

Collective Voices for Diabetes Transcript

Ep 3: Achieving More by Leveraging Partnerships for a Collective Impact on Diabetes Prevention

Featuring Pennsylvania Department of Health and Health Promotion Council

Dr. Tamara Demko: [00:00:00] Hello, and welcome to Collective Voices for Diabetes, Partnering for Prevention and Management, a production of NACDD. I'm your host, Dr. Tamara Demko, an independent public health consultant with NACDD. We hope the show will inspire listeners to advance their diabetes prevention and management efforts through ideas, solutions, and approaches shared by featured guests.

Through intimate and dynamic conversations together, we will uncover innovative public health practices, collective approaches, and unique achievements in the field of partnerships for diabetes prevention and management.

We hope our listeners feel a sense of community through meaningful discussions with people in organizations who are finding success in working together to prevent diabetes.

Today, we will hear how Pennsylvania has used a collective action model, partnerships, and innovation to keep its diabetes work going strong during the COVID-19 pandemic. Pennsylvania was one of 14 states featured in NACDD's, Collective Impact in Action Report for its progress in advancing the National Diabetes Prevention Program.

Joining us is Amy Flaherty, Public Health Program Director from the Pennsylvania Department of Health's Bureau of Health Promotion and Risk Reduction. And Kimberly Labno, Assistant Director for Training and Capacity Building from Health Promotion Council. Welcome Amy and Kim.

Amy Flaherty: [00:01:26] Thanks for having us.

Kim Labno: [00:01:27] Hi, welcome.

Dr. Tamara Demko: [00:01:28] We're excited to have you, and we're excited for great show today. I'd like to start by talking a little bit about your partnerships and how you use collective impact to build all the work that you're doing. Back in August of 2017, Pennsylvania participated in a State Engagement Meeting or a StEM meeting.

It's a multi-day meeting to gather and work with partners to advance the National Diabetes Prevention Program. State engagement meetings use collective action and the NACDD/CDC state engagement model.

Amy, can you tell us how the state engagement meeting impacted Pennsylvania's efforts to implement the National DPP?

Amy Flaherty: [00:02:10] So the StEM meeting really provided the department as well as diabetes stakeholders, the opportunity to see the big picture regarding diabetes prevention

in Pennsylvania, and to learn from others who were at different stages of engagement. We gained some exciting and unexpected momentum at the beginning of the meeting with an announcement by the Pennsylvania Medicaid program that DPP would be a covered benefit for Medicaid managed care beneficiaries. And that really helps set the stage for other entities to cover DPP.

Dr. Tamara Demko: [00:02:42] Now, the Collective Impact in Action Report says that Pennsylvania engaged or strengthened relationships with about 280 new or former partners through this state engagement model.

Can you tell us a little bit about a couple of key partners who played a role in moving your action plan forward?

Amy Flaherty: [00:03:00] The Pennsylvania Medicaid program, and specifically the medical director were key partners. Early on they really understood the return on investment of offering DPP for beneficiaries and Pennsylvania's Office of Administration and the Pennsylvania Employee Benefit trust fund were also vital partners.

Um, and I would be remiss if I didn't mention our partnership with Health Promotion Council. In Pennsylvania as is the case probably in other states, we rely heavily on our community partners to assist with program implementation. So HPC has been a strong partner for us for a number of years, and they were right there with us from the beginning. Planning for the StEM meeting, managing the pillar groups to move forward the action plan, and really serving as our boots on the ground at the community level implementing programs.

Dr. Tamara Demko: [00:03:50] That's great. Kim, as the key partner, what was Health Promotion Council's experience with the state engagement meeting and with action planning?

Kim Labno: [00:03:59] Thank you, Dr. Demko. And thank you, Amy, for those kind words. There are so many highlights from the Pennsylvania statewide engagement meeting, but I think there are three experiences that really stood out to me as most impactful. The first one is that with partnership from DOH, we convened over 170 individuals representing dozens of organizations across the Commonwealth organizations from healthcare business, insurance, government, and community sectors, all wanting to join the DPP movement.

We had a huge turnout and of those invited many brought additional representatives from their organizations because they understood the importance of this event in normalizing DPP.

The second experience that I think was so impactful was HPC as a neutral convener was facilitating work groups with thought leaders, having diverse perspectives about solutions to reduce type two diabetes, as well as ways to merge prevention with our existing healthcare models.

