Best Practices & Lessons Learned in Mobilizing Local Networks to Screen Older Adults for Diabetes:

A Guide for Policymakers and Future Prevention Programs
How can millions of older adults—more than half of all Medicare beneficiaries—have undiagnosed diabetes or prediabetes? Especially after Medicare started to cover screening for those at risk for diabetes with no co-pay and no deductible in 2005?

That is the singular, startling fact that drove the creation of the Medicare Diabetes Screening Project (MDSP) in 2006 and has guided its work. The challenge was to identify networks, strategies and actions at the local and national level to help close that gap and to build momentum for policies to help find the undiagnosed. A driving principle is that screening is the gateway to prevention and successful management of prediabetes or undiagnosed diabetes.

The MDSP was co-chaired by the American Diabetes Association (ADA), the Healthcare Leadership Council (HLC) and Novo Nordisk Inc. In 2006, Novo Nordisk made a 3-year, $1 million commitment to the Clinton Global Initiative to support the work of MDSP. Since that time, MDSP partnered with more than 20 national, and hundreds of grassroots healthcare provider, senior-serving, industry and diabetes advocacy organizations to find ways to promote diabetes screening for Medicare beneficiaries and to identify policy changes that could help find the undiagnosed.

MDSP implemented projects to develop effective messages, identify and activate concerned national and local networks, and test community organizing strategies. Based on feedback from seniors, providers and community organizations, we realized that the screening message was necessary but not sufficient. Screening is a pathway to prevention and care—and that needed to be part of our message and operations. Older adults were not motivated to be screened to “just get more bad news.” But they were attentive to messages that told them screening and early diagnosis were important for successful self-management of undiagnosed diabetes. Those older adults at risk for diabetes were motivated to be screened when they learned that diabetes can be prevented—and that those 60 and older were particularly successful at prevention.

The examples and stories featured in this document, based on the MDSP experience, can help guide efforts to screen older adults for diabetes and therefore help them get the care or preventive services they need to fight diabetes. Through increased utilization of the Medicare diabetes screening benefit, individuals can improve the quality of their own health, while reducing the burden of diabetes on the healthcare system.

Screening: The Gateway to Prevention and Care

Jay Hedlund
Director
Medicare Diabetes Screening Project
WHAT NEEDS TO BE DONE

The experience of MDSP suggests that policymakers, providers and communities should consider the following policy issues to help find Medicare beneficiaries at risk for diabetes or prediabetes:

- Centers for Medicare & Medicaid Services (CMS) should cover the Hemoglobin A1C test as a screening tool for diabetes;
- The United States Preventive Services Task Force (USPSTF) should revise and expand its diabetes screening recommendation;
- CMS should cover evidence-based, lifestyle interventions of physical activity and proper nutrition for diabetes prevention—such as those recognized by the National Diabetes Prevention Program—for beneficiaries with prediabetes;
- The U.S. Department of Health and Human Services (HHS), including CMS and the Centers for Disease Control and Prevention (CDC), and state and local health departments should develop aggressive strategies and devote resources to promote more widespread diabetes screening and prevention opportunities (e.g., physical activity and nutrition education) for older adults; and,
- Incentives should be explored for providers and healthcare systems to make screening, prevention and quality diabetes care a priority for treating older adults.

Communities, policymakers, public health organizations, senior-serving organizations and healthcare providers play an essential role and need to give older adults the tools and support they need to be successful in the fight against diabetes. Diabetes prevention and improved care are proven and possible through collaboration among policymakers, providers, communities and patients.
What Was the Medicare Diabetes Screening Project?

MDSP was a national coalition of professional, provider, government and private sector organizations dedicated to promoting the use of free diabetes screening benefits available to seniors under Medicare. MDSP, founded in 2006, was co-chaired by the American Diabetes Association (ADA), the Healthcare Leadership Council (HLC) and Novo Nordisk.

Since the passage of the Medicare Modernization Act, at-risk seniors enrolled in Medicare are eligible to receive a free diabetes screening test on an annual basis. The screening test does not require a co-pay or deductible and can be given every six months if a senior is diagnosed with prediabetes.

In order to effectively promote the Medicare diabetes screening benefit at the community level, MDSP developed educational tools and resources for senior-serving organizations and healthcare professionals to use when talking with seniors about the importance of diabetes prevention and screening.

