CLINIC TO COMMUNITY LINKAGES TO IMPROVE PATIENT OUTCOMES

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YMCA OF THE USA

TCPi 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

2,700
YMCA’s in communities where household income is below the national average
58%

10,000
Communities served

States
50 plus
District of Columbia and Puerto Rico
THE Y’S HEALTHY LIVING FRAMEWORK

To PROMOTE WELLNESS (Primary)

- Personal Training
- Group Exercise
- Family Camp
- Youth Sports

To REDUCE RISK (Secondary)

- Diabetes Prevention
- Falls Prevention
- Blood Pressure Self-Monitoring
- Cancer Survivorship
- Parkinson’s Therapy

To RECLAIM HEALTH (Tertiary)

- Wellness Centers
- Health Navigation
- Referral Systems
- ACO and PCMH Involvement
- Commercial Insurance Reimbursement for Prevention

Board Diversification
Early Childhood and After-School HEPA Standards
Built Environment
Access to Fresh Fruits & Veggies
Safe places for active play

Advocacy and Policy Change for Childhood Obesity Prevention
Community Development

Access to Care
Medicare Coverage of Diabetes Prevention
Payment Reform
Cancer Disparities

The Y’s Health Living Framework aims to impact individuals, families, organizations, communities, and society through programs and initiatives such as personal training, group exercise, family camps, and youth sports to promote wellness. It also targets reducing risk through diabetes prevention, falls prevention, and blood pressure self-monitoring, while reclaiming health through wellness centers, health navigation, referral systems, and ACO and PCMH involvement. The framework further emphasizes built environment strategies like access to fresh fruits and vegetables and safe places for active play, while advocating for policy change to prevent childhood obesity. Community development is also a key aspect of the framework, alongside tobacco-free environments and strategies like Medicare coverage of diabetes prevention, access to care, and cancer disparities.
# 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?      | Anytime, anywhere (classroom-type setting)  |
| Where?     | Weigh-in at every session  
|           | Weight recorded within 24 hours via a HIPAA-compliant online tracking system  
|           | Facilitated by YMCA-certified Lifestyle Coach  |
| How?       |
THE DEVELOPMENT OF THE YMCA’S DPP

Chapter 1
1997-2002
EFFICACY

Chapter 2
2005-2008
VALIDATION

Chapter 3
2008-2010
TRANSLATION

Chapter 4
2010-2013
SCALING

Chapter 5
2013-2017
DISSEMINATION
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%.

Efficacy: $200 Million NIH-led DPP Trial

New England Journal of Medicine, 2002
THE DEVELOPMENT OF THE YMCA’S DPP

Chapter 1 1997-2002
EFFICACY

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TRANSLATION

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SCALING

Chapter 5 2013-2017
DISSEMINATION
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

<table>
<thead>
<tr>
<th></th>
<th>Intervention</th>
<th>Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>post program</td>
<td>7%</td>
<td>1%</td>
</tr>
<tr>
<td>6 months</td>
<td>5%</td>
<td>3%</td>
</tr>
<tr>
<td>12 months</td>
<td>7%</td>
<td>3%</td>
</tr>
</tbody>
</table>

Ackermann RT et al. AJPM; Oct 2008
THE DEVELOPMENT OF THE YMCA’S DPP

Chapter 1 1997-2002
Chapter 2 2005-2008
Chapter 3 2008-2010
Chapter 4 2010-2013
Chapter 5 2013-2017

EFFICACY
VALIDATION
TRANSLATION
SCALING
DISSEMINATION
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

Chapter 1: 1997-2002 (Efficacy)
Chapter 2: 2005-2008 (Validation)
Chapter 3: 2008-2010 (Translation)
Chapter 4: 2010-2013 (Scaling)
Chapter 5: 2013-2017 (Dissemination)
BY THE NUMBERS  
(THROUGH MARCH 2016)

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participants attending at least one session</td>
<td>43,183</td>
</tr>
<tr>
<td>Completer’s average year-end weight loss</td>
<td>5.5%</td>
</tr>
<tr>
<td>Y associations delivering program</td>
<td>223</td>
</tr>
<tr>
<td>States where the program is available</td>
<td>45</td>
</tr>
<tr>
<td>Total program sites</td>
<td>1,512</td>
</tr>
</tbody>
</table>
THE CONTINUING DEVELOPMENT OF THE YMCA’S DPP

Chapter 1
1997-2002
EFFICACY

Chapter 2
2005-2008
VALIDATION

Chapter 3
2008-2010
TRANSLATION

Chapter 4
2010-2013
SCALING

Chapter 5
2013-2017
DISSEMINATION
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

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.