And with facilitation for my team, this collaboration co-created the action plan goal and supportive short and long-term objectives. Um, as some of the key accomplishments from the stem meeting and the plan refinement process, following the meeting.

And then the third and last experience that really stood out to me and I'm proud to share is, a collective experience and this collective experience culminated through HPC's capacity building with the implementation work group. We exceeded our overall plan goal to increase DPP enrollment by 5%, and also accomplished many of our short-term objectives during the implementation period.

I would like to just give a little special recognition to Dr. Anita Edwards, the Medical Director, and Nicole Kohler, the Clinical Design Specialists from Gateway Health, who co-chaired our coverage subgroup and demonstrated the commitment of health plans to scale DPP. Without these quality partnerships, we would not have been able to accomplish so much.

Dr. Tamara Demko: [00:06:06] Those are fantastic achievements. And it sounds like a lot of important work was done throughout the action planning process and with partner engagement as well. I'd like to turn the conversation a little bit more in depth into your pillar work. So how are you reaching the people in Pennsylvania's communities who need it the most?

Amy Flaherty: [00:06:27] So we know through various data analysis projects that some of the areas of Pennsylvania that are most at risk for adverse health outcomes are rural communities.

I don't know how much listeners know about Pennsylvania, but we have a lot of rural settings in Pennsylvania. So it's important to have infrastructure and be able to reach individuals in those settings. To that end, we've been working on utilizing a virtual platform so that we're able to reach individuals who may not have access to in-person DPP classes.

And this also drives home the importance of coverage and infrastructure so that people in all areas of Pennsylvania have access to DPP.

Dr. Tamara Demko: [00:07:07] That's great. Your efforts to implement the action plan. How has Pennsylvania work to raise awareness about prediabetes, any media campaigns or publicity?

Kim Labno: [00:07:18] Well, our focus in Pennsylvania has been really to increase awareness among referring clinicians.

And I can talk a little bit about the communication pathways that we formed, because this has remained a top priority for awareness building, and not only to increase the awareness of the DPP program, but to increase referrals of patients, to DPP among doctors and nurse practitioners. So during the implementation phase, the work group through multiple communication channels reached doctors and nurse practitioners with messaging.

One example of a communication campaign that was really successful in giving us some baseline information around doctors' behaviors and attitudes towards awareness and

referral patterns was contributed by the Pennsylvania Medical Society that instituted a survey as part of their continuing medical education offerings over a 12 month period.

And this data really helped inform the landscape of where doctors were at, so to speak, in their DPP awareness. And also the National Nurse-led Care Consortium shared their current landscape of referral patterns happening within community health centers across the Commonwealth, many of which are operating in those rural centers with folks that might be a little harder to reach because of geography and NCC contributed not only referral pattern behaviors, but also were able to provide key motivators that nurse practitioners and care teams were needing to become more engaged.

And then finally HPC, through the implementation work group, did a lot of promotion around the American Medical Association's, diabetes prevention toolkits and other resources, so that the implementation work group audience, that included plan network representatives, health plan, and health system care teams, and community-based organizations all became aware of tools and resources to amplify the message around increasing awareness and motivating referrals among providers.

Dr. Tamara Demko: [00:09:17] Now Pennsylvania's work extends well beyond awareness and to increasing availability as well of the lifestyle change program, and you've had significant results. Can you tell us about a couple of your successes?

Amy Flaherty: [00:09:29] Obviously that's been a key focus of our work. Given the size of the state, it's really important for us to continue to build wide infrastructure for the availability of DPP. To date, Pennsylvania has 103 organizations recognized by CDC. 35 with full recognition, 12 with preliminary, and 56 with pending recognition.

Before COVID we also implemented nine classes for Spanish speakers and two for persons with mental or physical disabilities, including visual impairments. The department also supported the training of 220 lifestyle coaches across the state.

Dr. Tamara Demko: [00:10:06] That is great work with access and availability. The Collective Impact in Action Report also notes that 43 organizations reported screening for pre-diabetes and 17 reported referring to a lifestyle change program. Would you speak a little more about Pennsylvania's work in screening, testing, and referral?

Kim Labno: [00:10:26] I would love to. This is such an important topic for us and the partners that we had in the diabetes prevention action planning, implementation phase have remained partners in various work that we do.

So I can give a couple examples from my teams, 1705 DPP project activities that are happening in both urban and rural areas of the Commonwealth, which I think can provide a snapshot of some statewide activities. Currently health promotion council is cross promoting and cross referring for DPP with a large health system.

