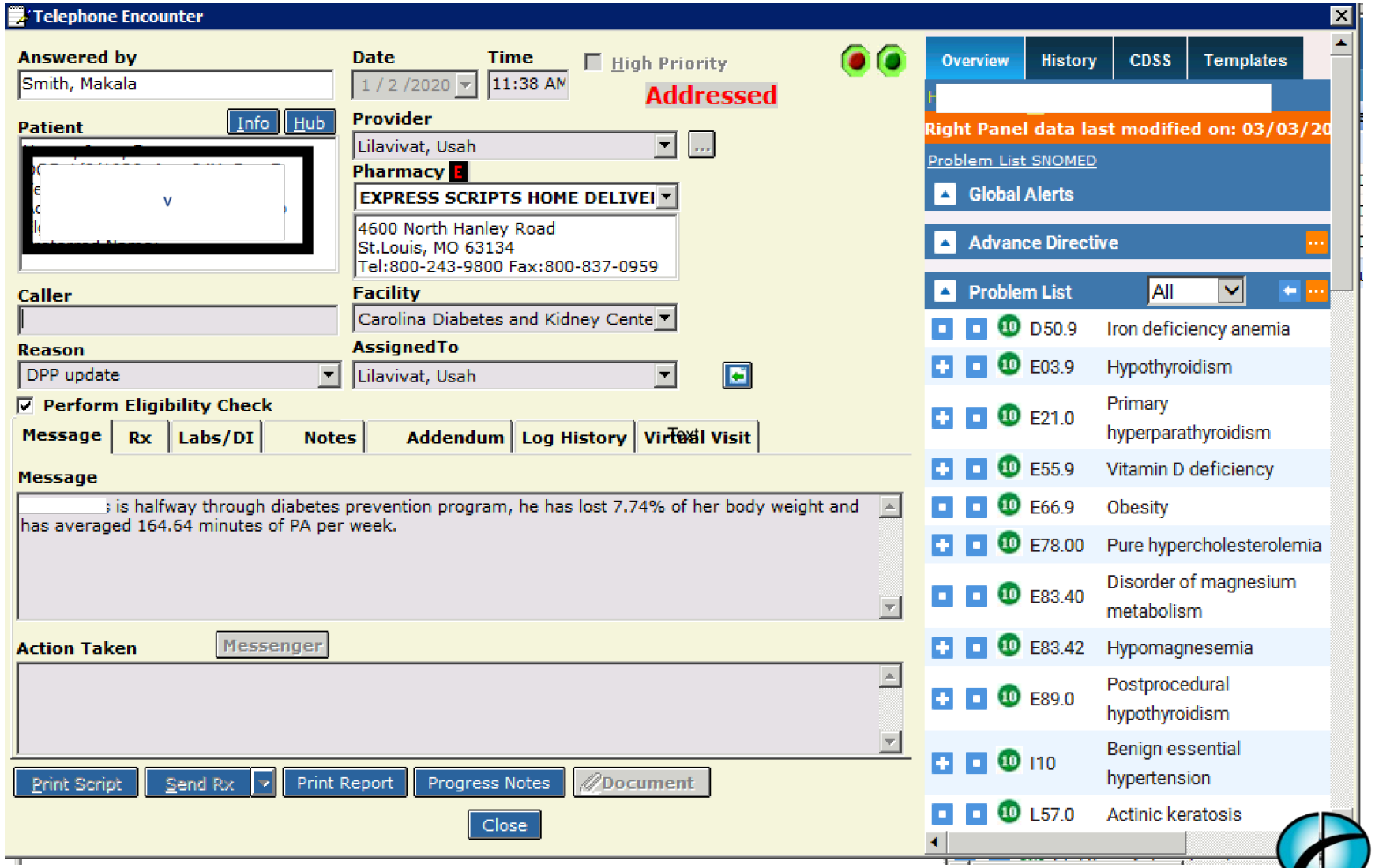
Provider Engagement

- Frequent promotion – Internal and External
- Lunch and Learns
  - Circle back annually – new residents, new staff, etc
  - Educate on
    - Prediabetes and Diabetes Prevalence
    - Screening for all types of Diabetes
    - Treatment of Prediabetes
    - Referral to DPP
    - What your DPP looks like and what their patient should expect
- Medical Society Meetings
- Clear referral process
- Bi-directional feedback

