Good&HEALTHY
SOUTH DAKOTA HEALTHCARE

SUCCESS STORY

Sanford Diabetes Prevention Program - Health Plan

Summary

Sanford Health Plan's Diabetes Prevention Program has seen great success with the National DPP in Minnesota and North Dakota and are working to grow and reach more individuals in South Dakota by training more coaches, promoting the program and referral process among providers, and continuing to encourage participants to be successful in the program.

Results

Sanford Health Plans has had over 150 participants participate in the program.

1. Diabetes Prevention Program graduates have an average of 26.5% lower medical costs per member per month (PMPM) in comparison to members who are eligible for Diabetes Prevention Program but have not engaged.
2. Diabetes Prevention Program graduates have an average of 14% lower total costs (medical plus pharmacy) PMPM in comparison to members who are eligible for Diabetes Prevention Program but have not engaged.
3. Hospital admission rates are 71% lower among Diabetes Prevention Program graduates in comparison to members who are eligible for Diabetes Prevention Program but have not engaged.
4. ER visits are 78% lower among Diabetes Program Program graduates in comparison to members who are eligible for Diabetes Prevention Program but have not engaged.

Solutions

- Online program for anyone to attend virtually
- Continue education on technology and importance of tracking with participants as the technology and continued engagement through technology can be difficult for patients. Participants also have difficulty continuing to track their meals and physical activity and need continuous reminders from the coach to do so.
- Continue to recruit coaches as turnover is on-going. Thanks to the SD Diabetes Program scholarships are available to cover the cost of training for new coaches.
- Referrals - this is another aspect that is continuous as providers also need reminders to screen, test and refer individuals at risk to the program.

Evidence-Based Interventions

The Diabetes Prevention Program is an evidence-based lifestyle change program, shown to reduce the risk of developing diabetes by 58% (71% for people over 60 years old). The year-long program is led by a trained Lifestyle Coach and focuses on healthy eating and physical activity.

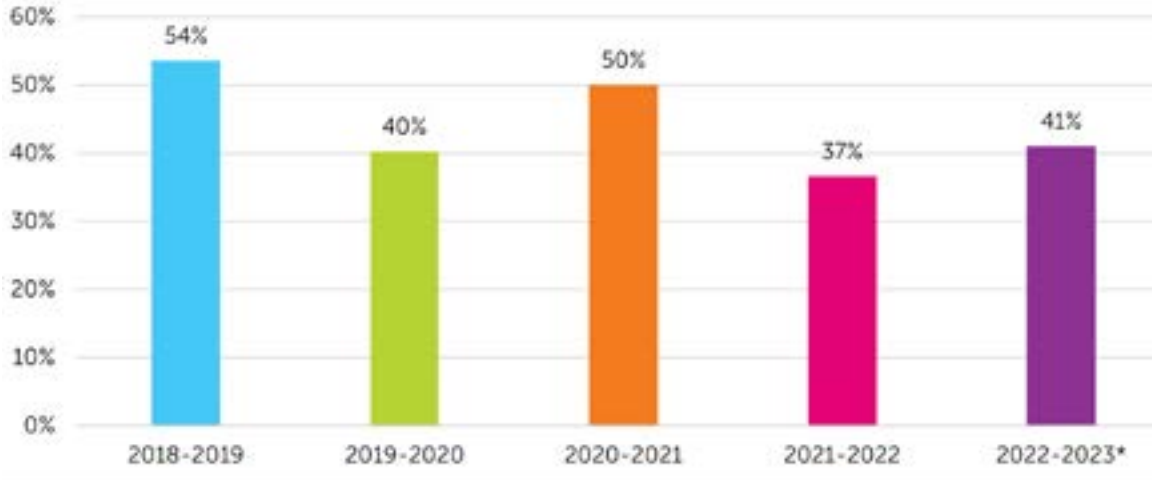
Successes

5% weight loss by year	Total Achieved	% Achieved	Total participants
2018-2019	30	54%	56
2019-2020	31	40%	77
2020-2021	12	50%	24
2021-2022	15	37%	41
2022-2023*	16	41%	39