So we're partnering with the health system that covers about 10 counties in the Capitol Lehigh region of the state using direct communication with physicians that are within the

health system network. And this communication is being facilitated both by account executives, as well as lifestyle coaches.

The other example I want to give is within areas, metropolitan area, the site center, we used a campaign of blanketing physician offices and a heavy, heavy outreach presence, personal outreach presence, I would add, to promote DPP and to communicate the really simple steps that are needed to refer directly to their DPP programs.

It has taken some repetition and perseverance, especially with the public health emergency, but these efforts have begun to pay off in about the last six months.

And then finally, a health system, which was one of our highlighted partners in the stem meeting and remains a leader in our state for a physician engagement has an interface DPP referral within their EHR. They've had multiple symposiums with their doctors around DPP engagement and referral, and they've also begun to incorporate their satellite hospitals and residence programs to be able to create a greater groundswell outside their medical center facility for DPP.

So all really great examples of what's happening in screening, testing, referral in the state. And we hope that so many more will continue to do this work.

Dr. Tamara Demko: [00:12:25] Fantastic. Fairly recently in January of 2020, you reached a milestone. You achieved state public employee coverage. Congratulations. That's that's a fantastic accomplishment.

Would you tell our listeners a little bit about your journey working with employers to cover this program?

Amy Flaherty: [00:12:43] Sure. I love talking about the success of this because it was a huge win for us. So a huge factor in our success was a great partnership that we have with our Office of Administration and the Pennsylvania Employee Benefit Trust Fund.

We've met with them over a series of years, talking about DPP and other prevention and management programs. So achieving this success was a great step for us. When we initially talked to them about the possibility of coverage for Commonwealth employees, the Office of Administration was immediately on board.

They really understood the importance of the program as well as the proven outcomes. And they ran with it with staff, even becoming lifestyle coaches so that there would be built in sustainability.

Dr. Tamara Demko: [00:13:26] Do you have any advice for other states who are still trying to achieve state and public employee coverage?

Amy Flaherty: [00:13:31] I would say, really, it came down to open communication with decision makers. That was the key to getting that accomplished that and a little bit of seed money that we use to start the project on a pilot basis really made a huge difference.

Dr. Tamara Demko: [00:13:46] How about other advancements with coverage. Are you working with other employers aside from the state? What else is happening in this area?

Amy Flaherty: [00:13:56] We are. So currently there are two commercial plans and eight Medicaid plans via a pilot project with full Medicaid coverage pending a state plan amendment that cover the National DPP in Pennsylvania. Pennsylvania is a recipient of technical assistance and funding as well from NACDD to address the systems challenges related to development, implementation, and evaluation of covering the National DPP lifestyle change program in Medicaid.

Under this collaboration in 2019, Pennsylvania was able to establish a provider type as well as specialty codes that allow enrollment of CDC recognized organizations as Medicaid providers in the Commonwealth, and further contract with Medicaid managed care organizations to receive Medicaid reimbursement for the National DPP lifestyle change program.

Dr. Tamara Demko: [00:14:46] Wow, so much great work is happening in Pennsylvania. Now, Amy, you had mentioned the rural communities before. Are there any other priority populations or communities that you hope to reach through your efforts around diabetes prevention?

Amy Flaherty: [00:15:00] Yes, absolutely. So we also have a partnership with Latino Connection and through that partnership, the department is implementing activities that increase awareness among Latinx populations about prediabetes and the National DPP, and to encourage participation in lifestyle change programs.

Other priority populations for us in Pennsylvania are individuals with high risk factors for type two diabetes. And that would be individuals who are clients of food pantries. So we've had a great partnership with Feeding Pennsylvania. And through that partnership, we've been implementing initiatives to disseminate pre-diabetes and national DPP awareness messages among clients of a regional food bank to encourage clients to take the prediabetes risk test.

And if assessed as being at risk for type two diabetes, to be referred for participation in local or online National DPP lifestyle change programs.

Dr. Tamara Demko: [00:15:57] This is fantastic. And you've done all this work during the COVID-19 pandemic as well. It sounds like you've just kept going. I know a lot of other states have been struggling a little bit during this time of COVID-19.

How has the Pennsylvania Department of Health and its partners reprioritized and adapted its approaches because of the COVID 19 pandemic? Have you had to pivot in any way?