Internal Feedback



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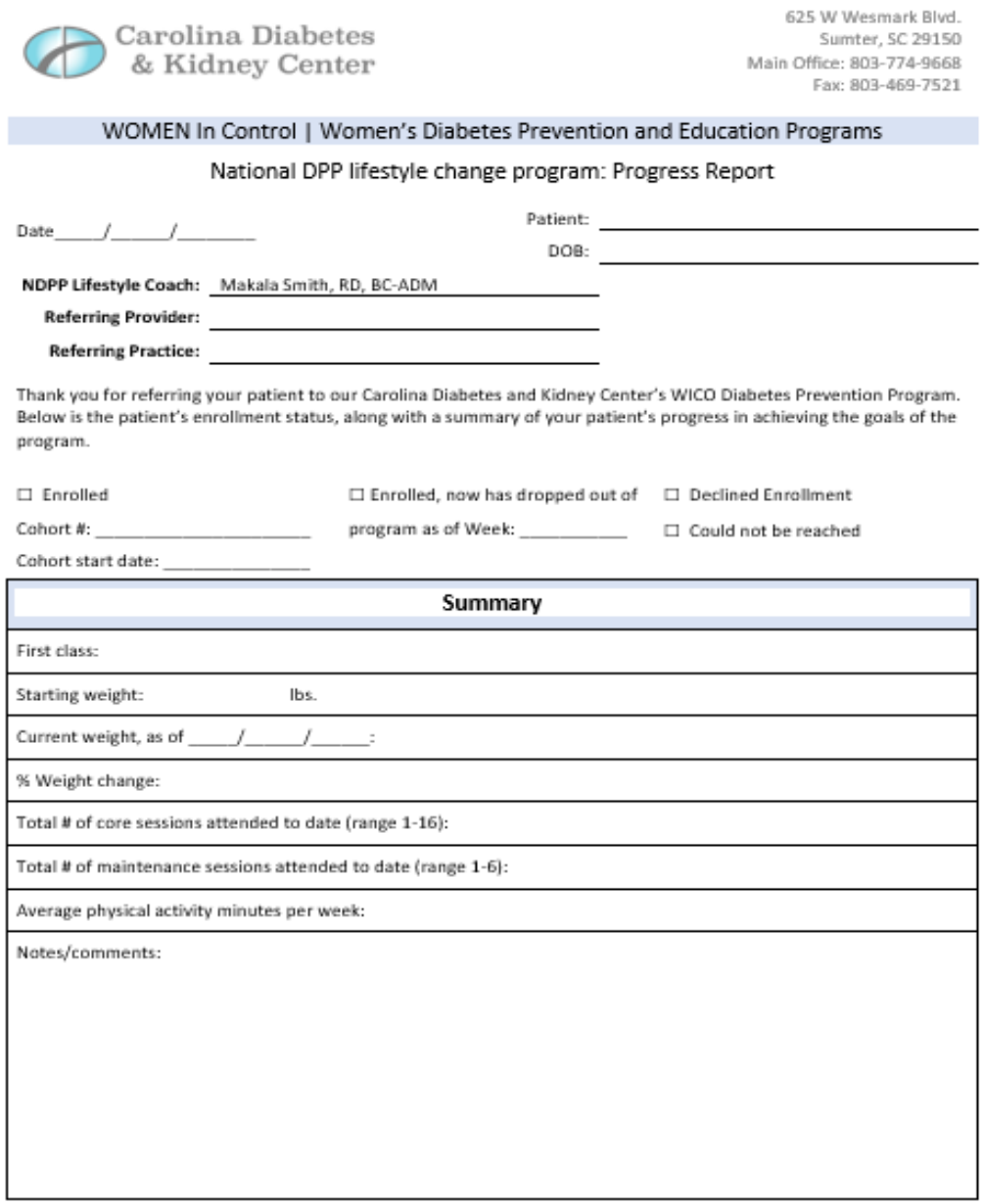