**Primary projects of the MDSP included:**

- **A coalition built with more than 20 national partners and hundreds of local partners in key MDSP program cities**
- **Pilot programs to test organizing strategies, message development and identification of interested networks to build models of promotion that can be replicated**
- **Collaboration with federal, state and local public health agencies, including CMS, Area Agencies on Aging, the National Diabetes Education Program and more**
- **A training program with the National Council on Aging for senior-center staff**

The goal of MDSP was to encourage seniors who are at high risk for diabetes or who have prediabetes to talk with their healthcare providers to take advantage of the free Medicare diabetes screening benefit.
Over the years, the scope of MDSP projects grew from community pilot programs promoting diabetes screenings in select localities to larger partnerships combining screening and prevention with YMCA of the USA (Y-USA). The evolution of the program is a result of tangible early success in increasing screening rates, which along with MDSP’s broad experience, builds the case for policy changes to support diabetes screening, prevention and care.

“With such a very high human and financial cost associated with diabetes, it’s critical that we do everything we can to encourage older adults to learn their diabetes status. We need to make sure whether they have this condition or if they’re at risk for having this condition, also known as “prediabetes,” that they take advantage of the free Medicare diabetes screening benefit that is available to the Medicare population.”

Mary Grealy,
President, Healthcare Leadership Council

A working partnership with the YMCA’s Diabetes Prevention Program to promote screening and prevention for Medicare beneficiaries with prediabetes

Grassroots grants program to identify and engage local organizations

Presentations and/or booths at national conferences
“The cost of diabetes went up 41 percent in the last 5 years; add to that the number of people impacted personally. The number of Americans facing amputation, loss of vision, kidney damage and heart disease as a result of diabetes continues to rise. When we talk about diabetes we cannot focus only on the financial stranglehold, but must also consider the personal devastation it causes to families across the country. Working with MDSP, we looked at different approaches in each geographic area to reach seniors in that market. MDSP went beyond the scope of screenings and branched into prevention efforts, which can really start to chip away on the cost—both financial and personal—of diabetes in the U.S.”
Atlanta, GA program “Get a Jump on Diabetes” kicked off in March with Mayor Kasim Reed, CMS Regional Administrator Dr. Renard Murray and other community leaders

Maricopa Integrated Health System in Phoenix, AZ adjusted electronic medical records to flag those at risk for diabetes under a grant from MDSP

“People are not aware of preventative health. They are used to going to the doctor when they get sick, but this is a case where if they go and get the diabetes screening, then it may save them from developing an illness that could affect their lifestyle.”

Ken Mitchell, Georgia State Director, AARP

James Hipkens, MD, PhD, FACP, Physician Program Director, Quality and Metrics, Kaiser Permanente of Georgia

“We should really focus on prevention. Prediabetes lasts 5 to 10 years and in some cases the disease can be prevented during that period. Focusing on prevention would reduce the number of people getting the condition, which is much harder to treat.”

James Hipkens, MD, PhD, FACP, Physician Program Director, Quality and Metrics, Kaiser Permanente of Georgia

Columbus, GA program expanded into Macon, Savannah, Albany, Augusta and Gainesville
Launched pilot programs in Mississippi and Minnesota
ADA and MDSP Minnesota conducted presentations at the world-famous “BODIES...The Exhibition” at the Mall of America

2009

Partnered with the YMCA to offer scholarships donated by Novo Nordisk for 400 Medicare-aged seniors to enter the YMCA’s Diabetes Prevention Program at no cost to the participant in Atlanta, GA; Phoenix, AZ; Louisville, KY; and Lexington, KY
Administered its local organizing grant program through two national senior-serving organizations—the National Senior Corps Association and the National Association of Area Agencies on Aging (n4a)

2011

When the Y-USA received a Healthcare Innovation Award of nearly $12 million from the Center for Medicare and Medicaid Innovation, MDSP partnered with the Y to help stimulate enrollment into the YMCA’s Diabetes Prevention Program

2012
LOUISVILLE & LEXINGTON, KENTUCKY In Kentucky, MDSP worked through a local organizing representative who had many relationships with community-based groups and health networks, particularly in the Lexington, KY area. These relationships were critical to achieving success in raising awareness of the YMCA’s Diabetes Prevention Program and MDSP scholarships in local markets.