*Preliminary results as partcipants are still in the program

Acheived a 5% weight loss		
In person	61	46%
Virtual	27	42%
	88	44%

Participants Achieving 5% Weight Loss at Program Completion



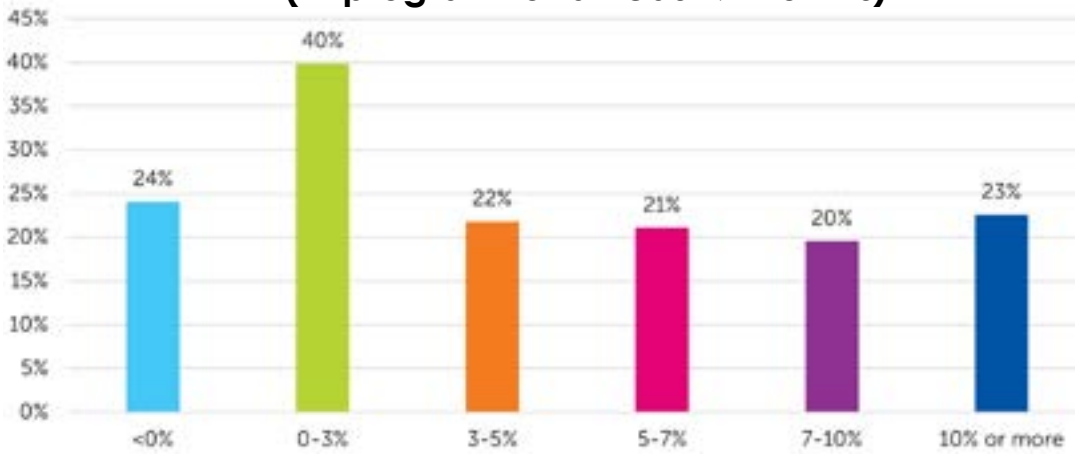
% Achieving 5% Weight Loss	44%

*Preliminary results as partcipants are still in the program

Weight loss for Change Your Weigh Completers
(In program for at least 9 months)

	<0%	0-3%	3-5%	5-7%	7-10%	10% or more	Total participants
Total	32	53	29	28	26	30	**198**
Percentage	24%	40%	22%	21%	20%	23%	

Weight Loss for Change Your Weigh Completers
(In program for at least 9 months)



Number of participants	**198**
Average weight loss	**4.77%**

Challenges/Lessons Learned

- Access: one thing they looked at first is that they don't serve all of SD as they do in MN and ND. They wanted to address the challenges of rural healthcare, small communities/clinics. Had a few clinics within these communities. How to create something available to everyone no matter where they were. Started with an in-person - asked "can you offer it here?" - so moved to the online expand access.
- Technology - data collection can be a barrier. You can give them the tools, doesn't mean they use it.
- Now facing challenge as staff loss and time to offer the program 'great resignation'; coaches are half office staff/half clinical staff. Clinical staff has felt the burden more heavy with COVID
- Integrated referrals - physicians, health coaches, and other staff; now have access to medical records (Bright Yellow button - "This person qualifies for Lifestyle Medicine click here for more") - great solution to keep referrals coming - a couple a week. (Not turned on all medical records/regions yet) & providers aren't utilizing the button.
- BMI, High BP, Metabolic syndrome "Alert button" - can track the number of times it's been clicked
- Biometric screening services for Sanford Employees - do with employers- fill out risk test there and then refer to DPP if high risk - not as many referrals as it seems healthy employees attend these events
- Risk Test screenings in community in collaboration with Live Well Sioux Falls (Big squeeze & risk test together) have also been done

Contact:

Kayla Magee,
Diabetes Prevention & Control Program Manager
Kayla.Magee@state.sd.us or 605-773-2981

Good & HEALTHY SOUTH DAKOTA