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Sumter, SC 29150
Main Office: 803-774-9668
Fax: 803-469-7521

WOMEN In Control | Women's Diabetes Prevention and Education Programs

National DPP lifestyle change program: Progress Report

Date____/_____/_____

Patient: _____

DOB: _____

NDPP Lifestyle Coach: Makala Smith, RD, BC-ADM

Referring Provider: _____

Referring Practice: _____

Thank you for referring your patient to our Carolina Diabetes and Kidney Center's WICO Diabetes Prevention Program. Below is the patient's enrollment status, along with a summary of your patient's progress in achieving the goals of the program.

☐ Enrolled

Cohort #: _____

Cohort start date: _____

☐ Enrolled, now has dropped out of program as of Week: _____

☐ Declined Enrollment

☐ Could not be reached

Summary
First class:
Starting weight: lbs.
Current weight, as of ____/_____/_____:
% Weight change:
Total # of core sessions attended to date (range 1-16):
Total # of maintenance sessions attended to date (range 1-6):
Average physical activity minutes per week:
Notes/comments:

External Referrals Progress Reports

Opportunity at:

- Time of referral
- 6 months
- 12 months

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RETENTION STRATEGIES

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Retention

- Weekly follow up for the first 12 weeks
- Twice monthly follow up for the remainder of the program
- Incentives
  - Cookbooks, Measuring cups, exercise mats/equipment, snacks, Foodshare
- Meet needs
  - Hygiene pantry
- Creating a sense of community

Retention

- Keep process simple for missed sessions
- Allow for multiple forms of communication
  - Text, email, photos, group email, group text, social media, etc
- Interactive sessions
  - Cooking demonstration, group celebrations at 6m and 12m, walking together
- Hybrid format
- Child friendly

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SUSTAINABILITY STRATEGIES

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Billing

- Setting your site up to bill where you can
- Submit tracking codes to insurance even if they do not cover the service

Community Involvement

Diabetes INITIATIVE of South Carolina

dhec
Healthy People. Healthy Communities.

FOODSHARE SOUTH CAROLINA
A Program of
School of Medicine Columbia
UNIVERSITY OF SOUTH CAROLINA

diabetesfree SC

HEALTHY MOMS. STRONG BABIES.
MARCH OF DIMES

wholespire
Inspiring wellness in all communities

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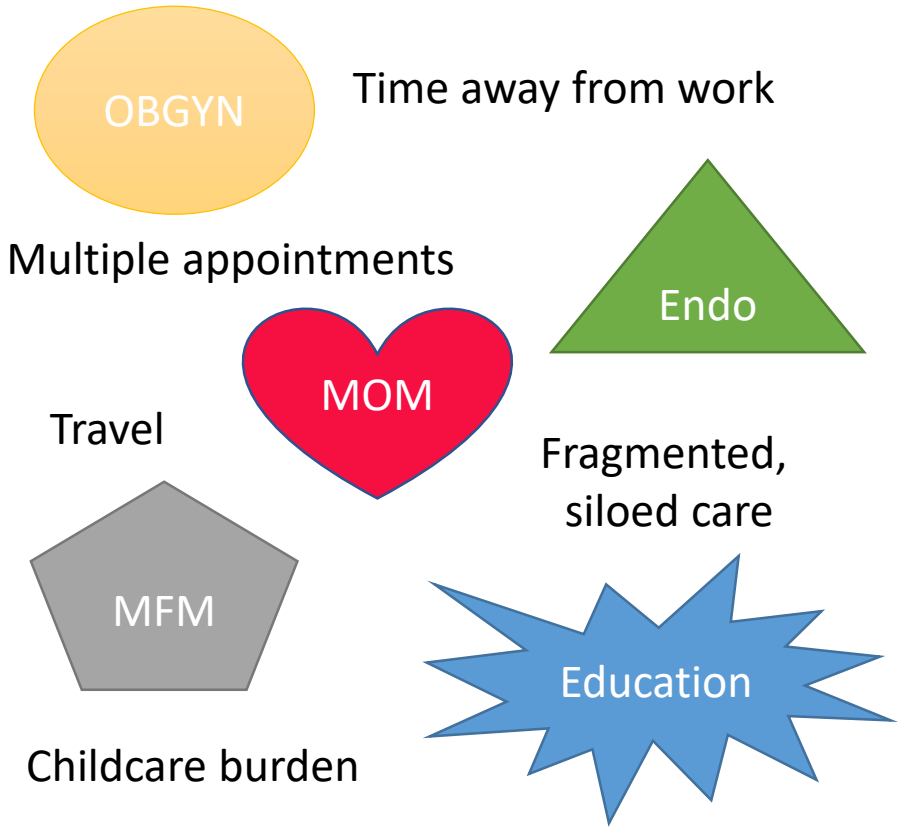
Grant Funding