MISSISSIPPI Mississippi was a pilot location for MDSP where ongoing strategies, messaging and outreach could be tested in the “diabetes belt.” Mississippi NAACP state president Derrick Johnson served as an MDSP representative, with the health center at Tougaloo College serving as convener of the statewide coalition. Gospel radio, the Mississippi Mass Choir, Jackson Medical Mall, state and local health officials and the ABC television affiliate were among partners promoting screening for seniors.

PHOENIX, ARIZONA MDSP partnered with Maricopa Integrated Health System (MIHS), which used electronic medical records to identify individuals who may qualify for a scholarship for the program. MIHS was highly successful in generating referrals to the YMCA’s Diabetes Prevention Program, referring over 150 individuals to the Phoenix YMCA.
MINNESOTA Former ADA President for Science and Medicine Dr. Rich Bergenstal and former state Attorney General Skip Humphrey participated in a series of Minnesota Public Television shows on diabetes screening, care and prevention.

COLUMBUS, GEORGIA Columbus, GA was selected as the first community-based pilot program for MDSP in part due to the successful work of the Columbus Research Foundation. The city’s kick-off event in 2007 featured the CMS Prevention bus tour and keynote addresses from local and state leadership, including participation from CMS and HHS officials.

ATLANTA, GEORGIA The Atlanta, GA MDSP was launched in 2010 under the campaign name “Get a Jump on Diabetes: A Game Plan for Older Adults to Prevent Diabetes.” The program featured Dominique Wilkins, a retired NBA basketball player, as the city’s lead MDSP spokesperson. Wilkins, a former Atlanta Hawks Forward and Basketball Hall of Famer, has a family history and personal experience with diabetes that made him an excellent local champion of the program, along with his ongoing involvement in community and media outreach efforts.

NEW HAMPSHIRE In one of the original pilot programs, MDSP worked with the New Hampshire State Health Insurance Assistance Program (SHIP) in the Department of Elder Affairs to train call-center staff to promote the Medicare diabetes screening benefit.
Key Learnings from the Medicare Diabetes Screening Project

“Best Practices & Lessons Learned in Mobilizing Local Networks to Screen Older Adults for Diabetes: A Guide for Policymakers and Future Prevention Programs” can serve as a benchmark for future community-based initiatives to help educate older adults about diabetes screening and prevention, as well as available diabetes screening and care benefits from Medicare. In addition, this program and its findings can help build a case for policy changes and increased investment in screening of older adults for diabetes. As the gateway to effective prevention and care, screening is fundamental in managing this chronic disease.

To support the prevention of diabetes among older adults, the following tactics and recommendations should be considered.
Community Engagement Programs Work in Promoting Diabetes Screenings

Basic Diabetes Screening Can Be Improved

Screening Is the First Step to Diabetes Prevention and Management

Quantifying Diabetes Screening Can Help Demonstrate Results

Using Incentives Can Help Motivate Doctors and Patients Alike
Community Engagement Programs Work in Promoting Diabetes Screenings

MDSP successfully worked from the “ground up” in partnership with community organizations to educate seniors about Medicare’s free screening benefit. The local, community-based approach offered more flexibility with program strategy and implementation, while allowing pilot programs the ability to adapt to outreach strategies that worked specifically in their communities.

At the community level, diabetes strikes close to home. People have a personal connection with the disease or know others in the community living with diabetes. As a result, communities see the urgency, need and benefits of promoting the Medicare screening benefit. Because communities across the country recognized diabetes as a serious and important issue for seniors, the MDSP program saw many local organizations and communities rally together for this common cause and find creative ways to spread the word.

Providers, public health agencies such as HHS, CDC and state and local health departments, as well as payers (in this case, Medicare) have the opportunity to be much more aggressive in informing, identifying and helping to get people at risk for diabetes screened. In particular, the following recommendations could be considered:

- CMS could promote more comprehensively the free Medicare diabetes screening benefit to seniors and provide funding for grassroots community engagement programs.
  - Diabetes screening is already a free benefit to at-risk individuals in Medicare, so those at-risk individuals should be informed of and utilize that benefit.
  - Greater education about “prediabetes,” in particular, is needed for both physicians and patients alike to understand how patients are at risk.
- Federal commitment to the funding and reimbursement of the National Diabetes Prevention Program is critical to the success of community-based prevention programs.