Amy Flaherty: [00:16:22] Absolutely. I feel like COVID was a big curve ball for probably all states and really all facets of the country. So that's been a big impact with active DPP sites reporting a range of impacts from the COVID-19 pandemic.

Many sites were able to shift from in-person to virtual delivery within weeks, but some postponed their programs, looking to resume the in-person delivery. Others ended up closing their sites due to either staff furloughs or changes in organizational priorities.

Dr. Tamara Demko: [00:16:54] Kim, do you have anything to add to that?

Kim Labno: [00:16:57] Well, we know from our own DPP and our partners stories that some programs are having some trouble meeting the weight loss requirement for DPRP. And this makes sense if you consider, you know, quarantine and stay at home orders, limiting physical activity. So we recognize this as something that could change over time.

And we're also going to use a, what we think is a solution strategy, and we're promoting a solution strategy to couple interventions, like Walk with Ease with our DPP programs to encourage staying active and as an overall program retention strategy, we're looking forward to seeing how that develops.

Dr. Tamara Demko: [00:17:38] That's great. And you had some virtual program offerings before COVID-19 hit. How has the COVID-19 pandemic impacted your virtual offerings?

Amy Flaherty: [00:17:49] The implementation of virtual programming among Pennsylvania DPP sites honestly has been mixed. Many sites, as Kim said, reported that patients were struggling with motivation would have become sedentary without the commitment of in-person classes.

On the other hand, some sites reported strong engagement with full attendance in virtual classes. I think we all probably know that virtual classes can be more convenient in rural areas of the state where providers are often, far away from eligible program candidates. It also removes some of the barriers to access of DPP in person.

And several DPP providers across the state expressed strong interest in obtaining access to resources that support online delivery of DPP. And the Department has obtained CDC funding to purchase a master license for the HALT diabetes software platform to deliver the National DPP online.

Dr. Tamara Demko: [00:18:46] Wow. That's great. Kim, what are your thoughts on this?

Kim Labno: [00:18:50] Well, I think as Amy has outlined, there really isn't one way to reach the population that's in need of diabetes prevention programming. And, you know, we know from our experience with DPP and partners, that we're moving to teach National DPP through remote or synchronous deliveries. That means platforms like zoom that required some workforce training and support of lifestyle coaches and data evaluators to become proficient using technology.

Public Health Management Corporation's research and evaluation group surveyed lifestyle coaches in Pennsylvania, and found that about half needed training to use technology like Zoom. Similarly with the interest and adoption in virtual or completely asynchronous platforms like the ProVention, Health, and active living training or HALT technology that Amy

has just talked about has meant that our lifestyle coaches have needed to adapt and learn that new technology.

And then in response, they also now have another tool in their toolbox in terms of delivery modality, to reach more people. With generous support from NACDD, HPC and three grantee partners are adopting or have adopted the ProVention HALT platform. The site center of Northwestern Pennsylvania launched their HALT program last month.

And HPC is preparing to launch its DPP offering using HALT in early summer. So we're really excited to see what stories from the field we'll have.

Dr. Tamara Demko: [00:20:23] That very exciting. And it sounds like the COVID 19 pandemic has presented some opportunities to Pennsylvania as well. You've continued to innovate despite the COVID-19 pandemic.

Kim, I see that Health Promotion Council has been working on an umbrella hub. What is an umbrella hub? And can you share some key insights about your journey in becoming an umbrella hub organization?

Kim Labno: [00:20:47] Thank you, Dr. Demko. I'd love to. The way that CDC describes an umbrella hub organization is that it provides administrative support to subsidiary organizations. HPC calls our organizations affiliate organizations.

These are DPP suppliers that for whatever reason, choose not to submit claims for reimbursement and would like to stay focused on reaching their constituents with program delivery. The umbrella hub organization delivers the infrastructure that DPP suppliers can plug into and enjoy the benefits that come with services like billing, claims submission, data management, data reporting, payer contracting, and technical support.

HPC sees the umbrella hub organization as a way for us to close the community clinical gap with the vision of enabling DPP suppliers to achieve financial sustainability.

It is important to note that leading up to the decision to form an umbrella hub organization, HPC had developed our own hub model through a collaborative effort with a Medicaid managed care organization and a DPP reimbursement pilot project. In this project, we invoiced for DPP on behalf of a network of 12 DPP providers offering services at 25 locations across Pennsylvania.