- Start local
- Can take multiple attempts, save all of your old material
- Collaborate to achieve and expand

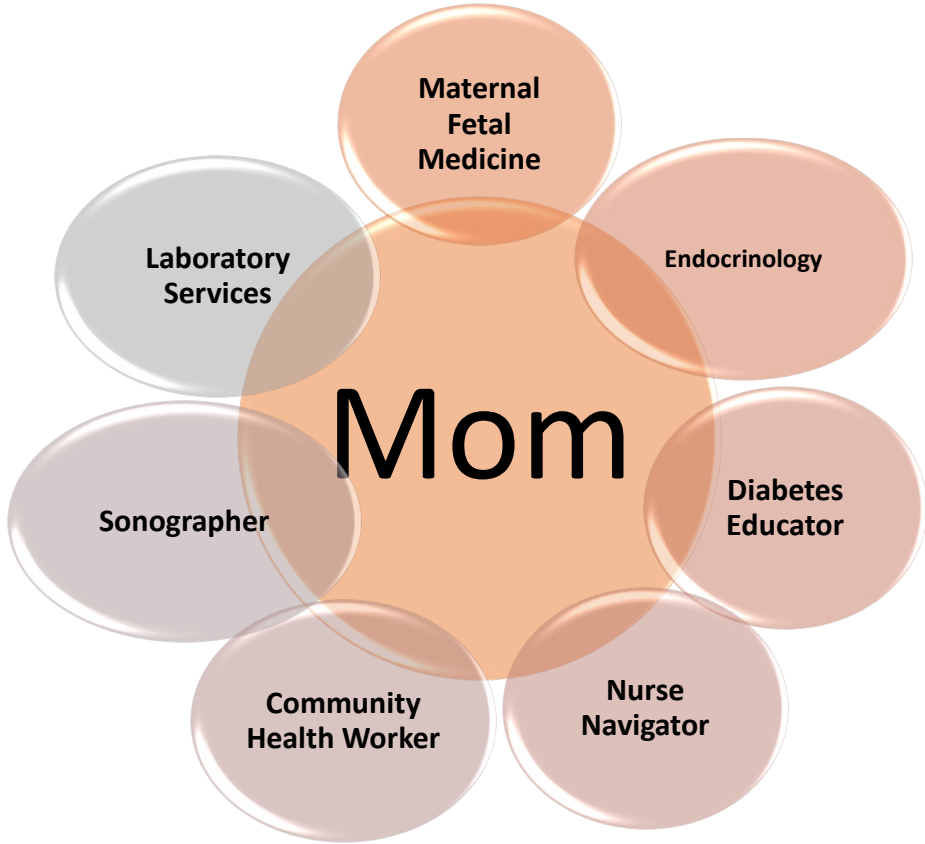
MOMs In Control

- **M**anagement **o**f **M**aternal Diabetes = MOMs in Control of Diabetes
- Team-based, multidisciplinary diabetes in pregnancy care targeted at reducing risk for mom and baby AND preventing type 2 diabetes or DM related complications later in life
- Caring for women with T1 & T2DM, and newly diagnosed GDM