Successful evidence-based health and wellness programs are an essential diabetes prevention tool for local organizations and medical professionals who know their population and community resources best.

“We are so blessed to have the MDSP here in Georgia. You are reaching out to seniors where they live, where they shop and where they worship. We depend on this program to catch this disease early and avoid the further complications that can develop without treatment. Until we can find a cure and make diabetes a thing of the past, we must count on you to get our seniors screened and treated for diabetes.”

The Honorable John Lewis, U.S. Representative (Georgia 5th)
A clear and encouraging finding is that broad local networks at the grassroots level are ready to engage in the fight against diabetes. Churches, senior-serving organizations, local government, healthcare systems, as well as some unexpected allies such as local fire departments, agricultural extension programs, chambers of commerce and many others, see diabetes daily on a personal and community level. They are ready and more than willing to engage in screening and prevention campaigns if they are given direction, materials and concrete actions to help fight diabetes.

REACHING OUT THROUGH EXISTING COMMUNITIES

The MDSP pilot in Columbus, GA was successful because the community banded together to reach citizens where they “live, work, play and pray.” For example, the Local Area Agency on Aging distributed information at community health fairs; local pharmacists took special note of the habits of their patients and encouraged them to get screened; and members of the media helped spread messages through local news channels. Local churches and faith-based community leaders were among the best allies for MDSP. One pastor encouraged his peers to focus their sermons on diabetes care one Sunday in honor of World Diabetes Day. For MDSP, working hand-in-hand with the faith communities allowed the program to reach a target audience in a controlled and trusted environment.

LEVERAGING UNCONVENTIONAL NETWORKS

MDSP worked with community groups to find innovative ways to stand out from the crowd. In Columbus, GA, MDSP worked with the local fire department to conduct risk assessments at station houses. While not a “traditional” diabetes forum for diabetes screenings, the Columbus Fights Diabetes campaign with the Columbus Fire Department parallels the more traditional public-awareness work of fire departments and speaks to the value of all-inclusive, community-wide prevention programs.

PEERS ARE TRUSTED SOURCES

One of the most successful aspects of the program included reaching the Medicare population through senior-serving volunteer organizations. Senior volunteers were trained to share MDSP’s key messages with seniors in the community at senior centers, churches, health fairs and community events. In Atlanta, GA, MDSP partnered with AARP Georgia and the Atlanta Regional Commission (ARC) Area Agency on Aging’s Retired Senior Volunteer Program (RSVP) to conduct trainings to educate local volunteers who then promoted the program’s benefits to seniors in the community. The seniors related to one another, and as volunteers, are very genuine and sincere advocates, making the messages of free diabetes screening resonate with seniors.
In Columbus, GA, 15 churches distributed more than 5,000 MDSP church bulletin inserts for World Diabetes Day.

VSP Vision Care performed diabetes risk assessment eye exams on nearly 2,000 seniors and low-income residents.

The Area Agency on Aging distributed nearly 1,000 brochures at the mall.

11 neighborhood fire stations in the Columbus, GA area offered free risk assessment tests and diabetes-related brochures between the hours of 9 a.m. - 9 p.m. referring several hundred at-risk residents to their doctors for further diabetes screening.

“People are used to hearing me talk about the value of smoke detectors in our homes and how they can warn us about a potential fire. But with diabetes, you often don’t get any warning at all, because diabetes often has no signs or symptoms. That’s why my fire fighters and I are happy to offer our stations as convenient places in the community for people to stop by and learn about their risk for diabetes…When we were brought into the loop on this I said it’s a win/win, a no brainer. If we can work something in that’s not really going to cost a whole lot, it’s something that every fire department in the Unites States ought to be doing.”

Jeff Meyer, Fire Chief, Columbus, GA Fire & EMS

“MDSP affected changes one person at a time, working hand-in-hand with the communities. They didn’t come in and “big-foot” anyone, they came in talking to people and provided assistance that each community needed.”