The lessons learned from this pilot are supporting us in our current efforts to develop a financially sustainable model for DPP using the umbrella hub structure.

Dr. Tamara Demko: [00:22:14] That's a lot of great work to support community based health services and the national DPP delivery. Fantastic. I like to shift the mindset of this conversation.

If you could take a moment to tell our listeners what work out of all this great work that you're doing, what work are you each proudest of? Amy let's start with you.

Amy Flaherty: [00:22:38] This might be the best part of the program, where we get to talk about what we're most proud of.

And for me, it's hard to narrow it down to just one. So I'll mention two areas that give us a great deal of pride. Given the fact that one in five Americans are covered by Medicaid, getting DPP as a covered benefit for Pennsylvania Medicaid managed care organization beneficiaries was a huge accomplishment for us, but hand in hand with that really was also coverage for Commonwealth employees.

Knowing the success of the program it's really exciting that Commonwealth employees now have access to it.

Dr. Tamara Demko: [00:23:12] Wonderful. And Kim, what about you?

Kim Labno: [00:23:15] I think about this work. And one of the things that I am most proud of is seeing Pennsylvania's leadership in scaling and sustaining DPP. Amy has talked about the coverage accomplishments and the accomplishment around coverage for publicly insured and the state's employees cannot be overstated.

Another thing that I am really proud of, too, is Health Promotion Council's leadership in the implementation phase that I feel adds value, still felt today. For example, we brought guest presenters from across the state and across the country to share emerging news and practices on coverage and physician engagement, employer DPP, and many other topics.

And these relationships remain active today and continue to position Pennsylvania as a subject matter expert in the area of DPP. And it's thanks to Amy and others at DOH and many organizations.

Dr. Tamara Demko: [00:24:15] That's fantastic. So much great work. I know that you're both proud and you deserve to be, it's fantastic. For a key takeaway. And we'll ask both of you as well, but let's start with Kim this time. Kim, if you could give one piece of advice to other states based on your success of advancing the National DPP, what would it be?

Kim Labno: [00:24:37] I know this may sound like an ideal, but I can tell you that the relationships with existing partners and building new relationships with perhaps non-traditional partners has the greatest potential to lead long lasting health benefits within communities. Diabetes prevention, and prevention as a whole, is fairly new ground for us in the healthcare environment. And it's going to take innovation and relationships to really realize the healthcare shift that we all want to see.

Dr. Tamara Demko: [00:25:19] Amy. How about you? What's your key takeaway?

Amy Flaherty: [00:25:22] For me it's absolutely keep building those relationships. And by that I may relationships with community agencies or with state Medicaid programs or relationships with whomever administers the employee benefit at the state level or with community employers.

I feel like we still, despite the fact that we have a number of accomplishments, we still have miles to go. But the most important thing is that we know how to build relationships and talk to people about the importance of DPP and the impact that it has on people's lives.

Dr. Tamara Demko: [00:25:53] Wow listeners, I've heard partnerships and relationships form the basis of success with implementing the National DPP. I've heard that you can still innovate coverage can still happen and you can make advancements in screening, testing, and referral in spite of the COVID 19 pandemic.

There are opportunities there to reach new communities and to reach people in new ways. These are some incredible lessons that you as listeners can also apply in your state and local communities.

That is all the time we have today. Thank you so much to our special guests, Amy Flaherty from the Pennsylvania Department of Health and Kimberly Labno from Health Promotion Council, who shared with us their outstanding work in diabetes prevention achieved through engaged partners and collective action.

We really appreciate all of our listeners who took 30 minutes out of their day to listen to this episode of Collective Voices for Diabetes.

This is a pilot series episode to determine whether verbal storytelling is an effective way for NACDD to support states, diabetes and management efforts. If you found value in listening to stories from Pennsylvania, please let us know by liking or sharing the episode on SoundCloud, LinkedIn, Facebook, or Twitter.

You can also send us a quick note NACDD.Diabetes@chronicdisease.org. Hearing from you will help us determine if podcasting is a valuable method for showcasing diabetes prevention and management on a national scale.

Find show notes with links and more information from our conversation with Amy and Kim at www.Chronicdisease.org/diabetes.

Join us next time for another episode of Collective Voices for Diabetes, Partnering for Prevention in Management, a production of NACDD. I'm your host, Dr. Tamara Demko signing off for now. By partnering and using our voices collectively we can prevent and manage type two diabetes.