Traditional Pregnancy Care



MOMs Team-based Approach



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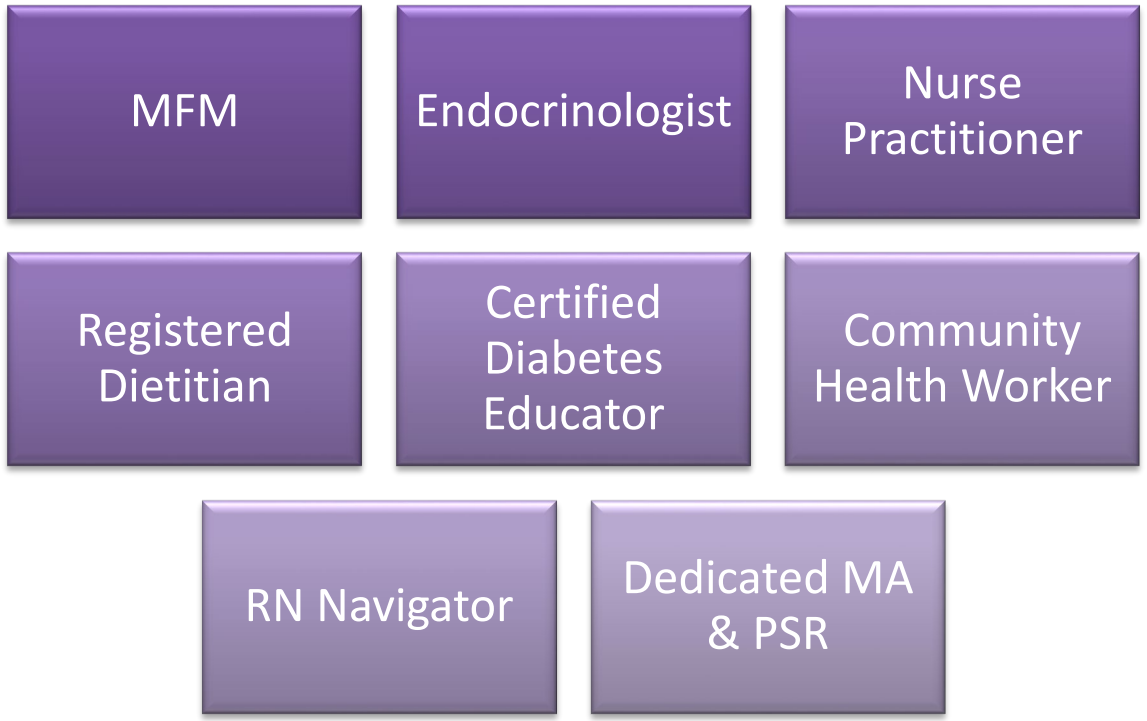
Key Components of Care: Scalability

Access to multidisciplinary team



Screenings & Services

- SDOH
- Mental Health
- Retinal exam
- Continuous Glucose Monitoring
  - Personal & Clinic-provided
- Telehealth/Virtual Monitoring
- Insulin Pump Training & Adjustment
- Foodshare SC produce boxes