Debbie Witchey, Executive Vice President, Healthcare Leadership Council
Basic Diabetes Screening Can Be Improved

MDSP’s work also uncovered that the screening process is often cumbersome and guidance can be confusing for older adults as well as providers. For adults aged 65 and older in Medicare, screening for diabetes is covered for those who also have one additional risk factor for diabetes (including high blood pressure, high cholesterol, overweight or obesity, family history of diabetes or a history of gestational diabetes). Many health care providers, however, are guided by the screening recommendations of the U.S. Preventive Services Task Force (USPSTF), which recommend screening for asymptomatic adults only in one circumstance—the presence of high blood pressure. Since the USPSTF recommendation misses millions of older adults, USPSTF should expand its criteria for screening.

As for which screening test is acceptable to use, the American Diabetes Association says that any one of three blood tests can be used: the hemoglobin A1C test; the fasting plasma glucose test (FPG); or the oral glucose tolerance test (OGTT). But Medicare covers only the use of the FPG and OGTT tests. Medicare should add the A1C test to its list of covered screening tests because it is widely used by health care providers. This test also does not require fasting, which makes it more practical.

A1C as a Covered Screening Test

In Atlanta, GA and other pilot program markets, it was often difficult to convert patients from an initial risk assessment to physician visits for the official plasma glucose screening test. The A1C test, unlike other tests for diabetes, does not require fasting before administration. If A1C were an accepted and covered screening test by Medicare, a qualified healthcare provider could administer an A1C screening test as part of a regular office visit. This could help to make the process less complicated and more efficient for both patients and physicians.
Screening Is the First Step to Diabetes Prevention and Management

Research shows that diabetes can often be prevented or delayed in seniors with prediabetes. Furthermore, early detection of diabetes may help seniors avoid serious complications such as heart disease, stroke, blindness, kidney disease and amputation. The first step towards prevention is actually identifying seniors with prediabetes. The promotion of Medicare’s free screening benefit is critically important to identifying these individuals. To ensure seniors are aware of this benefit and can get the help they need to prevent or delay the onset of diabetes, Congress should allocate more funds for the National Diabetes Prevention Program and support the Medicare Diabetes Prevention Act, which would make community-based diabetes intervention programs like the National Diabetes Prevention Program a covered benefit.

“The [we tried] to do…in a sense, is start at the grassroots level, start here at the state level. And several other states [did] this as well. And we want to make sure, basically knocking right on doors…asking people when they go to see their doctor if they have any of these conditions that show up to inform their physician that they would like to have this test, which is covered.”

Hubert H. “Skip” Humphrey III, Former Minnesota Attorney General

The National Diabetes Prevention Program is a public-private partnership of community organizations, private insurers, employers, healthcare organizations and government agencies. These partners are working to establish local evidence-based lifestyle change programs for people at high risk for type 2 diabetes.
In 2011, the MDSP and Novo Nordisk partnered with the Y-USA and four local YMCAs to offer scholarships for 400 Medicare-aged seniors to enter the YMCA’s Diabetes Prevention Program at no cost to the participant. Novo Nordisk provided a grant to the Y-USA to fund the scholarships and to support the pilot program. The goal was to learn how to identify and help enroll people 65 and older who have prediabetes into the YMCA’s Diabetes Prevention Program.

Collaborating with the YMCA

In 2011, the MDSP and Novo Nordisk partnered with the Y-USA and four local YMCAs to offer scholarships for 400 Medicare-aged seniors to enter the YMCA’s Diabetes Prevention Program at no cost to the participant. Novo Nordisk provided a grant to the Y-USA to fund the scholarships and to support the pilot program. The goal was to learn how to identify and help enroll people 65 and older who have prediabetes into the YMCA’s Diabetes Prevention Program.

In an effort to test which strategies for recruitment and enrollment of seniors into the program were the most successful, the models for each of these pilot projects were slightly different. The four pilot areas included: Atlanta, GA; Phoenix, AZ; Louisville, KY; and Lexington, KY.

Based on research funded by the National Institutes of Health, the YMCA’s Diabetes Prevention Program can achieve results similar to those achieved in the original Diabetes Prevention Program clinical trial, which has been shown to reduce the risk of developing type 2 diabetes by as much as 58%. The percentage was even greater among adults aged 60 years or older, which was even greater, which was even greater.
There should be a mechanism in place to measure and track changes in diabetes screening rates. Fostering an “outcomes focused” culture with tangible metrics will inspire future programs and allow communities to track the results of their screening and prevention campaigns.