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](image)

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 organizations
• Media

17% yield from health care referrals
IT STARTS WITH DPP BECAUSE OF ITS EVIDENCE AND ITS DOCUMENTED ROI TO PAYORS

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

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
Clinical-Community Linkages for Diabetes Prevention

Omar Hasan, MD, MPH
American Medical Association
## 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**


<table>
<thead>
<tr>
<th>Population</th>
<th>Adults aged 40 to 70 years who are overweight or obese.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recommendation</td>
<td>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.</td>
</tr>
<tr>
<td>Grade: B</td>
<td>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.</td>
</tr>
<tr>
<td>Risk Assessment</td>
<td>Risk factors include overweight and obesity or a high percentage of abdominal fat, physical inactivity and smoking.</td>
</tr>
<tr>
<td>Screening Tests</td>
<td>Hemoglobin A1c or fasting plasma glucose or an oral glucose tolerance test.</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Training for medical providers by community organizations to improve medical provider practices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral of patients from clinical practice to community partner</td>
</tr>
<tr>
<td>Referral of patients by clinical practices to health resources</td>
</tr>
<tr>
<td>Referral of patients from community partner to clinical practice</td>
</tr>
<tr>
<td>Volunteer work by clinical partners at community organizations</td>
</tr>
</tbody>
</table>

Bridging the gap

Connecting Strategies
- Pre-identifying community resources
  - Known services and expectations
- Developing referral guides
  - Paper or electronic databases
- Engaging external intermediaries
  - Single-point access to resources

Primary Care
- Capacity for risk assessment
- Ability for brief counseling
- Capacity and ability to refer
- Awareness of community resources

Community Resources
- Availability of resource
- Affordability of resource
- Accessibility of resource
- Perceived as value added

1000 people age 18-64 years

370 will have prediabetes (37% prevalence)

111 will enroll in DPP, with MD involvement (30%)

67 will complete DPP (60%)

33 will achieve ≥5% weight loss (50%)

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

Increasing DPP enrollment and completion rates is critical to success.

Range 10% to 50%

Range 40% to 80%
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

• 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

- In collaboration with state and local medical societies

Clinics

Patients Patients Patients
Omar Hasan, MD, MPH
Vice President, Improving Health Outcomes
omar.hasan@ama-assn.org
COMMUNITY INTEGRATED HEALTH CARE
COMMUNITY INTEGRATED HEALTH CARE

CBO VALUE IN HEALTH CARE

Managing chronic conditions:
- Stanford model of chronic disease self-management
- Diabetes self-management
- Nutrition counseling
- Meal provision
- Education about Medicare preventive benefits

Preventing hospital (re)admissions:
- Evidence-based care transitions
- Care coordination
- Medical transportation
- Evidence-based medication reconciliation programs
- Evidence-based fall prevention programs/home risk assessments
- Caregiver support
- Environmental modifications

ACL:
- Evidence-based care transitions
- Person-centered planning
- Chronic disease self-management
- Benefits outreach and enrollment
- Employment related supports

Activating beneficiaries:
- Nursing facility transitions (Money Follows the Person)
- Person-centered planning
- Assessment/pre-admission review
- Environmental modifications
- Caregiver support
- LTSS innovations

Diversion/Avoiding long-term residential stays:
HEALTHY LIVING PROGRAM DEVELOPMENT

**DISCOVERY**
- Efficacy: The program has evidence it can produce the intended outcomes.

**Validation**
- The program satisfies dimensions of well-being, brand, license, training, evaluation, data, fundraising & price requirements, and a pilot produces the intended outcomes in a YMCA setting.

**DEVELOPMENT**
- Translation: The program is piloted by YMCAs in various operational settings and produces the intended outcomes.

**Scaling**
- The program is delivered by a sufficient number of YMCA providers to inform a refined operating model that maintains fidelity and intended outcomes, and a national dissemination plan is established.

**DISSEMINATION**
- Dissemination: The program is replicated widely and available to any YMCA that has capacity to deliver it.

Programs must pass each stage or risk being phased out.
NATIONAL EVIDENCE-BASED PROGRAMS

DISCOVERY
- Efficacy
- Validation

DEVELOPMENT
- Translation
- Scaling
- Dissemination

YMCA’s Diabetes Prevention Program
Enhance Fitness (Arthritis Self-Management)
LIVESTRONG at the YMCA (Cancer Survivorship)
Moving for Better Balance (Falls Prevention)
Blood Pressure Self-Monitoring
Early Childhood Healthy Behaviors
Childhood Obesity Intervention
Brain Health
Parkinson’s
Tobacco Cessation
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

The Y's Model of Community Integrated Health

- Evidence-based Programs
- Compliance
- Healthier Communities Initiatives
- Shared Spaces
- Community Health Navigation
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.

**Existing Structure**

- **Local Ys**
  - Program delivery
  - Track participant outcomes in technology system
  - Raise funds to assist with sustainability in absence of 3rd party payors.

- **Chronic Disease Prevention Program Team**
  - Train Ys to deliver DPP
  - Management and administration support
  - Coordinate with existing TPA for technology support
  - Provide reporting technical assistance to Ys for reporting to partners, CDC, etc.

**New Additional Structure**

- **Healthy Living Department MSO**
  - Employs staffs for:
    - Payor Engagement
    - Contracting
    - Account Management
    - Technology support
    - Compliance
    - Reporting
    - Finance

- Contracts with vendors for:
  - Technology platform
  - Billing / revenue cycle management

**“Build”**

**“Buy”**
THANK YOU

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