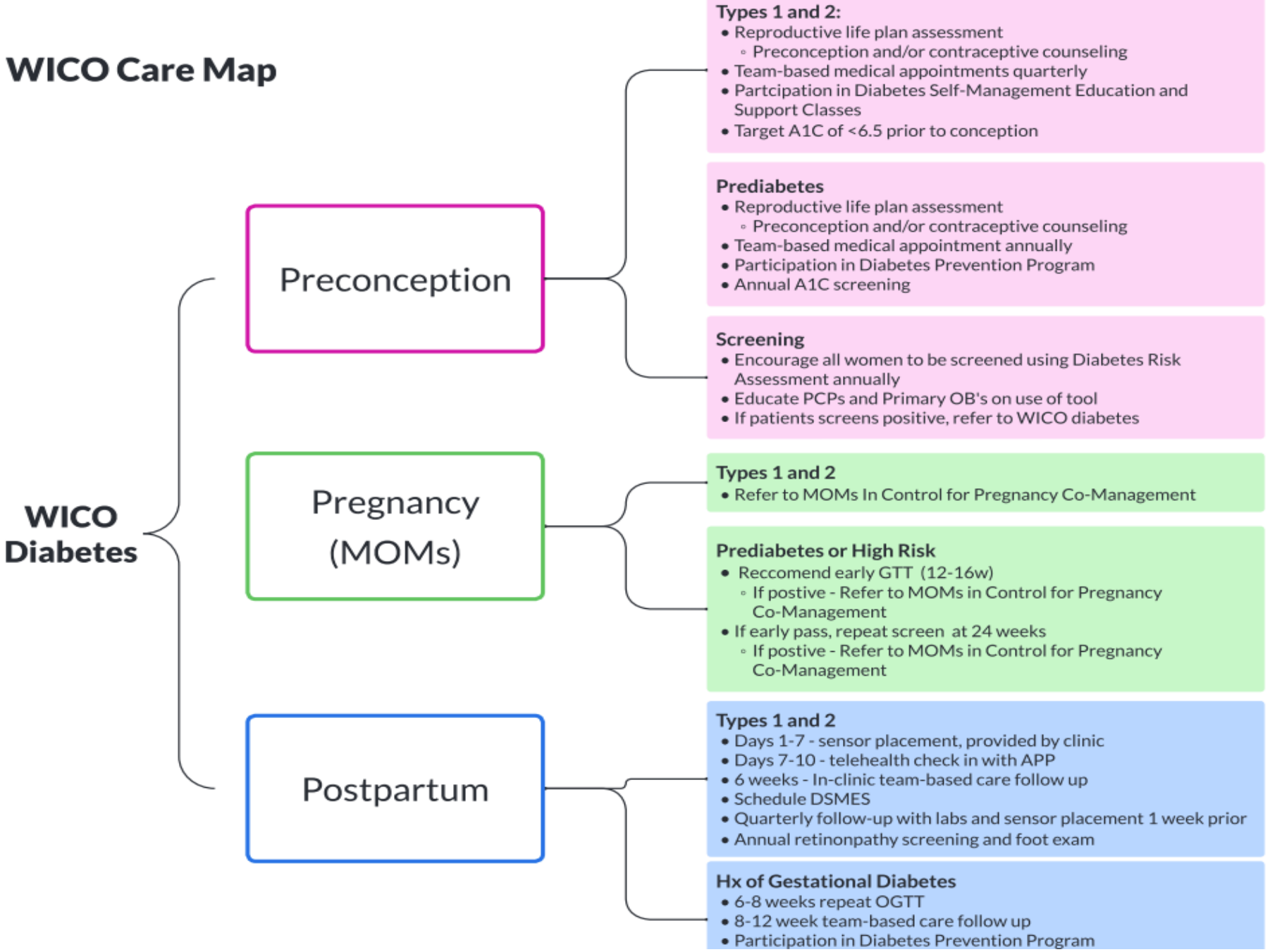
Services we provide

• Maternal-Fetal Medicine Consult	• Individualized follow-up diabetes and obstetric care
• Endocrine Consult	• Glucose meter instruction
• Co-management of diabetes during pregnancy and postpartum by endocrine and MFM	• Insulin injection instruction
• Nutrition counseling by registered dietitian	• Insulin pump prescription and management
• Group DSMES by RD, CDE and endocrinologist (2-hour class)	• Continuous blood glucose monitoring
• MFM Ultrasounds	• Remote patient monitoring
• Peer to peer consults	• Food Share SC Partner
• Spanish interpreter services by VOYCE	• Care coordination and patient support by RN Navigator
• Fundoscopic examinations	• Transportation assistance via Lyft

WICO Sumter

- Women In Control of Diabetes (WICO)
- Team-based care for the woman at risk for or with diabetes
- Emphasis on increasing participation of women of childbearing age in Diabetes Self-Management Education/Support (DSMES) and Diabetes Prevention Program (NDPP)
- Emphasis on increasing the number of women with reproductive life plans
- Empowering women and their families to lead healthier lives

WICO Care Map



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Wholespire

- Afforded opportunity to:
  - Start a hygiene pantry
  - Provide fresh produce to participants
  - Purchase meeting owl pro
  - Supplement lifestyle coach costs
  - Buy down time to spend more time in community

Questions