“MDSP was an opportunity to reach into the Medicare population of Columbus, GA and start looking at methods for engaging them in screening projects under their Medicare benefit and as a side part of that, to also let them know what other benefits Medicare paid for.”

Dr. Steven Leichter, Endocrinologist, Columbus Research Foundation
DATA SHOW SUCCESS IN COLUMBUS, GEORGIA

CMS publically shared the 2005 to 2008 utilization chart for its preventive benefits, including diabetes screening for Medicare recipients. There was marked improvement in MDSP’s pilot area in Columbus, GA, as there was a 46 percent increase in Muscogee County in 2008 from three years before. The county’s screening rates were 60 percent higher than the statewide average for 2008 and 25 percent higher than the national average. However, since 2010, there has not been a public update on utilization numbers—leaving a 5 year gap with no publicly available tangible metrics.

A 46% increase in Muscogee County 2008 over 2005.* Rates were 60% higher than the statewide average for 2008—and 25% higher than the national average

*MDSP’s Columbus, GA pilot started in July 2007. Columbus is located in Muscogee County, GA.

A 35% increase statewide 2008 over 2005, but still below the national average

A 16% increase nationally 2008 over 2005

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Using Incentives Can Help Motivate Doctors and Patients Alike

Incentives can help a call-to-action stand out among the plethora of health messages inundating consumers today and motivate people to take action. Seniors often just need a little extra motivation and encouragement to get on board—and the word “free” often seems to go a long way! MDSP learned it was important to emphasize to older adults that Medicare covered screening for diabetes with no co-pay, for those eligible for screening.

With an older adult audience, doctors and nurses tend to be a highly trusted source of information. In Atlanta, GA; Louisville, KY; and Lexington, KY, MDSP found that a personalized letter from doctors to their patients about the YMCA’s Diabetes Prevention Program resonated much more than a general brochure or flyer. Because healthcare providers continue to be a top motivator for seniors to take charge of their health, primary care physicians could be incented to screen high-risk patients for diabetes and refer patients to prevention or disease management programs. In addition to the altruistic benefits of improving health outcomes and serving as a trusted resource for patients, healthcare providers might receive tangible rewards. Following a model similar to smoking cessation incentive programs, providers and healthcare systems could be awarded certain benefits for encouraging and conducting appropriate diabetes screenings among their older adult patients and referring their patients with prediabetes to community-based prevention programs.

MDSP recognizes that it takes collective effort—personal responsibility, private and community support and a strong federal commitment—to change the human and economic toll of diabetes. Individuals play a fundamental role in their own fight against diabetes. While healthcare providers have a responsibility to help ensure at-risk seniors are screened for diabetes and have access to prevention programs and care, older adults need to know their risk for diabetes. They need to ask to be screened and take advantage of available tools to prevent or manage their diabetes. As one of the pastors MDSP worked with told his parishioners when he urged them to talk to their doctor about diabetes screening, “Good health is a blessing and a responsibility.” Instilling a sense of personal responsibility can help seniors recognize the importance of taking control of their health, not only for themselves, but also for their families.

“When you go to your doctor, ask him or her about [diabetes] testing. It doesn’t cost you anything to do that. What could it cost you for not doing it? It could cost you your life.”

Renard Murray, D.M., Regional Administrator
Centers for Medicare and Medicaid Services
Enlisting a Local Champion

Finding a local champion or advocate for the cause is critically important. It’s hard to keep a coalition or campaign sustained if there isn’t someone motivating the group on a regular basis. For this approach to be successful, the champion needs to be competent, have the capacity and be culturally aware. The champion should live in and understand the local community, and be able to hold people accountable. It can’t just be one more thing on the to-do list for them; it needs to be one of their top priorities. When you have these champions who take on screening and prevention as their own cause, you have infinite power to motivate others and see a project through to completion.

In Atlanta, GA, a particularly effective partnership with Kaiser Permanente of Georgia led to a significant bump in enrollment in the local YMCA’s Diabetes Prevention Program. In an integrated approach using both physician endorsement and personalized patient outreach, the health system used its existing electronic medical records to identify patients who met the criteria for the program. Dr. James Hipkens, in collaboration with MDSP and the YMCA, informed his fellow Kaiser colleagues on the benefits of the program and sent a personalized letter to all of the qualifying members identified in their system. Patients were especially motivated when their primary care physician encouraged them that this was a safe, beneficial activity to get involved in and provided them with an informative handout with the YMCA program requirements and contact information.

The MDSP partners in Phoenix, AZ, the Maricopa Integrated Health System (MIHS), used electronic medical records to identify lists of seniors who qualified for a scholarship to the program, and through phone calls and other correspondence, the MIHS referred more than 150 individuals to the Phoenix YMCA. MIHS hired a bilingual program manager who could effectively communicate with the region’s sizable Hispanic population and through prompt and frequent follow up, they were able to generate a robust list of referrals to the local Y.

In Kentucky, the largest referral source of eligible participants for each of the YMCAs came from a highly engaged physician in Louisville, KY, and another in Lexington, KY. Debbi Dean, Coordinator of the Diabetes Prevention Program with the YMCA in Kentucky, said that “When the doctor tells them to do it, they did it.” The Kentucky YMCAs were also able to offer a free YMCA membership for 12 weeks with individual trainers to encourage regular exercise in parallel with the YMCA’s Diabetes Prevention Program classes.
A Success Story—How Prevention Initiatives Can Make a Difference

The Medicare Diabetes Screening Project laid the groundwork for meaningful policy changes and built a practical, grassroots case for broader diabetes screening of older adults. As the gateway to effective prevention and care, screening is fundamental in managing this disease that impacts more than half of our Medicare population and consumes one-third of the Medicare budget. MDSP partners across the country have developed a rich portfolio of experience, relationships and best practices that can be instructive for national policymakers, providers and patient advocacy groups who can, and will, make diabetes screening a healthcare priority. As a true model of effective disease prevention and community-based interventions of physical activity and proper nutrition, MDSP ultimately hopes to inspire at-risk individuals to be screened for diabetes and give them the infrastructure they need to improve their health.

“According to the Trust for America’s Health, by simply investing $10 a person [per year] in community-based prevention programs, we could see a net savings of $2.8 billion in less than two years and $18 billion in ten [to twenty] years. An extraordinary illustration of the power of prevention, the power of addressing good primary care in a meaningful way through public policy.”

The Honorable Tom Daschle, Former U.S. Senate Majority Leader
Our National Co-Chairs

The American Diabetes Association (ADA) is leading the fight to Stop Diabetes® and its deadly consequences and fighting for those affected by diabetes. The Association funds research to prevent, cure and manage diabetes; delivers services to hundreds of communities; provides objective and credible information; and gives voice to those denied their rights because of diabetes. Founded in 1940, our mission is to prevent and cure diabetes and to improve the lives of all people affected by diabetes.

The Healthcare Leadership Council is a coalition of chief executives from all disciplines within American healthcare, and is the exclusive forum for the nation’s healthcare leaders to jointly develop policies, plans and programs to achieve their vision of a 21st century system that makes affordable, high-quality care accessible to all Americans.

Novo Nordisk is a healthcare company and a world leader in diabetes care. In addition, Novo Nordisk has a leading position within areas such as haemostasis management, growth hormone therapy and hormone replacement therapy. Novo Nordisk manufactures and markets pharmaceutical products and services that make a significant difference to patients, the medical profession and society. With headquarters in Denmark, Novo Nordisk employs approximately 36,000 employees in 75 countries, and markets its products in more than 180 countries.

In addition to the National Co-Chairs, MDSP partners have included:

- Academy of Nutrition and Dietetics
- Administration on Aging
- America’s Health Insurance Plans
- American Academy of Family Physicians
- American Academy of Nurse Practitioners
- American Academy of Physician Assistants
- American Association of Clinical Endocrinologists
- American Association of Diabetes Educators
- American Clinical Laboratory Association—Results for Life
- American College of Physicians
- American Medical Association
- American Optometric Association
- Diabetes Advocacy Alliance
- Healthways
- National Association of Area Agencies on Aging
- National Black Nurses Association
- National Council on Aging
- Partnership for Prevention
- VSP Vision Care
- Y-USA
- XL Health